

**Ohio Department of Mental Health and Addiction Services (OhioMHAS)
Community Plan SFY 2017**

Board Name: Alcohol, Drug Addiction and Mental Health Ser Board of Cuyahoga County

NOTE: OhioMHAS is particularly interested in update or status of the following areas: (1) Trauma informed care; (2) Prevention and/or decrease of opiate overdoses and/or deaths; and/or (3) Suicide prevention.

Environmental Context of the Plan/Current Status

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

Note: With regard to current environmental context, boards may speak to the impact of Medicaid redesign, Medicaid expansion, and new legislative requirements such as Continuum of Care.

- **Cuyahoga County remains the most populous county in the state with over 1.2 million residents, with just fewer than 400,000 persons residing in the city of Cleveland** (U.S. Census Bureau, American Community Survey 2014 Population Estimates).
- Representative figures contrast the population of the city and county:

	Cuyahoga County	City of Cleveland
White	64%	37%
African American	30%	53%
Other Races	6%	10%
Hispanic	5%	10%
Poverty Rate	19.5%	36%
Unemployment Rate	5.5%	7.1%

- **Poverty, unemployment, and a culturally diverse population pose challenges** in the delivery of all health and social services, particularly in the city of Cleveland and the inner ring suburbs. In fact, in 2016, **Cleveland** was cited as the **second most distressed city in America**, by the Economic Innovation Group, based on unemployment, poverty and educational level.
- In the area of behavioral health, this is reflected by the fact that the **ADAMHSBCC’s most recent Community Needs Assessment** indicated that **over one third of low-income persons in the county who were estimated to be in need of mental health treatment were not served**. The **need is particularly great** among those consumers who are **ineligible for Medicaid** and for the **provision of recovery-related services which are not covered by Medicaid**. These include **employment training** and **stable housing**. The percentage of state prisoners returning to Cuyahoga County was **once as high as 25% (it has now been brought down to 13%)**; nevertheless, the delivery of behavioral health services to Cuyahoga’s County’s sizable **reentry population** remains particularly difficult and **resource-intensive**. In addition to **state funding reductions**, revenues from the **Cuyahoga County Health & Human Services Levy have remained flat** as a result of local economic conditions, further limiting available resources for behavioral health services.
- At the same time, a **slow economy** has **increased risk factors** for individuals and families including **stress on the family system resulting from high, long-term unemployment** and the ensuing poverty and erosion in the standard of living for many. High demand and reduced funding levels have **diminished the capacity of the network to meet the needs of increasingly high-risk populations**.
- Most importantly, the **heroin and opiate epidemic** in Cuyahoga continues. According to a report issued by the Office of the Cuyahoga County Medical Examiner, since 2012, **more people in Cuyahoga County have died from**

drug overdoses than from motor vehicle accidents, homicides or suicides. Aside from falls, heroin related overdose deaths account for the highest cause of accidental deaths in Cuyahoga County. **Most recently, the County has seen a dramatic rise in heroin mortality from 40 deaths in 2007 to 198 in 2014.** Heroin now accounts for nearly sixty percent of overdose deaths compared to eighteen percent in 2007. **Already in 2016, more than 180 individuals have died from an overdose of heroin and/or fentanyl.**

- In 2014, the majority of victims were **Caucasian (86%) males (79%).** Individuals between the ages **19 and 29** account for nearly a quarter of all heroin related cases today, compared with a little over seven percent in 2007. **Heroin mortality is also not strictly an urban problem; fully 50% of heroin overdose deaths are suburban.**

Assessment of Need and Identification of Gaps and Disparities

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

- Published in **April 2011**, the ADAMHSBCC undertook a **comprehensive community needs assessment** to determine the **prevalence of behavioral health disorders** in Cuyahoga County, particularly among the **low-income population.** The services of the **Center for Community Solutions** were retained to carry out the data analysis. In brief, the comprehensive study revealed findings below. As of the **spring of 2016**, the Board is in the midst of **conducting its latest 5-year needs assessment**, through a contract with **Cleveland's Center for Health Affairs.**

2a. Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and consumers in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention [ORC 340.03 (A)(1)(a)].

- The **application of national prevalence rates of mental and substance abuse disorders to the local population** was the **principal method** used to **estimate the number of low-income persons in need** of behavioral health services in Cuyahoga County.
 - This method was also refined to **estimate the population in need at the neighborhood and municipality level.**
 - The **national prevalence rates for mental disorders for adults** from the **National Institute of Mental Health** were obtained, which in turn cited rates from the **National Comorbidity Survey Replication** and the **Epidemiological Catchment Survey.**
 - **Children's mental disorder prevalence** rates were obtained from the **1999 report of the Surgeon General** on mental health; **prevalence rates for alcohol and drug disorders** were obtained from the **SAMHSA 2009 National Survey on Drug Use and Health.** The **U.S. Census Bureau's American Community Survey (ACS) 3-year estimates** for 2006-08 was the **source for all population data in the needs assessment.**
 - **MACSIS** was the source for **diagnostic, utilization, and cost data.** The Board provided a customized data set for the county for fiscal years 2007 through 2010. Data for comparison counties for these years was obtained from the statewide MACSIS Data Mart.
- **Focus groups were also held across many constituencies**, including: **consumers, CPST Supervisors, Medical Directors, QI Directors, area funders and nonprofit leaders.** Focus groups revealed that **community stakeholders believed: treatment must be driven by consumer needs and must be available on demand; many services critical to achieving and maintaining recovery are not currently covered, or are not covered for all populations; a**

holistic approach, integrating mental health, substance abuse treatment *and* primary care **is essential** for the best outcomes; and that **truly integrated treatment for the dually diagnosed is necessary**.

2b. Child service needs resulting from finalized dispute resolution with Family and Children First Council [340.03(A) (1) (c)].

- Since its inception in the early nineties, the **Ohio Family & Children First Initiative** has been a catalyst for **bringing communities together to coordinate and streamline services for families and children needing or seeking assistance**.
- As the **planning entity for Cuyahoga County**, the **Family & Children First Council (FCFC)** promotes a **collaborative system of care emphasizing a continuum of family-centered, neighborhood based, culturally competent services to ensure the well-being of every child, to preserve and strengthen families in their communities**.
- The state mandated that **each county develop a service coordination plan** that will drive the development of protocols and procedures for **serving multi-system children**. The **current standard** is to coordinate services using the **Wraparound Philosophy**. This approach **assists families in identifying their needs and strengths** in effort to achieve goals through an individualized strategy within a team. The **family** is known as **the spearhead of decisions** while additional team members provide their expertise and knowledge. This is often achieved by **intervening with intensity and frequency** to divert a **potential placement, prevent involvement in a mandated system**, or to **reduce the length of stay** if a placement is sought. The aforementioned process has not been employed since the inception of FCFC initiative.
- The **process for resolving inter-system challenges** is initiated with **communication at the direct service level**. If an agreement is not reached, the situation will progress to the **supervisory level, progressing up to Juvenile Court involvement**. **The goal is to resolve conflicts at the earliest level of intervention**.
- For crisis level cases, the goal is to resolve the issue within **7 working days**. If no crisis exists, resolution needs to be achieved within **30 days**. Each system must include a letter regarding the dispute resolution process described within their intake package for families to review.
- In some cases, there are **situations that do not require service coordination**. In those cases, parents/guardians must **contact the agency in which services are rendered to address disputes**. This process **is in addition to, and does not replace**, other rights or procedures parents/guardians may have under other sections of the **Ohio Revised Code**. Each agency represented through FCFC, providing services or funding for services subject of a dispute initiated by a parent, **shall continue to provide those services or funding during the dispute process**.
- The **dispute resolution sequence is as follows**:
 - **Worker to Worker** - (if not resolved within 24 hours, engage Supervisors)
 - **Supervisor to Supervisor** - (if not resolved within 24 hours, engage Liaisons)
 - **Liaison to Liaison** - (if not resolved within 24 hours, contact FCFC to engage the System Executives)
 - **Executive to Executive** - (if not resolved within 24 hours, contact FCFC to engage the full Executive Committee)
 - **FCFC Executive Committee** - (if not resolved within 24 hours, contact FCFC to engage the County Executive or the Health and Human Services Director to convene the Mediation Committee).
 - **Role of the Mediation Committee** - (if not resolved within 24 hours, file with Juvenile Court)
 - **Final arbitration** - Juvenile Court Administrative Judge

2c. Outpatient service needs of persons currently receiving treatment in State Regional Psychiatric Hospitals [340.03(A) (1)]

(c)].

- The ADAMHS Board works closely with **Northcoast Behavioral Healthcare** to **coordinate post-discharge community mental health services** to ensure that services are accessed in a **timely manner** and are **tailored** to meet the recovery needs of the consumer.
- Additionally, the Board funds a special program known as **Psychiatric Bridge** which provides **visits to clients in their home within 24 hours of hospital discharge** and **provides service** until they can be linked to a long-term provider.

2d. Service and support needs determined by Board Recovery Oriented System of Care (ROSC) assessments.

- **Recovery Oriented System of Care (ROSC)** emphasizes the importance of **peer supports, employment supports, housing and transportation**. It calls for services that are **culturally appropriate** and delivered in an **accountable, effective and efficient manner**. The **ADAMHS Board of Cuyahoga County** is the **organization responsible for ensuring that this transition takes place in Cuyahoga County**.
- The Board is in the **second year of a 5-year transition** from a system that **focused on getting a person treatment**, to a **Recovery Oriented System of Care** that focuses on **recovery management** to help individuals not only get well, but **stay well**.
- An **internal ADAMHS Board team** developed a **timeline** for the first year of the ROSC transformation process. The timeline included the implementation of a **state-structured self-assessment survey in July 2015**, to assess our alignment with core ROSC principles.
- The **self-assessment survey** was administered in two ways: **1) Online Survey Tool** that was issued via **Survey Monkey to 5,848 individuals** and posted on our **home page** and shared via **Facebook and Twitter**; and **2) In-person Discussion/Focus Groups** where we hosted **six focus groups; two with family members and four with clients**. The size of the focus groups ranged from **five to nearly 30 members**. A total of **291 individuals completed the survey**.
- The internal team analyzed the survey data and **identified trends, strengths, and opportunities for improvement** and the findings were presented to a **Stakeholder Focus Group** to further analyze and rank the results.
- The **results** were used to help us **prioritize the CY16/17 funding recommendations** and will be used in developing the **ROSC Implementation Plan in 2016** that prioritizes **immediate, short-term (6-12 months)**, and **longer-term (12-24 months)** goals to guide its efforts through the next phase of the transition.
- **Strengths** identified in the self-assessment survey included:
 1. The ADAMHS Board of Cuyahoga County plans for and funds a system of care that offers a large selection of treatment and support services in the community, including outpatient, residential, partial hospitalization, housing and sub-acute detoxification.
 2. The system also identifies and provides low-intensity care, such as outpatient services, for individuals who would not benefit from high-intensity treatment, such as residential.
 3. Providers across the spectrum acknowledge the value of the Mobile Crisis Team.
 4. Peer to peer services are valuable.
 5. People in recovery can choose --and change, if desired -- the therapist, psychiatrist, physician, or other providers from whom they receive services; and staff at our provider agencies use recovery language, such as hope, high expectations, and respect in everyday conversations with clients.

6. Progress toward individual goals is monitored and encouraged without pressure from providers; service providers listen to and follow choices and preferences of participants and there are many opportunities for people to share their stories of recovery from mental illness and/or addictions.
7. Stages of change models are used in treatment, including motivational interviewing and ensuring that the services provided use strength-based approaches that promote hope. Services are delivered in appropriate order, such as providing crisis services or detoxification before treatment.

- **Areas for Improvement** identified in the self-assessment survey included:

1. There are capacity and access issues due to the sheer volume of need.
2. Because the system is chronically underfunded, it is difficult to provide ongoing supports and often defaults to providing crisis care.
3. Although peer support is valuable and available, it is fragmented throughout the system and mostly used in aftercare settings, but is not embedded in treatment.
4. Strategies should be developed to combat the stigma associated with mental illness and addiction to help communities understand and proactively address emerging issues. Our local communities need to be educated so that mental health and sober lifestyle communities, such as housing, self-help groups, and client advocacy groups are welcomed.
5. More training and resources are needed, particularly for Community Psychiatric Supportive Treatment (CPST) workers.
6. Age-appropriate peers (young adults as adolescent peer support specialists) and peer-run leisure activities should be available, especially so that youth have access to peer support. In addition, people in recovery should work alongside providers to develop and provide new programs and services.
7. Peer-based recovery linkages need to exist to help clients transition from more intensive to less intensive treatment to ensure recovery success in the community.
8. Partnerships need to be developed with more local businesses to increase the opportunities for meaningful employment.
9. Primary care needs to be integrated and coordinated with mental health and/or addiction treatment and support services so that health concerns of clients can be addressed.
10. Interim services need to be developed and available for people on waiting lists or not ready to commit to treatment.
11. Treatment agencies need to connect to supports such as Alcoholics Anonymous, sober housing initiatives and organizations for young people in recovery to support people 35 years and under.

- The **Stakeholder Focus Group** discussed and ranked the **top 10 needs** that were **identified from the ROSC self-assessment survey** in relation to urgency. The top 10 needs were ranked as follows:

1. Interim services should be available for people who are on waiting lists or are not ready to commit to treatment.
2. Primary care and behavioral health follow-ups need to be integrated and coordinated.
3. Partnerships need to be developed with more local businesses to increase opportunities for employment.
4. People in recovery need to work alongside providers to develop and provide new programs and services.
5. There must be linkages to peer-based recovery support staff and volunteers through all levels of care.
6. Age-appropriate peers should be used in community outreach and early engagement efforts.
7. Communities need to proactively address emerging issues.
8. Young adults should be used as Adolescent Peer Support Specialists.
9. Local communities need to be educated so that mental health and sober lifestyle communities, such as housing, self-help groups, and client advocacy groups are welcomed.
10. The community should ensure that age-appropriate, peer-run leisure activities are available.

2e. Needs and gaps in facilities, services and supports given the Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)]. All services required in both ORC 340.033 and 340.03 (A) (11) are available in Cuyahoga County.

- Please see the attached **Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Cuyahoga County Board Area.**

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

In addressing questions 3, 4, and 5, consider service delivery, planning efforts, and business operations when discussing your local system. Please address client access to services and workforce development.

3. Strengths:

a. *What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment?*

- The **ADAMHS Board is able to offer a full Continuum of Care for both mental health and addiction services.**
- Cuyahoga County has access to a large and very talented **workforce of clinicians, planners and evaluators.** There is **strong inter-agency collaboration** across systems. The Board **has strong partnerships with the local private hospitals.** There is a wealth of both **university-based and community-based behavioral health resources** such as the **Centers for Excellence on EBPs**, and the **Begun Center for the Study and Prevention of Violence**, both at **Case Western Reserve University**, the **Leadership Academy at Cleveland State University**, the **Center for Community Solutions**, and the **Center for Health Affairs.**

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

- The ADAMHSBCC offers **technical assistance to other Boards as requested** through OACBHA.
- ADAMHSCC **staff** have provided **workshops regarding evaluation, quality improvement and finance.** Staff **welcome the opportunity** to provide assistance as needed.

4. Challenges:

a. *What are the challenges within your local system in addressing the findings of the needs assessment, including the Board meeting the Ohio Revised Code requirements of the Continuum of Care?*

- Behavioral health services in Cuyahoga County are **challenged by lack of funding.** While **Medicaid expansion has helped**, the Board and its providers are still **not able to serve all clients in need of services.**

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

- **Non-Medicaid reimbursable services** such as **housing, employment, peer support and sober beds** are in great demand.
- Cuyahoga County is in the throes of one of the **worst opiate epidemics in the country** with estimates of reaching close to **500 overdose deaths this year.** Although the Board is able to meet the new State-

required AOD Continuum of Care, this does not address **the overall lack of capacity and unmet need** that continues to exist.

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

The Board welcomes opportunities to participate in workshops and technical assistance sponsored by OMHAS or OACBHA when they are offered.

5. *Cultural Competency: 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.*

- The ADAMHSCC Board's **commitment to create a culturally competent system of care** is an ongoing process that involves the **Board of Directors, Board staff, consumers/clients and partner agencies.**
- Currently, the minority composition of the **16 member Board of Directors** is **seven African Americans** (three males and four females) and **one Hispanic female.** The highly active members of the Board participate in **planning and system development** discussions to ensure that services embrace the richness of the culture of the clients and their families, and community norms.
- In addition, the Board's **non-denominational Faith-based Outreach Committee** continues its outreach into the community to **acknowledge the importance of spirituality in the recovery process** while providing information regarding behavioral health services.
- As part of the **Request For Information** process to **award provider contracts and allocations,** Board staff examines the **composition of the provider's Board, management, and direct service staff** in tandem with the population they serve. This **remains a serious challenge** for the majority of the providers especially among their Boards and management teams.
- Finally, through the **Board's work in the schools,** it's been noted that behavioral health services are **desperately needed for LGBTQ youth** and **efforts are in process to enhance the safety net for this vulnerable and often times victimized population** by developing a model that **includes both prevention and treatment services.**

Priorities

6. *Considering the Board's understanding of local needs, the strengths and challenges of the local system, what has the board set as its priorities for service delivery including treatment and prevention and for populations?*

- Below is a table that **provides federal and state priorities.**

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

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

Priorities for ADAMHS Board of Cuyahoga County

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	<ul style="list-style-type: none"> Continue treatment services for pregnant women with a substance use disorder 	<ul style="list-style-type: none"> Enhance system awareness of treatment resources for women who are pregnant. 	<ul style="list-style-type: none"> Identify the number of females accessing treatment services Decrease the number of babies born addicted 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	<ul style="list-style-type: none"> Maintain current service mechanism that identifies children in need of intensive services and supports due to parents' SUD and involvement with the child welfare system. 	<ol style="list-style-type: none"> Increase system awareness of current resources related to treatment options for substance abuse disorders as well as support for children and other family members. Maintain collaboration with the child-welfare system through FCFC's Service Coordination Mechanism as children/adolescents are identified at-risk- and in need of intensive planning & support. Assess other referral destinations to identify parents and children in need of support to prevention abuse/neglect. 	<ol style="list-style-type: none"> Meeting Attendance through Service Coordination Identify the number of children in need of support to prevent abuse/neglect 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS, HIV, Hepatitis C, etc.)				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Priorities for ADAMHS Board of Cuyahoga County

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	<ul style="list-style-type: none"> Access the current service mechanism that identifies children and adolescents with SED at risk for multiple hospitalizations, mandated & deeper system involvement, and out-of-home placements. 	<ol style="list-style-type: none"> Coordinate awareness of service mechanism throughout the community including children’s behavioral health agencies as well as hospitals. Enhance coordinated services with children’s crisis team to provide immediate engagement for children/adolescents at risk for out-of-home placement. Access to the crisis stabilization bed in lieu of hospitalization. 	<ul style="list-style-type: none"> Identify the number of youth with SED & outcomes related to: <ol style="list-style-type: none"> Collateral system involvement Number of out-of-home placements Rated mental health progress Assessed clinical change Identify the number of youth with SED utilizing the crisis stabilization bed in need of mental health stabilization and determine outcomes related to: <ol style="list-style-type: none"> Rated mental health progress Assessed clinical change pre-post admission. 	___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	<ul style="list-style-type: none"> Access for consumers identified as discharge ready from state psychiatric hospital to less restrictive community setting (i.e. Adult Care Facility) 	<ul style="list-style-type: none"> Provide direct subsidy to those consumers that access a licensed Adult Care Facility bed 	<ul style="list-style-type: none"> Identify the number of consumers accessing bed Decrease state psychiatric hospital bed days 	___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):
MH- Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing.	<ul style="list-style-type: none"> Maintain current service continuum for the homeless population 	<ul style="list-style-type: none"> Continue collaborative efforts with the Cuyahoga County Office of Homeless Service advisory board for strategic planning and system advisement. 	<ul style="list-style-type: none"> Meeting attendance 	_ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):
MH - Treatment: Older Adults	<ul style="list-style-type: none"> Maintain current service continuum for the older adult population 	<ul style="list-style-type: none"> Continue collaboration with County Office of Senior & Adult Services/City of Cleveland Dept. of Aging for strategic planning, system advisement. 	<ul style="list-style-type: none"> Meeting attendance 	___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):

Priorities for ADAMHS Board of Cuyahoga County

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

Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system – in jails, prisons, courts, assisted outpatient treatment.	<ul style="list-style-type: none"> Enhance the current service continuum for the reentry population 	<ul style="list-style-type: none"> Continue collaborative efforts with the Cuyahoga County Corrections Planning Board, Sheriff’s Office and Cuyahoga Reentry Coalition for strategic planning and system advisement 	<ul style="list-style-type: none"> Meeting attendance Continue to participate in local and statewide funding initiatives for target population Identify the number of clients accessing Board funded treatment services Decrease jail days Decrease prison days 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Integration of behavioral health and primary care services.	<ul style="list-style-type: none"> Enhance the current service continuum to support and integrate primary physical healthcare 	<ul style="list-style-type: none"> Continue funding collaboration with the provider to offer the Stanford Chronic Disease Self-Management (CDSM) Program 	<ul style="list-style-type: none"> Identify the number of clients referred referred to the CDSM Program Identify the number of clients successfully graduated from the Program 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation.)	<ul style="list-style-type: none"> Explore the development of recovery supportive services to meet the needs of residents of Cuyahoga County for sustainability due to the success of the current model through ATR. 	<ul style="list-style-type: none"> Develop a service continuum to sustain recovery supportive services such as housing, peer support, employment, etc. Sustain post survey outcomes to determine program success 	<ul style="list-style-type: none"> Number of providers certified to provide supportive services Number of clients accessing supportive services Number of successful outcomes per survey 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	<ul style="list-style-type: none"> Enhance the service continuum for specialized services related to disparate populations. 	<ul style="list-style-type: none"> Maintain funding for identified agencies with a primary focus on LGBTQ & survivors of sexual assault/abuse population(s). 	<ul style="list-style-type: none"> Number of persons served Identification of best practice treatment approaches 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Priorities for ADAMHS Board of Cuyahoga County

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

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>Prevention and/or decrease of opiate overdoses and/or deaths</p>	<ul style="list-style-type: none"> Expand local partnerships and resources to combat the heroin and opiate epidemic. 	<ul style="list-style-type: none"> Solicit involvement from school districts, hospitals and the Faith-Based community. 	<ul style="list-style-type: none"> Number of community forums to provide information and resource materials Monitor access to treatment services and waiting lists 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>Promote Trauma Informed Care approach</p>	<ul style="list-style-type: none"> Increase partnerships system wide for best practices and approaches related to trauma. 	<ul style="list-style-type: none"> Maintain quarterly meetings at the ADAMHS Board and partnerships with key stakeholders for the Trauma Collaborative workgroup. Increase the number of meeting participants to expand knowledge based related to trauma and related practices. Ensure agencies, upon execution of contracts, are trauma informed and aware of best practices and approaches to care. Identify potential speakers and trainers for best practice approaches to care. Increase the number of speakers and presentations. 	<ol style="list-style-type: none"> Number of providers certified in trauma and best practices Meeting Participation Number of newly recruited meeting attendees Number of presentations and speakers 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

Priorities for ADAMHS Board of Cuyahoga County

Prevention Priorities

	Priorities	Goals	Strategies	Measurement
Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*	<ul style="list-style-type: none"> Maintain current service array for the provision of prevention services across the life span from early-childhood to adults/seniors. Expand the prevention service continuum to increase the number of services for special populations which include, but are not limited to, LGBTQ, victims of violent crimes and bullying, etc. Increase the percentage of agencies that provide services targeted to special populations. 	<ol style="list-style-type: none"> Assess service gaps within the prevention continuum related to programming specific to special population(s). Identify service venues in need of targeted prevention services. 	<ol style="list-style-type: none"> Number of meetings with contracted providers. Number of service gaps for prevention programming for special populations. 	___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):
Increase access to evidence based prevention	<ul style="list-style-type: none"> Increase the number of prevention agencies utilizing evidenced based curricula. Expand knowledge & awareness of evidence based curricula related to the continuum of prevention services. 	<ol style="list-style-type: none"> Identify service-gaps related to evidence based programming for contracted providers. Identify evidence based curricula to fill gaps related to prevention within the system. 	<ol style="list-style-type: none"> Number of service gaps and relevant evidence-based curriculums. Number of agencies utilizing evidenced-based curricula. Number of meetings with contracted providers. 	No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):

Priorities for ADAMHS Board of Cuyahoga County

Prevention Priorities

	Priorities	Goals	Strategies	Measurement
<p>Suicide Prevention</p>	<ul style="list-style-type: none"> To continue providing free Question Persuade and Refer (QPR) trainings – that teach three simple steps that anyone can learn to help save a life from suicide. NOTE: The ADAMHS Board of Cuyahoga County has provided over 50 trainings to nearly 1,000 individuals since starting the program in 2015. Lasting partnerships were formed with The Academy of Medicine of Cleveland & Northern Ohio for promotion of the trainings and with St. Vincent Charity Medical Center to provide CMEs. The QPR program was partially funded through a grant from the Margaret Clark Morgan Foundation. Although the grant has ended, the Board continues to promote and provide QPR Training in Cuyahoga County. Inform the community of suicide prevention resources, including the ADAMHS Board 24-Hour Hotline, Crisis Text and Crisis Chat. NOTE: 2015 Stats -- 10,435 behavioral health calls were received by the hotline; 2,531 	<ul style="list-style-type: none"> Provide QPR trainings via ADAMHS Board of Cuyahoga County Training Institute & promotion to community groups focused on youth, adults and elderly. Continued participation and leadership in the Cuyahoga County Suicide Prevention Task Force. Create and promote Cuyahoga County Suicide Prevention Task Force Webpage on ADAMHS Board Website that will offer information on community resources and the work of the Task Force. Promote 24-hour Hotline, Crisis Text and Crisis Chat and other resources via: Expanded Direct Mail campaign to areas with high risk of suicide. Relaunch of ADAMHS Board of Cuyahoga County Suicide Prevention Awareness Campaign, including 	<ul style="list-style-type: none"> Number of QPR Trainings provided and the training evaluations. Number of hits on Suicide Task Force Webpage. Number of calls to 24- Hour Hotline. Number of Crisis Texts. Number of Crisis Chats. Number of social media impressions and clicks. Results of yellowpages.com search engine advertising and number of clicks to designated Website. Number of online behavioral health screenings completed through the ADAMHS Board of Cuyahoga County Website. 	<p>No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

Priorities for ADAMHS Board of Cuyahoga County

	Crisis Texts and 1,388 Crisis Chats.	<p>Pandora/Social Media Targeting Advertising.</p> <ul style="list-style-type: none"> Promote online behavioral health screenings available through the ADAMHS Board of Cuyahoga County Website. 		
<p>Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*</p>	<p>Promote gambling prevention treatment and resources.</p>	<ul style="list-style-type: none"> ADAMHS Board of Cuyahoga County External Affairs Officer is part of the Cuyahoga County Problem Gambling Coalition Leadership Committee. Utilize social media to promote trainings and prevention and treatment resources. Maintain gambling prevention webpage. 	<ul style="list-style-type: none"> Number of social media impressions and clicks Number of clicks on gambling page. 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Priorities for ADAMHS Board of Cuyahoga County

Board Local System Priorities

Priorities	Goals	Strategies	Measurement
Sober Beds	<ul style="list-style-type: none"> Establish Recovery Housing and Sober Beds in Cuyahoga County as essential elements of a recovery oriented system of care. Cuyahoga County is in the throes of one of the worst opiate epidemics in the country. Extensive national research indicates that long-term AOD treatment progressing through the Continuum of Care, and especially long-term recovery support in the form of Sober Housing and Beds, offer clients the greatest opportunity for successful recovery. 	<ul style="list-style-type: none"> Develop a partnership with existing recovery housing/sober beds Assist housing providers in reaching Recovery Housing Standard Levels 1 and 2 as defined by the National Association of Recovery Residences (NARR). The Board continues to try to expand the innovative programs that were seeded with Hotspot funding, particularly for Sober Beds and Housing. Although there has been progress, there is still a shortage of sober beds available in Cuyahoga County. 	<ul style="list-style-type: none"> The Board support 96 existing recovery housing/sober beds Expand system capacity over time By 75-100 beds
Transitional Youth	<ul style="list-style-type: none"> Enhance the service continuum to expand supportive housing with a focus on employment/vocation, consumer operated services, and education specific to the transitional youth population cross systems. Increase knowledge and awareness of partnering systems related to cross-system planning for transition to the adult-system. 	<ul style="list-style-type: none"> Explore funding opportunities to develop and support a continuum of housing support services. Engage the local Continuum of Care (CoC) to determine its priorities for this service population Create a variety of supportive living options to meet the needs of this population, ensuring the services available meets the needs of this population. Identify non-traditional supports that will aid in maintaining youth in the community. 	<ul style="list-style-type: none"> Outcome data from the current transitional youth housing pilot to develop subsequent housing projects. Number of meetings with community stakeholders related to data identifying the multiple needs of transitional youth cross systems. Number of trainings to system partners regarding service transition.

Priorities for ADAMHS Board of Cuyahoga County

Board Local System Priorities

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> • Continue planning efforts through community work group to identify and prioritize needs • Collaborate and coordinate service delivery efforts with adult & children systems' providers for seamless transition of services. • Educate system partners of adult service transition in addition to systemic limitations 	
<p>Prevention: Juvenile Re-entry</p>	<ul style="list-style-type: none"> • Enhance the provision of services that promote successful re-entry, deeper court involvement to reduce the recidivism rate within the court system and to juvenile correctional facilities. • Maintain current service model within the Juvenile Detention Center. 	<ul style="list-style-type: none"> • Assess and determine service gaps within the After-Care program for youth • Develop an effective service model to meet the needs of youth returning from juvenile correctional facilities. • Coordinate & streamline services for Board funded projects within ODYS and Juvenile court continuum to ensure the behavioral health needs of youth are efficiently and effectively managed • Provide cross-system training for integrated planning for youth involved in the juvenile justice system • Maintain key partnerships with the juvenile justice system inclusive of local and statewide offices to provide integrated care for youth with behavioral health needs 	<ul style="list-style-type: none"> • Outcome data illustrating the reduction of detention center re-admissions and admissions into juvenile correctional facilities • Identify number of services gaps within the After-Care Project. • Number of meetings with key stakeholders and agencies.

Priorities for ADAMHS Board of Cuyahoga County

Board Local System Priorities

Priorities	Goals	Strategies	Measurement
<p>Treatment/Prevention: Early Childhood Mental Health Services</p>	<ul style="list-style-type: none"> Expand current service continuum to ensure children birth to six receive the appropriate level of service and immediate access to care. Increase evidenced based programming within the ECMH service continuum. Increase community awareness of the relevance of services for children birth to six (6). 	<ul style="list-style-type: none"> Review and analyze the current service mechanism with contract agencies and key stakeholders to determine additional service needs through the strategic planning process. Review and analyze outcome data from the Devereux Center for Resilience (e-DECA) data base to determine performance and outcome measures. Through a competitive bidding process, identify agencies that utilize evidenced based programming. Provide cross-system training related to the ECMH service continuum and its benefits to gain support relative to the early childhood initiative. 	<ul style="list-style-type: none"> The number of successful outcomes supporting improved social-emotional development for the early childhood population. The number of ECMH Provider and System’s Meetings for ongoing strategic planning. The number of agencies, as an outcome from the competitive bidding process, providing ECMH services to include evidenced-based programming.
<p>Treatment/Prevention: School Based Services</p>	<ul style="list-style-type: none"> Expand the school based service continuum to ensure school districts and students have accessibility to a comprehensive and effective service array to improve academic performance and social development. Increase evidenced programming that promotes strategic interventions and outcome data to demonstrate the effectiveness of the school based program. 	<ul style="list-style-type: none"> Review and analyze the current service mechanism with contract agencies and key stakeholders to determine additional service needs through the strategic planning process. Review and analyze outcome data from the Devereux Students Strengths Assessment (DESSA) data base to determine performance and outcome measures. Continue cross system collaboration with major school districts and agency providers to determine additional service needs through 	<ul style="list-style-type: none"> The number of successful outcomes supporting improved social-emotional development for the school based program. The number of School Based Provider and School District Meetings for ongoing strategic planning.

Priorities for ADAMHS Board of Cuyahoga County

Board Local System Priorities

Priorities	Goals	Strategies	Measurement
		the strategic prevention framework.	
Treatment adults	<ul style="list-style-type: none"> Provide access to a full continuum of integrated, holistic behavioral and physical health services (Alcohol and Other Drugs, Mental and Physical Health) aimed at putting clients on, or returning them to, their path to recovery. 	<ul style="list-style-type: none"> Connections: Health*Wellness*Advocacy, in partnership with ORCA House, Signature Health and Stella Maris, proposed the development of an integrated behavioral and physical health fifteen (15) bed crisis stabilization unit. The Crisis Stabilization Unit will be designed to serve adults in a multi-county region (Ashtabula, Cuyahoga, and Lake Counties). Providing a short-term residential environment (twenty-three (23) hour observation beds up to five (5) day short-term stays. Planning among partners is in progress 	<ul style="list-style-type: none"> Costs savings from a combination of improved clinical outcomes and the ability to divert patients from traditional emergency room and in-patient hospital resources. Focus on third party payer reimbursement
Treatment adults	<ul style="list-style-type: none"> Upgrade and renovate existing crisis center 	<ul style="list-style-type: none"> Renovations to exterior Replacement of furnishings Creation of client “quiet room” 	<ul style="list-style-type: none"> Increased client satisfaction Limited capital expenditures in the future; extension of the life of the crisis center
Alternatives	<ul style="list-style-type: none"> Provide a safe space to women not yet in AOD treatment 	<ul style="list-style-type: none"> Creation of a safe house on the city’s west side as an alternative to “the streets” for women with untreated alcohol and drug abuse, mental health and/or developmental disabilities On-site support provided by recovering women and access to resource materials regarding community treatment programs and related services. Identifying a service provider and location is in process. 	<ul style="list-style-type: none"> Track use of services; compare to use of existing east side safe house
Treatment Adult Females	<ul style="list-style-type: none"> Expansion of women’s AOD treatment services 	<ul style="list-style-type: none"> Capital improvements to expand physical space at Women’s Recovery Center 	<ul style="list-style-type: none"> Increase in the number of clients served by 60%

Priorities for ADAMHS Board of Cuyahoga County

Board Local System Priorities

Priorities	Goals	Strategies	Measurement
Integrated Care -Adults	<ul style="list-style-type: none"> Integration of MH/AOD care with primary care for adults 	<ul style="list-style-type: none"> Primary care services delivered through several FQHCs partners by the Centers Client medications and overall health indicators are routinely monitored ADAMHSBCC funding expands numbers served 	<ul style="list-style-type: none"> 400 new clients served annually
Self Help/Peer Services	<ul style="list-style-type: none"> Build a "state-of-the-art" Consumer Operated Recovery Center 	<ul style="list-style-type: none"> Use of state funding to build out the site Combining resources from two former COS sites, now closed This project is in process, with the selection of a vendor agency underway. 	<ul style="list-style-type: none"> Site capacity expanded beyond 35 consumers each day Full range of programming provided
AOD Treatment Adult Women	<ul style="list-style-type: none"> Ensure availability of treatment to women who have children up to 13 years-old 	<ul style="list-style-type: none"> Close gap in capital funding for Northern Ohio Recovery Association to complete renovations on facility. 	<ul style="list-style-type: none"> Expand capacity to provide treatment, housing and recovery support to approximately 20 women and 18 children.
Crisis services	<ul style="list-style-type: none"> Ensure availability of crisis related services 	<ul style="list-style-type: none"> Establish a pool of set aside funds to be used for crisis related expenses when all other funding has been exhausted 	<ul style="list-style-type: none"> Funding pool established as payer of last resort
AOD residential treatment adults	<ul style="list-style-type: none"> Expansion of alcohol and other drug residential treatment beds for adult men 	<ul style="list-style-type: none"> Provide enhanced residential care including: <ul style="list-style-type: none"> on-site Detoxification Medically Assisted Treatment (MAT) (i.e. methadone, Suboxone) ;and primary healthcare care services. 	<ul style="list-style-type: none"> Creation of 16 bed unit
Opiate Addicted Population	<ul style="list-style-type: none"> Reduction of mortality in Cuyahoga County from opioid overdose 	<ul style="list-style-type: none"> Partner with Metro Health Medical Center Project DAWN (Deaths Avoided with Naloxone) an opioid education and naloxone distribution. Provide education on risk factors for opioid overdose, recognition of an overdose and how to respond to an overdose with nasal naloxone Supply overdose prevention kits 	<ul style="list-style-type: none"> Number of kits distributed annually
Opiate Addicted Population	<ul style="list-style-type: none"> Establish VIVITROL Medically Assisted Treatment (MAT) pilot 	<ul style="list-style-type: none"> Make VIVITROL available as part of a comprehensive management program that 	<ul style="list-style-type: none"> Establishment and continuation of program

Priorities for ADAMHS Board of Cuyahoga County

Board Local System Priorities

Priorities	Goals	Strategies	Measurement
		includes psychosocial support • Ensure that risks and benefits of therapy assessed on a case by case basis	
Opiate Addicted Population	• Expand Outreach and Payee Program (OPP) at FrontLine Service to serve individuals with drug/alcohol addictions	• Provide representative payee services to clients whose behavioral health issues are not identified as "severe" and therefore do not meet the priority population under other federally funded programs	• Program established and continued.

Board Local System Priorities (add as many rows as needed)

7. *What priority areas would your system have chosen had there not been resource limitations, and why? If you provide multiple priority areas, please prioritize.*

Priority if resources were available	Why this priority would be chosen
(1) Integrated Care	Coordination of behavioral health services and primary care will result in improved overall health and quality of life.
(2) Re-Entry Services	The cost for recovery support services, i.e. rental assistance, transportation and tools/uniforms to assist formerly incarcerated individuals.
(3) Sober Housing Units	Congregate sober housing units has been expressed by individuals in recovery as a need resource to be added to the existing housing continuum.
(4) Traumatic Loss Response Team	Critical resource that partners with law enforcement when traumatic events occur in the community and schools with expertise in the provision of trauma informed care.
(5) Cognitive Enhancement Therapy	Board interested in providing funding to a proven evidence based practice, CET for persons of color with severe and persistent mental illness.
(6) Funding in support of the Domestic Violence Hotline	Trauma, depression and substance abuse has been reported by the users of the Domestic Violence Hotline. ADAMHS Board should contribute funds to support the quality work provided on behalf of the victims of domestic violence.
(7) Reimbursement for uncompensated care	Longstanding request from contract providers in the wake of diminishing funding supports from local foundations and the philanthropic community to be compensated for services provided in excess of their Non-Medicaid allocations.

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

- **City of Cleveland Settlement Agreement:** A Settlement Agreement between the **City of Cleveland** and the **U.S. Department of Justice (DOJ)**, was developed to address concerns about the **Cleveland Division of Police (CDP) use-of-force policies and practices**, and was signed on June 12, 2015.
 - The Agreement contains a **mental health component** that required the development of a **Mental Health Response Advisory Committee (MHRAC)** by the City and the CDP no later than December 9, 2015.
 - The **City of Cleveland selected the ADAMHS Board to establish the MHRAC** and assist with the Police Crisis Intervention Program. A Memorandum of Understanding (MOU) between the City of Cleveland Department of Public Safety, the Chief of Police and the ADAMHS Board of Cuyahoga County was developed and signed on September 10, 2015– well before the deadline in the Decree.
 - The first meeting of the MHRAC was held on September 17, 2015.
 - **William M. Denihan, Chief Executive Officer of the ADAMHS Board serves as Chair, and Ed Eckart Jr., Assistant Director of the Cleveland Department of Public Safety, serves as Vice-chair of this committee.** As outlined in the Settlement Agreement, the committee has the following charge:
 - **Fostering better relationships** and support between the **police, community, and mental health providers.**
 - **Identifying problems** and **developing solutions** to **improve crisis outcomes.**
 - **Providing guidance** in **improving, expanding and sustaining the CDP Crisis Intervention Program.**
 - Conducting a **yearly analysis of incidents** to determine if the CDP has **enough specialized CIT officers**, if they are deployed effectively and responding appropriately, **and recommending changes to policies** and procedures regarding training.
 - To **utilize the experiences and talents of the MHRAC members**, a structure consisting of six sub-committees was developed: **Executive Committee, Community Involvement/Engagement Committee, Data Committee, Diversion Committee, Policy Review Committee and the Training Committee.** A goal is to ensure that the new policy and procedures are reflective of the values of all Clevelanders.
 - **All meetings of the MHRAC and its committees are open to the public.** Meeting summaries, dates, times and locations are posted at www.adamhsc.org.
- **Mental Health in the Detention Center:** In collaboration with the **Cuyahoga County Juvenile Court**, the ADAMHS Board **assessed the in-depth needs of over 600 youth** detained in the juvenile detention center in order to **provide brief interventions and crisis management.** **Basic mental health knowledge** was also provided to **aid staff in understanding the signs and symptoms a child may experience** while detained.
- **Behavioral Health Career Fair:** In **partnership with 28 provider agencies** and **area non-profits**, the ADAMHS Board hosted its **first-ever Behavioral Health and Human Services Career Fair on May 20, 2015** at the Cuyahoga County Community College. **Over 300 job seekers** brought resumes and explored the wide employment opportunities in the mental health, addiction, recovery treatment and human services fields. Many individuals left the event with scheduled job interviews. The **Board hosted another equally successful career fair on May 11, 2016.**
- **Peer Support:** The ADAMHS Board believes in the benefits of peer support; therefore, we **partnered with provider agencies and consumer operated service agencies** and **provided funding to enhance peer support services** in Cuyahoga County that provided the following opportunities:
 - **22 individuals in recovery received Peer Support/Recovery Coach Training** from the **Ohio Empowerment Coalition**, which was held at the Board offices in May 2015.
 - **Murtis Taylor Human Services System** was able to **provide forensic peer support services to residents**

at St. Clair/Tanaka House.

- **Jewish Family Services Association** and **Recovery Resources** provided **peer support services to clients seeking competitive employment.**
 - **Life Exchange Center** provided **peer support services to transitional youth in the Transitional Youth Housing Pilot.**
 - **The Living Miracles** provided **peer support services through Frontline’s Crisis Unit.**
- **Heroin/Fentanyl Prevention:** The Board continues to collaborate and play an active role in the **Cuyahoga County Opiate Task Force.** Board staff works with the **Cuyahoga County Board of Health, Cuyahoga County Medical Examiner** and **numerous other public and private organizations** to provide accurate and current data to the community and the media.
 - Through partnerships with the **Cuyahoga County Medical Examiner** and **WKYC TV 3,** the **Board took an active role in the *Student Leadership Summit: Heroin Crisis and Our Future.***
 - The **Board worked with WOIO TV 19/WUAB 43** in the initial stages of **developing and implementing a TV and social media campaign to prevent heroin addiction and promote recovery.** The Board’s CEO appears in a **10-minute video** that introduces the heroin epidemic and **explains to potential business partners that recovery is possible.** The video features a **young woman in recovery** sharing her story, a **family sharing their story on the fatal consequences of heroin,** and **professionals** – all explaining, through gripping and hopeful testimony, why a person should not start heroin and that recovery is possible. The **goal is to develop personal, governmental and business partnerships that can be used to promote recovery.**
 - The Board is planning to **re-launch its previous, successful Heroin Awareness Campaign,** utilize the **OhioMHAS public awareness campaign** and continue its **social media campaign with targeted advertising.**
 - **Problem Gambling Coalition:** ADAMHS Board of Cuyahoga County **External Affairs Officer** is a member of the **Cuyahoga County Problem Gambling Coalition Leadership Committee.** The Coalition is a **partnership with the Veterans Service Administration, Gambling Anonymous, various faith-based organizations, private practitioners and provider agencies.**
 - **Recognition:** The ADAMHS Board was recognized by the **Cleveland Metropolitan School District (CMSD)** with the **Five-Star General Award** for its **contributions made by staff and Board Members** that made a **difference in the lives of students of the CMSD.**
 - **Dedicated Children’s Crisis Team: “Children’s Response Team” (CRT) Pilot:** In 2015, the ADAMHS Board, in response to community partners, stakeholders, and provider agencies, **dedicated a children’s team within the system’s crisis continuum to ensure the unique needs of children** were addressed in the community.
 - Through *Mid-Biennium Review (MBR)* funding in 2015, the Board was able to **fill a critical gap within the children’s system by restoring a child-specific emergency service originally in place in 1997.** This system **responded to acute psychiatric, emerging crises,** in addition to **suicidal ideation and/or gestures.**
 - MBR funding also allowed for an **additional crisis stabilization bed to assist in diverting hospitalizations.** **The CRT pilot served 1,306 youth, exceeding the projected number served of 1,000;** 60% of the youth assessed through CRT were diverted from hospitalization. Moreover, the pilot **confirmed the need to intervene beyond typical crises involving suicidal ideation and gesturing.** It supported neighboring systems by way of **early intervention,** which more often than not **diverted mandated system involvement**

from the juvenile justice and child welfare systems.

- **Cuyahoga County Board of Developmental Disabilities:** Initially, through the application of *Hot Spot Funding*, the Board was able to **maintain funding to fill a service gap for developmentally challenged youth with diagnoses of mental illness.**
 - This was accomplished by **purchasing a crisis stabilization bed through Bellefaire Jewish Children’s Bureau’s Stabilization/Critical Care Unit.** The aforementioned unit serves as an **alternative to psychiatric hospitalization for youth 11 through 18**, as it provides **brief periods of stabilization, assessment and intervention**, accommodating youth for brief admissions **up to 30 days.**
 - Once admitted, youth undergo an **in-patient diagnostic assessment** and **receive acute behavior stabilization services** which address both mental health and co-occurring substance abuse needs. This service is **available 24 hours a day, 7 days a week for emergency mental health and behavioral needs.** The **Stabilization/Critical Care Unit** provides a **safe, highly supervised and supportive environment** that facilitates **intensive, individualized and short-term therapeutic services.** The unit also provides **24/7 access to Bellefaire’s psychiatric and nursing staff.**
 - As an adjunct to this service and as an integral part of discharge planning, in 2015, **Bellefaire, Lorain and Cuyahoga Counties, and the Cuyahoga Board of Developmental Disabilities** engaged in a planning discussion to develop a **short-term service to assist youth discharged from the Stabilization/Critical Care Unit.** This service would **enable youth to receive intensive support through a team of individuals to assist parents in implementing strategies gained from the brief stay in the Critical Care Stabilization Unit to maintain their child or adolescent in the home.** The goal is to fully implement the service by the close of CY16.
- **Family & Children First Council (FCFC):** Through the Board’s continued partnership with **Family & Children First Council (FCFC)**, as an arm of the Service Coordination Mechanism, the partners agreed in CY14 to collaborate in the **formation of the On-Site Service Coordination Team** convened at **Cuyahoga County Juvenile Court.**
 - **The purpose** of this cross system planning team was to **develop crisis stabilization plans, provide behavioral health expertise to support youth and families dually involved with Juvenile Court and the Division of Children & Family Services** when parents and guardians **elected not to take their children home during a court hearing.**
 - In CY15, analysis of project operations revealed that **a large percentage of parents were, in fact, willing to take their children home.** As such, **there were few referrals in relation to parents reporting the inability or unwillingness to maintain their child in their homes.**
 - The Board fully supported this initiative as a **large portion of youth were involved in the behavioral health system, and were in need of intensive support.** Due to the small number of referrals, neighboring systems, including the Board, elected to **provide assistance on an “as needed basis”** to support the planning efforts of the courts and DCFS.
- **The Behavioral Health/ Juvenile Justice (BH/JJ) Project:** The Cuyahoga County ADAMHS Board has a very strong partnership with the juvenile justice system by way of collaboration for multiple projects and initiatives.
 - The goal of Ohio’s BHJJ initiative is to **transform and expand local systems’ options to better serve youth.** This has been achieved through the Cuyahoga County BHJJ program, as it is by far the best representative of local systems taking ownership in a collaborative fashion to achieve favorable outcomes.

- Most recent data reflects a **70% reduction in the risk of out of home placement** at the time of termination from the BHJJ project. Crisis situations often arise which are difficult for families to handle. In years past, residential treatment was the only option available within the program's service continuum.
- The **lack of access to short-term crisis stabilization beds** led to lengthy, costly stays in residential treatment facilities in the MH/AOD system. Such environments are not always the appropriate response to the risk level exhibited by the child.
- As such, **the Board utilized *Hot Spot* funding to provide the appropriate level of care for children in crisis.** In effort to maintain the existing continuum of services when *Hot Spot* funding ceased, the Board maintained this component through local levy funds for a dedicated crisis bed as part of the project. This has **ensured that youth identified at risk for placement would be maintained in the community to prevent deeper court involvement.**
- **Mental Health Service in the Detention Center:** In CY14, Ohio Department of Youth Services (ODYS) initiated discussions with ADAMHS Board staff regarding program amendments and expansion within the Cuyahoga County Detention Center.
 - This expansion **provided one-time funding to train detention center staff** relative to mental health and trauma informed care, as well as incorporating the Massachusetts Youth Screening Instrument (MAYSI) 2 to youth upon admission into the detention center.
 - CY 15, detention center staff were trained and the MAYSI2 was successfully implemented. Also in CY15, in collaboration with Cuyahoga County Juvenile Court, the **ADAMHS Board released a Request for Proposals (RFP) to select an agency for the provision of mental health services within the Cuyahoga County Juvenile Court Detention Center.** This was in response to Cuyahoga County Juvenile Court's review of their programs and services through the Juvenile Detention Alternative Initiative (JDAI) Assessment. The JDAI report reflected that 34% of detainees in the detention center are remanded for an extended amount of time.
 - As such, **the proposed changes focused on three (3) priorities: increased staffing, consultation to detention center and juvenile court staff, and behavior management of the youth detained.** The goal is to fully implement the program by the close of CY16.
- **Early Childhood Mental Health (ECMH) Services:** The Board remains in a strong partnership with the Cuyahoga County Office of Early Childhood/Invest in Children (IIC) to address state-wide issues related to early childhood.
 - In CY15, key stakeholders and system partners, with regard to early intervention services, participated in workgroups to address the capacity and engagement issues that impact service delivery for early childhood. As such, the **service continuum for ECMH was expanded** to allow all contract agencies to **utilize "consultation" services as a springboard for immediate engagement** and as an additional assessment option to determine if treatment is warranted.
 - To further address capacity issues, **the ADAMHS Board's Training Institute partnered with the state and the Devereux Center For Resilient Children** to train newly hired clinicians across the system to further address the workforce/capacity issues in Cuyahoga County.
 - As an adjunct to training, a small workgroup, comprised of ADAMHS Board staff, agency providers, and stakeholders was formed to identify a tool to assess the progress of children enrolled in the ECMH program, agencies and the program as a whole. As such, **the Deveraux Early Childhood Assessment-**

Clinical (DECA-C) tool was identified, as it is deemed as a clinically reliable, strength based assessment tool. In collaboration with IIC, the ADAMHS Board coordinated training in CY15 through the Devereux Center for Resilient Children and purchased Devereux's **web-based system to capture all data** from the DECA. The goal is to fully implement the e-DECA by the close of CY16.

- In addition to the above, **the ADAMHS Board in collaboration with Lorain and Summit county boards, and agency providers**, made application and in early CY16 **was awarded funding through OhioMHAS for the *Whole Child Matters Initiative*** designed to **reduce the number of pre-school expulsions**, as well as build workforce capacity for the early childhood system statewide.
- **Prevention:** In response to the **changes at the state level relative to credentialing and service delivery for prevention effective CY16**, ADAMHS Board staff **proactively assessed the credentials of contract agency staff in CY15**.
 - The Board then provided pertinent trainings for agency staff to maintain current licensure/credentials or to pursue credentialing to meet the rule change. The trainings were comprehensive in nature with a full review of SAMSHA's six prevention strategies to develop more robust service delivery. This further **assisted agencies in fulfilling the requirements of the upcoming rule to incorporate the identified strategies per program through OhioMHAS**.
- **School Based Behavioral Health Services:** Through extensive planning with key stakeholders, contract agencies, and school districts, **the ADAMHS Board fully adopted the "consultation" model, as the primary service within school settings to allow the service of consultation to become broader in nature**.
 - In addition, this allowed agencies to provide support to students, parents, professionals, and small groups. It further **allowed for treatment services, if indicated, to occur outside of the school environment**. This reduces stigma and allows academics to remain the primary activity throughout the school day.
- **The ODYS Aftercare Project:** As reported in CY14, in response to a request from the state ODYS office and in effort to reduce the recidivism rate within juvenile correctional institutions, the Board agreed to be a co-applicant with ODYS in a proposal to the Department of Justice - Second Chance Act grant program. The goal of the application was to enhance the service continuum of the Transitional Aged Community Team (TACT).
 - **TACT** was developed in 2012 by the Board **to provide intensive community based case management and care coordination services for transitional aged youth 16 to 25 years of age returning from out-of-home placements**. The goal is to **prevent homelessness and avoid or eliminate court involvement**. TACT is housed within the ODYS After-Care project and as part of the strategic enhancement to TACT, the Adolescent Community Reinforcement Approach (A-CRA) with Assertive Continuing Care (ACC) was selected to support youth and young-adults transitioning out of ODYS institutions. The augmentation of the TACT team afforded team members the opportunity to become certified in the aforementioned approach for the provision of treatment services in addition to traditional case management services.
 - The Second Chance Act Grant allowed deeper and further exploration of the A-CRA model, as engagement became a significant barrier in the implementation of the model. This was particularly true for this targeted population when clients were under the age of eighteen per the designated agency. Since the grant is ending, the ADAMHS Board will continue discussions with key stakeholders, partner systems, and contracted agencies to determine the delivery model of choice and further assess the needs of the ODYS Institutions in terms of re-entry.
- **Hoarding Connection of Cuyahoga County:** The Cuyahoga County Hoarding Connection's mission is to **educate the community about the need for a coordinated effort** among personnel from local government, mental health and social service agencies to **effectively help individuals who hoard and those working with individuals who hoard**.

- The goal is to identify responders, resources and personnel throughout Cuyahoga County, and to educate and train them about the characteristics of hoarding. The Hoarding Connection **promotes a comprehensive approach to helping individuals who hoard, while protecting the safety of responders and the community.**
- More than 20 organizations from the public, nonprofit and private sectors are working together as the Hoarding Connection of Cuyahoga County.
- **Cuyahoga Problem Gambling Coalition:** The Cuyahoga Problem Gambling Coalition’s mission is to provide **prevention education and gambling addiction trainings.** The Coalition is composed of diverse stakeholders committed to ending problem gambling in the community through awareness, education and resource cultivation.
- **Cleveland/Cuyahoga County Office Homeless Service Continuum of Care:** The Cleveland/Cuyahoga County Continuum of Care is an extensive network of agencies that **plans, organizes and delivers housing and services to prevent homelessness and to assist people while they are homeless and as they move into stable housing.**
 - The Continuum is the vehicle, at the local level, which coordinates resources to: **achieve the best outcomes; identify gaps in services;** and undertake necessary research and planning to **eliminate the gaps.** Initially, the Continuum of Care was organized in response to a Department of Housing and Urban Development (HUD) requirement.
 - However, **today it is a dynamic force engaged in efforts to reduce and prevent homelessness,** ensure delivery of comprehensive, high-quality services to persons who are homeless, and create permanent housing opportunities for very low income and long-term homeless persons, including those suffering for severe and persistent mental illness and/or substance use disorders.
 - The Cleveland/Cuyahoga County Continuum of Care is also the entity that annually submits the HUD-mandated consolidated application for federal homeless assistance dollars.
- **Northeast Ohio Recovery Residence Network (NEORRN):** NEORRN was founded in 2014 to provide area wide leadership and bring community focus upon the formation of Ohio Recovery Housing (ORH). Created for Ohio in response to the standards and initiatives set forth by the National Association of Recovery Residences (NARR), ORH has brought an Ohio perspective to funding and regulatory developments challenging our local recovery residences.
 - **The ADAMHSCC has provided funding to NEORRN** to hire dedicated program staff and administrative support personnel. NEORRN is composed of diverse stakeholders committed to providing training, education and support to recovery housing community.
- **Cuyahoga Regional HIV Health Services Ryan White Planning Council:** The mission of the Planning Council is to plan for the **comprehensive delivery of HIV/AIDS services** and allocation of resources for the Transitional Grant Area (TGA). The goal of the Planning Council is to **identify HIV positive individuals, see that they are linked into care** (both physical and behavioral health care), stay in care and improve health outcomes.
- **Cuyahoga County Opiate Collaborative:** The goal of the Collaborative is to serve the residents of Cuyahoga County by actively working to **raise public awareness, promote community action, and provide education related to the dangers and devastating effects of drug abuse.** The Opiate Collaborative has a shared vision of creating a healthier community by reducing accidental fatalities associated with opiate abuse through collaborative partnerships that focus on prevention, treatment, and recovery.

- **Cuyahoga County Collaborative Council on Medication Assisted Treatment:** The Council, a collaborative effort of medical, behavioral health, criminal justice and other interested groups, was created to develop a coordinated response to the utilization of Medication Assisted Treatment for opiate addiction in Cuyahoga County. The primary goal is to **promote evidence-based strategies for opiate treatment and recovery support through safe and effective means.**
- **Cuyahoga County Office of Reentry Leadership Coalition:** The Coalition brings together the leadership of the Justice and Behavioral Health Systems. The Coalition is comprised of representatives from the Courts, Specialized Dockets, Municipal Jails, the Corrections Planning Board, Probation Department, the ADAMHS Board and its contract agency staff. The goal is the **implementation of evidenced based practices in the court and probation departments, increased offender access to behavioral health services, and training of law enforcement and correctional officers in addressing offenders with mental health and substance use disorders.**

Inpatient Hospital Management

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

- The Board allocates staff to **provide onsite (as well as offsite) utilization activities at the State Hospital** which includes weekly and monthly reviews of inpatient clients of Cuyahoga County. Board staff also **facilitates ongoing meetings with State Hospital staff, agency providers (outpatient) as well as local hospital systems.** The UR staff provides consultation to community providers including Crisis, Adult Guardianship, and ACT teams.
- **Potential Changes:**
 - **Forensic Utilization:** The Board is working on a system of collaboration, is reviewing current processes and is developing effective tools to facilitate communication, address barriers and ensure successful transitions back to the community. **Housing is a major barrier to discharge for dually diagnosed consumers; the Board will be reviewing the current status and developing a process to address this barrier.**

10. Many boards have implemented innovative programs to meet local needs. Please describe strategies, policy, or programs implemented during the past two years that increase efficiency and effectiveness that is believed to benefit other Ohio communities in one or more of the following areas:

a. Service delivery:

The Board's service delivery innovations have been mentioned previously and include the establishment of **sober housing**, creation of a **crisis services funding pool** to ensure availability of services, exploring options for supportive housing for **Transitional Age Youth**, and establishment of a **Children's Crisis Response Team**. Most recently, the Board has begun collaborating with the County Probate Court, local hospitals, and community-based behavioral service providers to dramatically expand its **Assisted Outpatient Treatment (AOT) Program for persons under court order, including the establishment of a new ACT Team to serve up to 100 clients per year.**

b. Planning efforts and c. Business operations: (also see program-specific planning efforts throughout document)

Shared Healthcare and Recovery Enterprise System (SHARES)

The Board collaborated with the ADAMHS Boards of Franklin and Hamilton Counties on the design and implementation of a new software system known as **Shared Healthcare and Recovery Enterprise System (SHARES)**. **SHARES** supports management of **client enrollment, benefit management, provider contracting, payment processes, and utilization and outcomes management**. This new system is a shared information system environment in which Boards can **share in the administrative costs associated with the system, but enables each Board to operate as an independent entity**. The system has the ability to add additional Boards as either part of a single database with a shared Master Patient Index, or on separate versions of the software, but with the ability to be maintain records in a shared environment. This system is critical for Boards to achieve the following goals:

- Provide the highest quality of care at the most appropriate level to its clients;
- Ensure that clients are able to access appropriate, quality services in a timely manner;
- Function as the local behavioral health systems manager;
- Increase administrative and service capacity;
- Develop more efficient business practices;
- Become a value purchaser of behavioral health services;
- Maximize use of existing revenue sources;
- Comply with requirements as stewards of federal, state and local funding;
- Control fraud and abuse;
- Minimize financial risk for those who provide services, so that risk does not adversely impact client care;
- Give providers and other partners timely, easy access to systems data;
- Determine the system's capacity; and
- Establish areas of need/demand (location, population, service).

The Boards formed a Council of Governments, or COG, with the three Board CEOs as officers to oversee the business aspects of the SHARES project.

Notably, SHARES also includes online capabilities for the **Ohio Mental Health Adult Outcomes, The Ohio Mental Health Scales for Youth, and the AOD Brief Addiction Monitor (BAM)**, including both aggregate reports and individual client-based reports. This information is critical for **evaluation of the impact of services over time, and will be used to inform planning and resource allocation decisions.**

d. *Process and Quality Improvement*

Quality Performance Indicators, Request for Information, and Performance Based Funding Process

Cuyahoga ADAMHS utilizes a series of **Quality Performance Indicators based on SAMHSA's NOMs**. These include:

- * *Abstinence from drug use and alcohol abuse*
- * *Decrease symptoms of mental illness and improve functioning*
- * *Getting a job or attending school*
- * *Decreased involvement with criminal justice system*
- * *Resilience and sustaining recovery (Peers services)*
- * *Securing safe, decent, stable housing*
- * *Increased access to services*
- * *Decreased inpatient hospitalizations*
- * *Quality of services provided*
- * *Cost-effectiveness*
- * *Use of evidence-based practices in treatment*

Biannually, the Board employs a **“Request for Information” procurement process** with its 55 provider agencies through which providers request funding for specific programs, **indicate how they will address the goals of the NOMs/QPIs, project their benchmark success goals, and identify the way in which success will be measured**. **Provider Agencies report on their progress** at 6 and 12 month intervals and these data are used to evaluate continuing contracts. As noted earlier, provider agencies are implementing online use of the **Ohio Mental Health Adult Outcomes, The Ohio Mental Health Scales for Youth, and the AOD Brief Addiction Monitor (BAM)**, including both aggregate reports and individual client-based reports to evaluate the impact of services over time.

*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. **NOTE:** The Board may describe Hot Spot or Community Collaborative Resources (CCR) initiatives in this section, especially those that have been sustained.*

Sober Housing, and the Psychiatric Bridge

The Board endeavors to expand the innovative programs that were initiated with Hotspot funding, particularly for **Sober Housing, and the Psychiatric Bridge**. Although there has been progress, there is still a **shortage of sober beds available in the county**. Extensive national research indicates that long-term AOD treatment progressing through the Continuum of Care, and especially long-term recovery support in the form of Sober Housing and Sober Beds, offers clients the greatest opportunity for successful recovery.

The **Psychiatric Bridge** provides in-home medical and medication services for up to two weeks or longer to clients immediately after they are released from a psychiatric inpatient stay, until they can be successfully transitioned to community based services. **A lack of reliable, sustained State funding for these programs, however, presents a challenge for sustainability.**

Advocacy (Optional)

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

- **Advocacy Agenda:** Each year the Board produces our “Advocacy Agenda.” This agenda is developed with the overarching goal of **promoting recovery from mental illness and dependency on alcohol and other drugs**. Recovery is a process unique to each individual that is measured by reaching small and continuous goals built on

partnership, trust, hope, choice, dignity, respect and excellent care. **The Board uses the Advocacy Action Agenda to develop messages to legislators, state agencies, policy makers, clients, families, providers and the general public to advance important behavioral health issues.** Items on this agenda are in addition to the advocacy and collaboration that the Board provides on a daily basis through its work of ensuring that mental health, addiction treatment and prevention services and supports are available to help children and adults reach recovery. The overarching goal for CY16 is to support recovery through mental health, alcohol and other drug, opiate and gambling addiction services and supports in the schools and the community; employment and vocational opportunities; prevention, and stable and/or increased funding to support Non-Medicaid services.

- **Action Committee Advocating Change (ACAC): The ACAC provides a forum for consumer input and a concerted voice to the community** in respect to new programs, legislation, and policy directly impacting clients in Cuyahoga County. The ACAC serves as a voice for the clients of Cuyahoga County and has continued to be involved with numerous advocacy activities, including developing **recommendations in response to the Department of Justice Investigation of the Cleveland Division of Police.** Meetings are held the fourth Thursday of every month at the ADAMHS Board immediately following the Client Brown Bag Lunch.
- **Marijuana: Legalization of marijuana in the State of Ohio was soundly defeated** on November 3, 2015, with 65% of the votes opposed - a nearly 2-to-1 vote. Our CEO, members of the Board and staff took an active role with leaders representing the medical, legal, provider, faith-based and government groups to defeat the issues. The **Board adopted an official position on marijuana legalization** on May 27, 2015. The position states that the Board **opposes any attempts to legalize, promote, grow and sell marijuana for recreational purposes** in the State of Ohio and explains the reasons. The Board also believes that **marijuana for medical purposes should be subject to** the same research, consideration, and study as any other potential medicine, under **the standards of the U.S. Food and Drug Administration (FDA).**

Open Forum (Optional)

12. *Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues, including the effects of Medicaid Expansion, which is believed to be important for the local system to share with the department or other relevant Ohio communities.*

- As mentioned above, **Behavioral Health services in Cuyahoga County are challenged by inadequate funding.** While Medicaid expansion has *helped*, the Board and its providers are **still not able to serve all clients in need of services.** There is an **overwhelming demand for Non-Medicaid reimbursable services** such as **Housing, Employment, Peer Support, Residential and Sober Beds** which are critical to successful recovery. Cuyahoga County is experiencing one of the **worse opiate epidemics in the country**, with estimates of close to 500 overdose deaths this year. Although the Board is able to meet the new State-required AOD Continuum of Care, **this does not address the overall lack of capacity and unmet need that continues to exist in combatting the opiate epidemic.**