

**Ohio Mental Health and Addiction Services (OhioMHAS)  
Community Plan Guidelines SFY 2014**

**Environmental Context of the Plan/Current Status**

1. Describe the economic, social, and demographic factors in the Board area that will influence service delivery. (NOTE: There will be an opportunity to discuss the possible effects of Medicaid expansion upon your local system in question #12.)

The Geauga County Board of Mental Health and Recovery Services expects that the recently approved expansion to Medicaid will have a very positive effect for residents and the system of care. Medicaid expansion is expected to increase the number of eligible people in our county quite dramatically. That should reduce the number of individuals seeking services that are placed on a waiting list due to lack of financial support. It may increase the waiting lists if individuals that have delayed receiving care because they were not eligible for any subsidy earlier, suddenly decide that their Medicaid coverage is an impetuosity to seek long-delayed services. Only time will tell which projection will come true.

The 2011 Geauga County Community Health Assessment data identified that 12% of Geauga County adults were without health care coverage. Those determined to most likely be uninsured were adults under age 30 and those with an income level under \$25,000. In Geauga County, 7.6% of residents live below the poverty level per the U.S. Census, American Community Survey 5 year Estimate 2006-2010. Many of those individuals are culturally defined as Amish, living in the Geauga Settlement. Amish make up approximately 11% of the total Geauga County population. Those Amish who may become eligible for Medicaid coverage may not sign up, based on historic evidence and cultural norms that expect members of the community to reject any federal government subsidy.

The Geauga County population has stayed relatively flat according to current census figures, at approximately 94,000. Unemployment has started to drop, following state trends, but remains above the state average. Unlike much of the state, home values have remained flat which has protected the Board's two local levy funds, approved by county voters. While these statistics do not create a challenge for behavioral health care services, in and of themselves, the contract agencies of the Board have had increasingly more difficult challenges finding qualified staff to fill vacancies within their offices. This shortage of behavioral health professionals is sure to continue as national health care and Medicaid expansion increase the number of covered lives, thereby increasing the number of people seeking our services.

**Assessment of Need and Identification of Gaps and Disparities**

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gap issues and disparities, if any. (NOTE: ORC 340.03 requires service needs review of: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils; and, (2)

outpatient service needs of persons currently receiving treatment in state Regional Psychiatric Hospitals)

As part of the Geauga Health District's required 3 year needs assessment, the Board staff and its agencies were an integral part of developing and determining the survey questions. Due to the shooting tragedy in Chardon School District, CBITS assessments were completed for all youth in grades 8-12 in the district.

A comprehensive needs assessment and subsequent study was done in early SFY14 to determine the services utilized by our Amish population. Geauga County has the 3<sup>rd</sup> largest population of Amish in the United States. Findings showed that the Board represents the only funding source for approximately 70% of all Geauga County Amish seeking mental health or substance abuse services.

The homeless Point In Time survey was conducted in January 2013 and will be completed in January of 2014.

The Communities that Care PRIDE Survey was completed in 2011 for the seven largest Geauga County school districts including Chagrin Falls Schools that are located in Cuyahoga County because 60% of the students enrolled there are from Geauga County. The data from the 2011 survey was compared to the 2008 Communities that Care completed survey to determine trends amongst our county's youth. Complete results can be found at our website [www.geauga.org](http://www.geauga.org).

Daily tracking of Geauga County residents in state regional psychiatric hospitals is completed by Board staff. Studies are done annually and include: determining those admitted to inpatient stays by their diagnosis, number of re-admits, length of stay, past patient in prior years, and the outpatient services client receive prior to admission and after discharge.

### ***Community Plan Addendum, February 2014 Needs Assessment Findings***

Findings of the Communities That Care survey completed in 2011 were often better than comparative national trends. Students were asked a variety of questions including how often they drank, smoked, use other drugs, committed crimes, participated in healthy activities, etc. They were also asked their age at first use of illegal drugs or alcohol, their friend's values, and how well they were valued by their school and community. While most findings were better than national trends, cigarette smoking, illicit drug use, etc., the use of alcohol by high school students was well above national levels. What was also disturbing was the perception by teens that their parent had no strong disapproval of teen drinking. Answers by high school seniors showed that their belief that their own parents would disapprove of their drinking alcohol was 16% below the national average for the same age group. This self-report, combined with an increase in parents being charged with hosting underage drinking parties led the Board to promote "Parents Who Host Lose The Most" campaigns in local communities and provide focused information on the harm of underage drinking and the legal ramifications for parents hosting parties where alcoholic beverages were served to minors. The next Communities That Care survey, being done in the fall of 2014 will be able to tell if these interventions have had the expected outcomes.

Addressing the findings of some needs assessments, may take years. The countywide "Gauga Impact Project", completed in 2005, had several major findings that were then assigned to sub-committees meeting

throughout the county to further explore possible solutions for the top findings of the needs assessment. Transportation and housing needs were at the top of the list –whether the findings came from focus groups, mail surveys, community forums, or key informant surveys. The lack of affordable, low income and middle-income housing is a major concern to citizens across the county. Whether it is for seniors wanting to downsize, young families wishing to move into the community, or low income or disabled individuals without permanent housing, all groups felt it was important to having housing options available for every category of resident. Many individuals needing low-income housing also have a mental health or substance abuse issue which historically has been the case. Earlier needs assessments also found this lack of supported housing which led this Board to pursue construction funding for independent apartment to meet some of our housing needs. After 7 years of planning, grant writing, and development, this need is at least being partially met. This year the Board will open a new 10 unit apartment complex, dedicated to homeless individuals with severe and persistent mental illness, a direct result of the findings of previous needs assessments.

Transportation has consistently been the number one finding in each of the needs assessments ever done in Geauga County. This was a completely expected result for a community with very little public transportation available, a high number of Amish who only use horse and buggy or private taxi services, and a rapidly aging population that has limited options when it comes to transportation after their ability to drive independently has passed. These issues are particularly difficult in the winter, when Geauga County receives the highest snowfall in the state of Ohio. The county does have a transportation service that is call-based, but it is only available during certain hours and with pre-arranged pickup and drop-off times. It is fairly expensive for individuals with few financial resources, and cannot be used to transport individuals to and from work. These limitations affect the elderly and individuals who have mental health or drug and alcohol issues since they often are low income and have no means of transportation for a job or for treatment. To help address these issues of isolation, the new independent apartment complex will also have a transportation component included in services available to residents.

The Health District’s “Community Health Assessment”, completed in 2011 and funded in part with Geauga County Board of Mental Health & Recovery Service dollars, combined random sample surveys, focus groups, and key informant surveys to provide a valid and reliable look at perceived needs of the community. Findings confirmed national data that found, in general, Geauga County is one of the healthiest places to live in Ohio. Low cancer rates, heart disease rates, and higher than average health indicators across the board indicated there was much to celebrate.

Mental health questions were also included for youth and adults, and findings were similar to earlier needs assessments. About 9% of all youth to age 18 who were surveyed reported contemplating suicide in the last 12 month. Ten percent of youth had carried a weapon to school in the last 30 days. Eighteen percent of 6<sup>th</sup> through 12<sup>th</sup> graders reported riding with a driver who had been drinking in the past 30 days (compared to 28% nationally). Other issues did show concerns though among Geauga county youth. Thirty-five percent reported being verbally bullied in the last year (28% nationally) and 10% report being cyber-bullied in the last year (7% nationally). Of those reporting being bullied in any form, they also reported higher rates of depression compared to those reporting no bullying 29% vs. 12%, almost triple the number contemplated suicide – 14% vs. 5%, and they had higher rates of alcohol use in the past 30 days, 34% vs. 29%. We intend to complete the “Communities That Care” survey for these students in the fall of 2014 to see if attitudes about feeling safe in school, depression rates, drinking rates, and other factors, have changes since the Chardon High School shooting in February of 2012. Those finding may have important implications for how we address mental health in the near future.

## Strengths and Challenges in Addressing Needs of the Local System of Care

In addressing questions 3, 4, and 5, consider service delivery, planning efforts, and business operations when discussing your local system. Please address client access to services and workforce development. (see definitions of “service delivery,” “planning efforts” and “business operations” in Appendix 2).

3. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment? (see definition “local system strengths” in Appendix 2).
- a. Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to state departments.

The Geauga County Board of Mental Health and Recovery Services sponsored “Trauma Informed Care” Trainings in SFY13 and SFY14. Dr. William Steele, the founder and director of the National Institute for Trauma and Loss in Children provided the in-depth training. Participants can continue their learning and apply for national certification in Trauma Informed Care. Attendees including Board personnel, as well staff from Job and Family Services, Child and Family Service providers not under contract with the Board, and the Court system. Providing this training to our area has enhanced the skills of many working with those that have endured trauma.

The Board’s priority of establishing housing for those with a serious and persistent mental illness is evident in the completion of a new 10 unit supportive housing project set to open in early 2014. The Board’s CEO has and is willing to present information on the lessons learned from the Chardon School Tragedy.

Two Board staff became Certified as Instructors for Youth Mental Health First Aid during CY13.

What are the challenges within your local system in addressing the findings of the needs assessment? (see definition of “local system challenges” in Appendix 2).

- a. What are the current and/or potential impacts to the system as a result of those challenges? The need for residential treatment services is continuing to rise at an alarming rate in our area. The Opiate Task Force is working toward developing resources for those addicted along with providing supportive services for family members of those addicted. The Geauga County Commissioners has also earmarked funding to assist in the prevention and treatment of opiate addiction. Board staff is involved in the Task Force efforts and is working with Lake Geauga Recovery Centers to expand their transitional programs to help meet the increasing need.
- b. Even though we have made trauma trainings available, there is still work to be done to assist the county in healing from the Chardon School tragedy. The Board’s Research and Communication Committee was formed in SFY13 to research and develop strategies to help communities deal with similar type tragedies.
- c. Identify those areas, if any, in which you would like to receive assistance from other boards and/or state departments. Still struggling to make inroad with the Faith Communities. During SFY13/14 Board staff developed printed materials and distributed information to over 90 churches as an outreach effort. Other ideas to connect with and provide assistance to area churches would be helpful as we continue our outreach efforts.

4. Describe the Board’s vision to establish a culturally competent system of care in the Board area and how the Board is working to achieve that vision (see definitions of “cultural competence” and “culturally competent system of care” in Appendix 2).

The Board’s Continuous Quality Improvement Plan outlines the policies implemented by the Board regarding its efforts for a culturally competent system of care. The Plan ensures:

that consumers participate in quality improvement activities,

all quality improvement goals and processes reflect recovery principles, and

work is ongoing for improving the continuity and coordination of services across the system

The Board’s Plan is reviewed on an annual basis and changes are made to the plan as issues of concern regarding culturally competencies are brought to attention through the Board’s Continuous Quality Improvement. The Continuous Quality Improvement Committee works on determining the extent of the competencies. All Board contract agencies will be asked to review their existing policies and procedures in relation to cultural competence. Information provided to the Board regarding the Amish Culture study completed in SFY14 shows the services delivered to the Amish population through the community mental health center

### Priorities

6. Considering the Board’s understanding of local needs, the strengths and challenges of your local system, what has the Board set as its priorities for service delivery including treatment and prevention and for populations? Below is a table that provides federal and state priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board’s priorities, and add the Board’s unique priorities in the space provided. For those federal priorities that are mandatory for the OhioMHAS and not selected by the Board, please check one of the reasons provided (e.g., no assessed local need, lack of funds to meet need, lack of necessary professional staff) or briefly describe the applicable reason.

**Priorities for the Geauga County Board of Mental Health & Recovery Services**

**Substance Abuse & Mental Health Block Grant Priorities**

**\*Priorities Consistent OHIOMAS Strategic Plan**

| Priorities   | Goals  | Strategies  | Measurement   | Reason for not selecting   |
|--|--|---|---|--|
| <b>SAPT-BG:</b> Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)   | To reduce the use of intravenous drug use and first use among Geauga County residents.   | Assess the need for specific intravenous treatment services.<br><br>Provide a continuum of care for those currently using intravenous drugs.<br><br>Educate Geauga County residents on the adverse effects of intravenous drug use. | Number of individuals identified in first assessment as intravenous drug users.<br><br>Number of intravenous drug users completing treatment for narcotics addiction.<br><br>Percent of individuals still abstaining from intravenous drug use 90 days after treatment. | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe): |
| <b>SAPT-BG:</b> Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)   | To reduce or eliminate substance use among pregnant women in Geauga County.  | Provide residential treatment programs targeted specifically for women who are pregnant and have a substance abuse disorder.  | Number of women reporting no substance use during pregnancy while utilizing our residential treatment facility.   | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe): |
| <b>SAPT-BG:</b> Mandatory: Parents with substance abuse disorders who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs) | To identify and treat parents with substance abuse disorders while protecting the dependent children of these parents from neglect or child abuse. | Utilize referral resources through Family First Council to identify and treat families affected by substance abuse disorders.   | Number of families referred through FFC for substance abuse treatment.<br>Number of families identified through Juvenile Court as child neglect and/or abuse cases.   | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe): |
| <b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases  | To identify and refer individuals with tuberculosis and other communicable diseases in our system of care, for medical treatment.                  | Provide testing to individuals entering residential treatment facilities for TB and other communicable diseases.  | Number of individuals testing positive of TB or other communicable diseases.<br>Number of individuals referred for medical care after testing positive for TB or other communicable diseases.   | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe): |
| <b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)   | To provide a continuum of care for children with SED and supports for their families.  | Provide services that meet the needs of children with SED, which includes inpatient, partial hospitalization, in-home treatment. CPST, counseling, and  | Contracts with community providers.<br>Outcome measures as defined by the Board and its providers.<br>Number of families accessing treatment  | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe): |

|  |   |   |  |  |
|--|---|---|--|--|
|  |   | psychiatric services.<br>Provide family support services through NAMI Geauga.   | and support services.  |  |
| <b>MH-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)   | To provide a continuum of care for adults with SMI, to help them live independently in the local community.                     | Provide a continuum of services that meet the needs of this population, which includes inpatient, psychiatric and medication services, partial hospitalization, counseling, housing, peer support, and employment services. | Contracts with community providers.<br>Length of community tenure increased.<br>Inpatient length of stays reduced.<br>Number of persons with employment longer than 90 days.   | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe): |
| Priorities   | Goals   | Strategies  | Measurement  | Reason for not selecting   |
| <b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*   | Integrate physical health care into the behavioral health care settings funded by the Board.                                    | Create programming in housing developments that address medical conditions and prevention services.<br>Integrate a physical health care nurse into our mental health center.  | Number of clients accessing nutrition and physical health care programs in mental health settings.<br>Hiring of physical health care nurse.<br>Improvement in health care monitoring through mental health facilities. | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe): |
| <b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders                      | Help adults with mental health and/or substance abuse disorders access recovery support services throughout the catchment area. | Make recovery support services more accessible through use of peer support, family supports, and local transportation systems, to the extent available.   | Number of clients accessing recovery services increases.<br>Number of staff providing these services increases.  | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe): |
| <b>Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant</b><br><b>*Priorities Consistent OHIOMAS Strategic Plan</b> |   |   |  |  |
| <b>Treatment:</b> Veterans   | Provide support and treatment services that cannot be provided through the Veteran's Administration.                            | Contract for an array of community services for individuals who request services on a local level.  | Contracts with mental health and substance abuse treatment agencies.<br>Number of veterans assessed in local contract agencies of the Board.   | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe): |
| <b>Treatment:</b> Individuals with disabilities  | Provide for the unique needs of individuals with physical disabilities requiring behavioral health care services.               | Create housing that meets mobility challenges of physically handicapped individuals with behavioral health care disorders.  | Completion of 10 apartment units that will accommodate "aging in place", including physical disabilities.  | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe): |

| <b>Treatment:</b> Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs* | To provide for the treatment needs of individuals with substance abuse disorders, including those with opiate and other illicit drug addictions. | Contract for outpatient and residential treatment facilities for the treatment of opiate and illicit drug use. Increase awareness within the community of dangers associated with opiate use and addiction.                                      | Increase in the number of individuals accessing residential treatment beds through our contract providers. Participation on the Geauga County Opiate Task Force.                        | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe): |
|---|--|--|---|--|
| <b>Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*                  | To increase our capacity to house the number of homeless individuals with behavioral health care disorders.                                      | Build a new supported living apartment complex that will allow single individuals and small families access to one and two bedroom apartments specifically targeted to the homeless individual with SMI.   | Number of apartment units available for this population will increase by 10, by the end of SFY 2014. Hiring of staff for the new facility.  | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe): |
| <b>Treatment:</b> Underserved racial and ethnic minorities and LGBTQ populations  | Increase outreach to the Amish population of Geauga County.  | Hold face-to-face meetings with Amish community leaders to determine additional community needs. Begin the implementation of a SAMHSA research project into the genetic and environmental causes of bi-polar disorders among the Amish.          | Meeting Minutes with Amish Bishops. SAMHSA outcome reports on prevalence rates found in Geauga Amish populations.   | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe): |
| Priorities  | Goals  | Strategies   | Measurement   | Reason for not selecting   |
| <b>Treatment:</b> Youth/young adults in transition/adolescents and young adults   | Develop additional housing options for young adults aging out of the foster care system.   | Assist Geauga County Department of Job and Family Services and a community coalition to develop a housing facility that will provide shelter for transition aged young adults leaving residential treatment or who are aging out of foster care. | A new housing facility will be available by June 1, 2014 to house up to 4 transitional young adults, and provide linkages to community-based support services.                          | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe): |
| <b>Treatment:</b> Early childhood mental health (ages 0 through 6)*   | To continue our support for early childhood mental health through prevention initiatives.  | Provide financial support to the extent resources allow, which will continue programs such as Incredible Years, Race to the Top, and Parentalk Newsletter.   | Board contracts will show continued financial support for early childhood mental health programs. Race to the Top programs will continue to increase participation from previous years. | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe): |
| <b>Prevention:</b> Adopt a public health  | Improve prevention services through  | Increase availability of nutrition and   | Utilize YMCA staff to help teach physical   | <input type="checkbox"/> No assessed local need  |

|   |  |  |   |   |
|---|--|--|---|---|
| approach (SPF) into all levels of the prevention infrastructure   | the integration of public health care approaches into local programs.  | physical exercise information and access into prevention programs.   | exercise programs in housing settings, and Coop-Extension Service agents to provide training in nutrition and cooking classes on healthy food preparation.                        | <input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe):   |
| <b>Prevention:</b> Ensure prevention services are available across the lifespan with a focus on families with children/adolescents* | Provide a continuum of prevention services covering the lifespan of families and individuals, as funding allows.       | Support local NAMI efforts to provide prevention and education training and resources to families with children with severe emotional disabilities. Make Youth Mental Health First Aid available to all adults who may be in contact with children with SED. | Number of classes held by NAMI for Geauga County residents.<br>Number of classes available for Youth Mental Health First Aid.   | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe):            |
| <b>Prevention:</b> Empower pregnant women and women of child-bearing age to engage in healthy life choices                          | Reduce the number of children born to mothers using substances that may be harmful to the fetus during pregnancy.      | Provide a residential treatment facility for pregnant women, and women with young children, that will focus treatment on healthy life choices.   | Number of pregnant mothers identified as substance abusing who are admitted to our residential treatment facility.  | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe):            |
| <b>Prevention:</b> Promote wellness in Ohio's workforce   | Provide wellness information to area workforce through collaboration efforts and networking opportunities.             | Support local providers efforts to provide Drug Free Safety Programs. Board staff involvement with Geauga Economic Leadership and Loss Prevention Safety Committee. Collaborate with Health Department on wellness initiatives.                              | Number of Drug Free Safety Programs conducted.<br>Increased involvement by Board staff with local Health Department to implement wellness initiatives amongst the area workforce. | <input type="checkbox"/> No assessed local need<br><input checked="" type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe): |
| <b>Prevention:</b> Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*          | Coordinate gambling information and screening through a multi-county approach to outreach and health care improvement. | Work with other counties to get more "bang for the buck" through an integrated gambling prevention program. Identify problem gambling more quickly in clients seeking services through a more integrated assessment.   | Information made available through our contracted agency for gambling prevention.<br>Increased use of screening tools to assess problem gambling.                                 | <input type="checkbox"/> No assessed local need<br><input type="checkbox"/> Lack of funds<br><input type="checkbox"/> Workforce shortage<br><input type="checkbox"/> Other (describe):            |

| Board Local System Priorities (add as many rows as needed) |   |  |   |
|--|---|--|---|
| Priorities   | Goals   | Strategies   | Measurement   |
| Financial Stability  | Promote financial stability in the behavioral health system of care. Secure continued local funding sources to provide stability to consumers and family members to help sustain their recovery efforts. Provide consistent and stable local funding to continue prevention and intervention efforts. | Analyze state and federal funding streams in anticipation of reductions from these sources, to determine the potential impact on Geauga County's system of care.<br>Secure the passage of ongoing local property tax levies that support mental health and substance abuse disorders.  | Reports and analysis regarding historic and projected trends by financial resource. A majority of voters will vote for the continuation of the Board's mental health and substance abuse disorders local property tax.  |
| Continue Capital Design and Development                    | Increase available and affordable housing options for consumers. Review potential costs savings through a capital plan that examines agencies facility needs and utilization.   | Continue work with the Geauga County Housing Coalition to engage for-profit and not-for-profit developers in tax incentive housing for low-income families.<br>Identify, seek, and procure funding resources for additional housing subsidies for individuals with severe and persistent mental illness.   | Minutes of the Geauga County Housing Coalition.<br>Number of meetings with housing development corporations.<br>Amount of funding awarded for housing subsidies by outside resources.   |
| Crisis Response  | Provide for the ongoing safety of our children, including their recovery from trauma brought about by the Chardon High School shooting tragedy.   | Identify service needs in the aftermath of the Chardon school shootings based on needs assessment data.<br>Continue crisis counseling and other treatment services for those in need.<br>Provide training on violence prevention to the community.<br>Train mental health professionals to become certified in trauma informed care.<br>Begin a comprehensive research project into the outcomes of the Chardon High School 2012 shooting. | A three year needs assessment will be completed by June 30, 2016 identifying target populations and their mental health status as it evolves over time.<br>Number of clients and hours of service provided directly attributable to the Chardon High School shooting.<br>Number of professionals certified in mental health trauma informed care. |
| Board Administrative Quality Improvement                   | Identify and incorporate best practices in the administration of the Geauga County Board of Mental Health & Recovery Services. Review and plan for the implementation of national health care within the Geauga catchment area.   | Research and review best administrative practices utilized by Boards throughout the state and nationwide, in part through interaction with the Ohio Association of Behavioral Health Authorities.<br>Identify impact points generated by newly implemented national health care policies, and generate administrative goals to implement these policies.<br>Increase access to outcomes data in the planning and                           | State certification by the Ohio Association of Behavioral Health Authorities as a "Culture of Quality" Board, by September 1, 2014.<br>Written review of national health care policies pertaining to electronic health records, and its impact on contract agencies of the Board.<br>Data reports generated by the contract                       |

|                                   |   |   |  |
|-----------------------------------|---|---|--|
|                                   |   | evaluation processes of the Board.  | agencies of the Board.   |
| Consumer and Family Empowerment   | Support consumers and family member's recovery through educational programming designed to educate and facilitate the incorporation of recovery model concepts into day-to-day decision making.   | Provide financial support to the Geauga County chapter of NAMI, to the extent funding remains available.<br>Hold a minimum of one Crisis Intervention Training with first responders every year.<br>Provide education and prevention materials through the Board's website, the Network of Care website, the Panorama newsletter, and the Facilitator Newsletter.   | Contract with NAMI Geauga for fiscal years 2015- 2016.<br>Attendance sheets for CIT training each year.<br>Publications and educational materials found in the newsletters and on-line.  |
| Treat and Prevent Substance Abuse | Design and implement long-term strategies to reduce drinking and drug use by Geauga County students and reduce criminal recidivism rates for adults abusing drugs or alcohol, through the coordinated delivery of efficient and effective chemical abuse treatment and prevention services. | Provide an evidence-based needs assessment to all Geauga County schools in SFY 2015, utilizing the "Communities That Care" questionnaire.<br>Review federal policies in national health care reform that relate to alcohol and other substance abuse treatment and prevention to create an action plan on how to meet gaps still occurring in our community.<br>Participate in the Geauga County Opiate Task Force. | Report on the findings of the "Communities That Care" survey.<br>County trainings provided to schools and the community at large on the findings of the survey<br>Action plan describing benefits and gaps related to substance abuse in the new national health care standards.<br>Attendance and minutes of the Opiate Task Force. |

**Priorities (continued)**

7. What priority areas would your system have chosen had there not been resource limitations, and why? If you provide multiple priority areas, please prioritize.

| Priority if resources were available                             | Why this priority would be chosen   |
|--|---|
| (1)Enhancing the system of care through increased accessibility. | Local behavioral health care services in the public system have been declining for many years due to the loss of state and federal funds. Local funding has not increased but remained steady. Waiting lists have increased, as have psychiatric hospitalizations, in large part due to the unavailability of additional service dollars. |
| (2)  |   |
| (3)  |   |

|     |  |
|-----|--|
| (4) |  |
| (5) |  |
| (6) |  |

## Collaboration

8. Describe the Board's accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years.

The Board has worked for almost two years now with the Chardon Healing Fund and Chardon School District to bring an array of support and behavioral health services to the Chardon community, directly related to the shooting on February 27, 2012. The Healing Fund has provided a unique financial resource to victims of the violence, often addressing daily living needs that would not be appropriate for this Board to fund. While we have invested significant local and state funding into treatment services, the Healing Fund has made it possible for some families to receive help with rent and living expenses, medical care, medical equipment, and housing modifications to allow for wheelchair access for one permanently disabled victim. These funds have helped relieve some of the burden these families carry that mental health programs can't begin to match.

Our collaborative work with the Health Department included a comprehensive needs assessment of residents in Geauga County, key informants, and community leaders. That information is being used to make informed choices about how services are being funded and what gaps are still not being addressed.

Family First Council, along with the Board and contract agencies, has begun to develop a comprehensive approach to address the needs of transition-aged youth. Not only are these young adults often receiving mental health and/or substance abuse services, they are also now being linked into employment programs and help with daily living skills. This spring the county will open its first ever housing units for transition aged youth, adding a much needed program for this target population.

## Inpatient Hospital Management

9. Describe the interaction between the local system's utilization of the State Hospital, Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that you expect/foresee.

The Board staff utilizes the PCS data on a daily basis, monitoring state hospital utilization. Pre-screening continues to be done by Ravenwood Mental Health Center for Board area consumers. We currently utilize private hospitals on a very limited basis and only for children's psychiatric hospitalization. State hospital utilization has gone up over the past 20 months in large part due to the Chardon High School shooting and higher PTSD associated anxiety disorders. Judges are currently keeping consumers in hospital settings longer (and placing more children in out-of-county residential treatment facilities) in an attempt to keep the community safe from another shooting incident. While these consumers are much more likely to be the victims of violent crime than perpetrators, the community is still extremely safety conscious and errors on the side of hospitalization. The new addition to our crisis bed facility of four additional beds may be a turning point in hospital utilization.

## Innovative Initiatives (Optional)

10. Many boards have implemented innovative programs to meet local needs. Please describe strategies, policy, or programs implemented during the past two years that **increase** efficiency and effectiveness that you believe could benefit other Ohio communities in one or more of the following areas?

- a. Service delivery – The efforts of Geauga County surrounding the Opiate Epidemic has developed into several new programs being made available through the Board, Lake Geauga Recovery Centers, the County Commissioners, municipal court and two area hospitals.
- b. Planning efforts – The Geauga County Board has two staff members certified to provide Youth Mental Health First Aid.
- c. Business operations – the pooled funding utilized by Geauga County Family First Council has been in effect for numerous years. All parties involved contribute to the funding and are involved in the decisions. It is a “model” for how collaboration amongst numerous entities can be achieved successfully.
- d. Process and/or quality improvement – In SFY14, the Board’s newly formed Information and Communication Committee placed Board members, retired Board members, experts in the field of trauma, community leaders and Board staff in a position to assess, analyze and develop tools to help other communities that are faced with a traumatic community event. Within the next year we expect to have available a Chardon Post Trauma Community Assessment and Lessons Learned Guide available to help others.

Utilizing existing national data, newly gathered data and assessing the impact of the Chardon shooting longitudinally is expected to bring forth additional information.

Please provide any relevant information about your innovations that might be useful, such as: how long it has been in place; any outcomes or results achieved; partnerships that are involved or support it; costs; and expertise utilized for planning, implementation, or evaluation.

#### **Advocacy (Optional)**

11. Please share a story (or stories) that illustrate the vital/essential elements you have reported on in one or more of the previous sections.

#### **Open Forum (Optional)**

12. Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues, including the effects of Medicaid Expansion, which you believe are important for your local system to share with the Departments or other relevant Ohio Communities.

## Appendix 1: Alcohol & Other Drugs Waivers

### A. Waiver Request for Inpatient Hospital Rehabilitation Services

Funds disbursed by or through OhioMHAS may not be used to fund inpatient hospital rehabilitation services. Under circumstances where rehabilitation services cannot be adequately or cost-efficiently produced, either to the population at large such as rural settings, or to specific populations, such as those with special needs, a Board may request a waiver from this policy for the use of state funds.

Complete this form providing a brief explanation of services to be provided and a justification for this requested waiver. **Medicaid-eligible recipients receiving services from hospital-based programs are exempted from this waiver as this wavier is intended for service expenditure of state general revenue and federal block funds.**

| A. HOSPITAL | ODADAS UPID # | ALLOCATION |
|-------------|---------------|------------|
|             |               |            |

### B. Request for Generic Services

Generic services such as hotlines, urgent crisis response, referral and information that are not part of a funded alcohol and other drug program may not be funded with OhioMHAS funds without a waiver from the Department. Each ADAMHS/ADAS Board requesting this waiver must complete this form and provide a brief explanation of the services to be provided

| B.AGENCY | ODADAS UPID # | SERVICE | ALLOCATION |
|----------|---------------|---------|------------|
|          |               |         |            |

## Appendix 2: Definitions

**Business Operations:** Shared Resources, QI Business Plan, Financial Challenges, Pooled funding, Efficiencies, Strategic Planning, Contracts, Personnel Policies, etc.

**Cultural Competence:** (Ohio's State Inter-Departmental Definition) Cultural competence is a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services.

**Culturally Competent System of Care:** The degree to which cultural competence is implemented as evidenced by the answers to these questions:

- Is leadership committed to the cultural competence effort?
- Are policies and procedures in place to support cultural competence within the system, including policies and procedures to collect, maintain and review caseload cultural demographics for comparison to the entire community?
- Are the recommended services responsive to each adult, child and family's culture?
- Is the client and family's cultural background taken into account in determining when, how, and where services will be offered?
- Is staff reflective of the community's racial and ethnic diversity?
- Is staff training regularly offered on the theory and practice of cultural competence?
- Are clients and families involved in developing the system's cultural competence efforts?
- Does Behavioral Health staff interact with adults, children and families in culturally and linguistically competent ways?
- Is staff culturally sensitive to the place and type of services made available to the adult, child and family?
- Does the system of care reach out to the diverse racial, ethnic, and cultural groups in the community?

**Local System Strengths:** Resources, knowledge and experience that is readily available to a local system of care.

**Local System Challenges:** Resources, knowledge and experience that is not readily available to a local system of care.

**Planning Efforts:** Collaborations, Grant opportunities, Leveraging Funds, Data Collection (e.g., Key Performance Indicators, Outcomes), Trainings

**Service Delivery:** Criminal Justice, School Based or Outreach, Crisis Services, Employment, Inpatient/Residential Services, Housing, Faith Communities, etc.