



C O P - R C O R P

Communities of Practice for Rural Communities Opioid Response Program

Core Activity #4: Workforce Development Plan

Ashtabula County, OH

Ashtabula County Substance Abuse Leadership Team

Ashtabula County Mental Health & Recovery Services Board

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Acknowledgements

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Ohio University's Voinovich School of Leadership and Public Affairs (OHIO) and the Pacific Institute for Research and Evaluation (PIRE), through a shared services and braided funding approach, work directly with project directors from the five CoP-RCORP backbone organizations to provide leadership, training, capacity building, technical assistance and evaluation services, and management oversight for project activities. The project directors then bring back the shared learnings and experiences from the community of practice to their respective community-specific consortium, which is responsible for leading project activities within the five Ohio communities. This workforce development plan represents the shared work of the Ashtabula County Substance Abuse Leadership Team (local consortium), the Ashtabula County Mental Health & Recovery Services Board (backbone organization), and the CoP-RCORP Training, Technical Assistance, and Evaluation Team (OHIO and PIRE).

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Workforce Development Plan

Communities of Practice for Rural Communities Opioid Response Program (COP-RCORP)

Ashtabula County Substance Abuse Leadership Team (SALT)

Ashtabula County Mental Health & Recovery Services Board

October 25, 2019

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Introduction

RCORP-Planning

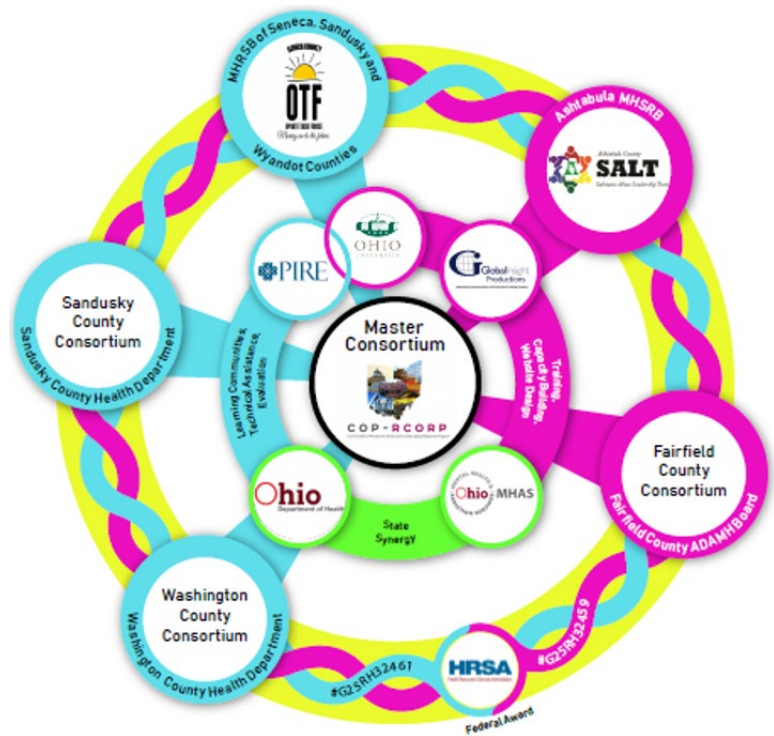
The Rural Communities Opioid Response Program (RCORP) is a multi-year initiative supported by the Health Resources and Services Administration (HRSA), an operating division of the U.S. Department of Health and Human Services, to address barriers to access in rural communities related to substance use disorder (SUD), including opioid use disorder (OUD). RCORP funds multi-sector consortia to enhance their ability to implement and sustain SUD/OUD prevention, treatment, and recovery services in underserved rural areas. To support funded RCORP consortia, HRSA also funded a national technical assistance provider, JBS International.

The overall goal of the planning phase of the RCORP initiative is to reduce the morbidity and mortality associated with opioid overdoses in high-risk rural communities by strengthening the organizational and infrastructural capacity of multi-sector consortiums to address prevention, treatment, and recovery. Under the one-year planning initiative, grantees are required to complete five core activities. The fifth core activity is to complete a sustainability plan for the consortium. This report contains the local consortia's workforce development plan from the planning phase.

CoP-RCORP Consortium

The Communities of Practice for Rural Communities Opioid Response Program (CoP-RCORP) Consortium was created in 2018 when Ohio University's Voinovich School of Leadership and Public Affairs (OHIO) and the Pacific Institute for Research and Evaluation (PIRE) braided together funding from two separate awards (G25RH32459-01-02 and G25RH32461-01-06). OHIO and PIRE then offered equitable access to five backbone organizations in the rural communities of: Ashtabula, Fairfield, Sandusky, Seneca, and Washington Counties. An organizational chart of the braided CoP is included here for quick reference. More information about the organizational structure, co-developmental process, and shared economy may be found on the project website:

<https://www.communitiesofpractice-rcorp.com/>



Workforce Development Plan Overview

Although Workforce Development is critically important to successfully addressing SUD/OUD, it has not received much attention at the state level in Ohio and there have been few resources devoted at the state and local levels to assessing workforce needs and gaps and to addressing development and retention needs of the SUD/OUD workforce. RCORP-Planning Core Activity 4 provided the Ashtabula County Substance Abuse Leadership Team (SALT) with an opportunity to better understand its current workforce along with needs of the workforce. Because this is a new area, work by SALT on its SUD/OUD workforce will be ongoing throughout the RCORP-Implementation project.

The Workforce Development Plan that follows below assesses SUD/ODU workforce needs and gaps, articulates goals and activities designed to facilitate progress toward improving recruitment, training, and retention of the Ashtabula County SUD/ODU workforce. The plan also identifies opportunities at the federal, state, and local levels that will contribute to further development of the Ashtabula County SUD/ODU workforce. This Workforce Development Plan will result in the formation of three workgroups (subcommittees of the OTF) that will work on each priority area.

Current SUD/ODU Workforce in Ashtabula County

During the process of writing the RCORP-Planning and RCORP-Implementation grant submissions to HRSA, COP-RCORP local consortia gathered data about their community's existing SUD and OUD workforce. Local consortia drew from these data, as well as data collected as part of their Needs and Gaps Assessment to respond to guiding questions provided by OHIO and PIRE regarding the current needs and gaps of the SUD and OUD workforce. These guiding questions operationalized the workforce plan guidance provided by HRSA and JBS, the national RCORP-Planning technical assistance provider.

According to the US Census Bureau, the population of Ashtabula County has decreased by 3.9% from 2010 to 2018. Population losses have been the result of significant net out-migration which has averaged 500 per year since 2003. The county has typically shown little employment growth since 2010, and Ashtabula County residents have lower educational achievement when compared to all Ohioans. Based on 2014 employment and travel data, nearly half of the resident workers are employed outside the county. Residents traveling outside the county for work tended to have higher incomes. The Ashtabula County Community Action Agency 2018 Needs Assessment Report noted that a lack of jobs remains a significant issue, though the three survey trend shows it dropping in the ratings each time. Employers still cite difficulty finding skilled/qualified employees and low-skill workers still have difficulty obtaining employment that pays a living wage.

These general workforce issues also relate to the SUD and OUD workforce. Meanwhile, a number of environmental changes have increased the need and demand for services for persons with substance use disorders. The Affordable Care Act increased the number of persons eligible for health care and included parity for substance use disorders. Medicaid expansion in Ohio resulted in an increased number of persons with substance use disorders who could afford treatment. The opiate epidemic and resultant overdose deaths required different levels of expertise, different evidence-based treatment modalities, and an expanded system of care for detoxification services, Medication Assisted Treatment, residential treatment, and recovery housing. For example, the number of persons served by the MHRS Board system who had an opiate use disorder in Fiscal Year 2011 was 226 compared to 677 persons in Fiscal Year 2018. In addition, treatment of persons with substance use disorders has expanded to include healthcare organizations and throughout various criminal justice settings such as specialized docket courts, jails, and prisons.

Ashtabula County's SUD/ODU workforce is very tight, as the limited number of qualified candidates are already employed by one of the providers. Providers must engage already employed qualified workers through community outreach efforts in hopes of enticing workers to their employ from other providers. Providers also have to be diligent in offering competitive wages and benefits and provide an engaging and appreciative workplace to maintain current staff and prevent "poaching" by other providers. For some providers, the number of positions has increased because of recent growth and will increase after the addition of new services and existing program expansion. Some providers feel the workforce has been fairly stagnant over the last 10 years of hiring for SUD positions. Additionally, there are limitations posed by the county's rural geography and the uneven distribution of services throughout the county.

Areas of workforce shortages are evident in prevention, treatment, and recovery support services. There is only one certified Prevention Specialist providing SUD prevention in Ashtabula County, while five treatment

providers are responsible for providing the full continuum of SUD/ODU care from early identification to detoxification, to ambulatory withdrawal management, residential treatment, MAT, and outpatient services (Table 1). There are four treatment centers, four MAT treatment centers, and two residential treatment centers in the county. The MHRS Board has one contract with one in-county residential treatment provider with a capacity of 30 beds. The treatment area also has shortages in licensed counselors. Expanding SUD/ODU workforce capacity and integrating primary care and behavioral health services are key areas in need of attention.

Table 1. SUD/ODU Treatment Providers in Ashtabula County

Name of Provider	Address	Description of Services
Community Counseling Center of Ashtabula County	2801 C Court Ashtabula, Ohio	<ul style="list-style-type: none"> • Assessment • Individual, Family, and Group Counseling • Intensive Out-Patient Treatment • Medication Assisted Recovery • Transitions to Recovery (Ambulatory Detox) • M.O.M.S. Recovery Housing • Case Management
Glenbeigh	2863 State Rte 45, Rock Creek, OH 44085	<ul style="list-style-type: none"> • Outpatient Assessments • Inpatient Detoxification/Withdrawal Management • Inpatient Residential • Partial Hospitalization Program • Intensive Outpatient Program (both day and evening) • Aftercare/Continuing Care Groups • Extended Residential Treatment and Transitional Living • Family Program • Several Specialty Population Groups
Lake Area Recovery Center	2801 C Ct # 1, Ashtabula, OH	<ul style="list-style-type: none"> • Assessment • Individual and Group Counseling • Intensive Outpatient Groups • Non-medical Residential • Recovery Housing • Case Management Services • Medical Assisted Treatment (Vivitrol only) • Host Self-Help Meetings: 2 Smart Recovery Meetings, Heroin Anonymous , and Crystal Meth Anonymous • Random Urine Drug Screening Analysis • Peer Support including a Family Peer Support person through Ohio START program with CSB
Square One Health	620 W. 44 th Street Ashtabula, OH 44004	<ul style="list-style-type: none"> • Non-medical residential treatment (Men)
Signature Health	4726 Main Avenue, Ashtabula, OH	<ul style="list-style-type: none"> • Assessment • Individual & Family Therapy • Case Management, including walk-in case management • Peer Support • Medication Assisted Treatment, including

Name of Provider	Address	Description of Services
		suboxone and vivitrol <ul style="list-style-type: none"> • Dual Partial Hospitalization Program (5 days/week) • Intensive Outpatient Program Men's Ongoing Recovery Support group • Women's Ongoing Recovery Support group • Client run support groups on site: Alcoholics Anonymous, Heroin Anonymous, Close to the Edge (MAT support group)

Table 2 shows the number of professional staff serving Ashtabula County. The current service capacity does not address demand, particularly for detoxification services and residential treatment facilities. Due to this limited capacity, the county experiences significant wait times for treatment. During 2017 and 2018, Turning Point Residential Treatment Facility indicated a wait list of 30 persons at any one point in time.

The available workforce numbers are higher than those actually available to provide outpatient treatment services to the majority of persons served by the public system of care due to one of the five providers (Glenbeigh) that operates a 24/7 inpatient facility that serves many individuals who are not Ashtabula residents. For clarification, this provider served 18 MHRS Board clients who received Medicaid in SFY 2018 and 8 clients in SFY 19. This represents less than 1% of persons with SUD served by the MHRS Board in those fiscal years. Although this provider has the largest SUD workforce in Ashtabula County, it serves very few residents with SUD/ODU whose treatment is funded by Medicaid. 48 of the 120.9 SUD/ODU workforce (40%) are employed by this provider.

Table 2 includes Glenbeigh's workforce numbers as part of the entire workforce to accurately portray the SUD/ODU workforce currently serving MHRS Board clients. Additionally, two providers serve both SUD and mental health clients, and many staff serve clients who are dually diagnosed. In these cases, the amount of time devoted solely to persons whose primary diagnosis was SUD was estimated in Table 2.

Table 2. SUD/ODU Workforce

Type of Provider	Number of Providers in the Service Area	Location
Prevention Professionals (OCPSA, OCPS, OCPC)	1	Ashtabula
Addiction Medicine	4 (4/4 Glenbeigh)	Rock Creek
MD/DO	4 (4/4 Glenbeigh)	Rock Creek
Psychiatrists	3.25 (3/3.25 Glenbeigh)	Rock Creek, Ashtabula
APRNs	0	
Psychologists	.50	Ashtabula
Licensed Clinical Social Workers	8.4 (3/8.4 Glenbeigh)	Ashtabula, Conneaut, Rock Creek
Professional Counselors (LPC, LPCC)	7.75 (3/7.75 Glenbeigh)	Conneaut, Ashtabula, Rock Creek
Licensed Chemical Dependency Counselors	21(14/21 Glenbeigh)	Ashtabula, Conneaut, Rock Creek
Chemical Dependency Counselor Assistant (CDCA)	22 (4/22 Glenbeigh)	Ashtabula, Conneaut, Rock Creek
Peer Support Specialists	6	Ashtabula
Dual Credentialed (Combination of LSW, LPC, LPCC, LCDC)	22 (13/22 Glenbeigh)	Rock Creek, Ashtabula
Case Management	21	Ashtabula, Conneaut, Rock Creek

Table 3 shows the number of prescribers currently providing MAT. Consortium leaders have noted MAT availability is limited due to the small number of prescribers currently providing MAT. There are four MAT treatment centers. The provider Glenbeigh employs two of the four physicians currently providing MAT; however, this provider serves less than 1% of MHRS Board clients.

Table 3. Number of Prescribers Currently Providing MAT

Health Care Providers with a Waiver to Provide MAT	Number of Providers in the Service Area
Physicians	4 (2/4 Glenbeigh)
Nurse Practitioners	0.5
Physician Assistants	0
Other Mid-Level Prescribers (CNM, CRNA, etc.)	0
LPN	0.5

Ashtabula County has recovery supports in place that include supported employment, recovery housing for men and women, recovery housing for mothers and young children, parenting classes, GED, transportation assistance, and other services. There is a shortage of certified peer supporters. Current peer support training is provided for five consecutive days and has not been provided in Ashtabula County since FY 2016. Recovery support services are also limited by the number of available case managers.

Ashtabula County SUD/OD Workforce Needs and Gaps

Recruitment

Providers identified 13 current vacant positions in the areas of SUD Counselors, Nurses and Case Managers. These vacant positions contribute to difficulty in meeting demand with an increasing need for OUD services. One of four providers indicated a 4-6 week waitlist for case management services. Some providers indicated that caseloads are higher due to workforce shortages for SUD/Dual-Diagnosis services and case management services. Also, caseloads are higher for those serving individuals with more restrictive insurance such as those who are privately-insured or have Medicare.

Providers have described a lack of qualified candidates due to the inability to access a local college degree program that results in licensure, as well as a local population with lower educational attainment than Ohio averages. While the local university branch offers courses that can be used toward entry-level positions, there is no college program that would result in SUD/OD licensure or higher education. For example, it is typically easier to hire case managers, but not therapists. Persons who obtain an Associate’s degree often are not prepared for the actual work required and may have unrealistic expectations of what they can do and earn.

Another barrier is location, as it is sometimes difficult to recruit in and for a large rural county. Further, contiguous counties can typically offer better pay.

Retention

Ashtabula County SUD providers are typically competing for the same SUD/OD workforce pool. However, private practice draws some qualified candidates away from community practice (sometimes due to scheduling freedom or burnout). One provider is a hospital, requiring a 24-hour care schedule. Many potential workforce candidates are looking for a less restrictive work schedule (M-F, no weekends). Sometimes,

providers are losing potential SUD/ODU workforce to a desire to serve other populations or a less intensive population. One provider reported losing a credentialed employee to the manufacturing workforce, as there were more financial incentives and room for promotion without requiring additional education. Some upper advanced degreed staff left positions when managed care came into play as the Managed Care companies hired Care Managers who could work from home and earn more salary.

All providers indicated that they do not have specific career ladders in their organizations. Higher education and licensure can lead to more career opportunities throughout the field. One provider indicated that they always seek to hire from within their organization and that persons can move up not only in the SUD field, but can also obtain jobs in their human resources and other departments. Another provider implements an annual Leadership Retreat for all Clinical Supervisors and the Executive Management Team to review needs, goals and plans for the following year. Each individual team also has a half-day retreat once a year.

There are issues with staff retention due to the absence of an organized training and wellness program for SUD employees. Community SUD/ODU work can be intensive and sad. Coping with intensive caseloads in addition to client relapse and sometimes client death can be emotionally tolling, leading to compassion fatigue.

Training and Retraining

Several providers contract with Relias and provide their staff with licenses with the company to obtain free online training. Most providers reimburse a portion, if not all, of the cost of continuing education trainings. Further, one provider also reimburses tuition for furthering education. The MHRS Board coordinates and provides training annually on topics that provide continuing education credits for provider staff. The Board has also paid for the one Prevention Specialist to attend relevant training.

However, these trainings mainly fall into the continuing education category. The biggest barrier for SUD/ODU workforce training in Ashtabula is the inability to obtain a degree at the local branch of Kent State University in a field that could result in licensure. Traveling out of county to obtain a relevant degree increases the cost and time required. Online-only institutions who offer CACREP Programs are being utilized more, such as University of Phoenix. Below are some of the institutions of higher education that have provided degrees to the current workforce:

- Kent State University- Approximately 78 miles
- Cleveland State University- Approximately 60 miles
- Case Western Reserve University- Approximately 60 miles
- Ursuline College- Approximately 50 miles
- University of Akron- Approximately 80 miles
- Youngstown State University- Approximately 56 miles
- Lakeland Community College (nursing)- Approximately 40 miles
- Gannon University- Approximately 53 miles
- Edinboro University- Approximately 40 miles
- Mount Vernon Nazarene University- Approximately 135 miles
- University of Cincinnati- Approximately 315 miles

SUD/ODU Workforce Resources and Opportunities in Ashtabula County

Partnerships

Most providers have affiliation agreements with higher education institutions for internships and work experience/site visits. Providers utilize student internships to recruit for positions when there is a good match

between the intern and needed positions. One provider just initiated a referral bonus whereby existing staff are provided with \$500 when they refer a person to an open position who is hired and retains the position for at least six months. One local provider partners with colleges for nursing student work experiences and with the local technical school (A-tech) for Certified Patient Care Technician (CPCT) students. To meet the demands for credentialed staff, providers have expressed a need for the local branch of Kent State University to provide a curriculum that would result in a Bachelor's degree in Social Work to expand the workforce.

Federal, State, and Local Programs

Two providers reported using the Public Service Loan Forgiveness (PSLF) using the Employment Certification Form (CLF) through the William D. Ford Federal Direct Loan Program, while one provider reported using the Physician Loan Repayment Program. No providers are currently using a federal grant and loan repayment program (e.g., National Health Services Corps (NHSC) Loan Repayment Program, NHSC Substance Use Disorder Workforce Loan Repayment Program, NHSC State Loan Repayment Program, U.S. Department of Agriculture Rural Business, Development Grants, or Teaching Health Center Graduate Medical Education Program) or the Opioid Workforce Expansion Program for Professionals. Furthermore, providers indicated that they were not aware that these programs exist. Providing information about the programs would assist in expanding its utilization.

SUD/ODU Workforce Goals for Ashtabula County

Preliminary goals for Ashtabula County to improve recruitment, training, and retention of its SUD/ODU workforce follow below. As noted above, workforce development is a new area for Ashtabula County and its stakeholders and additional planning work is needed. The goals below will be addressed during the three-year RCORP-Implementation project by creating three workgroups that will focus on workforce strategic planning related to provider recruitment, training, and retention. A key outcome of the RCORP-Planning grant has been a shared commitment by SALT to monitor and address SUD/ODU workforce issues through developing, operationalizing, and sustaining workgroups focused on these three areas of workforce development.

Recruitment

Goal 1: Partner with higher education in Ashtabula County to determine the feasibility of developing a curriculum and program that will expand the number of candidates who can meet the qualifications required to build the local SUD/ODU workforce.

Goal 2: Conduct an assessment of recruitment strategies that are being used and the research regarding effective practices.

Retention

Goal 1: Establish a committee of key stakeholders invested in the training and retention of substance use disorder providers.

Goal 2: Conduct an assessment to determine current retention, turnover, and vacancy rates and causal factors to determine the nature of staffing issues in various prevention, treatment, and recovery sectors of provider organizations.

Goal 3: Develop a plan to address priorities, needs, and objectives for addressing workforce retention issues.

Training and Retraining

Goal 1: Develop a Workforce subcommittee whose purpose is to identify and obtain eligibility for National Health Service Corps sites in Ashtabula County.

Goal 2: Identify and partner with local or regional partners who currently serve as a National Health Service Corps site and obtain information and consultation regarding their experiences with the NHSC.

Goal 3: Participate in HRSA-sponsored learning opportunities about the National Health Service Corps to determine its benefits to Ashtabula County and mechanisms for establishing eligible sites in the county.

Federal, State, and Local Program Participation

There are currently three NHSC sites in Ashtabula County:

- Signature Health Ashtabula Health Center
- Primary Health Network - Andover Primary Care (Ohio)
- Primary Health Network - Ashtabula Community Health Center (Ohio)

Partnership Development

SALT will explore partnering with Kent State University-Ashtabula to determine the feasibility of developing a curriculum and program that will expand the number of candidates who can meet the qualifications required to build the local SUD/ODU workforce. Additionally, SALT looks to identify and partner with local or regional partners who currently serve as a National Health Service Corps site and obtain information and consultation regarding their experiences with the NHSC. Work will be ongoing to strengthen existing partnerships and to develop new partnerships to better support Ashtabula County's SUD/ODU workforce.

Ongoing Monitoring of Labor Market Trends and Data

This effort was the first time in Ashtabula County that an environmental scan of the community's SUD/ODU workforce had been completed. Monitoring will be ongoing and future work also will identify and utilize labor-market data as well as utilize ongoing epidemiological data about drug use and other related public health threats. This approach will help SALT understand employment trends along the County's healthcare and SUD workforces and will help ensure that the reach and competencies of its SUD/ODU workforce can address emerging public health concerns related to SUD/ODU in the future.

Conclusions and Next Steps

Project leads from the consortium and backbone organization reviewed the available data, identified partners and stakeholders to engage to form workgroups, and developed a set of overarching goals to explore and further refine. The consortium has identified nine potential organizational partners within their community who may contribute to operationalizing the workforce development plan. (Appendix A lists these organizational partners and describes their roles in the community's OUD workforce.)

Having identified key stakeholders and community needs, SALT and local partners will utilize this report to develop concrete objectives and metrics to advance Ashtabula County's SUD/ODU workforce. This will be an iterative process informed by conversations with community members, organizational partners, service providers, and other impacted populations. Key next steps include forming a workforce development team and three workgroups (corresponding to each of the identified workforce goals of recruitment, retention, and training) that will develop action plans for each goal and objective that include measurable and time-bound indicators of progress. A template for this action plan is included in Appendix B. COP-RCORP and local consortium efforts on workforce development will continue during the RCORP-Implementation project.

APPENDIX A: Environmental Scan of Ashtabula County's SUD/OD Workforce

Organization	Sector	Name of Contact	Area: Prevention, Treatment, and/or Recovery	What does this organization contribute to your community's workforce plan? Why is this individual key to your community's workforce plan?
MHRS Board	Government Agency	Miriam Walton	Prevention, Treatment, and Recovery	Serves as the backbone organization that provides knowledge regarding the entire system of care. Organizes subcommittees and other mechanisms to ensure plan implementation. Conducts grant seeking and focuses on sustainability.
MHRS Board	Government Agency	Patricia Wagner	Prevention, Treatment, and Recovery	Serves as the backbone organization that provides knowledge regarding the entire system of care. Organizes subcommittees and other mechanisms to ensure plan implementation. Conducts grant seeking and focuses on sustainability.
Kent State University Ashtabula	State University	Dean Stocker	Prevention, Treatment, and Recovery	Dean of KSU Ashtabula and will be instrumental in partnering to achieve higher educational opportunities.
Community Counseling Center	Community Behavioral Health Clinic	Paul Bolino	Prevention, Treatment, and Recovery	Represents the SUD provider perspective and provides knowledge of the strengths and needs of the SUD workforce. Has established relationships with several universities, Leadership Ashtabula County, and the Ashtabula County Growth Partnership.
Community Counseling Center	Community Behavioral Health Clinic	Matthew Butler	Prevention, Treatment, and Recovery	Has LISW licensure and ties to several universities, teaches at CWRU.
Ashtabula County Health Department	Health	Ray Saporito	Prevention, Treatment, and Recovery	Provides the public health perspective specially in a rural area.
Northwest Ambulance District	Health	Vince Gildone	Prevention, Treatment, and Recovery	Sits on University Community Committee, is a member of the Substance Abuse Leadership Team and HRSA Subcommittee
Catholic Charities	Provider	Jill Valentic	Treatment and Recovery	LISW that KSU has requested be involved in the partnership with the university to assist in developing workforce.
Growth Partnership	Business Association	TBD	TBD	Knowledge of local workforce capacity and environmental context.

APPENDIX B: Workforce Strategic Planning Template

Activity Table

Goal:						
Objective:						
Strategy						
Activities	Timeline		Responsible Party	External Partners	Cost and Possible Funding	Metrics/ Indicators of Progress
	Start Date	End Date				