

**Ohio Department of Mental Health and Addiction Services (OhioMHAS)  
Community Plan Guidelines SFY 2019 and 2020**

**Enter Board Name: Geauga County Board of Mental Health and Recovery Services**

**NOTE:** OhioMHAS is particularly interested in areas identified as priorities for RecoveryOhio, including: (1) access and capacity changes for mental health and addiction services for both adults and children/youth; (2) health equity concerns for racial and ethnic minorities and people living in Appalachia or rural Ohio; (3) distinctive challenges for multisystem youth, families involved in child welfare, and for criminal justice-involved Ohioans; (4) prevention and/or decrease of opiate overdoses and/or deaths; and/or (5) suicide prevention.

<b>Environmental Context of the Plan/Current Status</b>
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1. Describe the economic, social, and demographic factors in the board area that influence service delivery. Note: With regard to current environmental context, boards may describe the impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.

The Geauga County Board of Mental Health and Recovery Services provides behavioral health care to a community of approximately 94,000 individuals, ranking it 33<sup>rd</sup> in population by county. Geographically the county covers 408 square miles, with the capital of Chardon located in the northern quadrant, as the only city. The median age is currently 43, compared to the state median of 38.3 years of age, and the county has one of the fastest growing senior adult populations in the state. The county has one of the highest per capita income levels in the state as well with a median household income of \$74,165. It also has one of the most highly educated populations in the state with 45.4% of the population earning an associate, bachelor level, or graduate degree. That's compared to an overall Ohio rate of 25.8%. This statistically averaged higher education rate, while quite high, is significantly impacted by the large Amish population of the county, who only educate children through the eighth grade.

These demographics have implications for building a comprehensive Recovery Oriented System of Care (ROSC) and providing recovery services for the populations we serve. Higher incomes have led to higher housing costs, and lower numbers of rental property available for individuals in recovery. Compared to the state: State of Ohio owner occupied housing = 66.1%, Geauga = 85.4%, State of Ohio renter occupied housing = 33.9%, Geauga = 14.6%, State of Ohio vacancy rates = 5.62%, Geauga = 1.74%. With only 3.6% of total housing within the county being rental property, this means rental and housing resources in general are extremely scarce. This lack of available rental property, and the higher cost to purchase housing (Ohio median home cost = \$138,900, Geauga median home cost = \$236,800) means that traditional housing grants often don't cover the full costs associated with housing and/or there is no appropriate inventory available to purchase when grants or funding opportunities do arise.

Transportation is another important component under the Recovery Oriented System of Care umbrella. Whether it's getting to a doctor or therapy appointment, to the grocery store, church, bank, work, or a community event, the ability to participate in these day to day activities is critical to recovery. However,

the geographic realities of the catchment area create transportation issues for virtually every human services, health care, and behavioral health care program within the district. Economies of scale typically found in counties with large population centers, or multiple cities within a county, are difficult to achieve in Geauga County due to the rural nature and lack of transportation options. While Geauga County does have a public transportation department - Geauga Transit, with handicapped accessible vans available on a call-ahead basis, costs to clients on a very limited income can quickly add up. Transportation services are not available on weekends, and Geauga Transit does not provide transportation to individuals to and from their place of employment. This means that agencies must include transportation service costs into many of the programs they provide. It also means higher costs due to the loss of professional productivity, based on the time needed to travel to clients' homes.

While the Geauga County population is largely white, there is ethnic and cultural diversity within the county. Chagrin Falls Park is a community made up of mostly African-American families, located adjacent to Cuyahoga County on the western edge of the catchment area. Geauga County also has a large Amish community founded in 1886. It is the fourth largest of all Amish settlements in the United States, with 18,650 people in 132 congregations accounting for approximately 19.8% of Geauga County's population. Each of these ethnically and culturally diverse populations have services specifically designed for their behavioral health care needs, funded by the Geauga County Board of Mental Health and Recovery Services, and delivered specifically to their geographic locations within the area. That local accessibility improves penetration rates, while reducing transportation and cultural barriers to recovery.

With a record high number of children entering into the foster care system resources are stretched for multiple public social service agencies. Epidemic levels of opioid use among parents and/or caregivers of children, along with increased crime necessary to financially sustain these addictions, has led to higher arrest rates of this population, higher incarceration rates, and a constant need for safe housing and support resources for the children of these offenders. In the past rural areas of the state often relied on higher populated areas to supply foster homes for children in need of placement due to these specific circumstances. Today those foster care homes are no longer available due to the high need in those metropolitan areas, so every case that comes before the Juvenile County and local Departments of Job and Family Services may become a crisis, simply because so few beds are available to take a child in need of immediate placement. In addition, many of these children suffer from trauma related disorders due to the living conditions they have endured, often for years within a household. Those children need additional treatment and recovery resources, including residential treatment, that may not be available within the county. The Geauga County Family First Council often must refer youth to out-of-county placements to meet their specific needs.

### **Assessing Needs and Identifying Gaps**

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any.

Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in assessing needs, evaluating strengths and challenges and setting

priorities for treatment and prevention in SFY 2019. [ORC 340.03 (A)(1)(a)]. Describe the board's plan for on-going needs assessment in SFY 2020 if they differ from this current fiscal year.

- a. Describe how the board collaborated with local health departments and their 2019 State Health Improvement Process. In your response, please include, if applicable, the following: 1) collaborative efforts specific to assessing needs and gaps and setting priorities. 2) barriers or challenges the board believes will have to be overcome moving forward that will result in complimentary public health and behavioral health plans, 3) advantages, if any, realized to date with collaborative planning efforts, 4) next steps your board plans on undertaking to further alignment of public health and behavioral health community planning.
- b. Child service needs resulting from finalized dispute resolution with Family and Children First Council [340.03(A)(1)(c)].
- c. Outpatient service needs of persons currently receiving treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)].
- d. Service and support needs determined by Board Recovery Oriented System of Care (ROSC) assessments.
- e. Needs and gaps in facilities, services and supports given the Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

Needs and gaps associated with priorities of the Executive Budget for 2020-2021 including crisis services, criminal justice-involved populations, families involved with child welfare, and prevention/early intervention across the lifespan.

- a. The Board has been extensively involved over the past several years with the Geauga County Health Department in the design, development and implementation of both the 2019 Community Health Improvement Plan, and the 2019 Geauga County Community Health Needs Assessment. Through a series of community planning meetings the Board of Health worked to develop a coalition of community agencies to work together in this process. Known as the Partnership for a Healthy Geauga, the group chose the needs assessment survey, created additional questions for local input, chose the firm to conduct the assessment, reviewed the results and published the findings.

The survey was based on questionnaires utilized by The Centers for Disease Control and Prevention's National Survey of Children's Health, and the Behavioral Risk Factor Surveillance Survey (BRFSS). Local health indicators were approved by the Partnership and provide valuable additional valid and reliable measures. The Community Health Needs Assessment (CHNA) not only provides an insight into the current health conditions, needs, and assets of individuals within the community, but also meets the certification needs of the University Hospitals Geauga Medical Center, and the Geauga County Department of Health. As the Executive Summary states, "Conducting periodic Community Health Needs Assessments are one critical way... partners identify the greatest health needs, enabling them to ensure resources are

appropriately directed toward outreach, prevention, education, and wellness opportunities where the greatest impact can be realized.”

The survey itself was a cross-section randomized household survey of individuals 19 and older, which incorporated a broad range of perspectives across the country. The data was de-identified and aggregated to show different ages, gender, age, income, etc. The data as reported also provides some comparative analysis with state and national statistics.

Some specific findings of the survey and comparative analysis data:

Geauga County was in the top five healthiest counties in the state.

The percent of individuals without health insurance went from 12% in 2011, to 6% in 2016, and 6% in 2019. Although 30% of those with insurance did not know whether their policy covered mental health services and 57% did not know whether their policy covered treatment for alcohol and drug use disorders.

Over 90% of respondents rated their general health as “Excellent, or Good”.

Only 40% of parents discussed the negative effects of alcohol, tobacco, illegal drugs, or misusing prescription drugs with their 12 to 17 year old in the past year.

Twenty-five percent of respondents rated their mental health as “not good on four or more days” in the past thirty days. Down from 28% in 2016, but still significantly higher than 18% reporting in 2011.

Geauga County adults reported that a doctor or health care professional talked to them about: Alcohol use (12%), Tobacco use (13%), Depression, anxiety, or other mental health issues (25%), in the past 12 months.

Tobacco users smoking “some or all days” dropped from 14% in 2011, to 10% in 2016, and remained at 10% in 2019.

Binge drinking (4 drinks (women) or 5 drinks (men) on a single occasion) dropped slightly to 24% in 2019, from 26% in 2016, but still significantly higher than the low of 18% in 2011.

Populations were broken out by gender for some specific questions. The survey showed that 16% of women who had been pregnant within the last five years had experienced depression, while 2% reported using tobacco and/or opioids while pregnant. Female reporting also showed that 38% had one or more days where their mental health was “not good”, and of that number 16% reported that in the past thirty days their mental health was “not good” for 8 or more days.

These findings have implications for not only future planning but future collaboration, resulting in better integration of health care and behavioral health care components. Individuals that may be coming in for a strictly health related issue could receive preventative screenings for alcohol or drug abuse, increasing the percentage of adults getting preventative care. Persons with insurance could get brief instruction on what services their particular policy covered, raising the chance of a treatment referral. A higher percentage of doctors and health professionals could be trained in SBIRT to better identify and refer adults abusing opioids or other drugs, including pregnant women.

Next steps in the process will be utilizing the CHNA as the foundation for a collaborative implementation strategy to address these identified needs.

- b. There were no dispute resolution cases addressed by the Geauga County Family and Children First Council.
- c. Adults from Geauga County currently or recently served by North Coast Psychiatric Hospital often are individuals in need of restoration and placed through a forensic designation, or designated NGRI and preparing for discharge. We have found the most difficult cases to handle locally are those patients ready for discharge into the community who have a history of violence. Many residential facilities will not accept these clients and beds statewide are limited. Discharge may take days or weeks, or more, as we seek to make appropriate placements. Today there are five individuals in NGRI status that will need community placements over the next months, and we currently have no open beds available.
- d. The Recovery Oriented System of Care (ROSC) process provided insight into both strengths and opportunities for improvement. The Board received input from over 130 individuals, with approximately 50% through on line surveys, and 50% in group or individual assessments. The findings included the following:

*The Geauga County Board of Mental Health & Recovery Services offers a robust continuum of care, from prevention, to treatment, to recovery supports, which are highly regarded in the community.*

*The Board's role and collaboration with public and private providers and other community partners is strong and positive, leading to better outcomes for consumers.*

*Clients feel strongly that they are actively involved in their recovery (86%) and services and supports are readily available to them within the community.*

Opportunities for improvement included:

*Resource access/awareness - Individuals that are new to the system of care often don't know all the resources available to them or how to access those services.*

*Family involvement - Families often feel left out of the recovery planning and treatment process. Regulations about access to family member records can lead to feelings of frustration and helplessness.*

*Peer and family support groups such as NAMI-Geauga, AA and NA are available within the county but more peer supports for individuals with a severe and persistent mental illness were not as readily available.*

Other needs or concerns regarding recovery:

*Some areas identified as needing improvement involved services over which the Board has no direct control. In these cases it will be important to engage community partners to help facilitate change.*

*Transportation issues create challenges for consumers and families, especially as they relate to clinical, social, and employment issues.*

*Though stigma campaigns continue and are recognized in the community (57%), stigma regarding mental health disabilities still exists (family members answered 100%).*

*Basic needs are still a major concern for consumers, including transportation, food, and income. (e.g., 30% of consumers were not satisfied with their current employment status).*

#### Education:

*The public recognizes collaboration exists between the Board and other agencies (84%), and the full continuum of care (81%), but may not always understand the financial and administrative oversight the Board contributes to those services.*

#### Action Steps:

*The Geauga County Board of Mental Health and Recovery Services created a plan to address findings of the ROSC study. Including, revamping the Board's allocation process to incorporate ROSC principles and findings.*

*Planning community education events designed to help residents and new employees understand the local recovery resources available to them.*

*Engaging community partners to work together to address transportation challenges.*

*Improving community linkages and supports to increase consumer access to food, shelter, and employment.*

#### e. Needs and gaps, including those priorities found in the Executive Budget:

As addressed earlier in this Community Plan, facilities and qualified professional behavioral health care staff to provide services within those facilities continue to be a high need/high priority. It is particularly difficult to find affordable, safe, and decent housing options for both mental health and substance abuse clients. There is also a lack of residential treatment facilities for children and youth caught up in the opioid crisis, usually through no fault of their own.

We have one of the few crisis beds facilities in the state owned by the Board, and it is supplying the need for these mental health crisis beds for several counties in northeast Ohio. However, continued operation is contingent upon ongoing funding from the state to support this service. Crisis beds cost approximately half of the cost of a stay in the state hospital and provide better overall outcomes so it is a wise investment of tax dollars to continue supporting programs that divert individuals out of state facilities.

Prevention efforts continue throughout the age spectrum in the county with assessments done through well child clinics at the youngest ages and in-home prevention and identification provided to senior adults. NAMI Geauga provides a wide array of prevention and education programs, as does our other behavioral health care providers. Tobacco, gambling, vaping, and even school violence are issues that are address through trainings, community events, newsletters and literature distribution. The single biggest effort at the present time is to increase *PAX - The Good Behavior Game* into school buildings across the county. So far only 2 of

6 school districts have implement this evidence based program, and even there, on a limited basis. State funding supporting PAX in the past has helped us get those two school districts started and we are hopeful the state will continue to expand its PAX training and support.

3. Complete Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. (Table 1 is an Excel spreadsheet accompanying this document. Instructions are found on page 10 of the Guidelines).

<b>Priorities</b>
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4. Considering the board’s understanding of local needs, the strengths and challenges of the local system, what has the board set as its priorities for service delivery including treatment and prevention? Please be specific about strategies for adults; children, youth, and families; and populations with health equity and diversity needs in your community.

Below is a table that provides federal and state priorities. Please complete the requested information only for those federal and state priorities that are the same as the board’s priorities and add the board’s unique priorities in the section provided. For those federal and state priorities that are not selected by the board, please check one of the reasons provided or briefly describe the applicable reason in the last column.

Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in the board’s response to question 2.d. in the “Assessment of Need and Identification of Gaps and Disparities” section of the Community Plan [ORC 340.03(A)(11) and 340.033].

Priorities undertaken in SFY 2019 that the board is continuing into 2020 as well as new priority areas identified for SFY 2020 may be included.

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

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

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Reduce the use of intravenous drug use and deaths by any opioid overdose in Geauga County.	<p>Assess the need for specific intravenous treatment services.</p> <p>Provide a ROSC framework of services to meet recovery needs.</p> <p>Provide education on all types of potential drug use/abuse.</p>	<p>Number of individuals identified in first assessment as intravenous drug users.</p> <p>Number of MAT participants maintaining treatment goals.</p> <p>Percent of individuals maintaining abstinence at 90 day post-treatment.</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
<b>SAPT-BG:</b> Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Reduce the number of children born to mothers with substances use disorders.	<p>Provide residential treatment facilities for pregnant women with substance abuse disorders.</p> <p>Provide housing facilities for families of individuals with substance use disorders.</p>	<p>Number of pregnant women entering Board funded residential treatment programs.</p> <p>Number of infants born without drug dependency.</p> <p>Number of women reporting no substance use during pregnancy while utilizing Board funded residential treatment facilities.</p> <p>Number of treatment beds available to pregnant women.</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
<b>SAPT-BG:</b> Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Identify and treat parents with substance abuse disorders while protecting the dependent children of these parents from abuse or neglect.	Coordinate services with local Job and Family Services, Juvenile Court, and County Commissioners through the County Hub and Geauga Family First Council, to facilitate referral and treatment resources and recovery.	<p>Number of families referred through FFC for substance abuse treatment.</p> <p>Number of children referred for foster or kinship placement.</p> <p>Number of children identified through Juvenile Court as child neglect and/or abuse cases due to parental substance</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

			abuse disorders.	
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Identify and refer individuals with tuberculosis and other communicable diseases within our system of care for appropriate medical treatment.	Provide all mandated tests to every individual entering residential treatment facilities for tuberculosis and other communicable diseases.	Number of individuals testing positive for TB or other communicable diseases.  Number of individuals referred for medical care after testing positive for TB and other communicable diseases.  Maintain policies that include any new mandates on testing and referral procedures.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Provide a ROSC continuum of services for children with SED and supports for their families.	Provide services that meet the needs of children with SED, which includes inpatient, partial hospitalization, in-home treatment, residential treatment, CPST, counseling, and psychiatric medication and monitoring services.  Provide family support services through NAMI Geauga.	Contracts with community providers showing the Continuum of Care approved by OhioMHAS.  Outcome measures established through the Request for Proposal process, and as defined by the Board and its providers  Number of family groups and participants as provided through NAMI Geauga.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Provide a ROSC continuum for adults with severe and persistent mental illness (SMI), to help them live as independently as possible within the local community.	Provide a continuum of services that meet the treatment and support needs of this population, which includes inpatient, psychiatric and medication services, partial hospitalization, counseling, housing, peer support, and employment services.	Contracts with community providers.  Length of community tenure increased.  Inpatient length of stays reduced.  Number of persons with employment longer than 90 days.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Provide permanent supported housing for up to ten previously homeless individuals and/or families with behavioral health care disorders.	Maintain the Board's supported living apartment complex, allowing single individuals and small families access to one and two bedroom apartments specifically targeted to the homeless individual with SMI.	Permanent Supported Housing apartment units will maintain a minimum of 90% capacity.  Length of tenure for tenants within their own apartments.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

			Number of individuals moving into less restrictive housing environments.	
<b>MH-Treatment:</b> Older Adults	Improve opportunities for Older Adults to access mental health treatment.	Continue to educate Seniors on locally available mental health and substance abuse services.  Provide for referral systems that engage both mental health providers and Adult Protective Services, Geauga County Senior Centers, Visiting Nurses, etc.	Number of educational articles made available to the Senior Adult population through monthly Senior Center newsletter.  Number of mental health training events held for Seniors in local settings.  Number of referrals to mental health and substance abuse treatment facilities made by social service agencies.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
<b>Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant</b>				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Provide adults with mental health and/or substance abuse disorders access recovery support services while incarcerated.	Provide treatment opportunities within the criminal justice system, and specifically to those in the Geauga County jail.	Contracts for AoD and mental health jail treatment services.  Jail statistics for the number of inmates participating in treatment options.  Number of participants actually linked to services upon release.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Integration of behavioral health and primary care services	Improve integration of physical health care into the behavioral health care settings funded by the Board.	Create programming within housing facilities that address medical conditions and prevention services.  Integrate a physical health care nurse into our mental health center.	Number of clients accessing nutrition and physical health care programs in mental health settings.  Hiring of physical health care nurse.  Improvement in health care monitoring through mental health facilities.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Improve outcomes for individuals with mental or substance use disorders through improved access to recovery support services.	Increase access to support services through contract agency agreements.  Improve coordination and availability	Number of consumers accessing transportation, employment, and peer support services over the next biennium.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		of support services.	Number of consumers maintaining employment for more than 90 days.	
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Increase the number of program options available to Geauga County residents, for opiate treatment and prevention, hereby reducing deaths due to overdose. (Attachment #4)	Support efforts to increase availability of evidence based medication assisted treatment to Geauga County residents.  Provide and promote community training events in opiate and other drug prevention and treatment models.	Number of consumers utilizing MAT services in Geauga County.  Number of attendees participating in Board supported prevention and treatment training events.  Number of residential treatment facility beds utilized by Geauga County residents.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	Increase access to Medication Assisted Treatment (MAT) through higher staffing patterns and geographic distribution.	Increase the number of MAT sites available throughout the county.  Increase availability of physicians and nurse practitioners to meet the needs of the growing number of people taking part in MAT.  Provide prevention information to the general public and targeted populations.	Number of MAT sites, and participants within the county.  Number of MAT certified physicians contracted through Board contract agencies.  Number of identifiable public prevention programs and literature distribution related to substance abuse overdoses and deaths.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

<p>Promote Trauma Informed Care approach</p>	<p>Continue to enhance the quality of trauma informed care through professional development, systems review, and data collection and distribution.</p>	<p>Ensure that, to the extent possible, Geauga County residents will receive mental health and substance abuse treatment from professionals trained in Trauma Informed Care.</p> <p>Develop provider agency certification as Trauma Informed Care centers utilizing the National Council’s standards, for agency design and development.</p> <p>Maintain relationships with agencies such as the National Institute of Health, National Institute of Mental Health, Substance Abuse and Mental Health Services Administration, The National Council, Center for Disease Control, National Science Foundation, etc. to expand our knowledge of “best practices” in trauma treatment and provide that information wherever it may be beneficial to others.</p> <p>Contribute to the public knowledge base on short and long-term traumatic outcomes.</p>	<p>Number of clinicians nationally certified in trauma informed care.</p> <p>Number of clinicians nationally certified as trainers in trauma informed care.</p> <p>Joint work product based on three year research collaborative with Case Western Reserve University, Toledo University, Duke University, UCLA, and National Institute of Health.</p> <p>Number of distribution and training events held on the research findings and implementation of Geauga County response protocols and research findings.</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe)</p>
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<b>Prevention Priorities</b>
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Priorities				Reason for not selecting
<p><b>Prevention:</b> Ensure prevention services are available across the lifespan</p>	<p>Provide a continuum of prevention services covering the lifespan of families and individuals, as funding allows.</p>	<p>Support local NAMI efforts to provide prevention and education training and resources to families with children with severe emotional disabilities.</p>	<p>Number of classes held by NAMI for Geauga County residents.</p> <p>Number of teachers in Geauga County utilizing the Good Behavior Game in classrooms.</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

		<p>Increase the number of school districts utilizing the Good Behavior Game.</p> <p>Increase access to prevention services for senior adults.</p>	<p>Number of community presentations provided at Senior Centers throughout the county.</p> <p>Number of county Senior Center newsletter articles on prevention published.</p>	
<b>Prevention:</b> Increase access to evidence-based prevention	Utilize evidence-based prevention resources to reduce mental health and substance abuse disorders in children and adults.	Provide ongoing evidence-based prevention services throughout the county.	<p>Number of children receiving “Incredible Years” programming.</p> <p>Number of family members receiving Family-to-Family programming through NAMI Geauga.</p> <p>Number of consumers utilizing Peer-to-Peer services.</p> <p>Number of schools utilizing youth-led prevention programs.</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
<b>Prevention:</b> Suicide prevention	Support increased awareness and youth-led prevention programs to reduce suicide in Geauga County.	<p>Provide funding for the Suicide Prevention Coalition to provide prevention and education programs to Geauga County residents.</p> <p>Provide public information on suicide rates, identification of risk factors, and prevention strategies.</p>	<p>Number of events, articles, and youth-led school based prevention programs held during the year.</p> <p>Reduced rates of suicide in Geauga County.</p> <p>Host events highlighting suicide prevention, including “Movember” and Suicide Prevention Month information.</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

<p><b>Prevention:</b> Integrate Problem Gambling Prevention &amp; Screening Strategies in Community and Healthcare Organizations</p>	<p>Coordinate gambling information and screening through a multisystem approach to outreach and health care improvement.</p>	<p>Work with other local health care entities to engage healthcare organizations in enhanced efforts to increase screening for mental health, substance abuse disorders, and gambling addiction.</p> <p>Identify problem gambling more quickly in clients seeking services through a more integrated assessment.</p>	<p>Information made available through our contracted agency for gambling prevention.</p> <p>Increased use of screening tools to assess problem gambling, substance abuse (SBIRT), and depression in health care organizations throughout the county.</p> <p>In-county gambling training events for parents and community leaders focusing on teen gambling.</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
<p>Continue Board outreach to children and adults in the catchment area affected by community trauma.</p>	<p>Provide ongoing assessment and treatment services to residents impacted by the Chardon High School shooting.</p> <p>Train mental health and substance abuse disorder professionals in trauma informed care. Provide outreach, training, and education to other communities to help prevent, and aid in the preparation for, and response to traumatic events.</p>	<p>Improve trauma informed care assessments and treatment to all Geauga County residents.</p> <p>Continue Board research affiliations with academic institutions regarding trauma, recovery and prevention.</p> <p>Provide training and consultation to communities, legislators, public officials, and others as requested regarding the impact and outcomes associated with mental health, and violence prevention and intervention in schools and communities.</p>	<p>Research data collected by the Board and/or its affiliated organizations.</p> <p>Number of training sessions held for various local, state, and national organizations related to the findings of our collaborative research initiatives.</p> <p>Dissemination of materials as requested by communities, school districts, etc.</p>
<p>Increase community collaboration in opioid and other drug addiction prevention and</p>	<p>Bring community leaders together to determine needs, plan for prevention, and engage new</p>	<p>Utilize the opioid and other drugs “hub” to plan and implement targeted prevention programs</p>	<p>Number of Hub meetings and community informational events.</p>

treatment initiatives.	treatment models.	Hold a community training conference to educate community leaders, individuals in recovery, family members, and the community at large on factors impacting successful prevention and recovery.	Opioid prevention and treatment plan.  Number of participants attending a community conference on opioid and other drug addiction prevention and treatment models.
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## Collaboration

- Describe the board's accomplishments achieved through collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public during the past two years. (Note: Highlight collaborative undertakings that support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)

The greatest growth in collaboration with other systems during the past two years has been with the work of the Northeast Ohio Collaborative. Made up of six Boards in Northeast Ohio, the Collaborative has worked together to establish or enhance some crucial service components within the six county catchment area. The Boards increased both withdrawal management and crisis bed capacity at three different sites located throughout the region. The Northeast Collaborative focused the original allocations on the following:

- Withdrawal Management** - The expansion of available beds for the Northeast Ohio region for Withdrawal Management included: 4 additional beds via Stella Maris located in Cuyahoga County, and 6 additional beds via Windsor-Laurelwood, located in Lake County. The investment with these providers included each board creating a care coordination process for their respective resident referrals to either of these facilities and to coordinate care once the WM services were completed.
- Crisis Stabilization** – Expansion of 2 additional crisis beds for the Northeast Ohio region for Crisis Stabilization via Ravenwood Health, located in Geauga County. The investment with this provider included each board creating a care coordination process for their respective resident referrals to this crisis bed facility and to coordinate care once the CS services were completed.

Limitations on these services included the long delay in getting withdrawal management beds actually up and receiving clients, and the geographic distance between Board areas and the treatment facilities. We have since worked to establish additional facilities with a wider geographic range, allowing for greater accessibility for all Boards in the Collaborative.

## Inpatient Hospital Management

- Describe the interaction between the local system's utilization of the State Hospital(s), Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that is expected or foreseen.

The Geauga County Board of Mental Health and Recovery Services currently has 5 individuals placed in Northcoast Hospital. The majority of admissions to the hospital, over the course of a "typical" year, are forensic or have not been accepted to a private facility due to full beds, a history of violence, or other factors chosen by the hospital. As described elsewhere in this plan, the high percentage of forensic or NGRI clients creates a problem for discharge, as few sites are available willing to take these clients, and

if they are willing the costs are extremely high. We do not expect these utilization patterns to change in the foreseeable future.

## Community Plan Appendix 1: Alcohol & Other Drugs Waivers

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

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

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

A. HOSPITAL	Identifier Number	ALLOCATION

### B. Request for Generic Services

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

B. AGENCY	Identifier Number	SERVICE	ALLOCATION

SIGNATURE PAGE

Community Plan for the Provision of  
Mental Health and Addiction Services  
SFY 2019-2020

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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 Mental Health and Addiction Services (OhioMHAS) department a community mental health and addiction services plan for its service area. The plan is prepared in accordance with guidelines established by OhioMHAS in consultation with Board representatives. A Community Plan approved in whole or in part by OhioMHAS is a necessary component in establishing Board eligibility to receive State and Federal funds, and is in effect until OhioMHAS approves a subsequent Community Plan.

The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.

\_\_\_\_\_  
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.)].

## Instructions for Table 1, “SFY 2019 -20 Community Plan Essential Services Inventory”

Attached is the SFY 19-20 Community Plan Essential Services Inventory. **Each Board’s completed SFY 2018 form will be sent in separate email should the board want to use it to update information.**

The Essential Services Inventory form included with this Community Plan requires the listing of services for which the board may not contract. This element is necessary due to current Ohio Revised Code to detail the behavioral health (BH) continuum of care in each board area.

Some additional Continuum of Care (CoC) information resources have been provided below to assist in this process, but board knowledge is vitally important given the limitations of these included CoC resources. For example, the attached resources may not address BH services provided by Children Service Boards and other key providers within the local behavioral healthcare system.

### Instructions for the Essential Services Inventory

The goal is to provide a complete listing of all BH providers in the board area. However, at a minimum, at least one entity must be identified for each essential service category identified in Column A of the form.

In addition to the identification of the Essential Service Category, the spreadsheet identifies the treatment focus (Column B) and Service Location (Column C) of the service as required in Ohio Revised Code. The fourth column (Column D) provides a list of the Medicaid and Non-Medicaid services associated with each of the Essential Service Categories.

In Column E, please identify the Names and Addresses of providers who deliver the Column D Medicaid/Non-Medicaid payable services associated with each Essential Service Category and in Column F indicate by “Y” or “N” whether the Board has a contract with this agency to provide the services.

### **Additional Sources of CoC Information**

1. Emerald Jenny Treatment Locator <https://www.emeraldjennyfoundation.org/>
2. SAMHSA Treatment Locator <https://www.findtreatment.samhsa.gov/>