

Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the Board area that will influence service delivery.

There has been modest improvement in the economy in Lorain County over the last year but a full recovery from the recession is still far from being a reality. Unemployment figures have declined over the last year but unemployment and underemployment are still well above the ideal and remain particularly high in the Latino and African American communities. Poverty rates in Lorain and Elyria, the two largest cities in Lorain County, continue to be very high. The lack of public transit services in the county continues to hamper citizens' ability to get to work, doctor appointments, school or shop and this presents a particularly difficult challenge to handicapped residents including those facing behavioral health challenges.

The drastic reduction in local government funds has resulted in the county, cities and villages all becoming hard pressed to be able to provide the basic required governmental services such as those related to public safety and often those services are more bare-bones in nature.

Local school systems continue to be challenged to find adequate resources to meet state and federal requirements and the multi-faceted needs of their students.

In response to these issues our system will likely continue to deliver and perhaps increase our focus on delivering mental health services in venues other than the traditional office-based setting. Mental health services are already located in nearly every school building in the county, in the County Jail, in the County Juvenile Detention Center and in the Community Based Corrections program. Additional emphasis has been placed on delivery of services in in-home settings as well.

Assessment of Need and Identification of Gaps and Disparities

2. Describe needs assessment findings (formal & informal). Please include access issues, gap issues (including crisis services) and disparities, if any.

- **Health Survey--** A random sample of 1738 Lorain County students, ranging in age from 12-18 and attending grades six, eight and ten and of 1,465 adults 19 years or older were included in a Lorain County Health Assessment. The initiative was initiated by the local hospitals and the health department, who allowed LCMHB to include multiple questions.

Students—Key findings from the student health assessment indicated that 22.6% of students reported an experience of significant depression that impacted functioning within the last year. 11.6% reported seriously considering suicide, 6.1% reported having made an attempt and 1.6% received medical attention as a result of this attempt. Additionally 5.3% of students reported engaging in self-harming behaviors. This survey, conducted in the late Fall of 2011, was the first local survey to investigate to whom students go when they are depressed. Results suggested that 44.6% of student reports that they would not talk to anyone if they were feeling depressed or suicidal. Of those who would talk with someone if they were feeling depressed or suicidal, the greatest number (33%) report that they would speak with a friend or significant other. This suggests the need for peer education regarding depression. It also suggests the need for outreach and early

identification of the large percentage of students who will be reluctant to initiate request for help.

Another question that LCMHB had included in the survey that provided valuable results was one wherein youth were asked, “What would keep you from seeking help if you were dealing with anxiety, stress, depression or thoughts of suicide?” The greatest reason for not seeking help was a belief that help would not be needed; 27.7% reported that they could handle it without help. Additionally, 17.9% reported that they would not seek help because they would be worried about what others would think. 12.6% reported that they would not know where to go, 6.8% reported that costs would prohibit them from getting help and 4.3% indicated that transportation was the obstacle. The latter three obstacles point to a need for better communication of information to the schools since, within Lorain County, there are seven child-serving agencies with sliding scale funds, and one that provides services in the community (eliminating the need for transportation). It appears that many of the students are not aware of the mental health resources available to them. Additionally, the issue related to stigma suggests that students must have options outside of the school as well as school based services.

Adults—Key findings of the assessment included that 4% of the adults responding to the survey considered attempting suicide, with the rate being higher for those under the age of 30 (10%). Less than 1% reported attempting suicide. These rates, however, are much lower than the actual incidence of completed suicides in the county for Calendar Year 11.

Respondents were more likely to report experiencing anxiety and depression. Thirty-six per cent (36%) of the respondents reported not getting enough sleep, 28% reported feeling worried, tense or anxious, and 13% felt sad, blue or depressed nearly every day to the point that they stopped doing usual activities for a period of two weeks or more recently. The reasons most often cited for not using services to assist them or a loved one with depression, anxiety or emotional problems were cost (23%), had not thought of it (21%), high co-pay/deductibles (12%), stigma (10%), dissatisfaction with previous services (9%), fear (8%), not knowing how to find services (8%), other priorities (8%), and transportation (7%). It is apparent that the board needs to increase efforts to inform the community that assistance is available for those without funds to pay for care. As with the students, it is apparent that many persons are unaware of the resources available, how to access them, and the option to seek other providers when dissatisfied with previous treatment.

As for transportation, it is an issue that has been identified by all clinical providers in pre-contract meetings, as well as in the Health Survey. This issue was also identified in the prior plan.

- **Decrease in Clients Served**—At this point in time, it appears the Network Providers served 700 fewer clients in FY 12 than in FY 11. While the number served may increase some as additional claims are entered into MACSIS, the reduction in the number of clients receiving services is of major concern. Based upon the Board’s production reports, the majority of this decrease is attributed to one agency that is the largest provider of services. A factor related to this decrease may be the discontinuation of transportation assistance that the agency previously provided, although at the time of the last Community Plan report, the numbers did not reflect such a decrease. The Board has pre-contract meetings with its Clinical Providers each year and in January the Board discussed concerns with the agency about under producing its contract. The decrease is not believed to be related to issues of lack of awareness of resources or affordability of treatment reflected in the health study above since the clients had previously received treatment and based upon behavior mod data collected for the past two years, are not believed to be successful terminations.
- **Suicide Prevention**—Despite the efforts of the Coalition, there was a significant increase in the number of suicides completed in the county during CY 2011. From 1998 to 2008, the largest number of completions based upon data gathered from the Coroner’s office was 26, with the exception of 30 in 2007. For the past 3 years, there were 34, 28 and 41 completions, respectively for Calendar Years 2009, 2010 and 2011. In comparing data with that of prior years,

it was noted that completions by asphyxiation exceeded gunshot wounds for the past 2 years, with the largest number of completions by those in the 40-59 year old age range.

- **IHBT**—A review of LCMHB waitlist reports, which are disseminated weekly, indicates that there was a wait of more than 14 days for Intensive Home Based Treatment (IHBT) in Lorain County a few times in the first half of the fiscal year, but this problem was generally remedied within one or two weeks. In FY 2012, there was a wait of 3 weeks (rather than the expected 2 weeks) from 3/9/12 to 4/9/12. This wait was addressed and there was no wait until 5/6/12. There has been a wait between 5/6/12 and 6/6/12, and the wait has been for up to 40 days. This is not acceptable because IHBT is utilized as a service to stabilize children in the community and those appropriate for referral can often not manage extended delays in access to treatment.
- **Supportive housing**—There is an ongoing wait for supportive housing. Currently, there are 3 people on the waitlist for one of the group homes, with an anticipated wait of 4-6 months for the next opening. There are 3 people waiting for a less restrictive supportive housing option, with an anticipated wait of 4-6 weeks.
- Although not a gap, the **response time for crisis services** has increased. In the second half of FY 10, 72.5% of prescreening assessments were completed in 1 hour or less of the request (following medical clearance). Subsequently, however, only 60%-65% are completed in that time frame. Since July 2010, 7%-9% of assessments are completed in 2-3 hours and 12% to 13% require more than 3 hours to be completed. The delays in assessments can lead to back-ups in ERs or other places in the community.

### Strengths and Challenges in Addressing Needs of the Local System of Care

In addressing questions 3, 4, 5 and 6, consider service delivery, planning efforts, and business operations when discussing your local system (*see definitions of “service delivery,” “planning efforts” and “business operations” in Appendix 1*).

3. *What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment? (see definition “local system strengths” in Appendix 1).*
  - **Health Survey**—Due to the generous levy support of Lorain Countians, the board is able to fund services to those with an inability to pay for treatment, including for persons who do not have a SMI. The Board has recently updated its website and has sections in the local newspapers on the services available in the community, as well as presenting twice a month on two local radio stations. However, it is apparent this is not sufficient and the Board will need to consider use of social networking options and other public relations efforts to increase awareness of the services available in the community. Efforts to inform school staff will continue with the funding of consultation and prevention services in the schools and with schools having mental health agencies providing services in the schools.

**Transportation**—Lucy Idol Center, a Network Provider, assisted with transportation as a pilot last year to family parents participating in a group offered by Guidestone (formerly Berea). That effort worked well and will be offered for 2 groups in FY 13. Additionally, there are plans to pilot having Lucy Idol provide transportation during hours that typically they do not use their vans to 4 agencies. Also, Guidestone’s in-home individual counseling was expanded to include adults in FY 12. With the last 2 mini-grant opportunities, a portion of funds has been allocated to assist with transportation options. However, these initiatives are not sufficient to address this county

wide need. The Director will work on this issue with public partners.

- **Decrease in Clients Served** The Board has decreased the FY 13 allocation to the agency that under produced its contract for FY 12. However, there are funds available in the Shared Expansion Pool to increase allocations to providers able to serve additional clients. The Board reserves a portion of its funds each fiscal year in a Shared Expansion Pool that permits additional funding for agencies who exceed their contracts or for new services to be offered. The Board can allocate these funds if the services address priority services, meet Network-wide needs, are cost effective, and utilize Board funding as a last resort. From February to May 2012, the Board used this expansion pool to increase its allocations to 5 other agencies that were exceeding their allocations to increase capacity. In FY 13, the Board will consider funding an agency to have a licensed clinician work with clients in the Shelters and with the PATH Program to engage clients with mental illnesses with mental health services and other programs in line with its priorities.

Additionally, in FY 13, the Board is providing POS agencies with a small amount of funds to cover some of the services which are required for good clinical care but cannot be reimbursed in accordance with current Medicaid parameters for CPST or counseling. The reason for the addition of this line item is twofold: 1. to reduce barriers to the provision of the best clinical care and move toward a system where outcomes, rather than funding parameters, drive quality treatment and 2. to better understand what type of clinical services are currently uncompensated despite being clinically necessary.

Finally, as part of the Hot Spot 505 Collaborative, the Board will have a special team work with a) adults who are reentering the community from the county jail, ODYS, parole, or probation with SPMI, b) forensic consumers in the hospitals, c) or those with extended hospital stays. The staff will benefit from working with the Cuyahoga and Summit County Reentry programs as part of a Reentry Learning Collaborative. Additionally, due to the need previously identified for housing and transportation, a portion of the 505 funds will be utilized to address these issues for persons with SPMI. Those interested in employment will be referred to the Supported Employment or VRP3 programs when appropriate.

**Suicide Prevention**—The Suicide Prevention Coalition uses data collected on suicides in collaboration with the Coroner’s office and an intern from Beech Brook , a Network Provider, to guide the direction of coalition activities. Data indicates a reduction in suicide completions in age ranges and locations previously targeted by the Coalition. This year the Coalition is targeting middle aged white males specifically and certain geographical areas of the county. Additionally, the Coalition is trying to provide additional support to Survivors, who are often also at risk for suicide. The Director of Child and Adolescent services has met with the Superintendents and other school personnel to facilitate the implementation of the *Kognito* Program; a web-based training program for school staff designed to increase the likelihood that they will effectively identify and refer students who are at risk. Several schools have indicated a plan to have their staff actively participate in the simulation in the fall when school resumes. Additionally, the Board formed a Speaker’s Bureau, including the topic of Suicide Prevention, but has not had many requests for the services in FY 12.

- **IHBT**—The Board was able to identify this need and as part of the planning, LCMHB allocated an additional \$22,000 to increase capacity for this service in FY 13 to the agency that has had the most accessible IHBT program (Beech Brook). It is anticipated that the wait will be reduced before July 1, 2013, as the agency also received funds from the Shared Expansion Pool for FY 12 Services.

- **Supportive Housing**—Over the next 6 months, the Board, in partnership with New Sunrise Properties (housing

agency), Nord Center (primary provider of supportive residential services) and The NRP Group, LLC (developer) is participating in the CSH Supportive Housing Institute to assist with planning and the ability to access funding for some capital projects that will assist with this need. Additionally, the Board submitted an application to ODMH for capital grant funding for a 25 supportive housing project set aside for supportive housing for persons with SMI that will be part of a total 50 unit project. These 25 units are expected to be utilized by 20 persons currently sharing bedrooms in group homes and will add capacity for an additional 5 clients to utilize supportive housing. The additional 25 units will be for affordable housing. A MOU is being developed defining the expectations of the partnership.

Additionally, a frequent challenge identified for offenders with SMI leaving the county jails is housing. The Board has allocated additional funding for its HAP housing rental subsidy. It will be evaluating the recidivism, hospitalization and Crisis residential unit usage for these clients to determine the impact of the housing and other initiatives focused on this population will have on the use of more intensive services.

- **Crisis Response Time**—A Consultant will be working with the Board and the agency to help determine staffing levels and qualifications needed to decrease response times and make recommendations to address workforce issues identified. There will also be discussions with the regional hospital to pilot having a staff person located at the hospital during peak hours. The Board will reexamine its funding structure for the Crisis Intervention Services to insure a minimum staffing level.

The Board has continued to have good **levy** support as a result of generosity of the community. The Commissioners have agreed to put the Board's .6 mil 5-year levy on the November ballot as a renewal.

*Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to state departments.*

- In the prior Community Plan submitted, vocational services was addressed as a significant unrealized goal. However, with the addition of the VRP3 grant, there has been improvement in this area. Currently, 42 individuals have approved plans, 7 are employed, with 3 successful closures and the remaining 4 expected to close within the next two months.
- The Board is willing to share the work it has done in developing additional expertise in Trauma Informed Treatment, particularly TF-CBT and would be willing to have some participants participate in future trainings.
- The Board currently provides claims processing and reporting services to both the Geauga County and Lake County boards and we are willing to expand this collaboration to include claims and/or enrollment services for other Boards. With the elevation of Medicaid claims to ODJFS in FY 13 it is reasonable to expect that some excess capacity will be created at all boards and our Board stands ready to partner with other board areas to maximize services in our respective catchment areas by reducing administrative costs as much as possible. We also anticipate that we will begin performing these services for the Lorain ADAS Board in September of 2012.

4. *What are the challenges within your local system in addressing the findings of the needs assessment? (see definition of "local system challenges" in Appendix 1).*

a. *What are the current and/or potential impacts to the system as a result of those challenges?*

- All of the systems are challenged by the lack of transportation which impacts access to services. This is a county-wide problem that makes engagement with services particularly difficult for clients with limited resources.
- The delays in crisis assessments sometimes backs up ER times and is not good for consumers or their families to have extensive waits in the ERs. In addition to the funding structure, the agency reports difficulties with recruiting and retaining adequate workforce.

*b. Identify those areas, if any, in which you would like to receive assistance from other boards and/or state departments.*

- The Cuyahoga and Summit Boards are providing assistance to the LCBMH related to Reentry Initiatives as part of the 505 Reentry Learning Collaborative Project. This assistance is greatly appreciated.
- It would be helpful to know of Board areas where the local private hospital has forced medication processes developed and used.
- It would be helpful to know what other Boards have found to be effective in decreasing rates of suicide completions in the past couple of years and to have more recent data so that we can compare local rates with state and national trends.

## Priorities

5. *Considering the Board's understanding of local needs, the strengths and challenges of your local system, as well as State and Federal priorities (see definitions of "priorities, State and Federal" in Appendix 1), what has the Board set as its priorities for service delivery including treatment and prevention and for populations?*

These have not changed since last submission

6. *How does the Board measure its ability to meet priorities as defined?* These have not changed since last submission

7. *In what areas would your system choose to invest additional non-Medicaid resources (Mental Health, AOD, or flexible) and why? If you provide multiple areas for needed investment, please prioritize.*

*a. If these funds were invested, what would be the impact on your system, partners, consumers, and the community?*

The Board would invest additional Non-Medicaid resources in the Mental Health system, consistent with its mandate since there is a separate county AOD board that addresses those issues, with the exception of the IDDT services offered. Additional desired services include:

### **Children and Adolescents**

- Effective treatment for dually diagnosed youth
- MST or other models for youth with significant oppositional or conduct problems

- Family therapy
- Psych assessments
- Expansion of Mentoring Services

**Adults**

- **Continuation of VRP3**
- **Possible expansion of Other programs included in 505 collaboration**

Now that ODMH and ODAS will be merging, it is anticipated that in the future the Commissioners will revisit this issue for the county. For the past 6 years, there has been a Joint Committee made up of three board members each from the Mental Health and the Alcohol and Drug Addiction Services boards. The purpose of the Committee is to develop a comprehensive list of pro-active collaborative ventures and to determine additional administrative cost savings between board staffs towards MACSIS/Claims/MIS and any other efficient processes for providers of the two systems.

**Collaboration**

8. *Describe the Board’s collaborative efforts, and accomplishments achieved through those efforts, including those with consumers and the general public.*

Aside from collaborative efforts previously described in the prior plan submitted:

- **Children’s Services Trauma Initiative**—As part of an invitation from the Lorain County Children Services Board to assist the agency in becoming a more trauma informed institution, a staff person from LCMHB participated in a core planning committee that systematically evaluated the trauma informed practices at LCCS according to a Self-Assessment Tool developed by the National Council for Community Behavioral Healthcare. Following the completion of this assessment, three of the members of the core planning committee, including a staff person from LCMHB, participated in a training regarding “Adopting Trauma Informed Care Practices.” This training provided information on how to translate the results of the organizational self-assessment into practices that could improve the agency. As of June, LCCS has already made great strides towards addressing one of the areas for growth identified on the self-assessment. LCCS has determined that all staff members will be trained utilizing the National Child Traumatic Stress Network’s two-day “Child Welfare Trauma” Training Toolkit (2008). One of the child-serving agencies funded by LCMHB (Beech Brook) has secured funding to provide this training and to initiate a process of screening youth for trauma. At this point, logistics and training dates are being coordinated. An LCMHB staff person continues to participate in planning meetings and will work collaboratively with LCCS to assist the agency in reaching its goal of improving trauma informed practices in its organization.
- As reflected in the prior plan, criminal justice, NAMI, the Special Dockets, and mental health staff have been meeting and planning for a Mental Health Court for Adults. A major obstacle has been the lack of funding for a probation officer dedicated to the project. Two judges, Judge Miraldi and Judge Burge, have expressed an interest in presiding over the court. In May 2012, Faye List, a Staff Attorney, submitted an application to the Ohio Office of Criminal Justice Services, Justice Assistance Grant Program that would allow this project to



move forward. If awarded, it is projected 10-20 consumers would participate initially.

- The Lorain County Board of Mental Health, on behalf of the Lorain County Reentry Coalition, applied for the planning portion of the Second Chance Act Adult Offender Reentry Planning grant to strengthen the Coalition's infrastructure and develop a five-year strategic plan supporting a comprehensive and collaborative reentry program based on the ten mandatory requirements. The major writer for this grant was Steve Greenwell, Chairperson of the Coalition.
- LCBMH will participate in the Reentry Learning Coalition with Summit and Cuyahoga Boards as previously mentioned. It is expected that we will be able to share training, and benefit from reviewing policies and procedures, and general mentorship from those two boards. The Director of Community Services has already begun attending the Cuyahoga meetings.
- The Director of Child and Adolescent Services has been working with the school superintendents regarding Kognito with a plan to have staff utilize and be trained when the staff return to school in September.
- The Board plans to work with the Geauga County ADAMHS Board to understand the lessons learned from the Chardon Shooting as part of its Disaster Planning. The Board is also sponsoring a training with Red Cross for mental health volunteers.

## Cultural Competence

9. *Describe the Board's vision to establish a culturally competent system of care in the Board area and how the Board is working to achieve that vision (see definitions of "cultural competence" and "culturally competent system of care" in Appendix 1).*

The Vision is that anyone in the county needing mental health care will be able to access services that are respectful of the person's culture and utilizes treatment modalities that are demonstrated to be effective.

The Board/agencies are continuing to:

- Review the composition of LCMHB and contract agency staff and providers
- Implement best practice models
- Work with providers to standardize outcome measures so the benefit to clients can be determined, with the hope of eventually being able to compare effectiveness across cultural groups
- Sponsor cultural competency trainings
- Monitor client satisfaction with respect for diversity and culture of client
- Work with the Save our Sons program described in the prior proposal
- Participate in the county's Anti-Hate Task Force
- Have staff reflective of African American and Latino cultures, including Africentric and Bilingual teams



- Work with El Centro on the continuation of the NOBLE project described in the last plan including the focus on Bilingual recruitment and retention of staff. In the first half of the FY 12, 2 of 3 of the agency's interns were hired by the clinical agencies after sharing placement.

### Inpatient Hospital Management

10. *Describe the interaction between the local system's utilization of the State Hospital, Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that you expect/foresee.*

As described in the prior plan, the Board funds Nord Center to authorize up to 1200 medically indigent bed days in the regional private hospitals. The state hospital coordination has improved with the addition of the hospital liaison, Laura Brooks. In FY 13, the Board will have the Special Projects team work with forensic inpatients and will participate in the FY 13 Hospital Utilization Management Partnership Program. It is hoped that the state hospitalization utilization will decrease with the 505 Special Project Team.

11. *Describe how the Board will actively engage in the discharge planning for acute and long term civil and forensic inpatients in the state hospital.*

As previously discussed in section 3, there will be the formation of a special projects team that will work with both forensic patients and civil patients with extended hospital utilization. Part of the responsibilities of the Board Special Projects Coordinator will be to assist the team in develop community release plans for forensic patients and assist the team in addressing system barriers for forensic patients appropriate for discharge. There will be ongoing re-assessments for those not appropriate.

### Innovative Initiatives (Optional)

12. *Many boards have implemented innovative programs to meet local needs. Are you in the process of planning for or have you actually implemented strategies, policy, or programs that **increase** efficiency and effectiveness that you believe could benefit other Ohio communities in one or more of the following areas?*

- a. *Service delivery*
- b. *Planning efforts*
- c. *Business operations*

*If yes, please provide any relevant information about your innovations that might be useful, such as: how long it has been in place; any outcomes or results achieved; partnerships that are involved or support it; costs; and expertise utilized for planning, implementation, or evaluation.*

### Advocacy (Optional)

13. *Please share a story (or stories) that illustrate the vital/essential elements you have reported on in one or more of the previous sections.*

A consumer of one of the Mental Health agencies was referred for vocational services by his Supported Employment Provider. Upon referral for services, the consumer requested some assistance with vocational exploration, understanding

his medical restrictions, help with job preparation and with job placement services.

He was unable to return to his former occupation of construction worker, but wanted to remain in a “realistic” work environment. After being accepted into the VRP3 program, he participated in work adjustment services at Vocational Guidance Services of Elyria, and demonstrated that he was indeed a capable and competitive worker. Upon completion of the work adjustment program in manufacturing, he applied for employment with Vocational Guidance Services (VGS) and was hired.

According to follow-up reports pertaining to his work skills and behaviors, he is a highly competitive worker, and the Program Manager at VGS, stated that the consumer serves as an excellent role model for other workers, and he is regarded as a very productive employee.

The consumer permitted the Board to share his success at one of its Board meetings, during the Faces of Recovery segment, where consumers are recognized for success in some aspect of their recovery. He was awarded a certificate and congratulated for a job well done.

#### Open Forum (Optional)

14. Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues that you believe are important for your local system to share with the Departments or other relevant Ohio Communities.