

Ashtabula County Mental Health and Recovery Services Board  
 CCIM4C Strategic Plan Map: Treatment

**Statement of how the plan is related to at least one of Ohio’s CURES Act Goals: (1) reducing OUD deaths and (2) increasing access to treatment (including MAT):**  
 Increase access to residential treatment for persons with opiate use disorder

**Population of Focus:**  
 Adult residents of Ashtabula County who have an opiate use disorder.

**Theory of Community Change:**  
 Increase the availability of residential treatment beds for Ashtabula County residents in need of this level of care as measured by an increase in capacity of 5 in-county residential treatment beds by Fiscal Year 2019.  
 Residential treatment beds are available in sufficient quantity to meet the need of Ashtabula County residents as measured by a 20% reduction in the Fiscal Year 2018 waiting list for residential treatment by Fiscal Year 2019 ending.

Community Logic Model – Theory of Change				Theory of Action		Measurable Outcomes		
Opioid Use Disorder Outcome	Causal Factor	Root Causes	Evidence-Informed Strategy(ies)	Lead Partner for Strategy & Approximate Budget	Time Line	Outcome for the Root Causes (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome
Increase access to residential treatment for persons with OUD.  <u>Suggestion for future:</u> (1) Consider revising the causal factor so that it is different from the outcome. Why is access an issue? (1 provider). Why is there only one provider (root cause)?	Persons with OUD who need a residential level of care are not able to access the service in a timely fashion.  <u>Suggestion for future:</u> (2) your Theory of Change boxes should match the narrative theory above	The MHRS Board has one contract with one in-county residential treatment provider with a capacity of 30 beds.	The Ashtabula Mental Health and Recovery Board will contract with a provider for an additional 250 residential bed days per year.	The Mental Health and Recovery Services Board will implement the strategy because it has the responsibility for funding services needed by its priority populations. The anticipated budget for this strategy is \$100,000.	The strategy will be implemented in Fiscal Year 2019.	The MHRS Board contracts for additional residential treatment beds as measured by an increase in capacity of 5 in-county residential treatment beds by Fiscal Year 2019.  <u>Suggestions for future:</u> (1) Your outcomes will map directly to any changes you make in your theory of change so these may need to change as your theory of change evolves. (2) contracting for the additional beds is the strategy. The short-term outcome can be an increase of 5 residential beds by the end of SFY19.	Residential treatment beds are available in sufficient quantity to meet demand as measured by a 20% reduction of a waiting list for residential treatment by Fiscal Year 2019 ending.  <u>Suggestion for the future:</u> (1) The mid-term outcome here is to reduce the waiting list for residential treatment by 20%.	Increase access to residential treatment for persons with OUD as measured by the availability of 35 in-county residential treatment beds.
The Mental Health and Recovery Services Board Resource Assessment indicates the availability of one residential treatment provider that contracts with the Board in Ashtabula County.	The MHRS Board Resource Assessment indicates a waiting list for residential treatment averages 15 males and 15 females at any point of time in 2017 and 2018	During 2017 and 2018 Turning Point Residential Treatment facility indicates a wait list of 30 persons at any one point in time.						

**Coalition/Group Name:** Ashtabula County Mental Health and Recovery Services Board  
**County:** Ashtabula  
**Date Submitted:** 4/12/2019  
**Date Reviewed:** 4/30/2019

**Ohio's Community Collective Impact Model for Change (CCIM4C)  
 Strategy Description Form**

**TREATMENT**

**Overview of the Strategy (Please answer each question using 100 words or less for each response.)**

Using the results of your needs assessment as a guide, please provide a concise description of your strategy including the following ten (10) elements:

1. Who is the intended recipient (priority population) of this strategy?

**Persons with opiate use disorder who are in need of a residential treatment level of care.**

2. How will you address the unique needs of the service population?

**The unique needs of this service population will be addressed by assuring the appropriate level of care is available to meet treatment needs.**

3. What is the strategy that will be implemented?

**The Ashtabula Mental Health and Recovery Board will contract with a provider for an additional 250 residential bed days per year.**

4. What is the history of this strategy in the community? (i.e., Has this strategy been implemented before in the community? Is it a continuation of an existing strategy? Is it an expansion of an existing strategy? Is it a brand new strategy?)

**Historically, the Mental Health and Recovery Board has only funded residential treatment through its contract provider, Lake Area Recovery Center.**

5. What agency/organization will implement the strategy? Why is this agency/organization taking the lead on this strategy?

**The Mental Health and Recovery Services Board will implement the strategy because it has the responsibility for funding services needed by its priority populations.**

6. How will this strategy be funded and what is the anticipated cost associated with the strategy? (Please specify source of funds – grant, general revenue, in-kind support, etc.; funding agency/organization if applicable; etc.).

**The Mental Health and Recovery Services Board will provide the funding of \$100,000.**

7. Where will it be implemented?

**The strategy will be implemented at Glenbeigh Inpatient Treatment in Rock Creek, Ohio.**

8. When will it be implemented?

**The strategy will be implemented in Fiscal Year 2019.**

9. How will it be implemented?

**The Mental Health and Recovery Services Board will contract with Glenbeigh to provide 250 residential treatment bed days.**

10. What challenges and/or barriers do you expect to encounter when implementing the strategy?

**A challenge in implementing this strategy will be to ensure that all organizations that interact with persons who have an opiate use disorder are aware of a new site for residential treatment.**

**Demonstrate a Conceptual Fit with the Community’s Opioid-Related Priorities (250 words or less)**

How is the strategy relevant to the data from your needs assessment?

**The strategy is relevant to the data from needs assessment by addressing the need to reduce wait time for residential placement.**

**Demonstrate a Practical Fit: Theoretical “if-then” Proposition**

Please include the “if-then” proposition for this strategy from your coalition/group’s strategic plan map.

**If the MHRS Board implements the strategy of contracting for 250 additional residential treatment bed days, then we can expect increased access to residential treatment for persons with Opiate Use Disorder (OUD). If we increase access to residential treatment than we can expect more individuals with OUD receiving appropriate treatment. If we have an increase in individuals with OUD entering residential treatment then we can expect more individuals with OUD achieving and sustaining recovery.**

**Demonstrate a Cultural Fit (250 words or less)**

Based on the results of your needs assessment, how does this strategy align with the needs of the population? Think about the following:

- Why are you choosing this specific strategy for this specific population?
- How does your workforce/partnerships/collaborations for this project reflect the needs of the population?

**The MHRS Board has one contract with one in-county residential treatment provider with a capacity of 30 beds. During 2017 and 2018 Turning Point Residential Treatment provider indicated a wait list of 30 persons at any one point in time. In addition, information from the Board’s providers who work in the county jail provided ongoing information in Fiscal Year 2018 of waiting lists for residential treatment resulting in lengthier jail times for persons with opiate use disorder. The Quick Response Team also identified the need for additional residential treatment beds when attempting to link persons who had overdosed with the appropriate level of care.**

**Demonstrate a High Likelihood of Sustainability within the Community (250 words or less)**

How will the opioid ecosystem sustain this strategy in the community? Please consider the following resources: time, money, human resources, political support, etc..

**The ecosystem includes members of law enforcement, providers, and organizations that provide information and services to persons with opiate use disorder and their families/significant others. These individuals and organizations will be provided with information regarding this additional resource and referral procedures. They will assist in**

sustaining the strategy by informing individuals in need of services, their families/significant others, and community members of the availability of additional residential treatment.

<p><b>Demonstrate Effectiveness (What is the evidence that the strategy will work?)</b></p>
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A. If you are implementing a **workforce development or infrastructure development strategy**, please place an “X” next to the description that best fits the strategy:

- This is not a workforce development or infrastructure development strategy.
- Expand evidence-based treatment for opioid use disorder, including MAT and behavioral therapies.
- Improve education in treatment of opioid use disorder for health care providers.
- Increase access, availability, and provision of evidence-based resources for women with opioid and/or other substance use disorders who are pregnant and/or newly parenting
- Increase access, availability, and provision of high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms
- Improve access, availability, and distribution of overdose-reversing drugs
- Improve access, availability, and distribution of safe injection equipment or other harm reduction strategies.
- Improve access to comprehensive and sustainable (i.e., beyond one day events) drug take-back programs.
- Increase access, availability, and provision of supportive housing for individuals in recovery
- Increase access, availability, and provision of mental health consumer organization groups to provide peer recovery support (e.g., self-help, advocacy, stigma reduction, etc.)
- Increase the availability and quality of long-term recovery supports for individuals in or seeking recovery from addiction.

B. For **any other strategy**, please describe the evidence or support for documented effectiveness to select the intervention and include it in the CCIM4C strategic plan. And complete the supplemental document.

1. Is the strategy included in Federal registries of evidence-based interventions?
  - a. Yes or No
  - b. If yes, please provide supporting documentation. Please type your response here or you may attach any additional information.
  - c. If no, please continue to question 2.
2. Has the strategy been reported (with positive effects on the priority targeted outcome) in peer reviewed journals?
  - a. Yes or No
  - b. If yes, please list supporting documentation. Please type your response here or you may attach any additional information.
  - c. If no, please continue to question 3.
3. Does the strategy have documented effectiveness supported by other sources of information and the consensus judgement of informed experts as described in the following set of guidelines, *all of which must be met*:
  - a. Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model.
    - i. Please provide supporting documentation. Please type your response here or you may attach any additional information.
  - b. Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature.

- i. Please provide supporting documentation. Please type your response here or you may attach any additional information.
- c. Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects.
  - i. Please provide supporting documentation. Please type your response here or you may attach any additional information.
- d. Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.
  - i. Please provide supporting documentation. Please type your response here or you may attach any additional information.

<b>Evaluation</b>
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1. Please describe your intervening variable and your outcome variable and how you will track outcomes and demonstrate success. Please indicate any quantitative or qualitative measures you will be tracking.

**The intervening variable is access to the needed level of care and the outcome variable is the number of additional residential treatment bed days provided in Fiscal Year 2019. Outcomes will be tracked via service utilization reports and feedback from referral sources regarding residential treatment availability.**

2. Who will collect and analyze data?

**The Ashtabula County Mental Health and Recovery Services Board will be responsible for data collection and analysis.**

3. How the data will be shared and with whom?

**A written report of findings will be shared with the Ashtabula County Mental Health and Recovery Services Board and Substance Abuse Leadership Team.**

4. What costs are associated with the evaluation and how will the evaluation be funded? If there are no costs, please explain why there are no costs.

**The MHRS Board’s contract evaluator collects data regarding service utilization and therefore there will be no additional costs for the evaluation.**