

TEMPLATE FOR SUBMITTING THE COMMUNITY PLAN

Lake County Board of Alcohol, Drug Addiction and Mental Health Services

COMMUNITY PLAN FOR SFY 2012-2013

August 29, 2011

MISSION STATEMENT

The purpose of the Lake County ADAMHS Board is to ensure that an effective, efficient and responsive system of alcohol, drug addiction and mental health services is available to all residents of Lake County. Established by Ohio statute, it is a public board with the leadership responsibility to plan, fund, monitor and evaluate essential services to meet the diverse needs of the community.

VISION STATEMENT

The Lake County ADAMHS Board Provider Network is acclaimed throughout Ohio as a premier resource for the holistic treatment of at-risk populations. A dynamic, progressive system of behavioral health care services fosters positive change and high quality of life. This continuum of care extends beyond recovery and wellness, affording youth and adults with individualized support for lifelong success.

VALUE STATEMENTS

1. Produce an efficient, effective and sensitive network of public behavioral healthcare services. Apply managed care principles to continuously improve the quality, value and accessibility of services provided.
 - Increase continuity within the system. Create a more seamless, continuum of care that enables people to become more independent, lead productive family and work lives and contribute to the community in a positive way.
 - Address the needs of a culturally-diverse population through proactive education and outreach.
 - Make direct and indirect services for consumers and taxpayers more available, efficient and effective. Provide services in settings that allow equal access for all.
 - Maintain the highest standards of performance possible for behavioral healthcare services for Lake County residents with federal, state and local tax dollars. Invest taxpayers' dollars for maximum value and performance.
 - Improve the delivery system of care; share resources, consolidate/integrate support services and achieve greater collaboration and coordination among the Board and provider agencies.
 - Reduce infrastructure, administrative/indirect costs and duplication to increase the percentage of available dollars for direct, face to face, consumer care
 - Increase the effectiveness of the Board, providers, staff, consumers, family members and taxpayers in decision-making and system management.
2. Ensure ongoing public education to reduce stigma and indifference. Improve community awareness and understanding to sustain and increase local support.
 - Design and implement a comprehensive education and communications strategy. Secure professional marketing / public relations expertise and resources.
 - Focus more attention on the diverse and growing needs of Lake County residents for alcohol and drug addiction services - especially children, youth and families

- Present success stories from the lives of Lake County residents who have benefited from public behavioral healthcare services.
 - Involve the community, including consumers and family members in the planning and evaluation of services delivered.
 - Determine impact of public education and information campaigns through changes in community attitudes and perceptions
3. Modernize the ADAMHS Board and system policy framework to improve responsiveness to the changing behavioral healthcare needs and expectations of the community
- Create new capabilities to proactively anticipate and address the changing laws, standards, policies, procedures, needs and business relationships among the Board, its providers and consumers.
 - Develop a managed care policy framework that regularly benchmarks and incorporates best practices to improve provider network management, quality and outcome measures.
 - Enhance the process/criteria for identifying and prioritizing behavioral healthcare needs with added emphasis on holistic, preventative services involving community support systems (family, church, school, and work place).
 - Invest in information system networks (hardware, enterprise management software and training of personnel) for the Board and its partners to improve planning, performance and financial management of services. Coordinate systems (state, county, and provider) where practicable to maximize return on investment.
 - Adapt and systematically integrate new state, county and provider network policies, protocols, procedures, and contracting procedures.
 - Utilize new technologies and methodologies to reduce complexity and non-value added work. Simplify processes, improve employee productivity and increase the speed and effectiveness of decision making.
 - Grow additional sources of supplemental (non-traditional) revenue streams into the system.
 - Create the means to recruit, retain and develop the best talent possible to staff key positions within the network.
4. Increase advocacy and accountability with consumers, family members and taxpayers
- Determine the desired service intervention outcomes and appropriate performance metrics with consumers, family members and providers.
 - Establish partnerships with external groups to jointly develop programs and opportunities that make a difference. (e.g., schools, businesses, sheriff).
 - Evaluate the impact of board allocated funds. Assess the performance of specific providers, services and programs against quantifiable, verifiable, objective metrics. Communicate these results via an annual report to stakeholders.
 - Ensure these measurements and assessments are reflected in program adaptations, plan and budget revisions and the strategic policy planning process.

SIGNATURE PAGE

Community Plan for the Provision of Alcohol, Drug Addiction and Mental Health Services
SFY 2012-2013

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and the Ohio Department of Mental Health (ODMH) a plan for the provision of alcohol drug addiction and mental health services in its area. The plan, which constitutes the Board's application for funds, is prepared in accordance with procedures and guidelines established by ODADAS and ODMH. The Community Plan is for State Fiscal Years (SFY) 2012 – 2013 (July 1, 2011 to June 30, 2013).

The undersigned is a duly authorized representative of the ADAMHS/ADAS/CMHS Board. The ADAMHS/ADAS Board hereby acknowledges that the information contained in this application for funding, the Community Plan for SFY 2012 - 2013, has been reviewed for comment and recommendations by the Board's Standing Committee on Alcohol and Drug Addiction Services, and is complete and accurate.

Lake County Board of Alcohol, Drug Addiction and Mental Health Services

ADAMHS, ADAS or CMH Board Name (Please print or type)

ADAMHS, ADAS or CMH Board Executive Director

Date

ADAMHS, ADAS or CMH Board Chair

Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].

I. Legislative & Environmental Context of the Community Plan

A. Economic Conditions

B. Implications of Health Care Reform

C. Impact of Social and Demographic Changes

D. Major Achievements

E. Unrealized Goals

SECTION I: LEGISLATIVE AND ENVIRONMENTAL CONTEXT

Legislative Context of the Community Plan

Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards, Alcohol and Drug Addiction Services (ADAS) Boards and Community Mental Health Services (CMH) Boards are required by Ohio law to prepare and submit to the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and/or the Ohio Department of Mental Health (ODMH) a plan for the provision of alcohol, drug addiction and mental health services in its service area. Three ADAS Boards submit plans to ODADAS, three CMH Boards submit plans to ODMH, and 47 ADAMHS Boards submit their community plan to both Departments. The plan, which constitutes the Board's application for funds, is prepared in accordance with procedures and guidelines established by ODADAS and ODMH. This plan covers state fiscal years (SFY) 2012 – 2013 (July 1, 2011 through June 30, 2013).

The requirements for the community plan are broadly described in state statute. In addition, federal requirements that are attached to state block grant dollars regarding allocations and priority populations also influence community planning.

Ohio Revised Code (ORC) 340.03 and 340.033 – Board Responsibilities

Section 340.03(A) of the Ohio Revised Code (ORC) stipulates the Board's responsibilities as the planning agency for mental health services. Among the responsibilities of the Board described in the legislation are as follows:

- 1) Identify community mental health needs;
- 2) Identify services the Board intends to make available including crisis intervention services;
- 3) Promote, arrange, and implement working agreements with social agencies, both public and private, and with judicial agencies;
- 4) Review and evaluate the quality, effectiveness, and efficiency of services; and
- 5) Recruit and promote local financial support for mental health programs from private and public sources.

Section 340.033(A) of the Ohio Revised Code (ORC) stipulates the Board's responsibilities as the planning agency for alcohol and other drug addiction services. Among the responsibilities of the Board described in the legislation are as follows:

- 1) Assess service needs and evaluate the need for programs;
- 2) Set priorities;
- 3) Develop operational plans in cooperation with other local and regional planning and development bodies;
- 4) Review and evaluate substance abuse programs;
- 5) Promote, arrange and implement working agreements with public and private social agencies and with judicial agencies; and
- 6) Assure effective services that are of high quality.

ORC Section 340.033(H)

Section 340.033(H) of the ORC requires ADAMHS and ADAS Boards to consult with county commissioners in setting priorities and developing plans for services for Public Children Services Agency (PCSA) service recipients referred for alcohol and other drug treatment. The plan must identify monies the Board and County Commissioners have available to fund the services jointly. The legislation prioritizes services, as outlined in Section 340.15 of the ORC, to parents, guardians and care givers of children involved in the child welfare system.

OAC Section 5122-29-10(B)

A section of Ohio Administrative Code (OAC) addresses the requirements of crisis intervention mental health services. According to OAC Section 5122-29-10(B), crisis intervention mental health service shall consist of the following required elements:

- (1) Immediate phone contact capability with individuals, parents, and significant others and timely face-to-face intervention shall be accessible twenty-four hours a day/seven days a week with availability of mobile services and/or a central location site with transportation options. Consultation with a psychiatrist shall also be available twenty-four hours a day/seven days a week. The aforementioned elements shall be provided either directly by the agency or through a written affiliation agreement with an agency certified by ODMH for the crisis intervention mental health service;
- (2) Provision for de-escalation, stabilization and/or resolution of the crisis;
- (3) Prior training of personnel providing crisis intervention mental health services that shall include but not be limited to: risk assessments, de-escalation techniques/suicide prevention, mental status evaluation, available community resources, and procedures for voluntary/involuntary hospitalization. Providers of crisis intervention mental health services shall also have current training and/or certification in first aid and cardio-pulmonary resuscitation (CPR) unless other similarly trained individuals are always present; and
- (4) Policies and procedures that address coordination with and use of other community and emergency systems.

HIV Early Intervention Services

Eleven Board areas receive State General Revenue Funds (GRF) for the provision of HIV Early Intervention Services. Boards that receive these funds are required to develop HIV Early Intervention goals and objectives and include: Butler ADAS, Eastern Miami Valley ADAMHS, Cuyahoga ADAS, Franklin ADAMHS, Hamilton ADAMHS, Lorain ADAS, Lucas ADAMHS, Mahoning ADAS, Montgomery ADAMHS, Summit ADAMHS and Stark ADAMHS Boards.

Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant

The federal Substance Abuse Prevention and Treatment (SAPT) Block Grant requires prioritization of services to several groups of recipients. These include: pregnant women, women, injecting drug users, clients and staff at risk of tuberculosis, and early intervention for individuals with or at risk for HIV disease. The Block Grant requires a minimum of twenty (20) percent of federal funds be used for prevention services to reduce the risk of alcohol and other drug abuse for individuals who do not require treatment for substance abuse.

Federal Mental Health Block Grant

The federal Mental Health Block Grant (MHBG) is awarded to states to establish or expand an organized community-based system for providing mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). The MHBG is also a vehicle for transforming the mental health system to support recovery and resiliency of persons with SMI and SED. Funds may also be used to conduct planning, evaluation, administration and educational activities related to the provision of services included in Ohio's MHBG Plan.

Environmental Context of the Community Plan

1. Economic Conditions and the Delivery of Behavioral Health Care Services

Lake County is geographically the smallest of Ohio's 88 Counties yet currently ranks 11th in population with more than 227,000 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)

00-02 Lake 12.2/Ohio 10.4

03-05 Lake 12.7/Ohio 10.4

06-08 Lake 12.4/Ohio 11.3

- While our death by suicide rate has remained below the state average, we have experienced multiple teen suicides in our community. We have implemented Suicide Prevention training in three local high schools, as well as Anti-bullying programs in 10 local schools.

Liquor Sales (bottle per capita)
2009 Lake 4.9/Ohio 3.9

- Liquor sales in Lake County have consistently remained above the state average, and have increased from 2005 to 2009. This is consistent with the increase in demand for drug/alcohol treatment that we have seen over the past several years.

Child Abuse/Neglect
2003-2008 Lake consistently below state average
Divorce Rate
2001-2007 Lake consistently below state average
Teen Birth Rate
2002-2008 Lake consistently below state average

- While Lake County has been below the state average in the areas above, we continue to see increases in families referred for treatment by our Domestic Relations Court and Juvenile Court, including requests for supervised visitation/transfer. The demand for family counseling services is increasing as well.

Poverty Rate – Adult
2001 Lake 6.3%/Ohio 10.3%
2008 Lake 8.5%/Ohio 13.3%

Unemployment Rate
2009 Lake 8.5%/Ohio 10.2%

- Lake County is at the highest unemployment rate for the past 8 years (up from a low of 4% in 2001). Lake County has seen a 67% increase in unemployment in the past 5 years, a 40% increase in poverty, and a 51% increase in the number foreclosures.
- Lake County ADAMHS Board contract agencies have seen a 14% decrease in non-Medicaid contract funding in the current biennium. Many community partners have seen the same impact and have had to make cuts to their systems as well. The Board has tightened belts throughout our system to make provider agencies more accountable as well as eliminating a position at the Board office, where staffing levels are already at a historically low level. The Board now operates with less than 4% administrative overhead. The reality is that service delivery in our system has already been seriously impacted by funding cuts. There are no more places to cut without dire consequences resulting. Although we have cut non-Medicaid contracts, we have worked very closely with provider agencies to have as little impact as possible on direct services. Many administrative positions have been cut at our provider agencies.

2. Implications of Health Care Reform on Behavioral Health Services

- The Affordable Care Act includes coverage expansions, integration projects, payment and delivery system reforms, quality requirements, and comparative effectiveness research programs that will all impact the behavioral health system. As the federal government develops rules and regulations and as the state government makes implementation decisions, the behavioral health system must remain involved to ensure that these decisions are made in the best interest of the consumers. However, with the results of the recent election, changes in health care reform can be expected at both the federal and state level.
- Statewide, Health Care Reform will impact Boards' systems of care as many individuals that we provide treatment services to with non-Medicaid dollars will become Medicaid eligible and many will be eligible to purchase insurance through the health benefit exchange. These new coverage options will include alcohol, drug addiction and mental health treatment services, but the benefit package is not yet known. The coverage expansions will impact how treatment services are financed, but will not fund recovery support services. As we position ourselves for changes with health care reform, we will need to address how the community will continue to provide necessary recovery support services to individuals in need. Additionally, the Affordable Care Act provides incentives that focus on the integration of physical and behavioral health care and begins to look at the workforce capacity necessary to serve individuals in need of behavioral health services.
- While the Lake County ADAMHS Board stays up to date on the developments of Ohio's health care system as it relates to Healthcare Reform, it is extremely difficult to determine how reform will impact our local system of care as there continue to be many unanswered questions. For example, we know that currently the number of Lake Countians eligible for Medicaid is lower than the state average (46% versus 60% statewide). As the number of Medicaid eligible Ohioans grows with healthcare reform, we anticipate that the number of Lake Countians eligible for Medicaid will grow as well; should that happen, the number of individuals accessing service through our system may grow significantly.
- Further, Lake County currently does not qualify for a Federally Qualified Health Center (FQHC). We are therefore unable to compete for federal dollars. Should the criteria for FQHCs change, we may be able to implement this model in our county; however to date there has been no decision statewide or nationally regarding if/how public healthcare providers and private, non-profit providers will coexist. Our system is already working to integrate behavioral healthcare and physical healthcare through our non-profit provider organizations, but there is much work to do in this area. We will continue to track the developments in healthcare reform.

3. Key Factors that Will Shape the Provision of Behavioral Health Care Services in the Board Area

- Several local, state and national changes have impacted the social and demographic make-up of individuals utilizing our system and services offered.
 - We have seen a significant increase in individuals coming into our system as a result of

- loss of employment and loss of insurance. 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 for the first time experiencing behavioral health crises as a result of environmental factors.
- In the past 12 months, individuals entering our system in need of assessments and counseling has increased by 27% . In terms of crisis intervention, our community-based crisis intervention is up 41%, suicide-related calls to the crisis hotline are up 125%, and individuals presenting at our local emergency departments in need of psychiatric care are up 26%. Finally, our waiting list for housing services has grown 265% over the past 2 years.
 - While we've seen a dramatic increase in our local Hispanic population over the past 10 years, the population has stabilized in the past 2 years. We continue to offer Hispanic outreach and interpretation services, and a number of our agencies now employ bilingual staff. However the number of Hispanic individuals accessing our system continues to be low.
 - 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. We have struggled to sustain funding for these vital programs as more dollars leave our system in the form of Medicaid match.
 - The dramatic increase in opiate abuse that has impacted the state has affected services in our county as well. We have established an Opiate Task Force, we partner with the local Drug Court to treat adults with opiate addiction, and we are working on programming specific to our schools, youth, families and educators to address this issue. We are also working on a prescription drug collection program and will be specifically targeting seniors in order to keep prescription drugs off our streets.

Major Achievements and Significant Unrealized Goals of the SFY 2010-2011 Community Plan

4. Major Achievements:

- Management of significant cuts in state and federal funding. The Lake County ADAMHS Board and local behavioral health system addressed a \$2.5 million unexpected cut in state and federal funding 2 months into FY2010. We were able to develop a plan to absorb the cuts with minimal impact on direct client care. As a result, we are operating with an extremely lean Board operating budget and are monitoring all expenditures extremely closely. Further, we worked with providers to determine line-item cuts that prioritized direct service and we offered continued board support as agencies addressed reductions in administration. We were able to manage cuts without eliminating any non-Medicaid providers, without significant disruption in service, and without provider conflict or provider/Board conflict.
- Improved/expanded relationships with providers within the Lake County ADAMHS Board Network of Providers.

- FY2010 Expansion of Provider Network – the Board contracted with a new provider for mental health non-Medicaid services; resulting in increased access for mental health consumers, successful Purchase of Service contracting modeled for system, and new opportunities for collaboration.
- FY2010 Non-Medicaid Contracts – we’ve continued to increase accountability, efficiency and effectiveness; movement to Purchase of Service, improved reconciliation process, close monitoring of agency productivity, and accessibility.
- FY2010 Budget Correction – revision of non-Medicaid Contracts – we have worked with agencies to review, revise and implement budgets and update rates. Also, worked with the Business Manager’s group to identify ways to convert more clients to Medicaid.
- Director’s Council – new involvement by ADAMHS – working on system-wide utilization review, addressing use of technology to improve service delivery, exploring opportunities for further collaborations, and consolidations.
- Improved systems within day to day Board operations – We’ve initiated a number of action steps in order to improve board operation efficiencies and increase transparency in Board operations.
 - Data Management System – Installation of new Data Management System. Initiating development of paperless system which will improve access to vital documents, reduce/eliminate redundancy in document maintenance, and improve security of documentation.
 - Conversion of Claims Processing System – Worked with Lorain County as well as Griffin Technology to create more streamlined/less employee dependent method of claims processing. More efficient and able to create more user friendly reports. Anticipated completion by end of fiscal year 2011.
- Drug Court Initiative: The Lake County ADAMHS Board partnered with the Mentor Municipal Court to create the county’s first drug court. The court heard its first case in April 2010, with Lake-Geauga Recovery Center providing the treatment support for those individuals referred. We were able to partner with United Way Lake County, who agreed to match the ADAMHS Board dollar for dollar, in order to secure the alcohol/drug addiction professional staff. As a result of the program, individuals are able to be diverted from incarceration and referred for treatment, thereby saving taxpayer dollars and improving the likelihood of success for those individuals referred.
- Conferences to Improve Lives:
 - Our county, like so many across the state, recognizes the increased incidents of bullying in our schools and communities. To that end, the Lake County ADAMHS Board is partnering with Crossroads and the Lake County Suicide Prevention Coalition to host a conference entitled: “Stop Bullying Now! Strategies and Interventions that Work”. Our goals is to raise awareness and promote a healthier environment in our Lake County schools.
 - The Lake County ADAMHS Board partnered with the Lake County Council on Aging to host “Too Much Stuff: Understanding and Intervening in Hoarding”. We recognize that the issue of hoarding impacts not only our behavioral health system, but the health department, cities, social service organizations, and families. Our goal

was to improve awareness of the issue, help make our communities safer and healthier and get help to those in need.

- Opiate Task Force – our Board has recognized the dramatic increase in opiate use, particularly among our teens. We have assembled a local opiate task force including leadership from Jobs and Family Services, the Health District, education, law enforcement, courts, the coroner’s office and the local narcotics agency. Our goal is to development a community education and prevention program. In addition to education/prevention, we are establishing drug deposit boxes in 7 area police departments where individuals can drop off their unused medication. We are also working with our child/adolescent serving agencies to establish a rapid referral process that the schools can utilize when they identify a student who may have been using drugs. We have also developed in-class presentations on this topic appropriate for teens and have already sent presentation teams to several area high school classes.
- 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.
 - Partnership with Lakeland Community College – the college has agreed 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.
 - We’ve begun meaningful top-level dialog with the YMCA looking for opportunities to integrate behavioral healthcare and physical health via joint ventures.
 - We worked with the Lake County Church 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
 - ODMH Rule Change – implementing system-wide proficiency standards for Qualified Mental Health Specialists - All staff who were formerly “trained others” are now QMHS. The Board along with Pathways, Neighboring, Crossroads, and Signature Health developed a training manual that is given to workers in our system; the workers will need to demonstrate competency in all of the areas covered in the manual: Mental Illness, Impact on Functioning and Behavior. The areas include: therapeutic engagement, recover & resiliency concepts, crisis response procedures, community mental health system, de-escalation techniques & awareness of impact of own behavior.
 - Pharmaceutical Budget Correction program – reduction in Central Pharmacy costs, implementation of Drug Repository program with the Health District – the Pilot Program began September 1st and a small number of patients utilized the program We are working through the new process and are optimistic that we will be adding several new people to the program in the up coming months.

- Inpatient Utilization Management Program - The Board along with Pathways and Lake Health meet every two weeks 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, was on site at Painesville Party in the Park, It's Better in Mentor, the Lake County Fair, and a host of other 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've also generated significant local press coverage for various aspects of our system.

5. Significant Unrealized Goals/Barriers

- 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 FY2011 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.
- Psychiatric assessments in our local emergency departments have increased significantly over the past 12 months; our FY2009 emergency assessments averaged 200 monthly; in FY2010 that number has grown to an average of 400 assessments monthly. While we have engaged 2 outpatient provider agencies to implement same-day or next-day emergency psychiatric appointments, we are not able to divert every consumer and the number of individuals requiring inpatient care has grown.
- 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. Finally, agencies are burdened with meeting productivity expectations during the critical training period for new employees.

II. Needs Assessment

A. Needs Assessment Process

B. Needs Assessment Findings

C. Access to Services: Issues of Concern

D. Access to Services: Crisis Care Service Gaps

E. Access to Services: Training Needs

F. Workforce Development & Cultural Competence

G. Capital Improvements

SECTION II: NEEDS ASSESSMENT

6. Process the Board used to assess behavioral health needs

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 alcohol/drug addiction committee and the mental health 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.
- In 2002 the Lake County ADAMHS Board developed a Task Force charged with analyzing the needs of the county and prioritizing the goals and objectives of the Board. The Task Force consisted of Board members, agency providers and their Board members, consumers and families, and community representatives. The resulting document, a Task Force Report, serves as an ongoing steering tool for the Long Range Planning Committee of the Board. During the RFP process, provider agencies must address which areas of the Task Force Report they are addressing in their addition/expansion/reduction of services.
- The Lake County ADAMHS Board re-examined the Task Force Report and resulting Strategic Plan in April 2010 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.
- 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 I-Team Senior Care Task Force, the Lake County Suicide Prevention Coalition, the Lake County opiate Task Force, 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 Church Network and the Lake County YMCA regarding needs identified outside our behavioral health system, but impacting the community in general.

7. Findings of the needs assessment

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 823 days from FY09 to FY10. We continue to struggle with the volume of people going to the ED for assessment. Two years ago the pre-hospital screening team was seeing about 200 people per month. Currently they are seeing about 400 people a month who are in a behavioral health crisis. The team conducted 361 more patient assessments in the first six months of FY10 compared to the first six months of FY09. Inpatient satisfaction survey results were stable or showed definite improvement compared to FY09. The Director of Quality and Clinical Operations conducted agency compliance reviews on all agencies involved with inpatient care and found them all to be in full compliance.
- 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 50% in FY10. The current waiting list is 390 applications. Our homeless outreach program had an 18% increase in outreaches in FY10. The number of folks without income in these programs increased by 59% compared to FY09. We contract with Pathways, Inc. for residential treatment and the wait list is two months for general admission. Individuals in the hospital are always prioritized and we are able to accommodate them within four business days. We contract with Northcoast Community Services Network for our group homes and the wait time went from 3 to 4 months to 6 to 7 months in FY10. The residential treatment consumer satisfaction surveys demonstrated high levels of satisfaction with services provided.

- c. The demands for outpatient services have increased in our community. In FY2010 services for children and youth with serious emotional disturbances increased in the following areas: mental health diagnostic assessment 6% increase, Psychiatry Services 9% increase, mental health counseling services 22% increase. The demands for outpatient services for adults also increased. In response to the volume of individuals needing services, many agencies implemented walk-in hours for assessment and two agencies implemented same day or next day psychiatry appointments. In Lake County CPST services have the longest wait time ranging from 3 to 12 weeks.

Consumer and Family Satisfaction Surveys reflected positive outcomes in our core outpatient services. However, many comments regarding wait times and a need for more psychiatrists were noted. These surveys also reflected a need for more recreational activities and socialization programs. 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. We continue to struggle with the volume of people going to the ED for assessment. Two years ago the team was seeing about 200 people per month. Currently they are seeing about 400 people a month who are in a behavioral health crisis. The team conducted 361 more patient assessments in the first six months of FY10 compared to the first six months of FY09. 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 implemented walk in assessments at all of our ODADAS certified contract agencies. We currently have no wait list for initial intake services, although there are waiting lists for intensive outpatient treatment. We also implemented 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 wait time for residential treatment is 4 – 7 weeks.

- 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 Aspergers/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. Currently our waiting list for Dual Diagnosis Counseling and CPST is two weeks. Same day or next day psychiatry appointments are available to all sub-groups. In FY 2010 our DD program served an 11% overall increase from the number served in FY 2009. The DD Case Management and DD Counseling programs each had 26% increases in the number of persons served.
- h. Our waiting times are the same for this sub-group. 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.
- i. 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.

8. 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.
 - Waiting lists. Funding is uncertain and demand is increasing significantly. We have had a decrease in local levy collections due to decreased home valuations and foreclosures. Our Board also sustained cuts in State funding and we are uncertain what other cuts are to come. We have prioritized mandated services including inpatient care, crisis intervention, psychiatry, counseling and case management. We do not have waiting lists for intake, crisis services, or inpatient care. Due to the increased volume of individuals accessing services, our board area has waiting lists for all other services. Because we have prioritized mandated services, our waiting lists for prevention programs continue to get longer.
 - 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 deaf or hard of hearing 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 four people in our system that have received additional training regarding problem gamblers. However, problem gamblers would face the same waiting lists as any other person. With the prospect of a casino opening in the next county over, we anticipate seeing an increase in this sub-group but have no additional monies set aside at this time.
 - 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.
- b. The Lake County ADAMHS Board continues to collaborate with our local hospital system, Lake Health, in an effort to address the increased demand placed upon our local emergency departments as it relates to the treatment of individuals in psychiatric crisis. Currently, the number of individuals presenting in the emergency departments is approximately 400 per month; that is an increase from 200 per month just 2 years ago. We currently contract with the hospital to provide 24 hour a day, 7 day a week social workers in both emergency departments. Further, we are working with agency personnel, hospital staff, NAMI, Consumer Operated Services and local law enforcement to address the feasibility of establishing a crisis stabilization unit within the county. We are exploring the development of a facility which would initially accommodate adults, and would later be expanded to include children. While funding is a significant barrier to the implementation of the project, our system and community partners are continuing to explore all options possible to implementing the program.

For crisis care specific to children/adolescents, our system has had to rely on out of county residential treatment to a large degree. In order to avoid the costly and often unsuccessful out of county placements, the Board is partnering with our local Family and Children First Council to facilitate the development of an Intensive Home Based Treatment model for our county. Our hope is that this program can be used when crisis situations arise with children/adolescents, and that residential treatment can be avoided.

- c. In FY2009 our Board began contacting 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 EDs. 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. During these times of economic crisis, Police Departments in our area do not have the funding to send all officers to training even if the training is free. In response to this issue, the Lake County ADAMHS Board is producing 15 minute training tapes and will be distributing the trainings to each Police Department in Lake County. The Police Chiefs in our area are supportive of this project. We have identified several behavioral health topics that officers are interested in receiving training.

The Community Crisis Intervention team receives on-going training during the year as does the Emergency Based Crisis team in the Emergency Department. All Health Officers in our County are trained by our Chief Clinical Officer yearly. We also provide two trainings a year to our Community Crisis Intervention Team.

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 SFY2012-13 by continuing extensive collaboration with community partners as we have done in SFY2010-11.

9. Workforce Development and Cultural Competence

- 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.
- Unfortunately recent severe state funding cuts have led to the downsizing of staff at many agencies. While the Board and agencies worked together to ensure that as few cuts as possible were made to direct service, the reduction/elimination of many support staff positions have left direct service workers with the added burden of managing support staff responsibilities. Funding cuts have also made it difficult to offer competitive compensation packages to workers. Constant increases in health insurance costs have also placed a heavy burden on agencies and employees.
- 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 receives Cultural Competency training. The Board has a system wide education fund that agencies can use in order to provide their staff with appropriate training. We also continually partner with experts in our county (courts, law enforcement, education, Job and Family Services, Health District) to bring additional training where applicable to our agencies to ensure staff is properly trained to manage consumer issues in a culturally competent manner.
- 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 services and to meet the changing needs of our clients.
- Specific agencies provide training to staff based upon the presentation of need. Lake-Geauga Recovery Centers has 4 staff members who have received training in order to obtain gambling addiction certifications. Neighboring has trained staff in order to facilitate the agency's first LGBT support group. Neighboring 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.

10. Capital Improvements

Lake County continues to face capital needs regarding both treatment and housing. Our largest outpatient mental health providers, Pathways and Neighboring, both face facility challenges. Neighboring's current facility is unable to adequately support the existing level of consumers utilizing the waiting area in a comfortable and confidential manner. Further, utility costs are rising as the agency has aging windows in need of replacement. The agency spent several months seeking a new facility, but their inability to sell or lease their current building prevented movement. Pathways is currently looking for lease opportunities in order to meet the growing demand for services. A lack of equity creates a challenge in purchasing property. Our largest alcohol and drug addiction treatment provider, Lake-Geauga Recovery Centers, needs a new men's residential treatment facility and has been working to secure a loan to begin that process; to date they have been unsuccessful. The demand for housing, both independent and supported, is growing in the county and our housing agency, Extended Housing, is working with the Ohio Housing Finance Agency to secure funds to begin construction on a supported housing facility. Our local domestic violence shelter is facing a significant crisis due to lack of adequate space to meet the increasing need for housing. Privacy has become impossible to secure as every area in the facility is used to its maximum capacity. Our local Consumer Operated Services agency currently operates out of a facility that is too small to meet the needs of consumers, and lacks adequate accessibility. Our county currently does not have crisis beds and therefore all mental health crisis situations are addressed in our local emergency departments. A team of behavioral health professionals continues to work on a plan to create a crisis center in the county, but to date we do not have funding to support the construction of such a facility.

III. Priorities, Goals and Objectives for Capacity, Prevention and Treatment and Recovery Services

A. Determination Process for Investment and Resource Allocation

B. Goals and Objectives: Needs Assessment Findings

C. Goals and Objectives: Access and State Hospital Issues

D. Goals and Objectives: Workforce Development and Cultural Competence

E. Goals and Objectives: ORC 340.033(H) Programming

F. HIV Early Intervention Goals

G. Civilly and Forensically Hospitalized Adults

H. Implications of Behavioral Health Priorities to Other Systems

I. Contingency Planning Implications

Section III: Priorities, Goals and Objectives for Capacity, Prevention and Treatment and Recovery Services

11. Process the Board used to determine prevention, treatment and capacity priorities

The Lake County ADAMHS Board used several methods to determine our prevention, treatment and recovery service priorities for SFY 2012-2013. First, we work closely with our network of provider agencies to determine where the greatest level of need exists. We utilize the annual Request for Proposal process to quantify (1) total consumers served by service/units of service provided; (2) success of programming (outcomes); (3) waiting lists; (4) consumer/family satisfaction; (5) changes in demand from previous year; and (6) projected goals.

Further, our process includes working closing with community programs such as the Suicide Prevention Coalition, the Alcohol and Other Drug Community Coalition, the Community Alliance on Law Enforcement and Mental Health Services Coalition, the Juvenile Justice Docket, the school-based, court-based, and community-based training/education programs, and our Mental Health and Drug Court. The Director of Quality and Clinical Operations meets with consumers and family members to discuss needed services and to discuss what the priorities should be in Lake County. Consumers and family members also fill out surveys which helped us identify gaps in our system.

The Board used all of the information provided by the coalitions, programs, agencies and consumers and family members to determine what areas in which to invest our resources.

12. Behavioral Health Capacity, Prevention, and Treatment and Recovery Support Goals and Objectives

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)

Beyond simply stating that we will provide services, however, we believe that our goals and objectives must identify the means by which we can enhance and improve service delivery, and make our system stronger and better prepared to handle challenges in the future. To that end, we have established the following goals and strategies to lead us in our work:

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.

Goal 1.1 Enhance Revenue

Goal 1.2 Recruit, Retain and Develop Qualified Staff

Goal 1.3 Use Technologies as an Accelerator to Streamline Work

Goal 1.4 Reduce Operational Costs

Strategy 2.0

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

Goal 2.1 Embrace Integrated Services as the Operational Standard of Excellence

Goal 2.2 Implement the Recovery Model Across the System of Care

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.

Goal 3.1 Improve Information and Education

Goal 3.2 Address Needs & Funding

Goal 3.3 Enhance Leadership

Goal 3.4 Achieve Greater System-wide Advocacy

*Complete Strategic Plan Matrix attached as Appendix I

13. Access to Services

While the Lake County ADAMHS Board will continue to work in the next biennium to meet the treatment and recovery goals and objectives delineated by both our Board and by the state departments, the current economic climate prevents us from being able to address future access issues in any comprehensive and accurate way. We know that waiting lists are growing for all services, we know that the poor economy is driving more people into our services, we know that tax collections are decreasing, which impacts our levy funds, state and federal funding is in jeopardy, and even the composition of behavioral health services is tenuous in the face of healthcare reform, managed care, and Medicaid changes. We will continue to prioritize access for individuals diagnosed with severe and persistent mental illness and serious emotional disturbance, for those discharged from state hospitals, and for those facing imminent homelessness. We will continue to work closely with our providers to increase access and expand housing options, and we will continue to work with our community partners to stretch our dollars and expand access via outside organizations. We will continue to provide access to services which promote recovery and wellness, including employment services, consumer operated services, and housing supports; however as more of our funds are obligated to Medicaid eligible services, we anticipate difficulty in providing the full array of services which we know help individuals in recovery.

14. Workforce Development and Cultural Competence

Lake County ADAMHS Board's goals and objectives for SFY 2012 and 2013 to foster workforce development and increase cultural competence:

- a. Consumer Satisfaction Surveys are administered by the Lake County ADAMHS Board and all of our contract agencies. We request that our agencies 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.
- b. Recruitment of staff will follow the guidelines of State Equal Employment Opportunity Regulations. Each of our contract agencies are required to provide the Board with documentation that their agency is in compliance with EEO regulations.
- c. The Lake County ADAMHS Board is committed to make certain all contract agency staff receives Cultural Competency training. The Board has a system wide education fund that agencies can use in order to provide their staff with appropriate training. The Board also went into contract with an agency starting in FY 08 to provide Cultural Competency training several times a year to our system. This ensures the Board that agencies can have access to cultural diversity trainings at no costs to their agency. The trainings provided are very specific to Lake County.
- d. 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 services and to meet the changing needs of our clients.
- e. Our Board provides funds to our contract agencies for translation services. Our agencies know how to access this service and are familiar with the program

15. ORC 340.033(H) Goals

The Lake County ADAMHS Board works with the County Commissioners to keep them apprised of the current situation regarding setting priorities and developing plans for services for Public Children Services Agency (PCSA) service recipients referred for alcohol and drug treatment in Lake County. The County Commissioners continue to assess the needs of the Lake County ADAMHS Board for consideration of current and continued support of the two levies in place. We were proud to replace our .7 mil levy in November 2008 to include alcohol and drug services. This was a major achievement.

The Lake County ADAMHS Board partners with Lake County Job and Family Services, as directed by the Lake County Commissioners, to identify and meet the behavioral health needs of parents, guardians, and care givers of children involved in the child welfare system. This collaboration is

conducted primarily through the Lake County Family and Children First Council. ADAMHS and JFS match dollars for multi-system children in need of intensive home based treatment or short term residential treatment to ensure access to services.

We have worked closely with Lake County Department of JFS to identify clients eligible to receive HB 484 services. With the inception of the new CPE process, it has become more of a challenge to identify the clients in a timely matter. We have a process in place with the Lake County Department of JFS to notify us of new or updated clients. Our provider agencies are aware of the process and work diligently to identify clients that are 484 eligible and bill accordingly.

The Board received an additional \$11,829.00 increase in funding in SFY 2010 and SFY2011. We struggled with spending all of that allocation for SFY 2010 but are on track for the first quarter of SFY 2011.

16. HIV Early Intervention Goals

N/A

17. Addressing Needs of Civilly and Forensically Hospitalized Adults

The forensic monitor assists in monitoring and transitioning offenders while maintaining court supervision. If an individual is ready for conditional release the forensic monitor assists in making referrals for placements in the community. (This is for common pleas or felony level cases). Mental health provider's work with forensic monitor to provide day to days services as needed to maintain an individual in the community.

At the municipal level, our three courts (Painesville, Mentor and Willoughby) rarely if ever utilize a competency evaluation as part of the court process. In addition, the municipal court does not utilize NGRI thereby not using conditional release as an option. What our courts have done is worked with jail diversion and mental health staff in the jail for brief evaluations to determine the need for hospitalization. The judge will release an individual on a PR (personal recognizance) bond so that we can hospitalize them to stabilize and then return to the court process.

18. Implications of Behavioral Health Priorities to Other Systems

As we are forced to prioritize Medicaid services, and pay the local match for Medicaid, we are able to utilize fewer dollars toward services that we know help the community as a whole. While the spirit of collaboration is strong in our community, when our funds are significantly cut and our waiting lists for core behavioral health services grow we are able to dedicate fewer dollars toward services that support our community partners.

In 2008 we established a Mental Health/Developmental Disability Collaborative Committee to focus on individuals who utilize services in both systems. The committee focused primarily on individuals who were high utilizers of the emergency department and who were extremely costly to both systems. Through the collaboration we were able to establish joint treatment plans and divert a number of hospitalizations. Unfortunately, when the state discontinued the state-funded support of

this program the joint venture lost some footing. Now, as both systems have faced significant funding cuts we have been forced to pull back staff once dedicated to the program in order to meet basic Medicaid needs in the community.

The Board has worked very closely with our municipal-level mental health and drug courts, as well as with the Juvenile Court Achievement docket. Again, we have worked to utilize local funds to continue these crucial and very effective programs; however demand for Medicaid services has forced us to divert funds into Medicaid match. We do not know how long we will be able to sustain these non-Medicaid services in the face of potential future cuts. Consequently, more individuals with mental illness and substance abuse disorders may end up facing incarceration rather than community treatment.

A number of initiatives involving our local community college, the YMCA, and other community partners are in jeopardy as funds for non-Medicaid services become less available. Individuals who may have been able to receive assistance from our system before a mental health or substance use challenge became a full blown illness may not be able to access services until a condition reaches a crisis.

Finally, we know that many individuals in our community seek mental health or substance abuse treatment through their primary care physicians. We have begun to work with primary care in the community on collaborations; however such collaborations take time, and non-Medicaid funding, and as both are at a premium in our system we do not know if we will be able to focus on these collaborations in the next two years if our focus continues to be crisis oriented.

19. Contingency Plan: Implications for Priorities and Goals in the event of a reduction in state funding

- The Lake County ADAMHS Board is proud of how the decisions were made at the beginning of the current biennium with the reduction of funding. We involved every agency, every Board member, consumers and families, and kept every community partner apprised as they were facing the same fiscal realities. At the beginning of the current biennium, state and federal funding was cut in our county which resulted in over a \$2.5 million dollar reduction in funding. We recovered some of those dollars through the enhanced FMAP process but it resulted in 14% reductions to our provider agencies and reductions in our Board Operating budget. Our provider agencies have worked diligently cutting administrative staff, which ultimately results in support staff for the programs being reduced. We continue to ask our provider agencies as well as Board staff to do more with less.
- In the face of reductions in state funding, our only choice would be to reduce/eliminate Non-Medicaid services. The programs affected could include: housing, consumer operated services, employment services, domestic violence prevention, child/adolescent prevention, suicide prevention, family to family programs, and community mental health and substance abuse education. We know that all of these non-Medicaid services are essential in a recovery model, and are effective in diverting community tragedies. We have worked and will continue to work to keep our entire array of providers so we can give our Medicaid and Non-

Medicaid consumers services beyond just clinical services needed to prevent hospitalization, homelessness and incarceration.

IV. Collaboration

A. Key Collaborations

B. Customer and Public Involvement in the Planning Process

C. Regional Psychiatric Hospital Continuity of Care Agreements

D. County Commissioners Consultation Regarding Child Welfare System

SECTION IV: COLLABORATION

20. Key collaborations and related benefits and results

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 FY2010 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 situations.

Housing

The Interagency Housing Team meets monthly with the following providers: Extended Housing, Neighboring, Pathways, Lake-Geauga Recovery Center, Signature Health Northcoast Community Services Network, 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, Neighboring, Pathways, 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. Input/recommendations/collaboration: Wayne Lindstrom, Executive Director, Crossroads Child and Adolescent Counseling Services, Kim Fraser, Executive Director, Lake County ADAMHS Board, Blair Young, NAMI National, (formerly Director of Development, NAMI Ohio.) Neal Edgar, LISW, Mental Health and Drug/Alcohol Ombudsman, Mental Health Association of Franklin County Ohio, Linda Siefkas, APR, President, Mental Health Association of Franklin County Ohio, Spence Kline, CEO Neighboring, and Christine Ernst, Lake County ADAMHS Board.

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.

Crisis Intervention/Stabilization

The Lake County ADAMHS Board staff is an active participant in a committee that is working to develop a Crisis Stabilization Unit in Lake County. Some key players on this committee include Crossroads, Lake County Juvenile Court, Lake County Sheriff's Department, Lake County Corrections, Lake Hospital Behavioral Health, Lake County Board of DD, Windsor-Laurelwood Center for Behavioral Health, Pathways, and Neighboring. The committee has been meeting regularly and is in the early stages of developing this project. Members of the committee have already toured one facility that operates a Crisis Stabilization unit and there are plans for additional site visits in the near future as we explore the various possibilities for this very important and needed service in Lake County.

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.

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.

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

The Iris Project, a program designed to meet the needs of seniors, collaborates and works toward building a stronger response network with other providers of services to the older adult community. The organizations that make up the primary council include:

- Case Management services of the Lake County Council on Aging (also a provider of Meals

- on Wheels, Gatekeeper, Home Adapting Program for Safety Issues, etc...)
- Adult Protective Services of the Lake County Department of Job & Family Services
- Emergency Mental Health Services and Senior Care Team (Pathways)
- Home Health Services (Around The Clock and Faith In Action)
- Program Coordination (NEIGHBORING)
- Other organizations added as needed.

Agencies/programs that supplement the Iris Project efforts include:

- Law Enforcement and Medical Emergency Personnel
- Lake County Probate Court and its guardianship program and other Common Pleas and Municipal Courts
- Lake Hospital System (Emergency Department, Geriatric Psychiatric In-patient Unit, Home Health Care, etc...)
- Geriatric Assessments – Lake Hospital, Primary Care Physicians
- Community Behavioral Healthcare (Pathways, NEIGHBORING, Catholic Charities Services, Lake Geauga Center, Extended Housing, etc...)
- Senior Centers
- Assisted Living Facilities such as Breckenridge, St. Anthony’s Adult Day Care, etc...
- 211 of United Way of Lake County
- Churches and Faith Community
- Others as needed

Developmental Disabilities

The Lake County ADAMHS Board continues to collaborate with the Lake County Board of DD on the MI/DD CCOE initiative, despite the loss of a CCOE advisor due to state funding cuts. Board to Board collaboration has been extremely successful, and we have now integrated direct service providers into the coordination effort. Our system continues to research and evaluate additional evidence-based and emerging best practices for incorporation in provider agencies’ programming.

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.

Private Psychiatric Hospital

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.

21. Involvement of customers and general public in the planning process

The Executive Director and Director of Quality and Clinical Operations work closely with our local NAMI chapter as well as with consumers and family members. The Executive Director has met with Family to Family groups several times to get feedback regarding our system and to discuss needs and priorities in Lake County. The Executive Director also solicits feedback directly from individuals who utilize the Consumer Operated Services in terms of unmet needs, system strengths and challenges. The Director of Quality and Clinical Operations meets with consumers and family members to obtain the same information. We continue to gather information and feedback from stakeholders via surveys. Our collaboration with community partners has allowed us to continually solicit their input regarding gaps in service and planning for future service. We use this information in the planning of our programs and also use the information to determine the priorities for Lake County. Feedback from consumers, families and the general public continues to be an asset in our planning process; we use the information not only to plan for future service, but to evaluate the services in which we currently invest.

22. Regional Psychiatric Continuity of Care Agreements

In July 2008 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.

Pathways, Inc. 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. Pathways 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.

23. Consultation with county commissioners regarding services for individuals involved in the child welfare system

The Lake County ADAMHS Board works with the County Commissioners to keep them apprised of the current situation regarding behavioral health in Lake County. The County Commissioners assess the needs of the Lake County ADAMHS Board for consideration of current and continued support of

the two levies in place. We replaced our .7 mil levy in November 2008 to include alcohol and drug services.

The Lake County ADAMHS Board partners with Lake County Job and Family Services, as directed by the Lake County Commissioners, to identify and meet the behavioral health needs of individuals involved with the child welfare system. This collaboration is conducted primarily through the Lake County Family and Children First Council. ADAMHS and JFS match dollars for multi-system children in need of intensive home based treatment or short term residential treatment to ensure access to services.

We have worked closely with Lake County Department of JFS to identify clients eligible to receive HB 484 services. With the inception of the new CPE process, it has become more of a challenge to identify the clients in a timely matter. We have a process in place with the Lake County Department of JFS to notify us of new or updated clients. Our provider agencies are aware of the process and work diligently to identify clients that are 484 eligible and bill accordingly.

V. Evaluation of the Community Plan

A. Description of Current Evaluation Focus

B. Measuring Success of the Community Plan for SFY 2012-2013

C. Engagement of Contract Agencies and the Community

D. Milestones and Achievement Indicators

E. Communicating Board Progress Toward Goal Achievement

SECTION V: EVALUATION OF THE COMMUNITY PLAN

24. Ensuring an effective and efficient system of care with high quality

The Board's current evaluation focuses include the following:

Organization and Structure

The Lake County Alcohol, Drug Addiction and Mental Health Services Board shall have final authority and responsibility for the establishment, implementation and evaluation of a Quality Improvement Program for Lake County Alcohol, Drug Addiction and Mental Health Services Board.

The Board shall review and act upon findings of quality improvement activities, as submitted through the approved organizational structure, and will provide feedback to Board administrative staff, agencies, consumers and/or the public, where applicable.

The Board shall assure that the Quality Improvement Program is compatible with all federal and state laws and other relevant requirements.

The Board shall demonstrate the commitment to provide the financial resources necessary to support activities, equipment and personnel required in developing, managing and evaluating a system-wide quality improvement program.

The Board has delegated authority to the Executive Director to assure implementation of a system-wide quality improvement program. The Director of Quality and Clinical Operations for the Board has delegated authority and assumes responsibility to establish, implement and evaluate the system-wide quality improvement program in conjunction with the Evaluation and Quality Improvement Committee of the Board.

Evaluation and Quality Improvement Committee

The Evaluation and Quality Improvement Committee shall monitor agencies' contract compliance related to service provision and adherence to service and budget quality and quantity. The Committee shall establish service definitions, guidelines, criteria and outcomes for program and

service standards, as outlined in the Request for Proposal and Grant Contract guidelines. The Committee shall review and evaluate all current service provisions and make recommendations for future actions. The Committee shall develop guidelines for agency site visits. The Committee may meet monthly, or as necessary.

Director of Quality and Clinical Operations

The Director of Quality and Clinical Operations shall monitor, disseminate information and make recommendations to the Evaluation and Quality Improvement Committee. The Director of Quality and Clinical Operations shall be responsible for establishing, coordinating, integrating, implementing and evaluating the system-wide quality improvement program in conjunction with the Evaluation and Quality Improvement Committee and the county's Chief Clinical Officer. The Director of Quality and Clinical Operations shall attend all Evaluation and Quality Improvement Committee meetings and serve as a conduit to agencies, consumers and the public. The Director of Quality and Clinical Operations serves as a full-time member of the Board's administrative staff.

System-Wide Quality Improvement Committee

The System-Wide Quality Improvement Committee shall be comprised of representatives of each contracted agency, Chief Clinical Officer and the Board's Director of Quality and Clinical Operations. A representative of the Board's Evaluation and Quality Improvement Committee may participate. This Committee may review aggregated data including measurement and analysis of cost of services, intra-system issues, patterns of service use, serve as a problem-solving group, serve as a catalyst for intra-system and/or inter-system changes and make recommendations to agencies' Quality Improvement Committees and/or to the Evaluation and Quality Improvement Committee of the Board. This Committee shall meet no less than three times per year.

Agency Quality Improvement Committees

Each agency that contracts with the Board shall establish and implement a Quality Improvement Committee. Through contractual agreement with the Board, each agency shall designate a Quality Improvement staff person and establish a planned, systematic, organization-wide approach to performance improvement that is both collaborative and interdisciplinary. The agency's quality improvement program shall encompass Quality Improvement, Utilization Review, Client Rights and Consumer Outcomes. The performance of the quality improvement program shall be continuously monitored, analyzed and enhanced so that the ultimate goal of improved consumer outcomes can be realized. The agency shall use current evidence-based practices in making decisions about the care of individuals.

Data of the quality improvement program is provided to the agency's Quality Improvement Committee at its regular meeting times, as defined by the agencies' quality improvement plan. Relevant data and results of meetings are provided to each agency's administrators and their boards and to the Alcohol, Drug Addiction and Mental Health Services Board's Director of Quality and Clinical Operations, as determined by agreed-upon timelines. Data of these meetings may be presented in aggregate forms to the system-wide Quality Improvement Committee and/or the Alcohol, Drug Addiction and Mental Health Services Board's Evaluation and Quality Improvement Committee, wherever applicable, for further analysis and/or recommendation.

Advisory Councils, Ad-Hoc Committees, Consumers, Family and Public Feedback

Information, data or recommendations emanating from these groups or individuals shall be provided to and be used by the Alcohol, Drug Addiction and Mental Health Services Board's Director of Quality and Clinical Operations, in conjunction with other relevant individuals and committees, for the purpose of reviewing, improving and recommending change in the delivery of alcohol, drug addiction and mental health services.

In order to ensure that patient health information remains confidential, all data presented at Quality Improvement meetings shall be presented in aggregate forms or through the deletion of any information that could facilitate identification of a particular client. Quality Improvement minutes shall be prepared by Board staff and reviewed by the Evaluation and Quality Improvement Committee.

The Board shall assure that all contracted agencies' quality improvement plans are congruent with the Board's Quality Improvement Plan. This shall be accomplished through annual reviews and approval of agency and Board Quality Improvement Plans.

Annual review of Board and agency Quality Improvement plans shall include:

1. Documentation demonstrating utilization of the four performance improvement methodologies (plan, do, check, act).
2. Achievement of the Quality Improvement Program's goals and objectives.
3. Resolution of identified problems.
4. Assessment of corrective actions.
5. Improvement of the service delivery system.
6. Communications of findings to appropriate Board/agency staff/governing Boards, consumers, families and the lay public.

Appointed Alcohol, Drug Addiction and Mental Health Services Board members may work with appointed agency Board members to affect change when indicated or to provide feedback.

The Alcohol, Drug Addiction and Mental Health Services Board shall ensure that the scope of quality improvement encompasses all activities of services and programs of contracted agencies. These activities may include, but shall not be limited to, utilization management, peer review, independent peer review, clinical record review, focus or case reviews, risk management, quality management, consumer satisfaction, client protection, consumer outcomes and results of meetings. Activities shall be focused upon performance improvement, the continuous study and adaptation of the agency's functions and processes to increase the probability of achieving desired outcomes and to better meet the needs of individuals and other users of services.

Quality Improvement Goals

1. Provide the public with available, accessible, appropriate and acceptable alcohol and drug addiction and mental health services.
2. Provide alcohol, drug addiction and mental health programs and services that are consistent, cost effective and relevant through (a) planning: designing a performance improvement process; (b) doing: monitoring performance through data; (c) checking: analyzing current performance; (d) acting: demonstrating that data collected and analyzed are used to improve performance, practices, and processes

3. Establish and maintain a flexible, comprehensive and integrated quality improvement program.
4. Promote quality improvement as an integral and dynamic component of Board, agency, consumer and lay public activities.

Quality Improvement Objectives

1. To coordinate all quality improvement activities through the respective committees established for this purpose.
2. To coordinate and communicate quality improvement activities to the Board in order to provide information and/or recommend action by the Board.
3. To foster and facilitate communication/action of Board quality improvement activities to agencies, consumers and the lay public.
4. To provide oversight and accountability for monitoring quality improvement activities of agencies, services and programs to ensure timely reporting and corrective action, when indicated.
5. To provide technical assistance to the Board, agencies, consumers and the lay public, where indicated.
6. To identify opportunities for developing new services, based upon the needs of consumers, strengthening current delivery systems and identifying and correcting problems that impede satisfactory service delivery to consumers.
7. To identify opportunities for improving care provided to consumers through the development of criteria-based process and outcome indicators applied to all services, programs and agencies with which the Board contracts.
8. To ensure compliance with all state, federal or other applicable requirements and/or regulations.
9. To ensure that consumers receive respectful, confidential, appropriate, timely, culturally relevant and cost-effective services.
10. To identify utilization trends and recommend changes to ensure that consumers receive the most appropriate services in the least restrictive environment within their local communities.
11. To ensure a planned, coordinated, integrated and systematic mechanism for monitoring and evaluating the quality and utilization of services and care provided to consumers, families and the lay public.
12. To assure congruence with Alcohol, Drug Addiction and Mental Health Service Board evaluation activities and agency quality improvement and evaluation activities.
13. To evaluate, at least annually, the effectiveness of the quality improvement program and assure that the overall goals and objectives of the program are achieved.
14. To maintain the confidentiality of quality improvement information.
15. To review, recommend change and approve Board and agencies' quality improvement plans.
16. To ensure that agencies, consumers, families and the public have opportunities for information input and feedback to the Alcohol, Drug Addiction and Mental Health Services Board.

Monitoring and Evaluation Mechanisms

Criteria-based indicators with identified measurable process and/or outcome indicators shall be established within each agency for each program or service. These indicators shall include services or programs with high volume, problematic services/programs or those serving high-risk or multiple-need consumers and may include other indicators as identified by each agency in mutual concurrence with the Alcohol, Drug Addiction and Mental Health Services Board's Director of Quality and Clinical Operations.

Criteria shall be established for determining a sample size for review and timelines for completion of each review. The criteria shall consider the numbers of persons served by the agency, number of clinical staff to be reviewed and the population served by the agency. In addition, specific areas for review within the scope of each service shall include, but not be limited to, the following:

1. **CLINICAL RECORD REVIEW** A sample shall be reviewed no less than annually to evaluate the completeness of the record in accordance with agency policies and procedures. Results of clinical record reviews shall serve as a planning tool for developing on-going education programs for staff or changing policies and procedures.
2. **PEER REVIEW** A sample shall be reviewed no less than annually to evaluate the clinical pertinence, appropriateness, timeliness and legibility of the clinical record's contents. Results of the peer review shall be applied to clinical supervisions, clinical privileging and performance appraisals of employees. Peer review results shall also be used as an indicator for planning and implementing in-services or offering educational opportunities to employees to supplant and enhance skill levels.
3. **INDEPENDENT PEER REVIEW** Each agency receiving SAPT Block Grant funds and providing drug and alcohol services and maintaining clinical records shall conduct independent peer reviews to evaluate the clinical pertinence, appropriateness, timeliness and legibility of the clinical record's contents. Independent peer reviews shall be conducted on an annual basis. The review shall not involve treatment providers reviewing their own programs or programs in which they have administrative oversight; and there shall be separation of independent peer review personnel from funding decision makers. The Lake County ADAMHS Board encourages agencies to fulfill the requirement of independent peer reviews by entering into reciprocal agreements with other Lake County alcohol/drug addiction agencies. In each annual quality improvement plan submitted to the Lake County ADAMHS Board, agencies shall include an affiliation agreement indicating the independent peer review personnel used.
4. **UTILIZATION REVIEW** For each agency certified by the Ohio Department of Alcohol and Drug Addiction Services, this activity shall be conducted to evaluate the extent that agency resources are allocated appropriately to meet the needs of persons served.
5. **CONTINUOUS QUALITY IMPROVEMENT** Activities that shall be included but should not be considered an inclusive list are:
 - a) **Waiting List Reviews, Minority Reviews** Review of those aspects of care having the greatest impact on quality of service. Annual evaluation of all

major aspects of each service shall be done. Results of this evaluation may broaden monitoring of care aspects but shall be no less than those already identified in this category.

- b) Consumer Outcomes Review of measurement tool and results of consumer outcomes.
- c) Client Protection
 - i) Special Treatment and Safety Measures
 - ii) Client Rights, Grievances Review of client rights complaints and grievance shall be monitored and reviewed monthly, with specific attention to resolution, satisfaction, agency and/or system issues requiring additional attention and/or action.
 - iii) Major Unusual Incidents, Minor Incidents Review of all documented incidents shall be monitored and reviewed monthly, with specific attention to patterns, trends and corrective actions taken, or identified for future completion.
- d) Minority and Cultural relevance Review of Quality of care that responds effectively to the values present in all cultures. Review of cultural competence training for all staff providing direct service.
- e) Safety Drills/Reviews Review of safety categories shall be conducted at least annually, and shall include, but not be limited to, physical plant safety, environmental hazards, compliance with infection control requirements and those of other applicable licensing or regulatory bodies.

Every business and organization can experience a serious incident which can prevent it from continuing normal operations. This can happen any day at any time. The potential causes are many and varied: flood, explosion, computer malfunction, accident, grievous act... the list is endless. In order to assure the continued availability of services in the Lake County ADAMHS Board network of agencies, each agency must provide a detailed business continuity plan to demonstrate their readiness to continue operation in the event their existing infrastructure is no longer able to be used.

- f) Consumer Satisfaction Surveys, Satisfaction Surveys with Referral Sources Review of satisfaction surveys, other consumers, families, public responses or other survey and mechanisms relevant to alcohol, drug addiction and mental health services, shall be reviewed and used as planning and evaluation tools for future service delivery and development and to measure the level of community acceptance of services offered in the community.
- g) In Services/Continuing Education Review of ongoing training of clinical staff to ensure compliance with best practices. Each agency will maintain a plan for adopting an integrated approach to Continuing Education Programs, and will demonstrate how other Board funded agencies will be

invited to participate in Continuing Education Programs offered, in the spirit of cross-training and agency collaboration.

h) Reports of all monitoring and evaluation mechanisms shall include, but not be limited to, the following components:

- 1) “Plan” Goals and Objectives (a description of the purpose, frequency and methodology of the reviews).
- 2) “Do” Performance Improvement Results (results of the interviews).
- 3) “Check” Data Analysis (conclusions/analysis of the review).
- 4) “Act” Recommendations and Actions Taken (recommendations for corrective actions and monitoring of the effectiveness of the corrective actions).
- 5) Evidence that results of Quality Improvement Reviews have been communicated to the appropriate individuals, departments or services; and that, where appropriate, results shall be used for clinical supervision, clinical privileging revision of policies/procedures, planning for in-services training or advocacy, identification of service delivery trends and plans for future service delivery.

i) Program Summary Sheet shall be complete for each program receiving funding from the Lake County ADAMHS Board. Each program summary shall be included in the request for proposal each year and will be used as one evaluation tool to help determine cost-effectiveness and cost- efficiency of each program. The agency shall provide the following information.

- 1) Number of Consumers served during the previous FY and projected number of consumers that will be served for upcoming FY.
- 2) Number of units produced during previous FY and projected number of units produced during the upcoming FY.
- 3) Number of direct service staff dedicated to the program.
- 4) Number of indirect service (support) staff dedicated to the program.
- 5) Total anticipated program cost
- 6) Total program funding request from ADAMHS Board
- 7) ADAMHS as % of total program funding
- 8) Wait time during the previous FY and projected wait time for upcoming FY.
- 9) Brief program description

- 10) 3-5 top measurable goals for program for previous FY
- 11) Describe achievements of previous FY goals/barriers
- 12) 3-5 top measurable goals for program for upcoming FY

Results of all agency quality improvement activities shall be reported to the agency Quality Improvement Committee and its Board, as defined in the agency's policies and procedures. All agencies' quality improvement activities shall be reported at least annually to the Alcohol, Drug Addiction and Mental Health Services Board.

Review of the results of all agency quality improvement activities, shall be completed by the Alcohol, Drug Addiction and Mental Health Services Board's Director of Quality and Clinical Operations. Timeliness of submission of the results to the Alcohol, Drug Addiction and Mental Health Services Board, shall be monitored by the Board's Director of Quality and Clinical Operations. Where appropriate, aggregation, trending and dissemination of information shall be completed by the Alcohol, Drug Addiction and Mental Health Services Board's Director of Quality and Clinical Operations to the appropriate committees/groups. These Committees may include the Alcohol, Drug Addiction and Mental Health Services Board's Evaluation and Quality Improvement Committee, system-wide Quality Improvement Committee, Advisory Councils, Ad-Hoc Committees or family, consumer or public groups. Feedback and community acceptance, including comments, recommendations or actions, shall be provided from these committees to the appropriate source, which may include Boards, Board staff, agencies, consumers, families or the public. Feedback may be in the form of minutes of the committee meetings, face-to-face committee meetings with the source, committee chairperson to the source, the Board's Director of Quality and Clinical Operations to the source, or any combination thereof.

Assessment of the overall quality of the alcohol, drug addiction and mental health services system in Lake County, shall be completed through a continual process that examines agencies, quality improvement activities results, Alcohol, Drug Addiction and Mental Health Services Board's Quality Improvement activities results, results of Board planning processes including the community plan and their implementation and information received from other relevant entities that shall at least include consumers, families and the public. Components of the system and long-range plans shall be reviewed throughout the fiscal year via established Alcohol, Drug Addiction and Mental Health Services Board committees.

In total, the Evaluation and Quality Improvement Committee shall review the contract compliance of agencies for quality and quantity and make recommendations prior to the initiation of the request for proposal process. Agency staff and/or agency Board members, consumers, families and the public may attend established Alcohol, Drug Addiction and Mental Health Services Board committee meetings and/or monthly meetings in order to provide input and receive feedback.

25. Determining Success of the Community Plan for SFY 2012-2013

The Lake County ADAMHS Board is committed to the goals and objectives outlined in our Strategic Plan, and will continue to use this Plan as a vehicle for establishing goals, evaluating progress, and soliciting community input in order to maximize our investment in our local behavioral health system. We have and continue to utilize the following guiding principles as we address the capacity, prevention services and treatment and recovery services goals and objectives of our system:

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)

We have established the following criteria to measure our success in achieving the goals and objectives described within this Community Plan:

1. **Strategy 1 – Revenue:** ADAMHS funding/financial sustainability
 - a. Board staff to create 5-year financial projections
 - i. Benchmarked projections against other boards of similar size/demographics
 - ii. Budget flat state funding; budget flat federal (non-Medicaid) funding
 - iii. Budget annual 3-5% increase in Medicaid
 - iv. Include loss of enhanced FMAP (Federal Medicaid Assistance Percentage)
 - v. Budget decreased levy valuation
 - vi. Budget flat inpatient care
 - vii. Budget 3% annual increase in board expense (including daily operations and system-wide expenses with admin. overhead not exceeding 5%)
 - viii. Project 7% annual decrease in available non-Medicaid dollars
 - b. FY2012/13 contracting for core mental health services (community psychiatric supportive treatment, diagnostic assessment, counseling, pharmacological management) will move from grant-type contracting to fee for service; resulting financial changes will be tracked by staff and reported to the board as appropriate
 - c. FY2012/13 core behavioral health service contracts will be maintained at the Medicaid ceiling; staff will meet individually with all core service providers to determine impact of shift to Medicaid ceiling and agency sustainability
 - d. FY2012/13 non-Medicaid contracts to include county-wide sliding fee scale implemented through MACSIS; scale will allow agencies and board to better track utilization of board dollars as payer of last resort
 - e. Agency Director’s Council will partner with ADAMHS staff to determine system-wide cost cutting measures; established sub-committees that will report out to LRPC on a semi-annual basis (Crisis and Stabilization Committee; Technology Committee; Utilization Committee; Medicaid Committee; Service Integration Committee)
 - f. Continue to focus strongly on the ADAMHS brand visibility, recognizing that our system relies heavily on taxpayer support and that support is dependent upon the community “connecting the dots” between ADAMHS and the services provided in our system. In partnership with our PAC (Friends of Lake ADAMHS) ensure our presence at community events. Require all non-Medicaid contract providers to clearly identify ADAMHS as an investor in local services.
 - g. FY2012/13 Objectives
 - i. 20% increase in consumers applying for Medicaid and supplemental benefits (via utilization of Ohio Benefits Bank)
 - ii. Through movement to Fee for Service model, system will realize a 15% increase in non-Medicaid dollars invested in direct service activities
 - iii. The Lake County ADAMHS Board will maintain a <5% Administrative Overhead (Board Operating Budget)
2. **Strategy 2 – Integrated System of Care:** Maintaining core (essential) services
 - a. All non-Medicaid contract providers will demonstrate the following in their FY2012/13 proposals:

- i. Adherence to the Lake County ADAMHS Board Task Force Strategies Matrix – including plan to address the objectives of the matrix including outcome indicators and stressing coordination and linkage of services with other community organizations.
 - ii. Adherence to the recovery concepts and demonstration of programming consistent with evidence based practices, emerging clinical approaches and coordinated centers of excellence programming.
 - iii. Adherence with the Lake County ADAMHS Board established Population Priorities
 - iv. Program Summary for each service provided – including recap of FY2011 measurable goals and success/barriers in achieving those goals, and 3-5 measurable goals for FY2012/13
 - b. While focus will continue on the core, state mandated behavioral health services, the system will strive to maintain non-traditional service provision. By diversifying our investments in multiple agencies, we are able to reach a greater number of consumers and leverage those agencies’ partnerships to expand our system collaborations and system funds. Further, research demonstrates that recovery improves when consumers are afforded supports beyond core behavioral health services, including housing, employment, peer support and education. Finally, when we are working to pass a levy, it helps that we can identify so many social service agencies in the community as “ADAMHS Agencies”.
 - c. FY2012/13 Objectives
 - i. Board will maintain 65% of non-Medicaid funding in “core behavioral health services”.
 - ii. Board will achieve 100% compliance with Ohio Department of Mental Health Community Plan requirements mandating provision of core behavioral health services, as evidenced by Plan approval.
3. **Strategy 3 – Leadership:** Recruitment of qualified, diverse board members
- a. Board make-up dictated by the Ohio Revised Code
 - b. Includes 10 commissioner appointments, 4 ODMH appointments, 4 ODADAS appointments
 - c. ORC dictates member composition; current Lake vacancies include (1) commissioner appointment, (1) ADA Advocate, (1) ADA Professional, (1) psychiatrist
 - d. Statewide average = 15 board members; Lake current = 14 board members
 - e. Semi-annually board staff will notify state departments, agency
 - f. directors/board members, and community partners of vacancies
 - g. At all community presentations (average 3 monthly) ADAMHS staff will announce board member vacancies and encourage interested parties to apply
 - h. ADAMHS staff has made 2 referrals to the commissioners’ office in past 6 months
 - i. ORC required that board member composition be representative of the county; currently 100% of board members are Caucasian (89% of board staff are Caucasian); county population is 94.5% Caucasian
 - j. FY2012/13 Objectives
 - i. Board will send vacancy notices to HOLA and NAACP quarterly.

- ii. Executive Director will send correspondence regarding diverse board member recruitment to Agency Directors, the Lake County Church Network, Lakeland Community College and Leadership Lake County.
- iii. Board staff will continue to include language regarding board member recruitment in 100% of public speaking engagements.
- iv. Board will work to add diverse/minority representation to the board as vacancies become available.
- v. Board will work with agency directors and others for ways to further enhance interaction and communication with diverse groups, including translation of some materials as may be appropriate.

4. **Strategy 3 – Leadership/Community Outreach:** Establishing better communication/interaction between ADAMHS Board and agency boards

- a. Annually all board members will be provided with a list of non-Medicaid contract agency board meeting schedules and status of those meetings (closed/open to the public/open with agency invitation); ADAMHS Board members will be encouraged to attend agency board meetings
- b. Bi-annually the Lake County ADAMHS Board executive director will present to each agency board an update on system issues/challenges and will solicit feedback from agency boards
- c. All agency board members are invited to attend monthly ADAMHS Board meeting and committee meetings
- d. Consistent with the Lake County ADAMHS Board Fundraising Policy, the Board will participate in one agency fundraiser annually; ADAMHS Board members will be encouraged to attend fundraisers in order to increase board to board communications
- e. ADAMHS staff will create an abbreviated version of the Lake County ADAMHS Board Member Orientation power point and will encourage agency directors to distribute the power point to their board members; the goal will be to provide agency board members with a perspective of the system as a whole, and encourage agency board members to participate in system-wide discussions with ADAMHS and other providers
- f. FY2012/13 Objectives
 - i. Board will host 2 events annually to encourage board to board contact.

5. **Strategy 3 – Advocacy:** Keeping contacts with all levels of government

- a. ADAMHS Executive Director will continue to communicate with board members via email, committee meetings and board meetings pertinent information related to state-wide advocacy; director will ask for specific board member action related to advocacy (letter/email writing, phone calls, etc.) when appropriate
- b. ADAMHS Executive Director will provide the same communication, as appropriate, to agency directors and will solicit agency support in all advocacy efforts
- c. On behalf of the ADAMHS Board, ADAMHS staff will continue to network closely with community partners, including political offices, to carry message of system advocacy forward

- d. ADAMHS staff will continue to weave advocacy message into all community presentations
- e. ADAMHS Executive Director will continue to represent our local system at state meetings and will continue to advocate at the state level via our board association
- f. FY2012/13 Objectives
 - i. Executive Director will attend 4 state level advocacy meetings annually
 - ii. Executive Director will update legislators a minimum of 2 times annually regarding local behavioral health challenges
 - iii. Executive Director will achieve 100% compliance with Board Association advocacy requests
 - iv. Board staff will complete a minimum of 24 public speaking engagements to promote understanding of behavioral health issues
 - v. Board will facilitate the publication of 24 articles relating to system/agency/board initiatives
 - vi. Board will establish a strategy to prioritize/address most pressing public policy issues.

Further goals for the Lake County ADAMHS Board include the following:

- 1. Access to Service
 - a. Track growth of waiting lists
 - b. Prioritize access for individuals diagnosed with severe mental illness/serious emotional disturbance
 - c. Prioritize access for those discharged from state hospital and for those facing imminent homelessness
 - d. Increase access to and expand housing options
 - e. Expand access to outside organizations
 - f. Promote wellness and recovery services

Access will be monitored via the Board's Continuous Quality Improvement Plan, which outlines procedures for engaging contract agencies and the community in evaluation of services, establishes indicators to track progress, and establishes plan for communicating progress toward achievement of goals.

- 2. Workforce Development
 - a. Utilization of Consumer Satisfaction Surveys to make positive changes in our system
 - b. Follow State EEOC regulations in recruitment of new staff
 - c. Track provision of Cultural Competence Training at provider agencies
 - d. Ensure accessibility of services
 - e. Fund translation services

Workforce Development will be monitored via the Board's Continuous Quality Improvement Plan, which outlines procedures for engaging contract agencies and the community in evaluation of services, establishes indicators to track progress, and establishes plan for communicating

progress toward achievement of goals.

3. Priority Populations

- a. Ensure access to services for PCSA recipients referred for alcohol and drug treatment in Lake County
- b. Identify and meet the needs of families involved with the child welfare system
- c. Address the needs of civilly and forensically hospitalized adults, through the work of the forensic monitor and partnerships with local court systems

Service provision for priority populations will be monitored via the Board's Continuous Quality Improvement Plan, which outlines procedures for engaging contract agencies and the community in evaluation of services, establishes indicators to track progress, and establishes plan for communicating progress toward achievement of goals.

4.

Portfolio of Providers and Services Matrix

TABLE 1: PORTFOLIO OF ALCOHOL AND DRUG SERVICES PROVIDERS

Prevention Strategy and Level of Care	a. Provider Name	b. Program Name (Provider Specific)	c. Population Served	d. Prevention Level (Prevention only)	e. Evidence-Based Practice (EBP)	f. Number of sites	g. Located outside of Board area	h. Funding Source (Check the box if yes)		i. MACSIS UPI
								ODADAS	Medicaid Only	
PREVENTION										
Information Dissemination	Crossroads	Family & Parent Programming	Youth K-12	Universal	Local Intervention	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1318
Alternatives	Crossroads	Lake County Building Our Assets Together	General	Universal	Search Institute	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1318
		Red Oak Camp	Children aged 7 - 14	Selected	Outdoor Challenges Course					1318
		Family & Parent Programming	Youth K-12	Universal	Local Intervention					1318
Education	Crossroads	Lake County Building Our Assets Together	General	Universal	Search Institute	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1318
		Parent Project	Youth 11-18	Selected	Parent Project					1318
		Student "Ambassadors" Bullying Prevention Program	Youth K-12	Universal	Olweus Bullying					1318
Community-Based Process	Crossroads	Family & Parent Programming	Youth K-12	Universal	Local Intervention	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1318
		Lake County Building Our Assets Together	General	Universal	Search Institute					
		Red Oak Camp	Children aged 7-14	Selected	Outdoor Challenges Course					
		Student "Ambassadors"	Youth K-12	Universal	Olweus Bullying					

		Bullying Prevention Program								
Environmental	Crossroads	Lake County Building Our Assets Together	General	Universal	Search Institute	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	XYes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1318
Problem Identification and Referral							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PRE-TREATMENT (Level 0.5)										
OUTPATIENT (Level 1)										
Outpatient	Crossroads	Individual and Group Counseling, Case Management, Assessment	Children			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	XYes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1318
	Lake Geauga Recovery Centers	Individual and Group Counseling, Case Management, Assessment, Laboratory Urinalysis	Adults			1	No	Yes	No	1316
	Signature Health	Individual and Group Counseling, Case Management, Assessment, Laboratory Urinalysis	Adults and Children			1	No	No	Yes	6857
	Neighboring	Individual and Group Counseling, Case Management, Assessment, Crisis Intervention, Medical/Somatic	Adults			1	No	No	Yes	3458
Intensive Outpatient	Lake Geauga Recovery Centers	Intensive Outpatient	Adults			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	XYes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1316
	Lake County Sheriff	Jail Treatment Program	Adults Incarcerated			1	No	Yes	No	6655
	Signature Health	Intensive Outpatient	Adults			1	No	No	Yes	6857
Day Treatment							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMUNITY RESIDENTIAL (Level 2)										
Non-Medical	Lake Geauga Recovery Center	Long Term Rehab - Men	Adults Men			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	XYes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1316
		Long Term Rehab – Women	Adult Women							
Medical	Lake Geauga Recovery Center	Medical Aftercare	Adults			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	XYes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1316
SUBACUTE (Level 3)										

Ambulatory Detoxification						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Hour Observation Bed						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sub-Acute Detoxification						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ACUTE HOSPITAL DETOXIFICATION (Level 4)									
Acute Detoxification						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

TABLE 2: PORTFOLIO OF MENTAL HEALTH SERVICES PROVIDERS

Promising, Best, or Evidence-Based Practice	a. Provider(s) Name(s)	b. MACSIS UPI(s)	c. Number of Sites	d. Program Name	e. Funding Source (Check all that apply as funding source for practice)				f. Population Served	g. Estimated Number Served in SFY 2012	h. Estimated Number Planned for in SFY 2013
					Medicaid + Match	GRF (Not as Medicaid Match)	Levy (Not as Medicaid Match)	Other (Not as Medicaid Match)			
Integrated Dual Diagnosis Treatment (IDDT)	Neighboring	3458	1		Yes	Yes	Yes	No	SMD	250	250
Assertive Community Treatment (ACT)					Yes No	Yes No	Yes No	Yes No			
TF-CBT					Yes No	Yes No	Yes No	Yes No			
Multi-Systemic Therapy (MST)					Yes No	Yes No	Yes No	Yes No			
Functional Family Therapy (FFT)					Yes No	Yes No	Yes No	Yes No			
Supported Employment	Neighboring	3458	1		No	No	Yes	No	SMD	300	325
Supportive Housing					Yes No	Yes No	Yes No	Yes No			
Wellness Management & Recovery (WMR)	Bridges	N/A	1		No	No	Yes	No	SMD	140	150
Red Flags					Yes No	Yes No	Yes No	Yes No			
EMDR					Yes No	Yes No	Yes No	Yes No			

Crisis Intervention Training (CIT)	Neighboring	3458	1		No	No	Yes	No			
Therapeutic Foster Care	Crossroads	1318	1	Therapeutic Foster Care	No	No	Yes	No	SED	100	100
Therapeutic Pre-School	Crossroads	1318	1	Therapeutic Pre-School	No	No	Yes	No			
Transition Age Services	Neighboring	3458	1	Iris Project	No	No	Yes	Yes	SMD	35	35
Integrated Physical/Mental Health Svces					Yes No	Yes No	Yes No	Yes No			
Ohio's Expedited SSI Process					Yes No	Yes No	Yes No	Yes No			
Medicaid Buy-In for Workers with Disabilities					Yes No	Yes No	Yes No	Yes No			
Consumer Operated Service	Bridges	N/A	1	Warm Line/Adult Drop-in	No	No	Yes	No	SMD	1100	1100
	Neighboring	3458	1	Consumer Choice Cleaners	No	No	Yes	Yes	SMD	10	10
Peer Support Services	Neighboring	3458	1	Peer Support	No	No	Yes	Yes	SMD	150	150
MI/MR Specialized Services	Lake County ADAMHS Bd	N/A	1		No	No	Yes	Yes	SMD	12	12
	Crossroads	1318	1		No	No	Yes	Yes	SMD	12	12
	Neighboring	3458	1		No	No	Yes	Yes	SMD	12	12
	Pathways	10085	1		No	No	Yes	Yes	SMD	12	12
	Lake Health	12893	1		No	No	Yes	Yes	SMD	12	12
Consumer/Family Psycho-Education	NAMI	N/A	1		No	No	Yes	Yes	Secondary Consumer	125	125

Please complete the following ODMH Service Level Checklist noting anticipated changes in service availability in SFY 2012:

ODMH SERVICE LEVEL CHECKLIST: This checklist relates to your plan for SFY 2012. The alignment between your planned and actual service delivery will be determined using MACSIS and Board Annual Expenditure Report (FIS-040) data during February 2012.

Instructions - In the table below, provide the following information:

- 1) For SFY 2011 Offered Service, what services did you offer in FY 2011?
- 2) For SFY 2012, Plan to: What services do you plan to offer?
- 3) For SFY 2012 Medicaid Consumer Usage, how do you expect Medicaid Consumer usage to change?
- 4) For SFY 2012 Non-Medicaid consumer Usage, how do you expect Non-Medicaid Consumer usage to change?
- 5) For SFY 2012 Number of Units & Beds for the Adults who are SPMI/SMI.

	SFY 2011	SFY 2012		
	(Question 1) Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	(Question 2) Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 3) Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 4) Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>
Service Category				
Pharmacological Mgt. (Medication/Somatic)	Yes	NC	I	D
Mental Health Assessment (non-physician)	Yes	NC	I	D
Psychiatric Diagnostic Interview (Physician)	Yes	NC	I	D
BH Counseling and Therapy (Ind.)	Yes	NC	I	D
BH Counseling and Therapy (Grp.)	Yes	NC	I	D
Crisis Resources & Coordination				
24/7 Hotline	Yes	NC	NC	NC
24/7 Warmline	Yes	NC	NC	NC
Police Coordination/CIT	Yes	NC	NC	NC
Disaster preparedness	Yes	NC	NC	NC
School Response	Yes	NC	NC	NC

	SFY 2011	SFY 2012		
	(Question 1)	(Question 2)	(Question 3)	(Question 4)
Service Category	Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>
Respite Beds for Adults	No	NC	NC	NC
Respite Beds for Children & Adolescents (C&A)	Yes	NC	NC	NC
Crisis Face-to-Face Capacity for Adult Consumers				
24/7 On-Call Psychiatric Consultation	Yes	NC	NC	NC
24/7 On-Call Staffing by Clinical Supervisors	Yes	NC	NC	NC
24/7 On-Call Staffing by Case Managers	No	NC	NC	NC
Mobile Response Team	Yes	NC	NC	NC
Crisis Central Location Capacity for Adult Consumers				
Crisis Care Facility	No	NC	NC	NC
Hospital Emergency Department	Yes	NC	NC	NC
Hospital contract for Crisis Observation Beds	No	NC	NC	NC
Transportation Service to Hospital or Crisis Care Facility	Yes	NC	NC	NC
Crisis Face-to-Face Capacity for C&A Consumers				
24/7 On-Call Psychiatric Consultation	Yes	NC	NC	NC

	SFY 2011	SFY 2012		
	(Question 1)	(Question 2)	(Question 3)	(Question 4)
Service Category	Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>
24/7 On-Call Staffing by Clinical Supervisors	Yes	NC	NC	NC
24/7 On-Call Staffing by Case Managers	No	NC	NC	NC
Mobile Response Team	Yes	NC	NC	NC
Crisis Central Location Capacity for C&A Consumers				
Crisis Care Facility	No	NC	NC	NC
Hospital Emergency Department	Yes	NC	NC	NC
Hospital Contract for Crisis Observation Beds	No	NC	NC	NC
Transportation Service to Hospital or Crisis Care Facility	Yes	NC	NC	NC
Partial Hospitalization, less than 24 hr.	Yes	NC	NC	NC
Community Psychiatric Supportive Treatment (Ind.)	Yes	NC	I	D
Community Psychiatric Supportive Treatment (Grp.)	Yes	NC	I	D
Assertive Community Treatment (Clinical Activities)	No	NC	NC	NC
Assertive Community Treatment (Non-Clinical Activities)	No	NC	NC	NC
Intensive Home Based Treatment (Clinical Activities)	No	NC	NC	NC

	SFY 2011	SFY 2012		
Service Category	(Question 1) Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	(Question 2) Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 3) Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 4) Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>
Intensive Home Based Treatment (Non-Clinical Activities)	No	NC	NC	NC
Behavioral Health Hotline Service	Yes	NC	NC	NC
Other MH Svc, not otherwise specified (healthcare services)	Yes	NC	NC	NC
Other MH Svc., (non-healthcare services)	Yes	NC	NC	NC
Self-Help/Peer Svcs. (Peer Support)	Yes	NC	NC	NC
Adjunctive Therapy	No	NC	NC	NC
Adult Education	Yes	NC	NC	NC
Consultation	Yes	NC	NC	NC
Consumer Operated Service	Yes	NC	NC	NC
Employment (Employment/Vocational)	Yes	NC	NC	NC
Information and Referral	Yes	NC	NC	NC
Mental Health Education	Yes	NC	NC	NC
Occupational Therapy Service	Yes	NC	NC	NC
Prevention	Yes	NC	NC	NC
School Psychology	No	NC	NC	NC
Social & Recreational Service	Yes	NC	NC	NC
Community Residence	No	NC	NC	NC
Crisis Care/Bed Adult [see service definition below]	Yes	NC	NC	NC

	SFY 2011	SFY 2012		
Service Category	(Question 1) Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	(Question 2) Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 3) Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 4) Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>
Crisis Care/Bed Youth [see service definition below]	Yes	NC	NC	NC
Foster Care Adult	No	NC	NC	NC
Foster Care Youth [see service definition below]	Yes	NC	NC	NC
Residential Care Adult (ODMH Licensed) [see service definition below]	Yes	NC	NC	NC
Residential Care Adult (ODH Licensed) [see service definition below]	No	NC	NC	NC
Residential Care Youth [see service definition below]	No	NC	NC	NC
Respite Care/Bed Adult [see service definition below]	No	NC	NC	NC
Respite Care/Bed Youth [see service definition below]	Yes	NC	NC	NC
Permanent Supportive Housing (Subsidized Supportive Housing) Adult [see service definition below]	Yes	NC	NC	NC
Independent Community Housing Adult (Rent or Home Ownership) [see service definition below]	Yes	NC	NC	NC
Temporary Housing Adult [see service definition below]	No	NC	NC	NC
Forensic Service	Yes	NC	NC	NC
Inpatient Psychiatric Service Adult (Private hospital only)	Yes	NC	NC	NC
Inpatient Psychiatric Service Youth (Private hospital only)	Yes	NC	NC	NC

ODMH 2012 Community Plan Adult Housing Categories

Please answer each category for your SPMI/SMI population.

ODMH is also interested in knowing for each category how many beds/units are set-aside for the forensic sub-population and for those sex offenders who are a sub-population of SPMI/SMI.

(QUESTION 5)

Housing Categories	Definition	Examples	#SPMI/ SMI	# Units	# Beds
Crisis Care	Provision of short-term care to stabilize person experiencing psychiatric emergency. Offered as an alternative to inpatient psychiatric unit. Staff 24 hours' day/7 days a week. Treatment services are billed separately.	<ul style="list-style-type: none"> • Crisis Bed • Crisis Residential • Crisis Stabilization Unit 	N/A Forensic: N/A Sex Offender: N/A		
ODMH Licensed Residential Care	Includes room and board, and personal care 24/7 if specified in license. Rules in program or service agreement attached to housing are applicable. Treatment services are billed separately. Usually agency operated and staffed; provides 24-hour supervision in active treatment oriented or structured environment. <u>Type 1:</u> Room & Board; Personal Care; Mental Health Services <u>Type 2:</u> Room & Board; Personal Care <u>Type 3:</u> Room and Board	<ul style="list-style-type: none"> • Licensed as Type I, II or III (Residential Facility Care) • Residential Support • Supervised Group Living • Next-Step Housing from psychiatric hospital and/or prison 	Total: Forensic: as needed Sex Offender: N/A	22	30
ODH Licensed Residential Care	Includes room and board, and personal care 24/7 if specified in license. Rules in program or service agreement attached to housing are applicable. Treatment services are billed separately. Usually operator owned and staffed; provides 24-hour supervision in structured environment.	<ul style="list-style-type: none"> • Adult Care Facilities • Adult Family Homes • Group Homes 	N/A Forensic: N/A Sex Offender: N/A		

Respite Care	Short-term living environment, it may or may not be 24-hour care. Reasons for this type of care are more environmental in nature. May provide supervision, services and accommodations. Treatment services are billed separately	<ul style="list-style-type: none"> • Placement during absence of another caretaker where client usually resides • Respite Care 	N/A Forensic: N/A Sex Offender: N/A		
Temporary Housing	Non-hospital, time limited residential program with an expected length of occupancy and goals to transition to permanent housing. Includes room and board, with referral and access to treatment services that are billed separately.	<ul style="list-style-type: none"> • Commonly referred to and intended as time-limited, short term living • Transitional Housing Programs • Homeless county residence currently receiving services • Persons waiting for housing • Boarding Homes • YMCA/YWCA (not part of a supportive housing program) 	Total: Forensic: as needed Sex Offender: N/A	110	115
Board/Agency Owned Community Residence	Person living in an apartment where they entered into an agreement that is NOT covered by Ohio tenant landlord law. Rules in program or service agreement attached to housing. Refers to financial sponsorship and/or provision of some degree of on-site supervision for residents living in an apartment dwelling. Treatment services are billed separately.	<ul style="list-style-type: none"> • Service Enriched Housing • Apartments with non-clinical staff attached • Supervised Apartments • No leases: NOT covered by Ohio tenant landlord law 	N/A Forensic: N/A Sex Offender: N/A		
Permanent Supportive Housing (Subsidized Supportive Housing) with Primary Supportive Services On-Site	Person living in an apartment where they entered into a lease with accordance to Ohio tenant landlord law or a mortgage and, in instances where ODMH allocated funds have been used, an exit strategy for the subsidy has been developed. Treatment services are billed separately. (The	<ul style="list-style-type: none"> • HAP • Housing as Housing • Supervised Apartments • Supportive Housing • Person with Section 8 or Shelter Plus Care Voucher • Tenant has lease Supportive Services staff primary offices	N/A Forensic: N/A Sex Offender: N/A		

	landlord may be a housing agency that provides housing to mental health consumers.)	are on-site and their primary function are to deliver supportive services on-site; these staff many accompany residents in the community to access resources.			
Permanent Supportive Housing (Subsidized Supportive Housing) with Supportive Services Available	Person living in an apartment where they entered into a lease with accordance to Ohio tenant landlord law or a mortgage and, in instances where ODMH allocated funds have been used, an exit strategy for the subsidy has been developed. Treatment services are billed separately. (The landlord may be a housing agency that provides housing to mental health consumers.)	<ul style="list-style-type: none"> • HAP • Housing as Housing • Supervised Apartments • Supportive Housing • Person with Section 8 or Shelter Plus Care Voucher • Tenant has lease • Supportive Services staff primary offices are not on-site; supportive serve staff may come on-site to deliver supportive services or deliver them off-site. (In this model a primary mental health CPST worker may be delivering the supportive services related to housing in addition to treatment services. 	Total: Forensic: as needed Sex Offender: N/A	137	179
Independent Community Housing (Rent or Home Ownership)	Refers to house, apartment, or room which anyone can own/rent, which is not sponsored, licensed, supervised, or otherwise connected to the mental health system. Consumer is the designated head of household or in a natural family environment of his/her choice.	<ul style="list-style-type: none"> • Own home • Person with Section 8 Voucher (not Shelter Plus Care) • Adult with roommate with shared household expenses • Apartment without any public assistance • Housing in this model is not connected to the mental health system 	Unable to determine as individuals in independent living environment are not required to report SMD status		

		in any way. Anyone can apply for and obtain this housing.			
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ODADAS Waivers

Waiver Request for Inpatient Hospital Rehabilitation Services

Funds disbursed by or through ODADAS may not be used to fund inpatient hospital rehabilitation services. Under circumstances where rehabilitation services cannot be adequately or cost-efficiently produced, either to the population at large such as rural settings, or to specific populations, such as those with special needs, a Board may request a waiver from this policy for the use of state funds. Complete this form providing a brief explanation of services to be provided and a justification for this requested waiver. **Medicaid-eligible recipients receiving services from hospital-based programs are exempt from this waiver.**

A. HOSPITAL	ODADAS UPID #	ALLOCATION

B. Request for Generic Services

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

B.AGENCY	ODADAS UPID #	SERVICE	ALLOCATION

SFY 2012 & 2013 ODMH Budget Templates

The final budget template, narrative template and instructions will be posted on the ODMH website (<http://mentalhealth.ohio.gov>) on December 1, 2010. (ORC Section 340.03)

**Additional ODMH Requirements
(Formerly Community Plan – Part B)**

Notification of Election of Distribution – SFY 2012 (Due: December 30, 2010)

The _____ Alcohol, Drug Addiction and Mental Health Services Board or Community Mental Health Board has decided the following:

_____ The Board plans to elect distribution of 408 funds.

_____ The Board plans not to elect distribution of 408 funds

Signed:

Executive Director
Alcohol, Drug Addiction and Mental Health Services Board or
Community Mental Health Board

Date: _____

State Hospital Inpatient Days (Due: March 30, 2011)

BOARD NAME _____	
2012 Planned Use of State Hospital Inpatient Days By Hospital/Campus	
1. Regional Psychiatric Hospital Name	
Total All State Regional Psychiatric Hospitals Inpatient Days	

* When specifying a Regional Psychiatric Hospital, please indicate a particular campus.

Signed _____
ADAMH/CMH Board Executive Director

CSN Services

I anticipate renewing contracts for CSN services.

_____ Yes, pursuant to Board Resolution dated ___ / ___ / 2011

_____ No

Board Membership Catalog for ADAMHS/ADAS/CMHS Boards

Board Name Lake County ADAMHS Board		Date Prepared 07/27/2011												
Board Member Sara Calo		<u>Appointment</u> County												
Mailing Address (street, city, state, zip) 1816 Lincoln Rd. Wickliffe, OH 44092		<u>Sex</u> F												
Telephone (include area code) 440-796-0246		<u>Ethnic Group</u> Caucasian												
County of Residence Lake		<u>Officer</u> n/a												
Occupation Realtor		<u>Hispanic or Latino (of any race)</u>												
Term 9/3/2009-6/30/2015		Representation: select all that apply:												
Year Term Expires 2015		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><u>Mental Health</u></td> <td style="width: 50%;"><u>Alcohol Other Drug Addiction</u></td> </tr> <tr> <td><input type="checkbox"/> Consumer</td> <td><input type="checkbox"/> Consumer</td> </tr> <tr> <td><input type="checkbox"/> Family Member</td> <td><input type="checkbox"/> Family Member</td> </tr> <tr> <td><input type="checkbox"/> MH Professional</td> <td><input type="checkbox"/> Professional</td> </tr> <tr> <td><input type="checkbox"/> Psychiatrist</td> <td><input type="checkbox"/> Advocate</td> </tr> </table>	<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>	<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer	<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member	<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate		
<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>													
<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer													
<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member													
<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional													
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate													
Board Name Lake County ADAMHS Board		Date Prepared 07/27/2011												
Board Member Elena DiFranco		<u>Appointment</u> ODMH												
Mailing Address (street, city, state, zip) 7342 Hopkins Road Mentor, OH 44060		<u>Sex</u> F												
Telephone (include area code) 440-255-5332		<u>Ethnic Group</u> Caucasian												
County of Residence Lake		<u>Officer</u> Secretary												
Occupation Psychotherapist		<u>Hispanic or Latino (of any race)</u>												
Term 07/01/2005-6/30/2013		Representation: select all that apply:												
Year Term Expires 2013		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><u>Mental Health</u></td> <td style="width: 50%;"><u>Alcohol Other Drug Addiction</u></td> </tr> <tr> <td><input type="checkbox"/> Consumer</td> <td><input type="checkbox"/> Consumer</td> </tr> <tr> <td><input type="checkbox"/> Family Member</td> <td><input type="checkbox"/> Family Member</td> </tr> <tr> <td><input checked="" type="checkbox"/> MH Professional</td> <td><input type="checkbox"/> Professional</td> </tr> <tr> <td><input type="checkbox"/> Psychiatrist</td> <td><input type="checkbox"/> Advocate</td> </tr> <tr> <td><input type="checkbox"/> Other Physician</td> <td></td> </tr> </table>	<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>	<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer	<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member	<input checked="" type="checkbox"/> MH Professional	<input type="checkbox"/> Professional	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate	<input type="checkbox"/> Other Physician	
<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>													
<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer													
<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member													
<input checked="" type="checkbox"/> MH Professional	<input type="checkbox"/> Professional													
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate													
<input type="checkbox"/> Other Physician														
Board Name Lake County ADAMHS Board		Date Prepared 07/27/2011												
Board Member Dave Enzerra		<u>Appointment</u> County												
Mailing Address (street, city, state, zip) 465 Nelmar Drive Painesville, OH 44077		<u>Sex</u> M												
Telephone (include area code) 440-357-1977		<u>Ethnic Group</u> Caucasian												
County of Residence Lake		<u>Officer</u> Past-chair												
Occupation Executive		<u>Hispanic or Latino (of any race)</u>												
Term 05/12/2005-6/30/2014		Representation: select all that apply:												
Year Term Expires 2014		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><u>Mental Health</u></td> <td style="width: 50%;"><u>Alcohol Other Drug Addiction</u></td> </tr> <tr> <td><input type="checkbox"/> Consumer</td> <td><input type="checkbox"/> Consumer</td> </tr> <tr> <td><input type="checkbox"/> Family Member</td> <td><input type="checkbox"/> Family Member</td> </tr> <tr> <td><input type="checkbox"/> MH Professional</td> <td><input type="checkbox"/> Professional</td> </tr> <tr> <td><input type="checkbox"/> Psychiatrist</td> <td><input type="checkbox"/> Advocate</td> </tr> <tr> <td><input type="checkbox"/> Other Physician</td> <td></td> </tr> </table>	<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>	<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer	<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member	<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate	<input type="checkbox"/> Other Physician	
<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>													
<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer													
<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member													
<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional													
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate													
<input type="checkbox"/> Other Physician														
Board Name Lake County ADAMHS Board		Date Prepared 07/27/2011												
Board Member Dr. Gail Fedak		<u>Appointment</u> County												
Mailing Address (street, city, state, zip) 70 N. St. Clair Street Painesville, OH 44077		<u>Sex</u> F												
Telephone (include area code) 440-352-3339		<u>Ethnic Group</u> Caucasian												
County of Residence Lake		<u>Officer</u> Treasurer												
Occupation		<u>Hispanic or Latino (of any race)</u>												
Term		Representation: select all that apply:												
Year Term Expires		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><u>Mental Health</u></td> <td style="width: 50%;"><u>Alcohol Other Drug Addiction</u></td> </tr> </table>	<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>										
<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>													

Occupation Optometrist		<input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician		<input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
Term 7/24/2008-6/30/2015		Year Term Expires 2015			
Board Name Lake County ADAMHS Board				Date Prepared 07/27/2011	
Board Member Donald S. Filipski		Appointment County		Sex M	
Mailing Address (street, city, state, zip) 10323 Loreto Ridge Drive Kirtland, OH 44094		Officer Chair		Ethnic Group Caucasian <u>Hispanic or Latino (of any race)</u>	
Telephone (include area code) 440-256-1055		County of Residence Lake		Representation: select all that apply:	
Occupation Sales		<input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician		<input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
Term 2/24/2005-6/30/2014		Year Term Expires 2014			
Board Name Lake County ADAMHS Board				Date Prepared 07/27/2011	
Board Member Jim Garrett		Appointment ODMH		Sex M	
Mailing Address (street, city, state, zip) 2653 Dodd Road Willoughby, OH 44094		Officer n/a		Ethnic Group Caucasian <u>Hispanic or Latino (of any race)</u>	
Telephone (include area code) 440-591-8994		County of Residence Lake		Representation: select all that apply:	
Occupation Executive		<input type="checkbox"/> Consumer <input checked="" type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician		<input type="checkbox"/> Consumer <input checked="" type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
Term 07/01/2008-6/30/2012		Year Term Expires 2012			
Board Name Lake County ADAMHS Board				Date Prepared 07/27/2011	
Board Member Elizabeth Gurley		Appointment County		Sex F	
Mailing Address (street, city, state, zip) 340 Harbor Ridge Lane Fairport, OH 44077		Officer Vice-Chair		Ethnic Group Caucasian <u>Hispanic or Latino (of any race)</u>	
Telephone (include area code) 440-639-7954		County of Residence Lake		Representation: select all that apply:	
Occupation Teacher		<input type="checkbox"/> Consumer <input checked="" type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician		<input type="checkbox"/> Consumer <input checked="" type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
Term 12/28/2006-6/30/2014		Year Term Expires 2014			
Board Name Lake County ADAMHS Board				Date Prepared 07/27/2011	
Board Member Tricia Hart		Appointment County		Sex F	
Mailing Address (street, city, state, zip) 74 Overlook Road Painesville, OH 44077		Officer n/a		Ethnic Group Caucasian <u>Hispanic or Latino (of any race)</u>	
				Representation: select all that apply:	

Telephone (include area code) 440-796-0706	County of Residence Lake	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Occupation Homemaker			
Term 12/182008-6/30/2013	Year Term Expires 2013		
Board Name Lake County ADAMHS Board			Date Prepared 07/27/2011
Board Member Dione DeMitre		<u>Appointment</u> ODADAS	<u>Sex</u> F
Mailing Address (street, city, state, zip) 11461 Hazel Drive Concord, OH 44077		<u>Ethnic Group</u> Caucasian	
Telephone (include area code) 440-357-0966		<u>Officer</u> n/a	
County of Residence Lake		<u>Hispanic or Latino (of any race)</u>	
<u>Representation: select all that apply:</u>			
Occupation Teacher		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer x <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Term 5/10/2010-6/30/2014	Year Term Expires 2014		
Board Name Lake County ADAMHS Board			Date Prepared 07/27/2011
Board Member Roberta Kalb		<u>Appointment</u> County	<u>Sex</u> F
Mailing Address (street, city, state, zip) 221 Casement Drive Painesville, OH 44077		<u>Ethnic Group</u> Caucasian	
Telephone (include area code) 440-357-6545		<u>Officer</u> n/a	
County of Residence Lake		<u>Hispanic or Latino (of any race)</u>	
<u>Representation: select all that apply:</u>			
Occupation Retired		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Term 06/23/2011-6/30/2015	Year Term Expires 2015		
Board Name Lake County ADAMHS Board			Date Prepared 07/27/2011
Board Member Karen Tarase		<u>Appointment</u> County	<u>Sex</u> F
Mailing Address (street, city, state, zip) 8252 Kirtland Chardon Rd. Kirtland, OH 44094		<u>Ethnic Group</u> Caucasian	
Telephone (include area code) 440-227-8594		<u>Officer</u> n/a	
County of Residence Lake		<u>Hispanic or Latino (of any race)</u>	
<u>Representation: select all that apply:</u>			
Occupation Nurse		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Term 10/7/2010-6/30/2013	Year Term Expires 2013		
Board Name Lake County ADAMHS Board			Date Prepared 07/27/2011
Board Member Jeff Papp		<u>Appointment</u> ODADAS	<u>Sex</u> M
Mailing Address (street, city, state, zip) 6269 Kenyon Court Mentor, OH 44060		<u>Ethnic Group</u> Caucasian	
Telephone (include area code) 440-227-8594		<u>Officer</u> n/a	
County of Residence Lake		<u>Hispanic or Latino (of any race)</u>	
<u>Representation: select all that apply:</u>			

Telephone (include area code) 440-255-2651	County of Residence Lake	<u>Representation: select all that apply:</u>	
Occupation Accountant	Term 12/10/08-6/30/2015	Year Term Expires 2015	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
			<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional X Advocate
Board Name Lake County ADAMHS Board		Date Prepared 07/27/2011	
Board Member Paula Wyss	Mailing Address (street, city, state, zip) 609 Liberty Street, Apt. 3 Painesville, OH 44077		<u>Appointment</u> ODMH <u>Sex</u> F <u>Ethnic Group</u> Caucasian <u>Officer</u> n/a <u>Hispanic or Latino (of any race)</u>
Telephone (include area code) 440-392-0365	County of Residence Lake	<u>Representation: select all that apply:</u>	
Occupation	Term 7/01/2008-6/30/2012	Year Term Expires 2012	<u>Mental Health</u> X Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
			<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name Lake County ADAMHS Board		Date Prepared 07/27/2011	
Board Member Joanne Zeroske	Mailing Address (street, city, state, zip) 7820 Hoover Court Mentor, OH 44060		<u>Appointment</u> County <u>Sex</u> F <u>Ethnic Group</u> Caucasian <u>Officer</u> n/a <u>Hispanic or Latino (of any race)</u>
Telephone (include area code) 216-536-8033	County of Residence Lake	<u>Representation: select all that apply:</u>	
Occupation Executive	Term 10/7/2010-6/30/2014	Year Term Expires 2014	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
			<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Forensic Monitor and Community Linkage Contacts

a. Please provide the name, address, phone number, and email of the Board's Forensic Monitor:

Name	Street Address	City	Zip	Phone Number	Email
Fran Beale	7350 Palisades	Mentor	44060	440-918-1000	fran@pathwaysinc.com

b. Please provide the name, address, phone number, and email of the Board's Community Linkage Contact:

Name	Street Address	City	Zip	Phone Number	Email
Fran Beale	7350 Palisades	Mentor	44060	440-918-1000	fran@pathwaysinc.com

INSERT ADDITIONAL BOARD APPENDICES AS NEEDED