Appendix I: Assessment of Ohio's capacity to provide substance use disorder treatment and counseling services

Report prepared by the Health Policy Institute of Ohio for the Ohio Department of Health, June 30, 2020

Executive summary

As part of the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Statewide Needs Assessment, states are required to provide a needs assessment update identifying the state's capacity for providing substance use disorder (SUD) counseling and treatment services to pregnant women and families with young children. This report includes:

- Background and purpose
- Scope of the challenge: Prevalence of SUD among pregnant women and families with young children
- Current status of SUD treatment and wrap-around services for pregnant women and families with young children
- Key informant interview findings
- Discussion and conclusions
- Next steps for a strategic approach

Given the significant challenge of addiction in Ohio, the state's capacity to provide effective SUD treatment and recovery services to pregnant women and families with young children is critical to the wellbeing of Ohio families. Going forward, Ohio can build upon the strengths described below in order to overcome gaps and barriers to SUD treatment services through stronger collaboration and coordination and more effective resource allocation.

Strengths

- **Policies designed to increase access.** Ohio has implemented several policies that are aimed at improving addiction treatment access for low-income pregnant women with SUD. For example, Medicaid eligibility levels are designed to increase access to care for pregnant women and the Ohio Department of Medicaid (ODM) continues to develop policies and programs to better serve this population. In addition, pregnant women are identified as a priority population for publicly-funded community behavioral health providers.
- **Programs for families.** The Ohio Attorney General's Office and the Ohio Department of Mental Health and Addiction Services (OMHAS) have led development of three major programs that serve the MIECHV population with SUD (START, MOMs Program and SAPT Women's Set-Aside), and these programs have reached hundreds of families.
- **Improvements in treatment capacity.** Some key informants perceived that there have been improvements in treatment capacity in recent years, particularly for access to medication-assisted treatment (MAT) and outpatient care.

Gaps and barriers

- **Not just opioids.** Marijuana, opioids, alcohol and tobacco use during pregnancy are all significant challenges. The prevalence of alcohol and tobacco use during pregnancy is higher in Ohio than in the U.S. overall. Marijuana has consistently been the most common substance used by Ohio women with SUD at the time of delivery, with use rising steadily from 2006 to 2018.
- **Troubling trends.** Ohio experienced a troubling upward trend in Neonatal Abstinence Syndrome (NAS) starting in 2006, with a peak in 2016 and slight decline in 2017 and 2018. This coincides with an upward trend of pregnant women with drug abuse or dependence diagnoses.
- **Child welfare.** Parental drug use is a major cause of children entering the child protection system. Over 38,000 cases were identified as having a concern with parental drug use by the Ohio Department of Job and Family Services in 2016.
- **Gaps in wrap-around services and recovery supports.**
    - Secondary data show that wrap-around services that are important to the MIECHV population—such as childcare provided during treatment—are relatively rare among Ohio addiction treatment providers, particularly in rural non-Appalachian and Appalachian counties.
    - In addition, there was widespread agreement among key informants that wrap-around services and recovery supports are not adequate to meet the current need of pregnant women and parents of young children.
    - Recovery housing was described as the most critical need, but childcare, transportation, education and employment are also described as significant unmet needs.
- **Limited program reach and reliance on federal grants.** While OhioSTART, the MOMs Program and SAPT Women's Set-Aside have reached hundreds of families, 53 counties do not have any of these programs. In addition, these programs rely primarily on federal grants and could be vulnerable to future funding cuts.
- **Gaps in treatment capacity.** Key informants cautioned that while Ohio has built treatment capacity in recent years (particularly for MAT), there are still many unmet needs. They noted that MAT is not effective for non-opioid SUD and that there is strong demand for residential treatment that cannot always be met in some communities.
- **Fragmented care.** Key informants noted that the complexity of the healthcare system makes it very difficult to navigate and that restrictions on data sharing limit the ability of different providers to coordinate care.
- **Lack of data.** Overall, state agencies in Ohio do not have timely, valid and reliable data on the capacity of the behavioral health system. It is therefore very difficult to determine what additional resources are needed, how those resources should be targeted, and if recent efforts to improve capacity are working.
- **Lack of connections between SUD treatment providers and home visiting programs.** There does not appear to be strong collaboration between community SUD treatment providers and the Help Me Grow Home Visiting program. Key informants representing the SUD treatment and recovery perspective were not very familiar with home visiting, and there appear to be many opportunities for strengthened collaboration between OMHAS and the Ohio Department of Health (ODH) to drive improved coordination at the local level.

Opportunities for improvement and increased collaboration

- **Build data collection, data sharing and evaluation infrastructure.** Collect and analyze data on behavioral health treatment system capacity and effectiveness in a centralized way that supports future planning and evaluation and can be used to identify disparities and areas of unmet need.
- **Lead a comprehensive approach.** Ensure that Ohio's response to addiction is comprehensive and includes marijuana, alcohol and tobacco use during pregnancy, in addition to opioids and other illicit substances. Increase resources and develop a statewide strategy to address addiction-related harms during pregnancy, such as NAS and Fetal Alcohol Spectrum Disorder (FASD). Include multiple forms of treatment and recovery services, mother-baby dyad care and whole-family supports.
- **Extend the reach of existing programs.** Expand state-level programs that serve the MIECHV population with parental SUD (i.e., START, MOMs Program and SAPT Women's Set-Aside) so that at least one program is available in every Ohio county. Identify sustainable funding sources for these programs.
- **Expand wrap-around services.** Increase funding for and availability of wrap-around services for the MIECHV population, including:
    - Recovery housing
    - Transportation to and childcare during addiction treatment
    - Education and employment programs
- **Strengthen partnerships with child welfare.** Develop stronger partnerships between addiction treatment providers and child protective services (CPS) and establish a statewide standard for the development of Plans of Safe Care for children born to women with SUD.
- **Strengthen partnerships with home visiting.** Increase collaboration between addiction treatment providers and home visiting programs, including greater use of data sharing agreements, improvements to the OCHIDS database and strategic partnerships among ODH and OMHAS.

Part 1. Purpose and process

Background and purpose

This report is a component of Ohio's 2020 Maternal, Infant and Early Childhood Home Visiting (MIECHV) Statewide Needs Assessment Update. The purpose of this assessment is to describe the state's capacity to provide substance use disorder (SUD) treatment and counseling services to the MIECHV population, with a focus on pregnant women and parents of young children with low incomes.

This report:

- **Describes the scope of the challenge**, including estimated number of pregnant women and women with dependent children in need of SUD treatment services
- **Describes the current status** of SUD treatment, recovery and wrap-around services and programs designed to meet the needs of pregnant women and families with young children
- **Describes current activities** to strengthen the system of care
- **Summarizes the results of key informant interviews** with representatives of the following types of organizations: state agencies, judicial branch, state-level associations and treatment providers, with expertise in SUD treatment and recovery, child welfare and home visiting
- **Identifies strengths, gaps, barriers and unmet needs**
- **Identifies opportunities for increased collaboration** among state and local partners
- **Identifies other opportunities for improvement** and next steps for Ohio to develop a strategic approach to improving SUD-related outcomes for families

Methods, data sources and stakeholder engagement

This report draws upon data from several different quantitative and qualitative sources. Each source has some limitations, which are described below:

Data source (lead agency)	Relevant data	Limitations
Ohio Pregnancy Assessment Survey [Ohio Department of Health (ODH)]	Prevalence of substance use by pregnant women	Addresses substance use, not SUD; Data lag; No directly comparable U.S. comparison data
Neonatal Abstinence Syndrome (NAS) in Ohio, 2006-2015 Report (Ohio Hospital Association data reported by ODH)	Prevalence of NAS and SUD among pregnant women	NAS screening is not conducted in a universal or consistent way in Ohio
National Survey of Drug Use and Health (NSDUH) (SAMHSA)	Prevalence of drug use and SUD	Does not report Ohio data for pregnant women
Behavioral Risk Factor Surveillance System (BRFSS) (ODH and CDC)	Prevalence of alcohol use among pregnant women	Addresses substance use, not SUD

Public Children Services Association of Ohio (PCSAO) Opiate Survey and Ohio Department of Jobs and Family Services (ODJFS) administrative data	Number of children in child protection system due to parental drug use	Administrative data rather than actual population-level prevalence of child maltreatment due to parental SUD
National Survey of Substance Abuse Treatment (N-SSATS) (SAMHSA)	Number of public and private SUD treatment facilities; Percent of Ohio treatment facilities that offer MIECHV-relevant services	Incomplete information because not all treatment facilities complete the survey
Ohio Uniform Application FY 2018/2019 State Behavioral Health Assessment and Plan, Substance Abuse Prevention and Treatment and Community Mental Health Block Grant [Ohio Department of Mental Health and Addiction Services (OMHAS)]	Estimated number of Ohioans in need of SUD treatment and number of Ohioans in treatment (pregnant women, women with dependent children, etc.)	Data lag, prevalence estimate based on U.S. data, incomplete data on number of Ohioans in treatment
Ohio Comprehensive Home Visiting Data System (OCHIDS) (ODH)	Percent of families assessed through a home visiting program and identified as experiencing problems or risk related to substance use; Past substance use and substance use disorder treatment among Ohioans participating in a home visiting program	Only describes need among families currently participating in home visiting programs that report into OCHIDS
Head Start Enterprise System (Office of Head Start)	Percent of pregnant women enrolled in Ohio Early Head Start who received substance abuse prevention services; Percent of pregnant women enrolled in Ohio Early Head Start who received substance abuse treatment services	Data source does not include the number of pregnant women enrolled in Ohio Early Head Start who need SUD prevention or treatment services
Program information provided by PCSAO and OMHAS	Number of people served by, and number of counties reached by, specific programs	Incomplete in some cases due to gaps or delays in reporting from local grantees
Key informant interviews conducted by HPIO in 2019: Interviews with 12 respondents	Perceptions of treatment capacity, gaps, barriers, unmet needs and	Perceptions of professionals in the field likely differ from

from 9 organizations with representatives of the following types of organizations: state agencies, judicial branch, state-level associations, and treatment providers, with expertise in SUD treatment and recovery, child welfare and home visiting	opportunities for increased collaboration	perceptions of families and other stakeholders

HPIO elicited input from the MCH/MIECHV Steering Committee at three points during this process:

- May 30, 2019 Steering Committee meeting: HPIO presented preliminary findings from the N-SSATS analysis of treatment facilities and the key informant interviews. HPIO then facilitated a brief discussion with the group to elicit feedback on which findings were most notable and if there were any issues that did not surface that should be explored further.
- July 29, 2019 Steering Committee meeting: HPIO presented highlights from all components of this draft report. HPIO then facilitated a brief discussion of the opportunities for improvement and suggestions to inform a strategic approach involving multiple state-level entities.
- May 6, 2020 Steering Committee meeting: HPIO shared a re-cap of the strengths and gaps. The group then discussed the opportunities for improvement and priorities for a strategic response.

Part 2. Scope of the challenge: Prevalence of substance use disorder among pregnant women and families with young children

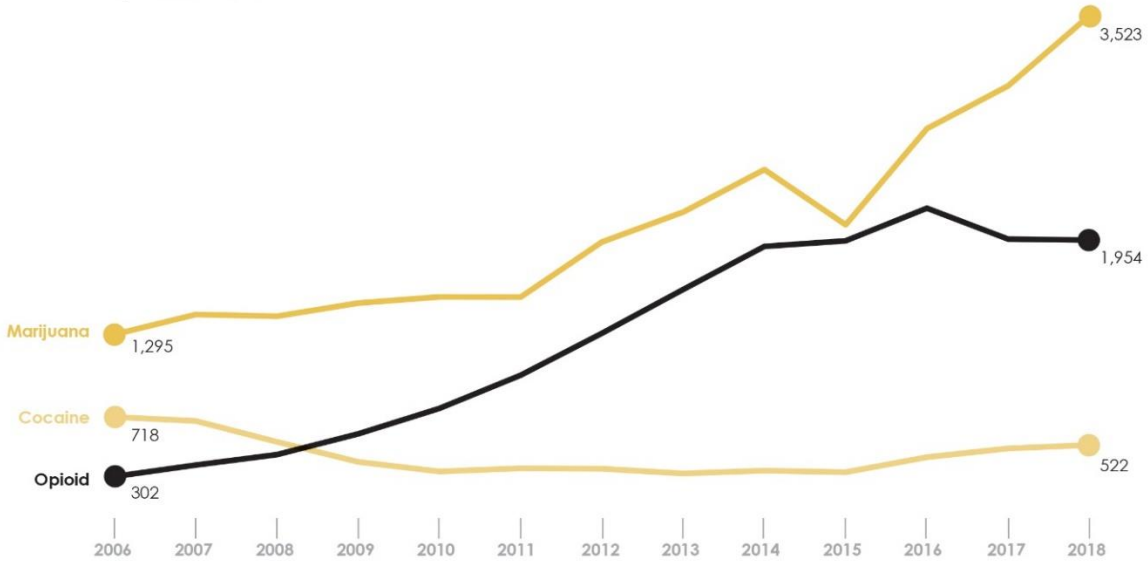
Key findings

- Ohio experienced a troubling upward trend in Neonatal Abstinence Syndrome (NAS) starting in 2006, with a peak in 2016 and slight decline in 2017 and 2018. This coincides with an upward trend of pregnant women with drug abuse or dependence diagnoses.
- Marijuana, opioids, alcohol and tobacco use during pregnancy are all significant challenges. The prevalence of alcohol and tobacco use during pregnancy is higher in Ohio than in the U.S. overall. Marijuana has consistently been the most common substance used by Ohio women with substance use disorder (SUD) at the time of delivery, with use rising steadily from 2006 to 2018.
- Parental drug use is a major contributing factor of children entering the child protection system. Over 38,000 children's services cases were identified as having a concern with parental drug use by the Ohio Department of Job and Family Services in 2016.

Pregnant women

In 2016, an estimated 18,000 pregnant women in Ohio reported that they had used a substance during the month before their pregnancy (based on survey data).[1] That same year, 4,800 pregnant women received a drug abuse or dependence diagnosis at delivery. In 2018, the number of pregnant women receiving a drug abuse or dependence diagnosis increased to over 5,500 (see figure 2.1).[2]

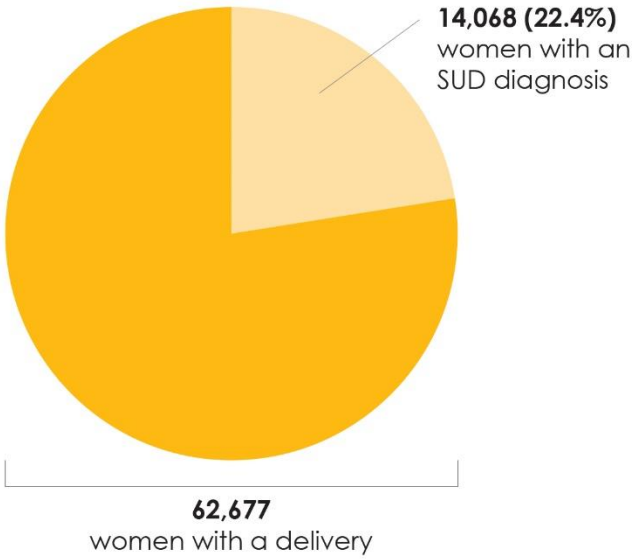
Figure 2.1. **Number of women in Ohio diagnosed with drug abuse or dependence at time of delivery 2006-2018**



Note: Individual may be diagnosed with more than one substance use disorder condition
Source: Ohio Department of Health and the Ohio Hospital Association

The rate of substance use disorder (SUD) is even higher among pregnant women in the Medicaid population. In state fiscal year 2019, 14,068 women covered by Medicaid were diagnosed with SUD within the year before they delivered their babies. This means that 22% of women covered by Medicaid who delivered that year were diagnosed with SUD (see figure 2.2).

Figure 2.2. **Number of women covered by Medicaid diagnosed with substance use disorder (SUD) within a year of delivery, Ohio, SFY 2019**



Source: Ohio Department of Medicaid

Opioids. The number of pregnant women with an opioid abuse or dependence diagnosis increased six-fold since 2006.[3] In 2018, over 1,900 Ohio women were diagnosed with opioid abuse or dependence at delivery.[4]

Non-opioid illicit drugs. Marijuana abuse or dependence diagnoses more than doubled over the past decade. In 2018, marijuana accounted for approximately 63% of substance use disorder diagnoses among pregnant women in Ohio.[5] The prevalence of marijuana use appears to be higher than other illicit substances, but pregnant women may be diagnosed with more than one substance use disorder. Cocaine abuse or dependence diagnoses among pregnant Ohio women decreased by approximately % from 2006 to 2018.[6] Notably, cocaine abuse or dependence diagnoses have been slowly increasing since 2015.[7]

Alcohol. In 2016-2018, approximately 16.3% of pregnant women in Ohio reported that they had consumed one or more drinks in the last 30 days, compared to 12.5% in the U.S. overall[8]

Tobacco. Data from the Centers for Disease Control and Prevention indicate that 13.8% of pregnant women in Ohio smoked during their pregnancy in 2017. The national prevalence of women who reported smoking at any time during their pregnancy in 2017 is 6.9%.[9]

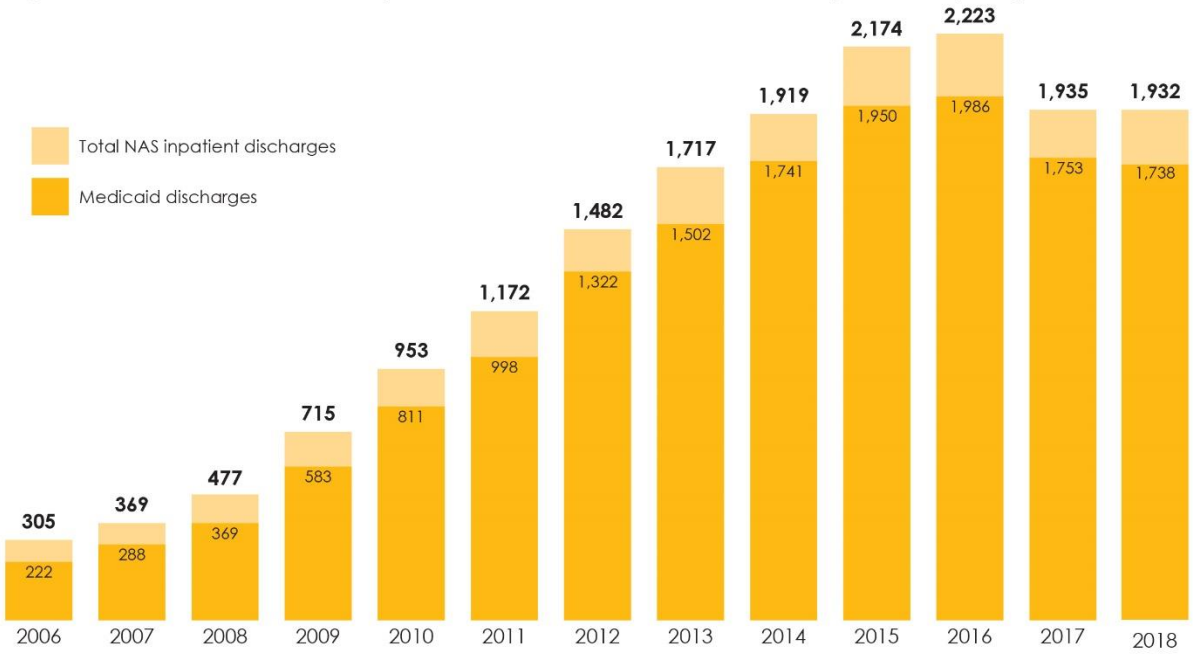
Neonatal Abstinence Syndrome and Fetal Alcohol Spectrum Disorders

Neonatal Abstinence Syndrome. Neonatal abstinence syndrome (NAS) is a withdrawal syndrome that can occur in newborns exposed to certain substances, including opioids, during pregnancy.[10] Symptoms vary and are impacted by a variety of factors, such as length of use and type of substance. NAS is an expected result of prenatal substance use and is treatable, but severity of long-term impacts for the infant are unpredictable.[11]

The prevalence of NAS throughout the U.S. has increased along with the opioid epidemic.[12] While Ohio maternity units, newborn care nurseries and maternity homes are required to report the number of newborn Ohio residents who are diagnosed with NAS at birth, screening for NAS is not done in a consistent or universal way in Ohio.[13]

In 2016, an estimated 25,000 births had a diagnosis of NAS in the U.S.[14] That same year, Ohio had an estimated 2,223 newborns who had been hospitalized and discharged with a NAS diagnosis.[15] Over the past decade, the majority of Ohio newborns hospitalized for NAS have been Medicaid enrollees. In 2018, approximately 90% of newborns discharged from a NAS hospitalization were enrolled in Medicaid (see figure 2.3).[16]

Figure 2.3. **Ohio newborns hospitalized for Neonatal Abstinence Syndrome (NAS), 2006-2018**



Note: Hospitalizations occurred in Ohio hospitals
Source: Ohio Department of Health and the Ohio Hospital Association

Fetal Alcohol Spectrum Disorders. Fetal alcohol spectrum disorders (FASDs) are conditions that can occur in children if alcohol is consumed during pregnancy. It is challenging to determine estimates of how many individuals live with FASDs.[17] There is no known safe amount of alcohol consumption during pregnancy, suggesting any alcohol consumption can pose a risk for the developing fetus.[18] Approximately 16.3% of pregnant women in Ohio had consumed one or more alcoholic drinks during the past 30 days in 2016-2018.[19] FASDs might have a variety of symptoms, such as low body weight, sleep issues, learning disabilities, vision or hearing problems, among many others (see figure 2.4).[20]

Figure 2.4. **List of signs and symptoms for fetal alcohol spectrum disorders (FASDs)**

- Abnormal facial features
- Small head size
- Shorter-than-average height
- Low body weight
- Poor coordination
- Hyperactive behavior
- Difficulty with attention
- Poor memory
- Difficulty in school
- Learning disabilities
- Speech and language delays
- Intellectual disability or low IQ
- Poor reasoning and judgment skills
- Sleep problems as a baby
- Vision or hearing problems
- Problems with the heart, kidneys or bones

Source: Adapted from the Centers for Disease Control and Prevention

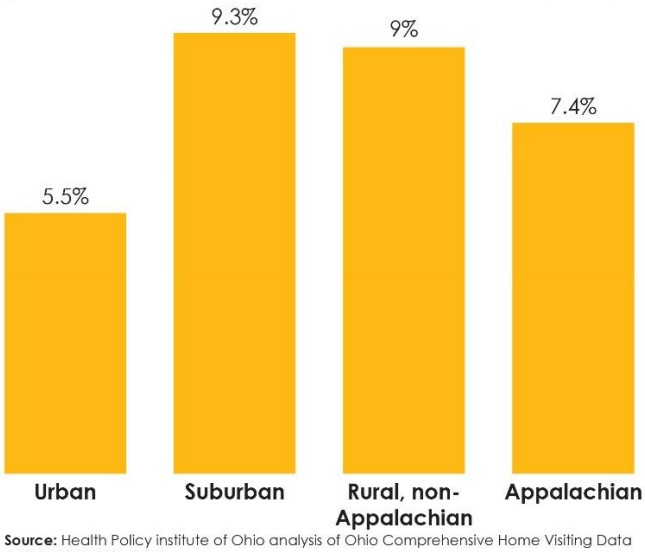
Caregivers of young children

In 2015, the Public Children Services Association of Ohio (PCSAO) found that 50% of Ohio children taken into custody had parental drug use in their home.[21] That same year, 28% of children had parents who were using opioids when the child was removed from the home.[22] In January 2016, as part of the Ohio Needs Assessment for Child Welfare Services, the Ohio Department of Job and Family Services (ODJFS) assessed the frequency of concerns among active cases, including concerns of substance abuse. A total of 91,586 cases were observed, of which, 41.64% (38,132) were identified as having substance abuse as a concern for parents or guardians involved in the case.[23]

Caregivers participating in home visiting programs

The Ohio Comprehensive Home Visiting Data System (OCHIDS) contains state-level data related to substance use disorder (SUD) for families that participate in home visiting programs in Ohio. OCHIDS includes information about home visiting services funded by ODH—including programs funded through MIECHV, the Maternal and Child Health (MCH) Block Grant and Help Me Grow—as well as services funded by the Ohio Department of Medicaid and Medicaid managed care plans. During comprehensive assessments in state fiscal year (SFY) 2019, home visitors reporting to OCHIDS identified 525 families (6.6% of families assessed) that were experiencing problems or risk related to substance use. The rate of families that experience issues was highest in suburban and rural, non-Appalachian counties (see figure 2.5).

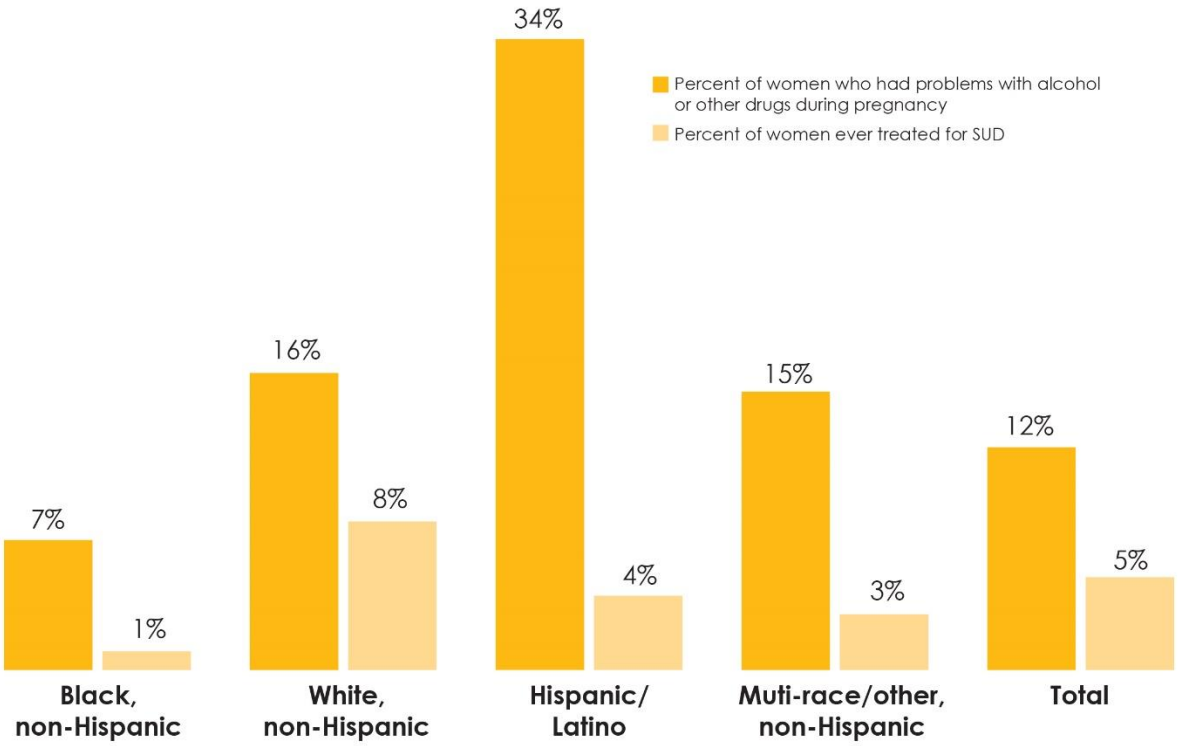
Figure 2.5. **Percent of Ohio families assessed through a home visiting program and identified as experiencing problems or risk related to substance use, SFY 2019** (n=7,933)



Source: Health Policy institute of Ohio analysis of Ohio Comprehensive Home Visiting Data System (OCHIDS) data

Home visiting programs also assess participants specifically for substance use before pregnancy and participation in SUD treatment. In SFY 2019, 4.7% of women assessed reported having problems with alcohol or other drugs before pregnancy, and 11.6% of people assessed had ever been treated for substance use disorder. Hispanic/Latina women were far more likely than other groups to have had problems with substance abuse before pregnancy, but only 4% had ever been treated for SUD. White women were most likely to have received SUD treatment (see figure 2.6). This data indicates unmet need for treatment overall, but particularly for women of color.

Figure 2.6. **Past substance use and substance use disorder treatment among Ohioans assessed through a home visiting program, SFY 2019**



Source: Health Policy institute of Ohio analysis of Ohio Comprehensive Home Visiting Data System (OCHIDS) data

Part 3. Current status of SUD treatment and wrap-around services for pregnant women and families with young children

Key findings

- Ohio has implemented several policies that are aimed at improving addiction treatment access for low-income pregnant women with substance use disorder (SUD). For example, Medicaid eligibility levels are designed to increase access to care for pregnant women, and pregnant women are identified as a priority population for publicly funded community behavioral health providers.
- Wrap-around services that are important to the MIECHV population—such as childcare provided during treatment—are relatively rare among Ohio addiction treatment providers, particularly in rural non-Appalachian and Appalachian counties.
- The Ohio Attorney General's Office and the Ohio Department of Mental Health and Addiction Services have led development of three major programs that serve the MIECHV population with substance use disorder (OhioSTART, MOMs Program and SAPT Women's Set-Aside). While these programs have reached hundreds of families, 53 counties do not have any of these programs. In addition, these programs rely primarily on federal grants and could be vulnerable to future funding cuts.

Medicaid-covered SUD treatment services and the continuum of care

Medicaid eligibility. In Ohio, most low-income pregnant women, and many low-income parents of young children, are enrolled in Medicaid. Ohio Medicaid covers pregnant women with incomes up to 205% of the Federal Poverty Level (FPL) for the entire pregnancy and 60 days after the baby is born, regardless of changes that would otherwise affect eligibility. In addition, Ohio Medicaid covers parents or related caregivers in households with incomes up to 90% FPL and at least one child younger than 18 in the household. Parents with incomes between 90% and 138% FPL may qualify for Medicaid coverage under the Group VIII category (also referred to as the "Medicaid expansion" group).[24] Most enrollees in these eligibility categories access Medicaid coverage through one of five managed care plans (MCPs).[25]

Medicaid managed care is the primary source of coverage for substance use disorder (SUD) treatment services for the MIECHV population.

Medicaid-covered SUD treatment services. Ohio Medicaid covers evidence-based addiction treatment services, including medication-assisted treatment (MAT) for opioid use disorder. The Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OMHAS) require Medicaid-participating providers of SUD treatment services to use criteria from the American Society of Addiction Medicine (ASAM), which specifies coverage for a continuum of addiction treatment services: early intervention, outpatient, intensive outpatient/partial hospitalization, residential/inpatient, and medically-managed intensive inpatient services.[26]

These services are typically provided through community behavioral health providers that are licensed by OMHAS.

Additional services provided through the community behavioral health system. In addition to Medicaid-reimbursable treatment services, many community behavioral health organizations also offer services and supports that are funded through Ohio's local Alcohol, Drug and Mental Health Services (ADAMHS) boards. All ADAMHS boards are required to "establish, to the extent resources are available, a community-based continuum of care" which includes services such as peer support, recovery housing, employment services and prevention and wellness management—in addition to outpatient and residential treatment services.[27]

ADAMHS boards are an important source of funding for wrap-around services and recovery supports. A mother in Franklin County, for example, may receive outpatient counseling and MAT that is covered by Medicaid, while also participating in a moms' group program with childcare and transportation assistance funded by the Franklin County ADAMHS Board and other local or state sources.

ADAMHS boards also provide funding for treatment services for uninsured Ohioans.

Ohio law includes several requirements to ensure that pregnant women have access to SUD treatment through the community behavioral health system. For example:

- OMHAS is required to give priority to "the treatment of pregnant women addicted to drugs of abuse, including by requiring community addiction services providers that receive public funds to give priority to pregnant women referred for treatment"
- Community addiction treatment providers that receive public funding "shall not refuse to treat a person solely because the person is pregnant if appropriate treatment is offered by the provider"[28]

OMHAS assessment of SUD treatment capacity

The Ohio Department of Mental Health and Addiction Services (OMHAS) is tasked with assessing the state's addiction treatment capacity as part of its federal block grant reporting requirements. In order to receive Substance Abuse Prevention and Treatment (SAPT) Block Grant funding, Ohio must provide information about the level of need for SUD prevention and treatment services in the state, including estimates of the number of individuals who need treatment, are pregnant, have dependent children, have a co-occurring mental health and substance use disorder, inject drugs and are experiencing homelessness. In 2019, OMHAS submitted the most recent application for SAPT Block Grant funding for fiscal years 2020-2021 with these estimates included (see figure 3.1).

Figure 3.1. **Persons in need/receipt of SUD treatment, SAPT Block Grant needs assessment, SFY 2018**

	Aggregate estimated Ohioans in need of services	Aggregate number of Ohioans in treatment
Pregnant women	10,276	393
Women with dependent children	208,594	3,780
Individuals with co-occurring mental illness/SUD	331,200	51,859
Persons who inject drugs	46,000	7,909
Persons experiencing homelessness	1,873	2,100

Note: All data are from the Community Data Warehouse. The estimates are based on national prevalence rates applied to Ohio's populations.
Source: Uniform Application FY 2020/2021 Block Grant Application, Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grant, April 2019.

There are several limitations to these data, including the methodology for calculating the estimates of Ohioans in need. These estimates are based on national prevalence rates, which may or may not be applicable to Ohio. Additionally, the "number of Ohioans in treatment" data is from the Ohio Behavioral Health (OHBH) system, a component of the Community Data Warehouse. The OHBH system has experienced a significant decrease in reporting over the last several years, meaning that it is difficult to estimate the actual number of Ohioans in treatment. Available data shows significant gaps between the estimated number of Ohioans who need addiction treatment services and the number of Ohioans receiving those services. **However, because of the limitations of the available data sources, state agencies in Ohio do not have timely, valid and reliable data on the capacity of the behavioral health system.**

In order to supplement this limited data, HPIO looked to the National Survey of Substance Abuse Treatment Services (N-SSATS), data from several state-funded treatment programs and other state initiatives in Ohio designed to increase access to addiction treatment services for pregnant women and parents of young children.

Treatment provider inventory

Using N-SSATS, HPIO compiled an inventory of SUD treatment facilities that are likely to serve MIECHV-eligible pregnant women and parents of young children. N-SSATS is managed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and collects information from public and private SUD treatment facilities. The inventory contains treatment facilities that report serving priority populations and providing services that are more likely to be utilized by the population that is also served by the MIECHV program. These treatment facilities are defined below and are referred to as "relevant treatment facilities" throughout the analysis.

SUD treatment facilities that are likely to serve the MIECHV population ("relevant treatment facilities"): Any treatment facility that reports offering programs or groups specifically tailored to at least one of these special populations or offers at least one of these ancillary services:

- Pregnant/postpartum women (special population)
- Domestic violence survivor (special population)
- Childcare for clients' children (ancillary service)
- Residential beds for clients' children (ancillary service)

This section includes key findings and summary graphics from the inventory. The full inventory is available to download on the **HPIO website**.

N-SSATS contains information about 359 SUD treatment facilities in Ohio. Of those facilities, 34% provide services that are relevant to the MIECHV-eligible population as defined above (see figure 3.2). Of the relevant treatment facilities:

- Only one-fifth offer services specifically tailored to pregnant and postpartum women
- Very few offer childcare or beds for children in residential treatment

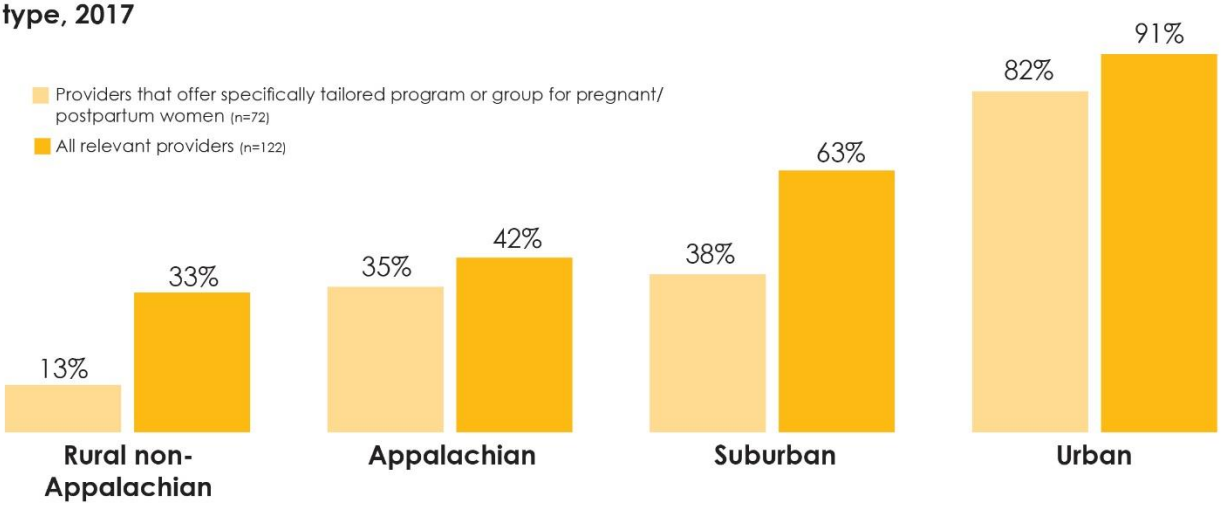
Figure 3.2. **Percent of Ohio treatment facilities that serve a relevant population/offer relevant services, 2017**

Treatment providers	Number	Percentage
Total treatment facilities in Ohio	**359**	**—**
Total relevant treatment facilities	**122**	**34%**
Specifically tailored program or group for pregnant/postpartum women	73	20%
Specifically tailored program or group for domestic violence survivors	57	16%
Offer childcare for clients	46	13%
Offer beds for client children	13	4%

Source: HPIO analysis of 2017 N-SSATS data (SAMHSA)

Additionally, most of the SUD treatment facilities that are relevant to the MIECHV-eligible population are in urban and suburban counties. Only 33% of rural, non-Appalachian Ohio counties have at least one relevant SUD treatment facility, while 91% of urban counties have a relevant facility (see figure 3.3).

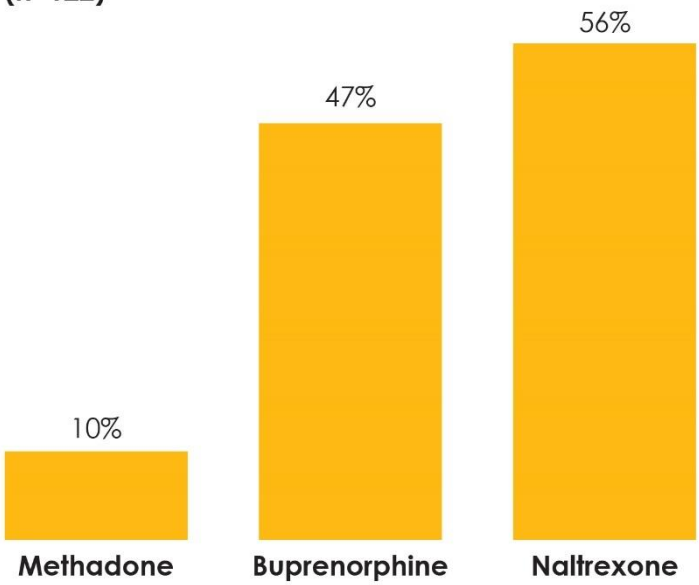
Figure 3.3. **Percent of Ohio counties with at least one relevant treatment facility, by county type, 2017**



Note: County type categories (rural, non-Appalachian, Appalachian, urban and suburban) come from the Ohio Medicaid Assessment Survey.
Source: HPIO analysis of 2017 N-SSATS data (SAMHSA)

Most of the SUD treatment facilities that are relevant to the MIECHV-eligible population offer MAT to their patients. Naltrexone is the most commonly available form of MAT in these facilities, followed by buprenorphine. Methadone is rarely available (see figure 3.4).

Figure 3.4. **Relevant treatment facilities that offer medication-assisted treatment (MAT), Ohio, 2017 (n=122)**



Source: HPIO analysis of 2017 N-SSATS data (SAMHSA)

Finally, 97% of the treatment facilities that offer services relevant to the MIECHV population accept Medicaid.

N-SSATS is the only data source available on the federal level that provides information about the number of SUD treatment providers and the services they provide. SAMHSA also maintains the Treatment Episode Data Set (TEDS). Treatment providers are not currently required to report to TEDS, making it an unreliable data source at this time, although changes to the TEDS reporting requirements may improve the data quality in the future.

The federal government also provides a search tool for addiction treatment providers called **FindTreament.gov**. This tool provides contact information for state-licensed treatment providers by zip code, as well as the services they provide (e.g., hospital inpatient, outpatient, detox, transitional housing, etc.). It also includes information about special programs offered by providers, but those programs are limited to services for veterans, LGBT communities and the deaf and hard of hearing. It does not include information about the demographics of the clients they serve or special programs for pregnant women and parents with young children. Therefore, the FindTreatment.gov directory was not used in this analysis.

Programs that offer wrap-around services and connections to treatment

In response to the opiate crisis, Ohio policymakers have prioritized funding for programs designed to meet the needs of pregnant women with opioid use disorder (OUD) and families struggling with the negative impacts of addiction. The Ohio Attorney General's Office and OMHAS have led three major programs that provide comprehensive services to families affected by parental SUD (see figure 3.5).

Figure 3.5. **State-funded treatment programs for pregnant women and low-income caregivers**

	Ohio Sobriety, Treatment, and Reducing Trauma (Ohio START)	Maternal Opiate Medical Supports (MOMS) Program	Substance Abuse Prevention and Treatment (SAPT) Women's Set-Aside
Services provided	Ohio START provides specialized victim services, such as intensive trauma counseling, to children who have suffered victimization with substance abuse by a parent being the primary risk factor. The program also assists parents of children referred to the program with wrap-around services, a family peer mentor and coordination with SUD treatment (including rapid access to assessment at a partner behavioral health agency).	The MOMS program provides pregnant women with OUD access to care coordination to help manage various appointments (prenatal, behavioral health, MAT) and to ensure that women have access to housing, food, childcare and other resources.	The SAPT Block Grant includes funding for local agencies to provide non-Medicaid-reimbursable services for pregnant and postpartum women with SUD through the Women's Set-Aside.
Desired outcomes	• Ensure more children are able to remain safely in their homes • Increase rates of reunification for children placed in out-of-home care • Reduce recurrence of child maltreatment	• Improve maternal and fetal health outcomes • Improve family stability • Reduce costs of NAS to Ohio Medicaid	To fund planning, implementation and evaluation activities that prevent and treat substance abuse
Lead agency/ Funder	• Created by the Ohio Attorney General's Office • Implementation coordinated by the Public Children's Services Association of Ohio • Evaluation being conducted by the Ohio State University (OSU) College of Social Work • Federal funding (via state agencies): Victims of Crime Act (VOCA) grant from the Attorney General's office and State Opioid Response (SOR) grant from OMHAS • Additional support from: Casey Family Programs, United Healthcare, PhRMA and HealthPath Foundation of Ohio	• Lead agency: OMHAS • Federal funding: SOR grant	• Lead agency: OMHAS • Federal funding: SAPT Block Grant (SAMHSA)
Year program started	Ohio START began operation in Cleveland in 1997	MOMS pilot: 2013 MOMS 2.0: 2018	The SAPT Block Grant was formulated in 1989, and Women's Set-Aside funding began in 1999

Figure 3.5. **State-funded treatment programs for pregnant women and low-income caregivers** (cont.)

	Ohio Sobriety, Treatment, and Reducing Trauma (Ohio START)	Maternal Opiate Medical Supports (MOMS) Program	Substance Abuse Prevention and Treatment (SAPT) Women's Set-Aside
Participant characteristics/ eligibility criteria	• Children who have suffered victimization with substance use of a parent being the primary risk factor • The family of the child is involved with CPS	Pregnant women diagnosed with Opioid Use Disorder (OUD)	Women, including target populations such as: • Pregnant women and women with dependent children • Intravenous drug users
Number of sites/ counties	• 32 counties (as of May 2019) • Plan to expand to 30 more counties over the next biennium (goal to get to 62 counties)	13 sites in 11 counties	64 sites in 33 counties
Number of participants to date	184 families served as of May 7, 2019	600 women served in 2018	• There are currently 61 Women's programs funded through SAPT Block Grant • There were 13,900 individual clients treated by women's programs providers in 2017
Evidence base	• The grant creates an opportunity for development of a new best practice model. • START was adapted in Kentucky in 2006, and resulted in approximately half as many children returning to foster care due to parental addiction • **Family-Centered Substance Use Disorder Treatment**	American Society of Addiction Medicine National Practice Guideline (2015): **Treatment for pregnant women with substance use disorder, including appropriate use of MAT**	American Society of Addiction Medicine National Practice Guideline (2015): **Treatment for pregnant women with substance use disorder, including appropriate use of MAT**
Evaluation component	The OSU College of Social Work and Voinovich School of Leadership and Public Affairs at Ohio University will evaluate the Ohio START program over the 2.5 year grant period. The evaluation has four parts: 1. Outcome evaluation 2. Implementation evaluation 3. Process evaluation/ Needs portal 4. Family & child well-being evaluation	The MOMS pilot was evaluated. The evaluation was published in May 2019: **A statewide quality improvement (QI) initiative for better health outcomes and family stability among pregnant women with opioid use disorder (OUD) and their infants**	None

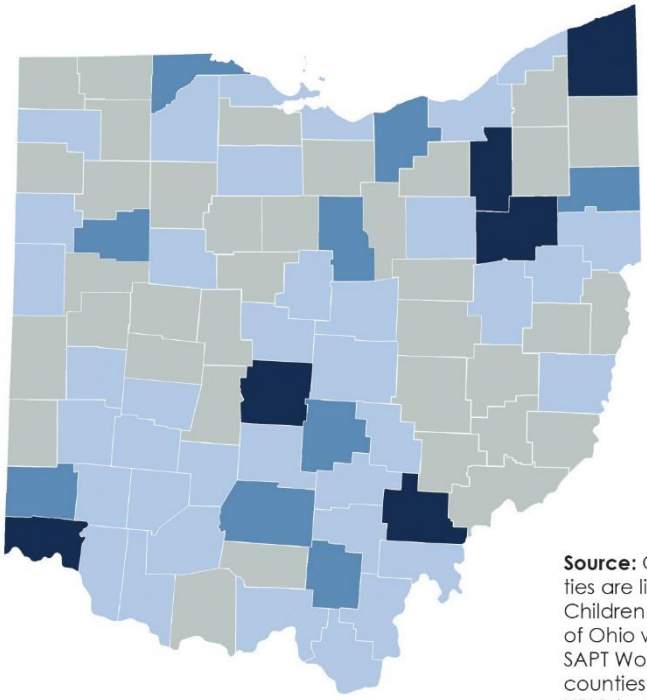
Bold blue text is a hyperlink in the electronic version of this document

Although addiction-related services have been a priority among Ohio policymakers, not every county has access to these comprehensive, state-funded addiction treatment programs. Only six counties have all three programs (Ohio START, MOMs Program and the SAPT Women's Set-Aside), and 53 counties lack all three programs (see figure 3.6).

Figure 3.6. **State-funded programs for pregnant women and parents of young children, as of June 2019**

State-funded treatment programs:
- Ohio Sobriety, Treatment, and Reducing Trauma (Ohio START)
- Maternal Opiate Medical Supports (MOMS) Program
- Substance Abuse Prevention and Treatment (SAPT) Block Grant Women's Set-Aside

Key
- County with all 3 programs
- County with 2 of 3 programs
- County with 1 of 3 programs
- County with none of these programs



Source: Ohio START counties are listed on the Public Children Services Association of Ohio website. MOMS and SAPT Women's Set-Aside counties were provided to HPIO by OhioMHAS.

Additionally, Early Head Start, the federal program created to address the comprehensive needs of children under age 3 and pregnant women in families with low incomes, connects pregnant women enrolled in the program to addiction prevention and treatment services. In 2019, approximately 58% of the pregnant women enrolled in the Ohio Early Head Start program received substance abuse prevention services, and nearly 13% of pregnant women enrolled received SUD treatment services.[32] These percentages have increased since 2015.[33] However, this data set does not include information about the percent of pregnant women enrolled in Early Head Start who need these services, which limits the usefulness of the data for quantifying system capacity and unmet need.

In addition to the state- and federally-funded programs above, some local communities have developed specific programs for this population. For example, Brigid's Path is a nonprofit organization located in Kettering, Ohio dedicated to serving newborns exposed to drugs and their families. Brigid's Path provides inpatient medical care, as well as a wide range of community support services to families in recovery.

Other Ohio initiatives to strengthen the system of care

In addition to the state-funded programs that provide treatment directly to pregnant women and families, there are other state initiatives that support the addiction treatment system in Ohio. Five initiatives relevant to the MIECHV population are described below.

The Ohio Women's Network (OWN)

OWN is a group of service providers that enhances collaboration and coordination among addiction treatment programs for women. OWN develops and disseminates best practices among treatment providers, ensures that women have access to clinically appropriate prevention and treatment services, and increases awareness of women's substance use disorder and effective treatment modalities. OWN is affiliated with OMHAS.

The Ohio Perinatal Quality Collaborative (OPQC)

OPQC is a statewide association of perinatal clinicians, hospitals and government agencies focused on reducing preterm births and improving birth outcomes in Ohio. With multiple sites throughout the state, OPQC administers studies aimed at improving care for both mothers and babies. OPQC collaborates with a wide range of organizations to standardize statewide care for mothers and babies. Since 2014, OPQC has been engaged in a NAS initiative focused on reducing variation in identification and treatment and optimizing the care of infants with NAS.

Behavioral Health Redesign

Ohio's publicly funded behavioral health system has undergone several structural changes over the past seven years, starting with the elevation of Medicaid funding from local ADAMHS boards to the state level in 2012. Then, in July 2018, the Medicaid behavioral health benefit package was fully integrated into managed care. From 2014 to 2018, the Ohio Department of Medicaid (ODM) and OMHAS developed and implemented a comprehensive redesign of community-based behavioral health services that included billing code modernization and coverage of additional evidence-based practices, such as Intensive Home-Based Treatment for children.[34]

RecoveryOhio

RecoveryOhio is an initiative of the Governor's office that coordinates the work of all state agencies, boards and commissions that work on addiction-related issues. The initiative released its **initial report** in March 2019, which includes a series of policy recommendations RecoveryOhio will work to implement throughout Governor DeWine's term. These recommendations include:

- Establishing and expanding quality programs across Ohio that emphasize intervention with the whole family, such as OhioSTART
- Expanding programs that address the unique needs of women, particularly pregnant women and mothers, who are increasingly being incarcerated in Ohio's prison and community-based correction facilities
- Creating a comprehensive plan for safe, affordable and quality housing that will meet the needs of individuals with mental health and substance use disorders so they can fully participate in community and family life

- Reducing transportation barriers to permit consistent participation in treatment and recovery support
- Providing incentives and risk management strategies to support employers in hiring employees recovering from mental illness and addiction
- Enhancing the behavioral health workforce by creating a regulatory and financing structure, including reimbursement strategies, that supports workforce equity with other parts of the healthcare system

Ohio Statewide System Improvement Program (SSIP)

SSIP is an initiative of the federal Office of Juvenile Justice and Delinquency Prevention that provides services to families in the child welfare system affected by parental substance use disorders. The project, led by the Supreme Court of Ohio, enhances and expands successful family dependency court programs at the local level and increases cooperation between courts, child welfare and substance use treatment agencies. In 2014, Ohio was one of five states selected to receive three-year federal SSIP funding, and an additional year of funding was awarded in September 2016.

Medicaid 1115 waiver request for SUD treatment

In January 2019, ODM submitted a Section 1115 demonstration waiver proposal to the federal Centers for Medicare and Medicaid Services (CMS). The purpose of the proposal is to "maintain critical access to cost-effective SUD treatment services for Ohio Medicaid enrollees and to continue the delivery system improvements for these services to provide more coordinated and comprehensive SUD treatment." If approved, it would result in greater alignment to the American Society of Addiction Medicine level of care array of services.[35]

Medicaid Mom and Baby Dyad Care model and 12-month eligibility for post-partum women

The 2020-2021 state budget includes $30.54 million ($10.06 million from the state General Revenue Fund) for continuous eligibility and dyad care targeting mothers with opioid use disorder and their infants. Ohio Medicaid will request CMS approval to allow pregnant women in the Medicaid program to have 12 months of continuous eligibility following delivery, up from the current 60-day cut-off. In addition, Ohio Medicaid will be designing a new "dyad care" model that includes coordinated services for women with OUD and babies with NAS.[36] The dyad program is currently being developed and ODM will soon be pursuing CMS approval for the continuous 12-month eligibility.

Legislative changes

Finally, the Ohio General Assembly has passed a wide range of legislation in the past several years to expand access to treatment and support recovery from addiction. For example, Senate Bill 319 passed in 2016 and implemented many reforms related to the opioid crisis, including:

- Expanding treatment for pregnant women, such as requiring OMHAS to give priority to treating pregnant women for SUD and prohibiting children services from filing a child welfare complaint solely because the mother used a controlled substance while pregnant if the mother enrolled in and completed/is completing addiction treatment

- Creating a licensing process to regulate office-based opioid treatment that provide care to more than 30 patients
- Requiring ADAMHS boards to make recovery supports available in addition to addiction treatment services

The operating budget for SFY 2018-2019 also contained a large number of addiction-related policy changes that increased access to treatment services. These include:

- Expanding the types of providers who can prescribe MAT, including advance practice nurses and physicians' assistants.
- Providing $20 million to expand treatment facilities through an appropriation for recovery housing
- Awarding $6 million to assist OMHAS-certified community behavioral health providers with hiring and developing new entry-level behavioral health professionals and incentivizing existing behavioral health professionals in attaining a higher level of professional credential

Part 4. Key informant interview findings

Key findings

- Due to the lack of reliable, quantitative data on behavioral health system capacity and unmet need, key informants provided valuable information about perceptions of substance use disorder (SUD) treatment capacity. Overall, key informants perceived that there was adequate treatment capacity, particularly for pregnant women. They also believed that families in urban and suburban communities generally have better access than those in rural areas.
- Some key informants noted differences in access to specific treatment services. Some perceived that access to medication-assisted treatment (MAT) and outpatient care are now adequate. However, they noted that MAT is not effective for non-opioid SUD and that there is strong demand for residential treatment that cannot always be met in some communities.
- There was widespread agreement that the supply of wrap-around services and recovery supports is not adequate to meet the current need of pregnant women and parents of young children. Recovery housing was described as the most critical need, but childcare, transportation, education and employment are also described as significant unmet needs.
- There does not appear to be strong collaboration between community SUD treatment providers and home visiting programs. Key informants representing the SUD treatment and recovery perspective were not very familiar with home visiting, and there appear to be many opportunities for strengthened collaboration between the Ohio Department of Mental Health and Addiction Services (OMHAS) and the Ohio Department of Health (ODH) to drive improved coordination at the local level.

HPIO conducted nine key informant interviews with 12 respondents. Seven interviews were with state agencies or state-level associations; two were with representatives of local treatment providers. Six interviews represented the substance use disorder (SUD) treatment provider perspective, while one represented addiction recovery, one represented child welfare and one represented home visitors.

Perceptions of overall treatment and wrap-around service capacity

Although there is no reliable, quantitative data to measure SUD treatment capacity in Ohio, most key informants (respondents in six of nine interviews) perceive that there is generally sufficient treatment capacity to meet the needs of communities. However, key informants did note some exceptions including the following perceptions:

- Urban areas tend to have sufficient treatment capacity, while rural and Appalachian counties do not have enough capacity to meet the need.
- Lack of behavioral health workforce, including psychiatrists, physicians who specialize in addiction, social workers, counselors and physicians waivered to prescribed buprenorphine, is a significant challenge across the state.
- There has been a strong focus on increasing access to medication-assisted treatment (MAT), but there is insufficient access to other treatment modalities and recovery supports, including residential treatment and recovery housing.

- Key informants identified black Ohioans and other Ohioans of color as populations with additional barriers to addiction treatment and recovery.

  When people want to get help, they tend to get it pretty quickly. It's not a 5-6 week wait time. Our biggest question is "where do I go?". But once they find places, they tend to get in.

  --Recovery organization representative

  In the general public, the perception is that wait times are really long. You'll hear the reality is same-day appointments are available through provider open access... There is a breakdown between perception and reality.

  --State association representative

  So yes, some providers have the capacity, but not all are willing to provide [quality, evidence-based, individualized] care.

  --Recovery organization representative

  We have capacity for the women we are serving. Maybe we don't have capacity for the women we should be serving.

  --SUD treatment provider representative

Perceived gaps and barriers to treatment for pregnant women and families with young children

Gaps in recovery supports and wrap-around services. Pregnant women are a key priority population within the addiction treatment system. Still, recovery supports are difficult to access, and parents of young children have unique challenges when receiving treatment that require more intensive wrap-around supports:

- In addition to addiction treatment, pregnant women with SUD need assistance with housing, transportation, education and employment challenges that are critical to successful recovery.
- Parents who want to access addiction treatment face many barriers, such as inability to leave work, find childcare or take children with them to residential treatment or recovery housing.

  Housing is a big issue. Also figuring out the best way to care for the women with young children and having a provision for their children so that she can get the best treatment that she can. When she's coming for appointments, making sure childcare is available. A mom with a two-year-old in a session with her will not get much accomplished.

  --SUD treatment provider representative

  The biggest barriers are not getting [parents] in [to treatment] but getting them through to completion because of things like housing. Housing is the main barrier identified for us. Parents are clean and want their kids back, but they don't have housing to bring their kids to. The sober living community they live in doesn't accept children, etc. Can't get kids back because there's no housing and can't get housing because the kids are with CPS. It's a catch 22.

--Judicial branch representative

Recovery housing is a need… Usually the reason we keep people in residential longer than we would is housing. Lack of income/burned bridges is a main barrier and if they have children, it's twice as hard.

--SUD treatment provider representative

Fragmented care and lack of information. The healthcare system can be extremely difficult to navigate. Key informants talked about stigma, fragmented care and not knowing where to go for help as major barriers to treatment. Key informants indicated that the public often has limited or skewed information about addiction treatment options. For example, some may assume that residential treatment is necessary and not realize that outpatient treatment can also be effective, and is typically more easily available. In addition, many women mistakenly believe that if they seek addiction treatment, their children will automatically be taken by children services.

One of the big things we run into is the myth that if a woman seeks treatment for SUD while pregnant and CPS finds out, that we will immediately remove the child and that is not true.

--Child welfare organization representative

In addition, key informants noted that the difficulty of sharing data across agencies and sectors is a barrier to team-based, coordinated care.

Different guidelines and standards for information sharing. Every entity/agency has their own release of information, has to be signed, specifies who can release what info to who, etc. It's a barrier to a team approach. The teams are so frustrated with it.

--Judicial branch representative

Connections between SUD treatment and home visiting

Most key informants representing the SUD provider perspective were unfamiliar with the extent to which home visitors refer families to SUD treatment. There are several opportunities to improve coordination between home visiting programs and SUD providers, including:

- Potential improvements to the OCHIDS system, such as adding screening for NAS and tracking SUD treatment referrals (e.g. implement the same type of referral tracking and follow-up currently used for parents who screen positive for depression)
- Greater use of data sharing agreements between home visiting organizations and SUD treatment providers (e.g. greater use of release of information forms)
- Better coordination between Help Me Grow Home Visiting and Early Intervention for babies born with NAS. Currently, families with a baby born with an illicit substance detected are referred to Early Intervention and are often "exited" because they are not yet showing signs of developmental challenges. On July 1, 2019, the Ohio Department of Developmental Disabilities enacted new regulations that automatically qualify babies born with NAS for Early Intervention.[37]

Opportunities for improvement and increased collaboration

Key informants identified several opportunities to address treatment gaps and treatment capacity for low-income pregnant women and parents of young children:

- Streamlined connections to needed care, such as one-stop shop services for behavioral health, substance use disorder and prenatal or pediatric care.
- Coordinated care is needed for families, not just pregnant women.
- Plans of Safe Care need to be ready at the time of delivery to help ensure referrals made to child protective services (CPS) can be appropriately screened in or out, compared to all cases being involved with CPS.
- An increase in the number of obstetricians able to prescribe buprenorphine may increase access to MAT for pregnant women with SUD.

Key informants also identified several opportunities for increased collaboration at both the state and local levels:

- State agencies, including ODH, ODM, OMHAS and ODJFS, could work more collaboratively to meet the needs of pregnant women and parents of young children with SUD.
- There could be state-level coordination of addiction treatment capacity and wait time information, such as a centralized "no wrong door" system where people seeking addiction treatment could easily access the appropriate level of care.
- Implementation of Plans of Safe Care could be improved. The state could provide oversight to ensure behavioral health providers have policies and procedures in place for developing Plans of Safe Care. Additional education for local partners would help to ensure that families are helped in a coordinated way.
- ODM and Medicaid managed care plans could do more to ensure that all claims are paid to addiction treatment providers and that the payment structure of the behavioral health system allows treatment providers to remain operational.
- On the local level, SUD treatment providers could work more closely with specialized dockets and CPS to better serve mutual clients with SUD.

Part 5. Discussion and conclusions

Given the significant challenge of addiction in Ohio, the state's capacity to provide effective substance use disorder (SUD) treatment and recovery services to pregnant women and parents with young children is critical to the wellbeing of Ohio families. Going forward, Ohio can build upon the strengths described below in order to overcome gaps and barriers through stronger collaboration and coordination and more effective resource allocation.

Strengths

- **Policies designed to increase access.** Ohio has implemented several policies that are aimed at improving addiction treatment access for low-income pregnant women with SUD. For example, Medicaid eligibility levels are designed to increase access to care for pregnant women and the Ohio Department of Medicaid (ODM) continues to develop policies and programs to better serve this population. In addition, pregnant women are identified as a priority population for publicly-funded community behavioral health providers.
- **Programs for families.** The Ohio Attorney General's Office and the Ohio Department of Mental Health and Addiction Services (OMHAS) have led development of three major programs that serve the MIECHV population with SUD (START, MOMs Program and SAPT Women's Set-Aside), and these programs have reached hundreds of families.
- **Improvements in treatment capacity.** Some key informants perceived that there have been improvements in treatment capacity in recent years, particularly for access to medication-assisted treatment (MAT) and outpatient care.

Gaps and barriers

- **Not just opioids.** Marijuana, opioids, alcohol and tobacco use during pregnancy are all significant challenges. The prevalence of alcohol and tobacco use during pregnancy is higher in Ohio than in the U.S. overall. Marijuana has consistently been the most common substance used by Ohio women with SUD at the time of delivery, with use rising steadily from 2006 to 2018.
- **Troubling trends.** Ohio experienced a troubling upward trend in Neonatal Abstinence Syndrome (NAS) starting in 2006, with a peak in 2016 and slight decline in 2017 and 2018. This coincides with an upward trend of pregnant women with drug abuse or dependence diagnoses.
- **Child welfare.** Parental drug use is a major cause of children entering the child protection system. Over 38,000 cases were identified as having a concern with parental drug use by the Ohio Department of Job and Family Services in 2016.
- **Gaps in wrap-around services and recovery supports.**
    - Secondary data show that wrap-around services that are important to the MIECHV population—such as childcare provided during treatment—are relatively rare among Ohio addiction treatment providers, particularly in rural non-Appalachian and Appalachian counties.
    - In addition, there was widespread agreement among key informants that wrap-around services and recovery supports are not adequate to meet the current need of pregnant women and parents of young children.

    - Recovery housing was described as the most critical need, but childcare, transportation, education and employment are also described as significant unmet needs.
- **Limited program reach and reliance on federal grants.** While OhioSTART, the MOMs Program and SAPT Women's Set-Aside have reached hundreds of families, 53 counties do not have any of these programs. In addition, these programs rely primarily on federal grants and could be vulnerable to future funding cuts.
- **Gaps in treatment capacity.** Key informants cautioned that while Ohio has built treatment capacity in recent years (particularly for MAT), there are still many unmet needs. They noted that MAT is not effective for non-opioid SUD and that there is strong demand for residential treatment that cannot always be met in some communities.
- **Fragmented care.** Key informants noted that the complexity of the healthcare system makes it very difficult to navigate and that restrictions on data sharing limit the ability of different providers to coordinate care.
- **Lack of data.** Overall, state agencies in Ohio do not have timely, valid and reliable data on the capacity of the behavioral health system. It is therefore very difficult to determine what additional resources are needed, how those resources should be targeted, and if recent efforts to improve capacity are working.
- **Lack of connections between SUD treatment providers and home visiting programs.** There does not appear to be strong collaboration between community SUD treatment providers and the Help Me Grow Home Visiting program. Key informants representing the SUD treatment and recovery perspective were not very familiar with home visiting, and there appear to be many opportunities for strengthened collaboration between OMHAS and the Ohio Department of Health (ODH) to drive improved coordination at the local level.

Opportunities for improvement and increased collaboration

- **Build data collection, data sharing and evaluation infrastructure.** Collect and analyze data on behavioral health treatment system capacity and effectiveness in a centralized way that supports future planning and evaluation and can be used to identify disparities and areas of unmet need.
- **Lead a comprehensive approach.** Ensure that Ohio's response to addiction is comprehensive and includes marijuana, alcohol and tobacco use during pregnancy, in addition to opioids and other illicit substances. Increase resources and develop a statewide strategy to address addiction-related harms during pregnancy, such as NAS and Fetal Alcohol Spectrum Disorder (FASD). Include multiple forms of treatment and recovery services, mother-baby dyad care and whole-family supports.
- **Extend the reach of existing programs.** Expand state-level programs that serve the MIECHV population with parental SUD (i.e., START, MOMs Program and SAPT Women's Set-Aside) so that at least one program is available in every Ohio county. Identify sustainable funding sources for these programs.
- **Expand wrap-around services.** Increase funding for and availability of wrap-around services for the MIECHV population, including:
    - Recovery housing
    - Transportation to and childcare during addiction treatment
    - Education and employment programs

- **Strengthen partnerships with child welfare.** Develop stronger partnerships between addiction treatment providers and child protective services (CPS) and establish a statewide standard for the development of Plans of Safe Care for children born to women with SUD.
- **Strengthen partnerships with home visiting.** Increase collaboration between addiction treatment providers and home visiting programs, including greater use of data sharing agreements, improvements to the OCHIDS database and strategic partnerships among ODH and OMHAS.

Part 6. Next steps for a strategic approach

Ohio could benefit from a strategic approach across agencies to address the addiction-related needs of pregnant women and families with young children. The following recommendations draw upon the findings of this report and input from the MCH/MIECHV Steering Committee and conversations with key stakeholders. These recommendations can serve as the first steps for developing a more coordinated and comprehensive plan to address Ohio's unmet needs:

- **Purpose.** The purpose of a strategic approach would be to work across systems and silos to coordinate efforts to improve the wellbeing of children and families affected by substance use disorder (SUD). More specifically, this approach could:
    - Build an effective data collection, data sharing and evaluation infrastructure
    - Advocate for extension of existing programs (such as Ohio START and the MOMs Program) and expansion of wrap-around services (including recovery housing, child care and transportation).
    - Make any needed systems or policy changes to facilitate strong partnerships at the state and local levels between behavioral health treatment and recovery providers, children services agencies, home visiting programs and other relevant sectors or organizations.
- **Leadership and coordination.** The strategic approach is most likely to be effective if a single state entity takes a leadership role in convening key partners.
- **Participating agencies.** Leadership and involvement of the following state agencies would be critical for developing a comprehensive approach:
    - Governor's Advisory Committee on Home Visitation
    - Governor's Office of Children's Initiatives
    - Ohio Attorney General's Office
    - Ohio Children's Trust Fund
    - Ohio Department of Developmental Disabilities
    - Ohio Department of Education
    - Ohio Department of Health
    - Ohio Department of Job and Family Services
    - Ohio Department of Medicaid
    - Ohio Department of Mental Health and Addiction Services
    - Ohio Family and Children First
    - RecoveryOhio
    - Supreme Court of Ohio
- **Additional organizations.** Other state-level associations and organizations would also be valuable partners to increase coordination. Examples include: Public Children Services Association of Ohio (PCSAO), Ohio Association of County Behavioral Health Authorities (OACBHA), Ohio Council of Behavioral Health Providers, Ohio Perinatal Quality Collaborative (OPQC) and Association of Ohio Health Commissioners (AOHC).

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