

Ohio Department of Mental Health and Addiction Services (OhioMHAS)
Community Plan Guidelines SFY 2021 and 2022

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

The following template will help organize the required information needed to complete the SFY 2021-2022 Community Plan. This template has been organized and streamlined to assist in the creation of a forward-looking Community Plan with a focus on identifying community priorities. These community priorities should be identified via a needs assessment process and tracked to determine success in addressing the stated priorities.

Evaluating and Highlighting the Need for Services and Supports

- 1. Describe the community needs assessment process that led to the identification of the local priorities the Board will address. 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 evaluating needs, evaluating strengths and challenges and setting priorities for treatment and prevention for SFY 2021-2022. [ORC 340.03 (A)(1)(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.

Gauga 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, which was 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.

a. If the Board’s service and support needs were determined by the Board Recovery Oriented System of Care (ROSC) assessment, how will those identified service and support needs be addressed by the Board?

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.

One goal for the Board during the SFY 2021-2022 biennium is to update the Recovery Oriented System of Care needs assessment throughout our community. This process will allow us to compare and contrast the previous findings and update them with the most recent information available as the Board makes funding and program development decisions into the future. It will also be important to understand any implications and lessons learned from the utilization of State Opiate Response funds throughout the next two years, as well as any program or systemic changes that may need to be considered in light of the ongoing Covid-19 pandemic.

- 2. Considering the Board's understanding of local needs and the strengths and challenges of the local system, please identify the Board's unique priorities in the area provided on Page 2. Please be specific about the chosen strategies for adults, children, youth, and families and populations with health equity and diversity needs in your community. OhioMHAS is still interested in any RecoveryOhio priorities Board areas may be addressing.**

Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in ORC 340.03(A)(11) and 340.033.

Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).

See chart below per question requirement.

- 3. Describe all environmental factors that influenced the identification of the chosen priorities within the Board area. Factors could include: economic, social and demographic factors, transportation, unemployment, uninsured/underinsured population, poverty rates, housing availability,**

incarceration rates, etc. Note: Regarding current environmental factors, Boards may describe the continuing 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 33rd 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, in large part due to the opioid epidemic, 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.

Over the next two years that need has created a plan to increase in-home and mobile crisis services, available to schools and families alike, to try and help maintain teens in their home county. Thanks in part to Crisis funding made available through the state and SOR's 2.0 dollars, we plan on increasing capacity for these services, focusing more on the family and strengthening local community support services to reduce symptomatology, increase school-based interventions, and improve overall outcomes for youth and their families.

4. Describe any child service needs resulting from finalized dispute resolution with county Family and Children First Council(s) [340.03(A)(1)(c)].

Our county has none at this time.

5. Describe how the future outpatient service needs of persons currently receiving inpatient treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)] are identified.

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 had 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. Traditionally we have several individuals in NGRI status that will need community placements at any given time, with few open beds available.

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 utilizing Trauma Informed Care trained clinicians to improve residents' outcomes.</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>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>Utilize our emergency community response team comprised of licensed trauma informed specialists to provide consultation, assessment and treatment services in response to traumatic events.</p> <p>Continue Board research affiliations with academic institutions regarding trauma, recovery and prevention.</p> <p>Improve trauma informed care assessments and treatment to all Geauga County residents.</p>	<p>Measurement indicator: Increase number of training session providers and boards attend related to trauma.</p> <p>Baseline data: Due to Covid-19, formal training in 2020 was deferred until 2021.</p> <p>Target: Train 60 individuals in TIC from June 1, 2021 – June 1, 2022.</p> <p>Have a minimum of 15 individuals receive certification in TIC counseling.</p>
<p>Increase community collaboration in opioid and other drug addiction prevention and treatment initiatives.</p>	<p>Bring community leaders together to determine needs, plan for prevention, and engage new treatment models.</p>	<p>Utilize the opioid and other drugs "hub" to plan and implement targeted prevention programs and events.</p> <p>Hold a community training conference and local events to educate community leaders, individuals in recovery, family members, and the community at large on factors impacting successful prevention and recovery.</p>	<p>Measurement indicator: Number of participants attending a community conference on the prevention and treatment of opioids and other drugs.</p> <p>Baseline data: Previous Attendees – approximately 100</p> <p>Target: Hold a minimum of one countywide conference and 3 on-line trainings in opioids and other drug abuse issues.</p>

Collaboration

6. Describe the Board's planned collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public for SFY 2021-2022 that will be needed to implement funded priorities. (Note: Highlight collaborations needed to 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.

Step down services for those discharged from Withdrawal Management will be increased over the biennium for Geauga County residents, in order to better facility discharge and continuity of care. Additional Withdrawal Management beds will be expanded into two new agencies serving northeast Ohio residents, during SFY 2021 and 2022.

- 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. We are awaiting additional crisis and withdrawal management funds from the state to increase our capacity once again.

Inpatient Hospital Management and Transition Planning

7. Describe what partnerships will be needed between the Board and the State Hospital(s), Private Hospital(s) and/or outpatient providers for the identification of needed services and supports.
- a. How will the Board coordinate the transition from the hospital to the community? (i.e.; discharge planning)
 - b. Who will be responsible for this?

Discuss any planned changes in current utilization that is expected or foreseen.

The majorities of admissions to the state hospital, over the course of a “typical” year, are forensics or have not been accepted to a private facility due to full beds, a history of violence, or other factors chosen by the private 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.

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.

During the new fiscal year, the Board will be working to develop additional housing resources to help accommodate individuals ready for lower levels of care. Housing for both consumers of mental health services and individuals with substance abuse disorders are always at a premium. An initial housing needs assessment has already begun, and options for additional housing will be reviewed through the winter of 2021. A potential joint venture with our County Developmental Disabilities Department would allow the expansion of mental health/substance abuse treatment or residential beds utilizing facilities originally developed for the DD population.

Continuum of Care Service Inventory

- 8. Complete the attached spreadsheet: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. Instructions are found on Page 10 of the Guidelines.**

Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

See attached spreadsheet.

Alignment with Federal and State Priorities

- 9. The following pages of this template contain a table that provides the specific federal and state priorities for: Mental Health Block Grant (MH-BG), Substance Abuse Prevention and Treatment Block Grant (SAPT-BG), SAMHSA and OhioMHAS treatment and prevention priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board’s priorities. 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. Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).**

See attached spreadsheet.

Priorities for Geauga County Board of Mental Health and Recovery Services

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)</p>	<p>Reduce the use of intravenous drug use and deaths by any opioid overdose in Geauga County.</p>	<p>Asses the needs 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>Expand MAT related services in the county including expanded residential facility options, family support, treatment options and peer support programming.</p>	<p>Measurement indicator: MAT participation rates</p> <p>Baseline data: 1,303 participants</p> <p>Target: 1,350</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>SAPT-BG: Mandatory for boards: Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)</p>	<p>Reduce the number of children born to mothers with substance use disorders.</p>	<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>Measurement indicator: Percentage of infants born without drug dependency in board funded residential programs</p> <p>Baseline data: 90%</p> <p>Target: 100%</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>SAPT-BG: 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)</p>	<p>Identify and treat parents with substance abuse disorders while protecting the dependent children of these parents from abuse or neglect.</p>	<p>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> <p>Expand counseling and support services in the county to include family counseling and support for SUD related issues as well as parenting programs.</p>	<p>Measurement indicator: Number of families referred through FFC for substance abuse treatment</p> <p>Baseline data: 103</p> <p>Target: 120</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>SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>	<p>Identify and refer individuals with tuberculosis and other communicable diseases within our system of care for appropriate medical treatment.</p>	<p>Provide all mandated tests to every individual entering residential treatment facilities for tuberculosis and other communicable diseases.</p>	<p>Measurement indicator: Number of individuals testing positive for TB or other communicable diseases. Baseline data: n/a Target: n/a</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>Provide a ROSC continuum of services for children with SED and supports for their families.</p>	<p>Provide services that meet the needs of children with SED, which includes inpatient, partial hospitalization, in-home treatment, residential treatment, CPST, counseling, support services, and psychiatric medication and monitoring services.</p>	<p>Measurement indicator: Outcome measures from related programming show programs effectiveness. Baseline data: measures provided Target: statistical analysis of data confirm the efficacy of funded programs Reduce the number of children referred for disciplinary action due to behavioral health disabilities as reported by local school districts. Increase the number of students referred for MH evaluation and treatment.</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<p>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</p>	<p>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.</p>	<p>Measurement indicator: Length of community tenure increased. Baseline data: varies per agencies Target: Occupancy Rates at or above 95% Measurement indicator: Inpatient length of stay reduced. Baseline data: varies per agencies Target: 2.5 inpatient civil bed utilization per year.</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

<p>MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>	<p>Provide permanent supported housing for up to ten previously homeless individuals and/or families with behavioral health care disorders.</p>	<p>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.</p>	<p>Measurement indicator: Permanent Supported Housing apartment units will maintain capacity rate Baseline data: 90% Target: 90%</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>MH-Treatment: Older Adults</p>	<p>Improve opportunities for Older Adults to access mental health treatment.</p>	<p>Continue to educate Seniors on locally available mental health and substance abuse services.</p> <p>Provide for referral systems that engage both mental health providers and Adult Protective Services, Geauga County Senior Centers, Visiting Nurses, etc.</p>	<p>Measurement indicator: Number of seniors serviced by programming increased. Baseline data: 1,921 participants Target: 1,950 participants</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>

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant

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 recovery services while incarcerated and reintegrating.	Provide treatment opportunities within the criminal justice system, and specifically to those in the Geauga County jail as well as case management services as inmates reintegrate into the community.	Measurement indicator: Number of inmates participating in treatment options. Baseline data: 168 participants Target: increase 10% of eligible inmates.	<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. Integrate primary care services into MAT service programming.	Measurement indicator: Number of clients accessing nutrition and physical health care programs in mental health settings. Baseline data: varies per agency Target: increase 10%	<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 of support services. Increase recovery housing options and availability for both youth and adults.	Measurement indicator: Number of consumers accessing related support services. Baseline data: 1,744 participants Target: increase housing options by 1,460 bed days per year.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBTQIA)	Increase the number of program options available to Geauga County residents, for opiate treatment and prevention, thereby reducing deaths due to overdose especially fentanyl.	Support efforts to increase availability of evidence based medication assisted treatment to Geauga County residents to our minority populations. Provide and promote community training events in opiate and other drug prevention and treatment models to everyone in the community.	Measurement indicator: Number of consumers utilizing MAT services Baseline data: 1,303 participants Target: increase by 10%, increase the number of minority populations accessing MAT.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<p>Prevention and/or decrease of opiate overdoses and/or deaths</p>	<p>Increase access to Medication Assisted Treatment (MAT) through higher staffing patterns and geographic distribution.</p>	<p>Increase the number of MAT hours available throughout the county as well as the number of treatment options, programs, and therapeutics.</p> <p>Increase availability of physicians and nurse practitioners to meet the needs of the growing number of people taking part in MAT.</p> <p>Provide prevention information to the general public and targeted populations.</p>	<p>Measurement indicator: Number of MAT sites and participants. Baseline data: 1,303 participants Target: increase the number of individuals accessing peer support programs by 10%.</p> <p>Increase the number of communities where Quick Response Teams are available.</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)</p>
<p>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>Expand the quick response team and crisis intervention programming.</p> <p>Develop provider agency certification as Trauma Informed Care centers utilizing the National Council's standards, or other nationally certified standards, for agency design and development. 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</p>	<p>Measurement indicator: Number of clinicians certified in trauma informed care. Baseline data: varies per agency and licensure Target: increased by 10% with a minimum number of 60 trained individuals over the biennium.</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)</p>

		<p>Foundation, etc. to expand our knowledge of “best practices” in trauma treatment.</p> <p>Contribute to the public knowledge base on short and long-term traumatic outcomes.</p>		
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OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Provide a continuum of prevention services covering the lifespan of families and individuals, as funding allows.	Support efforts to provide prevention and education training and resources to families. Increase the number of school districts utilizing evidenced based prevention strategies. Increase access to prevention services for senior adults.	Measurement indicator: Number of students participating in prevention programming. Baseline data: 4,255 for MH and 539 for SUD Target: increase by 10% Measurement indicator: Number of seniors participating in prevention programming. Baseline data: varies by school. Target: increase by 10% Increase Kindergarten to 12 th grade evidence based prevention services to all school districts.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: 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.	Measurement indicator: Number of individuals receiving prevention services. Baseline data: 4,459 for MH and 997 for SUD Target: increase by 10%	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery Ohio and Prevention: Suicide prevention	Support increased awareness and youth-led prevention programs to reduce suicide in Geauga County.	Provide funding for the Suicide Prevention Coalition to provide prevention and education programs to Geauga County residents. Provide public information on suicide rates, identification of risk factors, and prevention strategies	Measurement indicator: Rates of suicide in Geauga County. Baseline data: 14 in 2019 Target: reduce rate by 10% over the biennium.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Coordinate gambling information and screening through a multisystem approach to outreach and health care	Work with other local health care entities to engage healthcare organizations in enhanced efforts to	Measurement indicator: Gambling prevention programming outcomes. Baseline data: survey data	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

	improvement.	increase screening for mental health, substance abuse disorders, and gambling addiction.	Target: data comparison pre and post	__ Other (describe):
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Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Ambulatory Detoxification or Medication-Assisted Treatment

ORC 340.033 allows for a process to request a time-limited waiver under section 5119.221 for the Revised Code for ambulatory detoxification and medication-assisted treatment. As stated in ORC 5119.221, the director may provide a time-limited waiver if both of the following apply:

- The board seeking the waiver has made reasonable efforts to make ambulatory detoxification and medication-assisted treatment available within the borders of the board’s service district;
- Ambulatory detoxification and medication-assisted treatment can be made available through a contract with one or more providers located not more than thirty (30) miles from your board’s service area.

To complete your waiver request for review, please include below, a brief overview of your board’s “reasonable efforts” to provide ambulatory detoxification or medication-assisted treatment and attach a copy of the contract(s) with the identified provider(s) that has agreed to provide this service to your area. This information will be forwarded to the director as part of the waiver review and approval process.

B. 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

C. 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

Instructions for “SFY 2021 -2022 Community Plan Essential Services Inventory”

Attached is the SFY 2021-2022 Community Plan Essential Services Inventory. **Each Board’s completed SFY 2019-2020 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. SAMHSA Treatment Locator <https://www.findtreatment.gov/>