



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

SFY 2006-2007

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

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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.

Section I. 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) 2006 – 2007 (July 1, 2005 through June 30, 2007).

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 85th 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).

Demand for services continues to increase. Over the past two years HRS has observed a gradual trend of increasing use of “hard” drugs, particularly opiates. They are also beginning to see persons with problems with methamphetamine use.

Recently HRS has received an increase in referrals from the Athens County Court of Common Pleas for persons involved in the “Intervention in Lieu of Conviction” program. The increase may be due to a change in the rules that allows referrals for persons with alcohol dependence (formerly only persons with drug related charges allowed). Diversion to treatment rather than prison is valuable and these referrals will take priority.

Outcomes Achieved Through Previous Community Plan

Decreased funding over the past two years creates challenges for maintaining current operations, let alone achieving new outcomes. Having said this, several new initiatives and improvements in programming are noted:

- Although a residential service for men has not yet been achieved, the Standing Committee of the Board continues to work on its development. In the past year an ad hoc community committee, under the auspices of the Standing Committee has formed to pursue development of a residential recovery house for men. Dr. Meyer, medical doctor in Athens County, chairs this effort. They expect to have a feasibility report prepared by spring 2005.
- Integrated mental health and AOD services continues to be a Board priority. The SAMI Supportive Housing project fosters improved collaboration for the benefit of consumers with dual diagnoses. Appalachian Behavioral HealthCare has initiated a support group to address the needs of SAMI clients in its system and HRS is participating in the group. TCMHCS continues to have a dual-recovery support group. TCMHCS is exploring development of a SAMI court in the Athens Municipal Court.

- DYS Re-Entry program continues to be a model program.
- Adult Drug Courts are operating in Athens and Hocking Counties and Juvenile Drug Courts in Hocking and Vinton Counties.
- The Board applied for funding and has completed the *Communities That Care*® evidence based planning process in 2004 for Athens and Vinton Counties. The Board participated in Hocking County's Partnerships for Success evidence based planning process. All three counties are now implementing evidence based programming to address identified needs.
- 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.
- Board and contract agency staff have attended the Outcomes Trainings that have been made available by ODADAS during FY 2002 –04 and have now contracted with TRI to assist in implementing the outcomes framework for its local system of care (see evaluation section for details). In FY 04-05, the Board required contract agencies to identify program outcomes and begin semi annual reporting on outcomes.
- Continuing the partnership with Kids on Campus, a rural partnership that empowers at-risk children and their families in the realization of their full potential through educational, nutritional and recreational opportunities, more than 1,000 elementary and middle school age children will be reached in FY05. Kids on Campus provides out-of-school summer programming to reach at-risk children through asset building activities in continuing and new programs. Kids on Campus will target the 9-15 year old population of Athens County by providing child programming and activities.
- This year TEAM Athens County will be providing mini-grants to community groups in Athens County who want to collaborate with area youth and improve community bonding between adults and youth in their neighborhoods. All projects will take place during the course of 12 months and should include a brief plan to continue collaboration between youth and adults beyond the 1-year of funding. Funding will be based on the following criteria:
 - Positive Youth Involvement in the program and the planning and implementation process.
 - Yearlong involvement (no one time events will be funded).
 - Clear Message of No Use of Alcohol, Tobacco and Other Drugs.
 - Plan for continued collaboration between youth and adults.
 - At least one representative will attend a minimum of 2 coalition meetings to provide program updates.
 - Involvement of area youth ages 9-18.

Service Changes Since Development of the Previous Community Plan

- HRS has strengthened its collaboration with Children's Protective Service Agencies. In Hocking County the 484 referral process has been formalized and meetings between supervisors at Job and Family Services and HRS are being held. In Athens County, HRS has placed a counselor/supervisor and case manager in the Children's Services building one day a week and is conducts client assessments at the Children's Services site.

- HRS discontinued treatment services in the regional jail in FY 04 because of shortage of non-Medicaid funding. Since that time, the Standing Committee of the Board has explored avenues for reestablishing services in the jail. While it is recognized that jail services are critical to reducing recidivism, the decision to fund this program means that other very limited community treatment services would be discontinued. The Standing Committee continues to try to find alternative sources of funding for these services.
- The four Board members of the Southern Consortium for Rural Care (SCRC) discontinued funding for the SCRC effective July 1, 2004. The SCRC will be officially dissolved as a separate non-profit by the end of the current fiscal year. The reason for the dissolution is lack of funding.

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.

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.

Evidenced Based Practices

Prevention Practices or Strategies:

- **Ohio Resource Network (ORN):** The Board serves as the Southern Regional Site for the ORN. Through this agreement, local training opportunities, which include evidence-based prevention, related topics are held for local professionals.
- ***Communities That Care*® (CTC):** The Board completed the *Communities That Care*® evidence based planning process in 2004 for Athens and Vinton Counties. The *Communities That Care*® system is an approach for members of a community to work together to promote positive youth development. Dr. David Hawkins and Dr. Richard Catalano developed the system. It is based on their research, which has identified risk factors that predict youth problem behaviors and protective factors that buffer children from risk and help them succeed in life.

A key goal of the *Communities That Care*® effort is to identify which risk factors and problem behaviors are prevalent in a community, and to implement tested, effective programs to address the community's unique profile. Through this process, two evidence based prevention programs have been added to the current programming of HRS. These programs are Creating Lasting Family Connections (CLFC) and All Stars. Both programs are being implemented in Athens and Vinton counties.

- **Creating Lasting Family Connections (CLFC):** Creating Lasting Family Connections (CLFC) is a structured curriculum for youth ages 9-17 and their parents, guardians and other family members to improve their ability to provide a nurturing environment for each other in a very effective and meaningful way. Participating youth and parents are encouraged to improve their personal growth through increasing self-awareness, expression of feelings, interpersonal communication, and self-disclosure. Participants are taught social skills, refusal skills, and appropriate alcohol and drug knowledge and healthy beliefs, which provide a strong defense against environmental risk factors that can lead to negative outcomes for youth. The Creating Lasting Family Connections program also provides parents and other caring adults with family management, family enhancement, and communications training. All participants are provided opportunities to practice these skills in a safe peer-group setting.
- **All Stars:** All Stars is a character-based approach to preventing high-risk behaviors in teens. The program is intended to affect 11-14 year olds. It affects youth substance use and violence by fostering development of positive personal characteristics. The program is highly interactive and focuses on a variety of learning styles. The All Stars core program targets young adolescents before they have begun to participate in the targeted risky behavior, typically sixth and seventh graders (however, program initiation depends on the school system's structure). The booster program is designed for implementation one year after the core sessions. All Stars has been tested in rural, suburban, and urban settings with children from diverse ethnic and socioeconomic backgrounds.
- **Lifeskills:** Dr. Gilbert Botvin's research based substance abuse prevention program is a comprehensive, interactive and penetrating approach to addressing the underlying causes of ATOD use. Lifeskills training provides students with the skills needed to avoid high-risk behaviors. Combining coaching and practice with peer interaction and provider intervention, the program strengthens student abilities in three critical domains: 1. drug resistance skills for building defenses against tobacco, alcohol and other drugs; 2. personal self-management skills; and 3. general skills.
- **TEG:** Tobacco Education Group is an alternative to school suspension program for students committing tobacco related offenses for the first time. The juvenile court mandates parental participation in this highly interaction collaborative between HRS< the juvenile court and schools.

Evidenced Based Treatment Practices or Strategies:

- **Motivational Interviewing:** Health Recovery utilizes Motivational Interviewing—an evidence based treatment approach—in their system and has provided training for other professionals in the region. Although not a specific evidence based protocol, the general approach, sometimes termed “Twelve Step Enhancement”, does have an evidence base.

Workforce Development

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. Instabilities in funding lead to instabilities in employment and discourage people from entering or remaining in the field. 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. HRS has developed career tracks that allow persons with Associate Degrees or Bachelor degrees to pursue a career track to professional positions. This has provided more stability in the entry-level workforce and has been a source of experienced and credential employees for professional positions.

Capital Improvements

- Residential facility for men.
- Facility improvements at Bassett House, Rural Women’s Recovery, Albany Alternative School and HRS’s Hocking Outpatient services.

The priorities for infrastructure expansion include residential services for men and halfway 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.

Financial Status

- 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. In FY 2004, 6% of MACSIS billings were from 12 out-of-panel providers. In FY 2004, the largest out of panel provider is Counseling Scioto –something new since the last

community plan. It appears that this may not be a continuing trend—the Board is monitoring.

- In AOD services, a large concern is the number of indigent adult males who need treatment services but who do not have Medicaid coverage. The Board’s Medicaid budget continues to grow for both mental health and AOD 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—as well as the working poor.
- Funding for non-Medicaid services from sources other than the 317 Board is also shrinking for provider agencies. The funding cycle is ending for the two adult drug courts in the area and one of the Juvenile Drug Courts.
- Local providers have also delivered a significant amount of uncompensated care. As budgets have become increasingly tight, this has become increasingly less feasible. HRS reports that even if 317 Board funding of drug and alcohol services were to remain level, a reduction in services for persons with drug and alcohol problems would occur.
- 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.

Portfolio of Providers

See Table I. In Appendix A.

Section II: CAPACITY DEVELOPMENT

Capacity Development Targets

SAMHSA PRINCIPLES/PRIORITIES	GOVERNOR'S PRIORITIES	ODADAS PRIORITIES (CAPACITY DEVELOPMENT TARGETS)	BOARD PRIORITIES (CAPACITY DEVELOPMENT TARGETS) that contribute to ODADAS Capacity Development Targets
Workforce Development	<p>Education: Preparing the best workforce for today and tomorrow</p> <p>Jobs: Building a thriving economy supporting good jobs</p>	A highly effective workforce for the AOD system	
Recovery/Reducing Stigma & Barriers to Services	Quality of Life: Making Ohio a great place to live.	<ul style="list-style-type: none"> • Reduce stigma • Addiction is recognized as a legitimate health care issue with an appropriate and necessary continuum of care that includes prevention/intervention and treatment and recovery services 	Community recognizes addiction/mental illness as a legitimate health care issue and values the ability of the 317 Board System of Care to effectively and efficiently produce positive outcomes.
Science to Services/Evidence-based Practices		Increase the use of “evidenced-based” policies, practice, strategies and programs in the AOD system.	
Financing Strategies & Cost-Effectiveness	Efficiency: Providing the best value for taxpayers and customers	Increase diversity of revenue sources to support Ohio's Alcohol and other drug system	
		An accessible, effective, seamless prevention/intervention, treatment and recovery services continuum from childhood through adult	
Data for Performance Measurement & Management		Increase the use of data within the AOD system to make informed decisions about planning and investment.	Board and agencies increase their capacity to identify, measure and improve outcomes for persons served in the system.

Access to Services

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.

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

There continues to be an increased demand for residential treatment for men, women and adolescents. The availability of residential services for men is one expectation that has not been met, due to a lack of financial resources.

The community also expects daily identification and treatment for kids with alcohol or substance issues in their home environments. 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.

The Board works collaboratively with its community partners to try to address the above issues. With limited federal, state and local tax dollars, we are trying to seek out private foundation and community

Section III: TREATMENT AND RECOVERY SERVICES

Treatment Needs

Description of Methods to Assess Needs

The Board assesses need in an on-going way through review of program data, grievance/MUI reports, on-site quality improvement reviews and peer reviews, discussions with contract agencies and through collaboration with community stakeholders. The Standing Committee of the Board provides on-going attention to the AOD concerns in the community.

In the spring of 2004, the Board contracted with The Rensselaerville Institute to help it initiate a Strategic Mapping process. A community survey was distributed to over 150 community organizations in May 2004 and focus groups were held with contract agencies and consumer representatives in June 2004. After the results of the surveys and focus groups were analyzed,

the Board held a two-day retreat in June 25-26, 2004 to review the findings and begin a planning process for improving program outcomes.

In addition to the above process, the Osteopathic Heritage Foundation of Nelsonville hired ILGARD/Ohio University to complete an extensive community assessment of need in the Appalachian counties served by the Foundation. 317 Board staff and its contract agencies, along with many other community agencies, participated in several focus groups. Some of the community concerns related to AOD include: Alcohol and substance abuse (painkillers especially) by teens; generational substance abuse—accepted and normalized in many families; selling of pain medications for extra money; limited access for those with Medicaid or insurance coverage.

As discussed earlier, treatment needs and service gaps are:

- Residential services for men—treatment and halfway house type programs. **(High)**
- Halfway houses or treatment foster care homes for adolescents leaving Bassett House and DYS facilities. **(Medium)**
- Transitional housing with day treatment for women leaving RWRP (step-down services). **(High)**
- Integrated mental health and alcohol and drug addiction services for all dually diagnosed adults and adolescents. **(High)**
- Timely responsive AOD services to drug court populations. **(High)**
- Expanding services to the families of chemically dependent youth. **(High)**
- Treatment for persons with gambling addictions. **(Medium)**
- Continued funding for the alcohol and drug treatment programs that are linked to the alternative school program. **(Medium)**
- Program and treatment funding for Drug Court clients. **(High)**
- Continued dedication of non-Medicaid resources to meet the treatment needs of medically indigent adults, particularly males. **(High)**
- Funding to support treatment intensity of a level that achieves positive outcomes. **(High)**
- Treatment for persons in the regional jail. **(High)**
- 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. **(High)**

Treatment Priorities

This section of the Plan prioritizes the Board's identified treatment needs. These priorities are determined locally keeping in mind the various priority populations identified either by statute or Department initiative. Note there is no rank order to these priority populations:

- Pregnant women
- Women
- Injecting drug users
- Clients at risk of tuberculosis
- Children and adolescents
- Individuals involved in the criminal justice system

- TANF recipients
- Individuals involved in the child welfare system (H.B. 484)

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.

The community would like the Board to address gaps in the system of care. In the past year, the need for a men's' recovery house and services in the regional jail have been the focus. The Board understands the impact of the absence of these service components, and is committed to helping to identify outside resources to pay for these services. The Board initiated a Call for Investments to fund AOD services in the jail, but ultimately decided not to fund the project, because it would require taking funding away from another needed AOD service. The Board has committed to working with community partners to identify and pursue outside funding sources for these vital projects.

As indicated above, all of the treatment needs are pressing. The dilemma we find ourselves in is that the only way to fund new priorities is to take the funding from existing services. While this may meet one need, it will only create another unmet need.

Treatment Investor Targets

TREATMENT TARGETS		
Federal Performance Partnership Grant Treatment Domains	ODADAS Treatment Investor Target	Board Treatment Investor Targets That Contribute to ODADAS Treatment Investor Targets
Abstinence at discharge	T1. Number of customers who are abstinent at the completion of the program.	Increase in the number of customers who are abstinent at completion of the program.
Employed at discharge	T2. Number of customers who are gainfully employed at the completion of the program.	Increase in the number of customers who are employed at completion of the program.
No criminal justice involvement	T3. Number of customers who incur no new arrests at the completion of the program	Increase in the number of persons who have no new arrests at the completion of the program
Stable living situation	T4. Number of customers who live in safe, stable, permanent housing at the completion of the program.	Increase in the number of customers with stable living situations
	H.B 484	Increase in the number of customers who are in compliance with Child Protective Services at completion of treatment
		Other treatment investor targets mutually agreed upon by ODADAS and the Board

Section IV: PREVENTION SERVICES

Prevention Needs

Prevention Science Overview

In the winter of 2004, Athens and Vinton Counties began implementing Channing Bete Company's *Communities That Care*® system. This system, developed by Dr. David Hawkins and Dr. Richard Catalano at the University of Washington in Seattle, helps community member's work together to promote positive youth development. It is based on their research, which has identified risk factors that predict youth problem behaviors and protective factors that buffer children from risk and help them succeed in life.

At the same time, Hocking County Family and Children First Council began a strategic planning process using the Partnerships for Success model. The AHV 317 Board was not the lead on this project, but participated as an interested member. The narrative below will focus on the work in Athens and Vinton Counties, and include the key findings from Hocking County.

Community Involvement

The 317 Board, after receiving a State Incentive Grant from the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), contracted with Health Recovery Services to initiate the effort and provide a planning coordinator for the effort. In February 2004 a key leader orientation was held to introduce the *Communities That Care*® prevention planning process to community leaders from both Athens and Vinton Counties. Thirty-one community leaders attended and pledged their support to the effort in both counties. Those in attendance included two Athens County Commissioners, the Mayor of Athens, the County Superintendent of Schools, the Executive Director of Athens County Children's Services, and the president of a local school board. Those in attendance from Vinton County included the Executive Director of Vinton County Job and Family Services, two representatives from Vinton County Local Schools, and two representatives from Vinton County Juvenile Court. Family and Children First Coordinators from both counties also participated.

The Community Plan

A key goal of the *Communities That Care*® process is to develop a Community Action Plan that builds on the data based assessment of a community's priorities, strengths and resources. This plan focuses on the priority risk factors and draws on community resources and strengths. It also addresses resource gaps, issues and barriers by recommending new tested, science-based, effective programs or systems-change strategies.

The Athens County *Communities That Care*® plan accomplishes this goal by identifying specific desired outcomes for each selected program; for the priority risk and protective factors on which the plan is focused; and for adolescent problem behaviors. It describes

how each selected program will work to bring about desired changes in Athens County's youth and presents preliminary recommendations for how these new programs will be implemented in the community. Finally, it discusses ways that the *Communities That Care*® effort can be continued.

How the Information was Collected and Drafted

The *Communities That Care*® Youth Survey was administered to students in 6th, 8th, 10th and 12th grades at all five Athens county school districts and Vinton County school district during Winter 2003. Data from the survey was validated using archival information gathered from local and state records. The data was reviewed during a Risk Assessment Training in May 2004.

Identified Needs: Based on the archival data and the youth survey reports, the following risk factors were identified as being elevated for *Athens County*:

- Laws and Norms Favorable to ATOD Use **(High)**
- Parental Attitudes Favorable Toward ATOD Use, Poor Parental Supervision and Discipline, and Family History of ATOD Use and Anti-Social Behavior **(High)**
- Peer Use and Favorable Attitudes Toward ATOD Use and Anti-Social Behavior **(High)**
- Lack of Commitment to School **(Medium)**
- Community Disorganization **(Low)**

Based on the archival data and the youth survey reports, the following risk factors were identified as being elevated for *Vinton County*:

- Laws and Norms Favorable to ATOD Use **(Medium)**
- Parental Attitudes Favorable Toward ATOD Use **(High)**
- Peer Use and Favorable Attitudes Toward ATOD Use **(High)**

Hocking County identified the following risk areas:

- Community norms tolerant of substance abuse
- Inconsistent and/or inappropriate discipline
- Lack of adult monitoring and/or supervision
- Friends engage in problem behaviors

Prevention Priorities

This section of the Plan prioritizes the Board's identified prevention needs. These priorities are determined locally keeping in mind the various priority populations identified either by statute or Department initiative. Note there is no rank order to these priority populations:

- Pregnant women
- Women
- Clients at risk of tuberculosis
- Children/adolescents
- Individuals involved in the criminal justice system
- TANF recipients
- Individuals involved in the child welfare system (H.B. 484)

After gathering data about community risk factors identified above, the CTC steering committee discussed which issues would be prioritized for action based upon the results of the survey and group discussion about how to have the most impact. Following the May training, information via surveys and phone calls was gathered to identify already existing resources in the county that were in place to address the identified risk factors, as well as any gaps that existed in programming within the county. In August of 2004, the community leaders gathered again to address resource assessment and to focus on drafting community level outcomes. These outcomes included behavior, risk, and protective factor outcomes. From these outcomes, a smaller group of community leaders gathered to evaluate several best practice programs, and two programs were selected as matching both Athens County's needs and ODADAS' expectations. Work began to focus solely on implementation issues and logistics, as well as program and participant outcomes of the selected programs, All Stars and Creating Lasting Family Connections.

Hocking County PfS prioritized two areas to target: "Youth substance" abuse and "Behaviors associated with mental illness". In response to these target areas, Hocking County has begun to implement the evidence-based program, "Reconnecting Youth", at Logan High School and the Alternative School. They are also working on implementing an evidence-based after school program.

Ohio Resource Network (ORN) also continues as a Board priority: Ohio's Resource Network for Safe and Drug Free Schools & Communities is funded by the State of Ohio, Ohio Department of Alcohol and Drug Addiction Services and the Ohio Department of Education, in part through Federal Safe and Drug Free Schools and Communities Act. ORN's mission is to serve as the state center for information, training, and technical assistance about the best practices for creating safe and drug-free schools and communities. ORN provides the following services free to all Ohio residents: training; phone and on-site program assistance; online web resources; materials distribution and consultant network. ORN is a network of resource centers located in Athens, Cincinnati, Cleveland, Toledo, Youngstown, Bellaire and Lima. The administrative headquarters is located at the University of Cincinnati.

Similar to the treatment section, all prevention needs are important. We are pleased to move forward on the above evidence based prevention programs, but clearly much more could be done in prevention. The dilemma we find ourselves in is that the only way to fund new priorities is to take the funding from existing services. While this may meet one need, it will only create another unmet need.

Prevention Investor Targets

PREVENTION TARGETS		
Federal Performance Partnership Grant Prevention Domains	ODADAS Prevention Targets	Board Prevention Investor Targets That Contribute to ODADAS Prevention Investor Targets
Youth who have not used ATOD in the past 12 months Youth who obtain resistance/refusal skills	P1. Programs that increase the number of customers who avoid ATOD use and perceive non-use as the norm.	P1. Programs that increase the number of customers who avoid ATOD use and perceive non-use as the norm.
Youth who understand the risks/harm of use of ATOD Youth who have favorable attitudes towards non-use	P2. Programs that increase the number of customers who perceive ATOD use as harmful.	P2. Programs that increase the number of customers who perceive ATOD use as harmful.
Reduced availability of ATOD	P3. Programs that increase the number of customers who experience positive family management.	P3. Programs that increase the number of customers who experience positive family management.
	P4. Programs that increase the number of customers who demonstrate school bonding and educational commitment.	P4. Programs that increase the number of customers who demonstrate school bonding and educational commitment.
	P5. Programs that increase the number initiatives that demonstrate an impact on community laws and norms	P5. Programs that increase the number initiatives that demonstrate an impact on community laws and norms
	P6. Programs that reduce the number of customers who misuse prescription and/or over-the-counter medications.	P6. Programs that reduce the number of customers who misuse prescription and/or over-the-counter medications.
		Other prevention investor targets mutually agreed upon by ODADAS and the Board

Section V: COLLABORATION

In addition to the Standing Committee Meetings, Rensselaerville facilitated Board Retreat and Communities that Care prevention planning efforts described earlier, the Board has positive, on ongoing communication and partnership with key constituents in three counties. 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. Because of this collaboration, Board funding for these special needs children increased substantially from FY 2001 to FY 2002; the Board maintains this commitment.

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 that 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.

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 efforts to gain additional residential housing for adult males.

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.

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.

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 has received funding to establish a shared medical information system to benefit primary and behavioral healthcare providers, biomedical researchers and medical educators.

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 meets to ensure integrated services. 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.

Section VI: EVALUATION

The Board is moving forward in a planned, multi-year (developmental) process to increase its ability to identify, monitor and evaluate investor targets for its entire system of care. In FY 2004, as a first step in shifting focus towards outcomes, the Board introduced outcomes language in its contract, but did not provide any structure to contract agencies. The Board is now moving forward in a more systematic way and has contracted with TRI to help facilitate capacity development of the Board and agencies towards this end. Mindful that a switch to outcomes is a large system change, the Board has chartered a slow and steady implementation plan.

In FY 05, the Board is laying the groundwork. This year's activities include:

- Increased understanding of the 317 Board of Directors and staff on what it means to be an Investor. Libby Villavicencio presented the outcomes framework to the 317 Board of Directors at the September 2004 meeting; Libby has been working with Board staff throughout the year on planning implementation of the outcomes system.
- Increased understanding of the agency's Board of Directors and staff on how to develop an outcomes system for their programs. Libby Villavicencio and Board staff presented the outcomes framework to the Board of Directors of our three largest agencies. Board staff will take this show on the road and present it to all contract agencies by the end of 2005.
- Contract agencies will develop a PTO for one of their programs. Libby Villavicencio trained contract agencies on the outcomes framework in February 2005 and provided individual feedback on a draft PTO to each provider in March.
- The 317 Board will develop a Strategic Map for how it will implement the outcomes system and identify system targets. The Board is working on a Strategic Map that reflects both federal/state priorities and local Board/Agency priorities.
- The Board will "prototype" a Call for Investments for AOD services in the regional jail. A CFI was started, but did not result in programming due to lack of funding.

In FY 2006, the Board will require agencies to work through their PTO by conducting internal quarterly "Results and Learning". We plan to hold a semi-annual "Results and Learning" session at a Board meeting to emphasize the importance of the process and to develop a routine for centering Board work around outcomes.

The Board also 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. 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.

WAIVERS

No Waivers are Requested

SIGNATURE PAGE

**COMMUNITY PLAN FOR THE PROVISION OF
ALCOHOL AND OTHER DRUG ADDICTION SERVICES
FY 2006 - 2007**

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) and Alcohol and Drug Addiction Services (ADAS) 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 area. The plan, which constitutes the Board's application for funds, is prepared in accordance with procedures and guidelines established by ODADAS. The Community Plan is for State Fiscal Years (SFY) 2006 - 2007 (July 1, 2005 to June 30, 2007).

The undersigned is a duly authorized representative of the ADAMS/ADAS Board and on behalf of the Board hereby acknowledges that the information contained in this application for funding, the Community Plan for SFY 2006 - 2007, is complete and accurate.

ADAMHS or ADAS Board Name (Please print or type)

ADAMHS or ADAS Board Executive Director Date

Authorized ADAMHS or ADAS Board Member Date

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.

Table 1: Portfolio of Providers

Level of Care	Provider	Program (Provider Specific)	Program Address	MACSIS UPI
PREVENTION				
Information Dissemination	Health Recovery Services	HOOLA, School Presentations	Health Recovery Services, P.O. Box 724, Athens, OH 45701	6755
Education	Health Recovery Services	All Stars, Anti-Bullying Program, Babes Kids, Babes Presentation Explorer, Risk Education Group Skills Training, Prime For Life, School Presentation, T.A.C.T.I.C.; TAP; TEG; Women's Outreach Program, OVPP Youth	Health Recovery Services, P.O. Box 724, Athens, OH 45701	6755
Problem Identification and Referral	Health Recovery Services	Driver Intervention Program, EXPLORE High Risk Education Groups, Women's Outreach, TAP	Health Recovery Services, P.O. Box 724, Athens, OH 45701	6755
Community-Based Process	Health Recovery Services	Natural Helpers, OVPP, STAMP Professional Prevention Training	Health Recovery Services, P.O. Box 724, Athens, OH 45701	6755
Environmental	Health Recovery Services	Red Ribbon Activities, Kick But Prom Promise, Great American Smoke-Out, STAND	Health Recovery Services, P.O. Box 724, Athens, OH 45701	6755
Alternatives	Health Recovery Services	Teen Institute, Regional Teen Institute Camp, Drug Free Dances	Health Recovery Services, P.O. Box 724, Athens, OH 45701	6755
OUTREACH	Health Recovery Services	Women's Outreach	Health Recovery Services, P.O. Box 724, Athens, OH 45701	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	Health Recovery Services, P.O. Box 724, Athens, OH 45701	6755/1018
OUTPATIENT (Level 1)				
Outpatient	Health Recovery Services/Tri-County Mental Health & Counseling	Athens, Hocking Vinton Outpatient	Health Recovery Services, P.O. Box 724, Athens, OH 45701	6755/1018

Intensive Outpatient/Day Treatment	Health Recovery Services	Day Treatment at Athens Alternative School, Bassett House	Health Recovery Services, P.O. Box 724, Athens, OH 45701	6755
COMMUNITY RESIDENTIAL (Level 2)				
Non-Medical	Health Recovery Services	Bassett House, Rural Women's Recovery Program	Health Recovery Services, P.O. Box 724, Athens, OH 45701	6755
Medical	N/A			
SUBACUTE (Level 3)				
Ambulatory Detoxification	N/A			
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
ACUTE HOSPITAL DETOXIFICATION (Level 4)				
Acute Detoxification	Marietta Memorial Hospital Parkside Behavioral Healthcare Shepherd Hill Hospital Genesis Healthcare	Acute Detox Acute Detox Acute Detox Acute Detox	Marietta Memorial Hospital 401 Matthew Street Marietta, Ohio 45750	1534 1165 45347 01 60398 03

