

**Lake County ADAMHS Board
Community Plan - SFY2014**

1. Describe the economic, social, and demographic factors in the Board area that will influence service delivery.

Lake County is geographically the smallest of Ohio's 88 Counties yet currently ranks 11th in population with more than 236,000 citizens. It is a mix of suburban and rural communities. Lake County is the third wealthiest county in the state which creates a challenge in that the community at times fails to recognize that we have an indigent population. However, our voters have been traditionally supportive of public services, as evidenced by the passage of a 0.7 mil replacement levy in November 2008.

A number of factors have impacted the delivery of behavioral health services in Lake County. We analyze comparison data in several areas in trending service need, but more importantly we continuously communicate with our providers, our stakeholders, consumers and families regarding areas of need/gaps in service, environmental changes, and best practice service delivery models which can allow us to stretch our services further.

Suicide Death Rate (per 100,000)

2009 Lake 10.0/Ohio 11.6
2010 Lake 12.6/Ohio 12.1
2011 Lake 13.9/Ohio 12.7
2012 Lake 16.1/ Ohio data unavailable

- The Lake County suicide rate per 100,000 has risen since 2010 to above that of the state of Ohio. The national suicide rate and the Ohio suicide rates have risen as well. Currently, our most at risk group is Caucasian males between the ages of 35 and 69. We have begun targeting our education efforts to address depression and suicide awareness for this population. We continue to offer suicide prevention training to our local schools.

Poverty Rate – Adult

2001 Lake 6.3%/Ohio 10.3%
2008 Lake 8.5%/Ohio 13.3%
2012 Lake 8.5%/Ohio 14.8%

Unemployment Rate

2009 Lake 8.5%/Ohio 10.2%
2012 Lake 5.6%/Ohio 7.0% (October 2013)

Hispanic or Latino Rate

2012 Lake 3.6%/Ohio 3.3%

Population Over 65 years old

2012 Lake 17.0%/Ohio 14.8%

While Lake County continues to report poverty and unemployment rates that are lower than the state average, we are aware that pockets of poverty exist in our county that demand our focus.

- For example, of families in Lake County living below the poverty level, 54.9% are female head-of-household.
- Further, we know that those living in poverty tend to be located in our county seat, Painesville. While the city makes up 9% of the county population, it is home to 21.5% of those Lake Countians living in poverty.
- In addition, while our Hispanic population is not significantly higher than the state average, 45% of those in the county of Hispanic origin live in Painesville, and the poverty level among foreign-born Lake Countians is 27.2%.
- Finally, we are aware that our aging population is growing at a rate faster than the state average; this growing demographic will continue to present new and changing service needs.
- Several local, state and national changes have impacted the social and demographic make-up of individuals utilizing our system and services offered.
 - We continue to see a significant increase in individuals coming into our system as a result of loss of employment and/or loss of insurance. The poor and slowly rebounding economy has been the driver of this trend. While several years ago our primary consumers were individuals with an ongoing history of severe and persistent mental illness, today we have more people coming to us seeking assistance for the first time from a “safety net” behavioral health provider; addressing behavioral health crises as a result of environmental factors.
 - In the past 12 months our system has been able keep waiting list short while demand for services have increased for outpatient services for both adults and youth. Our residential treatment and housing programs continue to have long waiting lists.
 - In the last two years, our Consumer Operated Services, BRIDGES Mental Health Consumer Empowerment, have identified two major trends that have impacted their service attendance. The identified factors relating to these trends are cuts in local transportation services, and adjustments in Medicaid hours with respect to clients. BRIDGES was able to respond to these factors by first; doubling the hours of the Adult Drop-In program, and by second; developing and implementing life skills groups. Life skills are seen as a key component in the pursuit of recovery and wellness for Lake County’s clientele. The adjustment of hours, and programs, have enabled BRIDGES to begin partially addressing the loss in clientele due to the transportation cut backs. The reason for the partial increase is due to the fact the newly added hours did not replace the evening hours lost in the cut backs. Thus, clients still have to make daily choices between clinical appointments, errands, and BRIDGES programming. In addition, to further help increase utilization, BRIDGES has spent a significant part of SFY2013 in negotiations to relocate to a new building in downtown Painesville which will provide friendlier access to the non-clinical campus which is being developed.
 - We are beginning to see greater success in our outreach efforts with the Hispanic population. Whereas historically we did not see this population seeking services, we are now experiencing an increase in attendance in the services being provided. We

continue to offer Hispanic outreach and interpretation services, and a number of our agencies continue to employ bilingual staff. There was a 108% increase in the utilization of the interpreter services from FY 2011/12 (147 units/306.35units); with the most frequent language requested being Spanish.

- Environmental factors have significantly impacted how we are treating youth in our community. Unfortunately, issues of bullying and suicide have garnered our county national attention. We have invested significantly in our local Suicide Prevention Coalition as well as in anti-bullying programs in our schools.
- The opiate abuse epidemic impacting the state has affected services in our county as well. Our Opiate Task Force continues to partner with the local Drug Court to treat adults with opiate addiction, and we continue to work on programming specific to our schools, youth, families and educators to address this issue. Our Opiate Task Force, led by the Executive Director of our ADAMHS Board, continues to be a vital part of our service delivery model. Our Task Force has representation from Lake County Job and Family Services, Juvenile Court, Sheriff's Department, Common Pleas Court, General Health District, Educational Service Center, Mentor Municipal Court, County Coroner, and Narcotics Agency. The prescription drug collection program began collecting older/expired medication in 2011; it continues to be successful with seven permanent drop boxes in Lake County. By the end of 2013 it's anticipated that 10,680 pounds of older/expired medication will have been collected.

2. Describe needs assessment findings (formal and informal):

The Lake County ADAMHS Board continues to use numerous processes to help determine the behavioral healthcare needs of Lake County Residents.

- Annually, the Board solicits information from provider agencies via a Request for Proposal. The RFP requires agencies to provide quantitative and qualitative data regarding their assessment of the needs in the county as it relates to alcohol, drug addiction and mental health prevention and treatment. Information collected includes data regarding current needs, waiting lists, newly identified priority populations, new initiatives and identified best practices. The data is then analyzed through the Program committee of the Board to determine where there are increasing/decreasing/changing needs in the array of behavioral health services and supports provided.
- Included in the RFP process are solicitations for feedback from NAMI Lake County and our local Consumer Operated Services. The ADAMHS Board believes it is vital to gather information directly from those utilizing services, and those contracted specifically to work with consumers and families, in order to identify gaps and address needs.
- The Lake County ADAMHS Board re-examined the Task Force Report and resulting Strategic Plan in October 2013 to assess progress and determine ongoing priorities in the areas of prevention and treatment. This re-examination was conducted in concert with provider organizations, including NAMI and COS.
- Consumer Satisfaction Surveys are administered by the Lake County ADAMHS Board and all of our contract agencies. Agencies are required to share the results with the ADAMHS Board in their Continuous Quality Improvement Report that is submitted to

the Board annually. We have been able to make positive changes in our system based on feedback from these surveys. Our ADAMHS staff has participated in several “focus groups” at our contract agencies. The information we learn during these groups with consumers is used to help our Board make funding and clinical decisions.

- The Lake County ADAMHS Board collaborates with other county social service organizations and gathers information from other county needs assessments to align mental health service provision with the provision of other social services. Specifically, the Board uses the Family and Children First Council BH289 Report/Data Analysis, the Needs Assessment of Lifeline, Lake County’s community action agency, the Lake County Coalition on Housing and Homelessness Report, information from the Community Alliance of Law Enforcement and Mental Health Services and the Lake County Probate Committee, data from the Lake County Health District’s Community Needs Survey, and the Economic Development Strategy for Lake County. Most recently the Lake County ADAMHS Board participated in a county-wide needs assessment conducted by the Lake County General Health District and Lake Health; the assessment identified mental health and substance abuse as two of the top four important health issues facing Lake Countians. In August 2013 the Board began participating in a county-wide needs assessment conducted by United Way Lake County; we anticipate results of the assessment by spring 2014 and will use those findings as we plan for programming going into FY2015.
- The Lake County ADAMHS Board regularly reviews the data provided by the Ohio Association of County Behavioral Health Authorities to assess needs.
- The Lake County ADAMHS Board has established numerous system-wide task forces, including the following, but not limited to, the Lake County Suicide Prevention Coalition, the Lake County Opiate Task Force, Lake County Re-entry Coalition, Family and Children First Council Children’s Executive Committee, and the United Way Lake County Health and Wellness Solutions Panel to examine needs among specific populations in the county. We also solicit feedback from our local community college, the Lake County Community Network and the Lake County YMCA regarding needs identified outside our behavioral health system, but impacting the community in general.
- The Lake County ADAMHS Board created the Compass Line, a central, user-friendly entry point for Lake County individuals/professionals in need of direction regarding mental health, drug and/or alcohol addiction services. Through the Compass Line, a trained triage specialist helps individuals sort through feelings and symptoms, explore and explain options, and get connected firmly and quickly with the right kind of resources. The data collected from the Compass Line is used to identify gaps in services, alert us regarding wait time for services, and helps us identify new programming needs in our system.

Findings of our needs assessments:

- a. We contract with Windsor-Laurelwood, a free standing 154 bed behavioral health facility and the State hospital to provide our inpatient treatment. Our adult bed days decreased by 18% from FY12 to FY13(4,643 bed days/3,819 bed days). Our census shows a 12% decline in the ED for assessments from FY11 to FY13 (3,491 visits/3,081 visits). Currently the pre-hospital screening team is seeing about 257

people a month who are in a behavioral health crisis. Although the number of patients going to the ED has decreased the average length of stay, specifically for patients with Medicaid has increased dramatically. The number of patients that wait in the ED for 8 hours or more for an inpatient bed has risen by 134% from FY11 to FY13 (196 patients/458 patients). Our census also indicates a 12% decrease in Opiate addicted patients going to the ED for the same time period (302 patients/265 patients).

- b. We contract with Extended Housing, Inc. to provide housing and housing vouchers for adults with severe mental disabilities and children and youths with serious emotional disturbances. The applications for these programs increased by 27% from FY11 to FY13 (359 applications/455 applications). Currently, there are 408 applications on the waitlist. Our homeless outreach program had a 25% increase in outreaches from FY11 to FY13 (140 outreaches/175 outreaches). The number of individuals without income in these programs increased by 17% from FY11 to FY13 (176 people/206 people). We contract with Beacon Health, Inc. for residential treatment; there is currently no wait list for general admission. Individuals in the hospital are always prioritized. We contract with Northcoast Community Services Network for our group homes; the wait time went from 6 to 7 months in FY10 to 4.8 months in FY11, and 2.1 months in FY12. Wait List time has reduced due to better collaboration with agencies within the county. The residential treatment consumer satisfaction surveys demonstrated high levels of satisfaction with services provided.
- c. The demands for outpatient services continue to increase in our community.
 - o Services for children and youth with serious emotional disturbances continue to increase. We have experienced a small (<10%), but steady, year-to-year growth in numbers of clients seen and units of service delivered since FY11. There have been important changes within this trend:
 - Higher Psychiatry utilization – a 33% increase from FY12 to FY13(604 clients/803 clients) in the number of clients seeing our prescribers, after just a 3% increase from FY11 to FY12;
 - Growth of new specialized programs, indicating they were timely responses to identified needs:
 - Transitional Youth Services grew from 33 clients in FY12 (its first full year) to 71 in FY13, a 115% increase;
 - AOD services increased by 16% from FY12 to FY13 (198 clients/229 clients).
 - o While need increased for outpatient services for adults, wait time for the services did not. The ADAMHS Board was able to respond to the community’s increased need by creating the Compass Line. The Compass Line has provided consumers with the ability to access information, referrals, appointment times and wait times for services at ADAMHS Board providers by making one simple call. This direct link has proven to be an asset in providing the consumer a more efficient path to assistance, services and recovery. In addition, during FY13 two agencies, Pathways and Neighboring, merged to form one organization, Beacon Health.

This merger provided the Lake County community with the opportunity to receive timely services in a centralized location. Historically, wait times delayed consumers from receiving the services they needed; Lake County now has very little wait time for services.

- The trends recognized from FY11 to FY12 for service utilization within outpatient services for adults included:
 - Supported Employment enrollment showed a 27% increase in clients over FY12 (332 enrollments/421 enrollments).
 - PMS, Diagnostic Assessments, CPST, Counseling and Client/family support groups each had high enrollments
 - There was an increase of about 22% in Crisis Based Services over FY12 (1,022 people/1,250 people).
 - The county hotline had over 1500 separate calls related to suicidal ideation, self-harm, or calls from concerned others related to a friend/family's suicidal ideation or self harm in FY13.
- We have seen a significant increase in the number of clients participating in our Lake County Jail Aftercare groups; we went from 159 clients enrolled in our four Lake County Jail Aftercare Groups in FY11 to 223 clients enrolled in FY13, a 40% increase. Lake Geauga Recovery Centers expanded to five Jail Aftercare groups to meet the demand for services in FY 2013.
- Residential Treatment Program trends include:
 - Fewer clients were discharged from our residential treatment programs in FY12-13 (averaged 106 clients per year compared to average of 123 clients in FY10-11)
 - Length of stay (LOS) for clients in residential programs have increased:
 - Women's Residential: FY10/11 average length of stay: 77 days
FY 12/13 average length of stay: 97 days
 - Men's Residential: FY10/11 average length of stay: 65 days
FY 12/13 average length of stay: 75 days
 - Trend continues in FY12/13 from FY10/11 of averaging between 25-30 clients on a waiting list consistently waiting for residential treatment placement.
- Opiate Dependency Diagnosis in Residential Treatment Programs showed an increase from FY 2011:
 - Women's Residential: FY11:50%, FY12: 58%, and FY13: 57%
 - Men's Residential: FY11: 41%, FY12: 61%, FY13: 62%

Oak House, Lake-Geauga Recovery Centers' residential treatment facility for women, opened in 1973 and has been in continuous operation for 40 years. In 2006, the facility underwent an expansion which increased capacity from 12 to 16 beds. The Oak House program received a full, three-year CARF accreditation in 2009 and 2012. Beginning in 2010, children ages 3 and under could accompany their mothers to treatment. Although the current program is designed to accommodate pregnant women, women of child-bearing age, and women with dependent children the physical facility limits the number of women with children, and the number of children that women can have with them in treatment. To date there have been 6 drug-free infants born to women at Oak House during their stay in treatment. LGRC's residential treatment facilities have experienced waiting lists of 4-6 weeks for years, with the Oak House

program averaging 90% - 95% occupancy on a continuous basis. With the dramatic upward trend in the use of prescription drugs and other opiates we see the increased need for specialized residential services for women. Research indicates that 70% of the women entering addiction treatment programs have young children and family, and children play an important role in women's recovery. Lake County saw an increase in the number of addicted newborns; from 5 cases in FY10 to 11 cases in FY12. As a response, the Lake County ADAMHS Board provided funding to create supportive housing services and intensive treatment services for pregnant women and women with their children. This new expanded program, starting in January 2014, will accommodate women with up to 2 children, ages 5 and under. In addition to expanding capacity for women with children and pregnant women, further benefits would include:

- Specialized and enhanced services for women with children in a separate location from our current women residential treatment program Oak House that will be specifically designed to meet their unique needs (i.e. parenting skills, pre-natal care, individual counseling, and independent living skills).
 - Collaboration with Crossroads to provide needed services for these women and their children (i.e. Early Head Start, Parent Time Out, Behavioral Solutions for Young Children, Early Childhood Mental Health, and Parenting Skills).
 - The new facility has 6 single bedrooms and can accommodate up to 6 women who can have one or two children in treatment with them.
 - Close proximity to LGRC's Mentor Outpatient office and services that would include Intensive Outpatient Treatment, dual-diagnosis services, individual counseling, ambulatory detoxification, family group, expressive therapy and aftercare.
 - Increased access to treatment for community stakeholders such as hospitals, courts, other social service agencies, treatment providers, Department of Job and Family Services, and Lake Co. ADAMHS Board Compass Line.
 - Consumer and Family Satisfaction Surveys reflected positive outcomes in our core outpatient services. However, comments regarding more support groups and a need for more evening appointments were noted. The Director of Quality and Clinical Operations conducted agency compliance reviews on all agencies providing outpatient services and found them all to be in compliance.
- d. We provide crisis services to any individual in crisis regardless of insurance. We have a crisis hotline which operates 24 hours a day 7 days a week. We have a Community-Based Crisis Intervention Team available to work with folks in the community while in crisis to give the person support needed to stay in the community rather than needing inpatient services. We have no wait time for these services. We contract with Lake Health to provide our emergency crisis services in the Emergency Departments 24 hours a day 7 days a week. Our satisfaction surveys for crisis services have shown definite improvement since changing our contract with Lake Health to provide crisis intervention in the Emergency Departments.

- e. Due to the increased volume for outpatient drug and alcohol services, our system continued to provide walk in intakes/assessments at all of our ODADAS certified contract agencies. There are no wait lists for intakes, assessments, counseling, (individual or dual), dual diagnosis treatment, or intensive outpatient treatment. The wait time for residential treatment is 4 - 6 weeks. We continue to offer same day in-school substance abuse screenings if a faculty member at a school has a serious concern that a student may be using heroin or other opiates. The trained chemical dependency specialists use the SASSI/A-2 as the screening tool.

The Compass Line (presented earlier in this document) has proven to be an effective tool in identifying needs within the community. Calls to the Compass Line identified gaps relating to the need for community education and support surrounding the opiate epidemic, and the need for a new avenue of treatment regarding individuals abusing opiates and facing detox. In lieu of these identified gaps, two new programs were created. The first program is the Community Education Session. This group is open to Lake County residents who are seeking education and support regarding their own, or a loved one's use of drugs and/or alcohol. It is an open ended group for individuals who are ready to begin to explore their feelings of ambivalence towards change, evaluate the conflicts between their substance use and personal values, and weigh the pros and cons of quitting substance use or modifying their behavior. A specific curriculum along with a series of educational interventions is provided to assist clients in developing readiness for change, and ultimately engagement in a therapeutic level of care. Educational topics also include a focus on family members and available options and community resources.

The second program which was created is the Ambulatory Detox for Opiates. The Lake-Geauga Recovery Center, in collaboration with Lake Health Urgent Care, offers ambulatory detox for individuals struggling with opiate addiction and withdrawal. This non-narcotic management of opiate withdrawal provides an alternative to Suboxone and provides medications to assist individuals with the intensely uncomfortable, but not life threatening, withdrawal symptoms. The expectation is that clients are be engaged in a therapeutic level of care at Lake-Geauga Recovery Centers during, or at the conclusion of the ambulatory detox.

- f. Referrals for Service Coordination through LCFCFC increased 33% between FY09 and FY10. The ages of the children referred for services were outside of what had been the norm for our county, and the Children's Committee heard presentations on children as young as three. Overall, the committee recognized increases in referrals for children with extremely violent/aggressive behaviors, severe mental illness, and children dually diagnosed with profound developmental issues (most notably Asperger's/PDD/Autism) and significant mental illness. Two very young children with profound psychiatric issues, ages 7 and 8, were placed in residential settings to ensure their own wellbeing and safety after every other possible community option was explored. The most profound trend and common thread with virtually all children that received services was the presence of significant, unresolved childhood trauma that most frequently occurred between the ages of birth and five.

- g. Our jail treatment program has had an increase of individuals requesting mental health treatment while in jail. The jail treatment workers arrange outpatient treatment for the individual before being released from jail. Housing continues to be an issue for individuals involved in the criminal justice system as some landlords will not take the individuals. Our employment services program also works with individuals in the criminal justice system to help find employment. Our system works closely with the Juvenile Court; over the past two years the Juvenile Court has established specialized dockets for children/adolescents with mental illness or substance abuse issues. We have social workers in our system assigned to specifically work with the court. In response to need assessments in our county, we have also created a team to work with children whose parents have been incarcerated.
- h. Our local VA recently expanded services in order to meet the needs of this growing population. Our providers prioritize veterans but our needs assessment have not shown an increase in veterans in our system. Our homeless outreach team works closely with the VA.

Access to Services

- a. Some of the major issues or concerns for individuals attempting to access behavioral health prevention and treatment services in our board area include:
 - Transportation to appointments. Our public transportation system eliminated all weekend hours and shortened the hours of operation during the week because of their funding crisis. While transportation utilization has increased by 19% from FY12 to FY13 (23,575 rides/27,968 rides), it does not appear as if our public transportation system has been able to keep up with the demand. Consumers continue to express dissatisfaction with the transportation program, and specifically express frustration with the Dial A Ride services being offered.
 - Access is an issue when an individual does not have a phone. Once a person is linked with services, the Case Manager can help the individual apply for a safe link cell phone if they qualify for the service.
 - We do not have funding tied specifically for hearing impaired individuals. We have a contract for interpreter services that all agencies have access to in order to help with additional costs associated with interpretation. This fund can be used for any language.
 - We have seven people in our system that have received 30 hours of problem gambling training; and in addition, have a part-time prevention specialist in Lake County. Consumers identified as having gambling problems are provided with gambling counseling. In addition, gambling trained counselors are presenting information to treatment groups, outpatient/education groups, family groups and residential treatment groups. In January 2014 these same individuals will also begin presenting an educational presentation on high risk gambling and problem gambling to any interested inmates in the Lake County Jail. Other social media campaign efforts for gambling are set to begin in January 2014.

- Our local VA has expanded their services to improve access to veterans.
- We prioritize any individual who is being discharged from a state Psychiatric Hospital. Our hospital liaison works with individuals while they are in the hospital so access is not an issue upon discharge.
- Difficulties for ex-offenders in general include being able to provide the necessary documentation to enroll in services. For example, identification, income or lack thereof, and residency. Continuity of care issues include referrals/linkage prior to leaving prison and returning to their home county, timely appointments, adequate medications to last until the appointment. Often times, those leaving an institution don't have adequate supports to transition back to the community even with Medicaid eligibility. The Re-Entry Coalition has started meeting in order to tackle these obstacles. The role of the coalition is to ensure that a system is in place to ensure people being released from prison are given appointments and referrals to services prior to release. The coalition is a "linker" to the services available in the community. Within Lake County, the "linker" is the Compass Line; the Compass Line is Lake County's mechanism to ensure folks are obtaining appointments and referrals before release.

The Compass Line is an initiative of the Lake County Alcohol, Drug Addiction and Mental Health Services Board; it is a central, user-friendly entry point for Lake County individuals and/or professionals in need of appointments for mental health and drug and/or alcohol addiction services and housing. The Re-Entry Coalition utilizes the Compass Line by forwarding the referral from the releasing entity to the Compass Line Triage Specialist. The Triage Specialist contacts the referent in order to explore and explain program options for the individual being released. When the needed services are identified, the Triage Specialist assists in scheduling appropriate appointments for the individual. Referral information will be provided if the individual being released is in need of services outside the realm of behavioral health, alcohol and other drugs, housing and employment.

- b. In FY09 our Board began contracting with Lake Hospital Systems to provide pre-hospital screening 24 hours a day in their Emergency Departments. At that time the Board worked closely with Lake Hospital staff to provide training and guidance in order to get the program up and running successfully. The training involved all departments at the Board and Lake Hospital Systems. This training continues on an annual basis to ensure crisis workers in the emergency departments are equipped to manage the crisis intervention needs that present in the ED's. The Lake County ADAMHS Board has a system wide education fund that is available to all contract agencies for training and education.

The Board works closely with the Criminal Justice program in our system to provide CIT training to police officers, first responders, and dispatchers. We have collaboration with local police departments and meet monthly to discuss training needs and trends. We recognize that the departments continue to face the issue of funding during these times of economic crisis. In lieu of this, the training is offered at no cost. While this assists the

departments, they continue to face the challenge of covering the staff time during the training. The departments must cover the staff time of the officer attending the training, and add additional staff to cover the shift that is left vacant.

The Community Crisis Intervention team receives on-going training during the year as does the Emergency Based Crisis team in the Emergency Department. The Lake County ADAMHS Board created a Health Officer Committee which worked together to produce a comprehensive training to address involuntary hospitalization issues in our community. The training is mandatory for all health officers in Lake County. It is a 3 hour training that addresses the legal history and philosophy of ORC 5122.10; Emergency psychiatric hospitalization. It also includes an update on what resources are available for inpatient psychiatric treatment; what criteria are necessary to complete an assessment for clients who present with a mental health crisis and how to accurately complete an application for emergency admission. We also provide training to our Trauma Response Team at least annually.

The Director of Quality and Clinical Operations is a member of a clinical psychiatric committee that meets monthly. During this meeting discussion takes place regarding crisis services in our county, gaps, barriers we encountered during the month, and resolutions. Training needs have been identified during this committee and system-wide trainings have been offered.

The Lake County ADAMHS Board will address the training needs of crisis intervention personnel in SFY14-15 by continuing extensive collaboration with community partners as we have done in SFY12.-13.

3. What are the strengths of your local system

The Lake County ADAMHS Board continues to use our Strategic Plan as our guide as we establish priorities, create programs, and measure success. Our ability to continue to expand our service delivery system, and improve services to our consumers and families, is evidenced by the outcomes we've achieved related to the Strategic Plan.

Strategy 1.0 - Increase productivity through revenue enhancement, staff development, technical support, resource sharing and cost containment. Direct a greater percentage of available dollars to "face to face" care.

Goals

- Enhance Revenue
- Recruit, Retain and Develop Qualified Staff
- Use Technology as an Accelerator to Streamline Work
- Reduce Operational Costs
- Focus on ADAMHS funding/financial sustainability

Outcomes

- Conversion to Purchase of Service Model for direct service programs – complete
- Elevation of Medicaid – complete
- Conversion to electronic health records – in progress
- Conversion to GOSH system for data/billing management – in progress
- Maintain <5% administrative overhead – ongoing
- Partner with community organizations to leverage additional funding
- Fiscal Planning including 5-year projections - ongoing

Strategy 2.0 - Establish an integrated system of services that emphasizes prevention, early intervention, clinical best practices and recovery.

Goals

- Embrace Integrated Services as the Operational Standard of Excellence
- Implement the Recovery Model Across the System of Care
- Maintain core (essential) services

Outcomes

- Integration of Provider Organizations
 - Pathways/Neighboring consolidation – complete
 - Beacon Health relocation (physical health incorporation) – in progress (spring '14)
 - Beacon/Western Reserve consolidation – in progress (4/14)
 - Extended Housing/Bridges colocation – in progress (2/14)
 - Forbes House/Womensafe collaboration – in progress
- Partner with other community organizations to enhance service options - ongoing
 - Help Me Grow (FCFC/Crossroads)
 - Education Service Center (expanded presence in schools)
 - Health District (Crossroads, Bridges)
 - Job & Family Services (FCFC coordinator)
- New program development - ongoing

Strategy 3.0 - Enhance leadership, advocacy and community outreach to increase understanding and support for effective behavioral health care services at the local, state and national level.

Goals

- Improve Information and Education
- Address Needs & Funding
- Enhance Leadership
- Achieve Greater System-wide Advocacy
- Recruitment of qualified, diverse board members
- Establish better communication/interaction between ADAMHS Board and agency boards

- Keep contacts with all levels of government (advocacy)

Outcomes

- Establishment and/or continued development of system-wide initiatives
 - Victim Advocate Program
 - Suicide Prevention Coalition
 - Trauma Response Team
 - Opiate Task Force
 - Re-entry Coalition
- Establishment of centralized behavioral health information/referral line (Compass Line) – complete
- Establishment of centralized coordination of system-wide initiatives – in progress (12/13)
- Involvement with Ohio Association of County Behavioral Health Authorities (Executive Council, COQ Surveyor, subcommittees) – ongoing
- Board to become a CEU provider – in progress (spring ‘14)
- 2014 Levy Planning - ongoing

- Conferences to Improve Lives:
 - In recognizing that half of all cases of mental illness and substance abuse disorders began by age 14 and ¾ by age 24; and in 2009 an estimated 23.5 million Americans aged 12 and older needed treatment for substance abuse, the Lake County ADAMHS Board partnered with Crossroads, for two years running, to present nationally recognized educator and author, Horacio Sanchez; one of the foremost authorities on child and adolescent behavioral disorders and resiliency practice. The 2012 conference, “From Risk to Resiliency” focused on recognizing the needs of youth, assisting them in getting treatment earlier, and ways to design appropriate interventions. In 2013, Horacio Sanchez was brought back, by popular demand, to further discuss strategies to design behavioral interventions that are brain compatible and increase long term positive change in youth. The conference, “Yes We Can! Effective Science-Based Strategies to Strengthen our Youth, Families and Communities” provided new information on brain research and effective models for communication with young people to maximize their success.
 - The Cleveland Rape Crisis Center, in partnership with the Lake County ADAMHS Board, presented a five part professional training series titled “Helping Clients Cope with Sexual Trauma”. The trainings consisted of: the core principles of trauma informed care, gaining skills and competence in your work with child, adolescent, and adult survivors of sexual abuse and related traumas, understanding vicarious trauma and its impact on service providers who work with traumatized clients, and helping clients with co-occurring sexual trauma, mental illness and/or substance abuse.
 - In order to help increase local awareness on the issue of opiate addiction and drug abuse the Lake County ADAMHS Board and the Lake County Opiate Task Force joined together to present the award winning initiative of the Franklin County Ohio Sheriff’s Department, “Operation Street Smart”. The program, held in May 2013, addressed the physiological effects of drug abuse/addiction, education regarding drug related street slang and terminology, and ways abusers and addicts

access their drugs and camouflage their behaviors. This program will return to Lake County once again in the spring of 2014.

- The Lake County ADAMHS Board understands the importance of clinicians receiving the most up to date information/education in their field. The ADAMHS Board was pleased to offer training in August of 2013 on the newly released DSM-5. The workshop was presented by Ray Isackila, LPCC, LICD, from the Case Western Reserve School of Medicine. Mr. Isackila presented information regarding the changes that were made to the DSM-5, the coding of disorders via the new manual and the relatedness of the DSM-5 to the ICD 10.
- Community Collaborations – we’ve forged new and expanded relationships for our system which has enabled us to leverage additional dollars and resources for behavioral health consumers.
 - Lake County Juvenile Court Achievement Docket – working in partnership with the Board and local behavioral health providers to create a specialized care program for adolescents with court involvement.
 - Lake ADAMHS Board partnered with Juvenile Court and created the Intensive Community Rehabilitation Program which targets adjudicated SED and at risk youth. The program serves youth for up to six months in the Lake County Juvenile Detention Center versus the youth being sent to Ohio Department of Youth Services. This program is the recipient of the 2013 ODYS Community Recognition Award. The award is in partnership with the Governor’s Council on Juvenile Justice and the Ohio Association of Juvenile Court Judges. The award recognizes outstanding contributions of community organizations as well as the youth that participated in the program.
 - The Lake County Prosecutor’s Victim Assistance Program had a long and proud history of providing vital services to victims of sexual assault, domestic abuse and other violent crimes. For many years, these services were delivered professionally and compassionately on a 24/7/365 basis. Due to the economy-related revenue losses forced the Prosecutor’s Office to significantly reduce its budget for this program. The unfortunate result was the elimination of after-hours victim assistance services. The Lake County ADAMHS Board worked collaboratively with the Prosecutor’s Office to craft and implement a solution. The ADAMHS Board provided funding and a new ADAMHS Victim Advocate Team to restore after-hours services. The team is comprised largely of counselors, case managers, and other staffers from our network of local mental health agencies.
 - We have utilized the Hot Spot Collaborative Project to ensure that consumers in need of direction regarding mental health, drug and/or alcohol addiction services and housing resources have a central, user-friendly entry point for individuals. During FY13 we created, and implemented, the Compass Line. Beginning in early FY14 we expanded the Compass Line services by hiring a Prevention and Education Specialist. This specialist manages the day to day operations of Suicide Prevention Coalition, Victim Advocate Program, Trauma Response Team, Opiate Task Force and other developing system-wide initiatives.
 - Partnership with Lakeland Community College – the college continues to display ADAMHS literature and we’ve provided several in-class presentations about our system and have other presentations in the works. We also provided a behavioral

health training to faculty and staff at the college in conjunction with the college's Student Resource Center. We continue to partner with the college for CIT training for law enforcement. Our Compass Line was explained in a one-on-one meeting with the head of Lakeland's Student Counseling Department, and posters and cards were distributed department-wide.

- We collaborated with our local YMCA on a venture to champion a more inclusive definition of wellness to its members. We designed and produced posters which are currently up in all local Y facilities, and we did training sessions with a number of Y team members regarding accessing local behavioral health resources.
- We worked with the Lake County Community Network to provide a comprehensive training program on behavioral health issues and resources for local clergy and other church front-liners.
- Increased focus on clinical accountability for the system
 - Inpatient Utilization Management Program - The Board along with Beacon Health and Lake Health meet every month to discuss board bed utilization and length of stay in the hospital. We identify clients who are high utilizers of the ED and board beds, develop care plans to help keep patients out of the hospital by wrapping support they need in order to stay in the community and use out-patient services.
- Advocacy and Board Development
 - Advocacy Campaign - Analyzed needs/opportunities. Quickly created strategy to try to impact public and policy-maker opinion simultaneously. Developed multi-level campaign including preaddressed postcards, audience-specific poster series, and web presence (OhioDeservesBetter.org).
 - Board Member Orientation Manual – a more user-friendly manual was created which will give incoming board members a better overview of our system and their responsibilities. The new initiative will rely less on notebook/paper and more on electronic delivery tools.
 - System visibility - Our mascot, Yoomi (name derived from our tagline: “You. Me. Us. We’re in this together. There is no them.”), makes frequent appearances at school/community/agency events. Yoomi coloring posters have been a hit with kids/parents and have helped us draw more attention to our system. We enjoy an excellent relationship with our largest area newspaper, and thus are able to generate significant press coverage for various aspects of our system. We designed and produced posters which directly connect services/providers to ADAMHS funding and support, and those posters are on display at all of our agencies. The free-standing poster display units also have literature racks which contain our “Help That Works” brochures. We sponsor an annual “Expressions of Recovery” consumer art show which runs throughout the month of May at our largest area shopping mall. We make it clear to our provider network that we expect them to help connect the services they offer with ADAMHS funding and support. We regularly provide our pop-up banner and ADAMHS literature to agencies for display at events.

4. What are the challenges within your local system

- Historically the Lake County ADAMHS Board has worked closely with Lake County Job and Family Services, Lake County DD and the Lake County Juvenile Court to ensure that children/adolescents in need of residential placement received those services. In addition to the “cluster” funding to which all parties contributed, the Juvenile Court received funds from the Lake County Commissioners to serve youth identified specifically through the court in need of residential drug/alcohol treatment. In FY11 the Commissioners discontinued that funding, and we now find an increasing number of youth referred to the FCFC cluster for placement. Our collective systems cannot financially support the demand for residential treatment, and while we work very hard to find alternatives to placement, ultimately a greater number of youth will end up in the Juvenile Detention Program and without vital substance abuse treatment.
- Our local psychiatric hospital has undergone significant changes over the past several years, including 4 changes in ownership in 8 years. This has, at times, impacted our ability to access beds; presently things seem to have stabilized at the hospital and we expect our local utilization to increase accordingly.
- We have engaged our local outpatient provider to have a community support worker present at NBH no less than 2 times weekly. This individual works closely with hospital staff to facilitate timely discharges of Lake County residents. This process appears to be beneficial to the hospital, our community providers, and most importantly our consumers.
- Our system continues to experience challenges in recruiting and retaining qualified professionals, particularly psychiatrists and independently licensed clinicians. Recruitment fees are extremely expensive, and we are challenged to offer competitive wages. Specifically with child/adolescent services, we trend toward losing staff, once properly trained, to the education system. These “holes” in service capacity take longer to fill as competition for the most qualified providers intensifies. In addition, agencies are burdened with meeting productivity expectations during the critical training period once new employees are hired. To buffer the impact of staff transitions some providers have begun over hiring -- continuously recruiting licensed clinicians even when there are no budgeted positions open.

5. Describe the Board’s vision to establish a culturally competent system of care

- The Lake County ADAMHS Board system of care recruits staff on the basis of qualification without regard to race, religion, creed, national origin, sex, height, weight, gender, identity, age, disability, sexual orientation, marital status, veteran status, or any other protected status under local, state, or federal law. As vacancies arise in our system, the Board and agencies focus recruitment efforts on a variety of outlets in order to blanket a diverse group of potential applicants.
- Our system offers numerous incentives to existing staff in an effort to retain those who are having a positive influence on our consumers and system. Agencies place a high degree of value on the recognition of employees for the work they do. Agencies do this through both employee recognition programs and pay incentives when possible. Both the ADAMHS Board and provider agencies offer several continuing education opportunities

to employees within our system. Staff is supported in achieving and maintaining licensure, and several agencies offer student internship opportunities.

- Our system has struggled with recruiting and hiring independently licensed clinicians, as well as psychiatrists. Both positions demand top wages and appear to be in short supply. Recruitment costs are extremely high but a necessary burden many agencies must incur. Beyond those supervisory level positions, agencies continue to struggle maintaining direct service staff, as evidenced by long waiting lists for service. Often, this is primarily a financial issue. Finally, recruiting and maintaining bilingual staff continues to be a challenge within the system.
- Consumer Satisfaction Surveys are administered by the Lake County ADAMHS Board and all of our contract agencies. We require our agencies to share the results with us in their Continuous Quality Improvement Report that is due to the Board annually. We have been able to make positive changes in our system based on feedback from these surveys.
- The Lake County ADAMHS Board is committed to make certain all contract agency staff receive Cultural Competency training. The Board has a system wide education fund that agencies can use in order to provide their staff with appropriate training.
- Accessibility to services and operations is a key factor in optimizing the benefit of treatment for persons served. Our county is dedicated to taking all appropriate steps to remove cultural, attitudinal, employment, architectural, and other barriers that challenge persons served, as well as personnel. A variety of factors, such as diversity of staff, may influence levels of accessibility. Our staff actively works with contract agencies to remove barriers to access of services, and to meet the changing needs of our clients.
- Specific agencies provide training to staff based upon the presentation of need. Beacon Health has trained staff in order to facilitate the agency's first LGBT support group. Beacon Health has further worked with the Lake County Criminal Justice and Mental Health Committee (CALMHS) to work on facilitating resumption of Medicaid benefits for persons with mental illness coming out of jail or prison. Bridges, our Consumer Operated Service agency, hosts a number of special event nights throughout the year which reflect specific groups or nationalities.
- Finally, our Board provides funds to our contract agencies for translation services. Agencies access these funded services for both verbal and written translation. We also contract with 211-Lake County so that all consumers and staff can get the information they need without language barriers or hearing impairment barriers.

6. What has the Board set as priorities for service delivery including treatment and prevention

The Lake County ADAMHS Board has established a Strategic Plan that serves as a guide as we prioritize behavioral health services in our county. The Plan is updated on a regular basis. Our overarching goal is, and will continue to be, ensuring that an effective, efficient and responsive system of alcohol, drug addiction and mental health services is available to all residents of Lake County. Further, we continually work to ensure that the most comprehensive array of prevention, treatment and recovery programs are available to individuals in need.

The overarching goal of the Lake County ADAMHS Board is to provide a system of care to the citizens of Lake County that demonstrates:

- Quality
- Accountability
- Efficiency
- Effectiveness
- Collaboration

The priority populations as established by the board and communicated through our annual Request for Proposals include the following:

- severely mentally disabled adults
- severely emotionally disturbed children/adolescents
- persons who are at risk of, or are currently receiving local or state inpatient psychiatric care
- mentally ill and/or chemically dependent adults/youth
- mentally ill and/or chemically dependent individuals who are homeless or at risk of homelessness
- adults and youth who are involved with the adult/juvenile criminal justice systems
- women and children who are directly impacted by domestic violence and other abusing issues such as sexual/physical abuse
- individuals who are in immediate crisis/emergency situations.

Service priorities are consistent with the Ohio Revised Code requirements. Treatment priorities are determined based on:

- service outcomes (which services demonstrate the highest level of consumer success)
- waiting lists (where is the greatest demand for service)
- consumer/family satisfaction (which services do consumers and families request most often to assist them with their recovery)
- collaboration (financial and clinical collaborations which leverage the greatest return on investment)

8. Describe the Board's accomplishments achieved through collaborative efforts

Consumers and Family Members

The Lake County ADAMHS Board believes that consumers and family members should not only have input into the development of our local behavioral health system, but that those groups should have an active and equal seat at the table when decisions are made regarding services and investments. To that end, the Board enters into non-Medicaid contracts with both our local Consumer Operated Service agency and NAMI Lake County. Through these contracts, consumers and families are afforded equal status with our primary mental health and substance abuse provider agencies. Through their clients, memberships and boards they are able to provide continuous feedback not only to the ADAMHS Board but also to direct service providers about

system strengths and weaknesses, gaps in service and alternative service delivery models.

Criminal Justice/Juvenile Justice

There have been extensive collaborations over the past decade between the Lake County ADAMHS Board, our contract agencies, and the courts, police, and sheriff's departments, that have promoted improved coordination of services between the justice system and behavioral health sectors.

Mental Health Court in Lake County is a collaborative effort among municipal courts and mental health agencies. Planning phase took approximately 9 months in 2003-04, and the court is now fully operational and significantly improving our ability to provide behavioral health treatment in lieu of incarceration. In FY10 the court expanded to include a Drug Court, in cooperation with Lake-Geauga Recovery Centers, the Lake County ADAMHS Board's largest provider of drug and alcohol treatment services. Judge John Trebets, who developed both specialized dockets with the ADAMHS Board, has received state-wide recognition for his work.

CALMHS Committee – Community Alliance of Law Enforcement and Mental Health Services, began in 2001 between law enforcement and mental health agencies to address issues serving individuals with mental illness. The primary function has evolved to providing training to Law Enforcement (CIT) and criminal justice professional. Quarterly trainings are offered. This committee meets bi monthly.

The Probate/Criminal Justice subcommittee has been meeting for two years, consisting of criminal justice professionals and mental health services to conduct a needs assessment based on the The Consensus Project 46 Policy Recommendations and making recommendations by prioritizing needs and implementing those recommendations through program development. They also address funding, advocacy, and legislative issues.

Adolescent Justice/Court Coordination

The initial focus was a specialized docket of Juvenile Court for substance abuse treatment and relapse prevention. Community Based Psychiatric Supportive Treatment, therapy and support groups are the components of this program. Resiliency factors are supported by the Red Oaks Camp as well as other community based experiences. In FY2010 this specialized docket was expanded to include mental health and co-occurring disorders.

Suicide Prevention

The Lake County Suicide Prevention Coalition, an initiative of our ADAMHS Board, continues with outreach and education efforts county-wide. Suicide prevention presentations have been made at service clubs, churches, and business and professional organizations throughout Lake County, but our proudest strides have come through collaboration with our local education community. Teachers and administrators throughout Lake County now have an improved understanding of suicide warning signs, do's and don'ts, and the strong connection between depressive illness and suicidal ideation thanks to presentations by our Coalition. Several of the systems videotaped the presentations for broadcast on local-access cable channels. Three Lake County school systems worked with our Coalition to facilitate a trio of parent-oriented presentations about teen depression and suicide. And our largest system, Mentor Public Schools,

invited the Coalition to present our suicide prevention program to every employee — more than 1100 teachers, bus drivers, support staffers and cafeteria workers — at a system-wide event in the high school's performing arts center. Crossroads, a Lake County ADAMHS Network service provider, followed the suicide presentation with a comprehensive bullying prevention workshop. We created GAHTAH (an acronym for Give A Hand Take A Hand), which is a school-based teen peer-to-peer suicide prevention initiative. GAHTAH programs are now active in three areas high schools, and we anticipate that other schools will implement the programming as well. Earlier this year the News Herald, our county's largest local daily newspaper, invited us to do a live presentation of our core suicide prevention/depression awareness program which was streamed live over www.new-herald.com.

Chrysalis, our Suicide Prevention Coalition's support group for those left behind following a suicide, also continued to thrive. Our three trained volunteer facilitators are helping area family and friends deal with and heal from the grief, confusion, anger and guilt that is left in the wake of a death by suicide.

Crisis Intervention

Crisis Intervention Training for First Responders

Again this year, our system offered a comprehensive Crisis Intervention Training (CIT) program to help area law enforcement, corrections, and emergency services personnel become more adept at recognizing mental illnesses, and thus deal more effectively with situations that involve a mentally ill person. We collaborated with a number of community partners on this important training, including Lakeland Community College, our Community Alliance of Law Enforcement and Mental Health Services, and our local NAMI chapter. During the four-day training, participants learned about symptoms and behaviors commonly associated with mental illnesses including schizophrenia, bipolar disorder, depression, and post-traumatic stress disorder. The session also included modules on suicide prevention, adolescent mental health crises, and techniques for deescalating precarious or dangerous situation.

Housing

The Interagency Housing Team meets monthly with the following providers: Extended Housing, Beacon Health, Lake-Geauga Recovery Center, Signature Health Northcoast Community Services Network, Crossroads, and the ADAMHS Board. Referrals to the group homes and Shelter Plus Care are made during this meeting and discussions about housing issues take place.

Lake County's Homeless Task Force is a group of community agencies, community safety service providers, and business leaders who meet to discuss issues of homelessness in the community and how to address them. Representatives from Salvation Army, 211, United Way, ADAMHS Board, Extended Housing, Project Hope, Painesville Fire Department, Painesville Police Department, local church leaders, and local business leaders participate in the task force.

The Coalition on Housing and Support Services of Lake County is comprised of representatives from ADAMHS Board, Extended Housing, Lake Communities Development Center, Habitat for Humanity, Lifeline, ABLE, Forbes House, 211 United Way, Lakeland Community College, Project Hope, Fair Housing Resource Center, Beacon Health, Salvation Army, Lake Metropolitan Housing Authority as well as representatives from local banks and real estate

agencies participate in this collaboration.

Ombudsman Program

The Lake County Ombudsman Program was written based on recommendations from The Ohio Legal Rights Services Report “Advocacy: A Bridge from Rights to Recovery, published in March of 2004.

Education

Collaborative relationships exist between Crossroads and all nine Lake County school districts. These vary between districts. Crossroads anticipates continued collaboration and expansion of services as the school based department continues to evolve and grow in response to community need. Collaboration with the juvenile court system is already strong, and will continue. Collaboration has begun with Red Oaks Camp. Programs have been developed and implemented to expose children and youth to outdoor and challenge opportunities at this facility. All programming at Red Oaks is consistent with strengths based approach, building upon developmental assets and resiliency model.

Lake County Community/School Immersion Program

The Lake County ADAMHS Board is collaborating with the Lake County Educational Service Center and Painesville City Schools to address the unique needs of the minority populations served by the school system. The creation of an Immersion Program will partner school and community resources to better connect students and their families with the services they need. Goals and next steps of the subcommittees include:

Curricular/Academic: To significantly increase the number of number of students participating in preschool while offering multi-language, multi-cultural instruction throughout each child's educational experience. At the same time, all existing teachers will be educated and trained to be able to deliver high-quality instruction within this multi-language, multi-cultural environment, while we prepare our own students to be able to return to Painesville as educators to sustain the model.

Curricular/Academic – Next Steps:

- study physical capacity for preschool classrooms
- research instructional frameworks for preschool immersion
- identify roadblocks to preschool access
- investigate sources of funding for early childhood educational programs
- gather information on cultural education programs for teachers

Family/Community Support: To house a resource center within each building where a wide array of family needs and services can be provided. A site coordinator will function within each of these resource centers to identify needs and to ensure efficient and effective access.

Family/Community Support – Next Steps:

- research models for the provision of family/community services
- identify the services needed by our families

- list the services currently available through our schools
- study physical capacity for resource centers
- determine pilot site
- develop a cost estimate
- investigate funding sources
- develop a list of qualities/qualifications desired for site coordinator

Crisis Intervention/Stabilization

The Lake County ADAMHS Board works in collaboration and coordination with the Lake County EMA and the Lake County Red Cross (a unit of the Greater Cleveland Chapter of the American Red Cross) to address the behavioral health needs of Lake County residents in times of disaster events. The Lake County ADAMHS Board has designated a Behavioral Health All Hazards Coordinator to act as liaison between the Lake County EMA and the behavioral health system.

The Lake County Emergency Management Agency, as the official coordinating agency of Lake County and the State and Federal Emergency Management Agencies (OEMA & FEMA) in times of county, state and national emergencies/disasters, assists and supports the county in reducing loss of life and property from all hazards.

The Lake County ADAMHS Board's authority and purpose are authorized and enumerated under Sections 122.23, 124.11, 140.03, 140.05, 1739.01 04 05 06, 5705.19, 5705.221 and Chapter 340 of the Ohio Revised Code as passed by the General Assembly of the State of Ohio on October 4, 1989. Duties of the Board are specified in Section 340.03 of the Ohio Revised Code and other applicable sections of the Code.

Higher Education

The Lake County ADAMHS Board has collaborated specifically with the Health and Human Services at Lakeland Community College and the Student Resource Center at Lake Erie College to facilitate trainings and seminars. We have had success working directly with students in bringing important information about our system of care to the campuses. We're regularly invited to speak in classrooms, and to participate in resource fairs and other on-campus activities.

Senior Care Services

Within FY13 services for seniors transitioned from the Iris Project to the Senior Care Services program. The new program is designed to provide individualized, integrated mental health services to older adults with/or at risk of having severe and persistent mental illness and other risk factors. The program follows an integrated service delivery model that incorporates all core behavioral health services including assessment, crisis intervention, behavioral health counseling and therapy, CPST, and pharmacological management. Services are highly individualized to meet the specific needs of each consumer.

Family and Children First Council

The Lake County ADAMHS Board continues to work collaboratively with the Lake County FCFC, as well as our county's primary child/adolescent behavioral health provider, Lake County

Department of Job and Family Services, Juvenile Court, Lake County DD and education to evaluate the needs of children/adolescents and their families. The entities meet monthly to evaluate the effectiveness of funds invested and to prioritize services to children/adolescents with the highest level of need. If and when residential placement is necessary, the organizations work together to ensure that placement is as short as possible and appropriate services are in place for a smooth transition back into a community setting. Whenever possible, the organizations work to find and fund appropriate alternatives to residential placement.

9. Describe the interaction between the local system's utilization of the state hospital, Private Hospital and/or outpatient services and supports.

In July 2008 (FY09) the Lake County ADAMHS Board entered into contract with a new service provider for the provision of pre-screening services. Lake Health provides 24 hour a day, 7 day a week pre-screening services to our community. In 2008 the Lake County ADAMHS Board Director of Quality Improvement provided comprehensive training to all pre-screeners on state hospital admission criteria. While we did not have a Continuity of Care Agreement in place at that time, we utilized the COC as a guide for staff training. A total of 15 pre-screeners and hospital supervisors have been trained on the Continuity of Care Agreement. The hospital continues to use the Agreement in the training of any new pre-screeners hired into the program.

Beacon Health has served as our system's hospital liaison for several years. Our system's forensic monitor also serves as the liaison to the state hospital for civil commitments. Beacon Health has a presence at the state hospital on average once a week to review treatment of Lake County residents and help to arrange appropriate discharge. In addition to the forensic monitor, the agency's Clinical Director has been trained on the Continuity of Care Agreement.

The Lake County ADAMHS Board is fortunate to have Windsor-Laurelwood Center for Behavioral Medicine, the state's largest free-standing psychiatric hospital, located within our county. The Board has maintained a strong relationship with Windsor-Laurelwood for several years, and we utilize the hospital extensively for adult and child/adolescent inpatient care. Traditionally we have contracted with the hospital for a pre-determined number of bed days each year and reconciled funds at the end of the year. In FY08 we moved to a fee for service relationship, where we provide payment for pre-approved bed day utilization upon discharge. We continue to struggle with placement for indigent residents with co-occurring medical issues as neither Windsor-Laurelwood nor the state are equipped to manage those high risk cases.

Priorities for Lake County ADAMHS Board

**Substance Abuse & Mental Health Block Grant Priorities
*Priorities Consistent OHIOMAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)</p>	<p>ADULTS: -Prioritize adults that are intravenous/injection drug users (IDU) to our treatment services.</p> <p>CHILDREN: -Young people requesting/needing treatment for IV drug use begin participating in treatment within 14 days of their request for services.</p>	<p>ADULTS: -Prioritize IDU for outpatient and residential treatment services through admission criteria and wait list policy. -Admit IDU into our treatment services before other persons seeking services. -Report/track the number of IDU admitted into treatment services by utilizing wait list and utilization reports. -Provide timely services to clients at the level of care needed. - Engage IDU in outpatient treatment services during the wait process.</p> <p>CHILDREN: -Screen youth at intake/assessment for IDU. -Give IDU's priority in any waiting lists for services.</p>	<p>ADULTS: -Monitor/analyze the number of persons, by gender, which has been admitted into outpatient and residential treatment services each month. - Monitor/analyze the wait time on the waiting lists for services.</p> <p>CHILDREN: - Monitor/analyze wait time (days) from initial request for services to admission to treatment for IDU's. -Compare difference between IDU's and non-IDU's in average and median waiting time. -Monitor the number and proportion of IDU's who begin treatment within 14 days of their request for services.</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>

<p>SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)</p>	<p>ADULTS: -Women that are pregnant and have a substance abuse use disorder are prioritized in outpatient and residential treatment programs.</p> <p>CHILDREN: -Girls with substance use disorders who are pregnant at the time of intake/assessment begin participating in treatment with 14 days of their request for services.</p>	<p>ADULTS: -All outpatient and residential treatment services prioritize pregnant women through admission criteria and through wait list policy. -Admit pregnant women into treatment services before other persons seeking services. -Report/track wait list and utilization reports to track the number of pregnant women are admitted into treatment services. -Provide timely services to clients at the level of care needed. -Prioritize the admission of chemically dependent pregnant women and women with children up to the age of 3 years into the Lake-Geauga Recovery Centers' Oak House residential program. -In January 2014 open the new Lake-Geauga Recovery Centers supportive housing facility. This will provide intensive outpatient treatment services for chemically dependent pregnant women and women with children up to the age of five.</p> <p>CHILDREN: -Screen girls for pregnancy at intake/assessment. -Give pregnant clients priority in wait lists for services. - Monitor girls participating in services for new pregnancies.</p>	<p>ADULTS: -Monitor/analyze the number of pregnant women that are admitted into outpatient and residential treatment services each month. -Monitor/analyze wait time for services. - Ensure at least 70% of women achieve treatment plan objectives.</p> <p>CHILDREN: -Monitor/analyze wait time (days) for pregnant clients from initial request for services to admission. -Monitor/analyze the number and proportion of pregnant clients who begin treatment within 14 days of their request for services. -Monitor/analyze the difference between pregnant clients' and other clients' average and median wait time for services.</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

			<p>-Monitor/analyze the number of pregnant clients participating in treatment for substance abuse.</p>	
<p>SAPT-BG: 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)</p>	<p>ADULTS:</p> <ul style="list-style-type: none"> - Providers will collaborate, as needed, on treatment coordination with Lake County Job and Family Services, Crossroads, and any other identified provider to ensure treatment for families. -Family Members will gain awareness/education on disease concept and coping skills. -Help parents achieve long-term recovery through abstinence from alcohol or other drugs, and an improved quality of life through involvement in a 12-step program of recovery. <p>CHILDREN:</p> <ul style="list-style-type: none"> -Provide screening and, if appropriate, assessment and treatment within 14 days of the request for services to young people who are at risk for abuse/neglect due to their parents'/caregivers' substance use disorders and who have been referred by a public children's services agency, for treatment for substance use disorders themselves. -Communicate/coordinate with the public children's services agency during the clients' treatment episodes. 	<p>ADULTS:</p> <ul style="list-style-type: none"> -Provide outpatient and/or residential treatment services that meet the assessed needs of the parent with substance abuse problems. <p>CHILDREN:</p> <ul style="list-style-type: none"> -During intake/assessment, identify young people who are at risk for abuse/neglect due to their parents'/caregivers' substance use disorders and who have been referred by a public children's services agency for treatment for substance use disorders. -Clients will receive priority in any wait lists for services. -Document the clients' progress toward treatment goals. -Conduct urine drug screening for clients as indicated/ordered; in accordance with 42 C.F.R. Part 2, share 	<p>ADULTS:</p> <ul style="list-style-type: none"> -Monitor/analyze the number of unduplicated parents with substance abuse that have been admitted into outpatient and residential treatment services. -Ensure that 65% of those completing Group Counseling or Intensive Outpatient Program (IOP) will have achieved treatment goals. -Ensure that 85% of clients will test negative on random drug screens during participation in program services. <p>CHILDREN:</p> <ul style="list-style-type: none"> -Monitor/analyze wait time (days) from initial request for services to admission to treatment for clients at risk of abuse/neglect due to their parents'/caregivers' substance use disorders and who have been referred by a public children's services agency for treatment for substance use disorders. -Monitor/analyze the number and proportion of clients in this category who begin treatment within 14 days of the request for services. -Monitor/analyze the difference between these clients' and other clients' average and median wait time. 	<ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):

		any information about these clients and their services that is determined to be necessary/appropriate, including results and recommendations, with the referring children's services agency.	-Monitor/analyze the number of clients participating in treatment for substance abuse.	
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases	<p>ADULTS:</p> <ul style="list-style-type: none"> - Provide services to individuals with tuberculosis and other communicable diseases. -Provide on-going education about tuberculosis and other communicable diseases and case management services in order to link individuals to health and support systems in the community. <p>CHILDREN:</p> <ul style="list-style-type: none"> - Provide services to individuals with tuberculosis and other communicable diseases. -Identify young people at increased risk for or infected with tuberculosis or other communicable diseases, and refer them for appropriate medical care. 	<p>ADULTS:</p> <ul style="list-style-type: none"> -Provide treatment services that meet the assessed needs of the individual with tuberculosis or other communicable disease. <p>CHILDREN:</p> <ul style="list-style-type: none"> -Screen young people at assessment/intake for history of or risk factors for tuberculosis or other communicable diseases. -Refer any clients at heightened risk for or infected with such communicable diseases to their primary care provider for appropriate evaluation and treatment. 	<p>ADULTS:</p> <ul style="list-style-type: none"> - Monitor/evaluate the proportion of new clients screened for history of or risk factors for tuberculosis or other communicable diseases. -Identify the number and proportion of screened clients who are at heightened risk for or infected with such communicable diseases. -Identify and track the number and proportion of clients infected or at risk that are referred to primary care providers for evaluation and treatment. <p>CHILDREN:</p> <ul style="list-style-type: none"> - Monitor/evaluate the proportion of new clients screened for history of or risk factors for tuberculosis or other communicable diseases. -Identify the number and proportion of screened clients who are at heightened risk for or infected with such communicable diseases. -Identify and track the number and proportion of clients infected or at risk that are referred to primary care providers for evaluation and treatment. 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional	-Help children with Serious Emotional Disturbances safely and positively	-Provide a range of outpatient services, including counseling for mental health	-Monitor/evaluate the number of children with SEDs removed from the	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds

<p>Disturbances (SED)</p>	<p>participate in their families and communities with the least-restrictive and least-costly community-based care feasible.</p>	<p>and substance abuse disorders, Community Psychiatric Supportive Treatment Services and pharmacological management; extensive use of outreach and home- and school-based service modalities to overcome practical barriers to service.- -Provide intensive Partial Hospitalization, Community-Based Family Treatment, Intensive Outpatient treatment for substance use disorders and in collaboration with Lake County Juvenile Court, the Juvenile Justice Achievement Program and Intensive Community Rehabilitation for youth at risk for repeated or extended incarceration; collaborate with other.</p>	<p>community for residential treatment and/or incarceration. -Monitor/evaluate the number of children with SEDs who require psychiatric hospitalization.</p>	<p><input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<p>-Promote wellness and enhance the lives of adults with mental illness and substance abuse disorder to live, learn, work and participate fully in their family and community.</p>	<p>-Ensure that comprehensive mental health care, and AOD, services are delivered to the consumers efficiently, effectively and compassionately. Consumer Satisfaction Surveys are administered by the Lake County ADAMHS Board and all contract agencies. Agencies will share the results with us in their Continuous Quality Improvement Report that is due to the Board annually.</p>	<p>-90% of consumers will give the surveys a rating of excellent or good for all levels of programming.</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*</p>	<p>ADULTS: -Research and evaluate evidence based, and emerging best practices, for incorporation into service programs.</p> <p>CHILDREN: -Increase integration of behavioral health and primary care services.</p>	<p>ADULTS: -Continue to implement basic structures for integrating primary and behavioral health care and establish data set relevant to primary care. - If health concerns are identified (from the Health Assessment, Psychiatric Evaluation, or Diagnostic Assessment) they will be listed in in 75% of the Needs and Preferences section of the ISP. -Following OhioMHAS and CARF standards, determine the feasibility of implementation of the Health Homes/Integrated Care service. -Develop formal relationships with primary care providers to ensure integration with primary care (i.e. Medicaid Health Homes, lab services, tobacco cessation etc.)</p> <p>CHILDREN: -Enhance screening for physical symptoms and risk factors for medical disorders. -Identify clients with high Body Mass Index and refer them for primary care follow-up or consultation with Lake County General Health District dietician. -Work in collaboration with Lake Erie College, initiate co-located physician assistant training and medical care.</p>	<p>ADULTS: - 75% of new annual client ISP's will identify primary care provider, or identify need for a primary care provider.</p> <p>CHILDREN: -Monitor/evaluate the number of clients screened for physical symptoms and risk factors. -Monitor/evaluate the number of clients referred to primary care and/or dietician consult for follow-up of obesity risk. -Monitor/evaluate the number of clients/families who can describe at least 1 behavioral indicator of</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

			<p>improvement in physical health, i.e. sleep improvement, increasing physical activity, maintaining or reducing weight as a result of dietician consult.</p> <p>-Placement of physician assistant trainees in Crossroads' psychiatry services.</p>	
<p>MH&SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders</p>	<p>ADULTS:</p> <ul style="list-style-type: none"> -Assist in the recovery of adults experiencing the difficulties of dealing with two chronic illnesses simultaneously – mental illness and chemical dependency. -Utilize Evidence Based counseling approaches including motivation interviewing, cognitive therapy to address both mental health and substance abuse disorder. <p>CHILDREN:</p> <ul style="list-style-type: none"> -Support children's recovery from behavioral health and substance use disorders. 	<p>ADULTS:</p> <ul style="list-style-type: none"> -Provide outpatient and/or residential treatment services that meet the assessed needs of persons with mental health and substance abuse problems. - Develop an individual treatment plan that addresses each individual's needs for housing, relationships, vocational training, child care, education, mental health and physical health. <p>CHILDREN:</p> <ul style="list-style-type: none"> - Provide services to enhance resiliency in children and families. -Collaborate/coordinate with other organizations and systems to give children access to needed educational, 	<p>ADULTS:</p> <ul style="list-style-type: none"> -65% of those completing Group Counseling or Intensive Outpatient Program (IOP) will have achieved treatment plan goals related to both mental health and substance abuse disorder. -85% of clients will test negative on random drug screens during participation in program services. -50% of IOP clients will maintain abstinence at 1 month post-discharge. -85% of clients engaged in group counseling will report alleviation of symptoms and/or satisfaction with services received as indicated in the consumer satisfaction surveys. -65% of clients who <u>successfully</u> complete 90 days of residential treatment. <p>CHILDREN:</p> <ul style="list-style-type: none"> -Monitor/evaluate then number of children participating in resiliency-building service activities. -Monitor/evaluate the number of young people participating in educational, 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		vocational and housing resources and community-based support groups.	vocational and housing resources and community-based support groups through Lake County service systems.	
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant *Priorities Consistent OHIOMAS Strategic Plan				
Treatment: Veterans	-Provide direction and support to individuals who are former members of one of the branches of the armed forces.	-Advertise in the community regarding the Compass Line. The Compass Line provides information, referrals and appointment times. -Work in cooperation with the local Veterans Clinic.	-Monitor and evaluate referrals made utilizing the Compass Line.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Individuals with disabilities	-All individuals are treated equally without regard to their race, color, religion, sex, national origin, disability or age.	-All individuals are treated equally without regard to their race, color, religion, sex, national origin, disability or age.	-Monitor/evaluate the consumer satisfaction surveys submitted to the ADAMHS Board to ensure that all individuals are treated equally.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	ADULTS: -Prioritize adults that are intravenous/injection opiates drug users (IDU) to our treatment services. (see Priority 1 above) -Provide a continuum of care that includes non-narcotics ambulatory detoxification services, outpatient treatment, residential treatment,	ADULTS: -Provide outpatient and/or residential treatment services that meet the assessed needs of person with substance abuse problems. -Provide Community Education Sessions for the public. This is an open ended group where individuals begin to explore feelings of ambivalence	ADULTS: -65% of those completing Group Counseling or Intensive Outpatient Program (IOP) will have achieved treatment plan goals related to both mental health and substance abuse disorder. -85% of clients will test negative on random drug screens during	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	<p>aftercare and supportive housing.</p> <p>CHILDREN: - Reduce opiate abuse and opiate dependence among young people.</p>	<p>towards change, evaluating the conflicts between substance use and personal values, and weighing the pros and cons of quitting substance use or modifying behavior.</p> <p>-Provide ambulatory detox for individuals struggling with opiate addiction and withdrawal. This non-narcotic management of opiate withdrawal will provide an alternative to suboxone and will provide medications to assist individuals with the intensely uncomfortable, but not life threatening, withdrawal symptoms.</p> <p>CHILDREN: - Improve service providers' ability to identify, assess and treat opiate use disorders.</p> <p>-Participate in the inter-system efforts of Lake County Opiate Task Force to increase awareness among first responders and other child-serving professionals of opiate use disorders and risk for opiate overdose.</p>	<p>participation in program services.</p> <p>-50% of IOP clients will maintain abstinence at 1 month post-discharge.</p> <p>-85% of clients engaged in group counseling will report alleviation of symptoms and/or satisfaction with services received as indicated in the consumer satisfaction surveys.</p> <p>-65% of clients who <u>successfully</u> complete 90 days of residential treatment.</p> <p>CHILDREN: -Monitor/evaluate the number of young people diagnosed with and treated for opiate use disorders; number of reported fatal and non-fatal opiate overdoses.</p>	
<p>Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*</p>	<p>ADULTS: -Provide and develop safe, decent and affordable housing for persons who are severely mentally disabled and low-income, including those homeless/at risk of homelessness.</p>	<p>ADULTS: -Provide the following programs, through Extended Housing, in order to ensure that this population is being provided with appropriate housing opportunities: Housing Subsidies, Housing Loans, Housing Support Workers, Homeless Outreach, Shelter Plus Care, and Housing units.</p> <p>-Ensure that there is cross agency collaboration in order to identify and</p>	<p>ADULTS: -Monitor/evaluate the number of homeless or potentially homeless individuals who achieve housing security.</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>

	<p>CHILDREN: -Children and families will have safe housing.</p>	<p>utilize the housing needs and resources.</p> <p>CHILDREN: - Cross-agency collaboration to identify housing-insecure families and young people and connect them to appropriate resources.</p>	<p>CHILDREN: - Monitor/evaluate the number of homeless or potentially homeless children and families who achieve housing security.</p>	
<p>Treatment: Underserved racial and ethnic minorities and LGBTQ populations</p>	<p>-Increase services to underserved racial and ethnic populations.</p>	<p>-Provide outreach and school-based services in communities with identified racial/ethnic populations. -Develop linguistic and cultural competence of provider staff through recruitment and training. -Provide informational materials and key client documents in Spanish. -Maintain resources for professional interpreting and translating services.</p>	<p>-Monitor/evaluate the number and proportion of clients served who are members of racial/ethnic minorities. – Monitor/evaluate the number of provider staff fluent in second language and competent in other cultures. -Monitor the availability of documents available in Spanish. -Monitor/evaluate the number of clients using interpreting services to participate in behavioral health programs.</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>Priorities</p>	<p>Goals</p>	<p>Strategies</p>	<p>Measurement</p>	<p>Reason for not selecting</p>
<p>Treatment: Youth/young adults in transition/adolescents and young adults</p>	<p>-Engage and assist young adults as they move from a children’s system of care to an adult system of treatment -Youth with mental health and/or substance use disorders will transition successfully to appropriate levels of independent functioning as adults.</p>	<p>-Provide services to young adults as they move from a children’s system of care to an adult system of treatment. -Provide Individual coaching in education, employment, housing and daily living skills. -Provide short-term skills groups</p>	<p>-60% of clients will successfully transition to recommended services in the adult program, measured by maintaining some contact with the treatment team -60% of consumers will be engaged in developing or improving their</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>

		<p>addressing independent living skills related to hygiene, budgeting, healthy relationships, etc.</p> <ul style="list-style-type: none"> -Ensure individuals are linked to natural supports in the home, work, school and community. -Orient young people to adult service systems, including behavioral health services; -Provide supported employment or related employment services that help with employability/work readiness, job application and resume development, interview preparation, job retention strategies and ongoing support -Provide socialization and community involvement activities to enhance interpersonal skills and community participation. 	<p>interpersonal skills or other areas of skill development, including money management, interpersonal relations, communication, and anger management.</p> <ul style="list-style-type: none"> - 60% of clients will live in stable housing (defined as living in their own place; with family; or in community residences) -60% of TYP clients will be attending school or working or actively seeking work 	
<p>Treatment: Early childhood mental health (ages 0 through 6)*</p>	<p>-Identify and intervene with children ages birth to 6 years who have or are at risk for behavioral health disorders.</p>	<p>-Build staff capacity to assess and treat attachment impairments in young children.</p> <p>-Ensure collaboration/coordination with other programs and organizations serving infants, toddlers and preschool-aged children.</p>	<p>-Initiation of protocols for assessing attachment impairments in young children.</p> <p>-Monitor/evaluate the number of children served in collaboration/coordination with other programs and organizations.</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
<p>Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure</p>	<p>ADULTS:</p> <p>-Participants will increase their knowledge about mental illness and</p>	<p>ADULTS:</p> <p>-Provide formal educational presentations to individuals or groups</p>	<p>ADULTS:</p> <p>-90% of persons who attend the educational sessions will “agree or</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p>

	<p>community resources through participation in community educational presentations.</p> <p>CHILDREN: - Adopt a public health approach to prevention activities.</p>	<p>that are designed to increase community knowledge of and to change attitudes and behaviors associated with mental health problems, needs and services.</p> <p>CHILDREN: - Conduct ongoing assessment of community behavioral health needs. -Build capacity for prevention activities, including staff. -Continue efforts in regards to recruitment, development and funding resources. -Create and regularly update/review comprehensive plan of goals, objectives and strategies for meeting community needs; implement the plan; regularly evaluate the plan and its outcomes.</p>	<p>strongly agree” on the Program Evaluation that the presentation increased their knowledge and skills.</p> <p>CHILDREN: -Monitor/evaluate the completion of community assessments; the number of staff recruited/trained for prevention activities; the completion of prevention plan and the measured outcomes of activities.</p>	<p>__ Other (describe):</p>
<p>Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*</p>	<p>-Plan and implement prevention activities for families with children/adolescents.</p>	<p>-Provide education; including Parents and Teachers as Allies program in partnership with NAMI of Lake County; provide Parent Project groups in collaboration with the Lake County Cooperative Extension Service and the Lake County Juvenile Court. -Provide environmental interventions; consultation services to child care centers and Head Start classrooms who identify children with disruptive/aggressive behavior in their settings. -Provide alternatives; including day camp experiences for at-risk youth and their families.</p>	<p>-Monitor/evaluate the number of families participating in Parents and Teachers As Allies groups; number of families participating in Parent Project groups who perceive that ATOD use is risky/harmful; number of children served through child care consultation who maintain their child care placement; number of youth participating in camp experience who perceive that ATOD use is risky/harmful and who value ATOD-free activities.</p>	<p>__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):</p>

<p>Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices</p>	<p>- Pregnant women and women of child-bearing age receive education on healthy life choices.</p>	<p>-Enhance screening for physical symptoms and risk factors for medical disorders. -Refer families of clients with high Body Mass Index and/or other wellness concerns for primary care follow-up or consultation with Lake County General Health District dietician.</p>	<p>-Monitor/evaluate the number of pregnant women and women of child-bearing age whose families receive education on healthy nutrition and exercise; number of pregnant women and women of child-bearing age whose families are referred to primary care and/or dietician consult for follow-up of obesity risk; number of families who can describe at least 1 behavioral indicator of improvement in physical health, i.e. sleep improvement, increasing physical activity, maintaining or reducing weight as a result of dietician consult.</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>Prevention: Promote wellness in Ohio's workforce</p>	<p>ADULTS: -To encourage alcohol/drug free work environments. - To help adults provide a positive example for youth. - To encourage adults to form productive relationships with youth.</p> <p>CHILDREN: -Clients and their families receive education on healthy nutrition and life choices that promote wellness.</p>	<p>ADULTS: -Work with organizations including: education providers (elementary, middle school, high schools, and post-secondary providers) agencies, health care and mental health providers, criminal justice and law enforcement, community-based groups and coalitions, both formal and informal, and faith-based organizations. -Continue to reach out and enhance these relationships by establishing additional collaborations</p> <p>CHILDREN: - Enhance screening for physical symptoms and risk factors for medical disorders. -Identify clients with high Body Mass Index and refer them for primary care follow-up or consultation with Lake County General Health District dietician.</p>	<p>ADULTS: -Continue to work within SAMHSA's <i>Strategic Prevention Framework: An Evidence-Based Prevention Planning and Implementation Process.</i></p> <p>CHILDREN: -Monitor/evaluate the number of clients screened for physical symptoms and risk factors; number of clients referred to primary care and/or dietician consult for follow-up of obesity risk; number of clients/families who can describe at least 1 behavioral indicator of improvement in physical health, i.e.</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>

		<p>-In collaboration with Lake Erie College, initiate co-located physician assistant training and medical care.</p>	<p>sleep improvement, increasing physical activity, maintaining or reducing weight as a result of dietician consult; placement of physician assistant trainees in Crossroads' psychiatry services.</p>	
<p>Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*</p>	<p>ADULTS: -Raise awareness and change the community's perception of gambling -Reduce the prevalence of problem gambling in the community</p>	<p>ADULTS: -Conduct a readiness survey among various groups to measure their attitudes and perceptions toward gambling problems -Develop and implement a social marketing campaign to include website development, advertising and marketing through radio, TV, social media, on-line campaigns, brochures, posters and post cards. -Provide presentations and educational materials to targeted populations to include schools, colleges and universities, senior citizen service organizations, older adult facilities, other social service organizations within the Lake ADAMHS and Geauga MHRS systems, courts/ probation departments, businesses, churches, and any other group, association or coalition. -Provide gambling educational program at the Lake County Jail and the Geauga County Safety Center. -Include a Brief Bio-social Gambling Screen (BBGS) upon intake and during treatment; encourage the use of this screening upon intake at all other provider agencies. -Conduct the South Oaks Gambling</p>	<p>ADULTS: -Evaluate and report outcomes keeping within the guidelines developed by the Ohio Department of Mental Health and Addiction Services. -Focus on how prevention activities have focused on providing alternatives, education, and information dissemination and collect and report on related data.</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

	<p>CHILDREN: - Identify young people engaging in, or at risk for, problem gambling.</p>	<p>Screen (SOGS) on all those identified by the BBGS. -Incorporate gambling education in the current AOD curriculum for individuals and their families.</p> <p>CHILDREN: - Screen clients at intake/assessment for problem gambling behavior.</p>	<p>CHILDREN: -Monitor/evaluate the number of clients who report spending significant time gambling or other negative consequences of gambling.</p>	
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