

**Ohio Mental Health and Addiction Services (OhioMHAS)  
Community Plan Guidelines SFY 2014**

Acronym	Name
AOD	Alcohol and Other Drugs
ATOD	Alcohol, Tobacco and Other Drugs
CRS	Community Readiness Survey
MAT	Medication Assisted Treatment
MCADASB	Mahoning County Alcohol and Drug Addiction Services Board
MCC	Meridian Community Care
MCTASC	Mahoning County Treatment Alternatives to Street Crimes
MIPH	Minnesota Institute of Public Health
NIDA	National Institute on Drug Abuse
NKRC	Neil Kennedy Recovery Clinic
NOMS	National Outcome Measures
OCCHA	Organizacion Civica y Cultural Hispana Americana
PEP	Prevention Evaluation Project
SBIRT	Screening and Brief Intervention for Referral to Treatment
SPF-SIG	Strategic Prevention Framework - State Incentive Grant
TPCS	Turning Point Counseling Service
YSU	Youngstown State University
YUMADAOP	Youngstown Urban Minority Alcoholism and Drug Abuse Outreach Program

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

- Describe the economic, social, and demographic factors in the Board area that will influence service delivery.  
(NOTE: There will be an opportunity to discuss the possible effects of Medicaid expansion upon your local system in question #12.)

The economic, social and demographic factors in the Mahoning County Alcohol and Drug Addiction Services Board (MCADASB) that will influence service delivery are many. Mahoning County has an aging as well as declining population, high unemployment rates, and high poverty rates. In Mahoning County, 17.9% of the population is over the age of 65 compared to the State average of 14.1%. The county has lost population over the last ten years at a rate of -7.3%. The county has also lost private nonfarm employment over the last ten years at more than double the rate of population loss (-15.1%). The unemployment rate for December 2013 for the State of Ohio is 7.2%, Mahoning County is 7.6% and the City of Youngstown (the largest city in the county) is 10.1%. The percentage of people living below the poverty level from 2006 to 2010 is 16.6% in Mahoning County compared to 14.2% for the state of Ohio. This level of poverty and unemployment severely limit self-payment or private insurance to cover the cost of alcohol and drug addiction treatment. The median household income from 2006 to 2010 averages \$40,123 for Mahoning County compared to \$47,358 and \$51,914 for the State of Ohio and United States respectively. The county average median household income does not demonstrate the disparity in income across the county as is shown in the following chart:

	Per capita income in past 12 months (2010 dollars) 2006-2010	Median household income 2006-2010	Persons below poverty level, percent, 2006-2010
<b>Mahoning County</b>	\$22,824	\$40,123	16.6%
<b>Youngstown</b>	\$14,451	\$24,318	32.7%
<b>Struthers</b>	\$17,647	\$35,521	15.2%
<b>Campbell</b>	\$18,543	\$35,341	21.1%
<b>Salem*</b>	\$18,930	\$33,939	20.8%
<b>Columbiana*</b>	\$20,350	\$38,464	17.0%
<b>Austintown CDP</b>	\$21,936	\$42,183	15.0%
<b>Boardman CDP</b>	\$26,204	\$43,832	9.0%
<b>Canfield</b>	\$38,372	\$64,192	6.3%

**\* Denotes community partially Mahoning County and partially Columbiana County**

Another factor that affects service delivery in Mahoning County is the variety of urban, suburban and rural populations. Transportation is an ongoing issue within the context of treatment in Mahoning County. The Western Reserve Transit Authority has regular bus routes in the City of Youngstown (urban), and limited routes to very specific areas of Austintown, Boardman and Canfield (suburban). There is also an Easy Go curb to curb service offered in most suburban areas. However rides are scheduled on a first come first serve basis, so frequently times and dates are not available.

Mahoning County ranks 75<sup>th</sup> in Health Outcomes out of 88 counties in Ohio by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute ranking. Health Outcomes in this study are determined by mortality (premature death) and morbidity (poor or fair health, poor physical health days, poor mental health days, and low birth weight). The Mahoning County Health Department has not recently considered alcohol and other drug addiction as a priority health concern. With the hiring of a new Health Commissioner effective May 2012, the MCADASB and providers have reached out to Health Department leadership to stress the need for collaboration between our systems of care. These efforts have resulted in behavioral health being one of five priorities in the Community Health Plan currently being developed. MCADASB and providers are also regularly invited to the table for initiatives of the Health Departments.

Another issue that has recently surfaced in the county is the lack of skilled labor. While Mahoning County sits in an area of Ohio that is believed to be rich in Utica shale and induced hydraulic fracturing (or fracking) companies are experiencing a shortage of skilled labor. Local businesses both in the Utica shale industries and others have expressed concerns about a lack of applicants for job openings that can pass a drug test. This issue was recently discussed by the Columbiana County Commissioners as reported in the Morning Journal, March 15, 2012. Michael P. Halleck, Commissioner stated "One of our concerns, and it's not always easy to talk about, but we have a drug problem in this county, not only in this county but in Ohio". He stated one employer in another county told him only 10 out of 100 potential employees were able to pass a drug test. The MCADASB and providers continue to reach out to local business to educate them as well as obtain anecdotal evidence on the on-going nature of this concern.

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

- Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gap issues and disparities, if any. (NOTE: ORC 340.03 requires service needs review of: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils; and, (2) outpatient service needs of persons currently receiving treatment in state Regional Psychiatric Hospitals)

All Mahoning County Alcohol and Drug Addiction Services Board members and Mahoning County Agencies have been instrumental in the development of this plan. The MCADASB meets regularly with providers to ensure that information is always being exchanged.

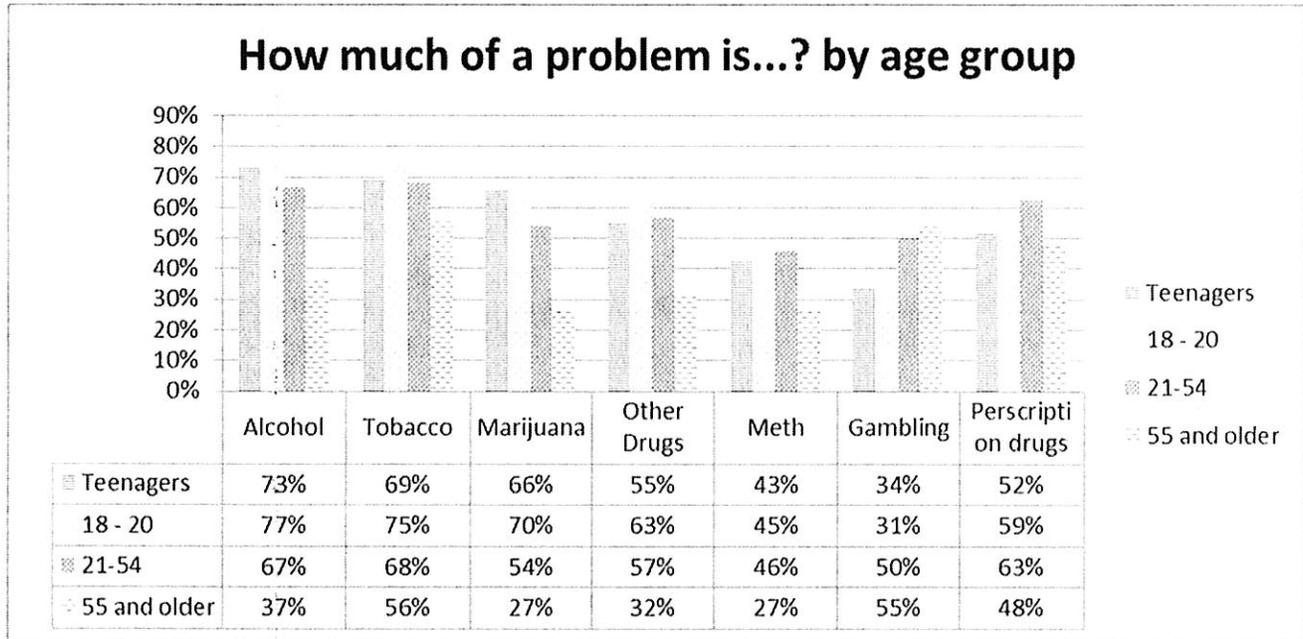
The Mahoning County Alcohol and Drug Addiction Services Board in conjunction with Mahoning County treatment and prevention providers undertook a Continuum of Care Mapping project in 2011. This project showed that Mahoning County has a very comprehensive continuum of care services in both adult treatment and prevention services. One gap noted in adult treatment services was the amount of sub-acute detoxification beds. The one service provider is limited to 16 beds. In adolescent/youth treatment services, it was noted that Mahoning County has a fairly comprehensive continuum of services available. There was one main deficiency gap noted – there is no female adolescent residential treatment. Once noted, both of these deficiencies were further reviewed and discussed. Local providers are developing ambulatory detoxification services for opiate addictions, hoping to alleviate the stress on the limited sub-acute detoxification beds. Developing a female adolescent residential treatment service is cost prohibitive at this time. Providers continue to refer female adolescents requiring residential services to other counties.

As a Strategic Prevention Framework – State Incentive Grant (SPF-SIG) sub-grant recipient county, the Coalition for a Drug Free Mahoning County in conjunction with Mahoning County ADAS Board staff have been working to complete the comprehensive needs assessment required by the grant project. The Minnesota Institute of Public Health (MIPH) facilitated the assessment process and conducted a community readiness survey (CRS) – findings were published in February 2012. A random sample of 600 residents was drawn from postal route addresses in Mahoning County. 24% of the eligible sample responded to the survey. The following chart shows the demographics of the respondents and the corresponding 2010 census data for comparison:

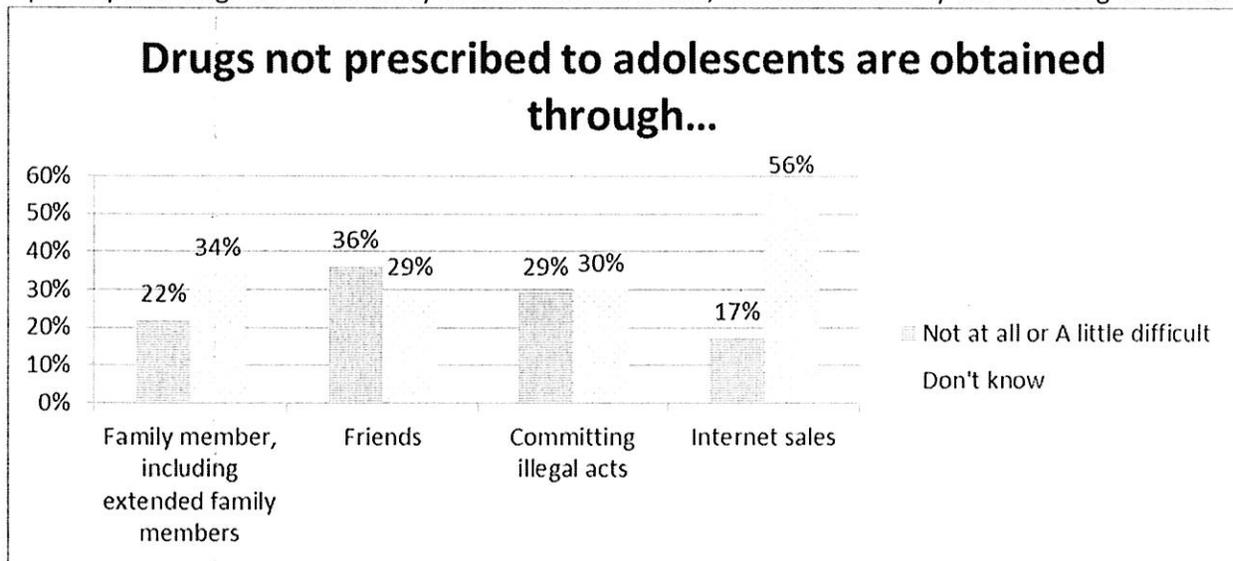
Demographic Measure	Mahoning County, OH CRS Respondents	Mahoning County, OH 2010 Census Data*
<b>Gender</b>		
Female	59%	52%
Male	41%	48%
<b>Age</b>		
25 - 44 years old	14%	23%
45 - 64 years old	52%	29%
65 years and older	32%	15%
<b>Education</b>		
Bachelor degree or more	36%	20%
Some college	25%	20%
Vocational/Technical degree	8%	6%
High School or GED	24%	41%
Less than High School degree	6%	13%
<b>Race/Ethnicity</b>		
White	83%	82%
Black or African American	15%	17%
Latino or Hispanic	2%	5%
American Indian	1%	1%

\*Source: United States Census Bureau. 2010. Available at [www.2010.census.gov](http://www.2010.census.gov)

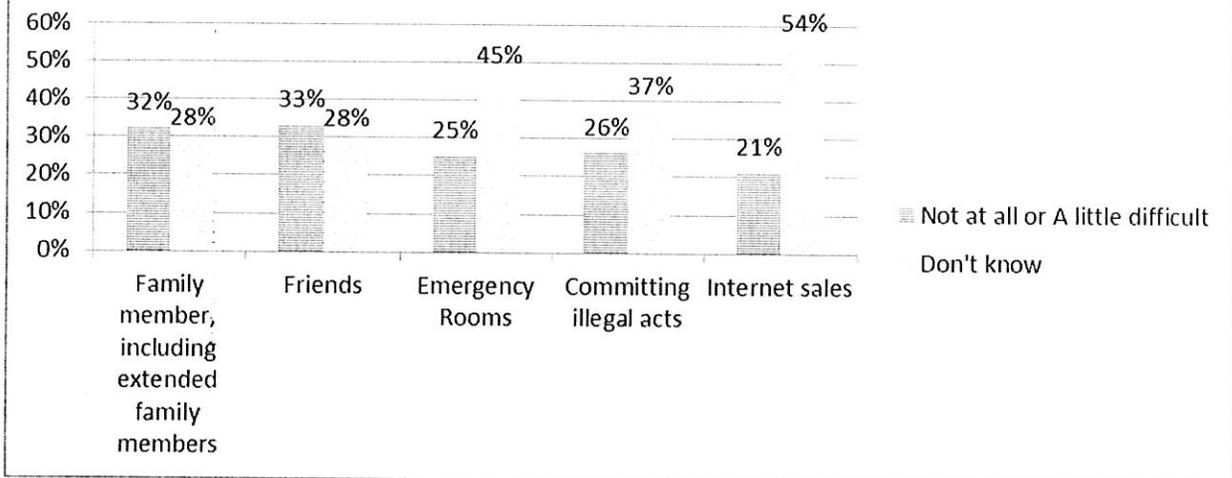
Some specific data from the MIPH CRS shows the perception of the problem in Mahoning County. Respondents answered a series of questions regarding particular substances/behaviors for each age group, i.e. 'How much of a problem is alcohol by teenagers?'; 'How much of a problem is alcohol by young adults age 18-20?'; 'How much of a problem is alcohol by adults age 21 -54?'; 'How much of a problem is alcohol by adults age 55 and older?'. This series of questions was asked for each substance surveyed. The data from respondents who replied it was a moderate or serious problem for a particular age group is shown in this chart:



Some of the questions on the Mahoning County CRS focus specifically on prescription drugs, since opiates are a focus of the Coalition for a Drug Free Mahoning County under the SPF-SIG grant. The perception of the community of where prescription drugs are obtained by adolescents and adults, is demonstrated by the following two charts:



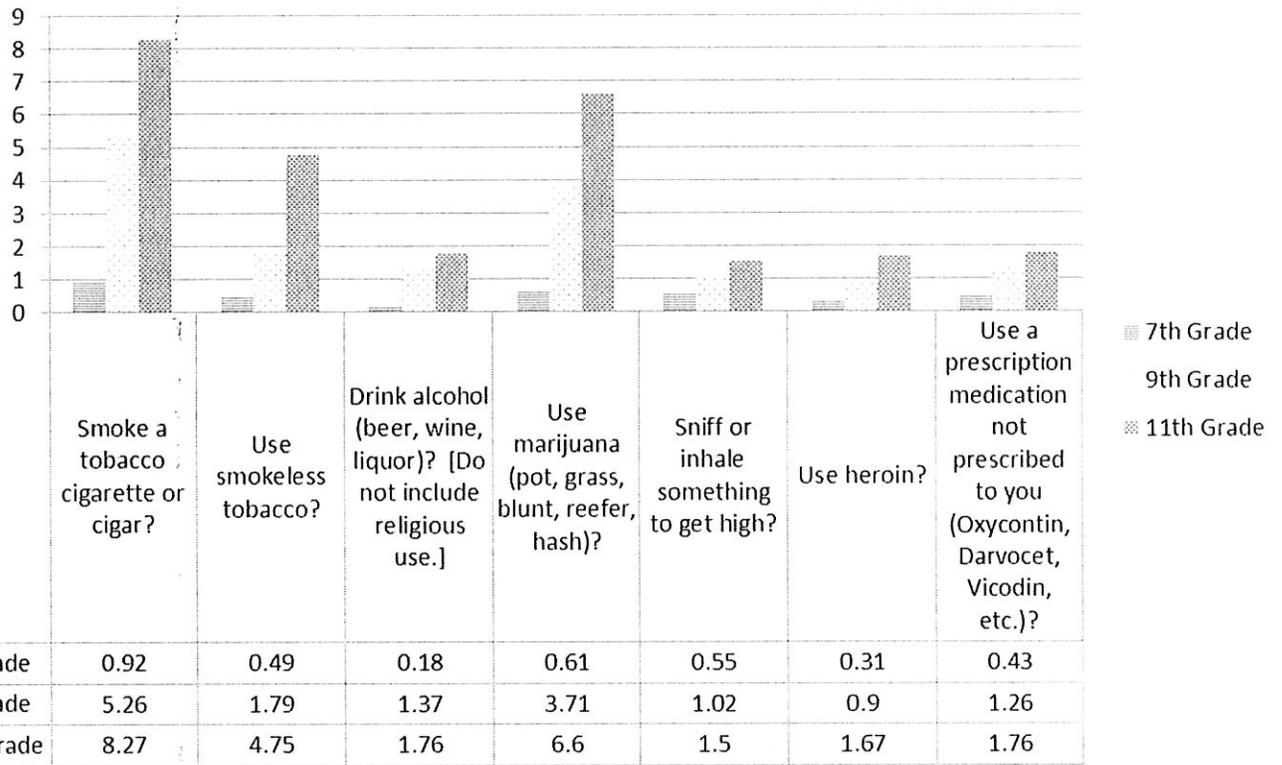
## Drugs not prescribed to adults are obtained through...



The Mahoning County profile, when compared with 45 other communities that have participated in the MIPH Community Readiness Survey, shows that in Mahoning County there is a higher perception of the alcohol, tobacco and other drug (ATOD) problem and the community is less permissive of the problem. However it also shows that Mahoning County has higher ATOD access, the community is less supportive and has less community commitment. Related to gambling, Mahoning County has higher perception of the problem and equal support of prevention efforts. However, it also shows that Mahoning County is slightly more permissive of gambling, has greater access and less community commitment to combat the issue. This study has shown the Coalition for a Drug Free Mahoning County and the MCADAS that while the majority of the community perceives that there is a problem, there is still work to be done on education and changing community norms. Until the community is supportive of prevention efforts, the coalition will not be as successful in reducing permissiveness and access.

Mahoning County collects data from the Prevention Evaluation Program (PEP) survey of 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders. This survey has been completed in 11 of 14 school districts every other year since 2006. The Canfield and Poland school systems are the districts that have consistently refused to participate in the survey process. The Western Reserve School district has refused to participate in 2010 and again in 2012. The PEP survey data from the participating school districts show that 9<sup>th</sup> grade students report at least double the incidence of almost daily use of tobacco, alcohol, marijuana, heroin and prescription medication compared to the 7<sup>th</sup> grade students. Please note that the survey will be conducted again this spring (2014) and Poland school system has agreed to participate. Canfield and Western Reserve are also considering participating. The Coalition for a Drug Free Mahoning County that conducts the survey has also worked with the Diocese of Youngstown and all catholic schools will also participate in the survey this year (2014).

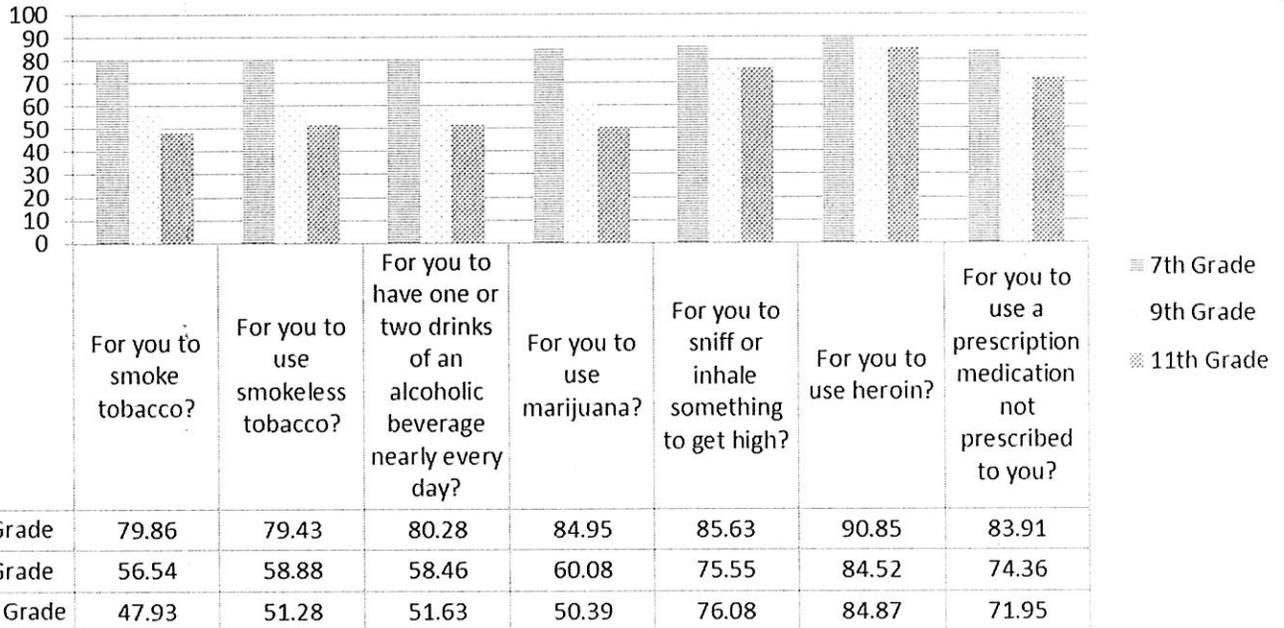
## Percentage of students reporting use almost every day in the last 30 days



The PEP survey data from participating school districts also shows a student perception that their friends are more permissive of substance use than parents.

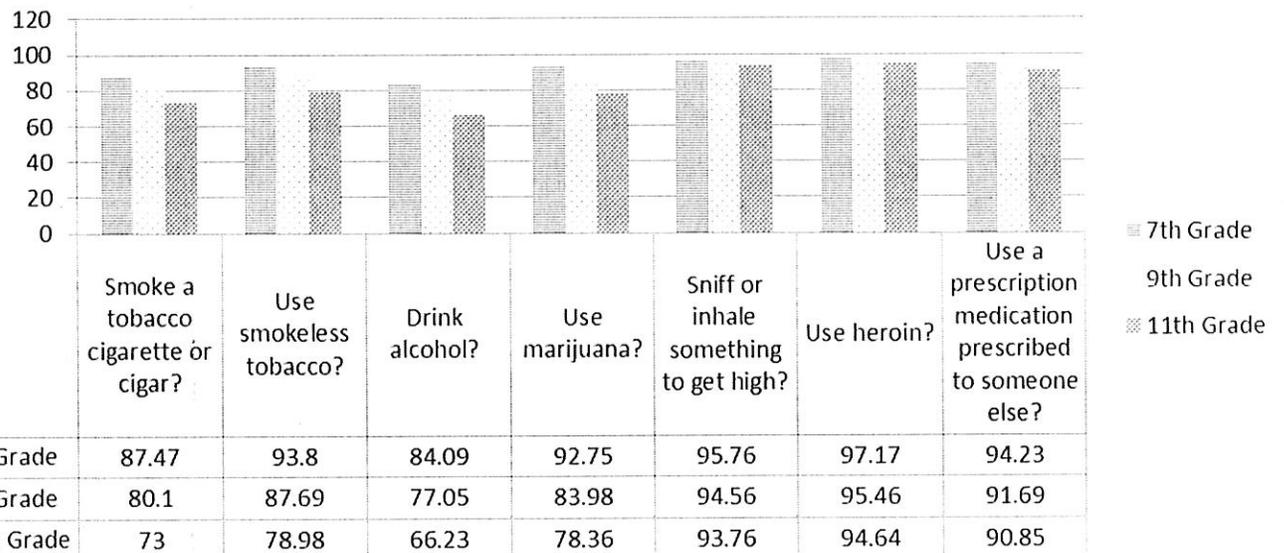
### Students responded wrong or very wrong

How wrong do your friends feel it would be...



### Students who responded none

In the past 30 days, how often have you been at homes where parents permitted students to:



Mahoning County Agencies are expressing alarm at the number of young people (middle school, high school and 18 to 25 year olds) that are addicted to heroin. Youth are susceptible to the heroin epidemic and are most unlikely to know about, seek, or obtain services. There is a great need for prevention services beginning at the earliest age possible. This concern extends to other age groups as well. The need for prevention and treatment services due to the opiate epidemic is an ongoing issue for Mahoning County.

The Mahoning County Common Pleas Drug Court program participant data shows trends of use within the court population since the courts beginning in 1999. Over the course of the past 12 years the trends have changed greatly. The data shows an alarming picture of the opiate epidemic in young adults involved with the criminal justice system. The following chart shows the changes in participant drug of choice as well as age group:

Mahoning County Common Pleas Drug Court  
Population Snapshots:

Year	Drug of Choice		Age Groups		
	Cocaine and Marijuana	Opiates	35 and older	25 to 35	18 to 25
2000	85%	15%	45%	32%	23%
2006	55%	41%	25%	25%	50%
2012	23%	70%	22%	52%	25%

This data shows that the Mahoning County Common Pleas Drug Court program has experienced a shift in participants over the last 12 years. The average age of participants has shifted from 35 and older in 2000 to 25 to 35 year olds in 2012. It also shows that the drug court participant population mirrors the issues within the county as a whole. The drug of choice has shifted from cocaine and marijuana in 2000 to opiates in 2012. Mahoning County, like much of Ohio, is experiencing a huge growth in opiate use, abuse and addiction

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

In addressing questions 3, 4, and 5, consider service delivery, planning efforts, and business operations when discussing your local system. Please address client access to services and workforce development. (see definitions of "service delivery," "planning efforts" and "business operations" in Appendix 2).

3. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment? (see definition "local system strengths" in Appendix 2).

The Mahoning County system of alcohol and other drug prevention and treatment has many **strengths**, which include the following:

Treatment:

- Full continuum of care: sub-acute detoxification, ambulatory detoxification (for opiates), community residential, intensive outpatient services, lower intensity outpatient services, transitional housing for males and females, large capacity for medication assisted treatment (MAT) integrated into all levels of care, as well as services for those with co-occurring substance abuse and mental health disorders. The continuum of care is well defined, but is limited in the quantity of service amounts provided due to funding cuts and decreases.
- Multiplicity of agencies to provide comprehensive services to clients. Multiple agencies work together in order to serve high utilization clients.

- Mahoning County Treatment Alternatives to Street Crimes (MCTASC) provides a formal linkage for clients involved with the criminal justice system. The agency provides case management, urinalysis and other services as well as regular reporting as required by the court. MCTASC does refer to other treatment agencies to meet the level of treatment required by the client.
- Meridian Community Care (MCC) is implementing technology to better serve clients and reduce the cost of care. MCC collaborates with a Lorain County provider for Suboxone treatment of clients via telemedicine. The client receives their initial doctor visit, medication and counseling in Lorain County, and their follow up doctor visits via a telemedicine connection at MCC in Mahoning County.

#### Prevention:

- There is a long history of collaboration, communication and cooperation between the local prevention providers (MCC, NKRC and YUMADAOP) and the schools and other community agencies.
- PEP Survey data and results that have been collected and communicated bi-annually since 2006. This data could potentially be very helpful to the Board with respect to the development of this plan and its ability to really measure success based upon National Outcome Measures (NOMS). Having this data available will facilitate other potential partners and investors.
- Well established youth led prevention and youth leadership i.e. Ohio Teen Institute and PANDA, training and service delivery programs that have been in existence for over 30 years.

#### Specialty Docket:

- The Mahoning County Common Pleas Drug Court is a specialty docket court. Other specialty docket courts available are the Mahoning County Common Pleas Mental Health, the Family Chemical Dependency Court, and the City of Youngstown Municipal Court Veteran Court. Due to changes at the Ohio Supreme Court the Mahoning County Misdemeanor Drug Court will not be able to meet the specialty docket requirements. The County Court, Judge Hunter and MCADASB are working together to develop a program that will allow misdemeanor offenders to receive court follow-up and treatment.
- MCTASC has formal linkages established with all treatment providers and criminal justice entities.

#### System:

- Alcohol and other drug (AOD) treatment and prevention providers work well together.
- There is a very strong 12 step community with multiple daily meetings throughout the County. 12 step meetings have been established on the YSU campus. One specific meeting location at the Dick Riley Fellowship Hall, maintained by Neil Kennedy Recovery Clinic (NKRC), currently hosts 24 meetings a week.
- Some Agencies have very good ties to local, county and state politicians which are helpful in making the needs of the citizens known.
- Willingness of all providers to work together with our local board. County providers share ideas/information and make the needed referrals to each other- ensuring our consumers receive the appropriate level and continuity of care.
- The alcohol and other drug prevention and treatment work force is well trained and educated.
- There is expertise, ability, and years of experience of local certified prevention and treatment programs and personnel to plan and implement strategies to address the findings of the need assessment.
- The MCADASB actively seeks the input of provider agencies regarding systems issues that may exist or that need to be addressed.
- The MCADASB consistently disseminates information to provider agencies that ultimately will impact on their ability to provide service.
- Mahoning County residents have greater access to community resources because of 211 services.
- Being a college community creates greater access to the higher education system. There is a well-established network between education, business, and social services. Youngstown State University, as well as two community colleges, are located in Mahoning County.

- a. Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to state departments.

Prevention:

- Mahoning County prevention providers would be willing to provide assistance by serving on committees to address issues related to prevention services (i.e. creating a billing system unique to prevention).
- Mahoning County prevention and treatment providers would be willing to provide assistance related to utilizing the NIATx process improvement model to facilitate organizational change for prevention agencies. YUMADAOP has received an Honorable Mention award from NIATx.

Specialty Docket:

- Drug Court structure and operation. The Common Pleas Drug Court has been in existence since 1999. Mahoning County also has a fully operational Mental Health Court, Family Dependency Court and Youngstown Municipal Court Veteran's Court.

System:

- MCADASB and Mahoning County treatment and prevention agencies would be willing to provide assistance to pursue funding for prevention, re-entry, and recovery support services.
- MCADASB and Mahoning County treatment and prevention agencies would be willing to provide assistance by serving on committees which would develop strategies and systems to reduce costs by engaging in shared administrative functions i.e. personnel, joint purchasing, etc.

4. What are the challenges within your local system in addressing the findings of the needs assessment? (*see definition of "local system challenges" in Appendix 2*).

The Mahoning County system of alcohol and other drug prevention and treatment has the following **challenges**:

Treatment:

- Pervasive lack of knowledge and significant stigma issues with medication assisted treatment.
- Continually increasing numbers of opiate addicts seeking treatment.
- Highest per capita Suboxone physicians in the state with diversion an issue. There is also a lack of coordination with Suboxone physicians and behavioral health treatment.
- While there is an opportunity to implement a Naloxone distribution system to reduce overdose deaths due to opiates, lack of funds and lack of coordination with the county and city Health Departments, currently prevent this program.
- Limited sub-acute detoxification beds, residential, and lack of extended care, i.e. three-quarter way house where length of stay could at least be a year if needed. Lack of funding for these services prevents their development.
- Lack of a Sober Recovery Club and/or Drop in Center to provide a sober place for fun, and sober recreational outlets 9 am until 9 pm. Individuals could use such a club/center when they are bored, around the wrong people, etc.
- Explore treatment options for individuals that need a higher level of care.
- Lack of sober housing within the community.

Prevention:

- Continual loss of state and federal funds for prevention.
  - The elimination of the Safe and Drug Free School dollars has drastically curtailed the ability to deliver evidence based services to school age children.

System:

- Public financial resources are diminishing significantly. The budget cuts decrease services to the community.
- The proposed millions of dollars in cuts to the state budget, coupled with all of the other losses in funding continue to pose challenges, i.e. decrease in funding while need and demand increase.
- Federal dollars for AOD programs are continually decreasing.
- There is lack of funding, upcoming fiscal cuts, the unknown effects of a possible board merger, and the lack of knowledge of the disease of addiction with some of our county/state representatives.
- To obtain funding to meet the needs identified in this community plan without cutting and reducing essential services that currently exist in the continuum of care.
- Lack of access to services, treatment, social service, case management and court programs, due to transportation issues.
- The alcohol and other drug prevention and treatment work force is well trained and educated, however it is believed that financial concerns will lessen the number of potential employees in the coming years. If the providers are unable to compensate employees fairly they will not continue in the AOD continuum.
- Would like to establish a pool of professionals, or mentors to provide professional development training sessions to assist agencies in developing the skills necessary to stay current in the rapidly changing environment, however there is no financial incentive for doing so.

a. What are the current and/or potential impacts to the system as a result of those challenges?

- Individuals/clients unable to receive necessary services.
- Destabilization of the programs, essential services, and continuum of care due to cutting core services in the attempt to meet the findings of the needs assessment.
- Longer waiting list for treatments.
- Lost revenue.
- Lost expertise.
- Agencies not able to stay current with standard practices.

b. Identify those areas, if any, in which you would like to receive assistance from other boards and/or state departments.

- MCADASB and providers always welcome receiving assistance in areas where the system is changing (financial systems, health care reform readiness, evaluation systems, etc.).
- MCADASB and providers always welcome assistance in strategies to increase revenue.
- MCADASB and providers always welcome the opportunity to talk with other counties that have pooled resources to save money and/or systems that support their continuum and look to opportunities for collaboration.

5. Describe the Board's vision to establish a culturally competent system of care in the Board area and how the Board is working to achieve that vision (*see definitions of "cultural competence" and "culturally competent system of care" in Appendix 2*).

A workforce need was identified in the SFY06-07 Community Plan needs assessment for Spanish speaking chemical dependency professionals. Language was identified as a barrier for persons with limited English speaking capabilities

to access services. This information was obtained through face-to-face interviews, focus groups and mail surveys during the needs assessment. Through the ATR program the Organizacion Civica y Cultural Hispana Americana (OCCHA) has been added as a support service provider to the ADAS Network of care. This allows access to interpreters, and Spanish language classes in employment skills training, parenting classes, academic/education skills training and workshops on life skills.

All of the Mahoning County treatment and prevention providers work with existing community resources as necessary to serve underserved populations. OCCHA provides interpretation and other services for the Spanish speaking population. The Youngstown Hearing and Speech Center, a local community resource provides interpreters and or access to special equipment for the deaf and hard of hearing. The Network providers also help eligible clients to take advantage of services offered for veterans by the Youngstown Veterans Administration and the Veterans Administration Health Clinic.

Prior to 2011 there was a community not-for-profit organization providing 8 to 10 local trainings per year. These training included all areas of study for Licensed Chemical Dependency Counselors and Ohio Certified Prevention Specialists of all levels. Cultural competence was generally the focus of at least one of the trainings. With the loss of funding this agency has ceased operation; however the Coalition for a Drug Free Mahoning County has begun providing some training sessions. The Coalition's goal is to provide 8 to 10 local trainings a year. MCADASB has worked with our contracted Agencies as well as the Coalition to secure space, trainers, materials, and equipment for local training sessions.

Mahoning County is active in the "Bridges Out of Poverty" initiative. YSU has emphasized the use of "Bridges Out of Poverty" throughout social services in the county. Larry Moliterno of Meridian Community Care is a trainer for the program and can provide this training throughout the treatment and prevention community in Mahoning County.

All Mahoning County certified staff members who are licensed by the Ohio Chemical Dependency Professionals Board as either counselors or prevention professionals take the required Cultural Competency Training(s).

### Priorities

6. Considering the Board's understanding of local needs, the strengths and challenges of your local system, what has the Board set as its priorities for service delivery including treatment and prevention and for populations? Below is a table that provides federal and state priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board's priorities, and add the Board's unique priorities in the space provided. For those federal priorities that are mandatory for the OhioMHAS and not selected by the Board, please check one of the reasons provided (e.g., no assessed local need, lack of funds to meet need, lack of necessary professional staff) or briefly describe the applicable reason.

Priorities for (enter name of Board)					
Substance Abuse & Mental Health Block Grant Priorities *Priorities Consistent OHIO/MAS 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)	IDU admitted within 14 days without interim services IDU admitted within 120 days with interim services	IDU given priority for services whenever possible	90% Capacity Quarterly Reporting	No assessed local need Lack of funds Workforce shortage Other (describe):	
<b>SAPT-BG: Mandatory:</b> Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Pregnant women admitted within 14 days with interim services	Pregnant women given priority for services	Agency reporting of admissions/waiting list	No assessed local need Lack of funds Workforce shortage 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)	Parents with dependent children under investigation for parental neglect or abuse be admitted to services within 30 days	Parents with dependent children under investigation for parental neglect or abuse given priority for services whenever possible	Agency reporting of admissions/waiting list	No assessed local need Lack of funds Workforce shortage Other (describe):	
<b>SAPT-BG: Mandatory (for OhioMHAS):</b> Individuals with tuberculosis and other communicable diseases	Individuals with tuberculosis and other communicable diseases will be admitted to services within 30 days	Individuals with tuberculosis and other communicable diseases given priority for services whenever possible	Agency reporting of admissions/waiting lists	No assessed local need Lack of funds Workforce shortage Other (describe):	
<b>MH-BG: Mandatory (for OhioMHAS):</b> Children with Serious Emotional Disturbances (SED)				No assessed local need Lack of funds Workforce shortage Other (describe): <b>ADAS Board</b>	
<b>MH-BG: Mandatory (for OhioMHAS):</b> Adults with Serious Mental Illness (SMI)				No assessed local need Lack of funds Workforce shortage Other (describe): <b>ADAS Board</b>	

Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	Agencies will develop relationships/strategies for integration of BH and primary care services	Each contract agency will develop their own strategies	Number of contract agencies that provide integrated care for their clients	No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH&SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	Develop a group of trained Recovery Coaches Develop supportive sober housing	Quarterly meetings of trained Recovery Coaches. Develop web site for communication with Recovery Coaches Continue to work with local providers to develop access to sober housing	# of meetings held Web site operational # of beds available in supportive sober housing	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> *Priorities Consistent with OHIO MHAS Strategic Plan				
Treatment: Veterans	Veterans will continue to be served as needed.			<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Individuals with disabilities	Individuals with disabilities will continue to be served as needed			<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	Increase access to treatment including MAT for individuals with Opiate addictions	Increase capacity of MAT treatment	# of Clients receiving MAT at contract agencies/ decreased # on waiting list	No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	Permanent supportive housing is available and will continue to be utilized whenever possible			No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Underserved racial and ethnic minorities and LGBTQ populations	Underserved racial and ethnic minorities and LGBTQ populations will continue to be served as needed			<input checked="" type="checkbox"/> No assessed local need <input 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	Youth/young adults in transition/adolescents and young adults will continue to be served as needed			<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 type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): <b>ADAS Board</b>
<b>Prevention:</b> Adopt a public health approach (SPF) into all levels of the prevention infrastructure	Through the SPF-SIG grant program this has been incorporated into the prevention infrastructure			<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*	Provide prevention services across the lifespan	Provide prevention messages and/or programming geared to the phases of the lifespan	# of prevention messages and or programs geared to children, adolescents, young adults, parents/families, and older adults	<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	Provide prevention services across the lifespan including women of child bearing age	Provide prevention messages and/or programming geared to the phases of the lifespan	# of prevention messages and or programs geared to women of child bearing age	<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				<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>Prevention:</b> Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*	Problem Gambling prevention to be a part of existing AOD prevention programming	Provide training and resources for adding problem gambling prevention to existing prevention programs	# of programs that incorporate problem gambling prevention	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):



Priorities (continued)

7. What priority areas would your system have chosen had there not been resource limitations, and why? If you provide multiple priority areas, please prioritize.

Priority if resources were available	Why this priority would be chosen
(1) Prevention education in every school for every grade level	Local schools do not have robust prevention programs. Prevention programs are critical and with rising addiction rates becoming even more critical.
(2) Expansion of youth led prevention programs	Local schools do not have robust prevention programs. Prevention programs are critical and with rising addiction rates becoming even more critical.
(3) Sober Housing	Mahoning County currently has no sober housing. Long term supportive housing is a need for many people leaving residential levels of care.
(4) Adolescent female residential treatment	Mahoning County has identified this as a gap in our continuum of care.
(5) Ambulatory Detoxification	While some ambulatory detoxification is available in Mahoning County, expanding this service would be helpful. Mahoning County has a high rate of opiate use/dependence.
(6) Sub-Acute Detoxification	While sub-acute detoxification is available in Mahoning County, expanding this service would be helpful. Mahoning County has a high rate of opiate use/dependence. The 16 beds available are used for multiple counties so the wait list is sometimes 4 to 6 weeks.
(7) Medication Assisted Treatment	While medication assisted treatment is available, capacity at certified facilities as well as funding are issues. MCADASB is optimistic that Medicaid expansion may assist with this priority.
(8) Residential level of care	Residential level of care is available in Mahoning County. Expansion of the service would be helpful. This is another area that MCADASB is optimistic that Medicaid expansion may assist. However funding will still need to be available for Room and Board and other services provided to residential consumers that are not Medicaid covered services.
(9) SBIRT Training for primary care systems	MCADASB and providers believe that SBIRT in primary care settings will increase the number of consumers that receive help early and do not proceed to an addiction level of care. The FOHC is currently screening all patients and seeing success in "catching" issues early. One of the large health care systems in our area is also planning to have SBIRT in every primary care practice in their system in place by the end of 2014.
(10)	
(11)	
(12)	
(13)	

## Collaboration

8. Describe the Board's accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years.
- The Mahoning County and City of Youngstown Health Districts have led the compilation of a Mahoning County Health plan. This plan includes behavioral health as one of the community health priorities targeted. MCADASB and providers have worked with both Health Districts and have participated in the Health Plan as well as a Birth Equity Outcomes team to review high infant mortality in Mahoning County.
  - The Coalition for a Drug Free Mahoning County and the MCADASB's creative and passionate support for this effort is an outstanding example of the Boards' more recent collaborative efforts. The Coalition's membership is strong, diverse and continues to be supported and nurtured by the Board. Currently all of the 12 SAMSHA segments of the community participate with enthusiasm.
  - MCADASB collaborated with funded prevention agencies to obtain, and implement the SPF-SIG grant.
  - There are excellent collaborative efforts on many fronts, such as agencies, local, county, and state officials.
  - MCADASB has worked across county lines to obtain, learn, and find out how AOD services work in that county.
  - MCADASB is always looking for new strategies to implement, and increase the efficacy of services.
  - MCADASB has utilized the expertise of the local AOD agencies to develop pertinent information that should be included in the local Community Plan.
  - MCADASB has collaborated with funded agencies to pursue grant opportunities to enhance the local system of care.
  - MCADASB and treatment agencies have collaborated since 1999 to provide services for the Drug Court participant population. The Drug Court team includes MCADASB, Mahoning County Treatment Alternatives to Street Crimes, Meridian Community Care, Neil Kennedy Recovery Clinic, Turning Point Counseling Services, Travco Behavioral Health, Community Corrections Association, Mahoning County Common Pleas Court, Judge John Durkin, Mahoning County Misdemeanor Court, Judge Scott Hunter, Adult Parole Authority, Mahoning County Prosecutors office, Defense Attorneys and law enforcement agencies and officers. This team works together to ensure the best interest of the participants are met.
  - MCADASB has collaborated with the Mahoning County Mental Health Board to jointly provide administrative services which will ultimately save the system financial resources.

## Inpatient Hospital Management

9. Describe the interaction between the local system's utilization of the State Hospital, Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that you expect/foresee

Not Applicable

### **Innovative Initiatives (Optional)**

10. Many boards have implemented innovative programs to meet local needs. Please describe strategies, policy, or programs implemented during the past two years that increase efficiency and effectiveness that you believe could benefit other Ohio communities in one or more of the following areas?

- a. Service delivery
- b. Planning efforts
- c. Business operations
- d. Process and/or quality improvement

Please provide any relevant information about your innovations that might be useful, such as: how long it has been in place; any outcomes or results achieved; partnerships that are involved or support it; costs; and expertise utilized for planning, implementation, or evaluation.

### **Advocacy (Optional)**

11. Please share a story (or stories) that illustrate the vital/essential elements you have reported on in one or more of the previous sections.

### **Open Forum (Optional)**

12. Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues, including the effects of Medicaid Expansion, which you believe are important for your local system to share with the Departments or other relevant Ohio 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

### 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

## Appendix 2: Definitions

**Business Operations:** Shared Resources, QI Business Plan, Financial Challenges, Pooled funding, Efficiencies, Strategic Planning, Contracts, Personnel Policies, etc.

**Cultural Competence:** (Ohio's State Inter-Departmental Definition) Cultural competence is a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services.

**Culturally Competent System of Care:** The degree to which cultural competence is implemented as evidenced by the answers to these questions:

- Is leadership committed to the cultural competence effort?
- Are policies and procedures in place to support cultural competence within the system, including policies and procedures to collect, maintain and review caseload cultural demographics for comparison to the entire community?
- Are the recommended services responsive to each adult, child and family's culture?
- Is the client and family's cultural background taken into account in determining when, how, and where services will be offered?
- Is staff reflective of the community's racial and ethnic diversity?
- Is staff training regularly offered on the theory and practice of cultural competence?
- Are clients and families involved in developing the system's cultural competence efforts?
- Does Behavioral Health staff interact with adults, children and families in culturally and linguistically competent ways?
- Is staff culturally sensitive to the place and type of services made available to the adult, child and family?
- Does the system of care reach out to the diverse racial, ethnic, and cultural groups in the community?

**Local System Strengths:** Resources, knowledge and experience that is readily available to a local system of care.

**Local System Challenges:** Resources, knowledge and experience that is not readily available to a local system of care.

**Planning Efforts:** Collaborations, Grant opportunities, Leveraging Funds, Data Collection (e.g., Key Performance Indicators, Outcomes), Trainings

**Service Delivery:** Criminal Justice, School Based or Outreach, Crisis Services, Employment, Inpatient/Residential Services, Housing, Faith Communities, etc.