

**Alcohol and  
Drug  
Addiction  
Services Board**

**OF LORAIN COUNTY**

**COMMUNITY PLAN**

***FOR SFY 2014***

Submitted on:

***December 16, 2013***

**Michael Willets, *President***

**Elaine Georgas, *Executive Director***

## INTRODUCTION

The Alcohol and Drug Addiction Services Board of Lorain County (ADAS) is a special purpose governmental agency charged with assessing, planning, evaluating, coordinating, funding and contracting for the delivery of publicly-financed alcohol and drug addiction education, prevention and treatment services for the benefit of the residents of Lorain County, pursuant to the Ohio Revised Code (Title 3 – chapter 40).

ADAS is governed by an 18 member volunteer board, all of whom are Lorain County residents appointed by the Lorain County Commissioners or the Director of the Ohio Department of Alcohol and Drug Addiction Services.

The primary source of support to the ADAS Board is through the newly consolidated Ohio Mental Health and Addiction Services (OMHAS).

## MISSION STATEMENT

“The mission of the Alcohol and Drug Addiction Services Board of Lorain County is to evaluate program quality and continuity of care, as well as, plan, coordinate, fund and contract for services to prevent, educate and treat alcoholism and other drug addiction that will result in the well-being of Lorain County residents. The Board will assess programs and provide feedback to ensure that all services are of high quality, efficient and effective in recovery and prevention.”

## VISION & VALUE STATEMENTS

*We believe through our contract provider- and collaborative-partnerships (locally, statewide and nationally), consumers can move towards abstinence with positive life-style changes.*

*We believe that as stewards of public funds for alcohol, tobacco and other drug prevention, intervention and treatment services, our system needs to continually refine and learn from the behaviors and activities of our consumers and their families – as affected by the disease of alcoholism and other drug addiction.*

*We believe that a full continuum of care, including prevention, intervention and treatment is only the beginning of the foundation of recovery from the disease of alcoholism and other drug addiction.*

## **Environmental Context of the Plan/Current Status**

**Economic Factors Influencing Service Delivery.** During the past few years, the ADAS Board, its providers and the community (county) has benefitted from significant federal investments from grants through the Substance Abuse and Mental Health Administration (SAMHSA). Timing of grants for HIV Outreach/Treatment (Lorain UMADAOP), Women’s Pregnant and Post-Partum Treatment Expansion (LCADA) and Adolescent Community Reinforcement Approach (LCADA, New Directions) have run their course of funding. Some of the primary tenants of the evidence based programming of each of these grants have been embedded into

programming but some have been lost due to limited or no localized funding to continue their ongoing support for staff and other components (program materials, etc). One initiative – STOP Underage Drinking (which was a four-year grant to ADAS that ceased in September, 2013) will continue its environmental approaches with law enforcement, schools and retailers. Additionally, over the past three years, Lorain County has been included in Ohio's Access to Recovery (voucher-based) grant program – that is ending in 2014 (September). We were finally achieving success in working with non-traditional recovery support providers (including sober housing, faith based partners) and will work on re-evaluating key roles and functions throughout our network. What was supposed to be a four-year place-based community transformation grant (Community Resilience and Recovery Initiative) was un-funded at the two-year mark – leaving a void in the potential learning of screening, brief treatments and referral (SBIRT) and the use of community marketing strategies in communities impacted by the economic downturn by addressing the behavioral health components.

As implementing agent of the Drug Free Communities (DFC) and Support Grant (funded via the Office of National Drug Control Policy through SAMHSA), the ADAS Board has received a second five-year grant to continue Communities That Care of Lorain County. This is actually granted for years 6-10. The first grant (years 1-5) and year 6 are matched \$1:\$1. Over the next four years (years 7-10), the local (in-kind and financial) match requirement grows to 125% in years 7-8 and to 150% in years 9-10.

In October, 2013, Lorain County's unemployment rate of 8.2% was higher than Ohio and the Nation (7.5% and 7.3% respectively).

The consolidation of the Ohio Department of Alcohol and Drug Addiction Services and the Ohio Department of Mental Health into the Ohio Mental Health and Addiction Services has created some benefits and some complicating factors locally. Statewide, the behavioral health system received a \$100 million infusion of funds (over 2 years) for mental health and addiction-related service enhancements). While addressing disparity of historical funding formulas, this netted a gain to Lorain County (ADAS) approximating \$65,582 during SFY 2014.

Complicating the additional state funding is the impact of reductions on the Substance Abuse Prevention and Treatment (SAPT) Block Grant. Historically, the SAPT funding to the ADAS Board has been a significant (81% of funds in SFY 2013) allocation to Lorain County. This was enhanced by four pass through programs funded via SAPT Block Grants (Women's, UMADAOP, Drug Free Community and Circle for Recovery). Due to sequestration, block grant reductions to the state and a cash-flow re-alignment strategy at the state level, the county is slated to receive a decrease in SAPT funding during the current year of (-\$78,316) so an overall net loss from the state in GRF/SAPT equating to (\$12,554) for the current year. Next year, the SAPT adjustment to the ADAS Board is potentially equating to a net loss of funding of (\$590,681) to Lorain County – keeping the state allocations current as in 2014. This loss will be further reduced AN ADDITIONAL (-\$301,950) equating to a potential loss of (-\$892,631) over the next two years. This is at a time where our waiting lists are at their highest and our county's drug overdose epidemic is at its all time high (see information later in this plan). Medicaid Expansion may have an impact on the Board's roles and service system – more will be detailed further in this plan. Further complicating the SAPT Block Grant issue is the historical (from

former ODADAS) funding for pass-through programs – Women’s Set-aside, UMADAOP, Circle for Recovery and Drug Free Community program funding that has been embedded into Lorain County’s continuum of care. These pass-through programs are at risk due to potential re-alignment of focus with the new department (OMHAS).

The consolidation has afforded new service lines to ADAS such as Community Medications for addiction and the inclusion of addiction into the regional “hot spot” collaboration funding. These additional allocations will expand services and medications access to our clients. Specifically we are planning to add residential treatment for men and begin ambulatory detoxification services and support our Suboxone with counseling program for clients.

Additionally the growth of Problem Gambling funding into Lorain County (for prevention, screening and treatment) has expanded the ADAS system’s scope of services for our residents.

The ADAS Board was legislatively created (and county commissioner approved) in 1989. Since then, we have relied solely on state and federal funding (including general revenue, Substance Abuse Treatment and Prevention Block Grant, Medicaid and Grants) and local (court funding) for contracting. There is not any local investment at this time, nor has there been previously. This year, the county sales tax increase was again defeated by Lorain County’s voters. Lorain County is challenged to secure services for its residents and struggles often to find funding to address these needs. The current membership of the ADAS Board is currently discussing how to raise funds to build a comprehensive continuum of care inclusive of prevention, treatment and recovery support services.

Most recently, OMHAS has clarified that Boards can render certain indirect prevention strategies (community based process – i.e. coalition, and environmental strategies) through organizing, training, planning interagency collaboration, coalition building and/or networking with the use of state and federal fund allocations to support these strategies. This clarification further expands the significance and the role of the ADAS Board in Lorain County. We have recently received notice of a continuation (years 6-10) Drug Free Communities and Support grant which the Board will transition to coordinate during this year. (Previously, the coordination component for Lorain County’s Drug Free Community Coalition – Communities That Care of Lorain County – was coordinated through Catholic Charities Services – Lorain County. In September, 2013, Catholic Charities has requested to terminate this contract for the current fiscal year.

**Social Factors.** In 2011, the ADAS Board joined a variety of other health-focused partners representing hospital, health department, mental health and others to implement the County’s first Community Health Assessment (relevant data will be shared elsewhere in this plan). Upon the completion of this assessment, the Public Services Institute of Lorain County Community College convened a series of community conversations and priority setting using the assessment data as the source. Most recently, the same partners that implemented the assessment are collaborating on a county health Improvement Plan (CHIP) designed to increase collaboration and where possible, integrated health-related solutions for our residents. Of significance is the fact that key objectives that have been identified in the county’s plan include: Improve Access to Care, Expand Coordinated, Education and Prevention Services and Reduce Alcohol, Tobacco and Drug Abuse among Adults and Children.

Since 2004, the ADAS Board and its providers have been focusing on the theory of addiction as a chronic disease. This studied notion tips the balance of historic treatment investments and adds a layer of recovery oriented and wellness components for success. Addressing the chronic disease concept, we are no longer focused on acute care (i.e. 28-day programming) but a holistic approach inclusive of symptomatic groups (pre-treatment), medication assisted therapies, recovery management principles (including Recovery Coaching and Recovery Checkups). This is often met with resistance from key constituency groups (criminal justice, sober supports like AA) which has created new opportunities for shared-learning.

ADAS has been a county in Ohio's Access to Recovery Voucher-based partnership bringing together treatment and non-traditional recovery providers. ATR's most recent (12/02/13) outcome reports (for the five counties including Lorain County's clients) indicate the following improvements at 6-month follow-up:

Increase in

- Abstinence – up 53.5% (87.0% from 56.7%)
- Employment/Education – up 38.0% (48.8% from 35.4%)
- Health/Behavioral/Social Consequences – up 13.0% (95.8% from 84.8%)
- Social Connectedness – up 5.1% (95.2% from 90.6%)
- Stability in Housing – up 31.0% (34.0% from 26.0%)

And

Decrease in

- Crime and Criminal Justice – down 1.6% (94.8% from 96.4%)

Findings from our most recent youth survey (grades 6, 8, 10 – completed in 2011), have identified that the average age of onset of use is younger, students are using alcohol, marijuana and tobacco at higher rates and they are more aware of the risks of using these substances. The most significant social factor that has been identified from this survey parental disapproval rates (perceived by students) are DECREASING for 8<sup>th</sup> graders for tobacco, alcohol and marijuana. Our approaches for prevention, intervention and parental engagement are in need of re-defining our messaging and increasing our education to parents.

Ohio currently has ballot initiatives that are collecting signatures to bring marijuana as medicine to our state without going through the Food and Drug Administration scientific testing and validation that any other "medicine" has to go through. Can you imagine if prescription medications that citizens are taking to deal with major or even minor health issues were given to people without testing to prove safety and effectiveness while also giving citizens an educated understanding about possible side effects? The mere thought of treating people's health with such disregard would be laughed at. However, this is exactly the angle that crafters of marijuana as medicine ballot initiatives want the public to re-consider. According to the White House Office of National Drug Control Policy "One in 11 people have ever used marijuana will become dependent on it; this risk rises to one in six when use begins in adolescence." Over the next months, ADAS will further review and study the impacts of the initiatives and determine, in partnership with Communities That Care of Lorain County – potential advocacy approaches.

**Demographic factors - Geographic Service Area.** Lorain County Ohio is the 9<sup>th</sup> largest county in Ohio. Lorain County's residents account for approximately 2.5% of Ohio's population. Lorain County covers 492 square mile area for its approximately 301,356 residents (U.S. Census 2010). Relevant statistics are identified: 11.3% of Lorain County families and 14.2% of the county's individuals were living below the federal poverty level with the highest concentrations in the cities of Elyria and Lorain; 22.3% of Lorain County's residents under the age of 18 years were in poverty status. Lorain County is westerly-connected to Cuyahoga County (*Cleveland*) – Ohio's largest county. Lorain County is comprised of 14 major cities and includes many smaller cities, townships and villages – it is mix of urban and rural communities. South Lorain (a Lorain city neighborhood) has a large population of Hispanic Americans, many of whom are in monolingual households. In contrast, the Southern fringes of Lorain County are largely rural, with some volume of working farms. There is one 2-year public college, one private college and one joint vocational school in the county. Ironically, the 4 year school- Public transportation is virtually non-existent. The 2010 census data profiles general demographic characteristics and identifies the following for Lorain County: total population, 301,356; Gender: 49.2% male, 50.8% female; Median Age: 40.0 years; approximately 20.7% of Lorain County residents are minority (including significant African American (8.6%) and Hispanic (primarily Puerto-Rican 8.4%). Of the population 5 years and older, 8.1% primarily speak language other than English at home. 27% of these reported that they did not speak English "very well". The median household income is \$50,092 which is above the state average (\$46,093) and less than U.S. averages (\$51,892). Of those 25 years and older, 10.2% (20,861) attained either less than 9<sup>th</sup> grade (2.3%) or 9<sup>th</sup> – 12<sup>th</sup> grade, no diploma (7.9%). 89.8% of people 25 years and over had at least graduated from high school and 21.7% hold a bachelor's degree or higher. 8% of Lorain County's population is 65 years of age and older.

Our primary industries are Educational, Health and Social Services (24%) followed by manufacturing (17.9%), then trade (retail/wholesale) (13.2%) There continues to be a disparity in the median earnings between males (\$49,984) and females (\$37,943).

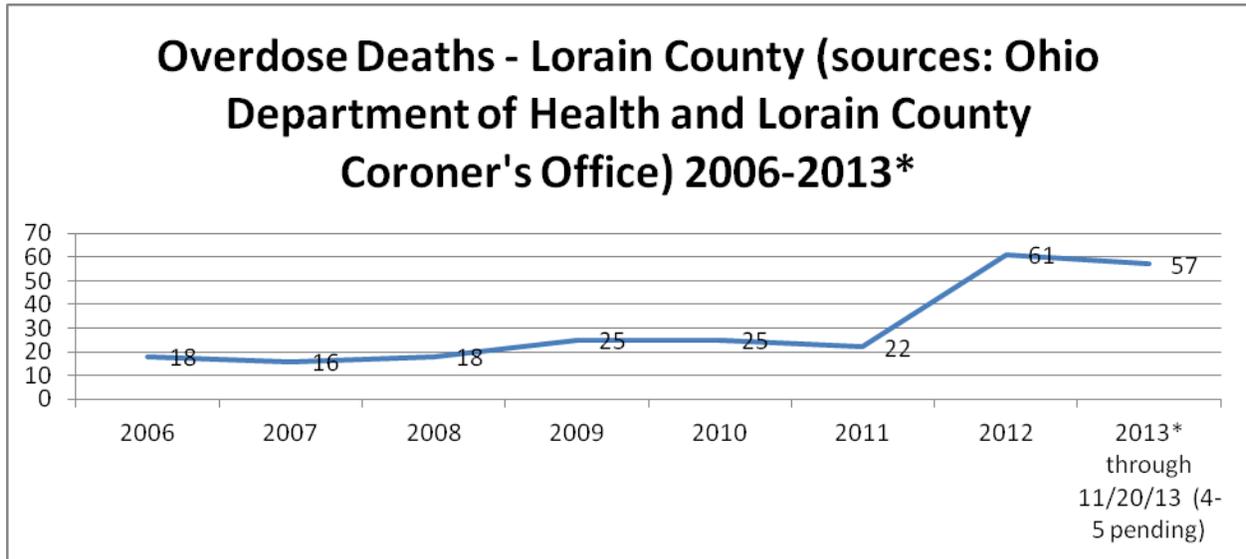
Lorain County's 2011 Health Assessment found that 11% of our adults were without healthcare coverage. Those most likely to be uninsured were adults under age 30 (21%) and those with an income level under \$25,000 (24%). Uninsured rates are higher in our urban cities (Elyria, 16% and Lorain 14%). In 2011, almost half (48%) of Lorain County adults rated their health status as excellent or very good. Conversely 12% of adults, increasing to 22% of those with incomes less than \$25,000, described their health as fair or poor.

According to the "Ohio Medicaid Expansion Study" (March 2013), Lorain county could see the following increases in Medicaid eligible clients:

- Projected total new 19-64 year old enrollment due to Medicaid Expansion: 13,887
- Projected uninsured 19-64 year olds covered due to Medicaid Expansion: 8,872
- Projected total 19-64 year olds to enroll on Medicaid due to Medicaid Expansion as a percentage of population (18-64 y/o per 2010 census): 7.5%
- Projected total 19-64 year olds to enroll on Medicaid due to Medicaid Expansion as a percentage of the population (18-64 y/o per 2010 census): 4.8%

**Assessment of Need and Identification of Gaps and Disparities**

Similar to state data, heroin, prescription opioids, marijuana and Suboxone remain highly available in Lorain County. Lorain County, like most counties in Ohio has felt the impact of the opiate crisis. Since 2011, our county’s overdose deaths have spiked (+286% in 2012) and the trend continues into 2013.

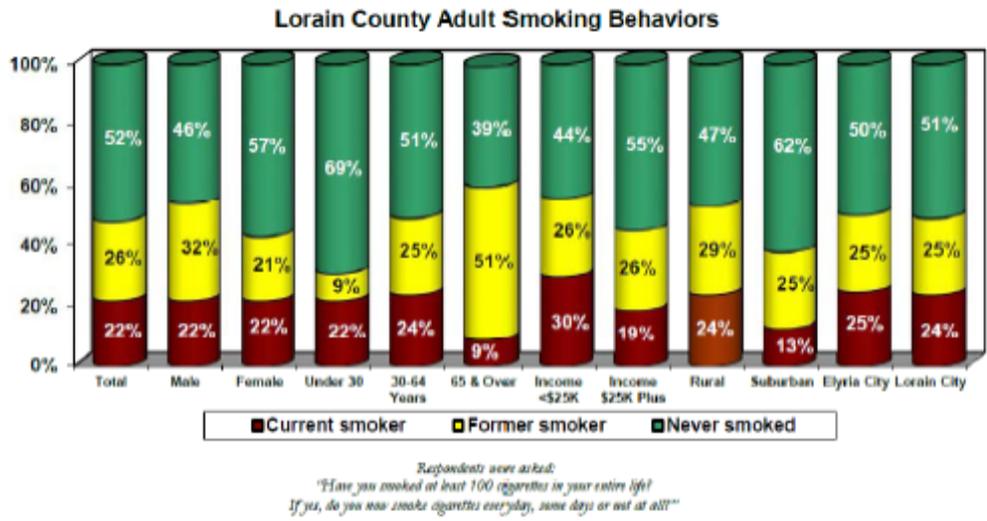


**County Health Assessment**

As mentioned previously, in 2011, the ADAS Board collaborated with county health partners (Lorain/Elyria Health Department, Lorain County General Health District, Lorain County board of Mental Health, Mercy Regional Medical Center, EMH Regional Healthcare System and others) to complete the County Health Assessment. Through random sampling representation of adults throughout the county participated in a mailed survey based primarily from the Behavioral Risk Factor Surveillance System. Youth participated in a school-based survey which was formatted primarily from the Youth Risk Behavior Surveillance System. Youth survey questions were drafted to gather core measure data (age of onset, 30-day use, perception of risk and parental disapproval) for alcohol, marijuana and prescription medications. Adult survey data included questions regarding access to help for substance abuse. Key findings from this assessment include;

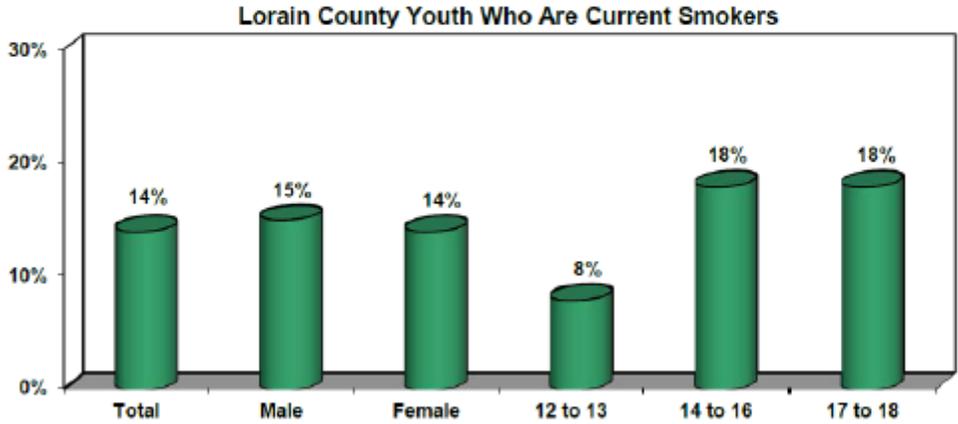
# Adult Tobacco Use

In 2011, 22% of Lorain County adults were current smokers and 26% were considered former smokers. In 2011, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of disease and early death in the world, accounting for approximately 5.4 million premature deaths each year. ACS estimated that tobacco use would be linked to approximately one in five deaths in the U.S. (Source: Cover Facts & Figures, American Cancer Society, 2011)



# Youth Tobacco Use

The 2011 health assessment identified that 14% of Lorain County youth (ages 12-18) were smokers, increasing to 18% of those who were 17-18 years old. Overall, 4% of Lorain County youth indicated they had used chewing tobacco in the past month. Of those youth who currently smoke, 60% had tried to quit.



*Current smokers are those who have smoked at any time during the past 30 days.*

## Behaviors of Lorain Youth Current Smokers vs. Non-Current Smokers

Youth Behaviors	Current Smoker	Non-Current Smoker
Have been in a physical fight in the past 12 months	65%	26%
Attempted suicide in the past 12 months	19%	4%
Have had at least one drink of alcohol in the past 30 days	68%	20%
Have used marijuana in the past 30 days	63%	7%
Have had sexual intercourse*	55%	28%
Participated in extracurricular activities	80%	86%

*Current smokers are those youth surveyed who have self-reported smoking at any time during the past 30 days.*

*\* Only 3 school districts asked sexual behavior questions.*

## Youth Tobacco Use

### Key Findings

The 2011 health assessment identified that 14% of Lorain County youth (ages 12-18) were smokers, increasing to 18% of those who were 17-18 years old. Overall, 4% of Lorain County youth indicated they had used chewing tobacco in the past month. Of those youth who currently smoke, 60% had tried to quit.

### Youth Tobacco Use Behaviors

- ◆ The 2011 YRBS reports that 52% of youth in Ohio had tried cigarette smoking (2011 YRBS reports 45% of U.S. youth) and the 2011 health assessment indicated that 31% of Lorain County youth had done the same.
- ◆ Over one-quarter (26%) of those who have smoked a whole cigarette did so by the age of 10 and 46% had done so by the age of 12. The average age of onset for smoking was 12.3 years old.
- ◆ In 2011, 14% of Lorain County youth were current smokers, having smoked at some time in the past 30 days (2011 YRBS reported 21% for Ohio and 18% for the U.S.). Nearly one-fifth (18%) of 17-18 year olds were current smokers, compared to 8% of 12-13 year olds and 18% of 14-16 year olds.
- ◆ More than two-thirds (68%) of the Lorain County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- ◆ 36% of youth smokers asked someone else to buy them cigarettes, 32% borrowed them from someone else, 21% took them from a store or family member, 20% said a person 18 years or older gave them the cigarettes, 13% bought cigarettes from a store or gas station, 1% got them from a vending machine, and 26% got them some other way.
- ◆ Lorain County youth used the following forms of tobacco the most in the past year: cigarettes (20%), black and milds (14%), swishers (7%), chewing tobacco or snuff (4%), flavored cigarettes (4%), hookah (4%), cigars (3%), cigarillos (3%), snus (1%), and little cigars (1%).
- ◆ In the past 30 days, 4% of Lorain County youth used chewing tobacco or snuff (2011 YRBS reported 12% for Ohio and 8% for the U.S.) increasing to 11% of those 17-18 years old and 8% of males.
- ◆ Three-fifths (60%) of Lorain County youth smokers had tried to quit smoking in the past year (2011 YRBS reported 56% for Ohio and 50% for the U.S.).

### 2008 Ohio Youth Tobacco Survey

- ◆ In 2008, 57% of Ohio high school students had used some form of tobacco during their lifetime.
- ◆ 6% of high school students and 5% of middle school students had started smoking by age 11.
- ◆ 10% of high school and 45% of middle school students had ever smoked a bidi.
- ◆ 11% of middle school and 21% of high school students reported using smokeless tobacco in their lifetime.
- ◆ According to the survey results, 19% of middle school students and 21% of high school students had never smoked a cigarette.

*(Source: Ohio Youth Tobacco Survey, 2008, Office of Healthy Ohio, Tobacco Use Prevention and Cessation Program)*

2011 Youth Comparisons	Lorain County 2011 (6 <sup>th</sup> – 12 <sup>th</sup> )	Lorain County 2011 (9 <sup>th</sup> – 12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> – 12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> – 12 <sup>th</sup> )
Ever tried cigarettes	31%	41%	52%	45%
Current smokers	14%	19%	21%	18%
Used chewing tobacco or snuff in past month	4%	6%	12%	8%
Tried to quit smoking	60%	68%	56%	50%

# Adult Alcohol Consumption

## Alcohol Consumption

22.7 million Americans experience alcohol or other drug disorders; 22,843 in Lorain County; of 22,843 in need of AOD services, 2,349 or 10.3% are served by County Board.

(NEORIO Indicator Report: Health Conditions in NEO. The Center for Community Solutions. July 2011)

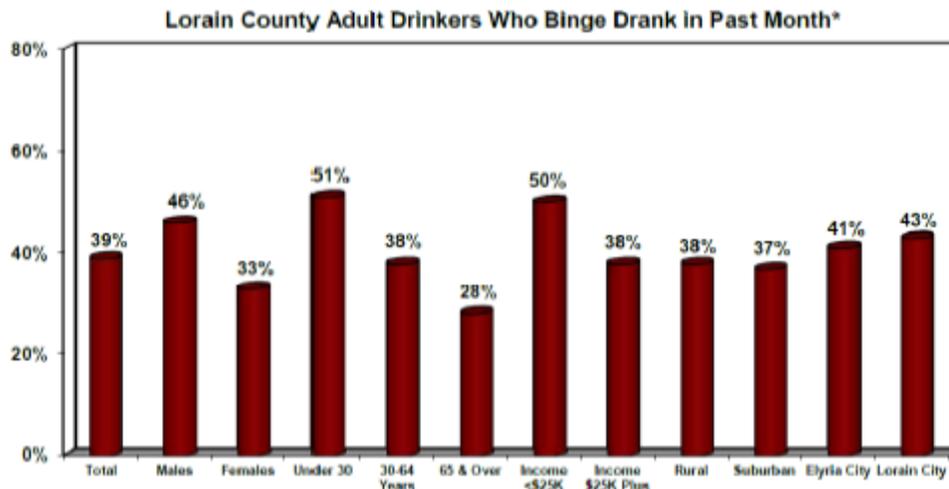
In 2011, 13% of all adults were frequent drinkers (i.e., drank an average of three or more days per week) while 39% were binge drinkers (i.e., had five or more drinks on one occasion in the past month).

- Binge drinking is more common among adults age 19-29, adults with an income less than \$25,000, males, and adults living in the cities of Elyria and Lorain.
- In 2010, adult binge drinking was at 23% compared to 17% for Ohio and 15% for the U.S.

(2011 Lorain County, Ohio Health Assessment Project, Commissioned by Lorain County Health Partners)

Binge drinking appears to have increased among adults. This rate was at 18.5% in 2008-09 (lower than Cuyahoga County and the metropolitan region but higher than the state rate) and 13% in 2002 (much lower than Cuyahoga County, the metropolitan region, and Ohio figures) (Ohio Family Health Surveys)

# Adult Alcohol Consumption



\*Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion.

## Adult Alcohol Consumption

### Key Findings

*In 2011, the health assessment indicated that 13% of Lorain County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 39% of adults who drank had five or more drinks on one occasion (binge drinking) in the past month. Four percent of adults drove after having perhaps too much to drink.*

### Lorain County Adult Alcohol Consumption

- ◆ In 2011, 59% of the Lorain County adults had at least one alcoholic drink in the past month, increasing to 67% of those with incomes more than \$25,000 and 69% of those under the age of 30. The 2010 BRFSS reported current drinker prevalence rates of 53% for Ohio and 54% for the U.S.
- ◆ One in eight (13%) adults were considered frequent drinkers (drank on an average of three or more days per week).
- ◆ Of those who drank, Lorain County adults drank 2.8 drinks on average, increasing to 3.3 drinks for males.
- ◆ Nearly one-quarter (23%) of adults were considered binge drinkers. The 2010 BRFSS reported binge drinking rates of 17% for Ohio and 15% for the U.S.
- ◆ 39% of those who drink reported they had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition (See box above).
- ◆ 4% of adults reported driving after having perhaps too much to drink.

### Binge Drinking Dangers

- ◆ Binge drinking is defined as five or more drinks on one occasion or in a short period of time for men, and four or more drinks for women.
- ◆ About 92% of U.S. adults who drink excessively reported binge drinking in the past month.
- ◆ The prevalence of males binge drinking is higher than the prevalence of females binge drinking.
- ◆ Approximately 75% of the alcohol consumed in the U.S. is in the form of binge drinks.
- ◆ The highest proportion age group to binge drink is in the 18-20 year old group at 51%.
- ◆ Most people who binge drink are not alcohol dependent.
- ◆ Unintentional injuries, violence, alcohol poisoning, hypertension, sexually transmitted diseases, cardiovascular diseases, sexual dysfunction and unintentional pregnancy are a few of the adverse health effects of binge drinking.

(Source: CDC, Binge Drinking Facts Sheet, 10-17-2010)

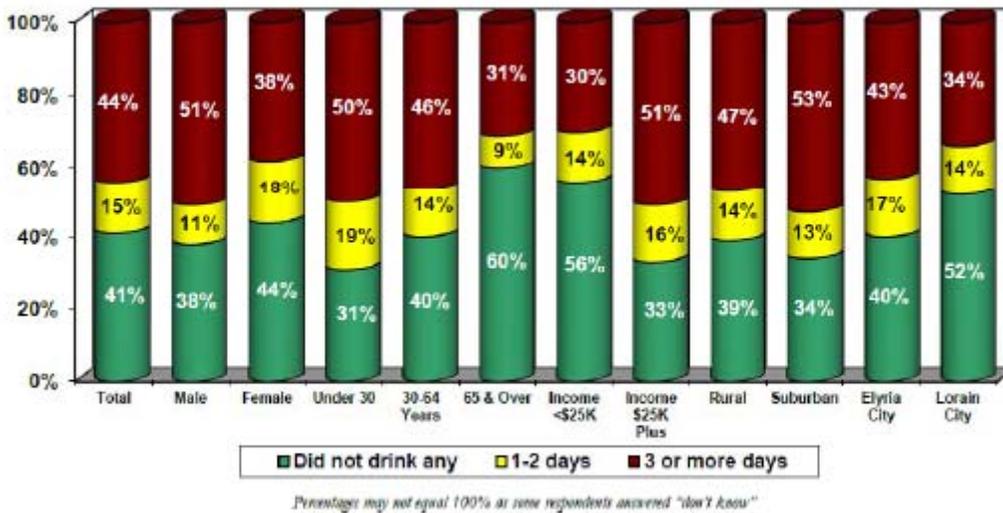
### Caffeinated Alcoholic Beverages

- ◆ Drinkers who consume alcohol mixed with energy drinks are 3 times more likely to binge drink than drinkers who do not report mixing alcohol with energy drinks.
- ◆ Drinkers who consume alcohol with energy drinks are about twice as likely as drinkers who do not report mixing to report being taken advantage of sexually, to report taking advantage of someone else sexually, and to report riding with a driver who was under than influence of alcohol.
- ◆ Currently, more than 25 brands of caffeinated alcoholic beverages are sold in retail alcohol outlets, including convenience stores.

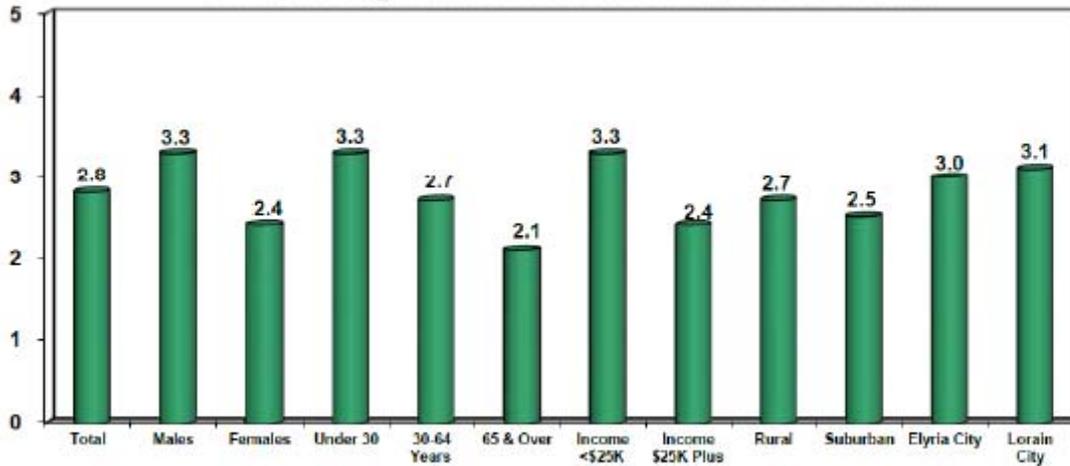
(Source: CDC, Alcohol and Public Health, Fact Sheets, Caffeinated Alcoholic Beverages, July 2010, <http://www.cdc.gov/alcohol/fact-sheets/cab.htm>)

2011 Adult Comparisons	Lorain County 2011	Ohio 2010	U.S. 2010
Drank alcohol at least once in past month	59%	53%	54%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	23%	17%	15%

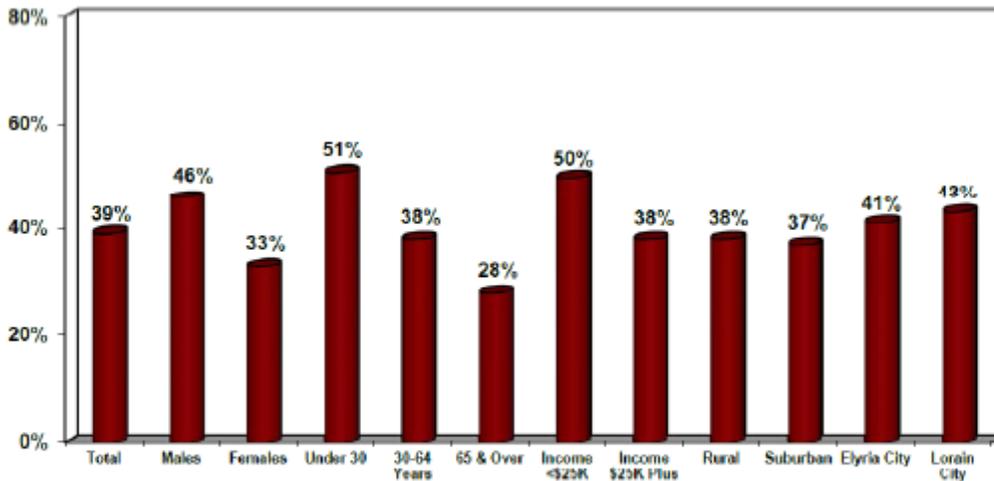
**Average Number of Days Drinking Alcohol in the Past Month**



**Adults Average Number of Drinks Consumed Per Occasion**

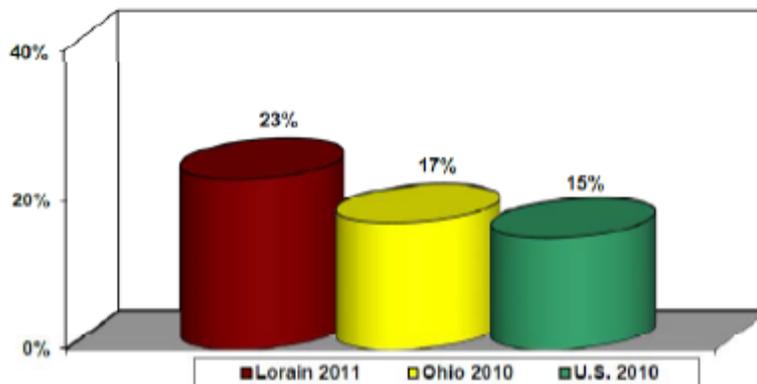


**Lorain County Adult Drinkers Who Binge Drank in Past Month\***



*\*Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion. Adults must have reported drinking five or more drinks on an occasion at least once in the previous month.*

**Adult Binge Drinking**



*(Source: 2010 BRFSS, 2011 Lorain County Health Assessment)  
\*Based on all adults. Binge drinking is defined as having five or more drinks on an occasion.*

In 2012, Lorain County’s Young Adult Alcohol and Drug Awareness (YAADA) also completed surveys regarding alcohol consumption for the 18-25 year olds. Their findings indicate:

- 40% of Lorain County young adults ages 18-25 strongly approve or somewhat approve of alcohol consumption nearly every day (YAADA Survey, 2012).
- 85% of Lorain County young adults ages 18-25 report having tried a drink of alcohol before the age of 18. (YAADA Survey, 2012).

- 78.4% of Lorain County young adults ages 18-25 report they believe individuals risk harming themselves physically when they have had five or more drinks of an alcoholic beverage once or twice a week (YAADA Survey, 2012).

Lorain County young adults ages 18-25 have a permissive attitude towards the high risk use of alcohol in public and private settings (Community Focus Groups, 2012).

- 42% of young adults age 18-25 feel that it is acceptable for 18-20 year olds to drink alcohol (Lorain County Community Assessment, 2012).
- 55% of Lorain County young adults ages 18-25 report having often witnessed public intoxication (YAADA Survey, 2012).
- The community believes alcohol is synonymous with entertainment and has an expectation of alcohol at every event (Focus Groups, 2012).

## Youth Alcohol Consumption

### Key Findings

*In 2011, the health assessment results indicated that 53% of Lorain County youth had drunk at least one drink of alcohol in their life, increasing to 85% of youth seventeen and older. 42% of those who drank, took their first drink by the age of 12. More than one-quarter (27%) of Lorain County youth and 52% of those 17-18 years had at least one drink in the past 30 days. Less than half (47%) of the youth who reported drinking in the past 30 days had at least one episode of binge drinking. 17% of all youth drivers had driven a car in the past month after they had been drinking alcohol.*

### Youth Alcohol Consumption

- ◆ In 2011, the health assessment results indicate that more than half (53%) of Lorain County youth (ages 12 to 18) have had at least one drink of alcohol in their life, increasing to 85% of 17-18 year olds (2011 YRBS reports 71% for Ohio and 71% for the U.S.).
- ◆ More than one-quarter (27%) of the youth had at least one drink in the past 30 days, increasing to 52% of 17-18 year olds (2011 YRBS reports 38% for Ohio and 39% for the U.S.).
- ◆ Of those who drank, 47% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 54% of males.
- ◆ Based on all youth surveyed, 14% were defined as binge drinkers (2011 YRBS reports 24% for Ohio and 22% for the U.S.).
- ◆ 9% of Lorain County youth who reported drinking in the past 30 days, drank on at least 10 or more days during the month.
- ◆ Over two-fifths (42%) of Lorain County youth who reported drinking at sometime in their life had their first drink by the age of 12, 32% took their first drink between the ages of 13 and 14, and 26% drank between the ages of 15 and 18. The average age of onset was 12.6 years old.
- ◆ Lorain County youth drinkers reported they got their alcohol from the following: someone gave it to them (47%), someone older bought it for them (25%), a parent gave it to them (14%), a friend's parent gave it to them (11%), bought it in a liquor store/ convenience store/gas station (6%), bought it with a fake ID (6%), took it from a family member (5%), bought it at a public event (concert/sporting event) (2%), bought it at a restaurant/bar/club (1%), and some other way (19%).
- ◆ 14% of youth drinkers reported being under the influence of alcohol on school property at least one day during the past month.
- ◆ During the past month 22% of Lorain County youth had ridden in a car driven by someone who had been drinking alcohol (2011 YRBS reports 21% for Ohio and 24% for the U.S.).
- ◆ 17% of youth drivers had driven a car in the past month after they had been drinking alcohol (2011 YRBS reports 7% for Ohio and 8% for the U.S.).

### Underage Drinking in Ohio

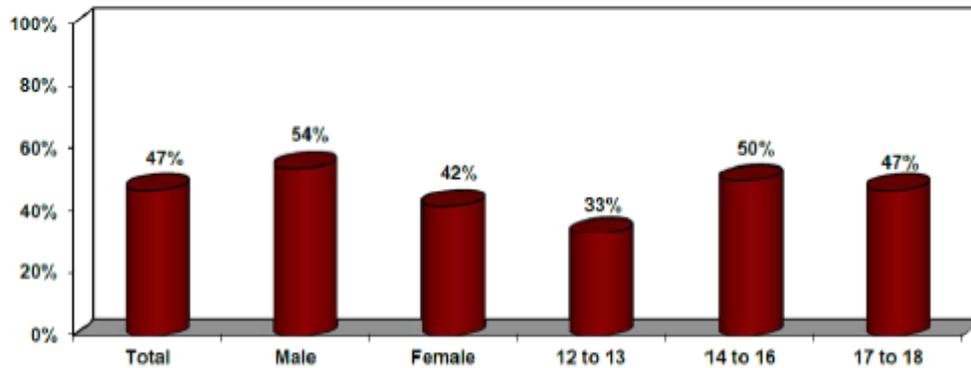
- ◆ The price for underage drinking on Ohio residents was \$2.9 billion in 2010.
  - ◆ The figure of \$2.9 billion translates to a cost of \$2,596 per year for each youth in Ohio or \$3.19 per drink consumed underage.
  - ◆ In 2009, there were 4,178 youth ages 12-20 who were admitted to an alcohol treatment program in Ohio, which was 11% of all alcohol abuse treatment admissions.
  - ◆ Approximately 1,253 teen pregnancies and 36,019 teens engaging in risky sex can be attributed to underage drinking in 2009.
  - ◆ In 2009, around 31 traffic fatalities and 1,872 nonfatal injuries were associated with driving after underage drinking.
- (Source: Pacific Institute for Research and Evaluation (PIRE) with funding from the Office of Juvenile Justice and Delinquency Prevention, Underage Drinking in Ohio: The Facts, September 2011, <http://www.wdtt.org/factsheets/OH.pdf>)

2011 Youth Comparisons	Lorain County 2011 (6 <sup>th</sup> – 12 <sup>th</sup> )	Lorain County 2011 (9 <sup>th</sup> – 12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> – 12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> – 12 <sup>th</sup> )
Ever tried alcohol	53%	69%	71%	71%
Current drinker	27%	40%	38%	39%
Binge drinker	14%	20%	24%	22%
Rode with someone who was drinking	22%	24%	21%	24%
Drank and drove	17%	16%	7%	8%

# Youth Alcohol Consumption

In 2011, the health assessment results indicated that 53% of Lorain County youth had drunk at least one drink of alcohol in their life, increasing to 85% of youth seventeen and older. 42% of those who drank, took their first drink by the age of 12. More than one-quarter (27%) of Lorain County youth and 52% of those 17-18 years had at least one drink in the past 30 days. Less than half (47%) of the youth who reported drinking in the past 30 days had at least one episode of binge drinking. 17% of youth drivers had driven a car in the past month after they had been drinking alcohol.

**Lorain County Youth Current Drinkers Binge Drinking in Past Month\***



\*Based on current drinkers. Binge drinking is defined as having five or more drinks on an occasion.

# Youth Alcohol Consumption

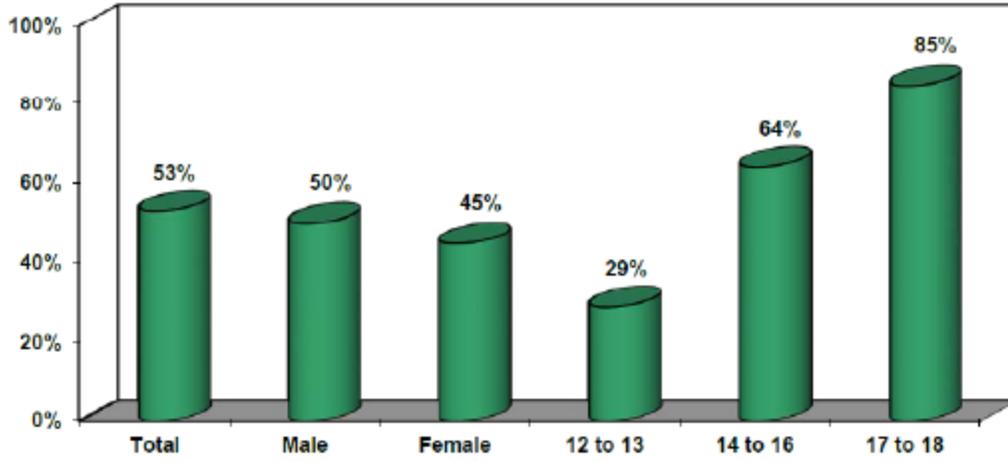
In 2011, 53% of youth had tried a drink of alcohol at some point in their lifetime while 27% had at least one drink in the past 30 days. Most likely to drink were 17-18 year olds (85% had tried alcohol and 52% had a drink in the past 30 days). Average age of onset was 12.6 years old. (2011 Lorain County, Ohio Health Assessment Project, Commissioned by Lorain County Health Partners)

**Youth Alcohol Consumption Over Time**

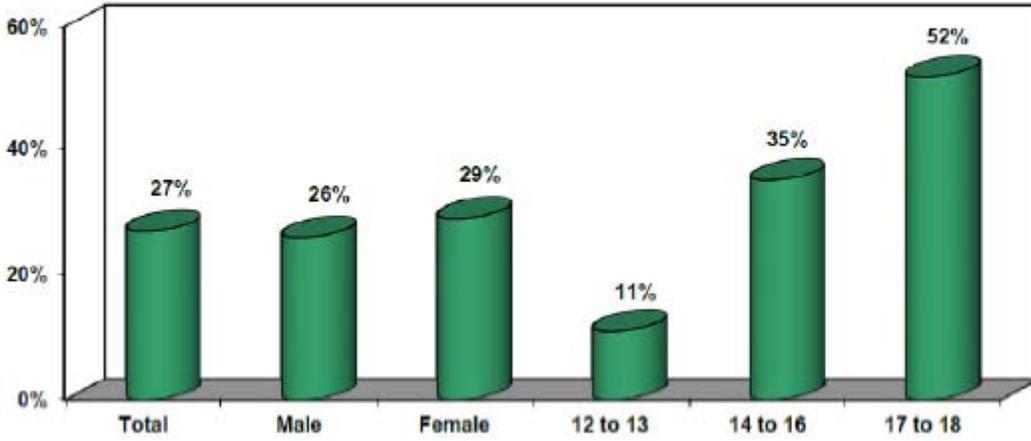
	2003	2006	2009	2011
Tried at some point in lifetime	49.4%	47.2%	45.2%	53%
Past 30 day use	23.0%	23.1%	21.3%	27%

(*"Our Youth, Our Community, Our Future"*, *Communities That Care*, compiled by Public Services Institute, Lorain County Community College, 2010)

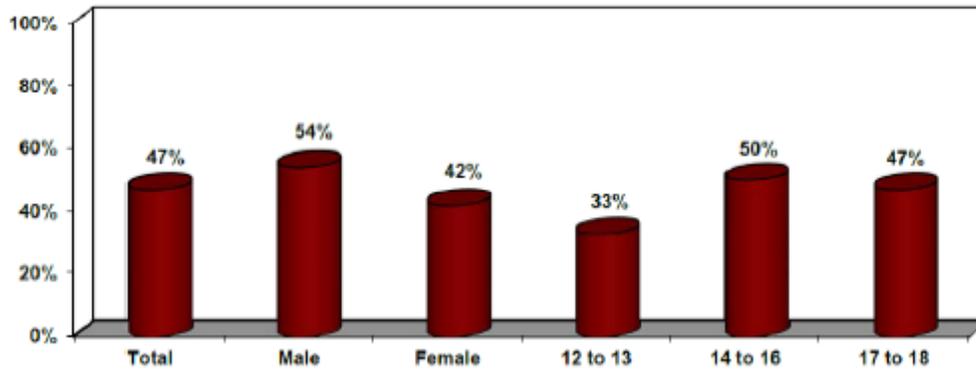
**Lorain County Youth Having At Least One Drink In Their Lifetime**



**Lorain County Youth Current Drinkers**



### Lorain County Youth Current Drinkers Binge Drinking in Past Month\*



\*Based on all current drinkers. Binge drinking is defined as having five or more drinks on an occasion.

#### Underage Drinking Impact

- ❖ There are 38,089 young people ages 12-20 in Lorain County.
- ❖ 4,013 youth or 10.5% of young people in Lorain County have a serious alcohol problem.
- ❖ Of the 4,013 young people with serious alcohol problems, they are approximately:
  - 9.4 times more likely to drink and drive
  - 8.5 times more likely to have serious problems with other drugs
  - 5.5 times more likely to be arrested
  - 2.25 times more likely to smoke
  - 1.5 times more likely to have a C+ average or lower and are likely to miss twice as much school
  - 1.5 times more likely to require hospital ER care

(Source: The Alcohol Cost Calculator for Kids, obtained from: <http://www.alcoholcostcalculator.org/Kids/>)

#### Behaviors of Lorain Youth

*Current Drinkers vs. Non-Current Drinkers*

Youth Behaviors	Current Drinker	Non-Current Drinker
Have been in a physical fight in the past 12 months	44%	27%
Attempted suicide in the past 12 months	12%	4%
Have smoked in the past 30 days	36%	6%
Have used marijuana in the past 30 days	40%	6%
Have had sexual intercourse	48%	26%
Participated in extracurricular activities	85%	85%

*Current drinkers are those youth surveyed who have self-reported drinking at any time during the past 30 days.*

## Adult and Youth Marijuana and Other Drug Use

### Key Findings

*In 2011, 7% of Lorain County adults had used marijuana during the past 6 months. 16% of Lorain County youth had used marijuana at least once in the past 30 days, increasing to 28% of those over the age of 17 and 24% of high school youth. During the past 12 months, 15% of Lorain County youth had someone offer, sell, or give them an illegal drug on school property.*

### Adult Drug Use

- ◆ Seven percent (7%) of Lorain County adults had used marijuana in the past 6 months, increasing to 16% of those under the age of 30.
- ◆ 1% of Lorain County adults reported using other recreational drugs such as cocaine, methamphetamines, heroin, LSD, inhalants, or Ecstasy.
- ◆ When asked about their frequency of drug use in the past six months, 32% of Lorain County adults who used recreational drugs did so every day, and 30% did so less than once a month.
- ◆ 11% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months.
- ◆ When asked about their frequency of medication misuse in the past six months, 25% of Lorain County adults who used these drugs did so every day, and 23% did so less than once a month.
- ◆ Lorain County adults indicated they disposed of unused prescription medication in the following ways: throw them in the trash (38%), keep them (22%), flush them down the toilet (27%), take them to a medication collection/disposal program (17%), give them away (1%), sell them (<1%), and some other method (9%).
- ◆ 6% of Lorain County adults indicated they needed to seek a program or service to help with their or a loved one's drug problem. They did not seek a program or service for the following reasons: had not thought of it (19%), cost (12%), fear (11%), did not know how to find a program (11%), transportation (7%), stigma of seeking drug services (5%), did not want to get in trouble (5%), did not want to miss work (5%), and other reasons (42%).

### Ohio Drug and Drug Abuse Facts

- ❖ Marijuana is the most abused drug in Ohio.
- ❖ The number of treatment center admissions for 2006 for cocaine in Ohio was 11,600 as reported by the Ohio Department of Alcohol and Drug Addiction Services (ODADAS).
- ❖ According to ODADAS, youth abusers of OxyContin have begun abusing heroin since they can no longer obtain or afford OxyContin.
- ❖ In regards to prescription drugs, benzodiazepines (such as Valium or Xanax) and alprazolam were reported as the most commonly abused and diverted prescriptions in Ohio.

*(Source: U.S. Department of Justice: DEA Brief on Background, Drug and Drug Abuse)*

### Youth Drug Use

- ◆ In 2011, 16% of Lorain County youth had used marijuana at least once in the past 30 days, increasing to 28% those over the age of 17 and 24% of high school youth. The 2011 YRBS found a prevalence of 24% for Ohio youth and 23% for U.S. youth who had used marijuana one or more times during the past 30 days.
- ◆ One-third (33%) of youth who tried marijuana did so by the age of 12. The average age of onset was 12.9 years old.
- ◆ 14% of Lorain County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives, increasing to 31% of those over the age of 17.
- ◆ One in nine (11%) youth used inhalants, 4% used cocaine, 3% used steroids, 3% used methamphetamines, and 3% used heroin.
- ◆ During the past 12 months, 15% of Lorain County youth reported that someone had offered, sold, or given them an illegal drug on school property, increasing to 18% of high school youth (2011 YRBS reports 24% for Ohio and 26% for the U.S.).
- ◆ 2% of youth have used a needle to inject an illegal drug in their body. (2011 YRBS reports 3% for Ohio and 2% for the U.S.)

# Marijuana Use

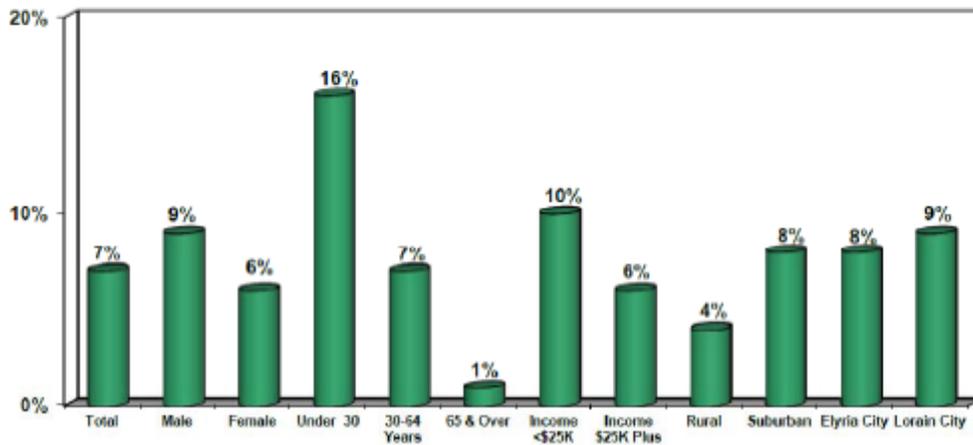
## Marijuana Use

In 2011, 7% of adults had used marijuana in the past 6 months. The incidence of marijuana use is more than twice as high for adults age 19-29 (16%). It is also higher for those with an income under \$25,000.

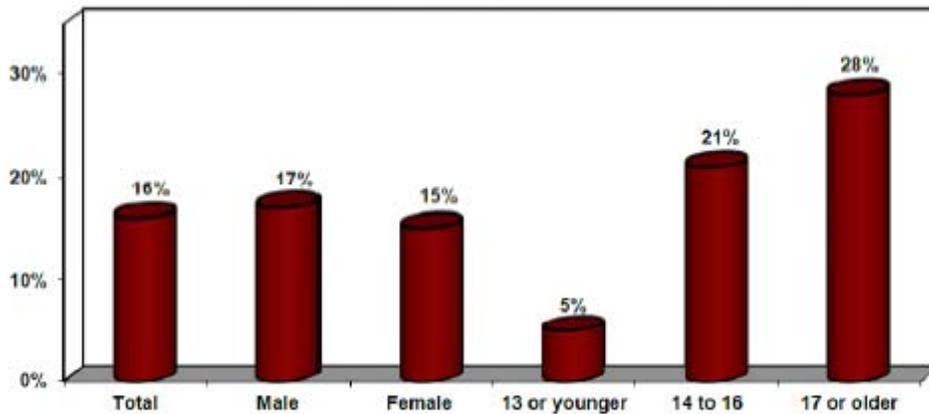
In 2011, 16% of Lorain County youth (12-18) had used marijuana at least once in the past 30 days increasing to 28% for those over the age of 17. Average age of onset was 12.9 years old.

*(2011 Lorain County, Ohio Health Assessment Project, Commissioned by Lorain County Health Partners)*

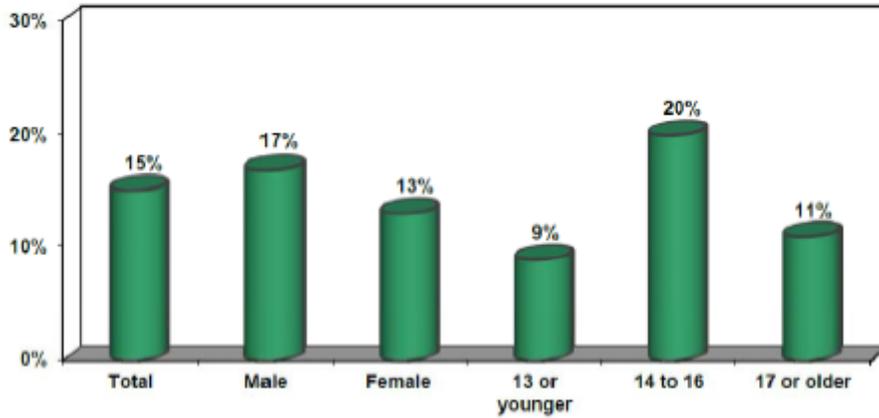
**Lorain County Adult Marijuana Use in Past 6 Months**



**Lorain County Youth Marijuana Use in Past Month**



**Lorain County Youth Offered, Sold, or Given Illegal Drugs by Someone on School Property in Past 12 Months**

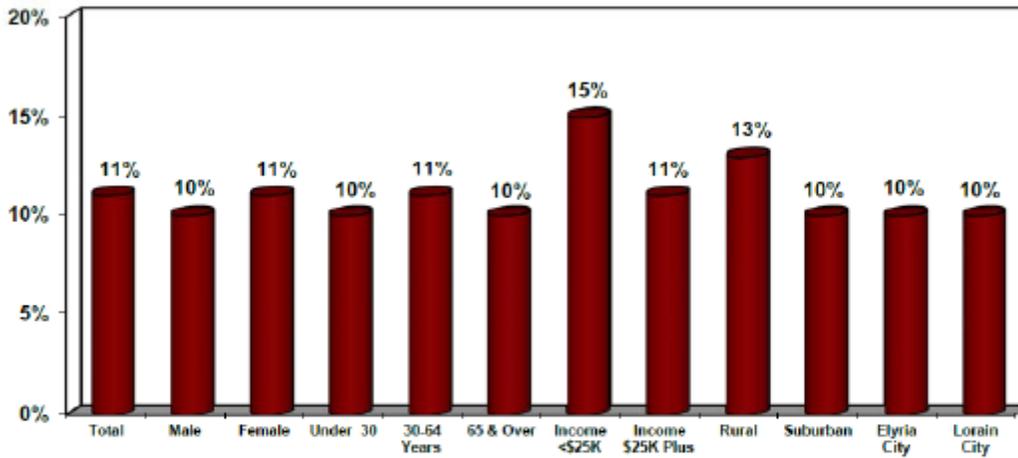


2011 Youth Comparisons	Lorain County 2011 (6 <sup>th</sup> -12 <sup>th</sup> )	Lorain County 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> -12 <sup>th</sup> )
Youth who used marijuana in the past 30 days	16%	24%	24%	23%
Ever used methamphetamines	3%	5%	6%*	4%
Ever used cocaine	4%	6%	7%	7%
Ever used heroin	3%	5%	3%	3%
Ever used steroids	3%	5%	4%	4%
Ever used inhalants	11%	11%	12%**	11%
Ever misused medications	14%	22%	N/A	N/A
Youth who reported that someone offered, sold, or gave them an illegal drug on school property in past year	15%	18%	24%	26%

\*2007 YRBS Data  
 \*\*2005 YRBS Data

2011 Youth Comparisons	Lorain County 2011 (6 <sup>th</sup> -12 <sup>th</sup> )	Lorain County 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> -12 <sup>th</sup> )
Ever tried alcohol	53%	69%	71%	71%
Current drinker	27%	40%	38%	39%
Binge drinker	14%	20%	24%	22%
Rode with someone who was drinking	22%	24%	21%	24%
Drank and drove	17%	16%	7%	8%

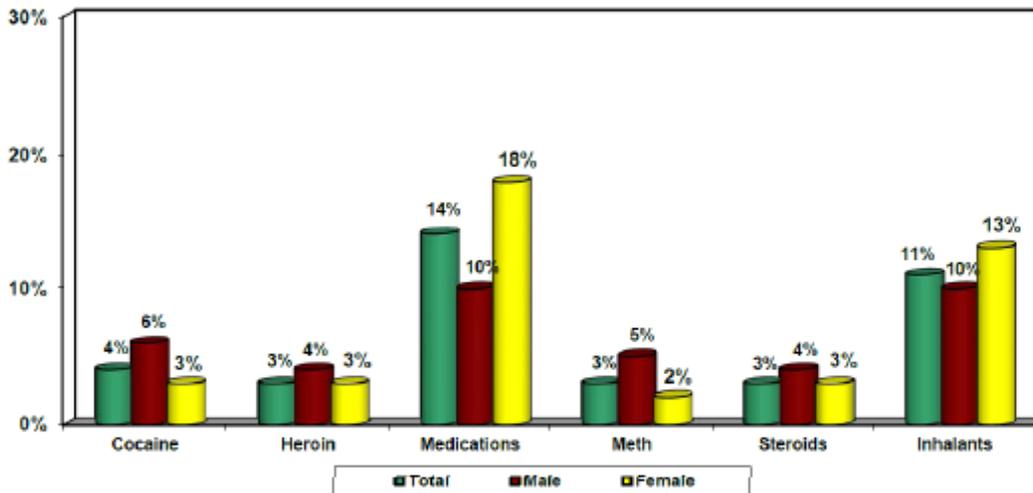
### Lorain County Adult Medication Misuse in Past 6 Months



11% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

When asked about their frequency of medication misuse in the past six months, 25% of Lorain County adults who used these drugs did so every day, and 23% did so less than once a month.

### Lorain County Youth Lifetime Drug Use



14% of Lorain County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives, increasing to 31% of those over the age of 17.

## Youth Perceptions of Substance Use/Misuse

### Key Findings

*In 2011, more than half (54%) of Lorain County youth thought there was a great risk in harming themselves if they smoked cigarettes. 15% of youth thought that there was no risk of using marijuana. More than two-thirds (64%) of youth reported that their parents would strongly disapprove of them drinking alcohol.*

### Perceived Risk of Drug Use

- ◆ More than half (54%) of Lorain youth thought there was a great risk in harming themselves if they smoked cigarettes.
- ◆ 8% of youth thought that there was no risk from smoking cigarettes.
- ◆ Half (50%) of youth thought there was a great risk in smoking marijuana.
- ◆ 15% of youth thought that there was no risk from smoking marijuana.
- ◆ More than one-third (36%) of Lorain County youth thought there was a great risk from drinking alcohol.
- ◆ 9% of youth thought that there was no risk in drinking alcohol.

### Degree of Disapproval of Use by Adults

- ◆ Most (85%) youth reported their parents (or guardians) would strongly disapprove of them smoking cigarettes, increasing to 90% of youth under the age of 13.
- ◆ 83% of Lorain County youth reported their parents would strongly disapprove of them using marijuana, decreasing to 68% of those 17 and older.
- ◆ 64% of youth reported their parents would strongly disapprove of them drinking alcohol, decreasing to 35% of those ages 17 and older.

### Youth Perception of Own Risk

- ◆ 70% of youth aged 12-17 perceived great risk from smoking one or more packs of cigarettes per day.
- ◆ 41% of youth aged 12-17 perceived great risk from consuming five or more alcoholic beverages once or twice a week.
- ◆ 34% of youth aged 12-17 perceived great risk from smoking marijuana once a month, while 53% perceived great risk from smoking 1-2 times per week.
- ◆ 50% of youth aged 12-17 perceived great risk from cocaine use once a month, while 79% perceived great risk from using 1-2 times per week.

(Source: Substance Abuse Mental Health Services Administration, 2008)

# Youth Perceptions of Substance Use/Misuse

**Perceived Risk of Drug Use**

How much do you think people risk harming themselves if they:	No Risk	Slight Risk	Moderate Risk	Great Risk
Smoke cigarettes	8%	11%	27%	54%
Smoke marijuana	15%	17%	18%	50%
Drinking alcohol (such as beer, wine, or hard liquor)	9%	22%	33%	36%

**Perceived Great Risk of Drug Use**

How much do you think people risk harming themselves if they:	Total	Female	Male	13 or younger	14 – 16 years old	17 or older
Smoke cigarettes	54%	56%	52%	53%	54%	56%
Smoke marijuana	50%	50%	49%	65%	43%	28%
Drinking alcohol (such as beer, wine, or hard liquor)	36%	40%	33%	39%	34%	36%

# Disapproval of Use by Adults

**Degree of Disapproval of Use by Adults**

How do you think your parent(s) or guardian(s) would feel about you:	Would Approve	Would Not Care	Disapprove Some	Strongly Disapprove
Smoking cigarettes	2%	4%	9%	85%
Smoking marijuana	3%	4%	10%	83%
Drinking alcohol (such as beer, wine, or hard liquor)	3%	9%	24%	64%

**Strong Disapproval of Use by Adults**

How do you think your parent(s) or guardian(s) would feel about you:	Total	Female	Male	13 or younger	14 – 16 years old	17 or older
Smoking cigarettes	85%	85%	83%	90%	84%	70%
Smoking marijuana	83%	82%	82%	95%	77%	68%
Drinking alcohol (such as beer, wine, or hard liquor)	64%	67%	61%	79%	59%	35%

When analyzing trends from the County-wide health assessment, Communities That Care – Lorain County’s Drug-Free Community Coalition provided a look at common data between the years 2009 and 2012 for 10<sup>th</sup> graders. While the age of onset was either the same or younger for

tobacco, alcohol and marijuana, the rates of 30-day use (trends) are increasing, parental disapproval rates are decreasing while students are more aware of the risks of tobacco, alcohol and marijuana (see below):

Communities That Care of Lorain County Data Workgroup Analysis of Core Measures

10 <sup>th</sup> Grade					
	Item	2009	2012	Trend	Note(s)
TOBACCO	Average Age of Onset for Tobacco (years)	12.6	12.6	No Change	No change in age of onset
	30 Day use of Tobacco	15.2%	18.0%		30-day use increased; higher than national (Monitoring the Future, 2011, 11.8%)
	Parent Strongly Disapprove of Tobacco	93.0%	91.5%		Lower disapproval rating
	Any Risk of Tobacco Use	88.9%	90.6%		Higher perceived risk
ALCOHOL	Average Age of Onset for Alcohol (years)	13.2	12.8		Age of onset – younger
	30 Day use of Alcohol	31.8%	33.5%		30-day use increased, higher than national (Monitoring the Future, 2011, 27.2%)
	Parent Strongly Disapprove of Alcohol	86.0%	86.4%		Lower disapproval rating
	Any Risk of Alcohol Use	67.5%	90.5%		Higher perceived risk
MARIJUANA	Average Age of Onset for Marijuana (years)	13.6	13.1		Age of onset – younger
	30 Day use of Marijuana	16.8%	24.9%		30-day use increased, higher than national (Monitoring the Future, 2011, 17.6%)
	Parent Strongly Disapprove of Marijuana	93.5%	92.2%		Lower disapproval rating
	Any Risk of Marijuana Use	77.8%	81.0%		Higher perceived risk

# Youth Safety

## Key Findings

*In 2011, two-fifths (40%) of Lorain County youth self-reported that they always wore a seatbelt when riding in a car driven by someone else. 44% of youth drivers texted while driving.*

2011 Youth Comparisons	Lorain County 2011 (6 <sup>th</sup> -12 <sup>th</sup> )	Lorain County 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> -12 <sup>th</sup> )
Always wore a seatbelt	40%	38%	N/A	N/A
Ridden in a car driven by someone who had been drinking alcohol in past month	22%	24%	21%	24%
Drove a car after drinking alcohol in the past month	17%	16%	7%	8%

## Safety

- ◆ Lorain County adult drivers reported doing the following while driving: talking on their cell phone (56%), eating (38%), texting (12%), using the Internet on their cell phone (4%), being under the influence of alcohol (3%), checking Facebook on their cell phone (2%), reading (1%), being under the influence of drugs (1%), and other things-such as applying makeup/shaving/etc. (2%).

## Lorain County Crash Statistics

	City of Elyria 2010	City of Lorain 2010	Lorain County 2010	Ohio 2010
Total Crashes	1,453	1,119	6,790	300,164
Alcohol-Related Total Crashes	68	61	398	13,037
Fatal Crashes	2	2	1	984
Alcohol-Related Fatal Crashes	2	1	10	393
Alcohol Impaired Drivers in Crashes	68	61	398	13,037
Injury Crashes	362	263	1,730	74,427
Alcohol-Related Injury Crashes	26	25	245	5,456
Property Damage Only	1,067	832	4,981	221,597
Alcohol-Related Property Damage Only	39	35	227	7,094
Deaths	2	2	24	1,080
Alcohol-Related Deaths	2	1	10	431
Total Non-Fatal Injuries	535	434	2,594	108,758
Alcohol-Related Injuries	42	44	160	7,714

*(Source: Ohio Department of Public Safety, Crash Reports, 2010 Traffic Crash Facts)*

### Costs of Excessive Alcohol Consumption

- ❖ Each year in the U.S., excessive alcohol consumption is the 3<sup>rd</sup> leading preventable cause of death.
- ❖ On average, 79,000 deaths and 2.3 million years of potential life lost can be attributed to excessive alcohol consumption.
- ❖ In 2006, the cost of excessive alcohol consumption was \$223.5 billion, or \$1.90 per drink, equaling \$746 per man, woman and child per capita.
- ❖ Binge drinking made up more than 75% of the total cost or \$170.7 billion.
- ❖ Underage drinking accounted for \$27.0 billion or 12.1% of the total cost of excessive alcohol consumption.
- ❖ Drinking while pregnant, mostly associated with fetal alcohol syndrome (\$5.2 billion or 2.3%) and the cost of crime (\$73.3 billion or 9.2%) also contributed to the total cost of excessive alcohol consumption.

*(Source: CADCA, Research into Action, "The Economic Costs of Excessive Alcohol Consumption", January/February 2012, obtained from: <http://www.cadca.org/files/resources/RI4-Jan-Feb-2012.pdf>)*

While Lorain County's overall crash statistics represent 2% of Ohio's crashes, Lorain County's alcohol-related total crashes are 3% of Ohio's crashes.

### **Social Context:**

- ◆ Adults indicated that Lorain County residents need more education about the following: distracted driving (44%), childhood obesity (40%), violence (39%), driving under the influence-DUI (39%), drug abuse (39%), teenage pregnancy (35%), bullying (34%), depression/anxiety/mental health (31%), tobacco use (27%), sexting (22%), speed (22%), suicide (20%), seat belt/restraint usage (19%), bicycle safety (13%), falls (8%), and other issues (5%).
- ◆ In the past year, Lorain County adults experienced the following stressors: a close family member going into the hospital (37%), the death of a family member or close friend (33%), having bills they could not pay (22%), someone in their household having their work hours reduced (10%), someone in their household losing their job (9%), someone close to them having an alcohol or drug problem (9%), moving to a new address (7%), having someone homeless living with them (4%), becoming separated or divorced (3%), someone in their household going to jail (2%), becoming homeless (1%), being involved in a physical fight (1%), and being hit or slapped by their spouse or partner (1%).

### **Preventive Counseling Services**

- ◆ Lorain County adults indicated that their doctor or other health professional had discussed the following topics with them within the past year: physical activity or exercise (42%), diet or eating habits (36%), immunizations (23%), significance of family health history (21%), depression/anxiety/emotional problems (18%), quitting tobacco use (13%), sexual practices (9%), injury prevention (8%), alcohol use (7%), illicit drug use (4%), prescription drug abuse/misuse (4%), over-the-counter drug abuse/misuse (3%), and domestic violence (3%).

Across Lorain County, some disparities have been identified:

- Suburban adults were
  - less likely to be current smokers (13% compared to 24% of all the rest of Lorain County adults)
  - have consumed alcohol in the past 30 days (66% compared to 54% of all the rest of Lorain County adults)
- Rural adults were
  - Less likely to have use marijuana in the past 6 months (4% compared to 8% of the rest of Lorain County adults)
  - More likely to be current smokers (24% compared to 21% of the rest of Lorain County adults)
  - More likely to have consumed alcohol in the past 30 days (61% compared to 58% of the rest of Lorain County adults)
  - More likely to have misused prescription medications in the past 6 months (13% compared to 10% of the rest of Lorain County adults)
- Lorain City adults were
  - Less likely to have consumed alcohol in the past 30 days (48% compared to 63% of all rural and suburban adults)
  - More likely to be current smokers (24% compared to 19% of all rural and suburban adults)
  - More likely to have use marijuana in the past 6 months 9% compared to 6% of all rural and suburban adults)
- Elyria City adults were
  - More likely to be current smokers (25% compared to 19% of all rural and suburban adults)

**Illicit Drug or Alcohol Dependence or Abuse;** According to the 2010 National Surveys on Drug Use and Health, Ohio’s estimates for past year illicit drug or alcohol dependence or abuse among persons aged 12 or older was 9.8%. Using the 2010 Census data for Lorain County (n=250,917 aged 12+) this equates to approximately 22,582 Lorain county residents identified with past year illicit drug or alcohol dependence or abuse.

**Needing but Not Receiving Treatment for Illicit Drug or Alcohol Problems:** According to the 2010 National Surveys on Drug Use and Health, Ohio’s estimates for persons needing but not receiving treatment for an illicit drug problem for persons age 12 or older was 2.48% and the estimates for persons needing but not receiving treatment for alcohol problems for persons age 12 or older was 6.86%. Using the 2010 Census data for Lorain County (n=250,917 age 12+) this equates to approximately 6,222 (illicit drug problems) and 17,212 (alcohol problems)Lorain County residents respectively.

**Waiting List Details** – on October 25, 2013 – the ADAS Board completed a waiting list “snapshot” for clients to access treatment. The findings are reported below:

Waiting List Snapshot for October 31, 2013	# Day Assessment	# Days Residential	# Days Supportive Housing	# Days Day Treatment	# Days IOP	# Days Aftercare	# Days Low intensity	# Days Pretx	# Days Detox	# Days Consult with MD re: Suboxone
Adult men	walk ins	N/A	45-60	45-60	45-60	0	0			12
Adult Women	no wait	4-6 wks		1-2 wks	1-2 wks	no wait	no wait	no wait		12
IVDU										
Pregnant										
Adolescent	no wait				no wait	no wait	no wait			
<b>Stella Maris</b>										
LC Males	N/A								0	N/A
LC Females	N/A								0	N/A
<b>New Directions</b>										
LC Adol Males	1*	25*			N/A					N/A
LC Adol Females	1*	0*			N/A					N/A

Assessment services, aftercare, low intensity and pre-treatment services are available upon demand. Funding constraints (Medicaid, insurance, self pay) are MAJOR factors for the adolescent residential treatment services – of which the ADAS Board’s investment approximates 8-12 adolescents annually. While the snapshot represents a “zero” waiting list for sub-acute detoxification, the ADAS Board funds the equivalent of 37-40 clients annually. Consultation with physicians for Suboxone services are variably limited due to the physician capacity on their DEA certification. While assessments service report walk-in or no wait – these are limited by clinical staff availability. The potentially longest wait for an assessment is up to 7 days as the walk-ins are only one day/week. The number of days waiting for aftercare, low intensity and pre-treatment are also dependent upon staff capacity and group ratios.

During State Fiscal Year 2013, 100% of clients in sub-acute detoxification were opioid diagnosed; 76% of the admissions were white, 71% male; 58% of the detox admissions were primarily between the 18-34 year old range.

**Service Gaps** – There are no male adult residential beds or other forms of detoxification services (other than limited sub-acute detoxification) currently funded at the time of the waiting list snapshot. There are limited beds available for adolescent non-medical residential treatment. Women’s beds are limited to 16. The ADAS Board’s investment in the men’s day treatment with supportive housing is limited to the availability of capacity of the supportive housing beds. The majority of clients needing detoxification and other treatment services for opioid abuse/dependence diagnoses continue to be a regular trend in Lorain County. In order to assist in the need for improving access and retention in effective treatment for opioid addiction, the ADAS Board and LCADA were accepted into the NIATX Buprenorphine Implementation Study.

Requests for school-based prevention programs are continuing to increase due primarily to the Communities that Care of Lorain County’s investment in the school liaison. There still exists a limited workforce of certified prevention specialists in Lorain County (similar to statewide trends) so program capacity is also limited. In order to address the growing requests from schools for programming, the school liaison has begun to identify school personnel who can continue the program provision once the prevention staff are no longer available.

**Dispute Resolution with Local Family and Children First Council** – as of the writing of this plan, there have been no services needs review pursuant to ORC 340.03. ADAS remains active the Lorain County’s CFC as a member.

**Working with Parents with Substance Use Disorders who have Dependent** Children – Lorain County’s Family Drug Court integrates substance abuse, court and Children’s services components to ensure that parents and/or guardians with substance abuse issues receive treatment (women with children).

### **Strengths and Challenges in Addressing Needs of the Local System of Care**

#### **Strengths of Local System that will assist the Board in addressing the findings of the needs assessment**

The ADAS Board continues to build on collaboration and partnerships both within its service provider network and across systems to address the findings for our community’s alcohol, tobacco and other drug use needs.

The ADAS Board has recently created a strategic planning (ad-hoc) committee of its members. The purpose of this committee is to design community-based communication formats (i.e., speaking engagements), securing resources for additional programming and create an advocacy platform for our county’s residents regarding the importance of substance abuse and addiction prevention, treatment and wellness initiatives. The SFY 2014 biennial budget provided an option for the ADAS Board to re-consider membership (either remain at 18 or down to 14). Unanimously, the Board agreed to remain at 18 as they feel the importance of their commitment to our county. An initial success was recently evident in the board’s 8<sup>th</sup> annual 5K Run/Walk in celebration of Recovery Month (September, 2014) which was the county’s largest run and advocacy event for the year spearheaded by ADAS Board staff and members.

The ADAS Board staff continues to keep the priority of need for our clients and families as evidence of our participation on numerous collaborative such as the county's Re-entry Coalition Homeless Task Force and Elder Abuse Network.

According to the School Health Policies and Practices Study 2012, students in the United States engage in behaviors that place them at risk for the leading causes of morbidity and mortality among youth and adults. These behaviors often are established during childhood and adolescence and extend into adulthood. Preventing such behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood. Because schools have direct contact with more than 95 percent of our nation's young people aged 5–17 years, for about six hours a day, and for up to 13 years of their social, psychological, physical, and intellectual development, schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns.

Coordinated School Health (CSH) is recommended by the Centers for Disease Control and Prevention (CDC) as a strategy for improving students' health and learning in our nation's schools.<sup>2</sup> CSH includes eight interrelated components: health education, physical education, health services, mental health and social services, nutrition services, healthy and safe school environment, faculty and staff health promotion, and family and community involvement. As the county's grantee for the federally funded Drug Free Communities (DFC) and Support Grant, a school liaison works with all fourteen public school districts to: assess current priorities regarding alcohol, marijuana and prescription abuse issues of their students, identify factors and solutions contributing to priorities, work with Communities That Care (CTC) and for schools to identify necessary resources, provide support to districts to implement strategies. To date five out of the 14 school districts are co-investing in additional school-based services for their students – this leverages the DFC grant.

During 2012, the Vermilion School District was recognized by CTC as a “champion” for beginning their student drug testing program. The current school year (2013-2014) the ADAS Board has received increasing requests from schools (buildings and districts) to train their teachers, counselors and administrators on substance abuse issues, prevention and their roles as “teen influencers” to prevent or intervene with their students' substance abuse issues.

Often when tragedy occurs, communities come together to help further reduce the pain. This has been most evident with Lorain County's increasing overdose deaths (as reported above) that have increased 286% from 2011 – 2012. Last year (2012), ADAS was approached by the Lorain County Coroner to assist in bringing solutions to help combat the spike in overdose deaths in our county. Project DAWN (Deaths Avoided with Naloxone) has been meeting regularly since September 2012. Most recently, Lorain County became a state-wide pilot county (SB 57) to allow first responders including law enforcement personnel to be trained and administer Naloxone in overdose response situation. In early November, 2013 one weekend our county had 21 overdoses – Naloxone was used to save five lives by our first responders. In November, Narcan was provided to save 15 additional lives. The pilot started in October, 2012 has seen an increase in police and fire departments trained and ultimately lives are being saved. The project has been supported with generous donations of the medication from the County's hospitals and

other donations continue to come in to support this project. We are also ready to roll out phase 2 of the project that will provide Naloxone kits to clients in pre-treatment awaiting their level of care. This was made possible through the increased state community medication funding that has been recently expanded to provide medication support for substance abuse addiction clients as well as an in-kind donation of materials from the Ohio Department of Health.

The spike in opiate addiction has brought forth a community-by-community response growing in our county. In late winter, 2013, the ADAS Board and CTC provided a town hall meeting that was standing room only addressing the county's opiate issues. This has been followed by additional communities (Avon Lake and Vermilion) having community forums with two additional communities (Amherst, Oberlin, Grafton and Wellington) in the planning stages to begin their own forums. The Avon Lake forum has continued into an ongoing series and will offer the opening of a wellness clinic in their city in early December, 2013.

Over the past year, ADAS has provided assistance to train 20 Recovery Coaches to assist clients in their navigation into treatment through recovery. The effectiveness of Recovery Coaches will compliment the ADAS Board's treatment investment and we hope that by connecting clients with coaches, our provider treatment outcomes will increase. We are slated to offer an additional Recovery Coach training in the coming months to increase capacity of recovery coaches.

During Spring 2013, Lorain County's SOLACE (Surviving Our Loss and Continuing Every Day) support group was formed. SOLACE Lorain County meets twice monthly to provide support to families who are struggling with their loved one's addiction or a loss due to addiction. This has filled a much needed gap for families in our community.

As mentioned earlier, the ADAS Board and its providers have benefitted greatly through SAMHSA grants with emphasis on embedding evidence based programming and policies that were begun through grants. Key evidence based components that have continued include: ACR-A (Assertive Community Reinforcement – Adolescents), Motivational Interviewing, Contingency Management, Medication Assisted Therapies (Suboxone with Counseling), Screening Brief Intervention and Referral to Treatment (SBIRT), Trauma-Informed Care, Lifeskills, Reconnecting Youth and Big Brothers Big Sisters (Mentoring).

Through a state waiver, we are providing tele-medicine to clients in our Suboxone with Counseling program. Talks have begun with local hospitals to address primary and behavioral health needs of their patients.

The Community Based approaches for our two coalitions (Communities That Care of Lorain County and Young Adult Alcohol and Drug Awareness Coalition) are guided through the Strategic Prevention Framework:



Since 2003, led by the ADAS Board, Lorain County has continued to invest in the Communities That Care Prevention system. Communities that Care was developed by J. David Hawkins, founding director of the Social Development Research Group, affiliated with the University of Washington School of Social Work. CTC’s prevention system is lead by a coalition of diverse stakeholders in each community who use surveys of young people to identify risk factors that are widespread in their community and identify protective factors that need strengthening. The Journal of American Medical Association Pediatrics (12/09/13) has recently identified that:”fewer high school students across the United States started drinking alcohol, smoking cigarettes, committing crimes and engaging in violence before graduation when their towns used the Communities That Care prevention system during the teens;’ middle school years. The study found that the positive influence of this community-led system was sustained through high school. Additionally kids who don’t try alcohol until after age 18 are much less likely to become addicted and kids who refrain from smoking or crime before age 18 are very unlikely to stare either later. A previous cost-benefit analysis showed a \$5.30 saved in future costs to society for every \$1 spent on Communities that Care.”

These coalitions work with a variety of partners (schools, law enforcement, parents, youth, etc) to change the norms and improve the community to reduce underage alcohol, marijuana and prescription drug use and abuse among our youth and young adults. This is evident by partnerships such as our work with law enforcement for underage alcohol compliance checks. During this past year, the STOP Underage Drinking Task force worked with six police departments to complete seven compliance checks. Of the 89 attempts to purchase, only 23 26% sold alcohol and received violations. The retailers who did not sell received public recognition for their responsibility.

Another strength of the ADAS system is it ability to expand while keeping the core focus on substance abuse and addiction. In 2013 (and continuing into 2014), the state has allocated

Problem Gambling Prevention and Treatment funds to boards that include the ADAS Board. During the spring, 2013 we trained 45 local professionals on Problem Gambling Prevention and we are soon to roll out a public media campaign in partnership with local graphic designers and social marketers to address the problem gambling issues particular to the 18-25 year old age group. During this same timeframe, our treatment provider (LCADA) has begun to incorporate problem gambling screening into their assessment process and they have one certified problem Gambling clinician available to provide services to this target population.

We continue our reciprocal partnership with the Summit ADM Board where our staff provides Peer Review to each other's provider system on an annual basis.

#### Identification of area(s) where the ADAS Board would be willing to provide assistance to other boards and/or to state departments

The ADAS Board believes that all of the components of the work we do is available to be shared with our peer boards. We have found it most effective not to "re-invent" the wheel. We utilize our membership with the Ohio Association of County Behavioral Health Authorities (OACBHA) for peer sharing on a regular basis. Additionally we have found OACBHA to be a valuable tool when we may have a need that they will find another board in Ohio that is always willing to share their assistance.

#### Challenges within local system in addressing the findings of the needs assessment and Current/Potential Impacts

A significant challenge to shore up our prevention, treatment and recovery needs for our community is the uncertainty of state and federal funding, Medicaid expansion, grants and lack of community funding support. While the current state biennial budget provided an infusion of funding to the ADAS Board, the offset of the reductions to Lorain County from the Substance Abuse Treatment and Prevention (SAPT) Block grant through the Ohio Mental Health and Addiction Services are providing a precarious revenue scenario particularly into the next two years (as mentioned previously in this plan). At the time of writing this plan, it is uncertain as to the benefit plan components that will be addressed (or not addressed) with Medicaid expansion, the timing of adding additional members to Medicaid (eligible roles) and the need for workforce enhancements. Finally, as mentioned earlier, the ADAS board will be in existence for 25 years and does not yet receive local (community) funding support. The Board's Ad-Hoc Strategic Planning Committee is currently looking into a variety of action steps.

A key challenge when working with schools is the lack of cross-system commitment to embed environmental (including policy-level) changes for substance abuse prevention and treatment as part of district-wide school health council. This framework has been presented through the county's General Health District – but there is a wide disparity of school districts that are not integrating the work of our school liaison investment into their wellness councils at this time. Additionally (as well as nationally – as evidenced in the recent School Health Policy and Practice Study, 2012), schools often de-prioritize professional education regarding substance abuse issues and may contract with outside providers to implement programs.

Our community coalitions are working throughout Lorain County to improve the programs, practices and policies that will reduce underage substance abuse issues. This is often a lengthy process which if implemented correctly will have sustainable success. We often overlook our small “wins” as forward progress to the larger goals. As of the writing of this plan, the coordination for Communities That Care is in transition due to funding reductions at the previous entity (Catholic Charities). The ADAS Board as grantee for the Drug Free Communities Grant is leading the coalition’s transition process and working with CTC’s Executive Committee and the ADAS Board to draft a sustainability plan. The current DFC grant has a local match requirement that grows locally over the next five years, while the federal fund decreases to zero at the end of the five year term ((2018) while locally we build our investment to continue community-level changes. It is critical that the communities begin now to develop and implement a sustainable plan.

Another key challenge with our local system is the finite service capacity and workforce available for substance abuse treatment and prevention services. As identified on our waiting list snapshot, assessments can be provider on demand in most cases, however there are limited residential spaces for women – due to the historic Medication Institution for Mental Disease exclusion – which limits residential capacity to 16 beds for services (18-64 year olds and there are no residential beds for Lorain County Adult males. Additionally, since 1997 there has not been a publicly funded detoxification service in our county- There are limited number of sober-housing units in our county. Those that exist house specific target populations (veterans) and/or have issues with taking in residents on medication (i.e. Suboxone). We have participated in the state’s housing summit and (ongoing planning teams) to determine more cost-effective solutions to sober housing.

Our county’s opiate crisis has further illuminated the need for treatment expansion – in particular to the clients that have been revived through the Naloxone program. Clients at this phase are most receptive to enter treatment but their window of commitment drops with each day they have to wait for a treatment space.

Probably the most significant challenge in our system is the disparity in understanding that addiction is a chronic disease. Regularly, clients and/or family members still request 28-day residential care or just want Suboxone. We have a continual need to educate referral sources, family members and professionals about addiction, the impact on the brain and effective long-term treatment and recovery interventions that will provide success. Most often, multiple treatment episodes throughout the life-span (at specific levels of intensity/duration) connected to recovery support services are most effective.

#### Areas Identified for assistance needed

We would like assistance from boards/state departments on more cost-effective approaches to sober (drug-free) housing and the creation of (regional) residential services. Additionally where communities have found success recruiting and working with local physicians to address client’s primary health needs on a co-occurring basis would be of benefit to our community.

#### Board’s vision to Establish ad Culturally Competent System of Care

As identified in the state definition, cultural competency starts at the top. The ADAS Board and its staff are local and bring a diverse perspective of representation in our functions (parent, recovery, family, professional, advocate, race, gender, values, traditions, etc). The addition of the community coalitions' that are coordinated through ADAS are represented by a diverse cross-population that works in the various communities to address underage substance use issues. The ADAS Board is currently re-drafting its policies and procedures in anticipation to undertake the OACBHA Culture of Quality Certification (anticipated summer, 2014). This certification will help improve the quality of our board's statutorily mandated functions, promote community confidence and Board's public support through increased accountability while preserving flexibility for us to be responsive to the needs of our constituencies. Additionally, as a member of OACBHA, the ADAS Board will participate in the association's upcoming drafting and adherence to board-level outcomes.

The ADAS Board's network of service providers contract to ensure that the services provided to individuals and families are responsive to family cultures, services provided are individualized to meet the needs. Board and Agency staff is linguistically dedicated to serving our diverse Spanish populations.

### *Priorities*

**Priorities for Alcohol and Drug Addiction Services Board of Lorain County**

**Substance Abuse & Mental Health Block Grant Priorities  
\*Priorities Consistent OHIOMAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>SAPT-BG: Mandatory (for OhioMHAS):</b> Persons who are intravenous/injection drug users (IDU)	Ensure that Persons who are intravenous/injecting drug users (IVU) receive treatment within federal mandated timeframes.	Assessment, Referral and Treatment services available for IVDU; contract language to ensure providers compliance.	<ul style="list-style-type: none"> <li>• Quarterly reports by providers (included in quarterly CQI reports)</li> <li>• Provider Waiting List management</li> <li>• Waiting List snapshot</li> <li>• ADAS Board’s Assurances</li> <li>• Provider contract</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG: Mandatory:</b> Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Ensure that women who are pregnant and have a substance use disorder receive treatment within federally mandated timeframes.	Assessment, Referral and Treatment services available for pregnant women with substance use disorder; contract language to ensure providers compliance.	<ul style="list-style-type: none"> <li>• Quarterly reports by providers (included in quarterly CQI reports)</li> <li>• Provider Waiting List management</li> <li>• Waiting List snapshot</li> <li>• ADAS Board’s Assurances</li> <li>• Provider contract</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG: Mandatory:</b> Parents with substance abuse disorders who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Ensure that parents with substance abuse disorders who have dependent children received coordinated services.	Assessment, Referral and Treatment services available for parents with substance use disorders with dependent children; contract language to ensure providers compliance.  Family Drug Court	<ul style="list-style-type: none"> <li>• Quarterly reports by providers (included in quarterly CQI reports)</li> <li>• ADAS Board’s Assurances</li> <li>• Provider contract</li> <li>• Family Drug Court program reports (quarterly)/MOU with all parties</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG: Mandatory (for OhioMHAS):</b> Individuals with tuberculosis and other communicable diseases	Ensure that medical services for individuals with tuberculosis and other communicable diseases receive proper medical care	Assessment, Referral and Treatment services available;	<ul style="list-style-type: none"> <li>• Quarterly reports by providers (included in quarterly CQI reports)</li> <li>• Provider Waiting List management</li> <li>• Waiting List snapshot</li> <li>• ADAS Board’s Assurances</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

			<ul style="list-style-type: none"> <li>• Provider contract</li> <li>• Provider referral agreements with medical providers</li> </ul>	
<b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe) – we are an ADAS Board:
<b>MH-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe) – we are an ADAS board:
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	ADAS Board and AOD providers will collaborate with county primary healthcare partners to develop integration components	<p>ADAS to assist in development of County Health Improvement Plan (CHIP)</p> <p>Utilize Hot Spot and Community Medication funding allocations to support medical integration</p> <p>Continue tele-medicine opportunities</p> <p>Lorain County remains part of the NiaTx Buprenorphine Study</p>	<ul style="list-style-type: none"> <li>• CHIP (currently in progress)</li> <li>• Funding allocations</li> <li>• Shared resources</li> <li>• Implement SBIRT in physician offices (alcohol – teens)</li> <li>• Tele-medicine waiver (MAT)</li> <li>• Results from NiaTx Buprenorphine Study</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	Transition into a Recovery Oriented System of Care	Provide a cadre of Recovery Coaches to substance use disorder clients	<ul style="list-style-type: none"> <li>• Recovery Coaches will be trained, roster will be increased (regular RC meetings)</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant</b> <b>*Priorities Consistent OHIOMAS Strategic Plan</b>				

<b>Treatment:</b> Veterans				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Individuals with disabilities				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	ADAS Board will collaborate and provide treatment services for opioid addicted clients	Project DAWN of Lorain County – ADAS as partner  ADAS to continue funding Medication Assisted Therapies (including Suboxone with Counseling)  Expand treatment capacity  Provide assistance for SOLACE support	<ul style="list-style-type: none"> <li>• Decrease in the number of overdose deaths in Lorain County</li> <li>• Increase treatment and recovery support for opioid clients</li> <li>• Increase treatment capacity</li> <li>• Promote and support SOLACE of Lorain County for families</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Underserved racial and ethnic minorities and LGBTQ populations				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>Treatment:</b> Youth/young adults in transition/adolescents and young adults				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Early childhood mental health (ages 0 through 6)*				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds

				<input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): - we are an ADAS Board
<b>Prevention:</b> Adopt a public health approach (SPF) into all levels of the prevention infrastructure	Implement Strategic Prevention Framework as basis for Prevention Investments	Use current data to build prevention capacity  Invest in evidence-based programs, practices and policies  Collaborate across systems throughout Lorain county's communities	ADAS Bi-annual Request for Information with Providers  Community collaborations (Communities That Care of Lorain County, Young Adult Alcohol and Drug Awareness)	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*	Investment in prevention across lifespan	Invest in evidence-based programs, practices and policies  Collaborate across systems throughout Lorain county's communities  Reduce stigma for Addiction	ADAS Board's bi-annual Request for Information with providers  Partner with Suicide Prevention Coalition	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Empower pregnant women and women of child-bearing age to engage in healthy life choices	(see board priority (below))			<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Promote wellness in Ohio's workforce	(see board priority (below))			<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*	Implement Problem Gambling plan inclusive of prevention screening and treatment	Multi-faceted prevention information dissemination and education approaches  Ensure that screening is available across organizations  Maintain capacity for problem gambling treatment services	Social marketing plan  Education to key communities/groups  Standardized screening protocols  Ensure scope of practice for problem gambling with providers	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Board Local System Priorities			
Priorities	Goals	Strategies	Measurement
Invest in quality treatment services	Increase in the number of customers who achieve and maintain abstinence	ADAS Board's investment in treatment service providers  Cross-system collaboration (i.e. re-entry, schools, other services (MH/Children services, courts, etc), employers, recovery supports	Reduction in frequency of use at last service date
	Increase in the number of customers who incur no new arrests		Reduction in number of arrests past 30 days from first service date to last service date
	Increase in number of customers who achieve stability in life factors (regain custody of their children, have no new findings of abuse/neglect, have been assertively linked to resources that match their needs, who stabilize their finances, who have stable housing, who have improved their relationships, who have improved their relationships, who deliver drug free babies, who have functional recovery support networks)		Number of customers who show increase in stability in life factors
	Increase in number of customers who are gainfully employed at termination of services		Number of customers who show increase in employment or school
	Increase in number of youth who successfully transition back to their community (including improved academic performance, improved family relationships, functional positive peer supports)		Number of customers who show improvement and transition back to their community
Increase the retention rates of clients	Ensure that providers engage in cross-continuation of services	Regular cross provider communication	Referral protocols, data – quarterly referral success
Invest in cross-system prevention services to address healthy workforce initiatives	Ensure that collaboration among communities exists to support efforts to reduce substance abuse among youth and over time, adults by addressing the risk factors that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.	Cross-system collaboration efforts  Stigma reduction	Increase in number of youth who graduate from high school Increase in the number of youth and/or adults who earn GED Increase in the number of youth who value their education
Prevention: Lead Lorain County's focus on reducing the opiate (including heroin) drug abuse issues, underage alcohol and marijuana issues	ADAS to lead community based coalitions with emphasis on heroin and non medical use of prescription drugs, underage alcohol and marijuana issues	ADAS as grantee for federally funded/locally matched Drug Free Communities and Support Program  ADAS investment in prevention programs	Increase in the number of medications disposed at local drop-boxes  Increase in distribution of Prescription Drug Abuse toolkit materials to medical

	ADAS to fund prevention programs that improve the rates of use (reduce) for alcohol, marijuana and prescription medications among youth		and school personnel, parents and youth  Community-based solutions (programs, practices and policies) for underage alcohol and marijuana abuse
Adequate financial and support for substance use disorders (prevention treatment and recovery)	Increase community (local, state, national) support for substance use disorders in Lorain county	Local funding support, Social media strategies including speakers bureaus, community forums,	Increase in the availability of prevention, treatment & recovery services

**Priorities (continued)**

Priority if resources were available	Why this priority would be chosen
(1) Ensure a comprehensive continuum of treatment for adults and adolescents in Lorain County	To offer better opportunities for recovery
(2) Build adequate detoxification and residential treatment capacity	Currently does not exist in Lorain County due to funding constraints; To offer better opportunities for recovery
(3) Work with partners to build drug-free/sober housing capacity	To offer better opportunities for recovery
(4)	
(5)	

### Collaboration

Partnership continues to be critical to the success of the ADAS Board's investment and ensures that communities are co-investors in solutions. The ADAS Board's collaboration efforts continue to rate high on the Board's annual satisfaction survey.

During the state department's consolidation (MH/DAS), the ADAS Board's Director has been named a co-chair with the OMHAS Director Plouck on the Alcohol and Other Drug Workgroup. This workgroup assists boards across Ohio and the state department to focus on key Alcohol and Other Drug Addiction treatment, prevention and recovery regulation and initiatives. The ADAS Board's Executive Director also serves on the state's BH Leadership team and chairs the Alcohol and Other Drug Division of the Ohio Association of County Behavioral Health Authorities.

As one of five Access to Recovery grantee Counties, we have benefitted over the past three years in the inclusion of recovery support services (coaching, housing and other services) within treatment.

This past year, Project DAWN of Lorain County was formed by our county coroner. The ADAS Board is a member along with membership representing law enforcement, health (hospitals, health departments), treatment, recovery support, SOLACE. This summer (July, 2012), Lorain County was named a pilot county (SB 57) allowing first responders (including law enforcement personnel) to administer Naloxone to apparent opioid overdose cases.

The ADAS Board has taken on the role of fiscal agent for the Fatherhood Collaborative of Lorain County which includes representation from schools, faith community, law enforcement and others investing in healthy fathering.

The ADAS Board participates on the regular Northeast Region Behavioral Health Committee which has recently prioritized to address the following on a regional basis: Opiate Abuse, Peer support (public and private sectors) and Relationships with other agencies (DD, etc).

Lorain County communities (Avon Lake, Vermilion, Amherst, Wellington) have included ADAS and Communities That Care and our providers to problem solve their local issues (opiate – prioritized).

The ADAS Board remains active on the Lorain County Community Corrections Act Board, Safe Communities Coalition and the Lorain County Re-Entry Coalition. Staff also participates at the monthly Citizen Circle meetings.

The ADAS Board's 8<sup>th</sup> annual 5K Family Run, 1 Mile walk (September 2013) had over 250 runners, walkers and families advocating during Recovery Month – our largest attendance to date!

Spearheaded by Communities that Care and the ADAS Board, over 500 Lorain County high school students from 8 school districts descended on our county courthouse in May, 2013 for the "I am the Majority Rally" which was a pilot broadcast in sync with the Columbus-based rally the

same day. This was also in partnership with the Drug Free Action Alliance and the Ohio Youth-Led Network (which includes representation from the Lorain County Prosecutor's Office).

In partnership with the Lorain Port Authority and the Lorain International Festival Committee, Communities That Care and the STOP Underage Task Force provided volunteers to the weekend-long annual festival to ID and wrist-band legal age drinkers attending the festival.

Through the STOP Underage Drinking Task Force (ADAS Board is the grantee), we have partnered with 7+ police departments annually to complete underage alcohol sale compliance checks.

### **Inpatient Hospital Management**

While the ADAS Board does not have direct interaction with State, Private Hospitals like the Mental Health system, we are active on the NE Ohio Region Behavioral Health Committee . Inclusive of the state hospital in our region, we work to synchronize the needs of our residents on that committee.

There has been limited interaction between our system and the local private hospitals in our community.

### **Innovative Initiatives**

Over the past two years, the ADAS Board (and its providers) continues to implement innovations that increase efficiency and effectiveness. The following are noted:

- a. Service Delivery
  - a. To address the shortage of physician availability to provide Suboxone with counseling, Lorain County Alcohol and Drug Abuse has been granted a tele-medicine waiver that permits physicians from across county lines to seek patients (post induction). Additionally tele-medicine has been piloted for adolescents with limited transportation accessibility.
  - b. ADAS and LCADA are part of the NiaTx Buprenorphine Study.
  - c. As the implementing agent for the Community Resiliency and Recovery Initiative, the ADAS Board partnered with treatment providers and health department (City of Lorain) to implement (mobile) screening inclusive of substance abuse, anxiety and depression and implement brief treatments, including Twelve Step Facilitation and RX for Change (tobacco cessation).
  - d. SBIRT initiatives are on the Action Plan for Communities That Care to recruit physicians to screen adolescents for alcohol and marijuana.
  - e. Family and Juvenile Drug Courts are maintained as special dockets through the Lorain County Domestic Relations Courts.
  - f. ADAS works with all five municipal courts (and the juvenile court system) to ensure that the Indigent Drivers Alcohol Treatment fund is used within its intents.

Lorain and Elyria Municipal Courts have on-site assessment clinicians to facilitate client needs.

- g. The ADAS Board invested its problem gambling funding to permit a local clinician to receive training to expand his scope of practice. This will allow Lorain County's residents who need problem gambling treatment to remain in the county for services. (Previously clients had to leave Lorain County to receive problem gambling treatment.)
- h. Communities that Care contracts with a school liaison who facilitates student needs and assists with policy enhancements regarding substance abuse, including problem identification and referral and in-school prevention program needs.
- i. SOLACE (Surviving our Loss and Continuing Everyday – an initiative of Communities That Care (CTC) of Lorain County), provides support to family members and loved ones struggling through addiction.
- j. The ADAS Board's Director of Program Services continues to supervise Master Level Interns (Social Workers) to assist workforce development.
- k. Lorain County Community College has recently started the Addiction Counselor Short-Term Technical Certificate. This has been designed to meet the needs of those persons who wish to help prevent substance abuse, counsel individuals and families with drug and alcohol problems, and perform intervention and therapeutic services for persons suffering from addiction. The courses include instruction in individual and group counseling skills, psychology of addiction, sociology, substance abuse identification methodologies, substance abuse treatment modalities, substance abuse prevention and treatment resources, pharmacology and behavioral aspects of abused substances, treatment evaluation, group dynamics, professional standards and ethics, and application law and regulation. A specialized practicum experience in the field of substance abuse is part of this program. The courses in the program meet the education requirements of the state of Ohio for certification as a Chemical Dependency Counselor Assistant and may also be applied towards the Associate of Applied Science in Human Services degree. Lorain County Community College has articulation agreements with colleges and universities including programs offered by Lorain County Community College's University Partnership.
- l. LCADA has offered weekly walk- in assessment services for clients. This however is staff dependent so the longest potential wait for an assessment may be 7 days or less
- m. ADAS has recently invested in symptomatic pre-treatment groups for clients who have been assessed and are waiting higher levels of care due to capacity (sub acute detoxification, residential, intensive outpatient, day treatment with supportive housing). Clients in this group receive up to 5 days of engagement weekly as they are waiting for more intensive services.
- n. The ADAS Board Staff remain active on the homeless task force, re-entry coalition, citizen circle, suicide prevention coalition, elder abuse network – with the goal of facilitating client services and resources.

- o. The ADAS Board staff continues to support the Access to Recovery local provider network by facilitating service coordination and service enhancement needs in partnership with the OMHAS ATR team.
  - p. As noted previously, the ADAS Board's investment in Communities That Care is leveraged by additional federal funds and local school districts are beginning to co-invest in prevention programming. Additionally, national studies find that investing \$1 in Communities That Care SAVES \$5.30 in future costs to society.
  - q. Circle for Recovery and Urban Minority Alcoholism and Drug Abuse Outreach programming continue for target populations in Lorain County.
- b. Planning Efforts
- a. The ADAS Board's most recent prevention investment used the priorities and planning approaches from Communities That Care of Lorain County (which uses the Strategic Prevention Framework). This has eliminated redundant funding and streamlined the ADAS Board's Prevention Investment process. Additionally the ADAS Board co-funds Communities That Care which brings in additional federal grant support from the Office of National Drug Control Policy.
  - b. ADAS partnered with key health stakeholders (hospitals, health departments, mental health and others) to implement the county's first Health Assessment. This is resulting into a Community Health Improvement Plan (CHIP) which is opening up collaboration across systems.
  - c. Since 2004 ADAS has used the Rensselaerville Model for Outcome Framework as its standard investment approach for contracts and services. This has been re-formatted locally to a 24 month investment strategy (contracting annually). Lessons learned provide the Board and system on a 6-, 12, 18- and 24 month timeframe for each service invested. Using the strategy with fidelity, providers are clear of the ADAS Board's givens, assumptions and key definitions for treatment and prevention. Investor targets are aligned with state/national targets with emphasis on abstinence, social connectedness, employment/education, crime and criminal justice. Collaboration among communities, stability life factors, access and retention.

The most recent (FY 2013) lessons learned for treatment services indicated that 73% of clients receiving sub-acute detoxification services commit to their next level of care., Adolescents referred into non-medical residential treatment approximate a 90% success rate to transfer to their next level of care, abstinence, engagement in supportive relationships and environment. Men's services indicate that once clients progress through pre-treatment and into their prescribed level of care, client success approximates 46%, Women's services indicate that once clients progress through pre-treatment and into their prescribed level of care, client success approximates 64% and adolescent services approximate a 53% level of success. A core component of the investment is a focus on access and retention- two predictors of client success. Bi-annually providers report on the number of persons served vs. the number of persons requesting assessment and primary treatment, efficacy of interagency referrals, unduplicated count of

persons served, number of persons and average length of stay from date of first service to date of last service by discharge (completed, transferred, dropped out, terminated, other). This investment strategy allows focus on client care as a priority for the ADAS Board's treatment investment.

Similarly, prevention-based lessons learned for the most recent year have identified key successes in delaying the onset of use of alcohol, tobacco and other drugs, increased involvement in drug-free activities, parents set appropriate clear and consistent expectations of non-use of ATOD and will be able to set rules and consequences for ATOD use.

This framework allows the board's investments to be data-driven with results focusing on client success.

- d. ADAS continues to provide CEU's and RCH's for local substance abuse treatment, prevention and system trainings throughout Lorain County.
  - e. The ADAS Board is the hub for Lorain County's Recovery Coaches – providing regular meetings, trainings, opportunities for advocacy, engagement and connecting coaches to individuals.
  - f. ADAS staff continues their dedication to Safe Communities Coalition, Lorain County Prevention Connection, Community Corrections Act Board, Children and Families Council, P-16 Reach Higher, Anti-Hate Task Force in order to ensure that substance abuse continues to be a priority with these venues and constituencies.
  - g. ADAS staff commit to their state-wide participation with the Ohio Association of County Behavioral Health Authorities (fiscal, AOD Division, Governance and Executive and other Committees) as well as the OMHAB State BH Leadership Group.
  - h. Indirectly, the ADAS Board maintains emphasis of three of the four components of the 2013 National Drug Control Strategy: Prevent drug use before it ever begins, Expand access to treatment for those struggling through addiction, Support those in recovery by lifting the stigma with those suffering or in recovery from substance use disorders.
  - i. ADAS remains active on Lorain County Children and Families Council and the Integrated Services Partnership ensuring that families in multiple systems' care is coordinated.
- c. Business Operations
- a. During Spring 2013, the ADAS Board transferred its claims processing function through a contract with the Lorain County Board of Mental Health; thus reducing one administrative position at the ADAS Board.

- b. Staff have access to the county's ORACLE accounting system which streamlines data input for voucher processing thus reducing the lag time for reimbursement once funding is available.
  - c. ADAS continues to step in to provide fiscal agent support for: the Fatherhood Collaborative of Lorain County, Project DAWN of Lorain County, STOP Underage Drinking Task Force, SOLACE of Lorain County. This includes receipts/expenditures, reporting, contracts and other administrative support (copies, meeting space, supplies, etc).
  - d. ADAS is the implementing agent for the federal Drug Free Communities and Support Grant – Communities That Care of Lorain County and the Strategic Prevention Framework – State Incentive Grant 18-24 year olds – Young Adult Alcohol and Drug Awareness Coalition.
- d. Process and/or Quality Improvement
- a. The ADAS Board continues its reciprocal contract with the Summit ADM Board for the annual Peer Review process. This partnership keeps the process independent and saves money.
  - b. The ADAS Board's contract maintains (on a three year rotation) emphasis on walk-through survey, paperwork reduction and billing/record compliance reviews (non-Medicaid).
  - c. The ADAS Board is continually challenged to embed the tenants of the transformation of a Recovery Oriented System of Care (ROSC) in Lorain County. This ongoing work keeps its momentum throughout our board, provider, community collaborators and resident conversations. ROSC services (housing, spiritual support, employment skills training, daily living skills, anger management, peer mentoring, self-help and support groups) are not eligible for insurance or Medicaid reimbursement. Peer Support and Recovery Coaching are a priority in Lorain County.

### *Advocacy*

During late summer, 2012, a member of the ADAS Board, the Board's Executive Director and the Lorain County Coroner initially met to address the growing overdose death rates for Lorain county due to the opiate epidemic. The parties convened what is now known as Project DAWN of Lorain County – a group that meets monthly to address solutions for the opiate epidemic. As mentioned earlier, Lorain County became a pilot county (SB 57) to train and provide Naloxone to first responders. The ADAS Board's Executive Director was in attendance at the bill signing in Columbus with Senator Gayle Manning and a member of the Lorain County Drug Task Force. A press conference was held to roll-out our project. During the past months, lives are being saved. During the writing of this plan, the ADAS Board's Executive Director was on a call with personnel from the Office of National Drug Control Policy at the White House to share the development and successes of our project.

Two of the six prevention investments that have strength to influence attitudes and behavior changes are education and environmental strategies. This is why CTC and YAADA coalition-focused investments remain key in our community.

ADAS was also key with other partners to bring 500+ high school students to our county's courthouse this past May for the "I am the Majority Rally".

ADAS remains active on the Statewide Prevention Coalition Association and the Community Anti-Drug Coalitions of America to ensure our advocacy is consistent for policies related to substance abuse prevention, helping with building our local collaborative capacity and helping us to implement and sustain prevention strategies throughout Lorain County. Support from these memberships assist with our underage drinking and Ohio college-aged initiatives. These memberships will gain value as Ohio begins to address the marijuana legalization issues on our horizon.

ADAS remains active on Lorain County's Suicide Prevention Coalition. During the past year, emphasis was made to ensure that suicide data provided more clarity on addiction-related suicides. During the year, the coalition successfully received a mini-grant from the Ohio Suicide Prevention Foundation. This mini-grant opportunity allowed us to begin an educational campaign identifying addiction as a risk factor for suicide thus helping to alleviate the stigma of addiction.

**Addiction is a Disease**

Addiction is a disease just as diabetes and cancer are diseases. It is not a weakness. People of all ages, classes and ethnic backgrounds can get an addiction.



**It Changes the Brain**

"Drug addiction is a chronic disease...drugs change the brain. Physically changes it. And these changes are very long lasting, and persist for a long period of time after the person stops taking the drug."

*Nora D. Volkow, MD,  
Director, National Institute on Drug Abuse*

**Did you know that Substance Use or Abuse is a risk factor for Suicide?**

- In 2012, about **1/3** of Lorain County suicides were known to have had alcohol and/or drug issues prior to completing their suicides
- If you are in crisis and need help right away, call this toll-free number, available 24 hours a day, every day **1-800-888-6161**

*Funded through the Ohio Suicide Prevention Foundation. This project is a collaboration between the Alcohol and Drug Addiction Services Board of Lorain County and the Lorain County Suicide Prevention Coalition.*

### **Open Forum**

Through the writing of this plan, Medicaid Expansion is beginning to move ahead. The 2010 Census reports that approximately 200,635 Lorain County's residents are between the ages of 19-64. Medicaid expansion identifies that an additional 13,877 19-64 y/o will be newly enrolled and 8,872 19-64 y/o will be covered due to Medicaid Expansion. Using the NHUSD estimates,

an approximate 833 new residents may need treatment but are currently not receiving treatment for alcohol and/or illicit drug problems. While this will expand services to more Ohio residents, the plan benefits covering substance use disorders are still unclear. The county's drastic increase in overdose deaths due to opiate addiction has raised the conversation everywhere – there is no community or zip code in the county that has not been affected. Opiate-addicted clients are demanding treatment immediately to prevent their relaps/overdose. Our capacity currently cannot handle this demand. This comes at a time where there are no male residential beds, detoxification services are extremely limited and there are still waiting lists for core levels of care. Meanwhile the SAPT Block Grant funding will be downsized (due primarily to sequestration and state cash-flow re-alignment strategies), significantly as projected to our county over the next seven quarters (beginning in July, 2014). Most recently, key legislation has been drafted that will mandate core services for opioid addicted residents in each county. While concurrently needing a funding infusion, the relevancy of the ADAS Board in Lorain County is evident now more than ever. Service expansion is critical and our current workforce may or may not be able to meet the demand. Emphasis on the continuum of services inclusive of prevention, early intervention, treatment and recovery supports maintains a standard topic of planning at the ADAS Board and with our partners. Critical investments with emphasis on cost-benefits are core to future success of healthier communities.

## Appendix 1: Alcohol & Other Drugs Waivers

### A. Waiver Request for Inpatient Hospital Rehabilitation Services

Funds disbursed by or through OhioMHAS may not be used to fund inpatient hospital rehabilitation services. Under circumstances where rehabilitation services cannot be adequately or cost-efficiently produced, either to the population at large such as rural settings, or to specific populations, such as those with special needs, a Board may request a waiver from this policy for the use of state funds.

Complete this form providing a brief explanation of services to be provided and a justification for this requested waiver. **Medicaid-eligible recipients receiving services from hospital-based programs are exempted from this waiver as this waiver is intended for service expenditure of state general revenue and federal block funds.**

A. HOSPITAL	ODADAS UPID #	ALLOCATION
Not applicable	Not applicable	Not applicable

### B. Request for Generic Services

Generic services such as hotlines, urgent crisis response, referral and information that are not part of a funded alcohol and other drug program may not be funded with OhioMHAS funds without a waiver from the Department. Each ADAMHS/ADAS Board requesting this waiver must complete this form and provide a brief explanation of the services to be provided

B.AGENCY	ODADAS UPID #	SERVICE	ALLOCATION
Not applicable	Not applicable	Not applicable	Not applicable