

**Ohio Mental Health and Addiction Services (OhioMHAS)**  
**Ashtabula County MHRS Board**  
**Community Plan SFY 2014-2015**

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

1. 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.)
- According to the 2013 County Health Rankings Robert Wood Johnson Foundation, Ashtabula County ranks 60th of the 88 Ohio counties for health outcomes. The following data is pertinent to behavioral health:
- Ashtabula County's population is 101,345 with 23% of residents below 18 years of age and 16% above the age of 65
  - 3% of residents are Hispanic and 4% are African American
  - 1% of residents are not proficient in English
  - 4.2 average number of mentally unhealthy days reported in the past 30 days compared to 3.8 days for Ohio
  - 22% of adults reported inadequate social or emotional support compared to 20% for Ohio
  - 22% of adults reported excessive drinking either binge drinking or heavy drinking compared to 18% for Ohio
  - Unemployment averaged 10.6% in Ashtabula County and 8.6% in Ohio
  - Ashtabula County's median household income is \$38,683 compared to \$45,803 for Ohio
  - 19% of adults are uninsured compared to 18% for Ohio and 7% of children are uninsured compared to 6% for Ohio
  - 29% of Ashtabula County children live in poverty compared to 24% in Ohio
  - 47% of Ashtabula County children are eligible for a free lunch compared to 37% for Ohio
  - 34% of Ashtabula County children live in single-parent households which is the same as the Ohio rate

Unemployment and other kinds of financial distress do not "cause" suicide directly, but they can be factors that interact dynamically within individuals and affect their risk for suicide. Ashtabula County has experience a steady increase in suicide completions and drug related deaths. According to the Ashtabula County Coroner's office, completed suicides in the county continue to rise each year. In reviewing the first six months of calendar year 2013 there were 12 completed suicides, 9 for the first half of 2012, and 6 for the first half of 2011. Unintentional drug related deaths also continue to grow with 17 occurring in the first three quarters of calendar year 2013, 16 for the same period in 2012 and 9 in 2011.

Housing alternatives are limited for persons who are indigent or homeless. There is a 14 bed shelter that is often full or unable to manage some individuals with more severe mental health symptoms and, due to capacity issues, limits their length of stay to 30 days per year. Additionally, the county has some time-limited housing funding assistance and subsidized housing, which is often not accessible due to lack of funds or have extensive waiting lists. Additionally, the few county group homes that exist are either exclusively for elder care or time limited in nature due to their emphasis on treating individuals who suffer from both substance abuse and mental illness. They are also not equipped to deal with individuals who have been involved in any type of violent crime.

Public transportation, although available in the county, is extremely limited in scope and accessibility. Inside the city of Ashtabula there is a regular bus route that runs from approximately 6 a.m. until 6 p.m. Outside of

the city, the Ashtabula County Transportation System (ACTS) does arranged rides for those who need transportation to work or medical appoints and for individuals who are disabled; however, these arranged rides are very limited since a finite number of vans must cover a large region for as many county residents as possible. Frequently, rides cannot be arranged or a ride to the desired locations can be managed but the return trip is not obtainable and individuals must find alternative methods of transportation, if possible. The county also has two taxi companies that operate in the county but at a much higher cost to the riders than the bus. Often funding for transportation in the county runs low and the system is forced to accommodate fewer requests and many individuals in need of transportation to medical appointments are not able to acquire the assist needed to arrive at their destinations in a timely manner or have to wait excessively long periods of time before return transportation can be provided.

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

2. 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)

The Board views needs assessment as a continuous, ongoing process. The following are the results of needs assessment activities conducted from Fiscal Year 2011 to present for mental health and alcohol and drug services:

- There have been no finalized dispute resolutions with the Family and Children First Council for the past two years.
- Outpatient service needs of persons currently receiving treatment in state Regional Psychiatric Hospitals continues to be the appropriate level and intensity of care needed. CPST is limited and outpatient therapy services are limited to only those who are prioritized with significantly high needs. Housing is difficult to obtain if they do not have any resources and are homeless. Substance abuse treatment for persons who are dually diagnosed is limited in the county.

#### **2013 Ashtabula County Opiate Summit**

- Representatives of the Ashtabula Criminal Justice System reported that they continue to see persons who progress from addiction to prescription medications to heroin. The County is also number two in the state for the number of methamphetamine laboratory arrests in the past year. More and more drug related cases are being seen at the Municipal and Common Pleas Court levels. The Sheriff reported that his office receives over 20,000 telephone calls per year and 80%-90% are related in some way to drug abuse.

#### **2011 Ashtabula County Health Assessment Behavioral Health Data (309 adults and 483 adolescents)**

##### **Alcohol:**

- 51% of adults had at least one alcoholic drink in the past month; increasing to 60% of males and 58% of those with incomes more than \$25,000 (Ohio's prevalence rate is 54%)
- Of those who drank, adults drank an average of 2.9 drinks; 21% were binge drinkers (Ohio's rate of binge

drinking is 17%)

- 15% of adults considered frequent drinkers (drank 3 or more times per week)
- 42% of adults who drank had 5 or more drinks on one occasion (binge drinking) in the past month
- 6% of adults reported driving after having perhaps too much to drink
- 51% of youth reported having at least one drink of alcohol in their life, increasing to 72% of youth seventeen and older
- 30% of those who drank, took their first drink by the age of 12
- 24% of youth and 42% of those 17-18 years old had at least one drink in the past 30 days
- 60% of youth reporting drinking in the past 30 days had at least one episode of binge drinking
- 14% of youth who reported drinking in the past 30 days, drank on 10 or more occasions and 15% had ridden in a car driven by someone who had been drinking
- 13% of all youth drivers had driven in a car in the past month after they had been drinking alcohol
- Youth drinkers reported getting their alcohol from: 40% someone gave it to them, 39% someone older gave it to them, 20% a parent gave it to them, 11% took it from a store or family member

### **Marijuana and Other Drug Use:**

- 7% of adults used marijuana in the past 6 months
- 1% of adults reported using recreational drugs such as cocaine, methamphetamines, heroin, LSD, ecstasy. Of these 37% did so almost every day and 42% used less than once a month
- 8% of adults used medications that were not prescribed for them or took them to feel good or high in the past 6 months. 20% of those who did so used 1-3 days per month.
- 5% of adults had taken prescription opiates on a regular basis for more than two weeks
- 12% of youth used marijuana at least once in the past 30 days, increasing to 18% for those over the age of 17
- 13% of youth had someone offer to sell or give them an illegal drug on school property in the past 12 months
- 3% of youth had used cocaine in their lifetime
- 1% of youth had used heroin in their lifetime
- 2% of youth had used methamphetamines in their lifetime
- 3% of youth had used steroids in their lifetime
- 12% of youth had used prescription medications in their lifetime to feel good or get high, increasing to 20% for those over the age of 17
- Youth who misused prescription drugs got them from: 58%-a friend, 35% took it from a friend or family member, 26% had their parents give it to them, 25% bought it from someone else, 16% got them from another family member and 12% bought it from a friend
- 7% of youth had used inhalants in order to get high in their lifetime
- 2% of youth have used a needle to inject something illegal

### **Mental Health and Suicide:**

- 8% of adults considered attempting suicide and 2% attempted
- 29% of adults rated their mental health as not good on four days or more in the previous month, increasing to 33% of those with incomes less than \$25,000.
- 15% of adults recently had a period of two or more weeks when they felt so sad and hopeless nearly every day that they stopped doing some usual activities
- 15% of youth had seriously contemplated suicide in the past year and 6% admitted attempting suicide in the past year. 3% had more than one attempt
- 25% of youth reported feeling so hopeless or sad almost every day for two weeks or more in a row that they stopped doing some usual activities

### **Ashtabula County Suicide Statistics**

- The Coroner reported that during the first half of calendar year 2013, there were 12 suicides; eight were male and four were female. Four persons were 20-30 years of age, one person was 43, two were in their late 50's, three were in their 60's and two were in their 70's. Eight used a firearm, 2 drug overdoses, one blunt trauma, and one asphyxia death.
- Ashtabula County has been identified by the Ohio Suicide Prevention Foundation as one of the 26 Ohio counties whose youth are at higher risk for suicide than state or national averages

### **Ashtabula County Coroner Drug Related Death Statistics**

During the first half of calendar year 13, there were three accidental overdose deaths and 10 deaths where drugs were found during an autopsy or toxicology assessment.

### **2013 Survey of Youth in Grades 9 and 10**

130 youth respondents in grades 9 and 10 reported that within the past 30 days: 20% had smoked a cigarette, 22% had one or more drinks of alcohol, 14% had used marijuana or hashish, and 6% had used prescription drugs that were not prescribed for them.

### **Community Substance Abuse Related Issues**

Environmental conditions in Ashtabula County and some practices contribute to the community's youth substance use. There is a high availability and accessibility to alcohol and drugs by youth in the county. Ashtabula is the northeastern most county and the largest county by square miles in the state of Ohio. Ashtabula County's geography includes Interstate 90 a route that connects Cleveland, Ohio to Erie Pennsylvania. This route is often the site of many drug related arrests and is known by law enforcement as a section of highway used by individuals moving illegal drugs. The lower or southern section of the county is extremely rural and is prime real estate for making, hiding and storing illegal substances. These topographical elements of the county allow for increased drug accessibility and support the illegal drug trade.

Ashtabula County has a high outlet density for alcohol sales. As of March 2013 there were 606 liquor permits issued by the state of Ohio to businesses throughout the county. In 2010 Ashtabula had 534.9 liquor permits per 100,000 population exceeding Ohio's average of 488.33. There are 20 wineries located in Ashtabula County and 12 of those within one city promoted as 'the Napa Valley of the East'. In 2010, retail sales of bottles of liquor were 3.9 per capita in Ashtabula County exceeding Ohio's 3.19 per capita. Residents of Ashtabula County have access to more prescription drugs as they are prescribed at high doses per capita than in other areas. In 2012, Ashtabula County residents were prescribed opiates/pain relievers at 19.64 per capita compared to Ohio doses per capita at 16.88.

The Ohio Substance Abuse Monitoring Network reports that prescription opioids are highly available in the region by getting them on the street or from healthcare professionals or family and friends and also that alcohol is highly available to those under 21 years of age. In the County Health Needs Assessment, 40% of youth reported getting their alcohol from someone who gave it to them, 39% someone older giving it to them; 20% a parent gave it to them; 10% had a friend's parent give it to them; 11% took it from a store or family member; 5% bought it at a store; 4% bought it at a restaurant or bar; 3% bought it at a public event; and 3% bought it with a fake ID. Youth reported accessing prescription medications

from: 58% a friend gave it to them, 3% took them from a family member or friend, parents gave them to 26% of the youth and another 16% got them from another family member, 25% bought them from someone else and 12% bought them from a friend. 13% of youth reported that within the past 12 months, someone had offered, sold or given them an illegal drug on school property, increasing to 27% of those 17 or older.

County motor vehicle crashes that were alcohol related were 7.28% in 2011 for Ashtabula and 6.46% for Ohio. The Health Department Survey revealed that 15% of youth reported riding in a car with someone who had been drinking alcohol increasing to 23% of those over the age of 17 in the past month, 13% of all youth drivers had driven a car in the past month after they had been drinking alcohol increasing to 17% of males compared to 10% for Ohio youth.

Community norms and a lack of knowledge about the effects of underage drinking or misuse of pain medications contribute to youth substance use. Generational alcohol and substance abuse is prevalent in Ashtabula County. 30% of youth respondents to the Health Department Survey report obtaining alcohol from parents or parents of friends. The MHRS Board conducted a focus review of young adults incarcerated at the county jail for substance abuse related crimes. 62% began abusing alcohol or opiates as teens with their parents being the ones who provided the illegal substances.

### State Epidemiology Outcomes Workgroup

1. Divorce Rate Ashtabula County versus Ohio-( both problem and pathological gambling are highly correlated with increased divorce)

	2007	2008	2009	2010
Ashtabula	3.6	3.7	3.9	3.6
Ohio	3.4	3.3	3.3	3.4

Number of divorces per 1000 marriages

2. Poverty Rate Ashtabula County versus Ohio

	2008	2009	2010	2011
Ashtabula	15.6	17.5	16.1	20.3
Ohio	13.3	15.1	15.8	16.3

Percent of population with incomes below the federal poverty threshold

3. Property Crime Rate Ashtabula County versus Ohio

	2007	2008	2009
Ashtabula	2892.2	2404.5	2208.81
Ohio	2502.03	2505.52	3199.58

Number of crimes per 100,000 population

### **Fiscal Year 2013 Client Characteristics**

- There were 5,900 Ashtabula County residents served in Fiscal Year 2013; 3,944 adults and 1,956 children. Of those 1,203 adults and 50 children were served by Board non-Medicaid funds.
- The top ten most common primary diagnostic groups of adults served were: depressive disorders, bipolar disorders, alcohol use disorders, anxiety disorders, somatoform disorders, schizophrenia, opioid use disorders, adjustment disorders, post-traumatic stress disorders, and cannabis use disorders.
- The top ten most common primary diagnostic groups of youth served were: attention deficit/disruptive disorders, adjustment disorders, conduct disorders, bipolar disorders, somatoform disorders, depressive disorders, post-traumatic stress disorders, anxiety disorders, pervasive developmental disorders, and alcohol use disorders.
- 49% of persons served were male and 51% female.
- 85% of persons receiving non-Medicaid funding paid zero toward their cost of care and 15% paid for some portion of their care.
- 89% were Caucasian, 7% African American, 3% Hispanic, and the remaining 1% was American Indian, Asian, Multi-racial, or unknown.

### **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 strengths of our local system that will assist the Board in addressing the findings of the need assessment are the strong collaborative relationships that exist across various Ashtabula County organizations. The Board in collaboration with providers and partners has applied for and utilized grant dollars and donations from various sources to expand its service system. These include funding for jail based treatment, Drug Court, mental health Stop Gap, suicide prevention, and substance abuse prevention. The Board's development of its Substance Abuse and Suicide Prevention Coalitions has brought together a wide representation of community members and social service agencies. As a result, with minimal Board dollars the Coalitions have achieved a great deal in community awareness and prevention. Two recent events demonstrated this success including the 270 persons who attended the 2013 Opiate Summit and the 20 volunteers and 70 participants in the first annual suicide prevention awareness race/walk.

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

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*).

Challenges within the local system concern funding for persons who are indigent and are not able to receive the level of care needed. The lack of transportation also limits access to services and supports. Housing for persons with severe mental illness and/or addictions is almost limited to the Board's Shelter Plus Care grant and temporary assistance through the Hot Spots funding. These programs are excellent progress in meeting the housing needs of individuals with behavioral health challenges but are not able to meet all long term needs nor do they address all levels of care needed to provide all individuals the supports they need to remain safely in the community. There are minimal non-Medicaid funds for children. All of these are challenges based upon a lack of funding.

Other challenges concern the need for evidence-based practices throughout the system. The Board has only been able to impact conversion to evidence-based practices when it is tied to funding. For example, a Justice Assistance Grant and Bureau of Justice Grant have both provided training and implementation of evidence-based practices.

Ashtabula County also struggles because of the high availability of alcohol and drugs along with a poor economy.

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

Current impacts to the system as a result of those challenges are that persons who do not have funding resources and are indigent often will not receive needed services.

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

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*).

The Board collaborates with the Ashtabula County Family and Children First Council to implement training for our mental health and alcohol and other drug providers. Some of these trainings have focused on working with families living in poverty, issues faced by the immigrant and migrant populations of the county, and legal and ethical issues that arise when dealing with various populations served by our system.

In response to the cultural needs identified in Ashtabula County, one of our substance abuse providers delivers the only driver's intervention program conducted in Spanish in the Northeastern part of the state. This provider has also developed strong linkages to Spanish speaking community and treatment providers, especially for individuals who require residential treatment.

Board providers maintain linkages with the local Speech and Hearing Clinic to ensure services to persons who are deaf or hard of hearing and the Board assists in identifying additional resources when needed.

## 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 Ashtabula County MHRS Board**

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

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Provide services to persons who are intravenous/injection drug users within 14 days of service request	Providers have procedures to ensure to persons who are intravenous/injection drug users are identified at screening and given priority for admission.	% of persons who are intravenous/injection drug users who are seen within 14 days of service request.	<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:</b> Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Provide services to women who are pregnant and have a substance use disorder	Providers have procedures to ensure to women who are pregnant and have a substance use disorder are identified at screening and given priority for admission.	% of women who are pregnant with a substance use disorder who receive services within 14 days of service request.	<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:</b> Mandatory: 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)	Women who deliver a baby that tests positive for drugs will be referred to treatment.	Hospitals report to CSB all women whose babies test positive for drugs. CSB refers the women for treatment.	# of women who have babies who test positive for drugs and receive AoD treatment.	<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:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases				<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>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Youth with SED who lack insurance or other funding and are in crisis will receive needed services	Family and Children First Council will identify youth with SED who are in crisis and lack funding resources. The Board will assist with planning for these children and families and the community based intensified services needed.	# of youth with SED served	<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-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	1. Adults with SMI who lack insurance or other funding will have access to crisis and	1. The Board will provide funding for adults with SMI who are in crisis and need services.	1. # of adults with SMI served	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

	<p>aftercare services.</p> <p>2. Implement an Evidence-Based practice to address the treatment needs of persons with SMI and Co-occurring Substance Abuse.</p> <p>3. Provide outpatient services to persons with SMI who are not in crisis at the time of the referral</p>	<p>2. During Fiscal Year 2014, for the first time the Board allocated funding for an agency willing to provide and EBP for persons with co-occurring disorders.</p> <p>3. During Fiscal Year 2014, for the first time the Board allocated funding for an agency willing to provide outpatient services for persons with SMI who are not in crisis</p>	<p>2. EBP implemented and # of persons served.</p> <p>3. # persons served</p>	<p>___ Other (describe):</p>
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p><b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*</p>	<p>Collaborate with physical health partners such as the Health Department, Coroner's Office, and local hospitals.</p>	<p>Ensure participation on the Board's Suicide Prevention and Substance Abuse Coalition's by representatives of physical health. Board Executive Director participates on the Health Department's Health Needs Assessment Advisory Committee.</p>	<p># of representatives from physical health on the Board's Coalitions.  Behavioral health is integrated into the Health Department's Needs Assessment and Strategic Plan.</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p><b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders</p>	<p>1. Ensure the provision of vocational services for persons with mental or substance use disorders who are significantly disabled. 2. Provide housing supports to persons with SMI  3. Provide the necessary supports to ensure persons with SMI who are reentering the community from a correctional facility remain stable, safe, and reconnected to the community.</p>	<p>1. Provide funding and office space for a VRP3 Counselor to develop and implement vocation plans with persons with mental or substance use disorders. 2. Utilize Hot Spot and Shelter Plus Care funding to provide and ensure housing stability  3. Utilize funding from the MH Stop Gap Grant to provide the necessary supports</p>	<p>1. # persons served by Opportunities for Ohioans with Disabilities Program  2. # of persons receiving housing assistance  3. # persons served</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant *Priorities Consistent OHIOMAS Strategic Plan				
<b>Treatment:</b> Veterans	Ensure collaboration with the Veteran's Behavioral Health unit in Ashtabula to ensure that treatment services are accessible and appropriate.	Veteran's BH unit representative is a member of the Board's Suicide Prevention Coalition. Outreach and education is conducted with local Veteran's groups regarding suicide prevention and available services.	# Veteran's Groups who receive presentations and materials.	<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> Individuals with disabilities	Collaborate with the Department of Developmental Disabilities to ensure service access for youth with MH and DD.	Board will participate in collaborative planning for youth with SED and DD who are identified through the FCFC as high risk or high need	# of youth with MH/DD referred by FCFC where the Board participated in the development of a wraparound plan.	<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> Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	<ol style="list-style-type: none"> <li>1. Provide community and organizations information regarding treatment options for opiate addiction and local resources.</li> <li>2. Provide Jail Based Substance Abuse Services to persons with addictions</li> </ol>	<ol style="list-style-type: none"> <li>1. Conduct an annual Opiate Summit or community-wide training that is open to all. Provide ongoing information and education about opiate addiction and treatment resources</li> <li>2. Implement RSAT Grant</li> </ol>	<ol style="list-style-type: none"> <li>1. # persons who attend  # persons provided education and information</li> <li>2. Grant Outcomes</li> </ol>	<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*	<ol style="list-style-type: none"> <li>1. Administer HUD Housing vouchers to persons in need of permanent housing.</li> </ol>	<ol style="list-style-type: none"> <li>1. Provide HUD housing voucher for individuals who are homeless and are SMI</li> </ol>	# of persons who maintain their voucher  # of vouchers issued	<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> Underserved racial and ethnic minorities and LGBTQ populations	To provide services that are accessible to the Spanish speaking population of Ashtabula County.	Provider agencies have direct care staff that are fluent in Spanish.	# of provider staff fluent in Spanish	<input 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	Implement an Evidence-Based practice to address the treatment needs of youth and young adults in transition.	During Fiscal Year 2014, for the first time the Board allocated funding for an agency willing to provide EBP for services for transitional youth.	EBP implemented and # of persons served.	<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> 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 type="checkbox"/> Other (describe):
<b>Prevention:</b> Adopt a public health approach (SPF) into all levels of the prevention infrastructure	Utilize the findings from public health research along with evidence-based prevention programs to build prevention infrastructure.	Implement the Strategic Prevention Framework into all Prevention Planning	The five steps of the Strategic Prevention Framework are documented for all AoD Prevention initiatives.	<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*	Implement Life Skills in Ashtabula County schools	Partner physical and behavioral health to provide staff and funding of Life Skills in schools	% of schools where Life Skills is being used.	<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	<p>1. Encourage collaboration between Lake Area Recovery Center and Community Counseling Center in providing residential and medication assisted treatment to pregnant women addicted to opiates.</p> <p>2. Support the Health Department's County Needs Assessment Initiative.</p>	<p>1. Pregnant women receive coordinated care.</p> <p>2. Board Executive Director participates on the Health Department Needs Assessment Committee</p>	<p># pregnant women served</p> <p>Behavioral Health needs are integrated into the County Health Needs Assessment.</p>	<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	1. Provide Community Prevention Education and Awareness of Problem Gambling	1.a. Develop in collaboration with relevant partners such as Ohio For Responsible Gambling, a media	Amount of media used	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

Organizations*	<p>2. Promote evidence based practices that delay a youth's participation in gambling until legal age.</p> <p>3. Ensure Ashtabula County residents with a diagnosis of pathological gambling receive treatment from professionals who have been trained in counseling for individuals with gambling addiction.</p>	<p>campaign to increase understanding of problem gambling and its possible consequences</p> <p>1.b. Utilize media and Ashtabula County Prevention Coalition efforts to promote awareness of responsible gambling practices, the potential for problem gambling, the signs and symptoms, and what actions to take.</p> <p>2. Provide financial and Ashtabula County Prevention Coalition Support to expand the Lifeskills Program in Ashtabula County schools to reduce risk factors for youth.</p> <p>3. Ensure AoD providers are incorporating evidence-based screening tools into their assessments. Once professionals are trained to provide problem gambling treatment, ensure professionals, community members, and all county residents are aware of how to refer to or enter treatment. Ensure timely access to intervention and treatment services.</p>	<p>Board Budget and Expenditures</p> <p># of screenings completed</p>	<p>__ Other (describe):</p>
----------------	--	--	---	-----------------------------

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Suicide Prevention	1. Provide support to survivors of Suicide	Provide ongoing development and maintenance of a LOSS team Provide funding for the development and maintenance of a Suicide Survivor's Group	# of calls LOSS Team responds to  # of support meetings held
Provide services to persons who are incarcerated and have behavioral health needs	Provide mental health treatment services within the County Jail	Fund mental health services in the County Jail including Assessment, Counseling and Pharmacological Management	# persons served
Seek funding from a variety of sources to address the Board's priorities	Obtain funding for Board priorities.	1. Obtain a Drug Free Communities Grant to support the Board's Substance Abuse Coalition 2. Obtain a RSAT continuation grant for the Ashtabula County Jail 3. Implement BJA grant to Enhance Drug Court 4. Obtain Suicide Prevention Foundation Grants to reduce stigma and provide education	# grants obtained and outcomes achieved
Collaborate with the community and organizations that	Reduce suicides in Ashtabula County Reduce Substance Abuse by Ashtabula County residents	1. Suicide Prevention Coalition 2. Substance Abuse Coalition	# of plan objectives achieved

**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) Expand the use of evidence-based practices throughout the behavioral health treatment services	To improve the effectiveness and outcomes off treatment
(2) Expand recovery supports	To provide peer, vocational, and housing supports that increase the likelihood of obtaining and maintaining recovery.

(3) Reduce stigma in the community for persons with mental health and alcohol and drug disorders	To encourage early help-seeking.
(4) Provide screening for AoD services at the Municipal Court level	To intervene with persons with addiction at the early stages of their involvement with the criminal justice system.
(5) Implement SBIRT	To provide a public health approach to early screening
(6) Expand behavioral health services for persons who are indigent.	To ensure all Ashtabula County residents can access needed behavioral services.
(7) Expand housing options for persons with SMI or addiction	To increase the likelihood of obtaining and maintaining recovery.
(8) Implement Supported Employment and/or other Vocational Services	To increase the likelihood of obtaining and maintaining recovery.

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 board has good collaborative relationships with all of the county public and private nonprofit agencies; however, there are specific agencies of note that we work with consistently:

Family and Children First Council (FCFC) - The board continues to take a leadership role with the local FCFC. During the past two years the board has supplied assistance with the FCFC service coordination team and worked closely with them on both the FAST and Systems of Care projects. The board director serves as the FCFC Chair and has been intricately involved in various processes and functions of the council. This involvement has allowed the board to stay abreast of various needs and changes as they occur in the county as well as to educate the council member organizations about the difficulties and constraints of the board. The Board director also attends the FCFC Service Coordination monthly team meetings and individual family meetings as needed. The FCFC and The Board have conducted joint cross system trainings and the FCFC and the Board help to promote each organizations activities and trainings.

Children Services Board (CSB) — The Board continues to build our relationship with CSB through shared goals and planning processes. A CSB staff member serves on the Board’s Suicide Prevention and AoD Prevention Coalitions, attends most of the MHRS Board meetings, the Board Housing Coalition and has regular contact with the Board director on various areas that encompass the delivery of evidence-based treatment services to the children and families they serve. In addition, it is anticipated, that a representative will be joining the Ashtabula County Drug Court Collaborative Board in the near future. CSB and the Board share data and support each other’s initiatives. The Board also assures CSB access to crisis intervention services at their agency site.

Common Pleas Court— Through the nearly heroic efforts of the local Common Pleas Court and one of our local substance abuse treatment agencies, Ashtabula County began a drug court approximately three years ago. As a support to the program, individuals who come through the drug court are considered a priority population because of their substance use disorder and risk of recidivism and receive services through the Board’s non-Medicaid allocation to the agency. However, these funds are not sufficient to meet the needs of this population.

Consequently, the Board is constantly looking for any funding available and any support it can give to the court and the agency in order to maintain the program and continue the work that has yielded excellent outcomes. The Board has collaborated and assisted in writing several grants to assist in funding for the Drug Court.

Municipal Court—The Board has reached out to the municipal courts in the county and continues to offer support for them when dealing with individuals with a SA or MH disorder and are coming into contact with the courts. The Board also communicates with the courts to ensure that they have access to the various Board funded programs. In addition, the Board has one of the municipal judges as a member of the Board’s OCJS RSAT grant and included a municipal judge in a panel that presented at the Board’s Opiate Summit in October 2013. The Board agrees with the municipal judges that intervention at this level of the criminal justice system can sometimes be a preventative measure that could keep someone out of the felony court system.

Ashtabula County Sheriff’s Department— The Board continues to respond to the needs of local and county law enforcement. To that end we have had members of the law enforcement community on the board and communicate with the law enforcement community on issues as they arise. The Board also makes it a priority to have crisis intervention services available to the city and county jails as well as the youth detention facility. During the current Fiscal Year, the Board assisted the Sheriff’s Department in applying for a treatment grant to service persons incarcerated in the jail. The Board plans to increase SA treatment in the county jail during SFY 2014 and

provide psychiatry and MH individual and group counseling. Also, for the past 15 years the County Sheriff's Department has had two different staff persons serve as a member of the MHRS Board.

Citizen's Circle- addresses the needs of individuals who have re-entered the community following incarceration at a state or local prison. Persons served by the Board's Stop Gap Mental Health Grant are referred to the Circle for assistance with housing, employment, and community adjustment. The Board director meets with the Circle members at least once a year to update them on the Stop Gap grant and gain additional feedback on service gaps and emerging needs. This last SFY the Board also linked Circle to a family support group organization that has started in Ashtabula County.

Disaster Preparedness Organizations and the American Red Cross Ashtabula Chapter—The Board continues to work closely with the local emergency management agency and the county and city health departments to address preparedness for the special needs populations as well as the county population at large. The board is a member of the EMA special needs committee and the county health department's disaster preparedness group. The Board also established a disaster preparedness group of behavioral health providers to begin closer planning for emergency situations. Additionally, the board collaborated with the local chapter of the Red Cross to bring a psychological first aide training to Ashtabula County last year.

Head Start— The Board collaborated last year with the local head start program to provide mental health consultation and training to head start staff and family members. The Board also facilitated the access of behavioral health support services for Head Start staff and assessment services for the children served by the program.

Coroner's Office-- The Board has cultivated an ongoing relationship with the County Coroner's which has blossomed into a new collaborative relationship over the past state fiscal year. Presently, the Coroner's Office is involved in the Board's Suicide Prevention Coalition, the Opiate Task Force and the SFY 2011 Opiate Summit, various community education/gatekeeper training opportunities, exchange of vital data and the development and implementation of a local LOSS Team.

Educational Services Center --The Board's relationship with the ESC includes staff members on the Board's Suicide Prevention Coalition, the Opiate Task Force and the SFY 2011 Opiate Summit, various community education/gatekeeper training opportunities and working together on the Kognito suicide prevention project.

University Hospital- Hospital staff are part of the Board's Suicide Prevention Coalition, the Opiate Task Force and the SFY 2011 Opiate Summit, various community education/gatekeeper training opportunities as well as being involved in the development of a local SOLACE group and the Strategic Prevention Framework initiative. The Board staff and BH agency staff also supported UHHS-Conneaut's participation the local D-Day re-enactments by providing volunteers to partner with medical staff as first aid and medical response during the 3 day event. UHHS and the Board also jointly fund Life Skills instruction in the local and city schools. The project, which began last school year, has the goal of eventually bringing evidence-based prevention program to each of the school districts in the county.

Health Department- The Board, along with numerous other community partners, came together with the County Health Department to conduct a county-wide needs assessment. The Board also is an active member of the Child Fatality Review Board lead by the County and City health Departments.

Private Behavioral Health Hospital— The Board purchased bed days from the local hospital during SFY 2010 to meet the needs of local residents who met the criteria for hospitalization at the state hospital but were denied placement at the state hospital due to the lack of medical clearance. However, due to decreasing finances and direction from the Ohio Department of Mental Health, the Board was forced to cease purchasing those bed days during SFT 2011. To continue our collaboration with the local hospital, the Board includes local hospital staff in meetings we have with state hospital staff since they are also the primary emergency department where

individuals are seen prior to admission to the state hospital. Hospital staff are also active members of the Board's Suicide Prevention and SA Prevention Coalitions. The Board director also meets regularly with the hospital BH unit staff and the CEO and the Medical Director to discuss any issues that need resolved, exchange information on our systems and look at any ways in which we can work more closely together.

**Veteran's Administration**—The local VA behavioral health staff are part of the Board's Suicide Prevention Coalition. The VA staff offer insight into how to reach out the local veterans with the prevention message. They also provide the Coalition members and the Board with materials to educate the veterans and the community. They have been active participants in the Board's September Suicide Awareness activities, including providing donations and allowing a staff member to present at a suicide gatekeeper training.

**Business**- The business community is a new partner for the Board in the last few years. The Board has business owners as part of its Coalitions and reached out the business community for donations to support both the SFY 2014 Suicide Awareness Week activities and the Opiate Summit. To emphasize the importance of the new relationship the Board is developing with the business community the Board asked the county Growth Partnership to present one the breakout sessions at this year's Opiate Summit. The breakout session was very well attended.

**Lake Erie Correctional Institution**—Another new partner is the prison located in Ashtabula County. Although this collaborative relationship is new, the prison has provided art work for the September 2013 Suicide Awareness Week One Life Run/Walk event. We look forward to doing more with them in the future.

### 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  
The MHRS Board, with the exception of SFY 2010, has never purchased bed days at the local BH unit. All individuals who are in need of hospitalization due to their mental illness who do not have Medicaid, Medicare, other insurance or the financial means to pay are sent to the state hospital. The Board's crisis intervention agency screens the patients as carefully as possible to ensure that individuals as in fact indigent prior to authorizing state bed days. The crisis agency also monitors for persons who would be better served through detox rather than with a psychiatric hospitalization. This state fiscal year the Board has added a limited number of detox bed days to its array of services in order to address this need and hopefully divert a few persons who would be better served through this intervention to detox. The Board is also planning to develop a diversion program that will hopefully identify individuals who are not yet in crisis but need to be seen on an outpatient basis quickly in order to divert them from a crisis or from an emergency room visit. The Board also works closely with the state hospital to ensure discharge of civil patients as soon as the person is stable and works to move forensic patients out of the state hospital to community control when it is clinically appropriate. The Board has utilized its state hospital incentive funds to secure safe housing for forensic patients, assist with initial treatment services and help with discharge planning options for civil patients.

Hot Spots funding has also assisted in lowering utilization of the state hospital. Some of these funds are being used to develop a regionally available crisis bed that Ashtabula will have access to for residents who qualify for crisis bed level of care. Additionally some of the funds have been able to provide short term housing supports for individuals so they may be discharged from the state hospital in a timely manner or to address stability and crisis situations in the community that are barriers to individuals with SPMI/SMI and could led to decompensation and hospitalization.

### 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 wavier 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.