

Community Plan Update for SFY 2015

Alcohol and Drug Addiction Services Board of Lorain County

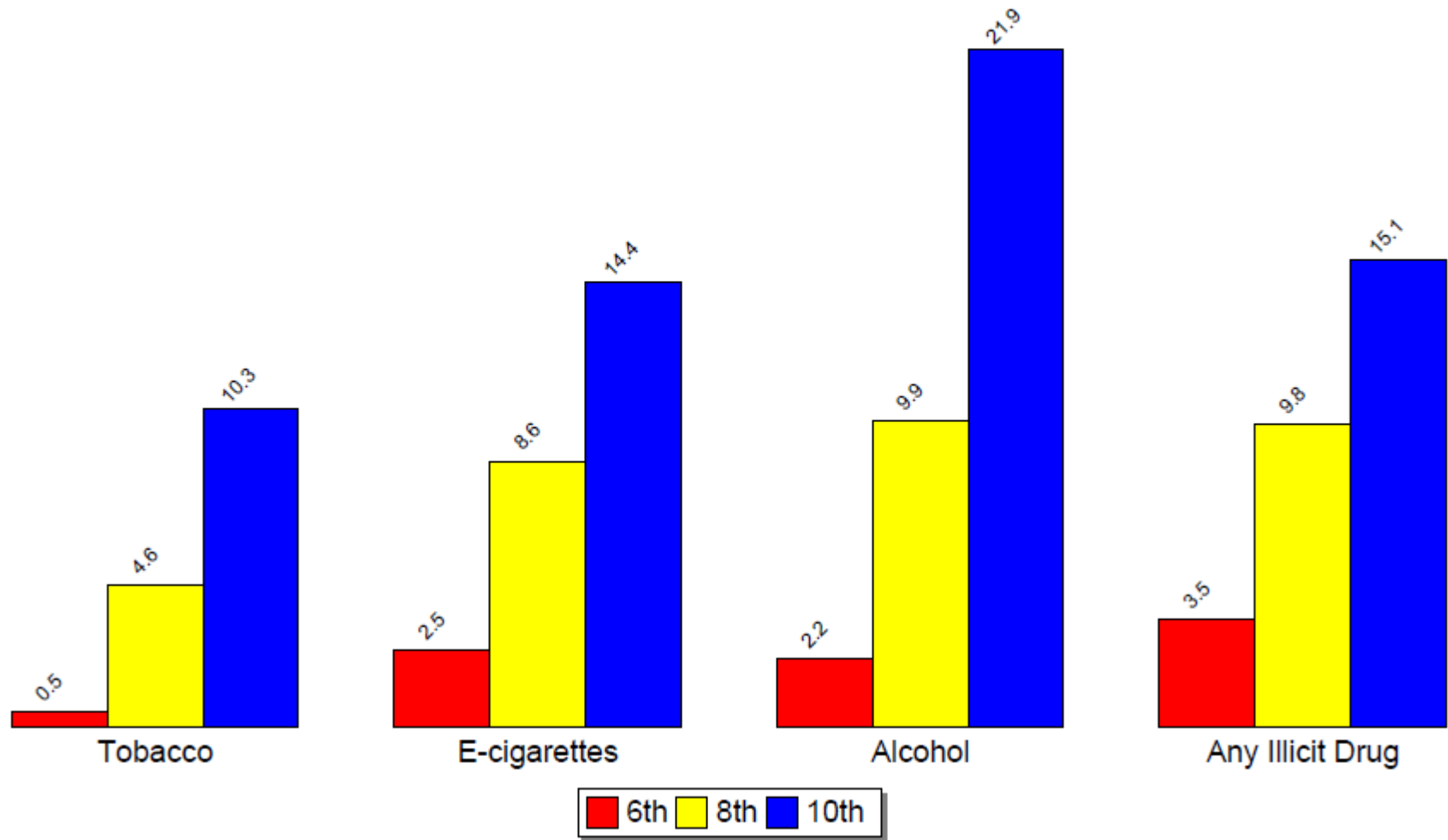
Needs Assessment Update

1. Please update the needs assessment submitted with the SFY 2014 Community Plan, as required by ORC 340.03, with any new information that significantly affects the Board's priorities, goal or strategies. New needs assessment information is of particular interest and importance to the Department regarding: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils (ORC § 340.03(A)(1)(c)); (2) outpatient service needs of persons receiving treatment in state Regional Psychiatric Hospitals (ORC § 340.03(A)(1)(c)); and (3) consequences of opiate use, e.g., overdoses and/or deaths. If the needs assessment section submitted with the SFY 2014 Community Plan is current, please indicate as such.

Board's Needs Assessment Update Response:

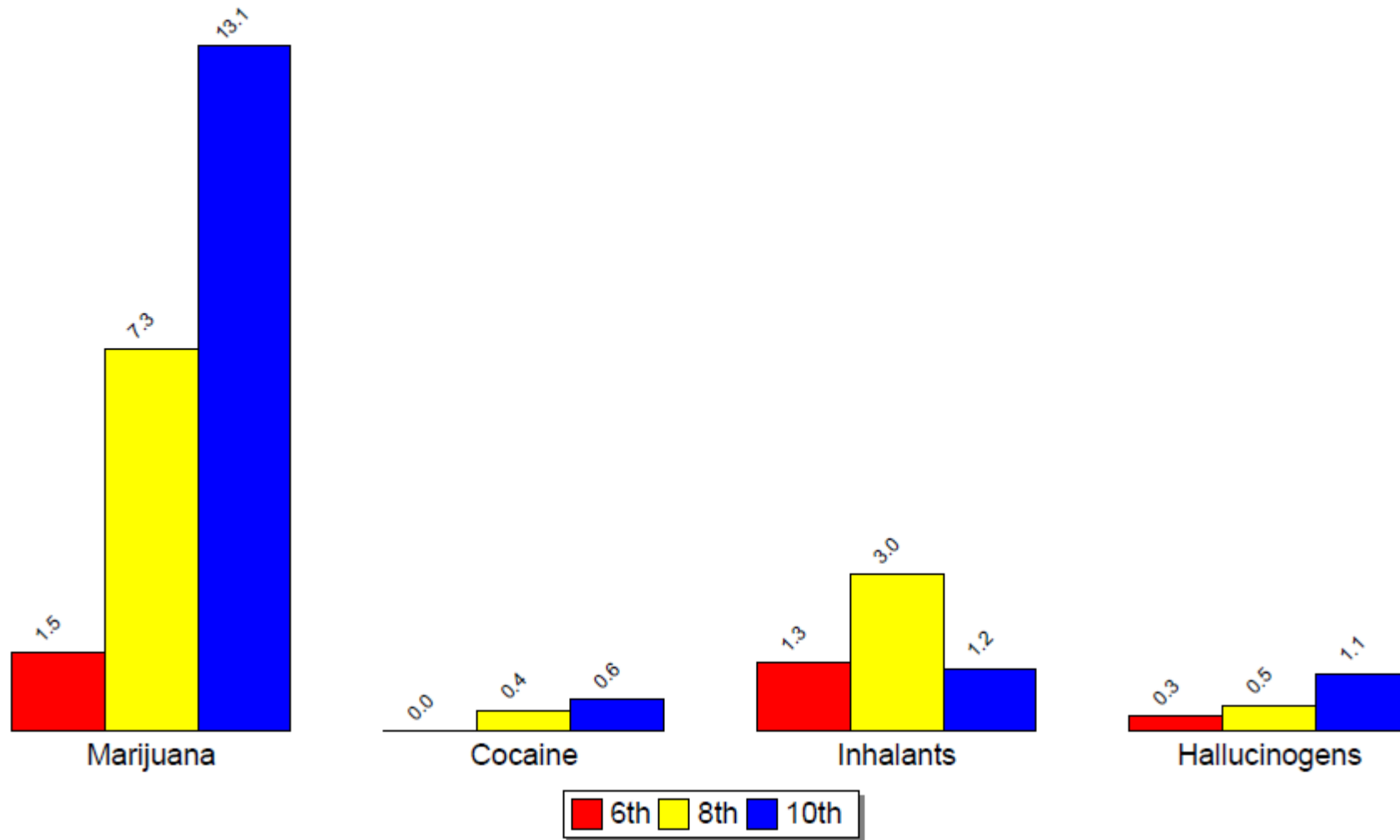
Since the submission of the SFY 2014 Community Plan, there has not been a formal update to Lorain County's needs assessment undertaken. As a federally funded Drug Free Community Coalition, we have recently updated core measures for students related to Past 30-day use, perception of risk or harm, perception of parental disapproval, perception of peer disapproval of use for alcohol, tobacco, marijuana and prescription drugs for students in grades 6, 8 and 10. This survey was provided to students in our school districts in October, 2014. Findings from the student survey indicate:

Past 30 Day Use of Tobacco, E-Cigarettes, Alcohol and Any Illicit Drug



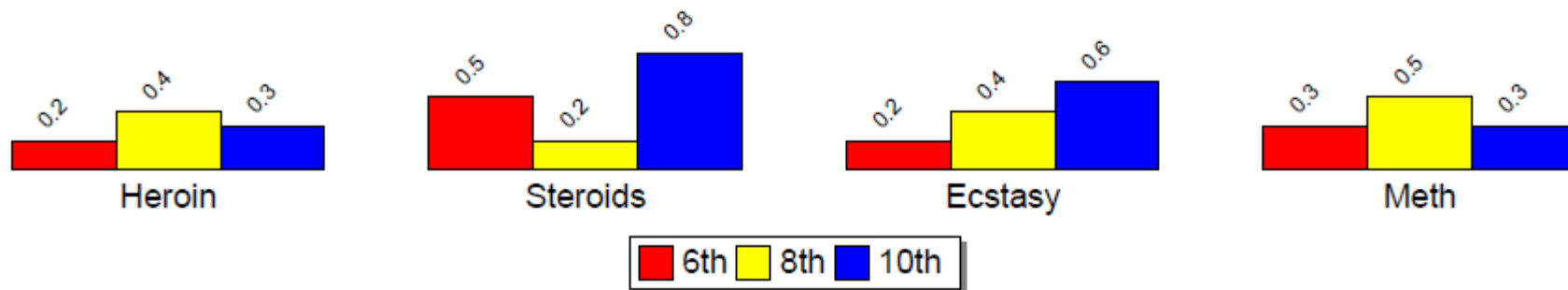
Source: Pride Surveys

Past 30 Day Use of Marijuana, Cocaine, Inhalants and Hallucinogens



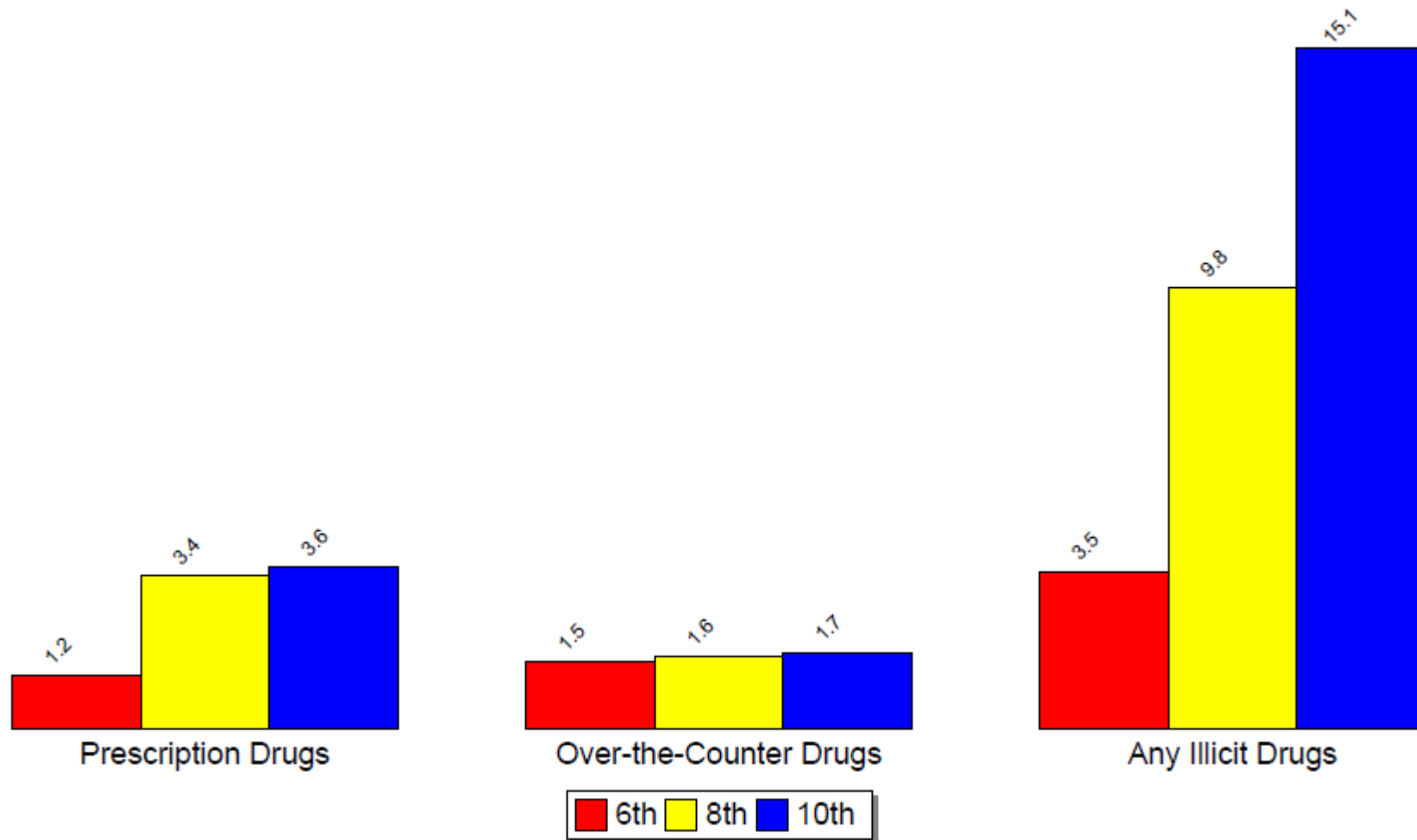
Source: Pride Surveys

Past 30 Day Use of Heroin, Steroids, Ecstasy, and Meth



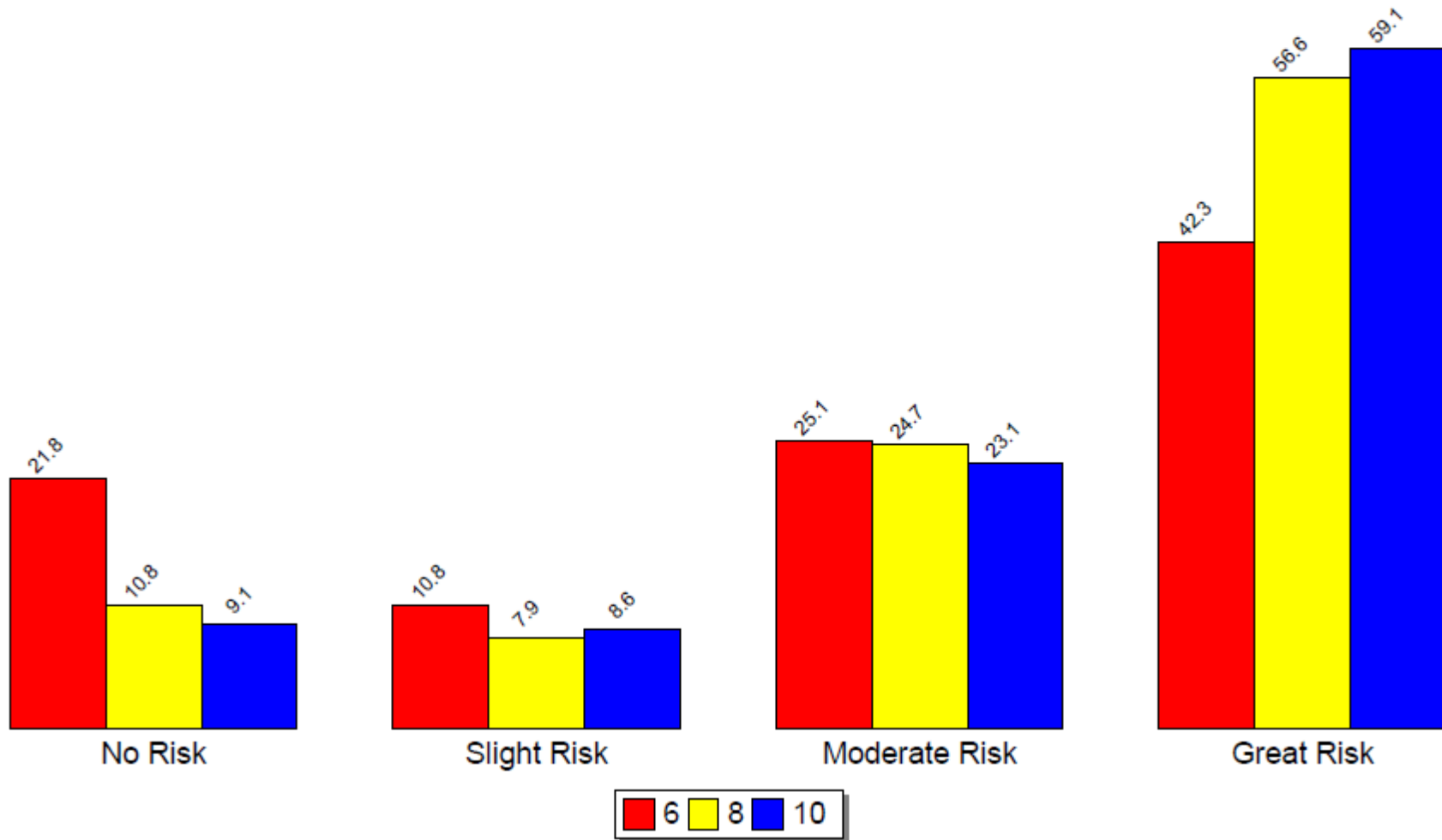
Source: Pride Surveys

Past 30 Day Use of Prescription Drugs, OTC Drugs and Any Illicit Drugs



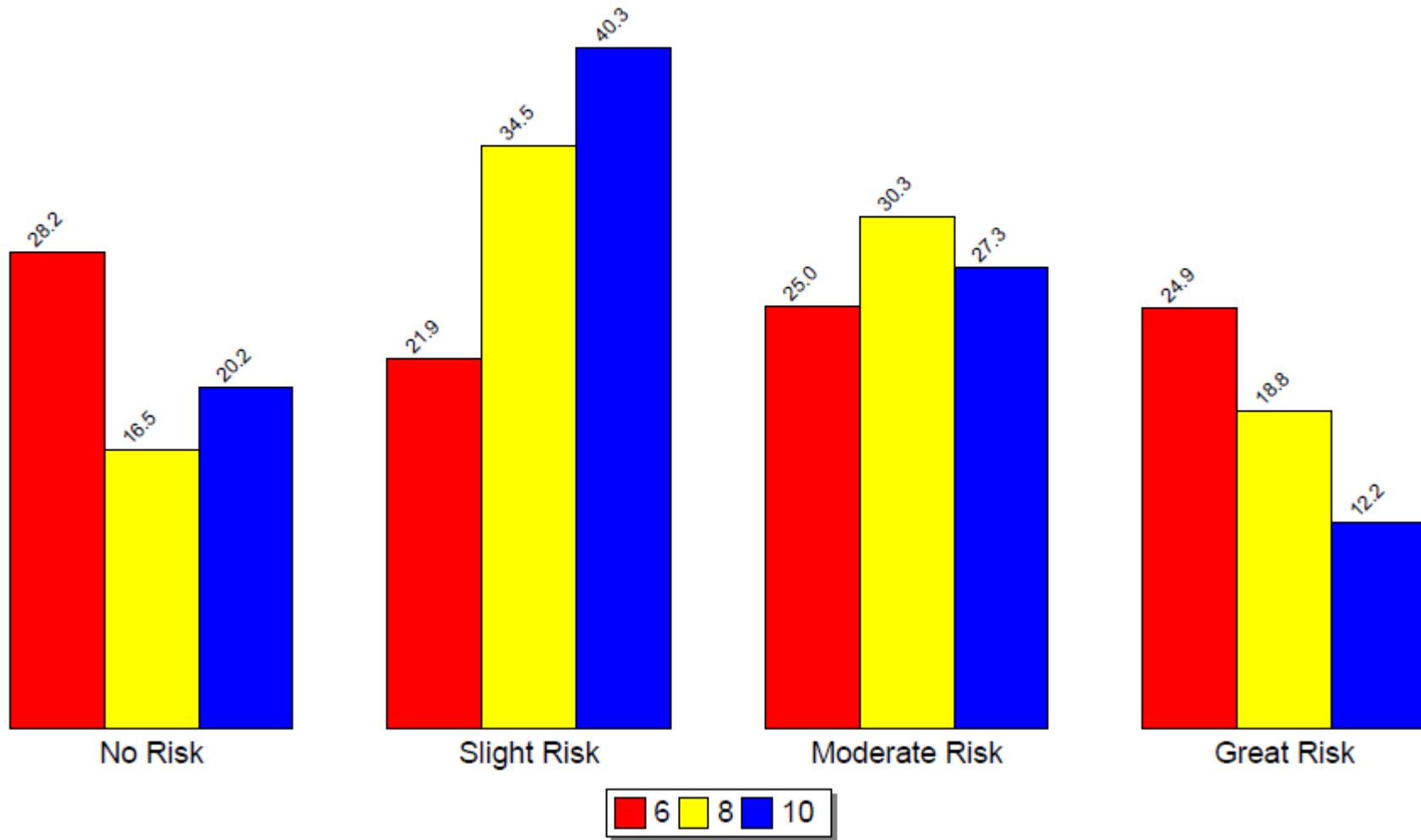
Source: Pride Surveys

Perception of Risk -- One or More Packs of Cigarettes/Day



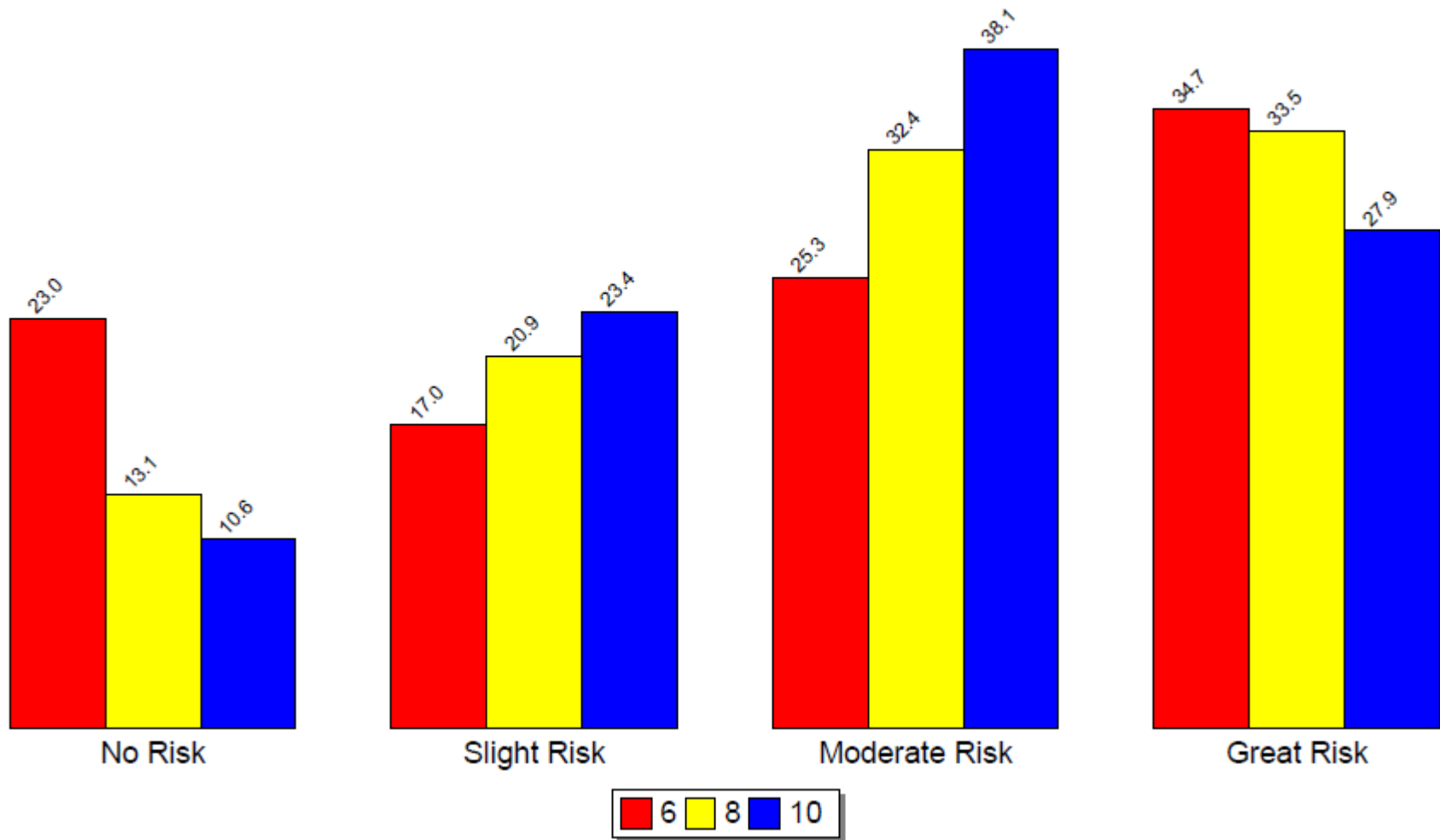
Source: Pride Surveys

Perception of Risk -- Smoke e-cigarettes, e-cigars, e-hookahs



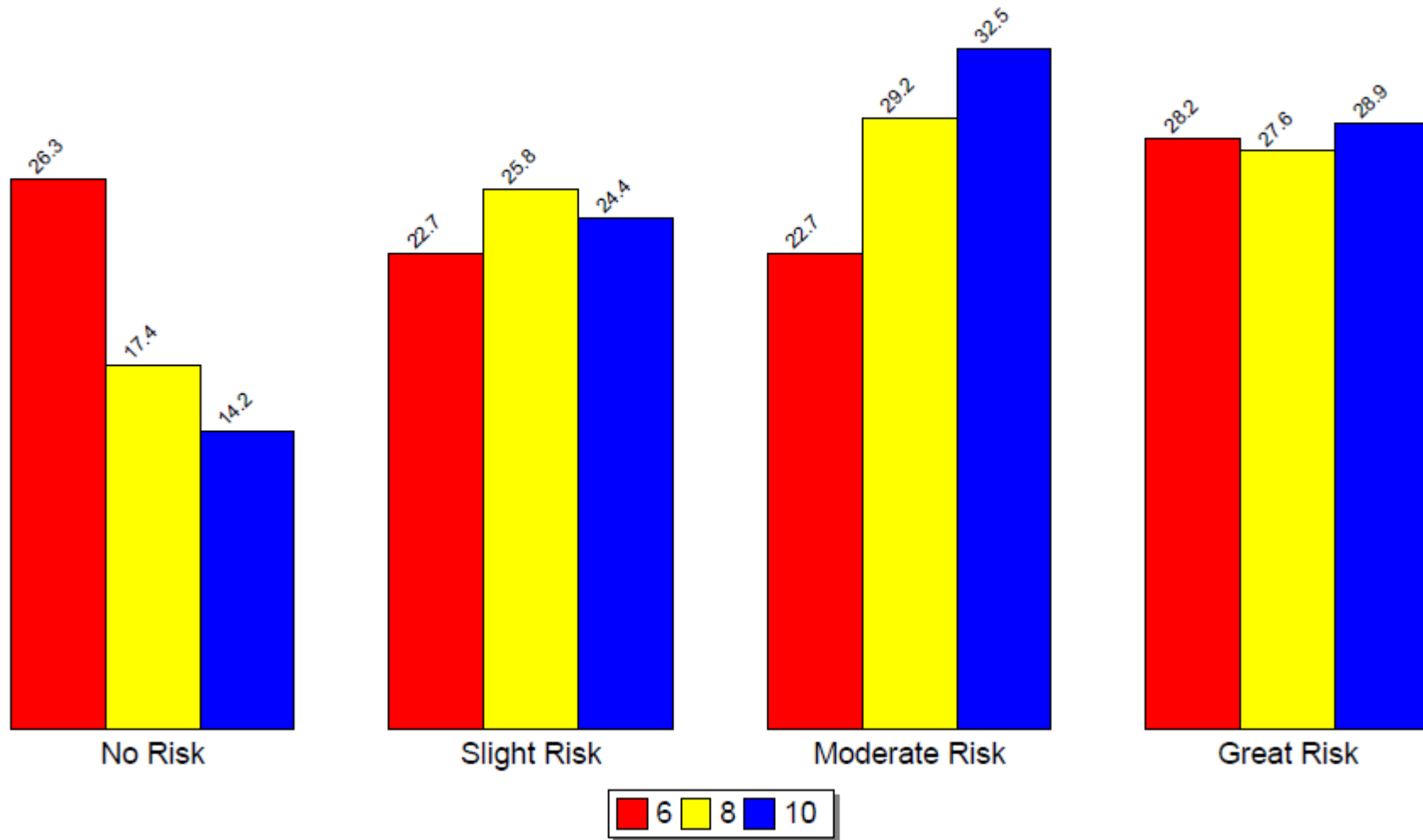
Source: Pride Surveys

Perception of Risk -- Five or More Drinks of Alcohol 1-2/Week



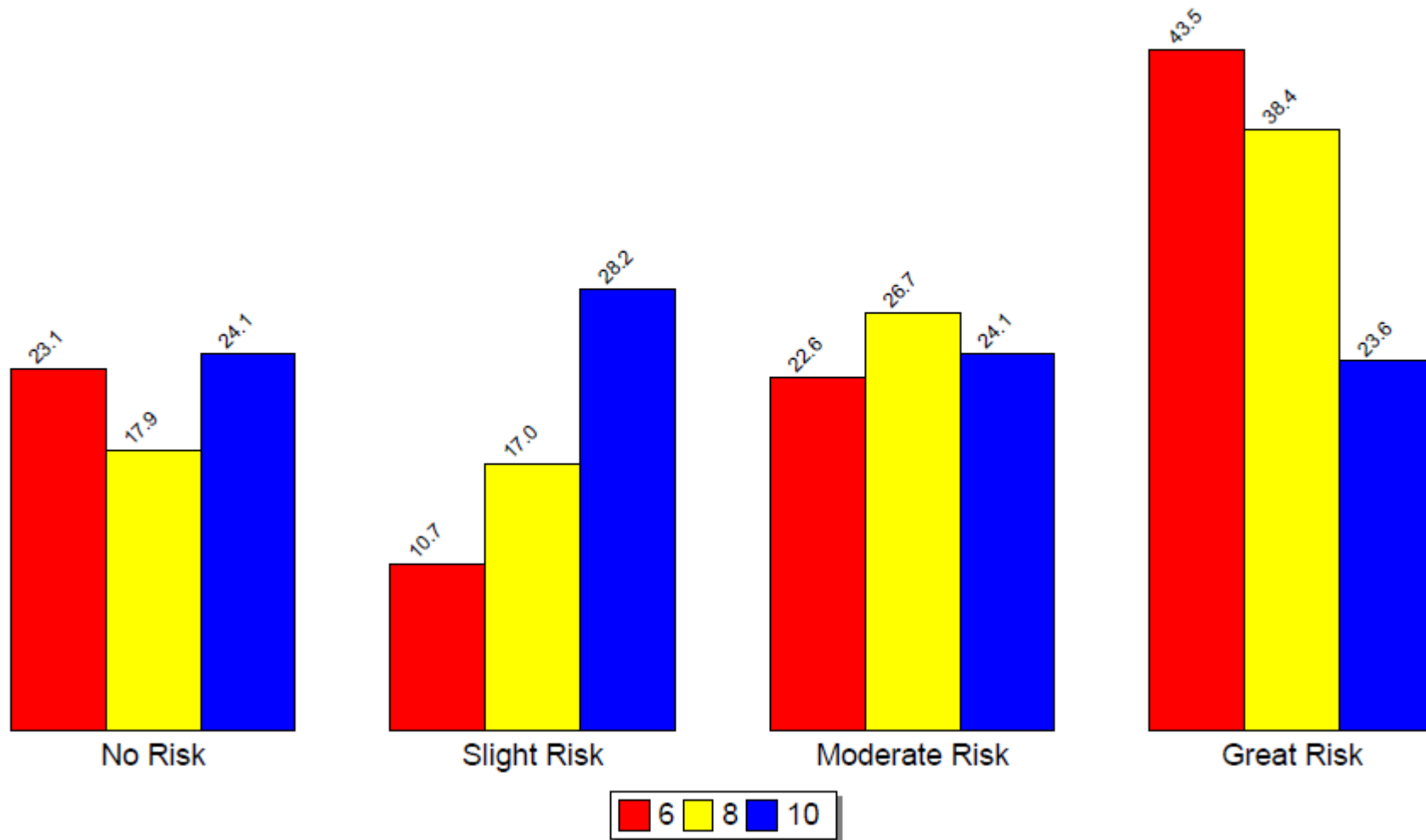
Source: Pride Surveys

Perception of Risk -- 1-2 Drinks of Alcohol Nearly Every Day



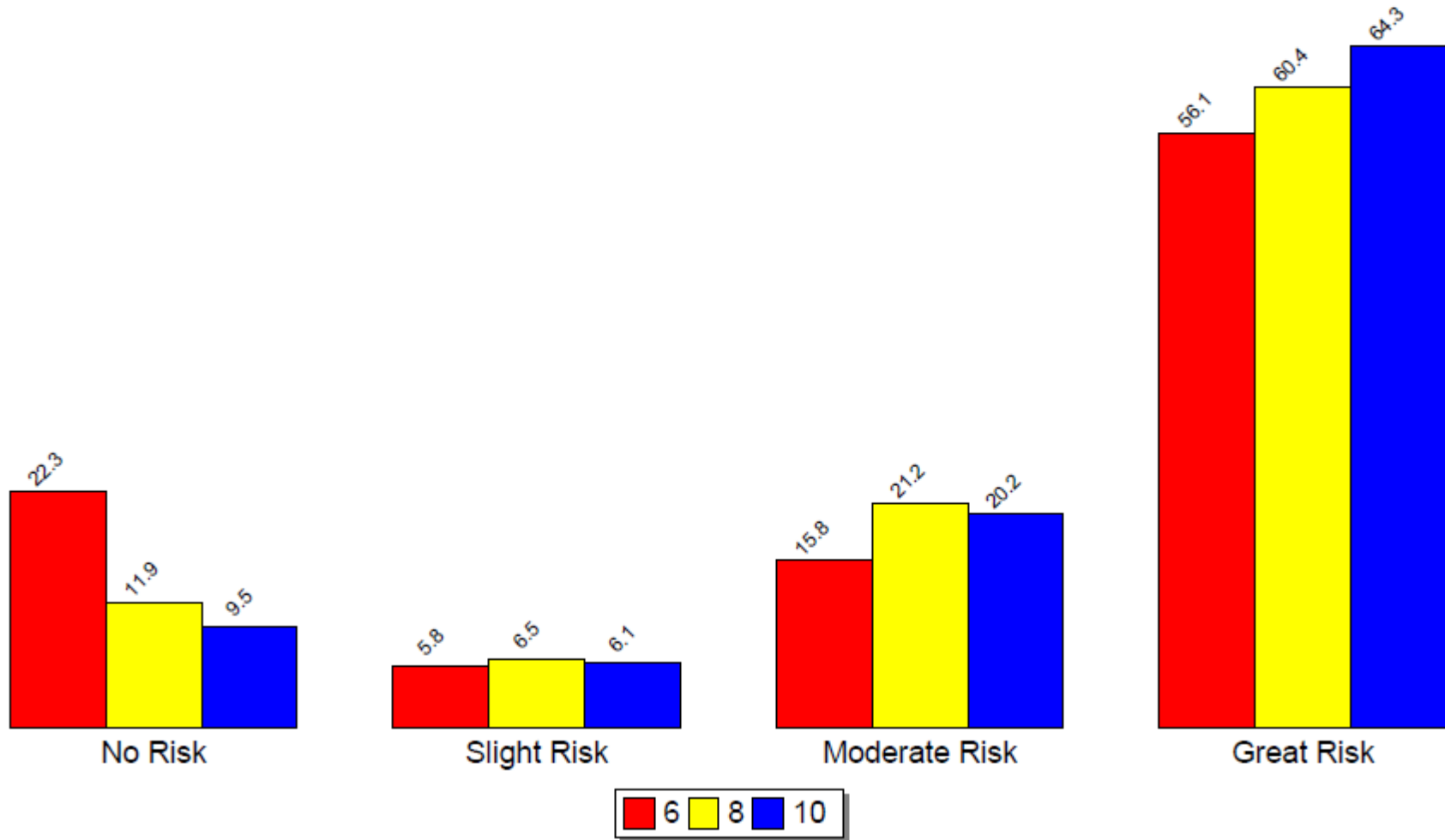
Source: Pride Surveys

Perception of Risk -- Smoke Marijuana 1-2/Week



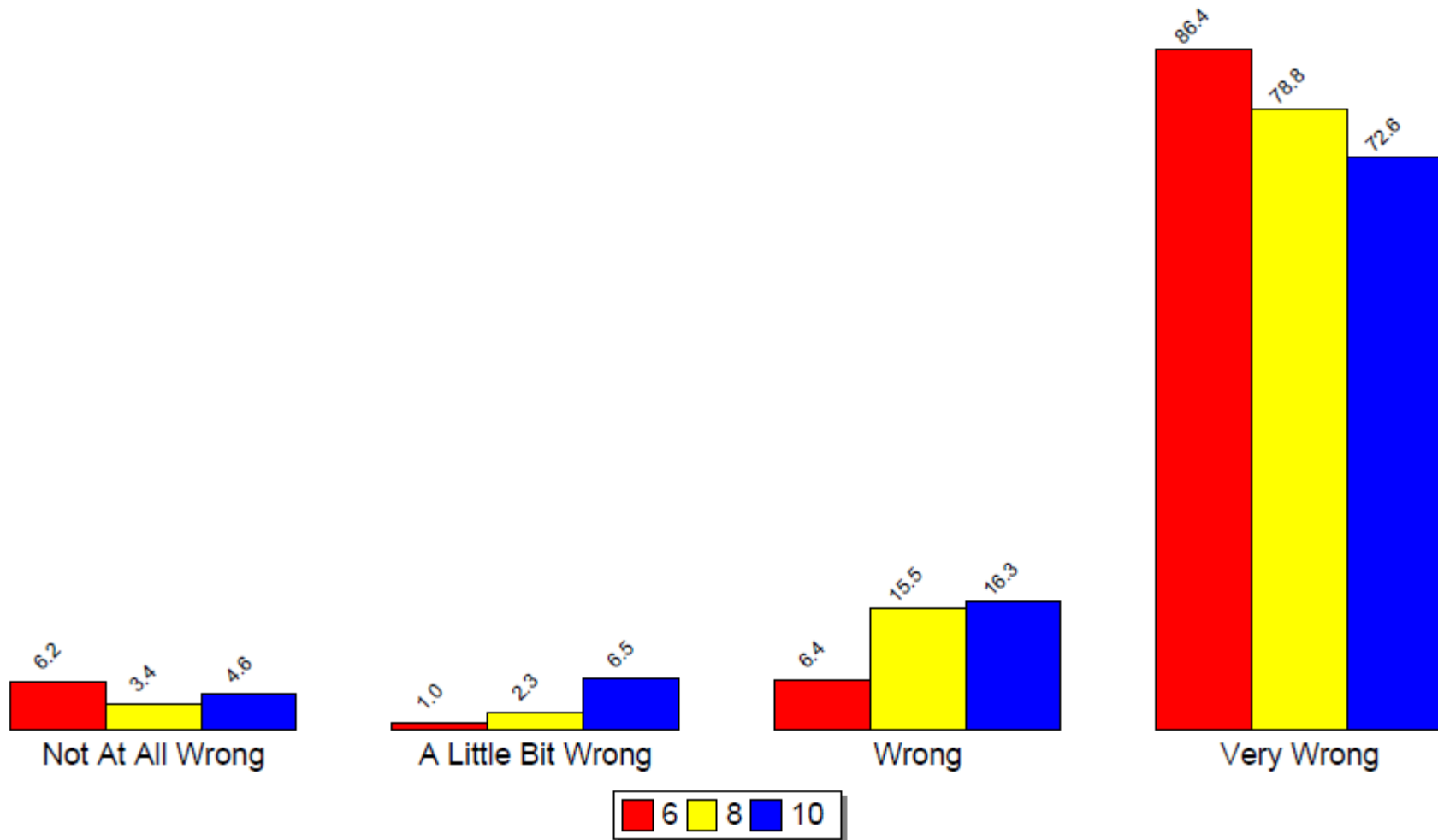
Source: Pride Surveys

Perception of Risk -- Use Prescription Drugs Not Prescribed To You



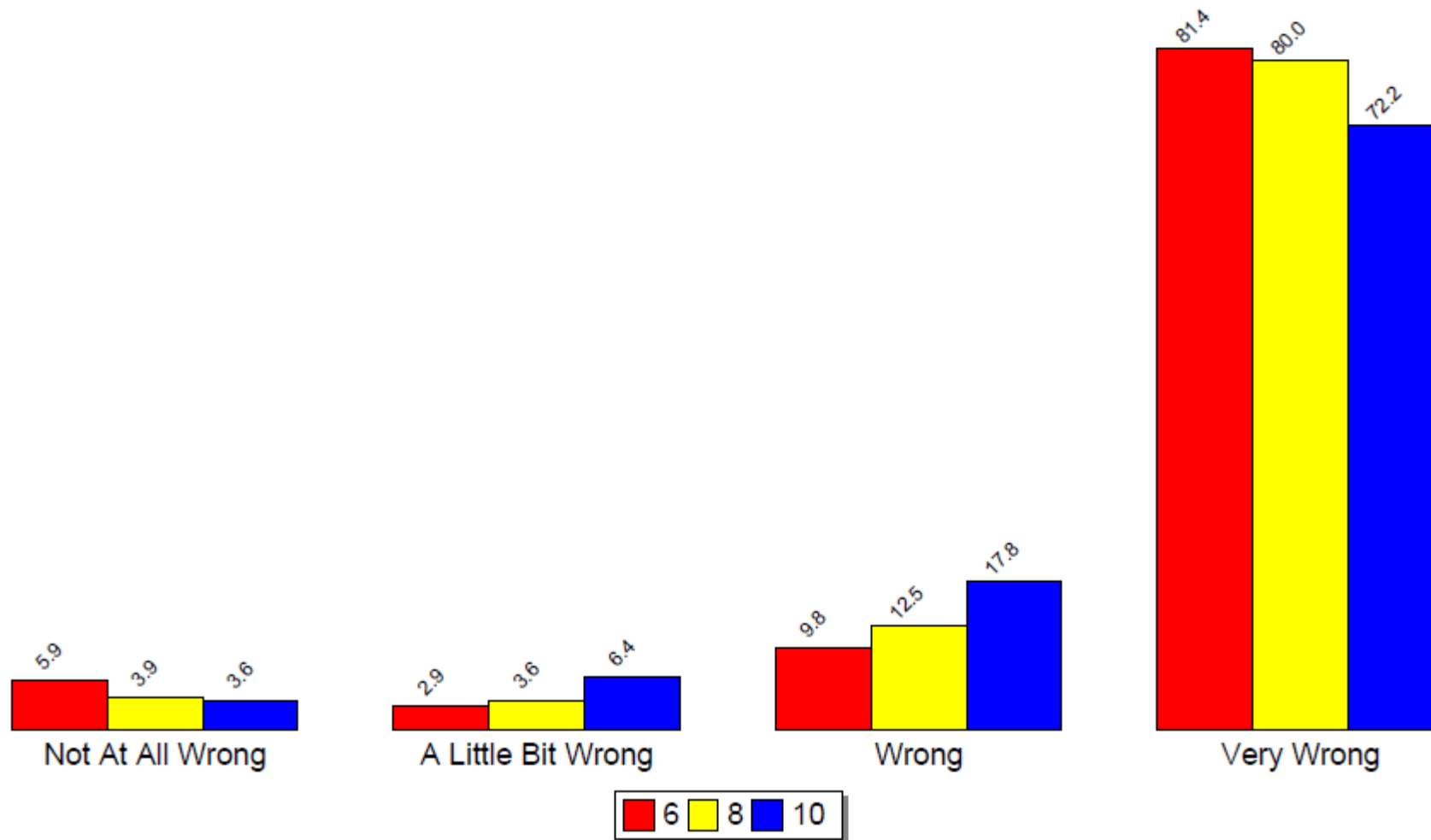
Source: Pride Surveys

Perception of Parental Disapproval -- Use Tobacco



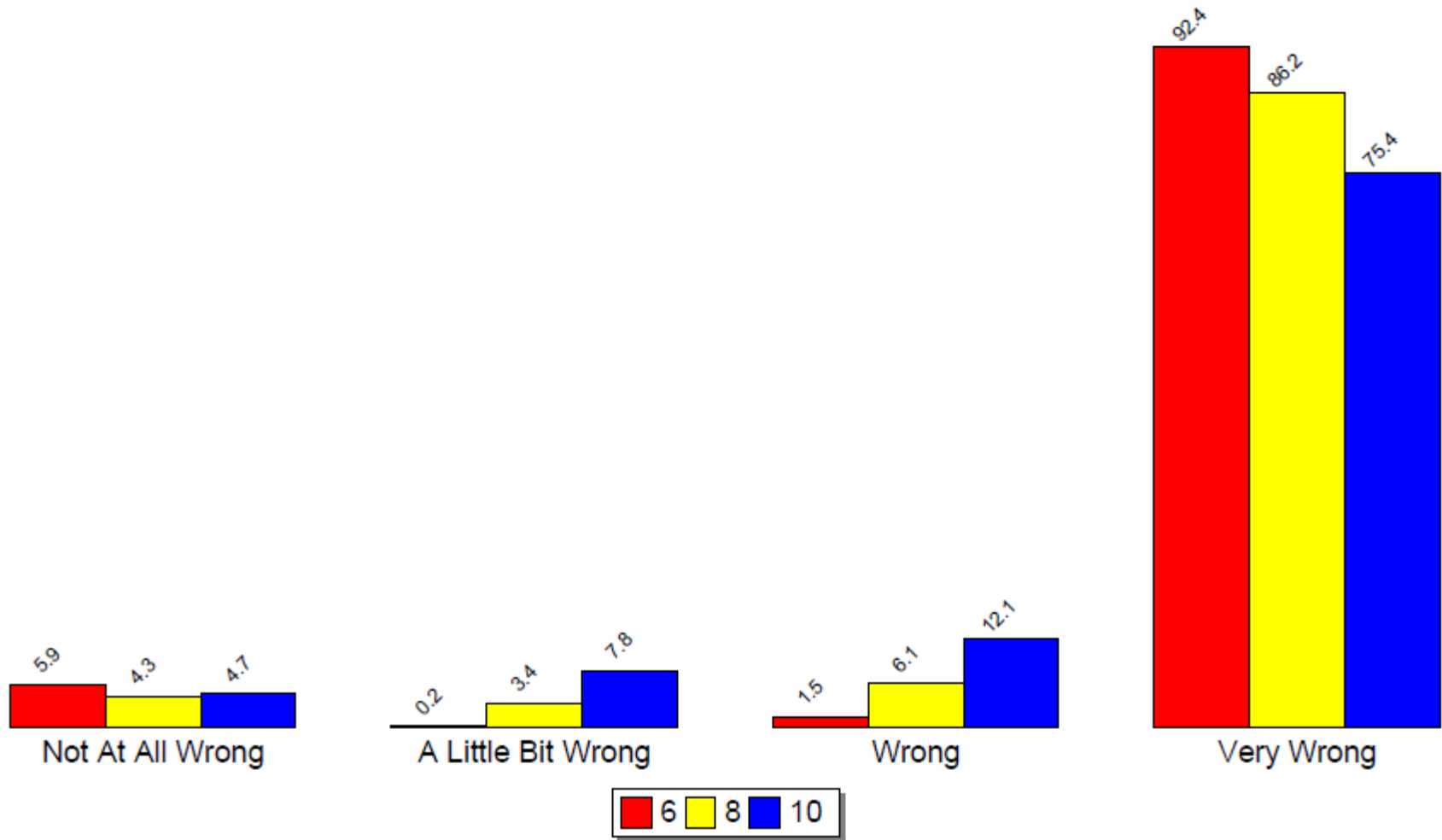
Source: Pride Surveys

Perception of Parental Disapproval -- Use Alcohol



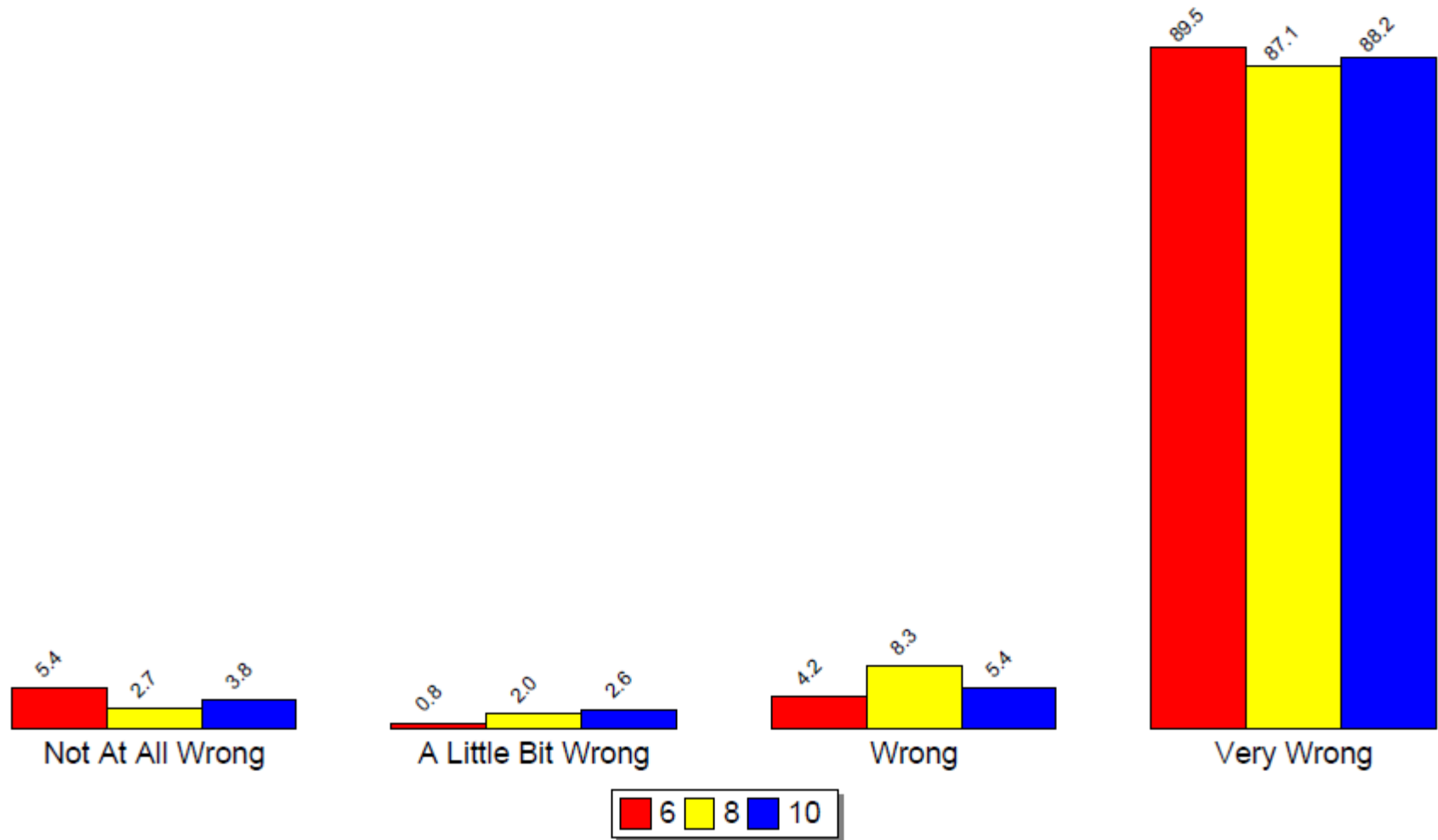
Source: Pride Surveys

Perception of Parental Disapproval -- Use Marijuana



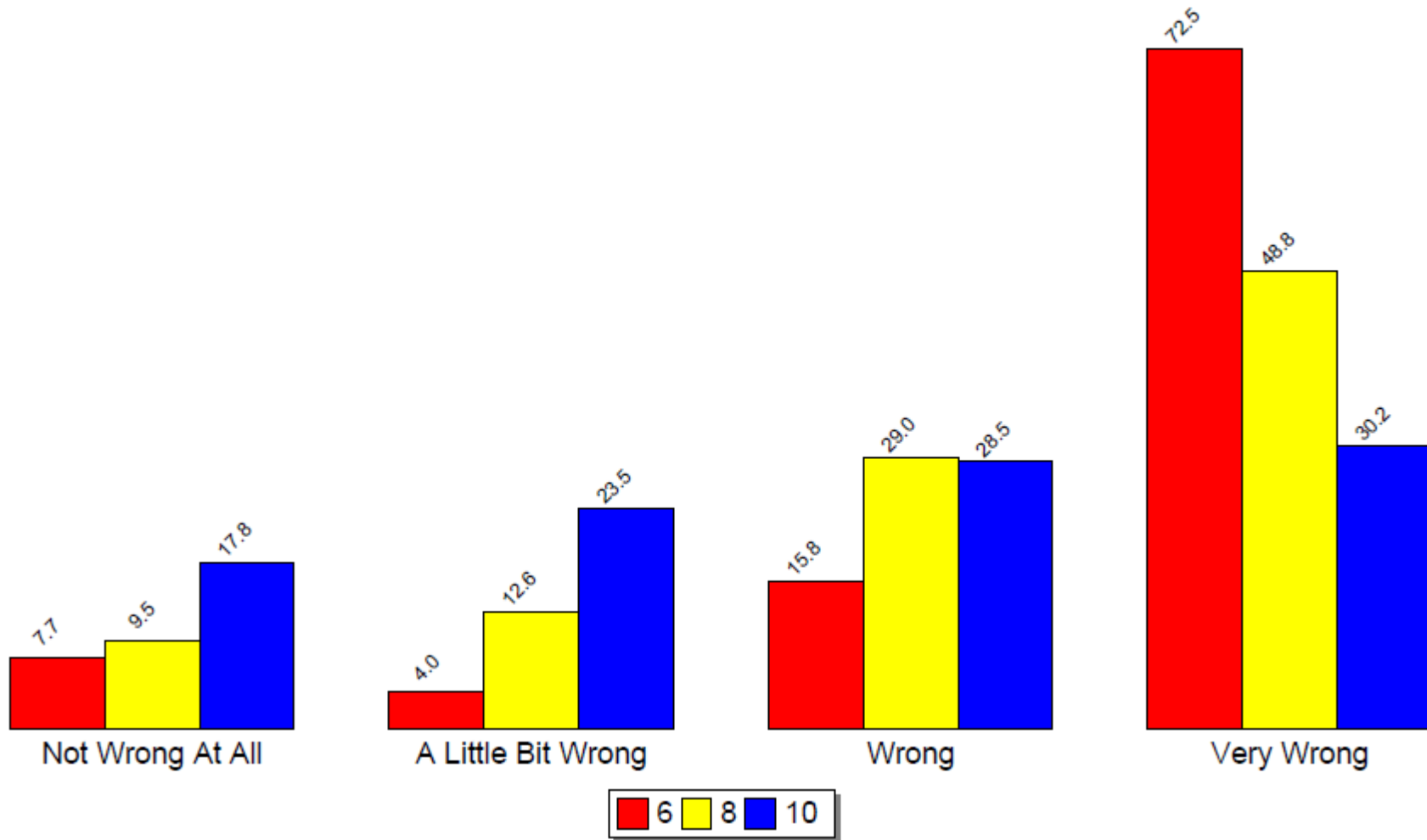
Source: Pride Surveys

Perception of Parental Disapproval -- Use Prescription Drugs



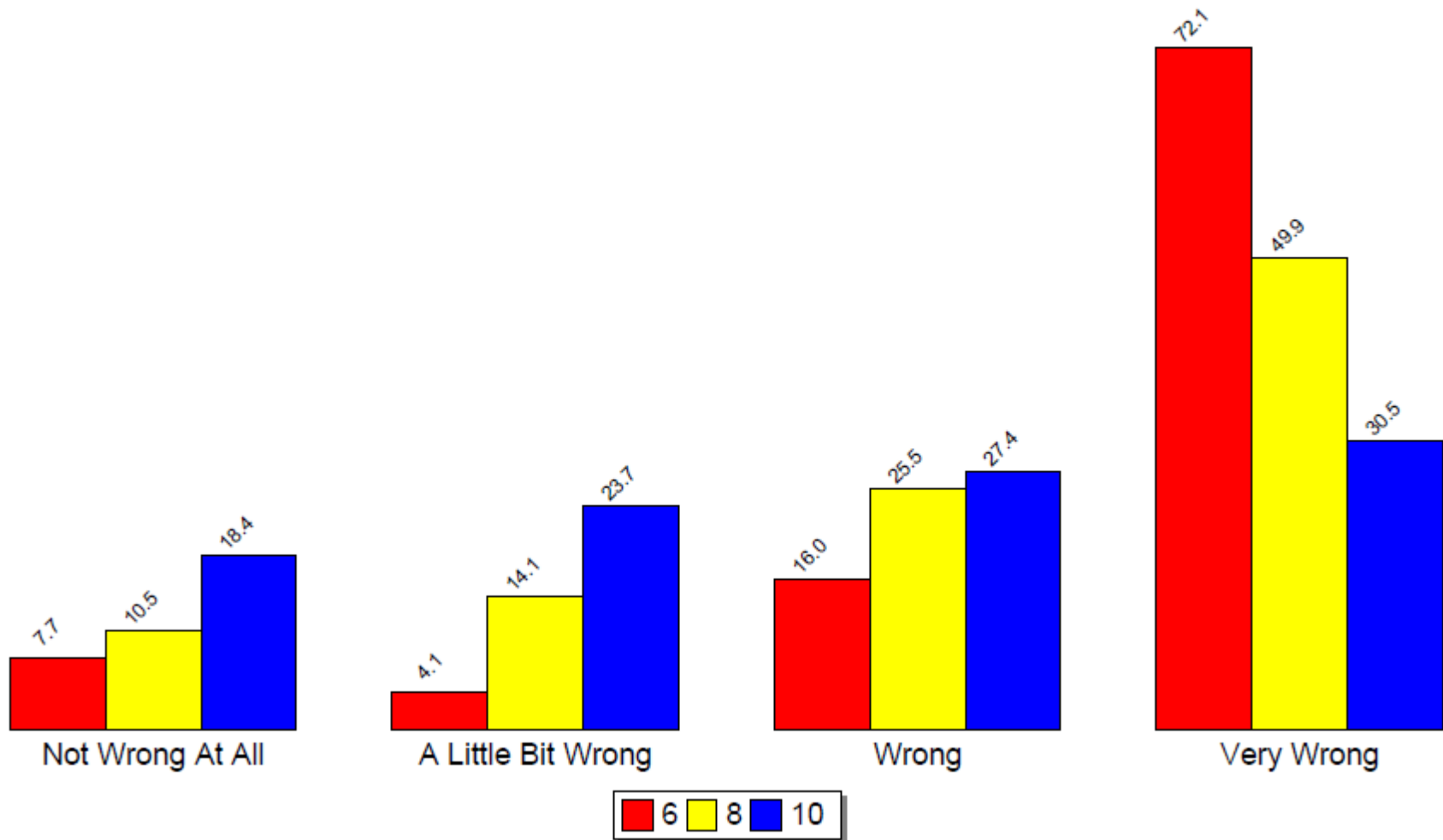
Source: Pride Surveys

Perception of Friends' Disapproval -- Use Tobacco



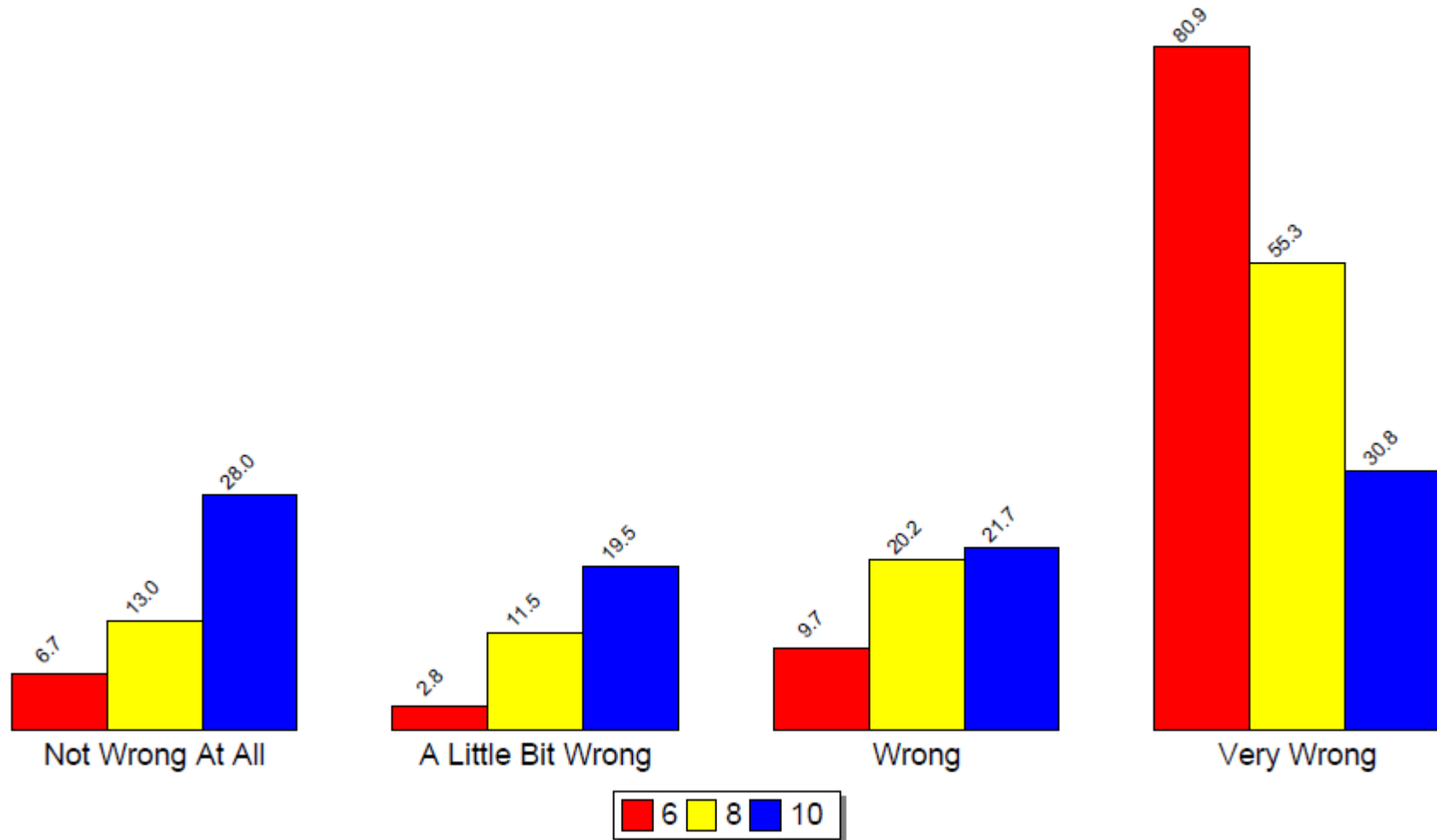
Source: Pride Surveys

Perception of Friends' Disapproval -- Use Alcohol



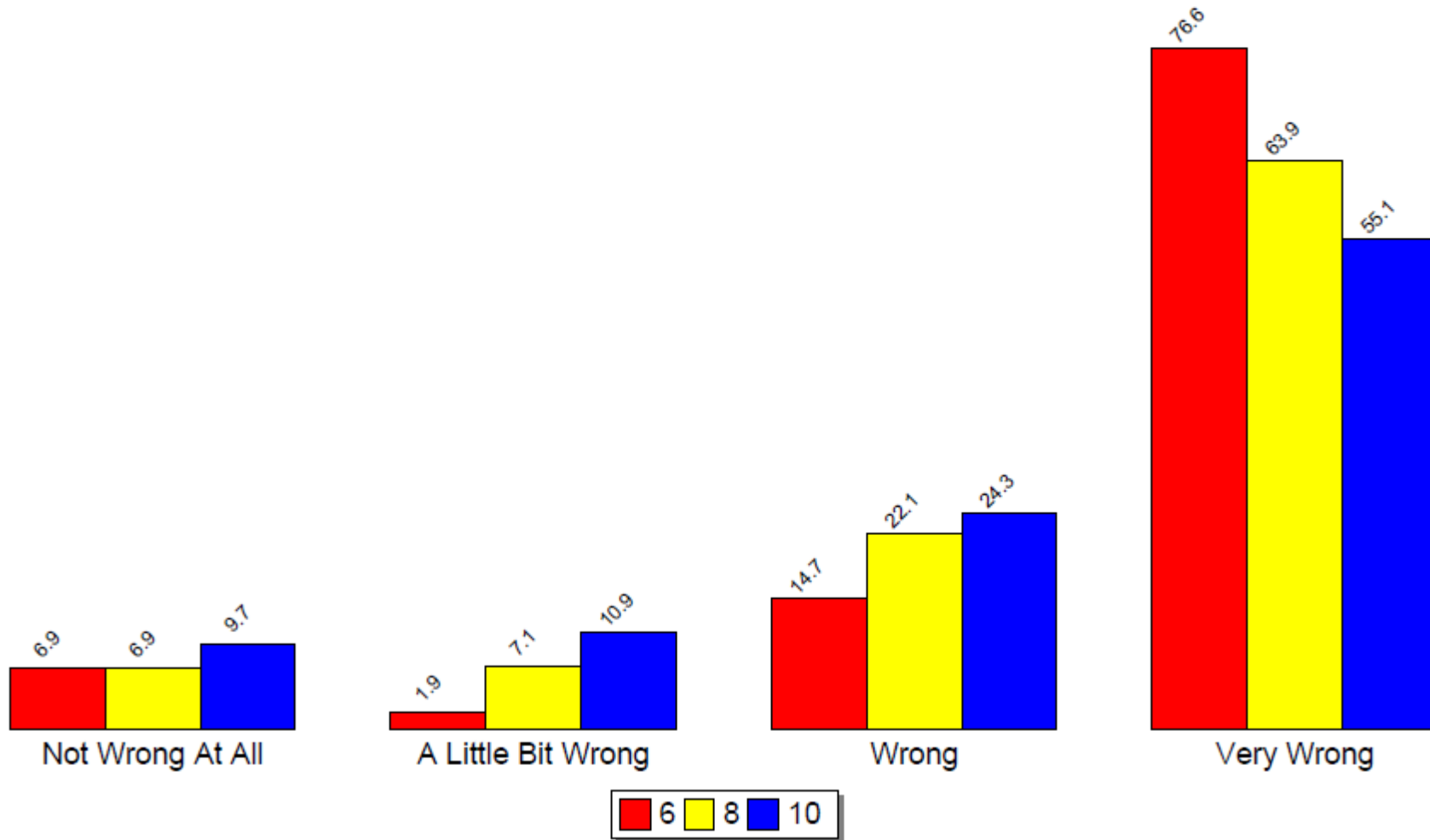
Source: Pride Surveys

Perception of Friends' Disapproval -- Use Marijuana



Source: Pride Surveys

Perception of Friends' Disapproval -- Use Prescription Drugs



Source: Pride Surveys

Findings from the PRIDE survey indicate that the prevention strategies are starting to show decreases in student's drug (and alcohol) use, however there is still an important role in community-based (i.e. environmental) prevention strategies to ensure that parental disapproval, perception of risk and perception of friends' disapproval of drug use in our communities needs to continue.

Factors related to child serving needs resulting from finalized dispute resolution with Family & Children councils and outpatient service needs of persons receiving treatment in state regional Psychiatric Hospitals – are not updated at this time

In the current calendar year, Lorain County's Coroner reports that overdose deaths approximate 60 and still growing (through November 1, 2014). He indicates that this a slight reduction in overdose deaths from the prior year (in 2013, there were 67 confirmed overdose deaths in Lorain County) This year's data for overdose deaths represents at least 50%+ are related to heroin, vs this number (of heroin-related overdoses) in 2013 was below 10%. Lorain County is completing its year as a pilot county, pursuant to SB 57 – which provided the ability of first responders – including police personnel to obtain and administer naloxone to revive a person suffering from an apparent opioid-related overdose. Since the pilot's inception (October, 2014), there have been 69 total administrations of nasal naloxone – resulting in 63 TOTAL KNOWN REVERSALS (i.e. Lives Saved!!). Had our county not been a pilot county (SB 57) the 2014 overdose data would have exceeded 110 for the current calendar year. Using a data from the National RX Drug Summit (Spring, 2015) – For every 1 prescription opioid overdose death in 2010, there were: 15 abuse treatment admissions, 26 emergency department visits, 115 who abuse/are dependent, 733 non-medical users approximating \$4,350,000 in healthcare related costs. Using this data and relating it to our 2013 overdose deaths of 67 we have identified: at least: 1,005 residents (of Lorain County) are abuse treatment admissions, 1,742 emergency department visits, 7,705 who abuse or are dependent, 49,111 non medical uses of prescription opioids. Our work in prevention, treatment, recovery and wellness for our residents is critical to build a healthier, drug free Lorain County.

During this same time, the state budget, pursuant to HB 483 further reduced direct funding to the ADAS Board of Lorain County - by re-directing line 507 into state-guided initiatives. This limited the ADAS board's ability to rebuild capacity for treatment and prevention services beyond opioid addicted clients. While necessary attention to this target population is in need, there have been instances that our waiting lists for clients with non-opioid-related service needs have begun to grow. Additionally the Ohio Mental Health and Addiction Services began implementing the cash-flow alignment to the Substance Abuse Prevention and Treatment (SAPT) Block Grant effective July 1, 2014. This resulted in a 33% loss, valued at -\$345,819 in other funds to the ADAS board for treatment and prevention service investments along with a -\$92,612 loss in Adolescent Capacity Treatment funds, -\$42,174 loss in Women's Treatment funds, -\$8,494 loss in specific prevention/outreach funding for Youth Mentoring, Circle for Recovery and Youth led funding . During this same timeframe, Medicaid Expansion had started, but event as of the writing of this update, the state's predicted numbers for Medicaid expansion (and Lorain County's – for Alcohol and Other Drug Addiction) are below estimates for both eligibility and value of services. In fact, comparing SFY 2014 – 2015 state allocations to the ADAS Board of Lorain County, there has been a net loss of -\$377,121 or -14% which has not allowed us to re-invest any cost savings into additional non-Medicaid related services – as predicted from the Medicaid Expansion estimates.. The total allocations to the ADAS Board of Lorain county from the State of Ohio in SFY 2015 is -48% from the allocations received in 2004 (2015 = \$2,247,867, 2004 = \$2,979,0285 – not including Medicaid as Medicaid has been re-directed to providers).

Current Status of SFY 2014 Community Plan Priorities

PRIORITIES, GOALS AND STRATEGIES ARE CUT AND PASTED FROM THE SFY 2014 COMMUNITY PLAN					
Priority	Goal	Strategy	Progress	Barriers/Need for TA?	Priority Continued, Modified, or Discontinued in SFY 2015?
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Ensure that Persons who are intravenous/injecting drug users (IVU) receive treatment within federal mandated timeframes.	Assessment, Referral and Treatment services available for IVDU; contract language to ensure providers compliance.	Continue to receive quarterly CQI reports, waiting list snapshot and semi-annual lessons learned reports and process assists in identifying any necessary remedies	No barriers or need for TA needed	Continued
SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Ensure that women who are pregnant and have a substance use disorder receive treatment within federally mandated timeframes.	Assessment, Referral and Treatment services available for pregnant women with substance use disorder; contract language to ensure providers compliance.	Continue to receive quarterly CQI reports, waiting list snapshot and semi-annual lessons learned reports and process assists in identifying any necessary remedies	No barriers or need for TA needed	Continued
SAPT-BG: Mandatory: Parents with substance abuse disorders who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental	Ensure that parents with substance abuse disorders who have dependent children received coordinated services.	Assessment, Referral and Treatment services available for parents with substance use disorders with dependent children; contract language to ensure providers compliance. Family Drug Court	Continue to receive quarterly CQI reports, waiting list snapshot and semi-annual lessons learned reports and process assists in identifying any necessary remedies MOU for Drug Court remains effective	No barriers or need for TA needed	Continued

neglect/abuse due to SUDs)					
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases	Ensure that medical services for individuals with tuberculosis and other communicable diseases receive proper medical care	Assessment, Referral and Treatment services available;	Continue to receive quarterly CQI reports, waiting list snapshot and semi-annual lessons learned reports and process assists in identifying any necessary remedies	No barriers or need for TA needed	Continued
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	ADAS Board and AOD providers will collaborate with county primary healthcare partners to develop integration components	<p>ADAS to assist in development of County Health Improvement Plan (CHIP)</p> <p>Utilize Hot Spot and Community Medication funding allocations to support medical integration</p> <p>Continue tele-medicine opportunities</p> <p>Lorain County remains part of the NiaTx Buprenorphine Study</p>	<p>Meeting have been convened with BH units in local hospitals; and with local FQHC and Mental Health Board to determine potential; We have not received results from the NIATx Sbudey, Telemedicine for MAT continues; local project began with ADAS and MH board along with local health departments (Elyria, County) to share screening and referral protocols for pregnant women and adolescents at physician offices (for depression, alcohol and other drug)</p>	<p>State reimbursement for primary care physicians continues to be the basis of interest from the medical community. We have requested training and TA from the OMHAS SBIRT director – on target for Spring, 2015</p> <p>CHIP includes goal for access to care – which will include this priority</p>	Continued
MH&SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for	Transition into a Recovery Oriented System of Care	Provide a cadre of Recovery Coaches to substance use disorder clients	24 Recovery coaches in region, meetings are held monthly.	<p>Need for more peer recovery coaches to be recruited and trained</p> <p>ADAS is a member of the OACBHA ROSC</p>	Continued

individuals with mental or substance use disorders				implementation Committee and will receive training and technical assistance on this transformation.	
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	ADAS Board will collaborate and provide treatment services for opioid addicted clients	<p>Project DAWN of Lorain County – ADAS as partner</p> <p>ADAS to continue funding Medication Assisted Therapies (including Suboxone with Counseling)</p> <p>Expand treatment capacity</p> <p>Provide assistance for SOLACE support</p>	<p>Project DAWN has saved 60+ lives as part of the pilot initiative (SB 57), HB 170 has opened access via walk-in clinics for Narcan kits</p> <p>507 collaborative funds have increased treatment capacity for opiate addicted individuals (detox, MAT, residential, outpatient) – adults and adolescents</p> <p>SOLACE continues to meet twice monthly throughout the year</p>	<p>Emphasis on continuing collaborative funding will assist in building necessary treatment capacity</p> <p>ADAS has become the county coordinator for Community Health Improvement Plan goal: reduce overdose deaths by 25%. This includes a strategy to ensure that treatment and relapse prevention services are available for addicts and family members.</p>	Continued
Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure	Implement Strategic Prevention Framework as basis for Prevention Investments	<p>Use current data to build prevention capacity</p> <p>Invest in evidence-based programs, practices and policies</p> <p>Collaborate across systems throughout Lorain county's communities</p>	<p>Countywide data drives action plan and logic models for Drug Free Community coalition.</p> <p>ADAS continues to invest in evidence based prevention programs. Drug Free Community Coalitions use evidence based environmental programs, practices and policies</p>	No barriers or need for TA needed	Continued

			ADAS continues work with systems (Collaboratives are identified below)		
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*	Investment in prevention across lifespan	Invest in evidence-based programs, practices and policies Collaborate across systems throughout Lorain county's communities Reduce stigma for Addiction	Evidence based prevention focuses on children and adolescents	Reduced funding has reduced the availability of prevention programs. Family-based programs – in particular Strengthening Families – show good results but the number of families engaged remain low.	Modified in SFY 2015
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*	Implement Problem Gambling plan inclusive of prevention screening and treatment	Multi-faceted prevention information dissemination and education approaches Ensure that screening is available across organizations Maintain capacity for problem gambling treatment services	Screening occurs only at local substance abuse treatment provider Lifeskills curriculum continues in classrooms	Persons screened to date are the clients who come for substance abuse assessment as a priority. Need to enhance outreach to encourage those with problem gambling risk factors to receive screening. Social media outreach has not proven to add more potential screens TA for how to engage other providers to begin screenings would be of help.	Continued
Invest in quality treatment services	Increase in the number of customers who achieve and maintain abstinence	ADAS Board's investment in treatment service providers	Through the semi-annual lessons learned format providers have reported rates of success for	ADAS has re-written its Treatment Goals and Targets effective SFY 2015 to focus on	Modified

	<p>Increase in the number of customers who incur no new arrests</p> <p>Increase in the number of customers who achieve stability in life factors (regain custody of their children, have no new findings of abuse/neglect, been assertively linked to resources that match their needs, who stabilize their finances, who have stable housing, who have improved their relationships, who deliver drug free babies, who have functional support networks</p> <p>Increase in number of customers who are gainfully employed at termination of services</p> <p>Increase in number of youth who successfully transition back into their community (including improved academic performance, improved family relationships, functional peer supports)</p>	<p>Cross-system collaboration (i.e. re-entry, schools, other services – MH, Children Services, employers, recovery supports</p>	<p>assessment and clients reaching overall targets. Findings for adults and adolescents in the current SFY 14 reporting period identified trends for needing higher levels of care (vs. outpatient) ,less repeated opiate clients and more new users, connecting recovery coaches have shown improvements in retention (ambulatory detox)</p>	<p>increase recovery capital;</p> <p>For the current year, providers did not specifically detail in their semi annual reports the particular data by clients: regarding abstinence, no new arrests, achieving stability in life factors, gainful employment, transition back into the community</p>	
<p>Increase the retention rates of clients</p>	<p>Ensure that providers engage in cross-continuation of services</p>	<p>Regular cross provider communication</p>	<p>Targets for increasing customers who are engaged and retain in</p>	<p>No Barriers identified at this time.</p>	<p>Continued</p>

			<p>treatment continue to monitored</p> <p>Targets to increase the number of customers who leave treatment with an ongoing recovery plan is emphasized.</p>		
Invest in cross-system prevention services to address healthy workforce initiatives	Ensure that collaboration among communities exists to support efforts to reduce substance abuse among youth and over time, adults by addressing the risk factors that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.	<p>Cross-system collaboration efforts</p> <p>Stigma reduction</p>	<p>ADAS is involved in the United Way of Greater Lorain County's Collaborative with 2 middles schools focusing on improved health knowledge, develop communication and life skills and avoid specific risky behaviors leading to safer schools and positive social environments that improve both educational and social outcomes (Midview and Clearview Schools)</p> <p>ADAS is involved with Lorain County Community College to create a recovery-focused venue for college students – which include early college (high school age students)</p>	NO barriers identified at this time	Continued

			<p>ADAS Board has created a public awareness plan which includes stigma reduction that will effect in spring, 2015</p> <p>ADAS Board – as the coordinator of the County’s Health Improvement Goal – to “reduce overdose deaths” will create education and information for target audiences</p> <p>ADAS continues to serve as the fiscal agent for Communities That Care of Lorain county – Lorain County’s Drug Free community Coalition - who convenes cross-system partners to implement environmental prevention strategies</p>		
<p>Prevention: Lead Lorain County’s focus on reducing the opiate (including heroin) drug abuse issues, underage alcohol and marijuana issues</p>	<p>ADAS to lead community based coalitions with emphasis on heroin and non medical use of prescription drugs, underage alcohol and marijuana issues</p> <p>ADAS to fund prevention programs that improve the</p>	<p>ADAS as grantee for federally funded/locally matched Drug Free Communities and Support Program</p> <p>ADAS investment in prevention programs</p>	<p>Communities That Care of Lorain County continues as the county’s Drug Free Community Coalition;</p> <p>ADAS been designated as the county’s coordinating entity for the Health Improvement Plan</p>	<p>Communities are becoming more involved in the opiate epidemic – often wanting to create their own task force initiatives. CTC and the ADAS Board are working with these communities to leverage resources.</p>	<p>Continued</p>

	rates of use (reduce) for alcohol, marijuana and prescription medications among youth		goal: Reduce Overdose deaths due to opiates/heroin by 25% by December 31, 2017 ADAS' contracts with certified prevention providers for direct prevention services which help to reduce rates of use for alcohol, marijuana, prescription medications among youth	Prevention providers continue implement programs but due to funding reductions, programs have been scaled back	
Adequate financial and support for substance use disorders (prevention treatment and recovery)	Increase community (local, state, national) support for substance use disorders in Lorain county	Local funding support, Social media strategies including speakers bureaus, community forums,	ADAS Board has created an Ad Hoc Strategic Plan committee currently building a fundraising plan and a public awareness plan	While Medicaid expansion has claims to improve funding for substance abuse, the ADAS Board has seen a reduction of state/federal funding in SFY 2015 by 48% from 2004 levels in non-designated funds. Therefore the ADAS Board is determined to seek additional alternative local funds	Continued

New Priorities for SFY 2015

Priority	Goal	Strategy	Measurement
Address Overdose Deaths due to heroin and opiates	ADAS will coordinate Lorain County's Health Improvement goal: Reduce overdose deaths by 25% by December 31, 2017 due to heroin or opiates	<ul style="list-style-type: none"> • Reduce the availability of opiates including heroin • Provide support to addicts and family members including treatment and relapse prevention • Prevention and Education to target audiences • Advocate – legislation, regulation 	<ul style="list-style-type: none"> • Ensure that nasal narkan is available pursuant to HB 170 • Provide and support information and action regarding 24/7 medication drop boxes,

			<p>semi-annual drug takeback initiatives and med-safes</p> <ul style="list-style-type: none"> • Engage community to identify gaps and ensure referrals for treatment and relapse support occur • Create and implement comprehensive prevention and education for target audiences • Ensure that legislation and regulation is communicated to community members
Ensure adequate resources exist for prevention, treatment, recovery and wellness	Draft and implement a fundraising plan and that adequately meets continuum of care requirements and leverages resources	Create fundraising plan Develop and implement public awareness plan	<p>Funding and resources are leveraged to support prevention, treatment, recovery and wellness</p> <p>Lorain county is aware of the ADAS Board's mission, role in the community and services that are available</p>
Begin the transformation to a Recovery Oriented System of Care	ADAS will coordinate Lorain County's Recovery Oriented System of Care Transformation	<ul style="list-style-type: none"> • Educate key stakeholders about Recovery Oriented System of Care • Complete a community (county) Recovery Self Assessment 	Services and systems align with ROSC principles
Invest in ROSC-focused targets for treatment investment	ADAS' SFY 2015-2016 has been revised	Emphasize recovery-oriented targets and target areas Emphasize engagement and retention in treatment and recovery services	<ul style="list-style-type: none"> • Number of service contacts within 30 day of assessment • Number of clients who leave treatment with an ongoing recovery plan including transitioning to the next level of care, active recovery support, relapse prevention and overdose prevention

			<ul style="list-style-type: none"> • Number of clients who achieve increased recovery capital • Number of adolescents who successfully increase their recovery capital and transition back to their community
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Strengths and Challenges in Addressing Needs of the Local System of Care

The county’s heroin/opiate epidemic has created a resurgence of communities beginning to share and learn more about the ADAS Board, services and the current gaps that exist in our continuum of care. The strength of this has allowed non-traditional stakeholders (i.e. mayors, faith-based leaders, and others) to come together to identify their roles in assisting in re-building healthy, drug-free communities. In order to be successful, clear communication and clarity of roles for all partners needs to be in effect and reinforced as a standard.

There are still some challenges – a year ago, our first Town Hall meeting on the opiate issue (Spring, 2014), the room was overflowing with family members; as the town hall-type events continued throughout the county, the attendance dwindled as the stigma of addiction continues. The ADAS Board recognizes that there are a number of residents who either are not aware of ADAS, its mission and the services that are available. As such, the Board has created a public awareness plan that will be soon implemented.

An additional challenge is the state’s reconfiguration of funding directed to local communities (i.e. to local Boards to address their specific needs), along with Medicaid Expansion and the Affordable Care Act. In order for ADAS to continue its statutory requirements which includes serving as the community addiction services planning agency for Lorain County, we do not have access to all known resources to complete our role.

A new challenge is the requirement that beginning in 2016, we are to have an array of treatment and services for all levels of opioid and co-occurring drug addiction, which must include: ambulatory and sub-acute detox, non-intensive and intensive outpatient services, medication assisted treatment, peer mentoring, residential treatment services, recovery housing, 12 step approaches – which shall be made available in the service district of each Board – in an integrated manner, and without delay. As this deadline looms, there are some limits in with capacity for physician’ availability to provide MAT, communities are dealing with Not In My Backyard (NIMBY) issues for zoning waivers for recovery housing and there still exists the federal IMD (Institute for Mental Disease) Exclusion, which prevents federal Medicaid funds from being used by states to care for individuals between 21-65 years old who live in institution This 40+ year old exclusion includes limits for substance abuse residential treatment facilities to expand beyond 16 beds.

As stated earlier in this update, the value of funding available to the ADAS Board has been reduced via the state’s budget (including SAPT Block Grant for re-alignment) to a 48% level of what it received in SFY 2004. Therefore an opportunity for the ADAS Board to seek local funding has risen as a significant priority in Lorain County.

While Screening, Brief Intervention, Referral to Treatment (SBIRT) is growing throughout Ohio as a practice, there are limited physicians and medical systems in our county who are willing to take on his role void of state reimbursement availability. We have requested technical assistance and training from the OMHAS SBIRT project to assist our community this year.

Collaboration

The ADAS Board, as fiscal agent to Communities That Care of Lorain County – continues to be the vehicle for collaboration among communities including schools, cities/townships, other task force initiatives, law enforcement for effective population-level prevention initiatives.

As a member of the Lorain County Health Partnership –the County Health Improvement Plan i(CHIP) includes a goal to reduce overdose deaths due to opiates/heroin – which the ADAS Board is the coordinating entity. As SB 57 was a pilot initiative for Lorain county, Project DAWN of Lorain County will continue to work with the key partners now within the CHIP goal coordination.

The ADAS Board is a member of a United Way Collaborative which works with two school districts to reduce risky behaviors for students in grades 5-8.

The ADAS Board has joined the Lorain County Board of Mental Health, Elyria Health Department and the Lorain County General Health District’s initiative to now include substance abuse screening and referral information initiatives targeted to pregnant women and adolescents – via pediatric and maternal health medical practices in Lorain County.

The ADAS board is a representative on the other CHIP Goal workgroups that address Suicide Prevention, Access to Care and Tobacco prevention/cessation.

Other components of the SFY 2014 Community Plan regarding Collaboration remain in effect.

Inpatient Hospital Management

The ADAS Board continues to serve as a partner on the NE Ohio Regional Behavior Health Committee which helps to synchronize the needs of our residents in and transferring out the state hospital system.

Additionally, we have recently been approved to utilize a portion of the Community Collaborative funding to have an available Licensed Independent Social Worker to serve as an emergency liaison patients requiring medical intervention in Emergency Room to treat an Overdose:

- Use of Naloxone or other medication to reverse the effects of Overdose
- Patient requires support of respiratory status (intubation, O2, suction)
- Patient requires support to cardiac status (telemetry monitoring, abnormal enzymes/labs)
- Patients who require inpatient admission for observation/treatment of Overdose

Innovative Initiatives

ADAS is a member of the Ohio Association of County Behavioral Health Authorities (OACBHA) Recovery Oriented System of Care (ROSC) Implementation Committee. The focus if this initiative is to coordinate the OACBHA Blueprint’s Principles pursuant to “Recovery is Beautiful:

- Focusing on clients and families
- Ensuring timely access to care

- Promoting Healthy, Safe and Drug Free Communities
- Prioritizing Accountable and Outcome-driven financing
- Locally Managing Systems of Care

Other components of the SFY 2014 Community Plan regarding Innovative Initiatives remain in effect.

Advocacy (Optional)

Advocacy to continue to emphasize local solutions for local problems for substance use disorders continues to be a priority for the ADAS Board. This will ensure that leveraging of resources builds a complete continuum of care as mandated to our Board.

The importance to advocate for reimbursement for SBIRT as well as the removal of the IMD Exclusion in Ohio will benefit our community

Additionally, the implementation of the *Comprehensive Addiction and Recovery Act, 2014* if approved would ensure that prevention, law enforcement, treatment, recovery and other significant factors would holistically address our needs.

Open Forum (Optional)

The ability for the ADAS Board to re-direct potential cost savings from Medicaid Expansion remains unclear at this time due primarily to the other funding reductions that occurred during this State Fiscal Year's budget allocations. Particularly, the impact of the SAPT Funding re-alignment reduced approximately \$500,000 to the community. As such, any Medicaid expansion funds have only begun to offset this reduction in the Board's investment in treatment and prevention programs. As the SAPT re-alignment starts to come back to our board in the middle of SFY 2016, we will be in a better position to re-direct funds as a result of the cost-savings due to Medicaid Expansion.

SIGNATURE PAGE
Community Plan for the Provision of
Mental Health and Addiction Services
SFY 2015

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental health and addiction services plan for its service area. The plan is prepared in accordance with guidelines established by OhioMHAS in consultation with Board representatives. A Community Plan approved in whole or in part by OhioMHAS is a necessary component in establishing Board eligibility to receive State and Federal funds, and is in effect until OhioMHAS approves a subsequent Community Plan.

The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.

ADAMHS, ADAS or CMH Board Name (Please print or type)

ADAMHS, ADAS or CMH Board Executive Director

Date

ADAMHS, ADAS or CMH Board Chair

Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].