

III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

BOARD NAME: Geauga County Board of Mental Health and Recovery Services

A. Mission, Vision and Values Statements. Please provide the Board's mission, vision and values statements (see Appendix C for planning terms):

The Mission Statement of the Geauga County Board of Mental Health & Recovery Services:

It shall be the mission of the Geauga County Board of Mental Health and Recovery Services to provide leadership in the development, implementation, and evaluation of mental health and substance abuse programs. As an agent for change in Geauga County this Board is dedicated to optimizing human and financial resources and enhancing and stabilizing the mental health of the citizens of Northeast Ohio. Through comprehensive needs assessment the Board shall effectively plan and coordinate a full range of community-based services that provide for quality client care in the least restrictive environment possible.

The Vision and Values of the Geauga County Board of Mental Health & Recovery Services:

The Geauga County Board of Mental Health and Recovery Services, as the duly constituted local planning and funding authority, is responsible for the distribution of funds and administration of public mental health, alcohol and drug addiction services in Geauga County. It is the responsibility of the Board to develop and monitor services, facilities and programs that are responsive to the mental health and substance abuse needs of the citizens of Geauga County and Northeast Ohio.

It is the philosophy of the Board to provide these services, facilities and programs in the least restrictive environment possible that upholds the dignity of, and respect for, the consumer. The Geauga County Board of Mental Health and Recovery Services recognizes its statutory responsibility and authority to function under the State Departments of Mental Health and Alcohol and Drug Addiction Services' Regulations and Administrative Rules. Moreover, we believe our primary responsibility is to promote and develop a system of community services that addresses the mental health, alcohol and drug addiction service needs of the community.

Therefore,

We believe that we must be an advocate for the delivery of appropriate services in accordance with the priorities set by the Board for the treatment needs of the mentally ill, drug and alcohol abusers, and their families;

We believe that we must encourage the positive health and well-being of all citizens through preventative and educational efforts;

We believe that community support systems, such as family, church, school, and work place, are important in a healthy community and we are committed to provide leadership to help these systems develop and be maintained.

We believe that we must involve the community, including consumers and family members of consumers, in the planning and evaluation of services delivered, and that all services must be provided in a setting that allows equal access for all individuals;

We believe that fundamental programs should be available within the community to provide a continuum of care for individuals with severe mental disabilities and those who are abusing alcohol and/or other drugs;

We believe that the greatest opportunity for recovery, growth and development is achieved through providing optimum consumer choice in treatment planning;

We believe that as our community evolves and changes, so must our policies and programs and we are committed to the ongoing process of review and evaluation;

We believe that community resources must be utilized in a fiscally and morally responsible manner;

We believe that it is our responsibility to be a motivating force in the effort to develop and maintain a mentally healthy community. To that end is this organization committed.

B. Description of Current State. Provide a brief narrative that describes relevant information about the Board area in response to the items below:

1.0 Population priorities. Please review information in Appendix E about the Board's existing MACSIS business rules for covered benefits to service populations. To what extent are the existing business rules aligned with current population and service priorities for non-Medicaid expenditures by the Board?

The Board's MACSIS business rules cited in Appendix E governs the amount a non-Medicaid client is required to pay for Community Psychiatric Supportive Treatment, Partial Hospitalization and Residential Services. This business rule was established to prevent Geauga County mental health consumers from being charged a co-pay for the type of services that are typically provided on a daily or very frequent basis.

2.0 Recovery supports. What are some notable achievements and trends for the Board in the area of Recovery supports?

Recovery supports are strategies and services designed to foster empowerment and quality of life for persons with severe mental illness. Best practices include culturally competent services, supported housing, supported employment, consumer operated services, and self help/peer services. Examples of programs include Wellness Management and Recovery, WRAP, Bridges, NAMI Family to Family, Clubhouse. Prevention, consultation, and education (P,C&E) programs that *target persons with severe mental illness* might also be included under the Recovery supports umbrella. An example of a P,C&E program of this nature is the Network of Care web site. P,C&E programs for the general public, however, should be discussed under that section of the outline.

Best Practices in Recovery: Funding source is often a difference between best practices in Recovery support and best clinical practices, with Recovery supports primarily funded as non-Medicaid-reimbursable services.

The Geauga County Board of Mental Health & Recovery Services has consistently funded an array of services that provide recovery supports for severely mentally disabled adults. The most significant growth and development of local services supporting recovery are involving groups begun by our local NAMI affiliate. In SFY 2007 the first ever Geauga County Chapter of the National Alliance on Mental Illness was formed. This agency was fully funded with Board dollars and was administered by our long standing Mental Health Association in Geauga County. Programs implemented by NAMI-Geauga include the twice monthly NAMI Connection Recovery Support Group for consumers, an all inclusive monthly support group for consumers and family members, a monthly Speaker/Education meeting that seeks to educate attendees about mental health issues and services, and the 12 week Family to Family Education Course for family members of those living with mental illness. Family to Family has been so popular that NAMI-Geauga has initiated a waiting list for those who wish to be in the next class.

The John Murray Center is a social/recreational and educational program offered to adult residents of Geauga County who are experiencing and/or recovering from mental illness. Programming includes community outings, educational, and support activities. The program's mission is to promote social connectedness, reduce isolation and foster a support network within an accepting social setting for persons with mental illness.

The Board also provides on line supports by offering the Network of Care web site and a Board specific site. The combination of these two sites helps to provide a comprehensive overview of services and supports available to consumers, family members, and the community at large. We have worked with our public library system and the John Murray Center to advertise these sites so they are utilized to their full potential.

Traditional Supported Housing and Supported Employment models have long been a part of the Board's system of care. They are discussed in further detail below. One unique aspect of Supported Housing, which the Board has funded for many years, has had a profound impact on consumer recovery. Recognizing that mental disabilities are often cyclical in nature, our *Supportive Living Service* (SLS) is specifically targeted at adults with SMD who are living in an independent setting, but who are experiencing an increased level of emotional disturbance. Often these individuals stop taking their medication, fail to maintain a healthy level of personal hygiene, and/or are unable to care for their home or adequately prepare meals for themselves. Whatever the need, SLS workers are able to go into the consumer's home and provide "whatever it takes" for that consumer to maintain their independence. They can help with housekeeping, food preparation, or accessing additional services. The goal is to help individuals through difficult periods in their life and restore their recovery level quickly without further disruption in their day-to-day recovery process. The result is reduced psychiatric hospitalizations and a faster recovery time for clients.

One of our newest and most exciting ventures is a peer-to-peer counseling service. In 2007, Ravenwood hired its first peer counselor and, after exhaustive training, provided this recovery support at its consumer drop-in center, The John Murray Center. This program is just getting off the ground but has been met with strong support from the consumers and family members in the community. We expect this program to expand throughout the coming fiscal year.

2.1 Recovery Supports: Housing

Supported Housing is a specific program model in which a consumer lives in a house or apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance, but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities. Criteria identified for supported housing include: housing choice, functional separation of housing from service provision, affordability, integration with persons who do not have mental illness, right to tenure, service choice, service individualization, and service availability. The Mental Health Housing Leadership Institute operated by NAMI Ohio provides consultation and training.

a. Do you offer **supported housing** service?

Yes	2.1.a
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b. If yes, do you have wait lists for **supported housing**?

Yes	2.1.b
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c. With regard to **supported housing**, which of the following categories comes closest to the average wait time for most consumers? *Please select only one response category.*

Indicate "Yes" with an "X."

10 working days or less	Up to 1 month	1-3 mos.	4-6 mos.	7-9 mos.	10-12 mos.	More than One Year	Don't Know /NA	2.1.c
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	

d. Of all consumers for whom supported housing would be an appropriate service, how many are currently waiting for **supported housing**?

54 consumers are waiting	2.1.d
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The **Housing Assistance Program (HAP)** provides temporary rental subsidies and no-interest loans to assist persons with severe mental illness and their families with obtaining permanent, safe, decent and affordable rental housing until a permanent subsidy can be obtained (Section 8 voucher), or until a person's income increases sufficiently so that a rental subsidy is not needed, or until person owns their own home.

e. Do you have wait lists for HAP?

No See "Section: j.c."	2.1.e
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f. For most consumers waiting for access to HAP in your area, which of the following categories comes closest to the average wait time? *Please select only one response category.*

10 working days or less	Up to 1 month	1-3 mos.	4-6 mos.	7-9 mos.	10-12 mos.	More than One Year	Don't Know /NA	2.1.f
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X	

g. Of all consumers for whom HAP is appropriate, how many are currently waiting for access?

18 consumers are waiting	2.1.g
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Public Housing is defined as housing subsidized by the federal government, such as but not limited to Section 8. People on HAP are likely to be on public housing wait lists, but HAP is not public housing.

h. For most consumers waiting for public housing in your area, which of the following categories comes closest to the average wait access time? *Please select only one response category.*

Click on gray box to indicate "Yes" with an "X".

Up to 1 year	1-2 yrs.	3-4 yrs.	5-6 yrs.	7-8 yrs.	9 yrs. or more	Don't Know /NA	2.1.h
<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

i. Of all consumers for whom public housing is appropriate, how many are currently waiting for a place to live?

43 consumers are waiting	2.1.i
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The **Homeless Housing Status National Outcome Measure (NOM)** reported to SAMHSA by ODMH refers to adults, aged 18+ with severe mental illness (SMI), who have identified themselves as homeless on an administration of the Adult Consumer Survey in the Ohio Outcomes System. For SFY 2007, Ohio reported a Homeless Housing Status NOM to SAMSHA of **2,879** persons with SMI. Board level data for Ohio's SFY 2007 Homeless Housing Status NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

j. To what extent are the Board level data reported in Appendix B for homeless adults with SMI an accurate reflection of the number of such individuals served by the Board in SFY 2007?

Based on the data available to the Board, numbers reported in Appendix B are below actual homeless rates for SMI individuals in Geauga County. The Geauga County Housing Coalition conducts a bi-annual Point-in-Time Homeless Count for Geauga County every year. On January 30, 2007 the Point-in-Time Count documented 20 homeless individuals. This figure captured all sub-populations. The number of homeless persons with SMI was also captured through Ravenwood Mental Health Center's Housing Needs List.

Ravenwood's Housing Services Program maintains a Housing Needs List that documents housing needs for mental health consumers. Information is gathered from contacts made to the

program from consumers, family members, and third party service providers for housing assistance.

In 2007 the Housing Program documented 21 requests for assistance for homeless (living in a shelter, or without a place to go) consumer households and an additional 28 requests for assistance for consumers who were living with family or friends, but had no home of their own.

j.a. If the Board does not use Outcomes data to estimate number of homeless persons with SMI, what data source does the Board use to plan for services to this population?

Click on gray box to indicate “Yes” with an “X”. Indicate all that apply.

<input checked="" type="checkbox"/>	Continuum of Care	2.1.ja
<input type="checkbox"/>	PATH	
<input type="checkbox"/>	BH Mod (Behavioral Health Module)	
<input type="checkbox"/>	HMIS (Homeless Management Information System)	
<input checked="" type="checkbox"/>	Other, please specify: Ravenwood Mental Health Center Housing Program (See “j.” above.)	

j.b. If the information in Appendix B is inaccurate, what was the number of homeless persons with SMI served by the Board in SFY 2007?

49 Homeless persons with SMI	2.1.jb
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j.c. Is there anything else important to know about the current state of housing strategies and services in your Board area?

There are several additional issues that affect the current state of housing and services for SMD adults in our area:

- There are an increasing number of consumer families with children that have few housing options. Currently there are only four family units in our supportive housing programs (Shelter Plus Care and Community Residence/Independent Housing). In 2007, there were 28 families with a total of 40 children that could not be served due to lack of resources. While many of these families were appropriate for public housing and Section 8 funding, they could not apply due to a closed waiting list.
- Eligibility guidelines that require a background check for criminal activity for public and Section 8 funding have disqualified many consumer households that would otherwise be eligible based on income. Geauga County Metropolitan Housing Authority currently has stringent guidelines on past criminal offenses that require a background check that includes a review of charges for the past 10 years and includes identification of minor offenses. Not only do these guidelines negatively affect eligibility for public housing, but they also create negative repercussions for the HAP program. Most HAP applicants must also be on the Section 8 waiting list and maintain their presence on the list in order to be eligible for the temporary HAP subsidy. Background checks that identify even minor infractions disallow applicants from being placed on the waiting list.
- The current HUD definition of homelessness defines these individuals as being in a shelter or living in a place not habitable, but it does not include those who are without a place to

live, but are living with family or friends (doubled up, or “couch surfing”). This still creates similar stress and stability problems, often virtually the same housing problems as if the consumer’s situation met the more stringent definition. And, it is still a real housing crisis for the consumer or family, further complicated by the inability to qualify for emergency or homeless housing service programs. If the homeless definition included those consumers who were doubled up or in inadequate placements, there would have been a total of 49 homeless consumer households in Geauga County in 2007.

- The gap between our consumer’s income and affordable housing is significant. The average income for a single consumer household is currently \$637 per month and the current payment standard set by the local housing authority for a one-bedroom unit in Geauga County is \$658 per month. (The payment standard for this area is higher than the current Fair Market Rent (FMR) which is \$583).
- There is a tremendous need for housing units for single consumers who do not wish to share living space. Current Board subsidized housing options that place single consumers with roommates are increasingly being declined by consumers. Additionally, there are many consumers living with roommates who are experiencing a high level of conflict and would not only prefer to live alone, but whose mental health status can be compromised due to the roommate situation.

Different funding “silos” at the state also impacts housing and planning at the local level. HAP eligibility and eligibility for our federal supportive housing funds - Shelter Plus Care, is in part based on certain criteria. Most eligible consumers are persons who are homeless, or at imminent risk of homelessness (notice of eviction). Most HAP participants are in the program for two or more years and openings are only occurring as an individual goes off of the program. It is not feasible to maintain a waiting list for that length of time so, as an alternative; a “Housing Needs List” is maintained for HAP eligible individuals. All contacts regarding housing needs from consumers are documented and the list is referred to as any HAP openings occur.

- During 2007, there were 18 consumer households who were HAP program eligible. However, the program was full and there were no placements in the program. Additionally, the Section 8 waiting list was closed in June of 2007, thereby eliminating any additional consumers from applying for Section 8 subsidies.

2.2 Recovery supports: Employment

The **Employment Status NOM** reported to SAMSHA by ODMH refers to adults, aged 18+ with severe mental illness, who have identified themselves as employed full-time or part-time through an administration of the Adult Consumer Survey in the Ohio Outcomes System. For SFY 2007, Ohio reported an Employment Status NOM to SAMSHA of **24,068** persons with SMI. Board level data for Ohio’s SFY 2007 Employment Status NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

- a. To what extent are Board level data reported in Appendix B for employed adults with SMI an accurate reflection of the number of such individuals served by the Board in SFY 2007?

The Board level employment statistics provided by ODMH is not an accurate reflection of SMI adults employed. The National Outcome Measure of Employment Status states that Geauga County

has 205 individuals employed. The actual number of SMD adults employed during the last fiscal year is approximately 35.

a.a. If the Board does not use Outcomes data to estimate the number of employed persons with SMI, what data source does the Board use to plan for services?

The Board utilizes agency outcome and utilization reports to calculate the number of SMD adults employed.	2.2.aa
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a.b. If the information in Appendix B is inaccurate, what was the number of full-time and part-time employed persons with SMI served by the Board in SFY 2007?

35 Employed persons with SMI	2.2.ab
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b. Please describe existing activities related to helping consumers identify, determine, or achieve their employment goals. The continuum of activities may include referral to the Rehabilitation Services Commission (RSC), service planning and coordination through CPST, vocational counseling service, supported employment programs, agency employment of peer support specialists, or any other Board strategies aimed at helping consumers achieve employment goals.

The Geauga Board has supported a variety of vocational options for consumers over the past 20 years. We have been working collaboratively with provider agencies like Neighboring and Ravenwood to help consumers at all levels of recovery establish personal vocational goals that meet their individual needs. We have been funding Neighboring’s evidence based supported employment (SE) program for many years and since SFY 2005 they have been working with the Supported Employment Coordinating Center of Excellence (SE CCOE) at Case Western Reserve University to develop and implement better service delivery with high fidelity to the SE model. However, the Board and Neighboring have provided supported employment to Geauga County severely mentally ill adults for many years prior to this affiliation.

Research has shown that implementation of the evidence-based SE model results in dramatic gains in employment and consumers involved in the program. Other pre-vocational readiness activities also have a place in the scope of employment services, but SE participants achieved actual employment rates of up to 50% utilizing our current SE model. Neighboring has also been chosen as one of 22 agencies to participate in a national Mental Health Treatment Study being conducted by the Social Security Administration that will look at issues like employment in the recovery process.

To help consumers identify vocational goals, the Board has funded a variety of employment development services. This array of programs provides a comprehensive, individualized approach that assists consumers to develop or reestablish skills, attitudes, personal characteristics, work behaviors, and functional capacities to help identify goals and ultimately achieve successful employment. Consumers have the ability to explore employment options, and/or work on career development, job advancement, and improving job retention skills.

The Board not only supports the employment of consumer’s through its contract agencies, but also “puts its money where its mouth is.” The Mental Health and Recovery Services Board contracts to utilize consumers in our own offices for cleaning services and previously utilized them for landscaping and yard maintenance. In the past year, we have also begun employing consumers at our mental health center in a new program known as Peer-to-Peer, a consumer counseling

service.

Employment issues are also addressed through job clubs and social/recreational programs located at the John Murray Drop-in Center. Since we have ACT teams working with consumers as well, we are maintaining vocational supports for those consumers through employment specialists actively involved on those intensive treatment teams. Overall, consumers have many opportunities to discuss and explore the benefits of employment, and how reaching vocational goals can add a higher level of quality to their lives, wherever they are in the recovery process.

3.0 Resilience supports. What are some notable achievements and trends for the Board in the area of resilience supports?

Resilience supports include strategies for school success, early childhood intervention, transitional living, system of care coordination, wraparound, mentoring, family support and education, and family advocacy. Examples of programs and activities in these areas include Network for School Success, ABC, FAST, Incredible Years, Big Brothers/Big Sisters, Triple P, Family Advocates, NAMI Hand to Hand. Funding source is the major difference between best practices in Resilience support and best clinical practices, with the Resilience support primarily funded as non-Medicaid reimbursable services.

There is overlap between Resilience Supports and Prevention, Consultation, and Education (P,C&E). Boards can discuss programs such as BB/BS, Triple P, Family Advocates, Early Childhood Screening, etc., as a Resilience Support or under the narrative for Section 10: P,C&E.

The Geauga County Board of Mental Health and Recovery Services has been fortunate over the years to be able to provide recovery and resiliency support services to local residents, in most part due to community support of mental health and recovery services levies. Many of these have been implemented in collaboration with other county government funders and local non-profit providers. As part of the continuum of care, we have a strong history of supporting evidence-based practices to meet the various needs of children and teens. Big Brothers Big Sisters (BB/BS) adult and teen mentoring programs are excellent examples of that commitment to resiliency and research based outcomes.

As with other resiliency models this Board supports, BB/BS is based in part, on *The Asset Model* described in the nationally recognized evidence based Search Institute's "40 Developmental Assets". By providing positive role models for children and even their parents, BB/BS is building assets in young lives to better ensure our children's success as they grow. While a portion of the program we support includes traditional big brother or big sister matches with children ages 6 to 15 another component is the after school mentoring program. This resiliency based mentoring program provides an after school 3:00 pm to 6:00 pm service at least once a week to local elementary school aged children. Supervised by a BB/BS staff person, the actual mentoring is done by high school students who are volunteers from area high schools. This matching process gives younger students a role model to look up to and the high school students a chance to improve their self confidence and self esteem while giving back a valuable gift of time and companionship to their community. Students in the school based mentoring program show these attributes after participation: 64% developed more positive attitudes toward school, 58% increased their grades in social studies, languages, and math, 60% improved their relationships with adults, and 56% improved their relationship with peers. For these positive outcomes, as well as many others, BB/BS has been recognized as a Blueprint Program by the Office of Juvenile Justice and Delinquency Prevention and named a Model Program by the Substance Abuse and Mental Health Services Administration.

They are an important component of our overall resiliency continuum in Geauga County.

The Geauga County Family and Children First Council have established several subcommittees that help administer the Board's ABC and FAST dollars. Active participation by mental health, alcohol and other social services providers, as well as educators, family members, and juvenile court representatives means more creative solutions for difficult cases can be reviewed and implemented in a fairly quick time period. From one-on-one support to other non-traditional interventions and supports, children and their families may receive help in an array of settings. The subcommittees may also access some other funding sources, made available through the Family and Children First Council (and extensive financial support from the Board and Geauga County Department of Job and Family Services), that may improve the quality of life for these kids, often by allowing them access to more recreational activities. Many children with emotional disabilities don't have the opportunity to experience things like summer camp or music lessons – activities that can have a profound impact on kids. These programs, combined with other more traditional treatment services, often make a difference in whether a child is able to thrive within the community or whether they will need more extensive, and more expensive, interventions in a residential placement.

Younger children are not left out of the mix of resiliency supports available within the county. The Incredible Years, the Devereux Early Childhood Assessment Program, and our early childhood mental health consultation service all meet the needs of our younger population, with curriculum and intervention techniques designed for children from 0 to 10 years old, depending on the program. Designed in collaboration with the Geauga County Department of Job and Family Services, this continuum of care seeks to engage each and every school district in at least one of the three programs. Both the Board and JFS have designated dollars to increase our outreach to this younger age, so we have collaborated to assure that there is no duplication in services, but instead, an array of materials and professional staff are available. In that way, different sites can choose different resources based solely on their own needs. We are anxious to see the long-term impact of this coordinated effort.

All Stars is a nationally recognized evidence based resiliency program which was implemented in 4 of 7 Geauga County school districts this past year and has been used in 6 of 7 districts over the past two years. Its main goals are to prevent middle school aged youth from engaging in behaviors that will put their health and well-being at risk, and to deter the onset of commonly used illegal substances among youth. Specifically the model addresses alcohol use and misuse, tobacco use, including both smoking and smokeless tobacco, marijuana use, and inhalant use. The curriculum also seeks to postpone or reduce other health-risk behaviors including premature sexual activity and bullying or using other violence to solve interpersonal problems. Implementation of All Stars was achieved by a consortium of Board staff, community providers, funders, educators, and family members working together to seek a successful startup of a resiliency based curriculum in our middle schools across the county. Early outcomes measures have been very positive and we are currently providing funding for a second year in two of our districts. The most difficult part of introducing this model into schools was the resistance of school administrators to adding anything more to their current curriculum. There is ongoing consternation about the ability of schools to provide adequate learning opportunities that will translate into better state test scores. This trend will continue to threaten school based resiliency programs well into the future.

Finally, while the ODMH Community Plan Guidelines does not ask any specific questions about drug and alcohol prevention programs, many of them provide significant benefit to individuals, both children and adults, who experience mental health problems. Typically, they are also based on

concepts of resiliency and asset building, much as the ones described above. Teen Institute and the Chardon Community Coalition are two such programs. They are designed to address teen behaviors and reduce or eliminate the illegal use of alcohol or other drugs among our teen population. While funded in part from the Ohio Department of Alcohol and Drug Addiction Services, the Board provides matching funds to both of these worthwhile components in a continuum of resiliency based supports. Recognizing that youth with mental health problems also often use illegal substances and those that use may develop mental health problems, it is only reasonable to plan for both – and to engage programs that seek to develop personal and community assets that will empower youth to maintain high standards.

3.1 Resilience supports: School Suspension and Expulsion NOM

The **School Suspension and Expulsion NOM** reported to SAMSHA by ODMH refers to children and adolescents, aged 18 or less, with serious emotional disturbance (SED), who have been identified as having been suspended or expelled from school through administration of a survey in the Ohio Outcomes System. For SFY 2007, Ohio reported a School Suspension and Expulsion NOM to SAMSHA of **8,187** persons with SED. Board level data for Ohio’s SFY 2007 School Suspension and Expulsion NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

- a. To what extent Board-level data reported in Appendix B for school attendance an accurate reflection of the number of such individuals served by the Board in SFY 2007?

The Board data provided in the ODMH Community Plan, Appendix B does not accurately reflect school attendance for this area.

- a.a. If the Board does not use Outcomes data to estimate school suspensions and expulsions among children and adolescents with SED served in your area, what data source does the Board use to plan for services that support school success?

The Board has received school specific information through one on one contact with each district to determine actual rates of school suspensions and expulsions.	3.1.aa
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- a.b. If the information in Appendix B is inaccurate, what was the number of persons with SED served by the Board in SFY 2007 who were suspended or expelled?

At this time, school districts report the suspension or expulsion of 26 SED students in SFY 2007 from a total of 657 suspensions and 12 expulsions.	3.1.ab
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4. Inpatient Care

Please complete the table below for the past two fiscal years. See Appendix F for past Board purchased state hospital bed days and admissions. These data are included to help complete the public portion of this table.

a. Inpatient Care

Board Purchased Inpatient Care	FY 06 Bed Days	FY 07 Bed Days	FY 06 Admissions	FY 07 Admissions	4.a
State Hospitals	550	565	31	25	
Private Psychiatric Hospitals: Adults	80	182	12	27	
Private Psychiatric Hospitals: C&A	0	0	0	0	

b.a. Please describe how the provision of Board purchased inpatient care occurs in your Board area. What is the nature of the relationship between the Board and private hospitals?

The Board has a contract for inpatient services with a private for-profit hospital located in Lake County. We are currently negotiating for a contract with our local general hospital which will provide closer access and may help us utilize Medicaid inpatient beds better.	4.ba
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b.b. Do you have a continuity of care agreement with your designated state hospital?

No	4.bb
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5. Residential Treatment Centers (RTCs).

a. During SFY 2007, how many children and adolescents (C&A) from the Board area were funded for mental health services while living in a residential treatment facility?

52 C&A Consumers in SFY 2007	5.a
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b. How many children and adolescents from the Board area were placed in RTCs located outside of your service area in a 12-month period?

28 C&A Consumers placed out of county in SFY 07	5.b
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c. How many of the C&A consumers identified above involved Board participation in the placement decision?

24 Out of county placements involved the Board	5.c
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d. For SFY 2007, how would you describe the local trend in placements at Residential Treatment Centers? *Please select only one answer.*

Indicate "Yes" with an "X."

Use is increasing	Use is about the same	Use is decreasing	5.d
<input type="checkbox"/>	X	<input type="checkbox"/>	

e. How does the Board understand the trend in RTC placements indicated above?

<p>The trend for out of county residential placement has leveled off since the submission of our previous plan. This is in large part due to the transition over the past year of the Geauga County Juvenile Court Youth Group Home changing from a detention home type placement to a therapeutic residential treatment facility. We have seen an increase in youth sex offenders over the past 12 months who require out of county placements and if this trend continues, our placements in other counties will continue to climb.</p>	<p>5.e</p>
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6. Crisis/Emergency Care.

a. 1. Access & Capacity. For each of the following emergency services that are available in the Board area, please indicate "Yes" with an "X."

Click on gray box to indicate "Yes" with an "X."

Service Area	Service Available?	6.a.1
24/7 Hotline	X	
Warm Line	X	
Adult Consumers		
24/7 On-Call Staffing by Psychiatrists	X	
24/7 On-Call Staffing by Clinical Supervisors	X	
24/7 On-Call Staffing by Case Managers	X	
Mobile Response Team	X	
Crisis Care Facility	X	
Hospital Emergency Department with Psychiatric Staff	<input type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	X	
Transportation Service to Hospital or Crisis Care Facility	X	
Other (Please Specify):	<input type="checkbox"/>	
Child & Adolescent Consumers		
24/7 On-Call Staffing by Psychiatrists	X	
24/7 On-Call Staffing by Clinical Supervisors	X	
24/7 On-Call Staffing by Case Managers	X	
Mobile Response Team	X	
Crisis Care Facility	X	
Hospital Emergency Department with Psychiatric Staff	<input type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	X	
Transportation Service to Hospital or Crisis Care Facility	X	
Other (Please Specify):		

a.2. Crisis Bed Days. If the Board contracts for crisis beds, please indicate utilization for Adults and Children & Adolescents in SFY 2006 and SFY 2007:

	SFY 06 Crisis Bed Days	SFY 07 Crisis Bed Days	6.a.2
Adults	730	730	
Children & Adolescents	0	0	

b. Discuss achievements and trends in crisis care services that have been areas of focus for the Board.

The most problematic area of crisis care in this system continues to be securing an appropriate psychiatric or detox inpatient bed once the pre-screening entity has determined that an inpatient stay is warranted. In August of 2007, the two private hospitals with whom the Board contracts for bed days merged to form one private facility, thereby reducing the availability of private inpatient beds.

As a result of this merger, the overall number of psychiatric and detox beds available to

consumers in need of admission that are in reasonable proximity to Geauga County decreased by approximately 22%. As the current State Hospital system with whom the Board contracts is frequently full, this reduction in available beds and reliance upon one particular facility's discretion related to admissions when the State Hospital is full has resulted in additional time spent attempting to arrange admissions for consumers in need of inpatient care. This situation has also resulted in admissions to facilities that are more than an hour drive time from the consumer's home environment.

The process of arranging an inpatient stay once the assessment is complete and the decision to hospitalize has been made can take from 1 to 12 hours, and has taken more than 12 hours on multiple occasions. This time frame involves the consumer typically waiting in the local emergency room or in Ravenwood Mental Health Center's outpatient offices, which can increase the level of distress for the consumer.

The presence of coverage that would pay for such a stay has not proven to be of help in this issue as Medicaid beds specifically continue to be difficult to find. The changes in Medicaid coverage, specifically managed care coverage, has resulted in consumers who once were eligible and appropriate for a Medicaid bed being refused due to the type of Medicaid that they have. As a result, psychiatric and detox admissions at times are paid for with Board bed days for consumers who have Medicaid coverage. The Board has already contracted with one additional provider for inpatient detox services and has been focusing on purchasing bed days from two additional psychiatric units to alleviate this problem of obtaining admissions for those without coverage, but without additional Medicaid bed availability, this problem is likely to continue.

c. Crisis and Emergency Initiatives. Briefly describe achievements and trends in the following areas:

1. Police Coordination/CIT

Beginning in December 2004, a collaborative effort was initiated to institute a Community Crisis Intervention Team (CIT) Program for law enforcement in Geauga County. Several key law enforcement leaders, together with mental health liaisons, were certified in CIT in Summit County which was the founding CIT Program in Ohio. These individuals then developed a Geauga County CIT Advisory Board consisting of local law enforcement, jail administration, corrections and medical staff, mental health, service providers and community leaders that meet on at least a monthly basis.

The purpose of the CIT Advisory Board is to plan, implement and evaluate the Core Elements of the CIT Program in Geauga County. The initial goal of this Advisory Board was to develop, market, and then provide the 40-hour law enforcement training on dealing with mentally ill consumers. Various local professionals, judges, and law enforcement personnel have created a 40-hour curriculum that provides the basic educational information and crisis role-playing required of the CIT model.

In FY07 and FY08, the Geauga County CIT Advisory Board provided two 40-hour trainings for law enforcement that resulted in the certification of 26 officers and 8 mental health liaisons. The CIT Advisory Board will provide the third CIT training course in March

of 2008. In addition, the CIT Advisory Board has scheduled the annual “advanced” training required of programs that adhere to the Core Elements of CIT. This advanced training has been developed to provide additional training to CIT trained officers in three areas – Excited Delirium Syndrome/In Custody Death, Involuntary Commitment and Sexual Assault Response programming. Local EMS, Emergency Room, and ambulance personnel have also been extended an invitation to attend the advanced class. A half-day Suicide Risk training is also scheduled for several local police departments at their request.

Ravenwood Mental Health Center and the Geauga County Sheriff’s Office, as representatives of the Geauga County CIT Program have become members of the Ohio CIT Organization. This has enabled the Geauga County CIT Advisory Board to receive feedback and guidance about its CIT program from the state level and to receive cutting edge training and program development information and updates on a regular basis. This membership includes an on line communication service that enables Ohio CIT members to communicate in real time about ongoing CIT issues.

In addition, three Ravenwood Mental Health Center staff members are Associate Members of the Geauga County Police Chief’s Association and attend the PCA meetings on a regular basis. The goal of this membership is to improve communication and coordination of care for consumers in the community having law enforcement contact.

2. Disaster Preparedness

Ravenwood Mental Health Center has two staff persons who have been certified as trainers in the Ohio Department of Mental Health’s *All Hazards Behavioral Health Care Curriculum – Behavioral Health Response Following a Disaster*. The Board sponsored and Ravenwood conducted a countywide All Hazards Behavioral Health training to area clinicians in October of 2005 and has maintained its roster of those clinicians trained at that time.

What are your estimates of staff for the following areas?

Enter number of staff.

	Local Disaster Response	Statewide Disaster Response	6.c.2
Trained	2	2	
Currently Available	2	0	

3. School Response, including prevention, consultation and education:

- a. Universities & Colleges
- b. Secondary and Primary Schools

The Board has provided funding for ongoing training to area professionals for several years in the field of disaster preparedness and school response. Ravenwood Mental Health

Center has maintained a roster of local clinical staff with experience and/or training in behavioral health disaster response who would be available for crisis response to our local schools and Kent State University – Geauga Campus, in the event of a disaster. This Crisis Response Team has been made available to be deployed via a collaborative effort of the Board, our agencies, and the Emergency Management Agency in Geauga County.

7. Outpatient Services.

a. Intensive Care. For each of the following services that are available in the Board area, please mark (X) under the column indicating approximately how many working days(wd) adult consumers wait for admission. The forms below allow you to report wait times for up to three providers of a service or program.

Please use the “Snap Shot in Time” Methodology for determining Wait Times. During the month of January, ask providers to answer the following question: “Assuming the individual is not in crisis, how many days from today can you schedule an appointment for the following service?”

a.1. Adult Intensive Care

Click on gray box to indicate “Yes” with an “X.” Additional rows of wait time allow you to report known wait lengths for up to three providers of a service or program.

Service Area	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.a.1
ACT	X	<input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type II	X	<input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive Pharm. Mgt	X	<input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive CPST	X	<input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

a.2. Which intensive outpatient services for adults have been area(s) of focus for the Board? *If an agency uses a triage system to schedule services, please discuss the Board’s oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that are a current area of focus.

The Adult Partial Hospitalization program has been a priority for the Board for many years. In May of 2007, the program was expanded because new space was acquired. Previously, the program convened in a small room which limited the number of clients who could be served. Typically, no more than 12 clients could fit comfortably in the small group space though at times more were present. The new space comfortably fits 25 clients and there is an additional small group space available. Current staffing patterns can serve up to

20 clients per day. Most recently a coordination of care was implemented that included the Adult Partial Hosp. Program Director attending Crisis Intervention team meetings to better facilitate immediate access to the program for those clients who needed it. The APHP clinical staff has added one emergency intake assessment slot for every workday. With this system, consumers who are experiencing a mental health emergency can be admitted to the APHP the very next day. This system can also be used for an individual transitioning out of a hospitalization to ensure immediate access. In FY2008, a dual diagnosis component was added to the APHP. This track is available two days per week, typically serving about nine clients.

Through Board levy funding, the Assertive Community Treatment (ACT) team has also provided invaluable services to our Geauga County consumers. The ACT team has the capacity for 20 clients and is currently full. The team uses the outcomes that are predefined by ODMH to monitor the program. One of the significant achievements of this program was seen in the first half of FY06 when 88 % of ACT consumers had NO inpatient psychiatric hospitalization, compared to the 6 months prior to ACT involvement, when 100% of this caseload experienced at least one admission. With this type of positive outcome the Board hopes to expand the program since it is at capacity at this time, but without Medicaid funding that will be difficult.

Individuals that can benefit from this type of intensive intervention require ready access to the program. That access has improved in the past three months. A team of managers and the Intake Clinician review the scheduled intakes on a weekly basis. Those individuals known to have significant psychiatric issues and potentially in need of ACT services are given immediate access. They are pulled from the standard intake schedule and are given a financial intake as soon as possible, typically within a day or two. Following the financial intake, an ACT clinician completes a full intake for the client. An ACT clinician will go into the consumer’s natural environment to complete the intake when necessary. Unfortunately, the need far outweighs the clinical and financial resources available today but we are working to increase the number of ACT workers on a yearly basis.

Another critical service is Psychopharmacological Management, particularly in a time of crisis. At times consumers cannot, because of their mental health issues, wait until a psychiatric evaluation slot becomes available, to do so would often jeopardize their community tenure. Therefore, we have designed a flexible system where a number of Psychopharmacological Evaluation slots each week are held for these emergency situations. The crisis team works closely with the Psychopharmacological Management staff to triage the usage of these evaluation slots and make them available to consumers in the greatest and most urgent need. This flexibility, built into the system of care, can often mean the difference between hospitalization and remaining in the community.

a.3. Child & Adolescent Intensive Care

Click on gray box to indicate “Yes” with an “X.” Additional rows of wait time allow you to report known wait lengths for up to three providers of a service or program.

Service Area	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.a.3

IHBT / MST	X	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PH Program Type I (Time limited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PH Prgm. Type II (School-based)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PH Prgm.Type III	X	<input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Therapeutic Pre-School (PH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Intensive CPST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Intensive Pharm. Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Functional Family Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

a.4. Which intensive outpatient services for children and adolescents have been area(s) of focus in the Board’s current planning? *If an agency uses a triage system to schedule services, please discuss the Board’s oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that are a current are of focus.

One of the newest services developed by the Board is Intensive Home Based Treatment (IHBT). Utilizing the Board’s levy funds, this program has been in place for about the last year. The Board initially funded one team of IHBT and it quickly developed a waiting list time of over three months. Most recently, a grant for an additional IHBT team and gate-keeping service was awarded by ODMH, which should improve waiting time, but will probably increase referrals as well. The community response has been tremendous, but the response has also added pressure to have positive outcomes quickly. We are still collecting data on specific children and outcomes and that report will be available for the next Community Plan.

b. Routine Outpatient Care. For each of the following services that are available in the Board area, please mark (X) under the column indicating approximately how many working days adult consumers wait for admission. The forms below allow you to report wait times for up to four providers of a service or program.

Please use the “Snap Shot in Time” Methodology for determining Wait Times. During the month of January, ask providers to answer the following question: “Assuming the individual is not in crisis, how many days from today can you schedule an appointment for the following service?”

b.1. Adult Routine Outpatient Care

Click on gray box to indicate “Yes” with an “X.” Additional rows of wait time allow you to report known wait lengths for up to four providers of a service or program.

Service	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.b.1
Diagnostic Assessment -- Physician	X	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Diagnostic Assessment – Non-Physician	X	<input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pharm. Management	X	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Counseling/ Psychotherapy	X	<input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CPST	X	<input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

b.2. Which routine outpatient services for adults have been area(s) of focus for the Board? *If an agency uses a triage system to schedule services, please discuss the Board’s oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that have been an area of focus.

For those consumers not experiencing a mental health emergency the wait for both counseling and psychiatric services can range from 10 working days in one agency to 3 weeks or more in another. Individuals who only need to see a counselor and are willing to go to a smaller agency can be seen in a relatively short amount of time. Consumers with more complicated issues, and those needing medication, will wait much longer. This extended wait can put a burden on the emergency service team, which will take phone calls and maintain contact with those consumers that are waiting for service. The emergency team will triage the consumers, and those who are at risk will be fast tracked to service as previously described. However, there are still a significant number of consumers who are experiencing enough stress that the wait for service is difficult.

For those clients requiring CPST services, the intake clinician will assign them to a designated clinician who will complete the Diagnostic Assessment and develop an ISP with the client within two weeks. This allows access to CPST service to be expedited, and usually translates into a much faster reduction in symptoms and stressors.

b.3. Child & Adolescent Routine Outpatient Care

Click on gray box to indicate “Yes” with an “X.” Additional rows of wait time allow you to report known wait lengths for up to four providers of a service or program.

Service	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.b.3
Diagnostic Assessment -- Physician	X	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Diagnostic Assessment – Non-Physician	X	<input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pharm. Management	X	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Counseling/Psychotherapy	X	<input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CPST	X	<input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

b.4. Which routine outpatient services for children have been area(s) of focus for the Board? *If an agency uses a triage system to schedule services, please discuss the Board's oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that have been an area of focus.

Children and youth who present with a mental health crisis or urgent situation are of particular concern to the Board and our mental health center. Currently, there is only one half-time child and adolescent psychiatrist in the public system and therefore psychiatric time for children is extremely limited. The psychiatrist works closely with the crisis intervention staff and the intake clinician to accommodate crisis situations. This access to counseling is crucial in that any wait time is significant for these children and their families when they are in crisis. We will be reviewing the possibility of increasing outpatient services during the coming fiscal year if funding and staffing are available.

c. Best Clinical Practices. (See Appendix C for definition and examples.) What, if any, Best Clinical Practices for Adults and/or Children and Adolescents have been area(s) of focus for the Board? Briefly discuss achievements and trends in these areas.

The Board has funded both Assertive Community Treatment for adults and Intensive Home Based Treatment for youth. Both services are described in detail elsewhere in this Plan. In addition, services like Integrated Dual Diagnosis Treatment and Motivational Interviewing have been implemented in several of our agencies and are being utilized every day for Geauga County residents. These evidence based practices, described in more detail below, provide a measure of continuity and quality that is essential for recovery.

8. Staff Capacity & Workforce Development.

a. How many of the following staff positions for adults were budgeted (047) in the Board area during SFY 2007?

Enter number of FTEs.

Pharm. Management Practitioner FTEs:*	1.79	8.a
CPST FTEs:	7.13	
Counselor/Therapist FTEs:	8.51	

*Includes Advanced Nurse Practitioners with prescriptive authority.

b. How many of the following positions for child and adolescent consumers were budgeted (047) in the Board area during SFY 2007?

Enter number of FTEs.

Pharm. Management Practitioner FTEs:*	.47	8.b
CPST FTEs:	2.25	
Counselor/Therapist FTEs:	5.01	

*Includes Advanced Nurse Practitioners with prescriptive authority.

c. Please describe any areas of focus for the Board regarding **workforce development**. For help with framing a response on this topic, Boards are encouraged to review Appendix G: *An Action Plan for Behavior Health Workforce Development* from the Annapolis Coalition.

The shortage of Masters' level clinicians (Counselors and Social Workers) remains a problem in our community. As in the past, limits on Medicaid rates combined with limited income from insurance companies and self-pay within our system of care means that fewer clinicians are willing to move to Geauga County's rural setting from places like Cleveland or Columbus where they can receive higher salaries, better benefits, and cheaper housing.

9. Inter-system Collaboration

a. Discuss achievements and trends in the following areas.

1. Adult Justice/Court Coordination, Recidivism and Diversion.

In SFY08, the Geauga County Board of Mental Health and Recovery Services initiated a Court Diversion Program designed to identify, assess and treat adult individuals involved with the criminal justice system who may have mental health and/or substance use disorders. This program was the result of collaboration between multiple treatment agencies, the Geauga County Safety Center (Gauga County Jail), and the Geauga County Municipal and Common Pleas Courts. The goal of this program was to reduce the number of individuals who were involved with the criminal justice system due to their mental illness and/or substance use.

This program has three components: a master's level clinician employed by Neighboring Mental Health Services, designated to provide initial triage and assessment of persons charged with a felony or misdemeanor, and to provide counseling to inmates of the Safety Center who have not been previous clients of Ravenwood Mental Health Center. This clinician also identifies consumers who have had a past treatment history with Ravenwood Mental Health Center and makes a referral for

those individuals. For past or current clients of Ravenwood, two masters level clinicians are designated to provide outreach, assessment, counseling and case management to this caseload. All clinical staff then report back to the Court of record and make recommendations on treatment and aftercare. Should a person who is arrested be incarcerated, their treatment could be continued while placed in the Geauga County Safety Center and ongoing reports on their progress and recommendations for an appropriate level of care could also be made to the courts.

Anger management groups, alcohol treatment counseling, and intensive outpatient alcohol and drug treatment programs are all offered at the County Jail through funding provided by the Board. This array of services provides a unique opportunity for inmates to participate in therapeutic services while incarcerated, participation that probably would not have happened prior to their arrest. Clinicians and County Judges work collaboratively to find the best mix of punitive measures and positive reinforcement to improve the chances of a better life for each client.

2. Juvenile Justice/Court Coordination, Recidivism and Diversion.

Our relationship with the Juvenile Court on issues such as the Youth Group Home and children seen by the court continues to be excellent. Working jointly over the past year on transitioning the Youth Group Home from the Court's control to the Board's control, and creating a truly therapeutic milieu has provided insight into the unique and individualized needs of each of these youth. We also continue to work collaboratively on the Geauga County Family and Children First Council, a relationship that has lasted over 15 years.

b. Have any of the following areas been a focus for the Board? Discuss achievements and trends in those areas, if applicable.

1. Jails

As addressed earlier, the Geauga County Safety Center has a variety of clinical programming and treatment models available to the inmates in its facility. Treatment services to this population are funded in most part by the Board, with the Sheriff's Office contracting for the forensic psychiatry provided by Ravenwood Mental Health Center. This collaborative effort helps to assure, to the extent possible, medications are being distributed and monitored by a psychiatrist that in many cases, has access to these inmates' mental health records. This provides for a continuity of care that is often lacking in jailhouse settings.

Services provided include telephone and face to face crisis intervention and pre-hospital screening, crisis follow up and maintenance counseling, psychopharmacological management services, diagnostic assessment, testing and ongoing counseling, and suicide and homicide risk assessment – all provided by Ravenwood Mental Health Center. The anger management group services are provided by Catholic Charities Community Services, and drug and alcohol programming like the Intensive Outpatient level of care for drug and alcohol offenders is provided by Lake-Gauga Center for Recovery Services. Other services like Alcoholics Anonymous are also available.

Continuity of care continues after consumers leave the Safety Center facility. Upon release from the Safety Center, Geauga County offenders in need of outpatient mental health/drug and alcohol treatment are referred to the Court Diversion Program clinicians who treat mentally ill/dually diagnosed offenders in the community. All of the involved entities meet on a regular basis to discuss concerns and questions and to promote communication between and among the participating agencies, staff, and courts. In addition, Ravenwood Mental Health Center's Emergency Services Director attends monthly Sergeant's Meetings at the Geauga County Safety Center to facilitate the

coordination of care for mentally ill inmates.

Training of law enforcement officers at the jail in mental health issues is also an important component of a comprehensive educational plan within the jail. All of the Safety Center staff having inmate contact are trained in "Suicide Risk in the Correctional Setting" on at least an annual basis by the Geauga County Suicide Prevention Coalition. This has resulted in 47 Safety Center personnel being trained in FY08. Ravenwood Mental Health Center has actively assisted the Safety Center administration in the development and updating of their internal policies and procedures with regard to identification and intervention with at risk and/or potentially suicidal inmates. The Safety Center administrator and medical staff have attended training with Ravenwood Mental Health Center on the implementation of the *Sequential Intercept Model* for working with mentally ill/dually diagnosed consumers in the community and in the jail.

2. Detention Centers

N/A

3. Homeless, Runaway & Domestic Violence shelters

For numerous years, the Board has funded WomenSafe, Geauga County's Domestic Violence Shelter. Residents in the shelter benefit greatly by receiving Ohio Department of Mental Health certified programs. These services include assessment, counseling, consultation, art therapy, peer support, CPST, and education. This past October the agency opened a brand new 14,000 square foot shelter named "The Green House". It is one of only 5 other disclosed shelters in the State of Ohio. This new facility will increase capacity and provide a much warmer atmosphere for those who utilize the shelter.

4. Nursing Homes

N/A

5. Prison Reentry

The Board has designated the Crisis Intervention Supervisor at Ravenwood Mental Health Center as their forensic liaison and she establishes links to prisoners and the community when a reentry into the County is planned. Geauga County experiences very few of these prison reentries, averaging less than 1 per year. Therefore, no formal re-entry services for Geauga County residents released from incarceration currently are in place. The Geauga County Safety Center administrator, medical staff, and Ravenwood Mental Health Center staff attended a training in late 2007 which focused on the necessity of re-entry services for those inmates who are being released to the community. This continues to be an area of interest and collaboration between the Safety Center and mental health providers.

6. Physical/Mental Health Integration (Specify whether adult and/or child & adolescent.)

See D.4.c. Somatic Health Care.

10. Prevention, Education & Consultation (P,C&E). *Discuss achievements and trends in the following areas:*

- a. Suicide Prevention
- b. Any local or state P,C&E services of relevance to the Board.

The continued enhancement of the Geauga County Suicide Prevention Coalition is an ongoing priority for the Board. With funding made available through Board levy dollars, the coalition met the initial goals established in SFY06 and has recently developed new goals, objectives, activities, and strategies to continue the prevention efforts throughout SFY09. A countywide public awareness campaign will insure that materials featuring suicide prevention information are distributed throughout the county and a Speaker's Bureau will be maintained. "Train the Trainer" meetings are already scheduled to help increase the number of speakers available. When funding from ODMH was reduced to the Coalition, the Board picked up funding for the service with local levy dollars. We believe the Geauga County Suicide Prevention Coalition will continue to work diligently to reduce the incidence of suicide through its education, outreach, referral, and interventions.

The Board remains committed to funding, developing and implementing prevention, consultation, and education programs in Geauga County. Through participation in area health fairs and county festivals, a vast amount of information promoting good mental health is distributed. We continue to provide funding for bi-monthly newsletters that are distributed throughout the county. We have also been working to enhance our website and promote the Network of Care site to the county in SFY 2008 and SFY2009. We anticipate running a levy campaign in the spring of 2009 which will once again put the issue of mental health and recovery at the forefront of voters throughout the catchment area.

11. Cultural Competency: *Discuss achievements and trends in any of the following areas:*

- a. Consumer satisfaction with services and staff
- b. Staff recruitment
- c. Staff training.
- d. Addressing disparities for cultural groups in access and outcomes
- e. Other

We have continued our work with the Amish population and consumer satisfaction surveys report high satisfaction with this program. A licensed counselor provides CPST services exclusively to the Amish, in their homes. This one on one individualized attention which provides a non-judgmental resource to this community is the key to success. Originally, individual counseling services were considered an important component in meeting the mental health needs of the Amish. Post partum depression was frequently mentioned by the Amish Bishops as a recurring problem for Amish women. However, it has become apparent that, though counseling services are used on occasion, CPST and psychopharmacological services are preferred by this population. Many Amish are initially concerned about counseling, or their Bishop is, fearful that a therapist may strive to pull them away from the Amish life style. While this has been addressed with the Bishops through ongoing community meetings, it remains a concern and may remain an underlying reason why counseling services are not utilized to a large extent.

All agency staff receive training in cultural sensitivity on an annual basis. This has helped Geauga County maintain high numbers in client satisfaction related to cultural sensitivity. A consumer satisfaction survey provided to agency consumers in FY06 showed that 92% rated cultural sensitivity of agency staff as excellent. In FY07, 95% of respondents rated cultural sensitivity as excellent.

12. Other: Please use this area to discuss achievements and trends and other current state issues of concern to the Board.

One of the areas we are tracking is the shift in the average age of our current population in Geauga County. Geauga County has one of the fastest growing elderly populations in the state and we are meeting with the Department on Aging, Department of Health, and other social service providers and funders to review our continuum of care for this population. More information on senior services is described in other parts of this Community Plan.

C. Needs Assessment.

Describe the processes the board used to determine its current needs in crisis care, clinical services, recovery, resilience, prevention, consultation and education services. Include any data sources and types, methodology, time frames, stakeholders, collaborative partners and methods of prioritizing. Examples of needs assessment processes include, but are not limited to: surveys, focus groups, expert panels, key informants, penetration rates, demographic and social indicators. The board must employ at least **one** of the above approaches and at least **one** approach that involves consumer participation.

The Board has been a community participant and funding partner in 3 countywide needs assessments completed over the last 36 months, in which consumers and family members were able to give specific input on many aspects of program planning. Two of these assessments were “Communities That Care” surveys provided to every sixth through twelfth grade student residing in Geauga County. The third assessment was done through a joint venture by the Geauga County United Way, Geauga County Job and Family Services, Geauga County Department on Aging, Geauga County Commissioners, and the Geauga County Board of Mental Health & Recovery Services. This community wide, multi-faceted assessment was created following the nationally recognized United Way Needs Assessment protocols published in “COMPASS II, Guide to Community Building”, and locally named the *Gauga Community Impact Project (GCI)*.

GCI incorporated several data sources and methodologies to arrive at a list of priorities for the community and its social service providers. Utilizing six survey instruments, household surveys, consumer surveys and focus groups, a countywide citizen’s convention, and key informant surveys, the survey and report were divided into four major sections: community strengths, community challenges and issues, community priorities, and participant demographics. Data from multiple sources was accessed and referenced in the final report to help quantify needs and assess penetration rates of particular programs designed to meet those needs (See Attachment 1 for a list of reference materials utilized and Attachment 2 - Affordable Housing Initiative Theory of Change). The final 292 page report was finalized and published in the summer of 2005.

From the outset, mental health consumers and family members were a vital part of the GCI project and its final products. Several consumers and family members, and representatives of the Geauga County Board of Mental Health & Recovery Services sat as members of the 32 member steering committee that provided oversight and final approval to each phase of the project. Consumers were also provided a specific forum for their input through a focus group specifically targeted to mental health clients. This information was then incorporated into the findings of the final report.

A total of 1,914 random sample household surveys gave the community at large input into the report through Likert Response Scales. Responses to questions ranging from community strengths to personal demographic information gave vital insight into the best qualities of the community and components which residents found lacking. A Cronbach’s Alpha reliability coefficient of 0.942 provided funders, steering committee members, participants, and the community the assurance of valid and reliable information.

While GCI focused on adult input into the needs assessment process, teens were included in the Board's needs assessment process as well. A team of community leaders and providers contributed funding and staffing to implement an evidence based needs assessment survey in 2005 as well. The Geauga County Board of Mental Health & Recovery Services, Geauga County Job and Family Services, Chardon Community Coalition, Geauga County Juvenile Court, Lake/Geauga Center on Alcoholism and Drug Abuse, community representatives, Geauga County Family and Children First, and Partnerships For Success participants all worked collaboratively to implement a survey that would provide an extensive overview of the issues facing our children today. "Communities That Care" (CTC) surveys were provided to all eight public school districts serving Geauga County. Virtually every sixth through twelfth grade student was surveyed, for a total of 7,328 responses. "Communities That Care" was designed to identify the levels of risk factors related to problem behaviors such as alcohol, tobacco and other drug use, and to identify the levels of protective factors that help guard against those behaviors. Research has shown that teens participating in destructive or problem behavior are much more likely to suffer from mental health issues than teens that do not. Protective factors help to ameliorate those behaviors. The 142 question survey gave broad insights into the protective factors and risk factors facing our teens every day. Findings of the survey were utilized to jointly plan with other community leaders strategies and programs to help build additional protective factors and directly impact and reduce risk factors identified through the needs assessment process.

Today we are in the midst of re-administering the "Communities That Care" survey to all sixth through twelfth graders. Findings will then be compared to the baseline information established through the 2005 survey results and adjustments will then be addressed to again help build protective factors and reduce risk factors to our teens. Through consistent administration of this tool in two to three year cycles, we will build a comprehensive base of data and outcome information to help guide funding and programmatic decisions well into the future.

The Board also collaborates with the Geauga County Housing Coalition to conduct annual surveys on housing needs and homelessness in Geauga County (See Section 2.1 "Recovery Services: Housing"). These findings are then utilized to specifically address housing needs in the SMI community.

D. Community Plan for SFY 2009. (Desired State)

Please refer to "Planning Terms" in Appendix C.

1. Planning Processes. Describe the process utilized by the Board to determine its priorities for SFY 2009. How did the Board decide the most important areas in which to invest their resources?

Utilizing data that was provided by the needs assessment processes described above in "C. Needs Assessments", the Board met jointly with our community partners to determine appropriate responses to help provide for unmet needs and address specific risk factors. The participants included all the community leaders, funders, consumers, family members, and system representatives listed in section C. above. The value was not only that all participants had a vested interest in the prioritization process utilized by every provider and funder, but also, that multiple funding agencies could consolidate their resources and provide a more comprehensive approach to addressing the needs of the community. The Board also utilized this opportunity to create a three-year strategic plan incorporating the outcomes of these community meetings (See Attachment 3 - *Gauga County Board of Mental Health & Recovery Services, Strategic Plan – Board Goals and Objectives SFY 2007-2009*).

Out of the GCI report, three sub-committees were formed that are still meeting and moving forward on county priorities. The top three issues identified in the report were affordable housing, services to homebound senior citizens, and countywide transportation. The Board is represented on all three committees through staff, Board members, and/or consumers and family members. They have worked jointly with specified lead agencies to plan and implement programming which addresses county priorities.

An example of this extraordinary relationship can be found in the results and subsequent actions of these county partnerships around one of the specific findings of the “Communities That Care” survey. Surveys found that parents of senior class teenagers had a 54% approval rating of their children drinking as teens. In collaboration with the Board and JFS, the Partnerships for Success and Geauga County Children and Family First Council sought to change this parental acceptance rate as well as a higher than normal rate of senior drinking, through multiple strategies. One was a postcard campaign, where Geauga County specific teen drinking data was sent to all parents of seniors attending local high schools. The reverse side of the postcard featured a picture along with a heading addressing specific drinking issues. (See Attachment 4 – *Gauga Parent Alert Postcards*).

In *The Surgeon General’s Call to Action To Prevent and Reduce Underage Drinking*, the Surgeon General points out “...adolescents with defined mental disorders have significantly elevated rates of alcohol and other drug use problems” (Moritsugu, Rear Admiral Kenneth P., M.D., M.P.H., Personality Traits, Mental Disorders, and Adolescent Alcohol Use, *The Surgeon General’s Call to Action To Prevent and Reduce Underage Drinking 2007*, U.S. Department of Health and Human Services, Office of the Surgeon General, pg. 23). In order to address drinking and other risky behavior at an earlier age, a jointly funded resiliency program was implemented in all middle schools that wanted it, at no cost to the school district. Even younger children were targeted in cooperative efforts between Geauga County Job and Family Services and the Geauga County Board of Mental Health & Recovery Services. JFS funded the evidenced based Devereux program in pre-schools and daycare centers while the Board funded Early Childhood Mental Health Consultation and the Incredible Years program in response to community needs and the desire of all partners to implement effective early intervention programs.

Affordable housing was identified through the GCI planning and assessment process as a critical need in Geauga County. A subcommittee was formed that included many of the partners from GCI, with consumers and family members well represented. Out of this countywide approach several initiatives have been started to bring a breadth of housing options to Geauga County citizens. One of the options will be independent single and double bedroom apartments for severely mentally disabled adults within the community. The Board utilized the final report of the GCI to approach the ODMH and ultimately receive a grant for \$444,750 to build this new apartment complex. The Board has also allocated almost \$500,000 in cash and matching real estate to meet these housing needs.

By utilizing excellent research data, needs assessment reports, and partnerships with local community organizations and individuals the Board has been in a unique position to match community needs with community investment.

2. Recovery Supports. Using the format below, please describe goals, strategies, and measurable objectives for SFY 2009 for housing, employment, including supported employment, and other recovery supports of relevance to the Board, such as Wellness Management and Recovery, WRAP, Bridges, Networks of Care, Peer Support Services, etc. (See Appendix C for definition of recovery supports and examples of strategies and programs.) Based on identified needs, rank priorities as high, medium or low.

What systems/entities/providers/consumer groups will the board collaborate with or have discussions, and what benefits/results are expected?

Items with an asterisk (*) must be addressed, even if this is a low priority area and planning is minimal.

2.a. EMPLOYMENT*

Priority: Medium Priority

Increase the number of mental health adult consumers who are employed or are attending vocational school or college.

Strategies:

Provide vocational opportunities within the community that meet vocational goals of consumers.
Provide educational forums for consumers on income eligibility and maintaining federal entitlements.
Provide individual casework and training to help participants develop strategies to overcome barriers to employment.
Identify reliable data sources to track employment outcomes.

Measurable Objectives:

National outcome measures will show a 5% increase in adults reporting employment through state data sources.
A minimum of 2 educational opportunities will be held providing consumers with information about employment and retention of entitlement benefits.
Ensure that 70% of participants secure and maintain a job for at least 90 days.

Discussions and/or Collaborations:

The Board has already begun negotiating with potential alternative supported employment providers to address a lack of employment for severely mentally disabled adults in SFY 2009. The Board has provided employment tenure incentives in the past to encourage consumer's continued employment once they are placed, and these may once again be offered to help consumers transition into employment opportunities. (See Section 2.2 "Recovery Supports: Employment" above).

Transportation to employment sites continues to be a problem for consumers in Geauga County. The public transportation system currently in place, Geauga Transit, can only provide rides to and from doctor's appointments, for grocery shopping, or for other one-time events. It does not provide transportation to and from employment sites and does not run regular routes. The GCI subcommittee on transportation will be working to improve transportation options within the county and that should prove to be a benefit to all Geauga residents. Creating a system that provides opportunities for transporting consumers to and from work will significantly increase the number of employment opportunities available to our clients. Right now, many consumers are limited in opportunities to employment sites that are close to their homes and in a rural county that is usually a very limited number.

We will also be working on securing reliable numbers of employed SMI adults. The new outcome measures skew the number of working adults by including non-SMI adults into the statistics, and while that number is important as well, we seek to utilize limited resources on our priority population.

2.b. WELLNESS MANAGEMENT & RECOVERY*

Priority: Low

Goals:

We are not currently utilizing this model.

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

2.c. HOUSING

Priority: High

Goals:

To increase the number of affordable one and two bedroom apartments for consumers in Geauga County.

Strategies:

Securing funding and specific sites for the development of one and two bedroom apartments for SMI adults in Geauga County.

Measurable Objectives:

By the end of the first quarter of SFY 2009, funding shall be secured for the development of a ten unit apartment complex.
Initial construction shall begin by January of 2009.

Discussions and/or Collaborations:

The site has already been identified and secured, and approximately half of the necessary funding and in-kind contributions have been secured. A grant from NAMI – Ohio has provided a housing finance consultant to help write and procure grant funding from additional sources.

2.d. OTHER: SOCIAL/RECREATIONAL SUPPORTS

Priority: Medium

Goals:

To maintain an active and wellness based social recreation program for consumers.

Strategies:

Provide an inviting environment for consumers to gather within the community.
To provide at least one balanced meal per day, with consumer participation.
Make opportunities available to go on community outings to help with re-integration into the community and building a healthy life style.

Measurable Objectives:

85% of participants of the social recreation program will report the programming is addressing their social recreational needs.

Discussions and/or Collaborations:

The John Murray Center was created to fill a void when our consumer-operated drop in center closed its doors in 2002. This facility is operated by Ravenwood Mental Health Center and had received high praise from consumers who have utilized the service. Attendance has more than doubled that of the previous drop in center and additional programming like employment readiness training should increase that number of participants.

3. Resilience Supports. Using the format below, please describe goals, strategies, and measurable objectives for SFY 2009 for school success, ABC, and any other Resilience supports of relevance to the Board, such as Transition Age Programs, Parent Advocacy, etc. (See Appendix C for definition of resilience supports and examples of strategies and programs.) Based on identified needs, rank priorities as high, medium or low. What systems/entities/providers/consumer groups will the board collaborate with or have discussions, and what benefits/results are expected?

There is overlap between Resilience Supports and Prevention, Consultation, and Education (P,C&E). Boards can discuss programs such as BB/BS, Triple P, Family Advocates, Early Childhood Screening, etc., as a Resilience Support or under the narrative for Section 10: P,C&E.

3.a. SCHOOL SUCCESS

Priority: High

Goals:

Provide opportunities for children and youth with severe emotional disabilities or difficult to handle behaviors to succeed in an alternative school environment.

Strategies:

Utilize in-class mental health clinicians to help address behavioral issues and incorporate successful techniques into the home environment.

Measurable Objectives:

Seventy-five percent of students enrolled in the Geauga County Alternative Schools program who receive mental health services will report improved grades and school attendance upon discharge to their home school.

Discussions and/or Collaborations:

We offer this program through funding made available from the Ohio Department of Mental Health. Working collaboratively with our Educational Service Center, Ravenwood Mental Health Center provides a master's level clinician to their Alternative Schools Program – a program specifically designed for kids who have been suspended or expelled from their home school district. This clinician is not only able to introduce appropriate techniques to the class teacher and student, but is also able to interact with the parents or guardians to help them incorporate successful techniques into their home environment.

3.b. EARLY CHILDHOOD CARE

Priority: High

Goals:

See B.3. and D.3. Resiliency Supports.

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

3.c. TRANSITION AGE CARE

Priority:

Goals:

N/A

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

4. Inpatient Care. Please complete the table below to estimate planned utilization for the next year, as best you can, even though final plan for SFY 2009 use of state hospital days is not due until May 1. Note that the state hospital per diem will be fixed for SFY 2009 at \$481. (Please note Appendix F for additional state bed day utilization data.)

Board Purchased Inpatient Care	SFY 2009 Bed Days	SFY 09 Admissions
State Hospitals	300	25
Private Psychiatric Hospitals: Adults	200	20
Private Hospitals: Children & Adolescents	0	0

Using the format below, please discuss goals and strategies regarding **inpatient care** in your Board area and identify anticipated discussions or initiatives with inpatient providers. Also, please describe any future goals and strategies to assess and improve **continuity of care** between inpatient and community mental health providers. Finally, please discuss any planning for patients discharged from inpatient care with serious **somatic health care** needs.

Address as many of the following questions as possible in your discussion of inpatient care, continuity of care, and somatic health care planning:

- i.** Are you developing new or modified community based services which are expected to reduce your current inpatient bed day utilization?
- ii.** If you do not have a continuity of care agreement (see Appendix J) with your local state hospital, will you be addressing this issue with them in the next year?

iii. Are you planning future activities to improve linkage and follow up of discharged patients from inpatient care with serious somatic health care needs to general health care services?

4.a. INPATIENT CARE

Priority: High

Goals:

To improve access and streamline the admission process for those consumers in need of inpatient psychiatric care and to maintain continuity of care between inpatient and outpatient service providers.

Strategies:

Utilize local hospitals whenever possible for inpatient psychiatric care to improve continuity of care with community services.
Provide 24 hour support residential crisis bed services to reduce acute hospitalizations.
Increase ACT services for appropriate consumers.

Measurable Objectives:

State hospitalization rates will drop by 10% over the next fiscal year.
ACT team case rates will increase to 30 individuals by the end of SFY 2009.
The Board will have secured a contract for inpatient bed days at the Geauga Hospital by the start of SFY 2009.
Less than 10% of all consumers hospitalized for psychiatric disorders, funded with Board dollars, will be readmitted within a 12 month time period.

Discussions and/or Collaborations:

The Board is working towards contracting with additional inpatient psychiatric providers to expand the number of inpatient options available to consumers. This has resulted in one additional inpatient detox contract for FY08 and discussions with a local general hospital to provide psychiatric inpatient services.

The Board contracts with Ravenwood Mental Health Center's CPST program to provide community support services to all Geauga County consumers admitted to a state psychiatric hospital. This service includes CPST attendance at inpatient treatment team meetings when indicated, input in and coordination of discharge plans with inpatient staff, and coordination of emergency services follow up care to ensure that the consumer is stable and has access to medication, treatment, housing and ongoing support upon release. Discharge plans can include immediate admission to the Transitional Living Center – a 24-hour supported living facility.

Each Geauga County consumer being released from an inpatient psychiatric facility is referred to the Emergency Services Program of Ravenwood Mental Health Center for a follow up appointment within 24 hours or by the next business day following discharge. The goal is to reduce recidivism rates within this population. This appointment can include a re-assessment of symptoms and/or risk, linkage to programs to assist the consumer in obtaining medication, support in medication compliance, housing referrals, and when indicated, health care services and immediate access to treatment for somatic illnesses. The Emergency Services Program can make timely referrals to Assertive Community Treatment, partial hospitalization, community support, psychiatry, and crisis stabilization services. Ravenwood Mental Health Center has opened up four intake and psychiatric evaluation slots each week that are reserved for consumers that are seen via Emergency Services, are experiencing a mental health crisis, and are in need of an immediate psychotropic medication

evaluation to prevent an inpatient psychiatric admission when safe to do so. This enables the consumer to obtain immediate Medication-Somatic services and increases the likelihood that stabilization and recovery in the community can be achieved and maintained.

The expansion of the Assertive Community Treatment Program is expected to further reduce inpatient bed day utilization rates. The ACT Team outcomes reflect a reduction in inpatient admissions for the most seriously ill consumers (See Section 7.a.2, Outpatient Services, ACT) – a reduction in both number of admissions and length of inpatient stays.

4.b. CONTINUITY OF CARE

Priority: Medium

Goals:

To provide a seamless system of care to meet the consumer's needs and help them succeed within the community.

Strategies:

Make local care available for psychiatric hospitalizations.
Utilize community psychiatrists as credentialed hospital staff when their patients need psychiatric in-patient care, to help assure continuity of care in both the hospital and in the community.
Provide CPST contact for inpatient consumers to ease the transition back to the community.

Measurable Objectives:

Crisis Intervention staff will meet with 100% of consumers being released from psychiatric hospitalizations, within 24 hours.
CPST staff will be available 24/7 for crisis services and will see every consumer placed in an inpatient setting within 72 hours.
All psychiatrist currently seeing SMI adults in the public system will be credentialed at the local psychiatric hospital in order to provide inpatient psychiatric care for Geauga County consumers.

Discussions and/or Collaborations:

Credentialing has been approved by the Geauga Hospital and will begin as soon as a final contract is signed. We also provide psychiatric care in the jail so those consumers who are incarcerated will also be able to connect to the community and service delivery systems easier upon their discharge.

4.c. SOMATIC HEALTH CARE

Priority: Medium

Goals:

To connect consumers with programs and opportunities to improve overall physical health.

Strategies:

Appropriate referrals and follow-up will be made to local health care providers based on the needs of the consumer.
Referrals to Das Deutsch Center will be made for any suspected hereditary diagnoses.
Physical health programs will be encouraged at settings where consumers congregate.

Measurable Objectives:

Consumers with somatic concerns will access needed health care within 24 hours when appropriate. Hereditary illnesses will be referred to Das Deutsch Center for assessment and treatment within 72 hours.

In SFY 2009 the Board will provide funding for educational materials and training for consumers regarding maintaining healthy nutrition and healthy life choices.

Discussions and/or Collaborations:

We are very concerned about the overall physical and mental health of our consumers. Recent research shows that individuals with severe mental disabilities die up to 25 years younger than persons with no mental health issues. We are reviewing how to utilize data already captured to increase awareness of physical health issues. Currently, standards dictate that health inventory screening questionnaires are completed when the consumer completes their intake process. These screening tools are then reviewed by an RN and the results relayed to the consumer and CPST worker whenever appropriate. CPST workers are available to help those consumers who have difficulty because of their mental health issue, to obtain needed health care services. A lack of physicians who accept Medicaid in the county has led to long delays in seeking and/or receiving medical care, particularly routine medical care. The situation for dentists is even worse. We will begin exploring potential alternative medical care with the local hospital during the next fiscal year. In the meantime, psychiatrists are providing as much consultation on healthy life styles with our consumers as possible given the limited time available.

We are trying to encourage healthy activities in our newest housing project to help consumers improve their overall physical health. We are anticipating adding a workout room to the apartment complex we are building in the next year. This area would be open to residents in the apartment building as well as to consumers currently living in our 24 hour supported living program, the Transitional Living Center. It will be within easy walking distance and will give both populations an opportunity to improve their overall physical health. We will investigate contracting with our local YMCA to provide professional consultation to our consumers on health life styles and to assist them in their exercise development.

5. Residential Treatment Centers. Using the format below, please discuss the Board's goals and strategies to *reduce* Residential Treatment Center placements of children and adolescents in SFY 2009. Has the Board set any targets for evaluating the effectiveness of those strategies in reducing RTC placements?

5.a. Residential Treatment Centers

Priority: High

Goals:

Improve the quality of life and the continuity of care for children and youth with mental health diagnoses by decreasing out of home residential treatment placements.

Strategies:

Increase the utilization of Intensive Home Based Treatment services for youth.
Increase referral to the youth Partial Hospitalization program, as an alternative for out of home placements.
Monitor out of county residential placements through Family First Council criteria to reduce recidivism and shorten lengths of stay.

Measurable Objectives or Targets:

10 % fewer children and youth will be admitted to a residential treatment center in SFY 2009 than the previous year.
Family First Council shall implement an evaluation tool by the end of the second quarter of SFY 2009 in order to track individuals progress placed in residential treatment.
Length of stay shall be reduced by 10% for children placed in out of county residential facilities.

Discussions and/or Collaborations:

The Geauga County Family and Children First Council (FCFC) has pooled funding from the Board, JFS, Juvenile Court, the County Commissioners, and MR/DD that it accesses for out of county residential placements. This collaborative effort also includes a multi-disciplinary team of professionals and family members who review each case for appropriateness and make specific recommendations to the Council for placement. In the past year, about 90% of youth who are placed out of county in residential treatment centers are sexual offenders and therefore have not been appropriate to remain within the county.

We have received a grant from ODMH to expand our Intensive Home Based Treatment program and this should almost double the number of youth on the caseload. This evidence based program has already demonstrated effectiveness with reducing out of home placements. Our expanded youth partial hospitalization program also tries to reach kids at an earlier age, 8-11, to try to address issues before they become severe enough to require residential placement.

The FCFC screening committee also uses one on one services to intervene in a situation that is appropriate. Therapeutic interventions with the family in their natural environment are often the best approach to providing effective family involvement. The one on one professional can provide parent coaching, role modeling and respite or other creative and appropriate interventions. The amount of time the intervention is provided is dependent on the need of the child and family. On many occasions this, in conjunction with immediate mental health services, has stabilized a situation and help avoid placement of a child.

In January of 2008, the Board took over responsibility for the Juvenile Court’s Youth Group Home, located in central Geauga County. We have subcontracted for therapeutic treatment with Ravenwood Mental Health Center, who supplies 100% of the staffing for this facility. This milieu will allow youth to remain in their community, linked to services and their school district, while receiving individual and family treatment services. While it is not designed to specifically reduce residential placements, it should have a profound impact on length of stay and success in aftercare, through much improved continuity of care. A social worker at the facility works closely with all youth during their tenure in the Geauga Youth Center School. She maintains ongoing contact with the youth’s home schools, not only ensure that the youth maintain their school credits, but to develop and implement a plan for their successful return into the peer environment. As they transition back to their home, and after they have returned to their local school, she maintains contact to continue to assure a successful return.

6. Crisis Care. Using the format below, please discuss the Board’s plan in SFY 2009 for areas of relevance in crisis care, e.g., hotline, warm line, 24/7 staffing, mobile response, crisis facility, contract for observation beds, respite/emergency beds, transportation service, or other. *It is not necessary to discuss all listed programs and services. This is primarily a place to discuss planned expansion or contraction of capacity in crisis care services and programs. Please discuss only those areas that are a focus of current planning.*

6.a. Adult Consumers

Click on gray boxes to select area of crisis care and priority level.

6.a.1. Area of Adult Crisis Care:

Priority:

Goals:

See B.4., D.4.a. and D.4.b. Inpatient Care.

Strategies:

Measurable Objectives

Discussions and/or Collaborations

6.b. Child & Adolescent Consumers

Click on gray boxes to select area of crisis care and priority level.

6.b.1 Area of C&A Crisis Care:

Priority:

Goals:

N/A

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

6.c. Planned Crisis Bed Days. If the Board contracts for crisis beds, please indicate projected utilization for Adults and Children & Adolescents in SFY 2008 and SFY 2009:

	SFY 2008 Crisis Bed Days	SFY 2009 Crisis Bed Days
Adults	730	730
Children & Adolescents	0	0

6.d. Crisis Response. Using the format below, please discuss the Board’s plan for SFY 2009 in the following areas. Items with an asterisk (*) must be addressed, even if this is a low priority area and planning is minimal.

6.d.1. CIT/POLICE COORDINATION*

Priority: **Medium**

Goals:

Improve outcomes of consumers who become involved with law enforcement and the criminal justice system.

Strategies:

- 1) Develop strategies to recruit road level law enforcement for the annual CIT training, in particular from smaller departments for whom staffing and funding is an issue.
- 2) Improve data collection processes to allow for the comparison of outcomes in CIT officer response calls versus non-CIT officer response calls when dealing with the mentally ill in the community.
- 3) Provide diversion services to reduce the number of mentally ill individuals who are incarcerated for offenses committed due to their brain disease.
- 4) Provide annual advanced training seminars for officers who are already CIT certified.

Measurable Objectives:

Increase the number of road patrol participants for CIT trainings to the maximum allowable class size of 20.
CIT Advisory Board shall develop data collection protocols and reporting mechanisms that compare response outcomes within the county.
In Geauga County, 25% of road officers shall be trained in CIT within three years.
One seminar on advanced training will be offered in SFY 2009 for those individuals who have been CIT certified.

Discussions and/or Collaborations:

The Board is in its second year of funding CIT training in Geauga County and the response has far exceeded our initial expectations. The number of individuals trained has been higher than projected and some law enforcement agencies have already met or exceeded our goal of training 25% of all road officers in the CIT model. The Geauga County Safety Center has trained the majority of its corrections staff in CIT and at least one local police department has already met the goal of having 25% of their road patrol officers receive CIT certification. An advisory board has been formed and that group meets on a monthly basis to design recruitment strategies and promote training opportunities for Geauga County first responders.

The Advisory Board has also identified the need for additional funding in order for smaller police departments to participate. The absence of just one or two officers to attend the CIT 40 hours of training would be prohibitive, since that would require paying overtime for some other officers to fill that vacant shift. Grant funds could be utilized to reimburse smaller departments for overtime costs associated with sending their officers to the CIT training.

6.d.2. DISASTER PREPAREDNESS*

Priority: High

Goals:

To participate in the Geauga County Emergency Disaster Plan in a way that helps to address the behavioral health needs of the community.

Strategies:

Maintain current roster of clinicians trained in the curriculum – “Behavioral Health Response Following a Disaster.”
Continue disaster preparedness exercises designed to identify areas needing improvement

with regard to consumer behavioral health care during or after a disaster.
Maintain affiliation agreement with Geauga County's Emergency Management Agency to provide behavioral health resources to disaster victims when warranted.

Measurable Objectives:

A list of clinicians with appropriate training and/or experience will be maintained by Ravenwood Mental Health Center.
The Board and/or its designated agencies shall participate in the SFY 2009 Disaster Preparedness exercises initiated by the Geauga County Emergency Management Agency (EMA).
The affiliation agreement with the EMA shall be updated on an annual basis to document the role of all involved parties.

Discussions and/or Collaborations:

This year the Board has participated in both mock disaster scenarios and round table discussions of emerging issues, initiated by the Geauga County Department of Health. We also continue to update our role in the *Gauga County Emergency Disaster Plan*, which is written and updated by the Geauga County Emergency Management Agency. We currently have two staff members at Ravenwood Mental Health Center who are certified in the "Train the Trainers" curriculum of the Ohio Department of Mental Health's "Behavioral Health Response Following a Disaster."

6.d.3. COLLEGES & UNIVERSITIES*

Priority: Low

Goals:

To provide at no cost, trained crisis counselors to local schools, and the local university branch whenever they are needed.

Strategies:

Maintain a roster of clinicians available for crisis response to the Kent State University – Geauga Campus.
Advertise Geauga's phone crisis intervention service (CopeLine) and our suicide prevention information to the students and staff of the Kent State University – Geauga Campus facility.

Measurable Objectives:

The Board shall have available a roster of clinicians available for crisis response to the Kent State University – Geauga Campus.
Posters and handouts will be made available on the Kent State University – Geauga Campus which advertises information related to suicide prevention and crisis intervention.

Discussions and/or Collaborations:

We are also providing drug and alcohol assessments free of charge to the students and faculty of the Kent State Geauga Branch, during Alcohol Awareness Month.

6.d.4 PRIMARY & SECONDARY SCHOOLS

Priority: Medium

Goals:

To provide at no cost, trained crisis counselors to local schools, colleges, and universities whenever

they are needed.

Strategies:

Maintain a roster of clinicians available for crisis response to Geauga County schools. Advertise Geauga’s phone crisis intervention service (CopeLine) and our suicide prevention information to the students and staff of local school districts.

Measurable Objectives:

The Board shall have available a roster of clinicians available for crisis response to Geauga County school districts. Posters and handouts will be made available at each middle and senior high school, which advertise information related to suicide prevention and crisis intervention. The Suicide Prevention Coalition will offer at least one training per year to school personnel, that includes information on Geauga County’s crisis response system.

Discussions and/or Collaborations:

Local school districts have been closely involved in the evolution of the Suicide Prevention Coalition. They have participated directly with the development of materials which are being distributed throughout the county related to suicide depression and advertising our 24 hour crisis line, CopeLine.

7. Outpatient Services. Using the format below, please discuss the Board’s plan for relevant outpatient “services as usual,” e.g., Diagnostic Interview-Physician, Diagnostic Assessment, Pharmacological Management, CPST, Counseling, Partial Hospitalization. *It is not necessary to discuss all listed services. This is primarily a place to discuss planned expansion or contraction of capacity in routine outpatient services. Please discuss only those areas that are a focus of current planning.*

7.a. Adult Services.

7.a.1. Area of Adult Services: Assertive Community Treatment
Priority: High

Goals:

See Section B.7.a.2. and D.4.a. Assertive Community Treatment.

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

7.a.2. Area of Adult Services:
Priority:

Goals:

N/A

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

7.b. Child & Adolescent Services.

7.b.1 Area of C&A Services: Intensive Home Based Treatment

Priority: High

Goals:

See B.7.a.3., B.7.a.4. and D.5. Child & Adolescent Intensive Care Intensive Home Based Treatment.

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

7.b.2 Area of C&A Services:

Priority:

Goals:

N/A

Strategies

Measurable Objectives:

Discussions and/or Collaborations:

7.b.3. Area of C&A Services:

Priority:

Goals:

N/A

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

7.b.4. Other. If you need additional space to discuss planning in the area of child & adolescent “services as usual”:

N/A

7.c. Best Clinical Practices for Adults, Children & Adolescents. What are the Board’s plans for SFY 2009 regarding Best Clinical Practices? The term “best practices” includes both promising and evidence-based practices. Examples of Best Practices include, but are not limited to: Assertive Community Treatment, Intensive Home Based Treatment, Intensive Dual Disorder Treatment (IDDT), Early Childhood Assessment, Functional Family Therapy, Treatment Foster Care, Physical/Mental Health Services Integration, Trauma-focused Community Based Treatment (TF-CBT), Dialectical Behavior Therapy (DBT), Trauma Screening and Assessment, Telemedicine, Tobacco Dependence Treatment, Older Adult care, Integrated Care for persons with MR/MI. (See definitions in Appendix C.)

Items with an asterisk (*) must be addressed, even if this is a low priority area and planning is minimal.

7.c.1. PRACTICE: Integrated Dual Diagnosis Treatment (IDDT)*

Priority: Low

Goals:

To provide a holistic approach to treatment for individuals with a dual diagnosis of mental illness and chemical dependency.

Strategies:

Provide opportunities for individuals to address both mental health and substance abuse issues through an evidence based integrated dual diagnosis treatment model.
Create a program within our adult partial hospitalization services specifically for IDDT.
Provide additional opportunities through self-help groups for individuals with dual diagnosis.

Measurable Objectives:

Dual diagnosis programming will be available two days per week, 45 weeks per year.
A minimum of 30 adult consumers will participate in the IDDT program, reporting 80% satisfaction.
Dual Recovery Anonymous will be made available for a minimum of one time per week for individuals with dual diagnosis.

Discussions and/or Collaborations:

Two of the contract agencies of the Board have staff trained in the IDDT model. Neighboring Mental Health Services provides this service currently through their Lake County offices. Dual Recovery Anonymous is scheduled to begin their weekly meetings at Ravenwood Mental Health Center in April of 2008.

7.c.2. PRACTICE: Assertive Community Treatment

Priority: High

Goals:

See B.7.a.2. and D.4.a. Assertive Community Treatment.

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

7.c.3. PRACTICE: IHBT

Priority: High

Goals:

See B.5. and D.5. Residential Treatment Centers.

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

7.c.4. PRACTICE: Motivational Interviewing

Priority: High

Goals:

To provide evidence based practice in the assessment and intervention involving dually diagnosed youth and adults.

Strategies:

Train master's level clinicians in the appropriate use and application of Motivational Interviewing. Incorporate those skills into daily practice working with youth and adults.

Measurable Objectives

By SFY 2010 80% of all masters level clinicians in contract agencies of the Board will be trained in Motivational Interviewing.
Client charts will indicate the use of Motivational Interviewing and demonstrate progress through the stages of change.

Discussions and/or Collaborations:

Three contract agencies of the Board currently train 100% of their clinicians in Motivational Interviewing. This best practice looks at each individual client and their motivation or readiness for change. A plan is developed that meets the client where they are and helps move them forward to meet their goals. We can use the Board's CQI committee to review the implementation of Motivational Interviewing through clinical supervision and the monitoring of clinical records.

8. Staff Capacity and Workforce Development. Using the format below, please describe the Board's plan for workforce development in SFY 2009. For help with identification of goals, see Appendix G: **An Action Plan for Behavioral Health Workforce Development.**

8.a.1. Area of Workforce Development: Educational Development

Priority: High

Goals:

Maintain a well-trained professional staff to meet the needs of Geauga County residents.

Strategies

Provide a series of educational workshops and professional seminars that meet the C.E.U. requirements of agency staff in Geauga county.
Contract with the Mental Health Association in Geauga County to facilitate the planning, implementation, and facilitating of our educational workshop series in SFY 2009.

Measurable Objectives:

The Board will sponsor or co-sponsor a minimum of three professional development seminars during SFY 2009.
At least 50 individuals will attend each training held during the fiscal year.
A satisfaction score of at least 85% will be achieved for all attendees.

Discussions and/or Collaborations:

A critical shortage of Masters Level clinicians continues to limit our treatment capacity. Offering free training that meets their C.E.U. requirements in a local setting will help to maintain the current staff that we have.

8.a.2. Area of Workforce Development:

Priority:

Goals:

N/A

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

9. Inter-system Collaboration. Using the format below, please describe the Board’s plan for SFY 2009 in the following areas.

9.a. Adults

9.a.1. ADULT JUSTICE/COURT COORDINATION

Priority: High

Goals:

See B.9.a.1. and B.9.b.1. Court Diversion Program.

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

9.a.2 ADULT RECIDIVISM

Priority: Low

Goals:

To provide the supports necessary for consumers returning to the community to succeed without re-offending.

Strategies:

Incorporate “lessons learned” from our current Assertive Community Treatment team to develop a program aimed at reintegrating offenders into the community, components may include supportive employment, transportation assistance, access to community based treatment and medications, housing aid, and financial assistance.
Review the re-entry programs in Board areas similar to Geauga County.
Design a timetable and administrative plan for the implementation of these findings.

Measurable Objectives:

Produce a document that outlines the needs of this population and a plan of implementation.
Secure funding for the implementation of the plan.
Refer eligible consumers to appropriate community based treatment program.
Show reduced recidivism rates of the number of mentally ill/dually diagnosed individuals being seen in the Geauga County Safety Center.

Discussions and/or Collaborations:

While recidivism rates are relatively low within the prison system, they are higher within our own Geauga County Safety Center. Although there is currently no formal jail re-entry program in Geauga County, law enforcement and mental health agency staff have attended state training focused on the necessity of re-entry services for those inmates who are being released to the community. We believe there may be some helpful insights found by examining the multi-disciplinary approach utilized by our ACT team that may translate well to this population.

9.a.3. ADULT DIVERSION

Priority:

Goals:

See B.9.a.1. and B.9.b.1. Court Diversion Program.

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

9.b. Adolescents

9.b.1. ADOLESCENT JUSTICE/COURT COORDINATION

Priority:

Goals:

N/A

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

9.b.2. ADOLESCENT RECIDIVISM

Priority:

Goals:

N/A

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

9.b.3. ADOLESCENT DIVERSION

Priority: Medium

Goals:

Provide opportunities for youth with mental health problems to be diverted from Juvenile Court involvement.

Strategies:

Designate a Community Diversion Officer to work as liaison between the Geauga County Juvenile Court and the local mental health system.
Make referrals for appropriate youth to mental health services in lieu of court involvement.

Measurable Objectives:

One staff person will be identified and assigned the duties as community diversion officer. Mental health treatment records will show referral from the Geauga County Juvenile Court. A minimum of 10 consumers will be referred from the Juvenile Court in SFY 2009 as part of the court diversion project.

Discussions and/or Collaborations:

In the past year, professionals from the mental health community, the Juvenile Court Judge, Job and Family Services Children's Service Department, the Prosecutor's Office, and Court Appointed Special Advocates created a task force to review juvenile offender cases. One purpose of this committee was to establish more streamlined and timely access to mental health services for court identified individuals. Out of this, a process to better triage children and youth to mental health services was established.

For many years, the mental health and juvenile justice systems have worked together in a cooperative and collaborative manner, to provide the best possible outcomes for our youth. Both systems have representation on the Family and Children First Council, as well as its case review and recommendation sub-committees: Multi-Disciplinary, Screening and Family Stability. In this capacity, complex cases are discussed and differing viewpoints offered. In addition to the subcommittees, staff meetings are often held by the various mental health programs to review

progress and discuss appropriate treatment planning for a specific child or youth. Probation Officers are invited to these meetings and are typically in attendance. The managers from both systems are committed to working together in the best interest of the children and youth, in this capacity there is a commitment to addressing and resolving issues promptly and having open avenues of communication.

9.c. Other Inter-System Collaboration. What, if any, are the Board's plans for SFY 2009 in the following areas?

9.c.1. JAILS

Priority:

Goals:

See B.9.a.1. and B.9.b.1. Court Diversion Program.

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

9.c.2. DETENTION CENTERS

Priority:

Goals:

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

9.c.3. SHELTERS (Includes Homeless, Runaway, Domestic Violence)

Priority:

Goals:

See B.9.3. Homeless, Runaway & Domestic Violence shelters

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

9.c.4. NURSING HOMES

Priority:

Goals:

N/A

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

9.c.5. PRISON RE-ENTRY

Priority:

Goals:

N/A

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

9.c.6. PHYSICAL & MENTAL HEALTH INTEGRATION

Priority:

Goals:

[See D.4.c. Somatic Health Care.](#)

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

10. Prevention, Consultation and Education (P,C&E). What are the Board’s plans for SFY 2009 in the following areas? It is not necessary to discuss all prevention programs funded by the Board. Please discuss P,C&E planning of most salience or strategic importance to your system.

10.a. SUICIDE PREVENTION

Priority: **High**

Goals:

[See B.10. Suicide Prevention.](#)

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

11. Cultural Competency: What are the Board's plans for SFY 2009 to increase cultural competence? Please discuss the areas of most salience or strategic importance to your system.

11.a. CONSUMER SATISFACTION WITH SERVICES AND STAFF

Priority: Low

Goals:

Improve the system of care through increased opportunities for consumers to provide direct feedback on client care and satisfaction.

Strategies:

Provide open forum meetings where agency staff are available to answer questions and hear input from consumers on issues related to mental health care in the community.

Measurable Objectives:

At least 3 meetings will be scheduled in SFY2009 where agency staff will be available to meet with consumers/family members.
CQI meeting minutes will show evidence of the impact these meetings have had on clinical practice.

Discussions and/or Collaborations:

Ravenwood Mental Health Center and NAMI of Geauga County have discussed the planning of these meetings already. The Director and Associate Director have agreed to meet with consumers/family members with the assistance of NAMI to discuss issues/problems that arise in the process of treatment.

11.b. STAFF RECRUITMENT

Priority:

Goals:

See D.8. Staff Recruitment and Training.

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

11.c. STAFF TRAINING

Priority: High

Goals:

See D.8. Staff Recruitment and Training.

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

11.d. ADDRESSING DISPARITIES IN ACCESS AND OUTCOMES

Priority:

Goals:

N/A

Strategies:

Measurable Objectives:

Discussions and/or Collaborations:

12. ANYTHING ELSE? Are there are other Board plans for SFY 2009 not covered by the outline? Is there any other information pertinent to the Community Plan that the Board would like to share?

Click on gray box and enter text.

One of the Board’s major administrative goals in SFY2009, and perhaps the most important goal described in this plan, is to secure ongoing community financial support through the passage of a local property tax levy. As stated in our *Geauga County Board of Mental Health & Recovery Services Strategic Plan, Board Goals and Objectives SFY 2007-2009*, “Secure local funding sources to provide stability to consumers and family members to help sustain their recovery efforts. Provide consistent and stable local funding to continue prevention and intervention efforts. Prepare a plan to offset anticipated reductions in local tax receipts.”

In the third and fourth quarters of SFY2009 the Board will be running a levy campaign to assure the viability of all non-Medicaid programs and services within the county. One of our current levies is set to expire in December of 2009 so the passage of a replacement or renewal levy is critical to the financial stability of the local system of care. In the past four years, state and federal dollars received by the Board went up by a total of just 12%, while federal match requirements for Medicaid went up by 23%. With the successful passage of a new mental health levy during that same time period, local levy dollars went up 40%. To maintain our system of care, local levies are critical. Programs that are non-Medicaid like ACT, IHBT, Suicide Prevention, and Early Childhood Mental Health Consultation can only survive with the passage of our local levies. Therefore, we will be implementing education and public awareness campaigns for most of SFY2009 in order to inform the public of how these dollars are spent and the benefits of community mental health services.

13. Projected Budget. *Please refer to the following link:*

<http://www.mh.state.oh.us/cmtypolicy/planning/guidelines/2009/budget-template.xls>

Using the Board’s submitted SFY 2007 FIS-040 report as a baseline and for comparison purposes, please complete the Community Plan Budget excel spreadsheet for SFY 2009 (if desired, your SFY 2007 FIS-040 may be obtained from Holly Jones at joneshm@mh.state.oh.us). **The Excel spreadsheet must be included with the Word form template, when submitting your Community Plan electronically.** Please indicate how the Board plans to purchase services by fund source.

14. Business Rules. Identify any changes in the Board’s business rules (See Appendix E. Business Rules for MACSIS) that will be necessary to accomplish the Board’s Plan for non-Medicaid reimbursable services and services to consumers that are ineligible for Medicaid.

There are no changes indicated at this time.

E. Evaluation of Plan Implementation.

E.1. How does the Board plan to evaluate services, pursuant to ORC 340.03?
<http://codes.ohio.gov/orc/340.03>

<p>The Geauga County Board of Mental Health & Recovery Services evaluates services funded with public dollars in many different ways. Cost, efficacy, consumer satisfaction, and service utilization are all components of the evaluation process. Each year agencies are required to submit outcome measures for each and every program the Board funds. The Board approves those measures in the allocation process. Then in the following year, outcome measures must be reported as a component of each program’s request for ongoing funding.</p> <p>Agencies are also required to provide consumer satisfaction survey results to the Board as a part of their Request for Proposals submission. The Board has conducted its own satisfaction survey in the past and supported the Consumer Quality Review Team’s work within our county. With the loss of the Consumer Quality Review Teams, the Board will need to develop another system of independent satisfaction information.</p> <p>Monthly, quarterly, and yearly reports on Medicaid and non-Medicaid utilization reports are available to the Board for utilization review. The Board studies utilization patterns within the community and seeks to meet the changing needs of our consumers. The needs assessment process described earlier in this Plan also provided insights into consumer and public attitudes about community mental health and recovery services.</p> <p>Specific programs report directly to the Board for evaluation. Board prioritized services like ACT, IHBT, Court Diversion Program and others report regularly to the Board on outcomes, evaluations, and consumer satisfaction. The Board also receives reports that are submitted as part of grant requirements like the Early Childhood Mental Health Consultation program. After fund raising, defined by levy campaigns and pursuing grants or state and federal dollars, evaluation is the second largest administrative function of the Board and a key component of maintaining a quality system of care.</p>	E.1
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E.2. How does the Board plan to develop and use various databases, (e.g, MACSIS, Outcomes, Behavioral Health Module) to evaluate the effectiveness and efficiency of services?

<p>The Board has utilized the ODMH NOM reports to compare and contrast data we receive on a regular basis from other sources, in the preparation of our SFY2009 Community Plan. We have some very good local data sources, such as housing data, that is available through our agencies and our needs assessment research. We also have been working with our state association to design, develop, and implement a data warehouse that is already providing valuable insights into service utilization, CQI information, and outcome information. The MACSIS data mart and PCS reports provide other information on consumers and allows us to track individual service utilization, information that we use to review high end users and</p>	E.2
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hospitalization trends. Internal reports also track utilization trends and patterns which help the Board make better decisions on the allocation of public funds.	
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E.3. To what extent does the Board need technical assistance concerning compliance with ORC 340.03? (Guidelines for ORC 340.03 appear in Appendix D.)

N/A	E.3
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Board Appointment Data Sheet

Form 2

Community Board Resources

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

Name	Street Address	City	Zip	Phone Number	Email
Carla Gilenko – Ravenwood MH Center	12557 Ravenwood Drive	Chardon, Ohio	44024	440-285-3568	

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

Name	Street Address	City	Zip	Phone Number	Email
Deanna Brant – Ravenwood MH Center	12557 Ravenwood Drive	Chardon, Ohio	44024	440-285-3568	

c. Please provide the name, address, phone number, and email of the Board's Client Rights Officer:

Name	Street Address	City	Zip	Phone Number	Email
Beth Matthews	13244 Ravenna Road	Chardon, Ohio	44024	440-285-2282	

Form 3

Planned State Inpatient Bed Days

BOARD NAME	
2009 Planned Use of State Inpatient Days	
Northcoast-Toledo	
Northcoast-Toledo	
Northcoast-Toledo	
Northcoast-Toledo	
Total Inpatient Days	

Signed _____
Board Executive Director

I anticipate contracts for CSN services to some degree.

- Yes
- No

Form 4

Notification of Election of Distribution – SFY 2009

The (Board) has passed a resolution making the following:

- The Board plans to elect distribution of 408 funds.
- The Board plans not to elect distribution of 408 funds

Signed:

(Name)
Executive Director
(Board)

Date:

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