MONTGOMERY

Ohio

MONTGOMERY
COUNTY

Report to Improve Alcohol & Other Drug Abuse & Addiction Services

IN MONTGOMERY COUNTY

EXECUTIVE SUMMARY

FAMILY AND CHILDREN FIRST COUNCIL
MONTGOMERY COUNTY

EXECUTIVE SUMMARY

Individuals impacted by alcohol and other drug (AOD) abuse and addiction can be found in every neighborhood of every community in Montgomery County. AOD abuse and addiction does not discriminate against any race, gender, or socioeconomic background. Furthermore, the level by which people are impacted by abuse and addiction varies significantly; some individuals are in the early stages of abuse while others have struggled with the disease of addiction for many years. Given the extreme variations, it is understandable that there are no easy solutions to this community issue.

In recognition of the turmoil that AOD abuse and addiction have on our community, the Montgomery County Board of County Commissioners established the **Montgomery County Alcohol and Drug Abuse Task Force** in May of 2008. The Task Force is chaired by Montgomery County Commissioner Dan Foley and President of Premier Health Partners, Jim Pancoast, and includes many key community stakeholders.

The Task Force combined their efforts with members from virtually every sector of our community. Nearly 150 community members and stakeholders participated in these efforts, including representatives from social services, treatment and prevention, housing and homelessness, behavioral and physical healthcare, public administrators, policy makers, criminal justice, community members, and individuals currently in recovery. These professionals represent a broad spectrum of disciplines that join the battle against AOD abuse and addiction every day with their clients. This inclusive group of dedicated and knowledgeable professionals, community members, and key stakeholders was charged with assessing the public and private AOD systems and identifying recommended paths for change using a cross-systems approach.

The continuum of AOD services is widespread and incorporates research and knowledge that has accumulated over the last several decades. Acknowledging that effective community solutions had to be holistic, the Task Force engaged in a process that incorporated the entire spectrum into their work: prevention, intervention (or assessment), treatment, aftercare, and enforcement and compliance efforts. This process also considered different populations—from the young to the elderly, and including special populations such as homeless individuals and individuals with disabilities and co-occurring disorders.

To support the work of the Task Force, the County engaged the University of Dayton's Center for Business and Economic

Research and Wright State University's Center for Intervention, Treatment, and Addictions Research to collect critical data and analyze the community's needs with respect to alcohol and other drug abuse and addiction. Three critical reports on community trends and data were created as a result: *The Montgomery County Substance Abuse Needs Assessment: Phase One, The Montgomery County Substance Abuse Needs Assessment: Phase Two,* and *The Inmates Who Use Jail Services Extensively Study.* Information extrapolated from these reports was utilized by the AOD Task Force for decision-making purposes.

The Task Force members participated in a SWOT analysis in order to assess the Strengths, Weaknesses, Opportunities, and Threats of the alcohol and drug abuse/addiction services and systems in Montgomery County as a whole. The responses provided during this process were used to determine a set of strategic goals, objectives, and proposed initiatives for the future improvement of AOD services in Montgomery County. From this work, five goal areas were established and a subcommittee was assigned to each area:

- Bridging the Gaps Subcommittee—Bridge the gaps across assessment, treatment, and aftercare/recovery services
- Data Sharing Subcommittee—Improve the process for the collection and sharing of data on individuals and populations
- Detox Subcommittee—Improve Montgomery County's capacity to provide detox services
- Prevention Subcommittee—Develop a comprehensive, coordinated, county-wide prevention and community education system
- Repeat Offenders Subcommittee—Strengthen intervention and resources for repeat offenders

Each subcommittee was given the charge of developing a set of recommendations related to their respective goal area. All subcommittees completed a written report describing their subcommittee process, the work they accomplished, and their findings and recommendations.

The subcommittees devised a combined total of 83 recommendations. Many of these recommendations were duplicated across subcommittees; therefore, it was necessary to transform the broader set of recommendations into a smaller amount of merged recommendations. This consolidation process reduced the total 83 subcommittee recommendations into 32 Task Force recommendations that address gaps in services and systemic barriers, and improve our overall AOD systems and services. These recommendations will be used to guide Montgomery County once the implementation of the recommendations has begun.

TASK FORCE RECOMMENDATIONS

Infrastructure/Capacity Building
- Establish and designate an entity responsible for providing oversight to the AOD Task Force recommendations with staff time devoted to implementation.
- Encourage the utilization of best practices in the establishment of system-wide protocol that is consistently monitored for effectiveness and efficiency, responds to emerging needs and technology, and focuses on the development of process and outcome measures.
- Establish county-wide partnerships/collaboratives for community planning—including grassroots and faith-based providers—to ensure that systems can share client information and work together to address client barriers.
- Increase funding that comes into the county by actively exploring non-local funding sources and capitalizing on existing local funding sources for services along the continuum.
- Advocate for local/state funding decisions to be data-driven and restructure the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board for Montgomery County funding system by aligning ADAMHS funding priorities with AOD Task Force recommendations, instituting an open proposal system, and providing incentives to providers who produce positive outcomes.
- Expand the community's capacity to provide detox service by training all non-medical staff in Clinical Institute Withdrawal Assessment for Alcohol (CIWA-A) and Clinical Institute Narcotics Assessment (CINA), establishing a Medical Detox Team and implementing ambulatory detox guidelines at the hospitals, developing community Sobering Centers and a Detox Triage Hotline at CrisisCare, conducting community campaigns to attract professional staff to Project CURE, and to educate the public on the proper use of ERs.

Prevention
- Create a prevention collaborative with staff responsible for implementing the prevention recommendations.
- Promote the use of a unified consistent prevention message that adopts the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) definition of prevention and includes tobacco in prevention efforts.
- Advocate for policies that will reduce the availability of and access to alcohol, tobacco, and other drugs (ATOD) and enforce consequences for ATOD-related offenses.
- Encourage the creation and continuation of community and neighborhood prevention coalitions.

- Create a comprehensive asset development system as the foundation of universal prevention.
- Provide educational opportunities and encourage prevention certification.
- Create a "rapid response communication mechanism" to notify the public of drug-related public health problems.
- Conduct public education for community mobilization and stigma reduction that involves engaging local media.

Linkages
- CrisisCare should schedule assessments 24 hours per day/7 days per week, provide assessments within 24 business hours of referral, and immediately schedule appointments with a provider post-assessment.
- Develop new pre-treatment services at CrisisCare.
- Expedite linkages both pre- and post-detox from hospitals by transferring all eligible persons to the Dayton Veterans Affairs (VA) Medical Center for detox services, allowing patients assessed by a Medical Detox Team to obtain a bed-to-bed transfer, and reinstituting the Fast Track program at Project CURE.
- Expand Adult Drug Courts' capacity to serve more people and engage criminal justice offenders early in the process by developing a uniform system to identify appropriate offenders for Drug Court, conducting CrisisCare assessments in the jail, and allowing individuals to enter rehabilitation facilities pre-detox.
- Promote linkage to treatment for criminal justice offenders by creating a liaison position to link Drug Court and treatment providers, providing a case manager in the jail to coordinate treatment options, and developing an appeals process for treatment denial.
- Expand Juvenile Drug Courts' capacity to serve more people and promote access to services for juvenile criminal justice offenders by streamlining the process to move youth from outpatient to residential treatment and developing alternative financial approaches for juveniles in families that have healthcare insurance.
- Promote post-treatment success by providing appropriate wrap-around services and promoting family involvement in Adult Drug Court.

Treatment
- Train all treatment agencies on motivational interviewing and working with people with disabilities.
- Establish 3-tiered case management services for up to 12-18 months.
- Include day treatment at the frequency, intensity, and duration that the client needs and pursue a waiver from ODADAS to make it reimbursable.
- Increase Integrated Dual Diagnosis Treatment (IDDT) programs to serve consumers with dual diagnoses who are heavy users of AOD services.

- Develop intervention programs for families with members in both Juvenile and Adult Drug Courts.

Data Sharing
- Develop a sophisticated electronic system for collecting/exchanging data that incorporates community dashboards and is usable, actionable, allows for apples-to-apples comparisons, and ensures that the data allows agencies to track where clients have accessed services in real-time.
- Examine HealthLink Information Exchange (HIEx) as a potential backbone exchange for this new data sharing system and as a common Electronic Health Record.
- Open up JusticeWeb to provider and ADAMHS access.
- Develop an automated data sharing system, possibly through Greater Dayton Area Hospital Association (GDAHA) Surgenet system that provides hospitals with real-time treatment bed availability information.
- Encourage hospital and criminal justice entities to share relevant data systems.
- Have ADAMHS take the lead in prioritizing data sharing for their network of providers.

A variety of themes surfaced out of the subcommittee recommendations, which ultimately resulted in the following five key principles that served as the driving force for the remainder of the AOD Task Force work:
- The **INFRASTRUCTURE** necessary for Montgomery County to provide quality AOD services requires an increased capacity to work collaboratively across and between systems and services.
- **PREVENTION** services are critical to thwarting the detrimental effects of AOD abuse and addiction and are vital in building resilient and productive Montgomery County residents.
- High-quality **TREATMENT** services that meet each individual's unique needs and circumstances should be available and accessible to all individuals struggling with addiction.
- **LINKAGES**, or transition services between prevention, assessment, treatment, and aftercare, should exist along an unbroken continuum so that individuals do not have the opportunity to fall through the cracks.
- The capability to **SHARE DATA** across systems currently exists and implementation of those data sharing mechanisms would enhance overall service provision and client care.

The AOD Task Force has achieved significant milestones for fostering community collaboration in Montgomery County. The process of pulling together a broad cross section of our community to address AOD issues has resulted in some early achievements for Montgomery County. These accomplishments represent the first step among many in our battle against alcohol and other drug abuse and addiction. **But our work is just beginning.**

Taking action to improve Montgomery County's AOD services will require many changes. In order to implement the Task Force recommendations, financial resources—both new dollars and a reallocation of current dollars—will be necessary as will targeted state advocacy efforts, and the right human capital. Even more important will be the community's willingness to be accepting of new concepts and methodologies.

The work and recommendations of the Task Force reinforce the critical need for the community to work as a comprehensive unit. Divisions within and between community sectors will continue to burden Montgomery County citizens if barriers are not consciously eliminated. Our capacity to provide better AOD services relies on our ability to identify community solutions on a large scale and as an entire community. Please join us as we take these first steps towards improving the AOD services and systems in Montgomery County.

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MONTGOMERY COUNTY
Alcohol *&* Drug
Abuse Task Force

FAMILY AND CHILDREN FIRST COUNCIL
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