



**COMMUNITY PLAN  
FOR THE PROVISION OF ALCOHOL  
AND OTHER DRUG SERVICES**

**SFY 2004-2005**

**SUBMITTED TO  
OHIO DEPARTMENT OF ALCOHOL AND DRUG  
ADDICTION SERVICES**

**March 17, 2003**

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**SIGNATURE PAGE**

**COMMUNITY PLAN FOR THE PROVISION OF  
ALCOHOL AND OTHER DRUG ADDICTION SERVICES  
SFY 2004-2005**

Each Alcohol and Drug Addiction Services (ADAS) and Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board is required by Ohio law to prepare and submit to the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) a plan for the provision of alcohol and other drug addiction services in its catchment area. The plan, which constitutes the Board's applications for funds, is prepared in accordance with procedures and guidelines established by ODADAS. This Community Plan is for State Fiscal Years (SFY) 2004-2005 (July 1, 2003 to June 30, 2005).

The undersigned is a duly authorized representative of the ADAMHS/ADAS Board and on behalf of the Board hereby acknowledges that the information contained in this application for funding, the Community Plan for SFY 2004-2005 is complete and accurate.



\_\_\_\_\_  
Earl Cecil, ADAMHS Board Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Laura Hopstetter, ADAMHS Board Chair

\_\_\_\_\_  
Date

## **MISSION & VISION STATEMENTS**

### **MISSION**

The mission of the 317 Board is to ensure that the highest quality of alcohol and drug addiction services are available and easily accessed by all consumers at the local level within our three county service area. These services will be enhanced and strengthened by our community systems that address transportation, housing, cultural diversity and employment issues along with clinical treatment.

### **VISION**

It is the vision of the 317 Board that all individuals in our three county service area who are in need of alcohol and drug addiction services will receive the appropriate level of services when they need them. The use of outcome measures and consumer surveys will enable the 317 Board to monitor progress toward this vision.

## **CURRENT CIRCUMSTANCES**

### **Legislative and Environmental Context of the Community Plan**

#### Legislative Context of the Community Plan

The Athens-Hocking-Vinton Alcohol, Drug Addiction and Mental Health Services Board (317 Board) is required by Ohio law to prepare and submit to the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) a plan for the provision of alcohol and other drug addiction services in its catchment area. The plan, which constitutes the Board's application for funds, is prepared in accordance with procedures and guidelines established by ODADAS. This plan covers state fiscal years (SFY) 2004 – 2005 (July 1, 2003 through June 30, 2005).

#### H.B. 317

Section 340.033(A) of the Ohio Revised Code stipulates the Board's responsibilities as the planning agency for alcohol and drug addiction services. Among the responsibilities of the Board described in the legislation are:

- 1) assessing service needs and evaluating the need for programs;
- 2) setting priorities;
- 3) developing operational plans in cooperation with other local and regional planning and funding bodies;
- 4) reviewing and evaluating substance abuse programs;
- 5) promoting, arranging and implementing working agreements with public and private social agencies and with judicial agencies;
- 6) assuring effective services that are of high quality.

#### H.B. 484

Section 340.15 of the Ohio Revised Code requires Boards to consult with county commissioners in setting priorities and developing plans for services for public children services agency (PCSA) service recipients referred for alcohol and other drug treatment. The plan must identify funds the Board and county commissioners have available to fund the services jointly. The legislation makes services to parents, guardians and caregivers of children involved in the child welfare system a priority.

#### Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant

The SAPT Block Grant requires prioritization of services to several groups of recipients. These include: pregnant women, women, injecting drug users, clients and staff at risk of tuberculosis, and early intervention for individuals with or at risk for HIV disease. The Block Grant also requires that 20% of federal funds be used for prevention services.

Environmental Context of the Plan

The 317 Board serves three rural, Appalachian counties in southeastern Ohio. The area is abundant in natural beauty and has a rich cultural heritage. People who live in these rural counties value their long-standing ties to land, communities and families.

However, the geography of the area (distance and landscape) have limited the economic development in the area. Athens and Vinton Counties are classified as “economically distressed” by the Appalachian Regional Commission (ARC) and Hocking County is considered “transitional”. On indicators of economic well being, all three counties are worse than state averages. Poverty, transportation and housing are issues that can challenge access to services. Some of the key demographic indicators include:

- Vinton County ranks second highest in unemployment among Ohio’s 88 counties (Ohio Department of Development, 2000) and highest amongst the 13 Appalachian counties (Appalachian Regional Commission, 2000).
- Athens County ranks 85<sup>th</sup> of the 88 counties in median income (1999 income amounts; OSU Extension Data Profiles).
- Vinton County is the most sparsely populated county of the Ohio Appalachian counties (ARC, 2003).

<b>Demographic Profile: Indicators of Economic Hardship</b>				
Indicator	Athens County	Hocking County	Vinton County	State of Ohio
Total Population*	62,223	28,241	12,806	11,353,140
Persons per square mile**	122.8	66.8	30.9	277.3
Persons below poverty line (1999)*	27.4%	13.5%	20.0%	10.6%
Unemployment Rate (2000)**	4.7	8.7	11.8	4.1
SSI recipients (December, 1999)***	2157	741	502	242,752
SSI Percent of Population	3.5%	2.6%	3.9%	2.1%
Per Capita Income -1999 **	\$18,202	\$19,174	\$16,423	\$27,171
Per Capita Income as percent of state	67%	71%	60%	
*U.S Census Bureau State and County QuickFacts. <a href="http://quickfacts/census.gov/qfd/states/39/39073.html">http://quickfacts/census.gov/qfd/states/39/39073.html</a> **Ohio Department of Development, Ohio County Profiles. <a href="http://www.odod.state.oh.us/research/ProductListing.html#S0">http://www.odod.state.oh.us/research/ProductListing.html#S0</a> ***U.S. Census Bureau, County and City Data Book: 2000. <a href="http://www.census.gov/prod/www/ccdb.html">http://www.census.gov/prod/www/ccdb.html</a>				

Local, state and national governments are experiencing budget problems due to less tax receipts in a sluggish economy. The Board was fortunate to have passed a 10-year replacement levy in November 2002. However, cuts in state/federal funding are expected in the short-term, placing further pressure on already difficult service budgets. There have been no significant changes in services or service providers since completion of the last two-year plan.

### Characteristics of Clients Receiving Services

Persons seeking services face challenges of poverty, unemployment, transportation and housing. In addition, more referrals are coming from the criminal justice and school systems as a result of collaboration with courts and schools. More clients continue to be identified, but no additional treatment dollars are provided to meet the increasing demand.

The following examples represent the type of clients receiving services:

- A 30 year-old male who has a serious mental illness and a history of self-medicating using drugs and alcohol. This has a history of hospitalizations at Appalachian Behavioral HealthCare. At his most recent hospital stay, a new medication is tried and appears to be working well for him. He is hopeful and ready to start anew, but has a past history that prevents his access to affordable housing. He is applying for the new SAMI housing project. It is hoped that the stable housing and supportive wrap-around services will help him in recovery.
- Client is a 48-year old male who was referred by his physician after testing positive for cocaine. Client reported he has used alcohol heavily since the age of 17, but has been abstinent for the past two years. Client receives SSI due to chronic back pain and degenerative disc disorder.
- Client is a 16-year-old male who was recently caught smoking marijuana. His parents are concerned and initiated the referral. Client reports he uses marijuana 2-3 times/day. Client reports he occasionally uses alcohol.
- Client is a 29-year old male who was referred by Athens County Drug Court after his recent DUI. Client reports he is drinking heavily on a daily basis. Client also reports using marijuana regularly. Client has experienced symptoms of withdrawal. He is the child of a chemically dependent parent.
- Client is a 28 year-old female and a mother of four children. She was referred by Athens County Children Services. Client reports she has been using marijuana since she was 14 years old on a daily basis. Client did not complete high school. She is receiving treatment through Rural Women's Recovery Program and has been abstinent for the past four months.

## Community Expectations of the AOD Treatment and Prevention System

Community expectations include on-demand counseling for clients and effective prevention services, specifically in the *criminal justice system* and the *schools*.

The availability of residential services for men is one expectation that has not been met, due to a lack of financial resources. The Board continues to work closely with the Standing Committee, agency partners and the Southern Consortium for Rural Care to identify potential funding resources and program designs.

The community also expects daily identification and treatment for kids with alcohol or substance issues in their home environments. Unfortunately, the loss of TANF/PRC funding was drastically cut in 2001 and AOD outreach and programming in the schools had to be discontinued. In FY 2003, Health Recovery Services (HRS) has taken a leadership role in a new collaborative Alternative School in Athens County. This model involves coordination with local school districts, children services, alcohol and mental health agencies.

There continues to be an increased demand for residential treatment for men, women and adolescents.

## **System Capacity to Meet Client Needs and Community Expectations**

### Adequacy of numbers and qualifications of direct service personnel

The Board works closely with its contract agencies to attract and retain qualified staff. There is a strong partnership with Ohio University to recruit interns (undergraduate through doctoral students) and recent graduates to work at both the agency and Board level. Contract agencies also recruit staff by promoting that they are eligible sites for the National Health Services Corp, a program that forgives the student loans of certain categories of health care workers who agree to work in underserved areas.

Attraction of qualified staff, particularly those with independent licensure, is a challenge. Burnout is a major problem in this field, and agencies offer flex time and other incentives to attract and retain necessary staff. Turnover of residential treatment aides is the biggest challenge in employee retention. The lack of sufficient funds to pay competitive wages and benefits is an ongoing challenge for both recruitment and retention. Agencies actively work on staff recruitment and retention as part of their quality improvement processes and report their progress and concerns to the Board in their quarterly reports.

## Number and Types of Services Available (Continuum of Care)

The list of alcohol and substance abuse services ranges from prevention to acute hospital detoxification. Health Recovery Services (HRS) is the primary AOD service provider in the three counties and provides comprehensive services along the continuum of care (see Appendix A, Table I/Chart I). According to data obtained from the DataMart, HRS served 87% of persons billed to ODADAS funded services through MACSIS in 2002 and received 96% of the ODADAS-related funding.

Tri-County Mental Health and Counseling, Inc. (TCMHC) is also ODADAS certified but provides more limited service. According to the DataMart, TCMHC served 13% of persons billed to ODADAS funded services in 2002 and received 2.4% of the funding. In addition to treatment services funded through ODADAS, TCMHC's Careline and emergency crisis team is called to assess and arrange detox and community services for persons in crisis; this service is particularly important in the evenings and weekends when agencies are closed. Unfortunately because of the limited ODADAS funding, this service is funded completely with Mental Health and local levy dollars. Marietta Memorial Hospital is the primary resource for acute detoxification services.

In addition to the programs under direct contract with the Board, the Board works closely with the other following agencies/programs:

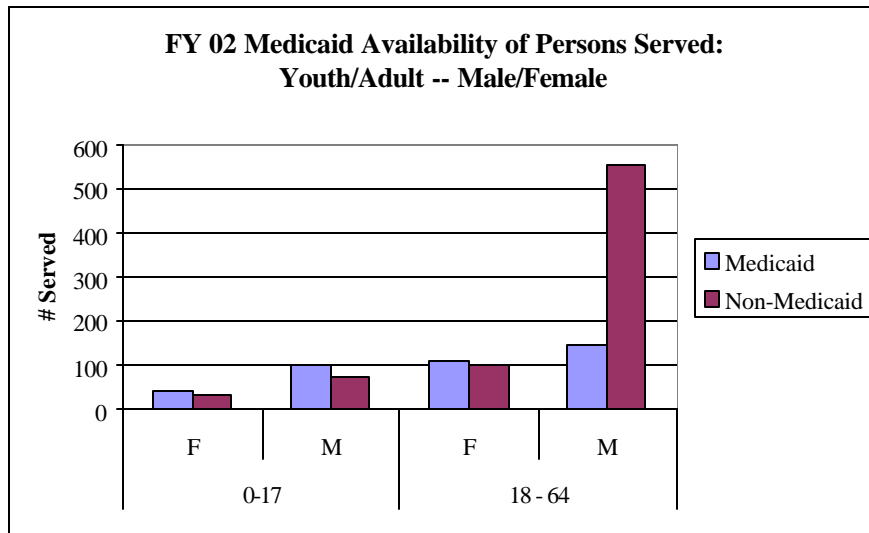
- Ohio's Prevention and Education Resource Center and Safe Schools Center (OPERC) is housed at the Board office and is closely integrated with other AOD services in the Board area.
- Treatment Alternatives to Street Crime (TASC) serves as a link between the judicial system and the treatment community. It provides assessments, monitoring and case management to juveniles and adults in the three counties.
- Drug Courts operate in all three counties. There are adult drug courts in Athens and Hocking Counties; juvenile drug courts in Hocking and Vinton Counties.
- Southern Consortium for Rural Care is housed at the Board office. SCRC has the funding for the hospital detoxification program. SCRC has taken a leadership role in promoting best practices for serving SAMI consumers.

## Financial Status and Physical Infrastructure

- Out of county Medicaid services are not a significant issue for AOD services. In FY 2002, less than 2% of Medicaid services were provided by an out of area provider. This percentage is nearly the same as for FY 2001.
- In AOD services, a large concern is the number of indigent adult males who need treatment services but who do not have Medicaid coverage. Overall, the Board's Medicaid budget has grown substantially over the past two years (largely in mental health

services). The growth in Medicaid has reached a point that it jeopardizes all non-Medicaid funded services—which threatens the capacity of the AOD system to serve a primary target group—adult males.

- A detailed review of FY 2002 data from the *DataCubes* shows the following trends of Medicaid billing for services: Before age 18, Medicaid is more likely to be available to pay for services for both males and females. This is attributable to the expanded Medicaid eligibility for children. This changes dramatically for persons age 18 -64. Adult males are least likely to have Medicaid coverage during their adult years (84% of men served in the system did not have Medicaid). For adult women, approximately 50% have Medicaid and 50% do not. This trend can be seen in the table below.



- The specific use of out of county residential services is a part of the planning function of each Family and Children First Council in our Board Services area. The Board participates in the planning process and continues to provide funding for services along with three other collaborative partners. The Councils are at a serious juncture because the needs of children being referred are more serious and the participating agencies cannot afford to contribute more money to address the needs.

The priorities for infrastructure expansion include residential services for men and half-way houses or treatment foster care centers for adolescents, especially those leaving Bassett House or DYS facilities. The current physical infrastructure is in relatively good shape, however there are limitations. Bassett House and RWRP are at capacity and could use additional space for small group meeting rooms. HRS’s Alternative School in Albany is also at capacity, and additional room would offer the opportunity for adolescents to develop vocational skills. HRS’s Hocking County services are delivered out of two sites because of space limitations.

The Board works closely with agencies to identify needs and plan actions to expand the continuum of care and infrastructure. During the last biennium, capital funds were secured from the Ohio Department of Mental Health and the Federal Home Loan Bank of Cincinnati to acquire and rehabilitate property to create five one- bedroom units for adult SAMI consumers. This project is scheduled to open in May 2003. HUD's Continuum of Care program will provide rental subsidies for 10 years.

The Southern Consortium for Rural Care continues to have a goal of developing a capital funds request to build and administer a 10-bed facility for men in need of alcohol and drug addiction services in our area.

### Service Utilization

Due to the nature of the disease, the vast majority of clients do not voluntarily seek out AOD services on their own; most initially participate because of a mandate from the criminal justice system, child protection/human services system, employer or other family pressure. Outcome measures show that persons who are involved with the criminal justice system—either adolescent or adult—have a higher rate of completion of their treatment mandates than do persons who are not under court order.

A review of program data shows the following trends:

- The number of persons served and billed through the ODADAS MACSIS system has remained the same from FY 2001 to FY 2002 (MACSIS Data Mart).
- Nearly 98% of persons served are Caucasian (MACSIS DataMart). This percentage is nearly consistent with the racial make-up of the region's population which is 96% Caucasian according to the 2000 census.
- In FY 2002, over 74% of persons served by the all contract agencies were male (MACSIS DataMart). This percentage has remained fairly constant from the previous fiscal year. Approximately 23% of persons served were female and they were provided with 28% of the services billed through MACSIS (excluding prevention services). The cost of services was higher presumably because of the women's residential program.
- Funding for detoxification services continues to run short each fiscal year. Detoxification for alcohol addiction continues to be the largest need; Oxycotin continues to grow.
- The number of groups offered and participants in groups has increased steadily over the past three years at HRS. The use of groups is proven to be an effective treatment practice in AOD and is an efficient use of resources.
- There is a continuing need for AOD services for adults and juveniles in local correction facilities. HRS provides weekly groups at Southeast Ohio Regional Jail; TCMHC has a contract with SEPTA Center to fund two full-time staff persons to provide AOD treatment and follow through after discharge.

## COMMUNITY NEEDS REVIEW

### Description of Methods to Assess Needs

The Board assesses need through several methods:

- Reviewing program data—quarterly reports from the Southern Consortium for Rural Care on consumer satisfaction results, complaints and grievances received by Dr. Buck, Client Rights Officer, MUI's filed with the Board, waiting list information from the quarterly reports, annual on-site quality improvement reviews and annual peer review results;
- Listening to agency staff through formal and informal meetings;
- Listening to community stakeholders (described in collaboration section);
- Collaborating with an active Board Standing Committee.

The Standing Committee has taken an active role in identifying the current service system and the gaps in the system. The Standing Committee met six times in calendar year 2002 to work on identifying the key components of the local AOD Continuum of Care (see Appendix A, Chart II). The process has reinforced the lack of (and need for) residential treatment for men. In addition to service gaps, the committee is continuing their work in 2003 and expects to identify other areas where available services and linkages can be improved. The community planning process is an on-going process.

### Findings of the Needs Assessment

The Board's review has determined the need for the following services to improve the continuum of care:

#### Prevention Needs:

- Enhanced and expanded prevention programs without diverting resources from already under-funded treatment programming.
- Continuing evaluation of prevention programs to ensure they are evidence-based models that have proven effective at reducing risk and building strengths.
- Collaboration to increase school-based prevention and education services.
- Addressing the nine recommendations made by TEAM Athens in their 2002 report, *Underage Access to Alcohol in Athens County*.

### Treatment Needs:

- Residential services for men—treatment and halfway house type programs.
- Halfway houses or treatment foster care homes for adolescents leaving Bassett House and DYS facilities.
- Transitional housing with day treatment for women leaving RWRP (step-down services).
- Integrated mental health and alcohol and drug addiction services for all dually diagnosed adults and adolescents.
- Timely responsive AOD services to drug court populations.
- Expanding services to the families of chemically dependent youth.
- Treatment for persons with gambling addictions.
- Continued funding for the alcohol and drug treatment programs that are linked to the alternative school program.
- Program and treatment funding for Drug Court clients.
- Continued dedication of non-Medicaid resources to meet the treatment needs of medically indigent adults, particularly males.
- Increased collaboration and new service models to address the needs of high cost children and their families identified through the Family and Children First Councils.
- Improved access and funding for detox services.

### Infrastructure Needs:

- Residential facility for men.
- Facility improvements at Bassett House, Rural Women's Recovery, Albany Alternative School and HRS's Hocking Outpatient services.
- Technical assistance for implementing HIPAA regulations.
- Continuing development of local outcomes framework.
- Continuation of Standing Committee work to identify treatment gaps and strategies for filling gaps in services. Standing Committee work on helping to shape an outcomes-oriented system for the next planning cycle.
- Transportation services to improve access to all levels of treatment.

## **TREATMENT, PREVENTION AND INFRASTRUCTURE PRIORITIES**

### **Board Priorities for Alcohol and Other Drug Treatment and Prevention Services**

Lack of funding resources is a problem in delivering the planned priority services. The Governor has just announced funding cuts for the current year (FY '03). Projections for the next biennial budget indicate further reductions in funding for all state departments for FY '04 and FY '05.

### **Criteria Used to Determine Priorities**

The Board has a number of legislative mandates that influence priorities:

1. Medicaid services are a Federal entitlement and must be paid first
2. Administer grants from ODADAS per grant requirements
3. Address special populations with designated funds—HB 484, SAPT Block grant, etc.
4. Addressing any unfunded mandates
5. Local discretion for determining use of funding that is available after all of above mandates have been met.

Board and agency staff, in consultation with contract agencies and the Standing Committee have input in determining discretionary funding. At this time, given the difficult budget projections, the first priority of the Board is to maintain its commitment to current services. If funding levels are significantly reduced, the Board may need to develop a system for prioritizing the importance of the services that are currently funded.

Criteria for expanding into new service provision includes evaluating the number of persons needing services, the severity of symptoms, the need to comply with any new regulation. The Board and its agencies will actively seek opportunities to write grants and collaborate with other agencies to address all of the needs identified in the plan.

## **IMPLICATIONS FOR CONTRACTING**

### Expansion of Treatment/Prevention Services and Programs

The Board has commitment to maintain and improve services that are currently under contract through the Board. The Board is in the beginning stages of incorporating an outcomes framework into its contracts (see next section).

Most of the priorities identified in the plan will require new financial resources. It appears that projected funding levels will prevent the Board from expanding its infrastructure to include these necessary services. Consequently, the funding to address these needs will need to come from grant funding and is uncertain at the time of the writing of this plan. The Board plans to actively pursue collaborative partnerships and outside funding that will allow for program expansion.

### Reduction of Treatment/Prevention Services and Programs

The Board does not plan to reduce existing services or programs. At this time, there is not enough information to determine how the budget cuts will impact service delivery.

### Quality of Services

The Board conducts routine compliance audits to assure appropriate level of care assignments. In addition, the Board contracts with an independent peer reviewer to ensure compliance with ODADAS regulations. The Board uses these audits and peer reviews in collaboration with the agencies to improve the quality of care. The Board and contract agencies also address quality improvement issues through working with other Board and agency staff through efforts coordinated by the Southern Consortium for Rural Care.

The Board and the agencies review periodic waiting list management reports to monitor and improve access to services. Each report reveals to what degree results have been achieved, based on prior reports. Outpatient waiting lists vary, but are not excessive. Contract agencies actively manage their waiting list and have strategies to address those who are waiting (orientation to begin paperwork, providing information about services, crisis assessment, etc.). The Rural Women's Recovery Program (RWRP) does have a significant waiting list that is reviewed weekly through telephone contact by the intake manager. In addition, case management and outreach services are made available to women and adolescents while they are waiting.

Access to AOD services is largely influenced by economic issues. Consumers with private pay/employer sponsored health insurance have minimal difficulty accessing AOD services. This group comprises a very small portion of our demographic profile. Adult males in need of inpatient services have the most difficulty accessing AOD services. Economically challenged

clients lack transportation and frequently have significant cultural difficulties associated with accepting help from non-family members. High school students in need of prevention programming or early intervention face peer pressure that resists treatment, but encourages substance use and abuse.

Contract agencies develop their own internal quality improvement goals. Health Recovery Services is currently focused on the following broad quality improvement efforts:

1. Using motivational interviewing as a framework and increasing provider's skills in this technique.
2. Increasing attention to the physical aspects of addiction in the assessment and treatment process.
3. Increasing the involvement of and providing support to the families of persons with addictions.
4. Increasing the use of the outcomes framework as a tool for improving services.

The Board is in the process of working with its contract agencies to develop improved methods for using data to evaluate and improve services. Part of this initiative involves selecting which elements from the quarterly quality improvement reports are the most useful indicators of quality, developing an agreement for uniform reporting, and analyzing and reporting this data over time. The Board has a goal of bringing this information to its governing board members in a format that is useful and easy to understand.

## COLLABORATION FOR RESULTS

This section describes the achievements and challenges of collaborative efforts with local, regional and state partners, as required by state statute. A big challenge is that community agencies and organizations already handle heavy workloads and requesting their attendance at meetings must be infrequent and of high priority—particularly when there is no new funding to address the needs that might be identified. Hence, this Board does not create many large meetings requiring the attendance of numerous organizations.

The effectiveness of current planning strategies is based on ongoing communication and partnership with key constituents in three counties. The Board has worked hard to develop positive community partnerships. It is actively involved in all of the community agencies listed below and more. It actively solicits feedback about service gaps and emerging needs through the on-going meetings that are already scheduled, informal monthly breakfast meetings, and on a more personal, one-on-one level to get community input. The breadth of community initiatives listed below speaks to the positive results of these community partnerships.

### Ohio Family and Children First Councils

The Athens, Hocking and Vinton County Family and Children First Councils exist for the purpose of coordinating community resources to meet the multi-system needs of area youth. The Board actively participates in the councils to ensure that alcohol, drug addiction and mental health services are available and accessible to area youth in need. As a result of Board leadership, the Vinton County Family and Children First Council has experienced renewed focus in the past year. Board staff are active participants in the FCFCs' Cluster Groups which determine placement needs for those most severely in need. As a result of this collaboration, Board funding for these special needs children has increased substantially from FY 2001 to FY 2002.

### County Department of Job and Family Services and County Protective Services

The Board has a close working relationship with the Athens, Hocking and Vinton Departments of Job and Family Services. There is communication on a regular basis to ensure that its services are linked to their service population. HB 484 has generated new dialogue on how to share financial resources and deliver the necessary services to this priority population. The Board works with the Department of Job and Family Services to coordinate protective services for our service population. The Board participates in the development of the county planning for human services.

### Joint Advisory Council (HMO mandatory counties)

N/A

### Law Enforcement/Judiciary

The Board works collaboratively with all area law enforcement and criminal justice systems. The Board has a direct link to Treatment Alternatives for Street Crimes (TASC) services in all three counties and works closely with juvenile court systems within our Family and Children First Councils. We interact regularly with our individual county Community Corrections Boards. Through the DYS Re-Entry program and monthly advisory board meetings there is greater attention paid to the needs of high risk adolescents as they transition back to our communities. We work closely with local law enforcement through our mental health Jail Diversion Advisory Board which also addresses those with co-occurring AOD issues.

The Board, in collaboration with the county commissioners and three juvenile judges, facilitated the establishment of juvenile TASC programs for our three counties. The partnership with the Board and TASC has resulted in the implementation of an Athens and Hocking County Adult Drug Courts and Juvenile Courts in Hocking and Vinton Counties. The Board's involvement in drug court graduation ceremonies and activities only solidifies the positive impact on those clients who successfully complete drug court. We see lives changed before our eyes, enabling AOD clients to enhance the quality of their lives. That said, there is always room for closer collaboration amongst Children Services, Juvenile Courts and treatment providers to improve outcomes for children.

### Public Children Services Agencies

The Board interacts with its child welfare boards to ensure the access to and the availability of alcohol, drug addiction and mental health services to their client population. These collaborative efforts are being solidified through discussions regarding the sharing of financial resources and the development of procedures to address the needs of the HB 484 target population. The Board is seeing a growing trend in AOD issues with children in the PCSA and our system of care. We need to continue the HB 484 to address at risk youth. There is a need to develop strategies for involving the parents' of kids involved in the system—particularly parents who also have addiction issues.

### Service Providers (including HMOs/MCPs/PMSPs and private sector)

N/A

## Clients and Consumers

The Board works with several consumer and family organizations to gain quality improvement input, assess service needs for dually diagnosed consumers and identify student drug and alcohol services and prevention needs. This input has been particularly important in our SAMI Housing project and in our efforts to gain additional residential housing for adult males. For the past three plus years, the SCRC's Consumer Council has actively advised the Board on ways to improve the system through increased collaboration, education and program development.

## Public Participation

The Board works with several community councils and coalitions to assess alcohol and drug addiction service needs and identify and coordinate countywide prevention efforts. There was active public involvement in our successful recovery services levy campaign as well as involvement with AOD prevention and education awareness activities. The Community Coalitions and TEAM Athens activities created more opportunities for community involvement. Standing Committee members are actively involved in shaping the priorities of the Board and bring their knowledge of the concerns of the recovery community.

## Employment Services

The Board works through the Employment Training Center, a division of Integrated Service Systems, to develop employment options for consumers and to provide support, including employment assessment, job coaching, job readiness and placement.

## Prevention Community Coalitions

The Athens County Prevention Council identifies and coordinates countywide prevention needs activities. In collaboration with Health Recovery Services, Inc. and the Ohio University Binge Drinking Prevention Coalition, the Board received a federal Combating Underage Drinking grant from the Office of Juvenile Justice Delinquency Prevention. Under the grant, the Board developed TEAM Athens County, an underage drinking prevention coalition, and hired a community coordinator to facilitate local collaboration on this initiative. Members of TEAM Athens County represent law enforcement and liquor control agencies, schools, courts, treatment providers, city and county government, emergency services, hospital personnel, churches, civic and prevention organizations and other interested members of the community. TCMHC provides a "Youth Diversion Day" one Saturday each month for all youth with AOD problems who are referred by the Athens Juvenile Court.

## Safe and Drug Free Schools Alcohol Advisory Councils

The Board gathers input from area county and city drug-free schools program coordinators regarding the service needs for our local school systems.

### Council of Collaborative

As a member of the Appalachian Behavioral HealthCare Collaborative, the Board reviews methods for identification and planning for residential care. Although the Collaborative were developed around the mental health system, the group is valuable in gaining information on the impacts of co-occurring illnesses and this reflects our continued emphasis on integrated services for persons with dual diagnoses.

### Organization for Health Improvement in Appalachia

The Board works collaboratively with the coalition to plan for area health services including substance abuse. This group focuses on medical, behavioral and cultural demands for health care services for those most in need. The Board is a member of a local coalition, Organization for Health Improvement in Appalachia (OHIA), along with the Ohio University College of Osteopathic Medicine, two local community hospitals, a local association of physicians and several ancillary health care providers. The Board's participation has brought behavioral health care to the table in efforts to attract external resources to improve health care in the region.

### Ohio University College of Osteopathic Medicine

The Board collaborates with OU-COM to develop substance abuse and mental health services along with medical care. The Board is a member of OU-COM's Appalachian Regional Informatics Consortium (ARIC) Board which is seeking funding to establish a shared medical information system to benefit primary and behavioral healthcare providers, biomedical researchers and medical educators.

### Southern Consortium for Rural Care

The Board is a member of this 10-county council of governments which jointly develop provisions for appropriate capacity for additional services. Southern Consortium for Rural Care also has created and administers continuous quality improvement programs in the 10-county area. Collaboration with three other Boards through the creation of the Southern Consortium for Rural Care (SCRC) has allowed pooled resources to implement a continuous quality improvement program, provider staff training for utilization review and external utilization review. In addition, the SCRC was the recipient of Treatment Capacity Expansion funds from ODADAS, which partially addresses the need for detoxification services for persons who are medically indigent. Also, the SCRC is actively pursuing resources to fill other gaps in the continuum of care, with current proposals in process to fund residential options for persons with co-existing mental illness and substance abuse disorders. The SCRC's Consumer Council is an active group that voices the consumer's perspective on how to improve Board-funded services.

## Housing Organizations

The Board works collaboratively with community housing agencies and has a leadership role in the “Continuum of Care” to address the needs of homeless persons in Athens County. The Board has partnered with several local housing organizations and the result is the development of a housing project for substance abuse and mental health consumers. This five-unit “Shelter Plus Care” housing is scheduled to open in March 2003. An-ongoing committee will meet to ensure the program’s success. Participants include: Board, HRS, TCMHC, Athens Metropolitan Housing Authority, Good Works, neighborhood and consumer representatives. We anticipate that the result of this committee will be improved outcomes for consumers because of the close coordination between our mental health and AOD service providers.

## EVALUATION OF THE COMMUNITY PLAN

### Outcomes Achieved Through Previous Community Plan

A significant number of program achievements were identified in the FY '03 Community Plan Update. Many of these achievements were not those originally anticipated and identified in the original two-year plan, but none-the-less represent real improvements in services over the past year.

There has been progress on several of the plan priorities:

- Although a residential service for men has not yet been achieved, the Standing Committee of the Board has actively explored program models and will continue to work on this priority. While new revenue is needed to develop treatment residential services, funding is not a significant barrier for development of a residential halfway house. The standing committee has explored a residential halfway house model that could be self-sustaining. Organizational efforts of time and energy are needed to develop this program.
- Integrated mental health and AOD services improved greatly during the past two years because of grant funding through the Southern Consortium for Rural Care. Although this funding is no longer available, a great deal of collaboration was fostered which will continue to enhance services. The Alternative School in Albany and the SAMI Supportive Housing project are two successful avenues that continue to foster improved collaboration for the benefit of consumers with dual diagnoses. Appalachian Behavioral HealthCare has initiated a task group to address the needs of SAMI clients in its system and HRS is participating in the group.
- Although treatment foster homes specifically for kids leaving Bassett House or DYS facilities has not been achieved, there is improved day treatment services to youth leaving DYS thanks to the Re-Entry Project. The Alternative School in Albany serves as a Step-Down program for youth leaving Bassett House.
- Adult Drug Courts are operating in Athens and Hocking Counties and Juvenile Drug Courts in Hocking and Vinton Counties. There have been 20 adult and 19 juvenile graduates to date. The Drug Courts have shown to be effective, but unfortunately, the grant funding for the Athens County program will expire in August 2003; funding for the Vinton Juvenile and Hocking Adult Courts in August 2004. It is hoped that alternative funding sources can be secured to continue these important programs. See the Appendix for newspaper articles about the Drug Courts.

## **Efforts the Board Will Engage in to Evaluate How Well Its Services and Programs Will Serve the Needs of Those in Its Area**

The Board uses a number of different indicators to assess the success and effectiveness of the services and programs it funds, including the Board's quality improvement reviews, independent peer reviews, quality improvement measures, feedback from consumers and community stakeholders, tracking of services through MACSIS, and review of complaints, grievances and MUIs.

Board and contract agency staff have attended the Outcomes Trainings that have been made available by ODADAS during FY 2002 – 03. Efforts are now underway to begin incorporating more of the outcomes framework into the contracting process.

As a first step, as part of the Contract Phase, the Board is asking provider agencies to identify the outcomes for their programs and how they will measure and report these outcomes to the Board. The Board holds quarterly meetings with the Agency Directors and this is a forum for sharing progress and challenges related to measuring outcomes. The Board will ask agencies to report outcomes data periodically to the Board members.

As part of the Post-Contract Phase, the Board anticipates working closely with agencies to refine and understand their outcomes and data . We expect to engage Standing Committee and Board members and contract agencies in an on-going dialogue of identifying and developing performance targets and milestones for the system. The Standing Committee will begin by working on the Investor Workbook in FY 3003-04.

The Board hopes to have Elliot Pagliaccio from The Rensselaerville Institute to present at a Board meeting sometime in 2003-04. We will encourage provider agencies to take advantage of Rensselaerville Institute trainings when they are offered. Through working on a collaborative, systematic process we hope to have a solid outcomes framework in place for the next two-year plan.

The Executive Director is providing the leadership on this initiative and all Board staff are actively involved.

# **WAIVERS**

**No Waivers are Requested**

## **APPENDIX A: TABLES AND CHARTS**

### **Table I: Type and Range of Services Available**

This table lists services and programs in the local continuum of care.

### **Chart I: ODADAS Levels of Care Flow Chart Diagram**

This chart is a visual presentation of the information in Table I. Black boxes indicated where services are available; red boxes indicate a service gap.

### **Chart II: Standing Committee Continuum of Care Chart**

The Continuum of Care chart was created by the Standing Committee of the Board to help facilitate its work of advising the full Board about the needs in the AOD service system. The chart will be used to identify gaps in the service system.

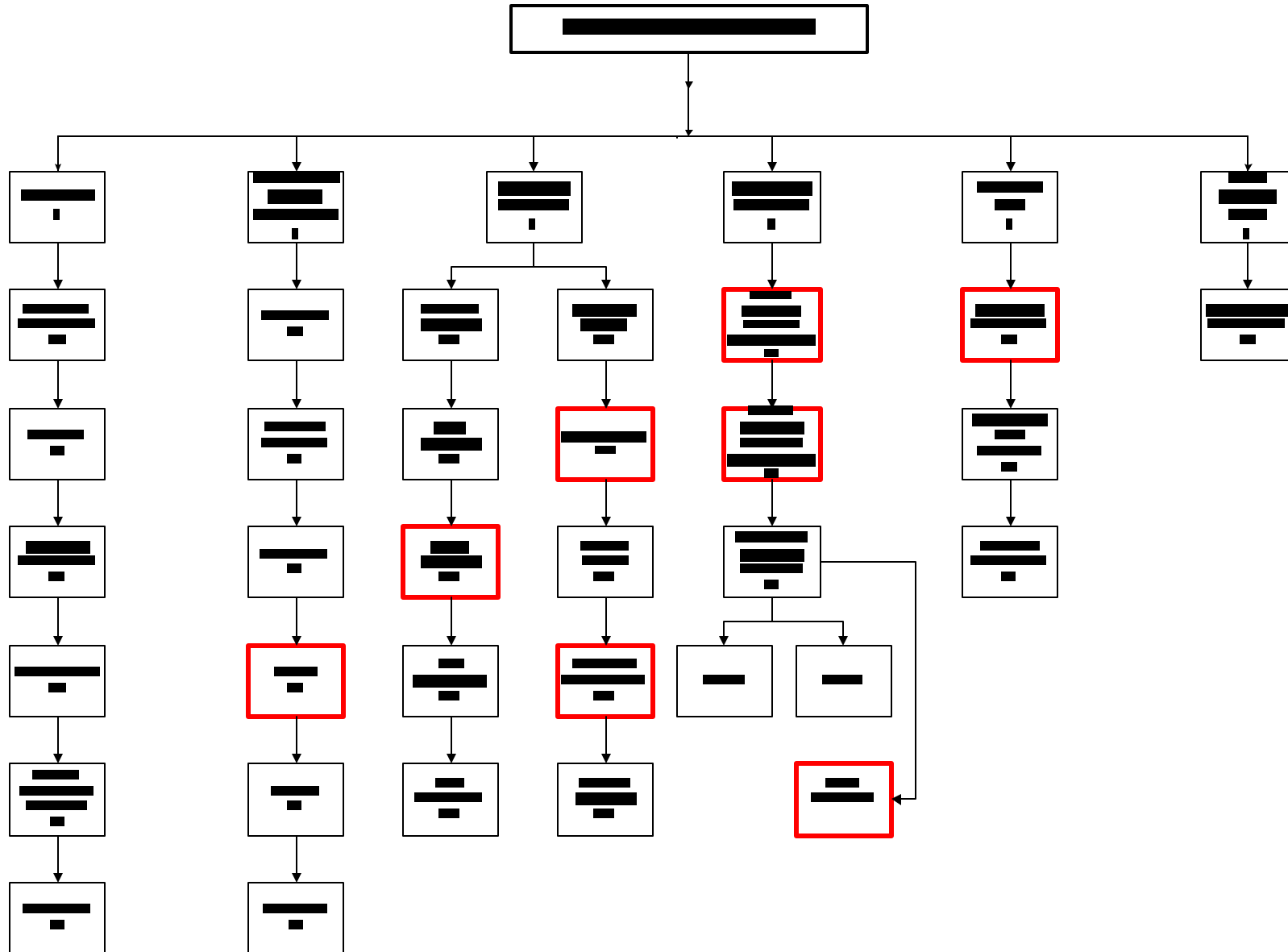
### **Newspaper Article: Drug Court Program**

**Table I: Type and Range of Services Available**

<b>LEVEL OF CARE</b>	<b>PROVIDER</b>	<b>PROGRAM (Provider Specific)</b>	<b>MACSIS UPI</b>
PREVENTION (Federal Definitions)			
Information Dissemination	Health Recovery Services	Explore HOOLA Core Team Participation	6755
Education	Health Recovery Services	Ohio Violence Prevention	6755
Problem Identification and Referral	Health Recovery Services	Driver Intervention Program Defensive Driving -TEG	6755
Community-Based Process	Health Recovery Services	Red Ribbon Youth Mentoring	6755
Environmental	Health Recovery Services	SAAMCO I & II	6755
Alternatives	Health Recovery Services	Youth Diversion Teen Institute	6755
OUTREACH	Health Recovery Services	Women’s Outreach	6755
CONSULTATION AND EARLY INTERVENTION (Level 0.5)	Health Recovery Services/Tri-County Mental Health & Counseling	E.A.G.E.R Babes Kids Youth Intervention Program/Youth Diversion Days	6755/1018
OUTPATIENT (Level 1)			
Outpatient	Health Recover Services & TCMH	Athens, Hocking Vinton Outpatient	6755/1018
Intensive Outpatient/Day Treatment	Health Recovery Services	Day Treatment at Athens Alternative Treatment, Bassett House, Southeast Regional Jail/Hocking County Clinic	6755
COMMUNITY RESIDENTIAL (Level 2)			
Non-Medical	Health Recovery Services	Bassett House, Rural Women’s Recovery Program	6755
Medical	N/A	N/A	N/A
Sub-Acute (Level 3)			
Ambulatory	N/A	N/A	N/A

<b>LEVEL OF CARE</b>	<b>PROVIDER</b>	<b>Program (Provider Specific)</b>	<b>UPI NUMBER</b>
23-Hour Observation Bed	Parkside Behavioral Healthcare, Shepherd Hill Hosp/Maryhaven	Observation bed, 23 hour 23 hour bed	1165
Sub-acute Detoxification	Maryhaven	Sub-acute Detox	1183
<b>ACUTE HOSPITAL DETOXIFICATION (Level 4)</b>			
Acute Detoxification	Marietta Memorial Hospital Parkside Behavioral Healthcare Shepherd Hill Hospital Genesis Healthcare	Acute Detox Acute Detox Acute Detox Acute Detox	1534 1165 45347 01 60398 03

Chart I: ODADAS Levels of Care Flow



**Chart II: Standing Committee Continuum of Care**

