

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

Enter Board Name: *Lake County ADAMHS Board*

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.

Environmental Context of the Plan/Current Status

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.

Geographically the smallest of Ohio's 88 counties, Lake County is the 11th most populous with approximately 230,000 citizens. Our growth rate in the past year was 0.33%, demonstrating relative consistency. Lake's population is 89.1% Caucasian, with our largest minority population represented by the Hispanic/Latino residents (4.05%) followed by African-American residents (3.81%). Lake County is a mix of suburban and rural communities, with some urban pockets. Located in northeast Ohio, we are the state's 7th wealthiest county, relying on a workforce driven primarily by manufacturing, healthcare/social assistance and retail/trade. The median household income is \$61,870 (Ohio: \$54,021), and the homeownership rate is 73.9% (Ohio: 65.8%). Our unemployment rate is consistent with the state at 4.7%, and the cost of living index is 95.2. Lake County voters have traditionally been supportive of public services, as evidenced by the continual renewal/replacement of 2 10-year ADAMHS board levies: a .9 mil originally approved in 1976, and a .7 mil originally approved in 1989.

While Lake County's poverty rate of 9.2% falls below the state average (Ohio: 14%), poverty is impacting specific subsets of the community. 34% of Lake County's female head of households live in poverty, along with 31% of African-Americans and 16% of Hispanics/Latinos. Income disparities impact our county in areas of health, self-sufficiency and housing.

Ohio's County Health Rankings identify Lake County in the top 25 of Ohio's 88 counties in nearly every healthy outcome category. However 31% of households face barriers to self-sufficiency. 12.4% of the county's population is food insecure, with 19.8% of the child population food insecure. Housing is an ongoing challenge for low-income residents. 93.3% of all housing units are occupied, rental housing in Lake County is higher than the state average, and both public housing and housing choice vouchers are in great demand; waiting lists exceed 900 households and 250 households respectively. Existing housing stock in the county is aging and costs for repairs/modifications continue to climb. Finally, Lake County lacks 24 hour emergency shelter (the county's only homeless shelter currently operates 12 hours per day) and is in need of additional transitional housing.

Lake County is additionally challenged by our rapidly aging population. Seniors (60+) currently make up 23% of the county's population; that population is expected to grow by 20,000 by 2030, at which point one in three Lake County residents will be 60 or older. Meeting the unique needs of our seniors, physically, socially and emotionally, will be an ongoing challenge in the coming years.

The transition to BH Redesign and Medicaid Managed Care carve-in has been taxing on our local system of care. We proactively partnered with Healthcare Perspectives to analyze the projected fiscal impact, and have worked closely with our provider organizations to interpret and convey the continually changing rules, fee schedules and billing/coding parameters associated with Redesign. We have transitioned to grant-type contracting over the past 2 fiscal years in order to ensure fiscal solvency for our provider organizations. As the true impact of Redesign is being realized, we can identify both benefits and ongoing challenges associated with the new delivery model. Most notably (1) the capacity to bill for residential treatment for substance use disorders has positively impacted the funding challenges traditionally associated with these critical programs; however the caps placed on length of stay create additional barriers to treatment which often means using local levy dollars to ensure individuals are able to complete treatment, (2) the lack of a parallel treatment/funding model on the mental health side means we continue to rely on local levy dollars to ensure those in need of mental health residential treatment have access to this level of care and are not forced to utilize a higher level (inpatient care) than necessary, (3) the current rates associated with both crisis services and group counseling services are too low to sustain programs without supplemental funding; these are two treatment models proven effective and yet current Medicaid reimbursement creates barriers to effective treatment, and (4) ADAMHS network providers have been impacted by slow payment and additional administrative costs due to Redesign; this includes updating billing systems, staff credentialing, and staff training associated with new coding and billing models.

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.

The Lake County ADAMHS Board participates in multiple formal and informal needs assessments to identify priorities, address challenges or gaps, and establish protocol to ensure timely access to care.

- *Lake County ADAMHS Board Long Range Planning Committee: 5-Year Strategic Plan Update – Board undertook comprehensive analysis of Strategic Plan, including data from FY19 ROSC Assessment, Compass Line data, focus groups and analysis from Quality Improvement reviews*
 - *Findings – mergers/acquisitions have benefited community, need for more outreach in specific poverty areas of the county, need for more recovery housing, need for more comprehensive integration of physical and behavioral healthcare, need to focus on special populations including but not limited to: aging/seniors, LGBTQ, Youth (early childhood, elementary, middle and high school).*
- *Annual Non-Medicaid Request for Proposals – includes quantitative and qualitative data analysis, waiting list information, priority populations, evidence-based practice protocol, analysis of gaps in services*
 - *Findings – increased need for peer support services, challenges in provision of crisis services under Medicaid reimbursement model, shift from opioid to polysubstance presentation, increased need for supportive housing.*
- *Lifeline (Lake County’s Community Action Agency) 2017 Social Service Needs Assessment – county-wide assessment including focus groups, customer surveying, and real data*
 - *Findings – greatest needs identified in areas of basic needs (food, housing/shelter, utilities), challenges specific to aging population, and transportation options.*
- *Lake County Community Health Improvement Plan (collaborative with Lake County General Health District/2019 State Health Improvement Process) – Lake ADAMHS is currently partnering with LCGHD to complete the FY20 Plan (CHIP document to be finalized in November 2019). Analysis includes qualitative and quantitative data from: 2019 Community Needs Assessment (resident Survey, Leader Survey), Resident Focus Groups, and Secondary Data (Healthy People 2020, National, State and comparative county data*
 - *Findings – preliminary data indicates county-specific health concerns in the following areas: alcohol-related driving deaths/alcohol related deaths/drug overdose deaths (drugs/alcohol), heart disease/high blood pressure (chronic disease). Further analysis to follow.*

- *Family and Children First Council – local collaborative focused on service needs of multi-system youth*
 - *Findings – significant challenges due to discontinuation of Home Choice Program for individuals under 18 years old; historically Lake FCFC brought in over \$100,000 annually which was used to provide intensive services for multi-system youth, without that funding stream FCFC now relies on Strong Families Safe Communities grant and local investment. Continue to see increase in youth impacted by trauma (substance abuse in family), court-involved, and in need of more intensive family treatment.*
 - *Crisis Coalition – local collaboratives focused specifically on delivery of crisis intervention services (community and hospital-based), access to state regional psychiatric hospital and other inpatient facilities – including admissions, care coordination and discharge planning, diversion from inpatient care*
 - *Findings – significant gap exists in the area of crisis stabilization (72-hour level of care to divert from inpatient hospitalization); lack of adequate funding around crisis intervention services means local crisis continuum is heavily reliant on local levy funding; care coordination dependent upon locally-funded liaison positions.*
 - *Criminal Justice Coalition– local collaboratives focused on criminal justice involved individuals, including access to care, coordination between CJ and BH*
 - *Findings – need to ensure services begin prior to release from incarceration, as well as immediate engagement post-release; greatest challenge is lack of follow-up with services post-release; need to investigate rapid-housing protocol for individuals experiencing mental illness, homelessness or history of repeated incarcerations.*
 - *Prevention Coalition – local collaboratives focused on prevention initiatives, evidence-based practices, community engagement*
 - *Findings – need to formalize prevention activities (identify target audience, message, follow-up) in order to ensure services are not duplicated among providers, or delivered in a fragmented manner.*
 - *LGBTQ Workgroup – an ad-hoc committee formed to begin addressing disparities faced by the LGBTQ community, identifying training opportunities within the ADAMHS network, and finding paths to advocacy; conducted 2019 Community Needs Assessment relative to LGBTQ community in Lake County*
 - *Findings – top ranked needs specific to LGBTQ community include (1) support groups, (2) youth space, (3) mental health services, and (4) information and referral.*
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).

Priorities

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 Lake County ADAMHS Board

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>Adults: -Prioritize adults that are intravenous/injection drug users (IDU) to our treatment services.</p>	<p>Adults: -Assessment, Referral and Treatment services available for IDU; contract language to ensure providers compliance. -Prioritize IDU for outpatient and residential treatment services through admission criteria and wait list policy. -Admit IDU into our treatment services before other persons seeking services. -Report/track the number of IDU admitted into treatment services by utilizing wait list and utilization reports. -Provide timely services to clients at the level of care needed. - Engage IDU in outpatient treatment services during the wait process. - Medical Somatic services were established on-site at Lake-Geauga Recovery Centers (LGRC) beginning in December 2015 to provide ambulatory detox and Medication Assisted Treatment services for opiate addicted individuals as they engage in treatment services. Ambulatory detox provides a non-narcotic management of opiate withdrawal. The Centers’ Opiate Recovery Program is a medication assisted treatment program (Vivitrol and Suboxone) utilizing evidence based practices, in which individuals accept voluntary admission to the program</p>	<p>Adults: -Report/track the number of IDU admitted into treatment services by utilizing wait list and utilization reports. - Report/track the number of IDU that participate in medication assisted treatment and outcomes. -Wait List snapshot</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

		<p>combined with treatment services at an appropriate level of care for a minimum period of 12-18 months.</p> <p>-Collaboration with Signature Health, Lake-Geauga Recovery Centers, Lake Health and Windsor-Laurelwood through a Lake County ADAMHS Board funded Opiate Recovery Transition Program. The ORTP provides withdrawal management services to persons with Severe Opiate Use Disorder (expanded to include alcohol detox in FY19) through provision of 7-10 days of inpatient at Windsor-Laurelwood where the client will be offered first Vivitrol injection or Suboxone, or referral to outpatient methadone clinic, and referral to treatment services to either Signature Health or Lake-Geauga Recovery Centers depending on the need of the client.</p> <p>-Collaborate with OMHAS, Caresource, Lake County Adult Probation, all municipal courts and Lake County Drug Court for the provision of the Opiate Recovery Program (ORP I and II), Addiction Treatment Program (ATP), and Community Transition program (CTP), utilizing evidence based practices.</p> <p>-Analyze agency accessibility by conducting an annual survey with stakeholders, determine hierarchy of problem areas, implement action plan, and communicate action plan results.</p>		
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	<p>Children: -Young people requesting/needing treatment for IV drug use begin participating in treatment within 14 days of their request for services.</p>	<p>The SUD Liaison Program, funded by the Lake County ADAMHS Board, facilitated the Lake-Geauga Recovery Centers hiring a SUD Liaison to manage, coordinate, and provide direct service and oversight to these criminal justice programs. In addition, the SUD Liaison oversees the Medication Assisted Treatment program, and provides coordination of care and serves as the liaison between Lake-Geauga Recovery Centers and ORTP as well as ORTP team in order to facilitate referrals and admission to an appropriate level of care at Lake-Geauga Recovery Centers.</p> <p>Children: -Screen youth at intake/assessment for IDU. -Give IDU's priority in any waiting lists for services. -If a youth who abuses IV drugs is in need of residential treatment utilize New Directions. Ensure that the youth is prioritized and collaborate for their step down into IOP and Outpatient SUD services.</p>	<p>Children: -Percentage of clients age 12 and older who are screened for IDU. -Waiting time (days) from request for service to first assessment appointment for IDU.</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>Adults: -All outpatient and residential treatment services prioritize pregnant women through admission criteria and through wait list policy. -Admit pregnant women into treatment services before other persons seeking services. -Report/track wait list and utilization</p>	<p>Adults: - Assessment, Referral and Treatment services available for pregnant women with substance use disorder; contract language to ensure providers compliance. -Continue to prioritize women who are pregnant and have a substance use disorder into treatment services.</p>	<p>Adults: -Report/track the number of pregnant women admitted into treatment services by utilizing wait list and utilization reports. -Wait List snapshot</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

	<p>reports to track the number of pregnant women are admitted into treatment services.</p> <ul style="list-style-type: none"> -Provide timely services to clients at the level of care needed. -Prioritize the admission of chemically dependent pregnant women and women with children up to the age of 3 years into the Lake-Geauga Recovery Centers' Oak House residential program. -Provide supportive housing via, Nevaeh Ridge. This provides intensive outpatient treatment services for AoD pregnant women/women with children up to the age of five. 	<p>Lake-Geauga Recovery Centers opened Nevaeh Ridge supportive housing facility for women in January 2014 and as of July 2019 OhioMHAS certified as residential treatment. The facility prioritizes pregnant women and women with children ages 5 and under to live in a safe and supportive environment while they participate in residential substance abuse treatment services.</p> <ul style="list-style-type: none"> -Early Childhood Services address the needs of pregnant moms who can be referred in conjunction with SUD services <p>Children:</p> <ul style="list-style-type: none"> -If a youth who abuses IV drugs is in need of residential treatment utilize New Directions. Ensure that the youth is prioritized and collaborate for their step down into IOP and Outpatient SUD services. 		
<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>Adults:</p> <ul style="list-style-type: none"> -Ensure that parents with substance abuse disorders who have dependent children receive coordinated services. 	<p>Adults:</p> <ul style="list-style-type: none"> -Ensure Assessment, Referral and Treatment services are available for parents with substance use disorders with dependent children; contract language to ensure providers compliance. - Continue to improve access and resources to parents of substance abuse disorders who have dependent children. -Collaborate closely with Lake County 	<p>Adults:</p> <ul style="list-style-type: none"> -Reports by providers, including wait time, and completion of services. 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	<p>Children:</p> <ul style="list-style-type: none"> -Provide screening and, if appropriate, assessment and treatment within 14 days of the request for services to young people who are at risk for abuse/neglect due to their parents'/caregivers' substance use disorders and who have been referred by a public children's services agency, for treatment for substance use disorders themselves. -Communicate/coordinate with the public children's services agency during the clients' treatment episodes. 	<p>Job and Family Services and Lake County Juvenile court and other county's court systems to provide needed AOD services to parents in need of services.</p> <ul style="list-style-type: none"> - Maintain Grief Recovery Group for family members or anyone that has experienced the sudden loss of a loved one through drugs and/or alcohol. <p>Children:</p> <ul style="list-style-type: none"> -During intake/assessment, identify young people who are at risk for abuse/neglect due to their parents'/caregivers' substance use disorders and who have been referred by a public children's services agency for treatment for substance use disorders. -Clients referred by children's services agencies whose parents have SUDs will have priority in any wait lists for services. -Periodic communication between service provider and referring children's services agencies during treatment episode. 	<p>Children:</p> <ul style="list-style-type: none"> -Number and percentage of clients referred to SUD treatment by public children's services agency whose parents have history of SUDs. -Wait time (days) from request for service to first assessment appointment for clients whose parents have SUDs. -Percentage of clients whose parents have SUDs referred by children's services agencies for whom we have documented communication with the referring children's service agency. 	
<p>SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>	<p>Adults:</p> <ul style="list-style-type: none"> -Ensure that medical services for individuals with tuberculosis and other communicable diseases receive proper medical care 	<p>Adults:</p> <ul style="list-style-type: none"> - Assessment, Referral and Treatment services available. - Provide treatment services that meet the assessed needs of individuals with tuberculosis and other communicative diseases. -Screen adults at assessment/intake for history of or risk factors for tuberculosis and other communicable 	<p>Adults:</p> <ul style="list-style-type: none"> -Reports by providers, including wait time, and completion of services. - Provider referral agreements with medical providers. 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	<p>Children:</p> <ul style="list-style-type: none"> - Provide services to individuals with tuberculosis and other communicable diseases. -Identify young people at increased risk for or infected with tuberculosis or other communicable diseases, and refer them for appropriate medical care. 	<p>diseases.</p> <ul style="list-style-type: none"> -Refer any clients at heightened risk for or infected with such communicable diseases to their primary care provider for appropriate evaluation and treatment. <p>Children:</p> <ul style="list-style-type: none"> -Screen young people at assessment/intake for history of or risk factors for tuberculosis and other communicable diseases. -Refer any clients at heightened risk for or infected with such communicable diseases to their primary care provider for appropriate evaluation and treatment. 	<p>Children:</p> <ul style="list-style-type: none"> -Percentage of clients screened at intake for tuberculosis and other communicable diseases. -Percentage of clients at heightened risk for or infected with such communicable diseases referred to primary care for evaluation and treatment. 	
<p>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>-Help children with Serious Emotional Disturbances safely and positively participate in their families and communities with the least-restrictive and least-costly community-based care feasible.</p>	<p>-Provide a range of outpatient services, including counseling for mental health and substance abuse disorders, Community Psychiatric Supportive Treatment Services and pharmacological management; extensive use of outreach and home- and school-based service modalities to overcome practical barriers to service.</p> <p>-Provide intensive Day Treatment, Community-Based Family Treatment, Parenting with Love and Limits, and Intensive Outpatient treatment for substance use disorders and in collaboration with Lake County Juvenile Court, the Juvenile Justice Achievement Program and Intensive Community Rehabilitation for youth at risk for repeated or extended incarceration; collaborate with other</p>	<p>-Number of clients with SED served.</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>

		provider and social service organizations.		
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	<p>-Promote wellness and enhance the lives of adults with mental illness and substance abuse disorder to live, learn, work and participate fully in their family and community.</p> <p>-Promote and ensure that providers incorporate the Recovery Oriented System of Care (ROSC) approach into programs and services for consumers.</p> <p>- provide comprehensive and collaborative core and specialty services that serve adults with serious mental illness.</p>	<p>- Assessment, Referral and Treatment services available for Adults with Serious Mental Illness.</p> <p>-Ensure that comprehensive mental health care and SUD services are delivered to the consumers efficiently, effectively and compassionately. Consumer Satisfaction Surveys are administered by the Lake County ADAMHS Board and all contract agencies. Agencies will share the results with us in their Continuous Quality Improvement Report that is due to the Board annually.</p> <p>- enhance the quality of services in order to improve client outcomes.</p>	<p>- Clients will experience improved recovery outcomes through the implementation of research-based and results-oriented best practices (IDDT, Supported Employment, and Criminal Justice)</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>
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	<p>Adult:</p> <p>-Provide and develop safe, decent and affordable housing for persons who are severely mentally disabled and low-income, including those homeless/at risk of homelessness.</p> <p>- To reduce the overall number and length of the homeless population in Lake County.</p> <p>- Through the provision of Community Services consumers will sustain optimal recovery and stabilization in the community.</p>	<p>Adult:</p> <p>-Provide the following programs, through Extended Housing, in order to ensure that this population is being provided with appropriate housing opportunities: Housing Subsidies, Housing Loans, Housing Support Workers, Homeless Outreach, Shelter Plus Care, and Housing units.</p> <p>-Ensure that there is cross agency collaboration in order to identify and utilize the housing needs and resources.</p> <p>-In FY 16, Lake-Geauga Recovery Centers (LGRC) was awarded from Ohio MHAS, Recovery Housing grants to open a women and men recovery house in Lake County. In FY 15, LGRC opens its first Recovery House in</p>	<p>Adult:</p> <p>-Reports by providers, including wait time, and completion of services.</p> <p>- Reduce homelessness as evidenced by the point in time study as well as looking at the reduction of recidivism within that population.</p> <p>-Percentage of Stable Housing for clients enrolled in CPST services.</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>Children: -Children and families will have safe housing.</p>	<p>Geauga County. -Provide the homeless population with various affordable housing options in Lake County. In Fiscal Year 2020, Lake-Geauga Recovery Centers will be operating 5 Level 2 recovery houses (5-beds each) in Lake and Geauga Counties. In Lake County, there are 2 recovery houses for women and 2 recovery houses for men. - provide sufficient support and intervention to clients served so as to maximize the potential for recovery.</p> <p>Children: - Screening and cross-agency collaboration to identify housing in secure families and young people and connect them to appropriate resources.</p>	<p>Children: -Percentage of clients identified as housing-insecure whose housing situation has improved at the time they are discharged from services.</p>	
<p>MH-Treatment: Older Adults</p>	<p>-Provide effective MH treatment to the elderly population that focuses on collaborative care. - To ensure older adults receive integrated behavioral health care from team members in order to maximize the individual's quality of life, minimize inpatient hospitalization, and reside in safe and secure housing.</p>	<p>-Identifying chronic conditions within this age group and provide effective treatment for these conditions. - Older adult clients will effectively manage their chronic and complex mental health and medical issues such that the utilization of inpatient care, nursing home, and emergency community safety resources is minimized. -Ensure adults who have intensive needs, difficulty maintaining appointments, or who need extra assistance in safely taking their prescribed medications are provided services either at the agency or within the community depending upon the</p>	<p>-Continue to assess the treatment of this population with a care management model that is evidenced based. - Linkage to community providers. -Safe and secure housing that is in the least restrictive environment and is appropriate for the client's level of independence.</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>

		client's need.		
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	<p>Adults:</p> <ul style="list-style-type: none"> -Ensure adequate behavioral health services are available to meet the needs of individuals involved in the criminal justice system. -Reduce the number of persons returning to jails, prisons, and court systems. -To reduce the gaps in service delivery for those clients in the criminal justice system. -Through involvement in Mental Health Court, a Jail Diversion Program, jail bed days will be reduced, a financial savings will be realized, and individuals will successfully complete the Mental Health Court program. -To successfully reduce jail recidivism and hospitalization through providing Community Psychiatric Supportive Treatment by the Forensic CPST worker. -To ensure continuity of care by providing aftercare referrals for clients in the Lake County Jail. 	<p>Adults:</p> <ul style="list-style-type: none"> -Provision and support of mental health services within the local jail and courts' system (including the Lake County Mental Health court); and within the community upon release. - Involvement and support of the Lake County Re-Entry Coalition. -Provision and support of SUD treatment services within the local jail and courts' system (including the Lake County Drug Court). -The existing collaborations within the correctional facility include services which are provided by one of our contract agencies, Crossroads Health or Lake-Geauga Recovery Centers. These services include the Jail Diversion program/Jail Diversion Specialist, Criminal Justice, Community Services and Jail Services (two mental health professionals provide direct services in the facility on a daily basis, along with a psychiatrist who is available on a weekly basis.) The Jail Treatment Program has been in operation since 1993, providing 30 days of substance abuse treatment services to inmates in the jail. The program is licensed by the Ohio Department of Mental Health & Addiction Services and is structured as an Intensive Outpatient Treatment 	<p>Adults:</p> <ul style="list-style-type: none"> -Reports by providers, including wait time, and completion of services. -Established outcomes reporting from awarded grants. -Ongoing evaluation of current programs and tracking of re-offenses, re-admittance, and recidivism. - Jail recidivism while enrolled in Mental Health Court. -Re- arrest rates while enrolled in Mental Health Court. - Jail recidivism while enrolled in Forensic CPST. - Re-hospitalization rates while enrolled in Forensic CPST service. -Rates of referral and linkage for pharmacological management and mental health services for aftercare. 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe

		<p>Program. Lake-Geauga Recovery Centers, another Lake ADAMHS contract agency, collaborates with Lake County Adult Probation and the Jail Treatment Program for the provision of gender specific aftercare groups.</p> <ul style="list-style-type: none">- In SFY 16, Lake ADAMHS Board received an OhioMHAS Criminal Justice and Behavioral Health Linkage grant to contract with a treatment provider (Lake-Geauga Recovery Centers) to offer a medication assisted treatment alternative for opiate dependent misdemeanor offenders that includes an evidenced based cognitive-behavioral therapy technique along with an opioid agonist blocker medication such as Vivitrol, to be administered via extended release injection or Suboxone under the supervision of a qualified medical provider. Individuals in this program will be expected to participate in a 12-18 month, four phase, evidenced based treatment program that consists of an intensive, structured thirteen week Intensive Outpatient Treatment Program, followed by a nine month structured aftercare program and individual counseling. The evidenced based program is a systematic, organized, and comprehensive program that utilizes current information about addiction, learning, relapse prevention, and instructional design. <p>-Provide linkage to community</p>		
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	<p>Children: -Provide treatment to court-involved youth, in collaboration with courts.</p>	<p>resources, advocacy, outreach, and effective discharge planning to this population. - Through involvement in Mental Health Court, clients will not be re-arrested and jail bed days will be reduced. -To reduce jail recidivism and hospitalizations. -Aftercare referrals for Pharmacological Management and other mental health services will be made for high priority inmates being released.</p> <p>Children: - Specialized MH/SUD services to court-involved youth, including on-site services for youth placed in Juvenile Detention. - Routine communication/collaboration with court personnel regarding services provided to court-involved youth. - Provide ongoing training and consultation to court personnel regarding identification of, treatment for and recovery from MH/SUD disorders.</p>	<p>Children: -Number of clients participating in on-site MH/SUD services at Juvenile Court facilities. -Percentage of court-involved youth for whom we have documentation of communication/collaboration between treatment providers and the courts. -Number and total hours of training/consultation provided to court personnel.</p>	
<p>Integration of behavioral health and primary care services</p>	<p>Adults: -Research and evaluate evidence based, and emerging best practices, for incorporation into service programs. -To increase access to integrated health care for individuals not engaged in care and to promote wellness, prevention, and screening for all clients.</p>	<p>Adults: -ADAMHS Board and providers will collaborate with county primary healthcare partners to develop integration components - Continue to implement basic structures for integrating primary and behavioral health care and establish data set relevant to primary care. -Referrals to primary care will be made</p>	<p>Adults: - Provider referral agreements with medical providers -60% of all clients will have screening and wellness education.</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): A challenge in the integration of behavioral health and primary care services is a lack of available and local training on integrated health. This is a barrier to successful implementation of integrated care</p>

	<p>Children: -Increase integration of behavioral health and primary care services.</p>	<p>if health concerns are identified (from the Health Assessment, Psychiatric Evaluation, or Diagnostic Assessment) -Develop formal relationships with primary care providers to ensure integration with primary care (i.e. Medicaid Health Homes, lab services, tobacco cessation, etc.) - Support for opiate addicted persons, evidenced best practices medication assisted treatment services. - Provide integrated primary and behavioral health care on location with integrated team members. Utilize the PHQ-9 as standardize screening tool. - Co-locate onsite Primary Health care clinic through Lake Health to provide primary care to adult clients of Crossroads Health.</p> <p>Children: -Enhance screening for physical symptoms and risk factors for medical disorders. -Identify clients with high Body Mass Index and refer them for primary care follow-up or consultation with Lake County General Health District dietician. -Work in collaboration with Lake Erie College, initiate co-located physician assistant training and medical care.</p>	<p>Children: -Percentage of clients screened at intake for physical symptoms and risk factors for medical disorders. -Percentage of clients with high BMI who are referred to primary care for follow-up and/or to LCGHD dietitian for consultation. -Number of Physician Assistant students completing a clinical rotation.</p>	<p>due to shortage of training and recruiting staff with that background and mindset.</p>
<p>Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)</p>	<p>Adults: -Assist in the recovery of adults experiencing the difficulties of dealing with two chronic illnesses simultaneously – mental illness and</p>	<p>Adults: -Provide outpatient and/or residential treatment services that meet the assessed needs of persons with mental health and substance abuse problems.</p>	<p>Adults: - Training support for ROSC and peer support. -Continue to measure the effectiveness of current recovery support services as</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>chemical dependency.</p> <ul style="list-style-type: none"> -Utilize Evidence Based counseling approaches including motivation interviewing, cognitive therapy to address both mental health and substance abuse disorder. - Transition into a Recovery Oriented System of Care, including the use of Peer Support and Recovery Coaches. - To provide effective recovery support services that are available to those individuals with mental health and substance use disorders. - To assist individuals seeking employment to choose, obtain and retain integrated employment in the community. 	<ul style="list-style-type: none"> - Develop an individual treatment plan that addresses each individual's needs for housing, relationships, vocational training, child care, education, health and physical health. -Provide and support a cadre of Peer Support Specialists and Recovery Coaches. In collaboration with the Lake County ADAMHS Board, in March 2019 Lake-Geauga Recovery Centers hosted a second Peer Recovery support training with 18 individuals in attendance. There are currently Peer Recovery Supporters employed throughout the counties' behavioral health and in Lake Health Hospital. - Provide programs and access to recovery support services that address various barriers to their mental health and substance use treatment. - Clients who follow through with their referral to Employment Services will achieve competitive employment and job retention. -Clients of Employment Services will identify, overcome, accommodate and/or sufficiently manage barriers to obtaining and/or maintaining employment. This includes assisting with transportation needs when a client has obtained employment allowing clients to develop long-term sustainability plans for transportation taking into account the income they receive from competitive employment. <p>Children:</p>	<p>well as expand upon these services to better support this population.</p> <ul style="list-style-type: none"> -Competitive employment rates, Wages/earnings, Diversity of employers -Management of barriers to employment specifically transportation. -Mental health symptoms and problem-solving on the job. <p>Children:</p>	
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	<p>Children:</p> <ul style="list-style-type: none"> -Support children’s recovery from behavioral health and substance use disorders. 	<ul style="list-style-type: none"> - Provide services to enhance resiliency in children and families. -Collaborate/coordinate with other organizations and systems to give children access to needed educational, vocational and housing resources and community-based support groups. -Collaborate with local NAMI chapter to provide ongoing education/support programs for individuals with MH/SUD disorders. 	<ul style="list-style-type: none"> -Number of clients participating in Transitional Youth programming. -Percentage of community partners responded survey questions about effective collaboration with providers. -Number of NAMI support programs hosted, and number of people participating; satisfaction surveys. 	
<p>Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)</p>	<p>Adults:</p> <ul style="list-style-type: none"> -Increase services to underserved racial and ethnic populations. - To reducing and eliminate health disparities is key to achieving the highest level of health outcomes for all people. - provide a safe, welcoming space for clients who identify as LGBT and have a mental illness or co-occurring substance use disorder 	<p>Adults:</p> <ul style="list-style-type: none"> -Provide outreach and school-based services in communities with identified racial/ethnic populations. -Develop linguistic and cultural competence of provider staff through recruitment and training. -Provide informational materials and key client documents in Spanish. -Maintain resources for professional interpreting and translating services. -Latino Substance Abuse - To continue to hire bi-lingual staff (Lake-Geauga Recovery Centers has a full-time bi-lingual Spanish speaking counselor) to meet the needs of the community. -Applied for FQHC designation to reduce disparities. -Recent receipt of Ryan White program to serve the HIV/Aids population. - offer a support group for persons who identify themselves as LGBT to explore topics relevant to their personal experience and share support, resources and coping strategies. 	<p>Adults:</p> <ul style="list-style-type: none"> -Reports by providers, including wait time, and completion of services - Ongoing measurements on a quarterly basis as required. 	<ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):

	<p>Children:</p> <ul style="list-style-type: none"> -Increase services to underserved racial and ethnic populations. 	<p>Children:</p> <ul style="list-style-type: none"> -Provide outreach and school-based services in communities with identified racial/ethnic populations. -Develop linguistic and cultural competence of provider staff through recruitment and training. -Provide informational materials and key client documents in Spanish. -Maintain resources for professional interpreting and translating services. 	<p>Children:</p> <ul style="list-style-type: none"> -Percentage of service all contacts that are with clients identified as members of minorities. -Percentage of staff members and contractors participating in training for linguistic and cultural competence. -Percentage of informational materials and key client documents available in Spanish. -Number of service contacts using professional interpreting services. 	
<p>Prevention and/or decrease of opiate overdoses and/or deaths</p>	<p>Adults:</p> <ul style="list-style-type: none"> - Ensure that collaboration among communities exists to support efforts to reduce substance abuse among youth and over time, adults by addressing the risk factors that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse. -ADAMHS Board to lead community based coalitions / initiatives with emphasis on opiate abuse and non-medical use of prescription drugs, underage alcohol and other drug use. -Prioritize adults that are intravenous/injection opiates drug users (IDU) to our treatment services. -Provide a continuum of care that includes non-narcotics ambulatory detoxification services, outpatient treatment, residential treatment, aftercare and supportive housing. - To provide access to evidence supported treatment modalities such as Medication-assisted treatment 	<p>Adults:</p> <ul style="list-style-type: none"> -ADAMHS Board to lead community efforts with emphasis on opiates misuse and non-medical use of prescription medications. -ADAMHS Board investment into prevention programs through providers. -Local funding support, social media strategies, community forums, opiate task force. -Progress have been made over the last year in engaging successfully IDU and opiate addicted individuals in our outpatient treatment services waiting for residential treatment services. Continue to provide and promote Community Education session to the public. In December 2015, LGRC hired a nurse practitioner to begin providing on site both ambulatory detox and medication assisted treatment (naltrexone, Suboxone, Vivitrol) to opiate use disorders clients in our residential and outpatient programs. 	<p>Adults:</p> <ul style="list-style-type: none"> -Increase in the number of medications disposed at local drop-boxes. -ADAMHS to fund prevention programs that improve the rates of use (reduce) for alcohol, marijuana and prescription medications among youth personnel, parents and youth. -Reports by providers, including wait time, and completion of services. - Continue measures of program retention rates, relapse rates, titration and relapse rates, participation in health service specialties, and LOS. -Measure rates of new clients who have been given education material on prevention of opiate overdoses. -The ADAMHS Education and Prevention Specialist will provide at least two education programs/public events each month. -Interviews and collaborative efforts with other ADAMHS agencies, other local community partners and state wide efforts will continue. At least one 	<ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe

	<p>(MAT), including opioid treatment programs that combine behavioral therapy and medications to treat substance use disorders.</p> <ul style="list-style-type: none"> -educate all clients on opiate addiction and risks of opiate overdose. -Research and implement evidence based prevention/education strategies to expand community awareness and access to resources. <p>Children:</p> <ul style="list-style-type: none"> - Reduce opiate abuse and opiate dependence among young people. 	<ul style="list-style-type: none"> - To provide comprehensive and integrated treatment services that addresses the whole person including dual diagnosis, primary health care, disease management, women’s health. To provide education on Narcan and relapse strategies to prevent death from overdoses. - simplify material from the SAMSHA Opioid Overdose Prevention toolkit into an educational handout to be given to clients at intake, offered in the lobby, and reinforced with all existing clients in order to prevent/reduce accidental overdoses of opioids. - Continue to provide public education and prevention to adults, caregivers of youth and others about opioid use and access to resources. -Continue to collaborate with other ADAMHS agencies to address public education needs. Research new and existing evidence based strategies for addressing alcohol and other drug abuse including opiates. <p>Children:</p> <ul style="list-style-type: none"> - Improve service providers’ ability to identify, assess and treat opiate use disorders. -Participate in the inter-system efforts of Lake County Opiate Task Force to increase awareness among first responders and other child-serving professionals of opiate use disorders and risk for opiate overdose. 	<p>meeting per month to research and plan evidence based strategies for public outreach will continue.</p> <p>Children:</p> <ul style="list-style-type: none"> -Percentage of provider staff trained in identifying, assessing and treating opiate use disorders. -Number of clients experiencing opiate overdoses. 	
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<p>Promote Trauma Informed Care approach</p>	<p>Adults:</p> <ul style="list-style-type: none"> -Providers’ agencies and community at large become trauma aware, knowledgeable and responsive to the impact and consequences of traumatic experiences for residents, families and their communities. - To provide clinical practice guidelines for working with those individuals with a history of trauma. - provide an environment that is trauma informed in all areas of service provision. - Integrate education about the effects of trauma and Adverse Childhood Life Experiences into all public education efforts for mental illness and/or substance abuse. <p>Children:</p> <ul style="list-style-type: none"> - Establish capacity to identify individuals seeking services who are 	<p>Adults:</p> <ul style="list-style-type: none"> - Assessment, Referral and Treatment services available. - Provide treatment services that meet the assessed needs of individuals with trauma issues. -Support of needed trauma informed care best practices trainings. - Provide needs assessment, service utilization, and continued evaluation of trauma related services to ensure the best quality care and avoid further traumatization. - A minimum of two of our contract agencies will conduct a trauma-informed care organizational assessment and develop an action plan to address areas of identified growth. - In FY19 an ADAMHS Board provider agency, Crossroads Health, was awarded a grant to participate in the National Council’s Trauma Informed Care Learning Community. This is a year-long initiative of training, mentoring, and implementation of trauma principles throughout the entire organization. <p>Children:</p> <ul style="list-style-type: none"> - Use Trust Events survey to screen clients for trauma history at first 	<p>Adults:</p> <ul style="list-style-type: none"> -Reports by providers, including wait time, and completion of services. - Continue to assess the effectiveness of trauma specific approaches such as EMDR and Art therapy to ensure evidenced based treatment modalities. - An evaluation will be conducted at a minimum of two of our contract agency’s capacity to provide care in a trauma-informed care manner. -Every staff member in a minimum of two of our contract agencies will be trained on trauma-informed care and how to take trauma into account when interacting with clients. -A follow up assessment will be conducted to measure the difference from initial to follow up as to the capacity of the agency to provide trauma-informed care. - Power points will be updated to include education on trauma and trauma informed care. -Handouts will be developed and made available for distribution at public awareness and health events, presentations etc. The number of handouts distributed will be tracked. -Collaboration with law enforcement through the CALMHS Committee will continue to provide information on trauma at CIT trainings. <p>Children:</p> <ul style="list-style-type: none"> -Number and percentage of new clients completing Trust Events survey. 	<ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe)
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	trauma victims, and to provide appropriate trauma-informed services to them.	service contact. -Provide training to provider staff in trauma-informed treatment approaches. -Provide training to community partners – childcare centers, schools, courts – in trauma and trauma-informed service approaches.	-Number and percentage of provider staff trained in trauma-informed treatment approaches. -Number of people trained in trauma-informed approaches through community partners.	
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Prevention Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	<p>Adults: -Investment into prevention across lifespan. -Plan and implement prevention activities for families with children/adolescents.</p> <p>Children: -Plan and implement prevention activities for families with children/adolescents.</p>	<p>Adults: -Continue investment into adult prevention initiatives to assist families with children and adolescents. - Awareness, education and resources for families and adults to combat addiction and related stigma. -Provide education; including Parents and Teachers as Allies program in partnership with NAMI of Lake County; provide Parent Project groups in collaboration with the Lake County Cooperative Extension Service and the Lake County Juvenile Court.</p> <p>Children: -Provide education, including Parents and Teachers as Allies program in partnership with NAMI of Lake County; -Provide environmental interventions, including consultation services to child care centers and Head Start classrooms that identify children with disruptive/aggressive behavior in their settings. -Provide alternatives, including day</p>	<p>Adults: -Track number of presentations provided to the community and prevention type.</p> <p>Children: -Number of prevention contacts provided. -Number of people, by age ranges, participating in prevention contacts</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

		<p>camp experiences for at-risk youth and their families.</p> <p>-Promote the Programming through the wide array of ADAMHS-funded Prevention services and Consultation, Training and Education (CT&E) programming which are available. This programming provides children and families with knowledge, awareness and skills to support life-long resiliency and wellness, promotes key protective factors in families, schools and the community.</p>		
Prevention: Increase access to evidence-based prevention	-The Lake County community will become more aware and have access to prevention programming for schools, churches and other public groups.	- The Prevention and Education Specialist in conjunction with the Prevention Committee will increase the distribution of the Prevention brochures and include information about prevention programming in all programs provided in the community. Information on available evidence based prevention education programs will continue to be researched by the Prevention Committee.	- The number of Prevention brochures distributed will be tracked and the number of calls to the Lake County Compass Line requesting Prevention programs will be monitored. -Members of the Prevention Committee will continue to submit data about all programs provided in the schools and community.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Suicide prevention	- The Lake County Suicide Prevention Coalition through the support of the Lake County ADAMHS Board will continue to support survivors of suicide loss. The Suicide Prevention Coalition will continue to confront the stigma of mental illness and suicide through public education and engagement strategies.	- The Suicide Prevention Coalition will continue to offer the Chrysalis Support group for survivors of suicide loss and promote access to resources. The Suicide Prevention Coalition will increase the number of education and awareness presentations/public engagement efforts.	- The Chrysalis group will meet monthly and keep data on numbers of attendees. -The Chrysalis group along with the Suicide Prevention Coalition will plan and provide an annual Survivors of Suicide Loss event. -The Suicide Prevention Coalition will provide a minimum of 25 public education / community engagement events. These events will be tracked by a data sheet.	<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	Adults: -Conduct a readiness survey among	Adults: -Multi-faceted prevention information	Adults: -Social marketing plan	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds

<p>Community and Healthcare Organizations</p>	<p>various groups to measure their attitudes and perceptions toward gambling problems.</p> <ul style="list-style-type: none"> -Develop and implement a social marketing campaign to include website development, advertising and marketing through radio, TV, social media, on-line campaigns, brochures, posters and post cards. -Provide presentations and educational materials to targeted populations to include schools, colleges and universities, senior citizen service organizations, older adult facilities, other social service organizations within the Lake ADAMHS and Geauga MHRS systems, courts/ probation departments, businesses, churches, and any other group, association or coalition. -Provide gambling educational program at the Lake County Jail and the Geauga County Safety Center. -Include a Brief Bio-social Gambling Screen (BBGS) upon intake and during treatment; encourage the use of this screening upon intake at all other provider agencies. -Conduct the South Oaks Gambling Screen (SOGS) on all those identified by the BBGS. -Incorporate gambling education in the current AOD curriculum for individuals and their families. <p>Children:</p> <ul style="list-style-type: none"> - Identify young people engaging in, or 	<p>dissemination and education approaches.</p> <ul style="list-style-type: none"> -Ensure that screening is available across organizations. -Maintain capacity for problem gambling treatment services. <p>Children:</p> <ul style="list-style-type: none"> - Screen clients at intake/assessment 	<ul style="list-style-type: none"> -Education to key communities/groups -Standardized screening protocols -Ensure scope of practice for problem gambling with providers <p>Children:</p> <ul style="list-style-type: none"> -Number of clients age 12 and over 	<ul style="list-style-type: none"> ___ Workforce shortage ___ Other (describe):
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	at risk for, problem gambling.	for problem gambling behavior.	screened for gambling behavior at intake.	
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Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Restructuring of system to eliminate/merge/consolidate small and medium providers and duplicative services	-As extremely large agencies in the state look to initiate acquisitions we need to be aware of potential impacts such moves would have on Lake County's service continuum. <i>-ROSC/Compass Line Strength: ease of access, accountability of investment.</i>	-Continue to promote collaboration between ADAMHS service providers and state and local entities.	-Ongoing analysis and measure will occur via Consumer and Provider Surveys, monthly reports, quarterly fiscal reports, agency feedback, Compass Line reports, and coalition meetings.
Outreach	-Address the misconception that social services/behavioral health services are available only in Painesville. -Increase collective visibility on the west end of the county -Address the needs of those living in poverty on the west end of the county -Utilize social media to reach diverse populations in our market -Offer ADAMHS 101 in the evenings/on weekends to increase participation by provider board members -Increase utilization of peer supporters. Address training needs, and establish requirements and expectations. -Continue to assertively promote the Suicide Prevention Coalition and prioritize efforts to increase awareness of warning signs and emergency and non-emergency resources. <i>-ROSC/Compass Line Strength: prevention programming, collaborations.</i>	-Offer a broad range of services to diverse populations throughout the county. -Utilize Marketing and Business Developer and Content Specialist in the process of developing coordinated advertising and social media campaigns to increase awareness of services. -Encourage agency provider staff participation in the Suicide Prevention Coalition and implement a new, more comprehensive suicide screening process agency-wide. -Educate the community regarding the clients' needs and raise awareness of the struggles of addiction that treatment works, and that people do recover. -Continue to provide CIT training for law enforcement officer and dispatchers and community educational programs on supporting community members with severe and persistent mental illness. -Continue to promote partnerships between providers regarding Crisis Outreach in order to ensure that individuals in need of additional supports are able to avoid in patient hospitalization.	-Ongoing analysis and measure will occur via Consumer and Provider Surveys, monthly reports, quarterly fiscal reports, agency feedback, Compass Line reports, and coalition meetings.
Housing Services	- Need for more recovery and step-down housing - Recovery housing for families	-Open a new residential treatment facility -Ensure providers are utilizing housing services/vouchers.	-Ongoing analysis and measure will occur via Consumer and Provider Surveys, monthly reports, quarterly fiscal reports,

			agency feedback, Compass Line reports, and coalition meetings.
Substance Abuse Detox Services	<ul style="list-style-type: none"> -Continue to expand and improve services - ROSC/Compass Line Strength: proactively address emerging issues 	<ul style="list-style-type: none"> -Continue to offer ambulatory detox services. -Continue collaboration with service providers regarding the Opiate Recovery Transition Program, and Quick Response Team. -Continue to foster the relationship with New Directions in order to ensure youth have access to an intensive level of care to AOD treatment. 	-Ongoing analysis and measure will occur via Consumer and Provider Surveys, monthly reports, quarterly fiscal reports, agency feedback, Compass Line reports, and coalition meetings.
Integration of Physical and Behavioral Health	-Focus on integration of services within provider agencies	<ul style="list-style-type: none"> - Support our provider, Signature Health, as a Federally Qualified Health Center, providing Primary Care services at all locations. In addition, maintain the full-service retail pharmacy and Wellness services. -Increase integration of Behavioral Health and Primary Care services for all providers. 	-Ongoing analysis and measure will occur via Consumer and Provider Surveys, monthly reports, quarterly fiscal reports, agency feedback, Compass Line reports, and coalition meetings.
Technology	-Investigate telemedicine impact service delivery	<ul style="list-style-type: none"> -Increase availability of telemedicine at our provider agencies. -Continue to promote utilization of the Ascent Recovery App and Coaching regarding addiction recovery. 	-Ongoing analysis and measure will occur via Consumer and Provider Surveys, monthly reports, quarterly fiscal reports, agency feedback, Compass Line reports, and coalition meetings.
Special Populations	<p>Aging population</p> <ul style="list-style-type: none"> -Address the impact of aging regarding wellness and recovery -Address physical challenges impacting our clients as they age - Work force: As more clients reach age 65, Medicare becomes the primary payer; how will we address the issue of not having enough licensed professionals able to bill Medicare. <p>LGBT</p> <ul style="list-style-type: none"> -Increase services and supports for this population. - African-American and Hispanic populations. -Ensure ease of access and culturally-aware services. 	<ul style="list-style-type: none"> -Ensure staff is trained in cultural competence, LGBT “safe Zone” and trauma-informed care. -Ensure timely interpretation services are available at all service locations. 	-Ongoing analysis and measure will occur via Consumer and Provider Surveys, monthly reports, quarterly fiscal reports, agency feedback, Compass Line reports, and coalition meetings.
Youth	<p>Early Childhood (0-5)</p> <ul style="list-style-type: none"> -Address increased demand for behavioral health services; greater involvement with JFS. -Address the impacts of trauma 		-Ongoing analysis and measure will occur via Consumer and Provider Surveys, monthly reports, quarterly fiscal reports, agency feedback, Compass Line reports,

	Elementary Schoolers Middle Schoolers High Schoolers All: -Be aware of needs of the educational system and offer appropriate school supports. - Emphasize suicide prevention, violence awareness, and wellness.		and coalition meetings.
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Collaboration

5. 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?)

Consumers and Family Members

The Lake County ADAMHS Board believes that consumers and family members should not only have input into the development of our local behavioral health system, but that those groups should have an active and equal seat at the table when decisions are made regarding services and investments. To that end, the Board enters into non-Medicaid contracts with both our local Consumer Operated Service agency and NAMI Lake County. Through these contracts, consumers and families are afforded equal status with our primary mental health and substance abuse provider agencies. Through their clients, memberships and boards they are able to provide continuous feedback not only to the ADAMHS Board but also to direct service providers about system strengths and weaknesses, gaps in service and alternative service delivery models. Consumers and families have also served a pivotal role in our ROSC assessments, our Long Range Planning Committee, and our Strategic Planning Process. Finally, the Lake County Ombudsman Program serves as a conduit between individuals/families accessing behavioral services and the ADAMHS network of providers; the program ensures that the voices of those in recovery are heard.

Family and Children First Council

The Lake County ADAMHS Board continues to work collaboratively with the Lake County FCFC, including our county's primary child/adolescent behavioral health provider, Lake County Department of Job and Family Services, Juvenile Court, Lake County DD and education to evaluate the needs of children/adolescents and their families. The entities meet monthly to evaluate the effectiveness of funds invested and to prioritize services to children/adolescents with the highest level of need. If and when residential placement is necessary, the organizations work together to ensure that placement is as short as possible and appropriate services are in place for a smooth transition back into a community setting. Whenever possible, the organizations work to find and fund appropriate alternatives to residential placement, including utilization of our Community Based Family Treatment (CBFT) Program, designed specifically to divert youth from residential care, and our newest Parenting with Love and Limits (PLL) Program, an evidence-based program designed for youth/families, often court-involved, who are in need of a more intensive treatment regimen.

Criminal Justice Coalition

The Lake County ADAMHS Board recognizes the overlap between criminal justice and behavioral health and the need to ensure coordinated care between both systems. To that end, we've engaged with multiple committees/coalitions to ensure continuity of care and seamless transition for the individuals we serve.

CALMHS Committee – Community Alliance of Law Enforcement and Mental Health Services, began in 2001 between law enforcement and mental health agencies to address issues serving individuals with mental illness. The primary function has evolved to providing training to Law Enforcement (CIT) and criminal justice professional. Quarterly trainings are offered. This committee was revamped in FY16 in order to address emerging needs of those served by both systems.

Domestic Relations Court Partnership – The ADAMHS Board regularly provides training curriculum to help pro bono Domestic Relations Court personnel more effectively deal with common stressors they face. Topics span compassion fatigue, stress management, and strategies for dealing with clients who are highly charged emotionally.

Lake County Mental Health Court and Drug Court - collaborative efforts among municipal courts, behavioral health agencies, and the ADAMHS Board.

Criminal Justice Diversion Committee - a collaboration of Lake County ADAMHS Board clinical providers. Discussion occurs regarding individuals who are linked with outpatient behavioral health services that are incarcerated. The primary function is to review the clients and determine what assistance can be provided for a smooth transition from the jail back into the community. The goal is to intervene with these clients while still in jail in order to create a rapport, provide an easier transition back into behavioral health services upon release, and reduce recidivism. Also reviewed are clients that may be found incompetent to stand trial and not guilty by reason of insanity.

Reentry Coalition – a collaboration of government entities, faith and community-based organizations and other stakeholders. The coalition utilizes a holistic evidence-based approach that starts at the point of contact with the criminal justice system and includes, education, families, health services, alcohol and other drug treatment, job training, mentorship and housing.

Crisis Coalition

Ensuring comprehensive and coordinated crisis intervention services is a priority of the Lake County ADAMHS Board, as is only made possible by extensive investment of local levy dollars. Crisis services include both mental health and substance use disorders, and encompass community-based services, emergency departments, inpatient care, and county-wide trauma/crisis response. ADAMHS partners on multiple committees/coalitions to facilitate crisis response measures.

Emergency Response Services - The Lake County ADAMHS Board works in collaboration and coordination with the Lake County EMA and the Lake County Red Cross (a unit of the Greater Cleveland Chapter of the American Red Cross) to address the behavioral health needs of Lake County residents in times of disaster events. The Lake County ADAMHS Board has designated a Behavioral Health All Hazards Coordinator to act as liaison between the Lake County EMA and the behavioral health system. Further, the Lake County ADAMHS Board facilitates the county's Trauma Response Team, a group of behavioral health professionals who offer offer support in the wake of a large scale accident, assault or other such incident.

Clinical Psych Committee - A community forum that is open to attendees from multiple agencies that serve the needs of individuals living with mental illness. The forum is used to share updates about agency programs, educational opportunities, and to discuss barriers to accessing behavioral health inpatient and outpatient treatment.

Board Bed Committee - a collaboration of Lake County ADAMHS Board clinical providers. Discussion occurs regarding individuals with mental illness in the county that are very high utilizers of services. The primary function is to review clients with repeated emergency room visits and inpatient psychiatric admits in order to determine how assistance can be provided to stabilize these clients in the community in order to avoid further decompensation and hospitalizations.

ORTP Committee and Quick Response Team (QRT) - a collaboration of Lake County ADAMHS Board clinical providers. Discussion occurs regarding various forms of substance abuse treatment programs available in the county. These include the Opiate Recovery Transition Program, the Lake County Quick Response Team, the Community Transition Program (CTP), and the Addiction Treatment Program. Information is shared on how to improve these programs and substance abuse treatment within the county and review outcomes. The programs are designed to address addiction in multiple facets. The QRT conducts community outreach to those who have recently overdosed. The ORTP Program attempts to get those in treatment that present themselves at the local emergency departments. CTP attempts to engage those with substance abuse who are getting released from prison. ATP attempts to provide those with substance abuse problems treatment in lieu of jail time.

Prevention Coalition

The Lake County ADAMHS Board has long prioritized strong prevention programming and has consistently invested time, effort and funding to support county-wide prevention initiatives.

Lake County Suicide Prevention Coalition – an initiative of our ADAMHS Board which continues with outreach and education efforts county-wide. Suicide prevention presentations have been made at service clubs, churches, and business and professional organizations throughout Lake County, but our proudest strides have come through collaboration with our local education community. Teachers and administrators throughout Lake County now have an improved understanding of suicide warning signs, do's and don'ts, and the strong connection between depressive illness and suicidal ideation thanks to presentations by our Coalition. Chrysalis, our Suicide Prevention Coalition's support group for those left behind following a suicide, also continued to thrive. Our trained volunteer facilitators are helping area family and friends deal with and heal from the grief, confusion, anger and guilt that is left in the wake of a death by suicide.

Lake County Opiate Task Force and Operation Resolve – established in 2010, the LC Opiate Task Force is a group of individuals and organizations united in a commitment to reduce the tragic consequences of opiate abuse and addiction in Lake County. The group's primary focus is on public education, prescription drug collection/disposal, and education/outreach to physicians, dentists and pharmacists. In 2017 the OTF partnered with Leadership Lake County to bring prevention and education into the Lake County business community.

Lake ADAMHS Prevention Network – serves to ensure collaboration and coordination throughout ADAMHS-driven prevention efforts and the ADAMHS network of providers. The Lake County ADAMHS Board currently invests over \$1 million annually (local, state and federal dollars) in county-wide prevention efforts. Investments encompass 9 service providers and coalitions/task forces operated out of the Board. Efforts are school and community-based, and include early childhood, youth/teen, adult and seniors; they encompass individual, family and community-based prevention initiatives. With such comprehensive outreach, the network serves to ensure strong collaboration and to reduce duplicative efforts.

Housing

The Lake County ADAMHS Board recognizes that housing is an integral part of recovery. To that end, we participate in several housing collaborations including but not limited to:

The Interagency Housing Team – responsible for overseeing referrals to group homes and Shelter Plus Care.

Lake County's Continuum of Care - charged with addressing issues of homelessness in the community. In FY16 the Homeless Task Force established Code Blue for the first time in Lake County; additional shelter services are available to citizens when temperatures reach very low levels. Code Blue continues to serve our unsheltered residents.

The Coalition on Housing and Support Services of Lake County - includes representatives from ADAMHS Board, Extended Housing, Lake Communities Development Center, Habitat for Humanity, Lifeline, ABLE, Forbes House, 211 United Way, Lakeland Community College, Project Hope, Fair Housing Resource Center, Crossroads Health, Salvation Army, Lake Metropolitan Housing Authority as well as representatives from local banks and real estate agencies participate in this collaboration.

Higher Education

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

Inpatient Hospital Management

6. 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.

Since FY2009 the Lake County ADAMHS Board has contracted with Lake Health to provide 24 hour a day, 7 day a week pre-screening services in each of Lake County's two hospital emergency departments. This service delivery model continues to afford consumers rapid access to behavioral health support when they are experiencing crisis. In FY2019 we incorporated Peer Recovery Supporters into the crisis teams to provide an additional level of care and support to individuals and their families.

In FY16 our hospital liaison position expanded to include care coordination for both the state regional psychiatric hospital and public/private regional hospitals, coordination with the probate court and forensic responsibilities. This program also oversees our Opiate Recovery Transition Program and stepdown housing services.

The Lake County ADAMHS Board is fortunate to have Windsor-Laurelwood Center for Behavioral Medicine, the state's largest free-standing psychiatric hospital, located within our county. The Board has maintained a strong relationship with Windsor-Laurelwood for several years, and we utilize the hospital as needed for adult and child/adolescent inpatient care. As a result of local investments and the CURES/SOR funding opportunities, we have added inpatient detox services to our existing contract with Windsor-Laurelwood.

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

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.

Lake County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) 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/>