

OhioMHAS Prevention Grant Program Area Definitions

UMADAOP

The purpose of these funds is to provide alcohol, tobacco and other drug prevention services in Ohio through community based programs that provide culturally appropriate services to African American and Hispanic/Latino communities without age restrictions.

Higher Education

The purpose of these funds is to address the Higher Education High Risk Drinking Prevention Initiative on campuses and in communities.

Drug Free Community Coalitions

The purpose of these funds is to help communities build on locally driven drug-free coalitions to deal with community alcohol, tobacco and other drug use/abuse needs and to mobilize and promote healthy youth development. This initiative is intended to stimulate the adoption of effective or promising approaches through convening partners, building consensus, aiding in eliminating barriers, decision-support and adaptation of service models to meet local needs.

Community Prevention

The purpose of these funds is to target community-based programs that provide alcohol and other drug prevention services to designated special population groups. These groups include, but, are not limited to: deaf or hearing impaired, migrants, physicians, school dropouts, women, and senior citizens.

OhioMHAS Treatment Grant Program Definitions

TASC

The purpose of these funds is to provide Treatment Alternatives to Street Crime (TASC) services to juveniles and adults who are currently under the supervision of courts and other criminal justice referral agencies.

Background:

The Ohio TASC initiative began in 1991 with the inception of the Preble County TASC. The State implemented the TASC model to improve the delivery of alcohol and other drug treatment services for the offender population and to build a bridge between the criminal justice and treatment systems which have differing philosophies and objectives. The model targets nonviolent alcohol and drug dependent felons,

misdemeanants and juvenile offenders. The Department now funds 14 TASC programs statewide.

Drug Courts

The purpose of these funds is to support adult, juvenile and family drug court programming statewide.

Background: A drug court is a specialized docket that handles cases involving substance-abusing offenders through comprehensive supervision, drug and alcohol testing, treatment services and immediate sanctions and incentives. The first Ohio drug court was implemented in Hamilton County in 1995 to serve adult felons. Since that time, a total of 95 drug courts are currently operational in Ohio. Drug courts now serve misdemeanor offenders, OVI/DUI offenders, juveniles, and adults charged with abuse, neglect or dependency of their minor children. The Department provides grant funding to a total of 23 drug courts.

Therapeutic Community and Therapeutic Community Expansion

The purpose of these funds is to assist Therapeutic Communities with the rehabilitation of felons with alcohol and drug abuse/addiction problems.

Background:

The Department began funding Therapeutic Communities (TC) in 1990 by awarding a grant to Comp Drug Inc. to develop a Women's prison-based TC at the Ohio Reformatory for Women. In 1992 the Department in collaboration with Pickaway Correctional Institution began operating a Men's Therapeutic Community. Both of these programs were funded with the intent of assisting alcohol and drug addicted felons to become sober, tax paying citizens. In 1995, the department awarded a grant to operate a Men's TC halfway house for inmates coming out of the prison based TC. This continuum of care has been proven, through research, to greatly enhance an individual's potential to succeed.

Circle for Recovery

The Circle for Recovery Programs are located in and administered by a total of nine Urban Minority Alcohol and Drug Addiction Outreach Programs (UMADAOPs) across the state of Ohio. The objective of the Circle for Recovery programs is to prevent relapse of chemical dependency and criminal recidivism among primarily African-American adult parolees. Relapse prevention services for the Circle of Recovery Programs include: employment/vocational training; GED/education; health education including

AIDS/HIV/STD education; relationship education; peer support; violence prevention; and crisis intervention services.

Background:

The original six Circles for Recovery Programs began operating in SFY 2002 and are administered by UMADAOPs in the following counties: Hamilton; Lorain; Lucas; Montgomery; Richland; and Trumbull. An additional three Circle for Recovery Programs, located in UMADAOPs in Allen, Franklin, and Summit Counties were funded for the first time in SFY 2006.

Problem Gambling Revised

The purpose of these funds is to assist in development and implementation of a sound care plan, rooted in best practices, to address the treatment needs of those individuals experiencing gambling disorder.

Background:

Five pilot programs were developed and are located in five Ohio cities: Athens, Cincinnati, Youngstown, Cleveland and Toledo. A sixth program was added in Columbus in January 2011. During the first year of the initiative, project staff focused on staff training, integrating gambling disorder treatment interventions into alcohol and other drug programming and networking within their respective communities to build an infrastructure to support aftercare for recovering gamblers. Today, these programs are working toward becoming best practice models in the state.

Gambling disorder treatment programs must have the following elements: a qualified gambling counselor on staff; submission of a Memorandum of Understanding or signed contract with a financial advisor or debt counselor to assist clients with financial difficulties stemming from gambling losses; provide access to marital and family counseling; and increase public/community awareness through marketing outreach and other advertising in the community. Note: Problem Gambling applications are to be completed by the currently funded programs only. All others will work directly with their Board.

Women's Gender Specific Treatment

The purpose of these funds is to respond to the existing and emerging needs of women addicted to or dependent upon alcohol and/or other drugs. Priority populations of women include women of childbearing age, pregnant women, women with dependent children (including women attempting to regain custody of their children) and young women (adolescents).

Background:

In 1985, the federal government mandated that at least five percent of the Alcohol, Drug Addiction and Mental Health Services Block Grant [now the Substance Abuse Prevention and Treatment (SAPT) Block Grant] be used to create innovative programs for women. The set-aside began with \$1.2 million awarded to 20 programs. Since the inception of the Department, the commitment to women's programming has steadily increased.

Currently, the Department funds 75 women's treatment set-aside grants.

An Implementing Agency funded with specific SAPT Block Grant women's set-aside funds to provide substance abuse treatment services to pregnant women and women with dependent children will directly, or through arrangements with other public or nonprofit private entities, make available prenatal care to women receiving such services and, while the women are receiving services, child care [Section 1922(c)]. Treatment facilities receiving SAPT Block Grant funds "will ensure that each pregnant woman in the state who seeks or is referred for and would benefit from treatment services is given preference in admission and will publicize the availability to such women of services from the facilities and the fact that women receive such preference [Section 1927(a)]. Additionally, all treatment programs must provide child care services, either on-site or referral [PHS Act, Section 1922(c)(3)]."

In the event that a treatment facility has insufficient capacity to provide treatment services to pregnant women seeking services, the facility must immediately make a referral to the local ADAMHS/ADAS Board to facilitate admission into another treatment program. If no other treatment program is available, the Board must make a referral to the State. If no other treatment facility in the state is available or the client refuses to attend treatment in another area, interim services must be made available within 48 hours. Therefore, women seeking drug and/or alcohol abuse treatment services may seek treatment in *any* of Ohio's 88 counties, regardless of her county of residence, providing a residential bed is available, and the treatment facility does not have a waiting list for services.

Required Program Elements for OhioMHAS grant-funded Women's Treatment Programs must ensure availability of the following:

- Primary medical care for women receiving substance abuse services, including prenatal care.
- Primary pediatric care for children, including immunizations.
- Gender specific substance abuse treatment and other therapeutic interventions for women that may address inter-personal relationships, such as, sexual and physical abuse, including domestic violence and parenting.
- Waitlist management- All Women's SAPT Block grant recipients will need to provide the OhioMHAS Women's Treatment Specialist routine status of the women on waiting list for treatment services.

- Provide trauma informed care. Utilization of TIP 57, a promising practice, or evidenced based curricula will be accepted.
- All Women's SAPT grantee's must be current members of the Ohio Women's Network.

Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs and their issues of sexual and physical abuse and neglect.

- Sufficient treatment support and case coordination (case management) to include all necessary support activities to insure that women and their children have access to the services provided by a) through d).
- Clinical approaches that support managed care (improved utilization management systems, such as, enhanced assessment, aftercare provisions for consumers in residential settings and/or linkage).
- Enhanced collaboration with children's services, the criminal justice system, vocational rehabilitation and employment services and other entities serving Medicaid eligible consumers.
- Identification and tracking methods for all Medicaid recipients.

In addition to residential treatment services for women, applicants must also provide housing for minor children during the course of the treatment episode.

Women's Treatment Program Assumptions

The environment created for women's recovery is essential for long-term success. Programming must be delivered in an environment that fosters safety, enhances personal and professional growth, and recognizes the role that trauma plays in the lives of the women seeking recovery.

Programs that demonstrate increased skills such as stress management, communication, and parenting, increase self-esteem or empowerment and provide women with resources and skills to maintain healthy choices have a greater and more lasting impact on the quality of women's lives than those that demonstrate only a short period of abstinence.

Ex-Offender Stop Gap Mini Grants

The Ex-Offender MH Stop Gap Program provides mini grants to geographical areas to expand the capacity and services to the forensic population leaving prison or community based correctional facilities. Funding is utilized to provide direct services for a limited number of days prior to (in-reach) and upon release. The program may include CPST (individual or group), MH Assessment (Non-physician or physician), pharmacological management, crisis intervention, short term housing assistance, as well as other services deemed clinically appropriate. Services are usually provided up to 90 days after release with the expectation that the individual (with assistance) would immediately begin the process of applying for benefits (if not already started) and/or would be enrolled in a

supported employment program. Services are provided at a level that prevents decompensation and aids in stabilization, are trauma-informed and culturally-appropriate.

Criminal Justice and Behavioral Health Linkages

The Criminal Justice and Behavioral Health Linkage projects focus on collaborative partnerships that create linkages between behavioral health and the criminal justice system. OhioMHAS has invested in pilot projects in geographical areas throughout Ohio with the goal of increasing public safety and minimizing harm to those with behavioral health needs who come in contact with law enforcement by linking them to community-based treatment resources and recovery supports. These projects will expand access to community-based services for adults diagnosed with mental illness and/or substance use disorders who interact with the justice system.

M.O.M.S.

As part of Ohio's ongoing effort to mitigate the impact of opiate abuse, the Maternal Opiate Medical Support (M.O.M.S.) project aims to address the epidemic impacting babies born to mothers who are addicted to opiate painkillers and heroin. M.O.M.S. supports interventions and prenatal treatments that will improve outcomes for 300 women and babies while reducing the cost of specialized care by shortening length of stay in Neo-Natal Intensive Care Units. By engaging expecting mothers in a combination of counseling, Medication-Assisted Treatment and case management, the three-year M.O.M.S. project is estimated to reduce infant hospital stays by 30 percent.

Health Homes

Health home service is a person-centered, holistic approach that provides integrated behavioral health and physical health care coordination and care management for persons with serious and persistent mental illness. Health home service goals include improved care coordination, integration of physical and behavioral health care, reduced hospital emergency department use and hospital admissions and readmissions, decreased reliance on long-term care facilities, and improved outcomes and quality of life for consumers. The health home initiative also aims to rebalance Medicaid long-term care spending while coordinating care for individuals with the most costly, chronic and complex health conditions.

SAMI CCOE

The Substance Abuse and Mental Illness Coordinating Center of Excellence (SAMI CCOE) promotes clinical quality through the implementation of integrated treatment services to help organizations better serve individuals with co-occurring mental and substance abuse

disorders. The SAMI CCOE promotes the development of system, program, and clinical service structures and policies foundational to integrated co-occurring treatment services with county authorities and service providers by conducting organizational assessments, training, clinical, program, and outcomes consultation. SAMI CCOE best practices and strategies include the following:

- Integrated Dual Disorder Treatment (IDDT)
- Inpatient IDDT
- Dual Diagnosis Capability for Addiction Treatment (DDCAT)
- Dual Diagnosis Capability for Mental Health Treatment (DDCMHT)

Wellness Management and Recovery (WMR) CCOE

The Wellness Management and Recovery Coordinating Center of Excellence (WMR CCOE) is a training and technical assistance center that consists of holistic, recovery-focused group therapy including cognitive-behavioral techniques, motivational interviewing and peer-provider team approaches. The WMR CCOE partners with the state, providers, public regional psychiatric hospitals and local Boards in the implementation of both WMR and Chronic Disease Self-Management Program (CDSMP) evidence-based practices. The WMR CCOE engages individuals with chronic physical health conditions in CDSMP best practices to promote effective pain management, nutrition, exercise, medication use and communication strategies.