

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

**Enter Board Name:** Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County

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

## Evaluating and Highlighting the Need for Services and Supports

1. Describe the community needs assessment process that led to the identification of the local priorities the Board will address. Describe how the Board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in evaluating needs, evaluating strengths and challenges and setting priorities for treatment and prevention for SFY 2021-2022. [ORC 340.03 (A)(1)(a)].
  - a. If the Board's service and support needs were determined by the Board Recovery Oriented System of Care (ROSC) assessment, how will these identified service and support needs be addressed by the Board?
    - The ADAMHS Board routinely conducts a thorough system Needs Assessments/Analysis approximately every 5 years to ensure Cuyahoga County's Public Behavioral Health and Recovery System continues to adapt to an environment of high service demands and ensure that constrained resources are allocated judiciously and equitably within our community. The Board contracted with Cleveland State university for a Community Needs Assessment that was completed in May 2020 in preparation for our Strategic Planning initiative that began in July 2020.
    - The study included four types of possible needs assessments: epidemiological analysis, utilization analysis, input from both clients and subject matter experts, as well as agency executive directors and direct service providers.
2. Considering the Board's understanding of local needs and the strengths and challenges of the local system, please identify the Board's unique priorities in the area provided on Page 2. Please be specific about the chosen strategies for adults, children, youth, and families and populations with health equity and diversity needs in your community. OhioMHAS is still interested in any RecoveryOhio priorities Board areas may be addressing.

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

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

3. Describe all environmental factors that influenced the identification of the chosen priorities within the Board area. Factors could include: economic, social and demographic factors, transportation, unemployment, uninsured/underinsured population, poverty rates, housing availability, incarceration rates, etc. Note: Regarding current environmental factors, Boards may describe the continuing impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.

- The Board’s 2020 Community Needs Assessment quantified the socio-demographic characteristics of Cuyahoga County population, such as the population size, type of residential areas, gender, age, race/ethnicity, citizenship status, refugee status, marital status, type of household, median household income, unemployment rate, poverty, languages spoken at home and bilingual speakers, difficulty communicating, adult literacy, veteran status, disability status, LGBTQ, homelessness, criminal victimization and domestic violence experience, sexual, physical, and emotional abuse experience and trauma, and criminal justice involvement.
- When possible, data for Cuyahoga County were compared to national, State, the large metro counties (Franklin and Hamilton), and the City of Cleveland to assist the Board in understanding the unique characteristics of our community.

***Comparative population demographics for Cuyahoga county:***

	U.S.	Ohio	Franklin County	Hamilton County	Cuyahoga County	Cleveland
Total population	327,167,439	11,689,442	1,310,300	816,684	<b>1,243,857</b>	383,781
Median age	38.2	39.5	34.1	36.6	<b>40.4</b>	36.3
Hispanic or Latino (of any race)	18.3%	3.9%	5.7%	3.5%	<b>6.2%</b>	12.3%
White	60.2%	78.6%	62.3%	64.9%	<b>58.5%</b>	34.1%
Black or African American	12.3%	12.2%	22.5%	25.1%	<b>28.8%</b>	46.6%
American Indian and Alaska Native	0.7%	0.2%	0.1%	0.1%	<b>0.1%</b>	0.1%
Asian	5.6%	2.3%	5.4%	3.0%	<b>3.0%</b>	2.8%
Native Hawaiian and other Pacific Islander	0.2%	0.0%	0.0%	0.2%	<b>0.0%</b>	0.0%
Some other race	0.3%	0.2%	0.3%	0.2%	<b>0.3%</b>	0.4%
Two or more	2.5%	2.7%	3.6%	3.1%	<b>3.0%</b>	3.6%

Source: American Community Survey, 2018

***Socioeconomic factors***

- Cuyahoga County residents have a consistently low socioeconomic status, when measured by household income, unemployment rate, poverty, and educational attainment.
- Cuyahoga County ranked 37th in median household income among 88 counties in Ohio.

- Cleveland ranked 248th in median household income among 250 cities in Ohio. Median household income of Cuyahoga County is significantly lower than the national median household income (\$49,910 vs \$61,937).
- The lower median household income is driven by the low median household income of Cleveland residents of \$29,953, which is less than half the national median household income and less than the 2020 federal poverty guidelines for a household with five people (\$30,680).

### ***Risk factors***

- Almost 1 in 3 adult residents of Cleveland are disadvantaged economically due to their lack of literacy skills.
- The overall percentage of persons with a disability is higher in Cuyahoga County (10.9%) and Cleveland (17.0%), when compared to the national average (8.6%).
- Cuyahoga County had the largest number of homeless persons among all counties in Ohio.
- At one point in time in January 2017, Cuyahoga County had 1,727 homeless persons in shelters, compared to 1,691 in Franklin County and 1,162 in Hamilton County.
- With 4,004 beds in permanent supportive housing for homeless persons, Cuyahoga County has about 25% of the total number of beds (16,770) in the state.

### ***Victims of crime***

- Residents of Cuyahoga County are twice as likely to be the victim of a crime than Ohio residents, or the country overall.
- The murder rate and nonnegligent manslaughter per 10,000 individuals (1.18) in Cuyahoga County was twice that of the national rate (.53).
- Crime rates are even more staggering in Cleveland, as the rate of violent crime (155.68) per 10,000 residents was more than four times the national rate (39.40 per 10,000).

### ***Intimate Partner Violence***

- Estimates of lifetime intimate partner violence victimization are similar in Ohio when compared to national prevalence rates, with one exception.
- Both females and males in Ohio reported a higher rate of any psychological aggression. For females, the rate in Ohio is 46.8%, compared to 36.4% nationally. Similarly, the rate for males in Ohio is 48.6%, compared to 34.2% nationally.

- Over one-third of women in Ohio (34.5%) reported experiencing physical intimate partner violence in their lifetime, higher than the national average of 30.6%.

### ***Child Maltreatment***

- The percentage of children under age six who were investigated for maltreatment gradually increased from 2000 to 2008.
- Children living in Cleveland were between two and three times more likely than children residing in the suburban areas of the County to be investigated for child maltreatment.
- Overall, 6.9% of children under age six in Cuyahoga County were involved with the Department of Children and Family Services.

### ***Marital Status***

- A smaller percent of Cleveland residents are married (24.1%), than residents of Cuyahoga County overall (39.3%). The disparity is even greater when compared to the national average of 47.8%.
- Only 15.6% of African-American residents of Cleveland are married, compared to 20.8% of African-Americans in Cuyahoga County, and 29.3% nationally.
- Cleveland has the highest percent of female head of households (19.6%), higher than Cuyahoga County overall (14.8%) and nationally (12.5%).

### ***Unemployment***

- Unemployment data are from 2018, and it is anticipated that rates will be even higher in 2020, given the impact of COVID-19 on employment. Specifically, based on Bureau of Labor Statistics, the county had a higher unemployment rate than the state overall, and it is anticipated that a similar trend will be evident.
- The unemployment rate in Cuyahoga County of 6.9% is higher than the rate in Ohio overall (4.9%) and nationally (4.9%).
- The unemployment rate in Cleveland is quite high, at 11.7%.

### ***Education***

- Educational attainment of Cuyahoga County residents is comparable to the U.S. population and the state of Ohio overall. However, there are quite large racial/ethnic differences in educational attainment among residents of Cuyahoga County.

- Both Black or African-American and Hispanic or persons of Latino origin have lower educational attainments compared to national averages. Rates were even lower when looking at Cleveland only.
- High school graduation rates are lower for persons of Hispanic or Latino origin than Blacks or African-Americans or whites.
- Nationally, 86.5% of African-Americans achieve a high school degree, compared to 85.9% in Ohio, 84.7% in Cuyahoga County, and 79.10% in Cleveland.
- 73.6% of persons of Hispanic or Latino origin in Cuyahoga County, and only 66% in Cleveland receive a high school degree. Among persons of Hispanic or Latino origin, only 69.7% achieve a high school degree nationally, 76.5% in Ohio.

### ***Arrest and Incarceration Rates***

- Other indicators of the potential need for services include high levels of arrest that were drug abuse violations and a large number of individuals who are under the supervision of the criminal justice system.
- Cuyahoga County had the highest number of commitments with a total of 7,396 inmates with 15.2% of the total incarcerated offenders of Ohio.
- Of those, 95.5% were males, and a disproportionately high percent (75.1) were African Americans.

### ***Impact of the Opioid Epidemic***

- The heroin and opioid epidemic in Cuyahoga County continues. According to a report issued by the Office of the Cuyahoga County Medical Examiner, since 2014, more people in Cuyahoga County have died from drug overdoses than from motor vehicle accidents, homicides, or suicides. The County has seen a dramatic rise in opioid mortality from 40 deaths in 2007 to 551 in 2018; overdose deaths were highest in 2016 (666) and 2017 (727). In 2019, at least 582 individuals died from an overdose of heroin and/or fentanyl, including fentanyl and cocaine mixtures. As of May 2020, there have been 238 fatalities related to fentanyl in many different drugs. May of 2020 saw the highest number of overdose fatalities in one month with at least 66 deaths including 42 cocaine related deaths, with as many as 26 of those deaths being mixed with Fentanyl, Heroin, or both. Total overdose deaths in 2020 are estimated to be greater than 2019, based on current trends, with 628 fatalities predicted as of June 11, 2020.
- Through May of 2020, the rate of African American deaths involving fentanyl is 25.97% of all victims, which slightly less than the 27.11% in 2019, but much higher than 2016 (14.5%), the 20.33% in 2017 and 21.11% in 2018.

- In 2018, overdose deaths were occurring nearly equally in suburban (49.3%) and urban (50.6%) areas. In 2019, with fentanyl in cocaine, overdose deaths shifted more towards urban areas (63.8%) rather than suburban areas (36.2%). Through May of 2020 there are a larger percent of deaths occurring in urban areas (56.2%) rather than suburban areas (43.8%).
  - Male victims continue to account for the highest number of overdoses. In 2019, 71.9% of overdose victims were male and 28.1% were female. As of May 2020, 76.5% of victims are male and 23.5% are female.
4. Describe any child service needs resulting from finalized dispute resolution with county Family and Children First Council(s) [340.03(A)(1)(c)].
- The ADAMHS Board of Cuyahoga County is a long-standing partner of the Cuyahoga County Family & Children First Council (FCFC). ADAMHS Board CEO is a member of the Executive Committee and Board staff participate on various committees and in service-coordination planning.
  - The current Board and FCFC service coordination plan for serving multi-system children utilizes the Wraparound Philosophy. This approach assists families in identifying their needs and strengths to achieve goals through an individualized strategy within a team. The family is known as the spearhead of decisions while additional team members provide 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 goal is to resolve conflicts at the earliest level of intervention. The current process for resolving inter-system challenges is in the process of being revised to include the following:
    - o For parent initiated dispute resolution, the parent or custodian should notify their FCFC Service Coordinator or Service Coordination Liaison, in writing that the family wishes to initiate the process. If the request is provided to a Service Coordination Liaison, the liaison shall forward the request to the FCFC Office immediately. An FCFC Service Coordinator will convene an emergency meeting within 72 hours, which includes the involved systems, the family, and the family support system to discuss the concerns. At the family's request, they may be included in all aspects of the process. The FCFC Service Coordinator will document the findings and make a recommendation to the Executives of the involved agencies. The Executives or their System Coordination Committee designee will respond within 24 hours. The FCFC Director will send the family a written determination of the Council's findings within 36 hours.
  - For system to system-initiated disputes, resolution begins with one-on-one communication between caseworkers. The case would be brought to the next level of problem solving only when line staff are unable to resolve the concern. 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 will be notified of this procedure during the intake process. Families will be notified, in writing, by the FCFC office that a system has initiated a system to system dispute. All Service Coordination Liaisons must be trained on this process.

- 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

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

- The ADAMHS Board of Cuyahoga County 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 client.

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

Priorities	Goals	Strategies	Measurement
<p><b>Specialized Dockets - Drug, Recovery, &amp; Mental Health/Developmental Disabilities Courts</b></p>	<ul style="list-style-type: none"> <li>Promotion of Therapeutic jurisprudence to reduce recidivism through therapeutic and interdisciplinary approaches that address addiction and other underlying issues without jeopardizing public safety and due process.</li> <li>Maintain collaboration between the Courts and community agencies to help provide improved care.</li> </ul>	<ul style="list-style-type: none"> <li>Utilize providers to complete intake and assessment.</li> <li>Ensure individuals are provided with CPST, Psychiatry, Pharmacological Management, Medication Assisted Treatment, and Counseling Services when necessary and appropriate</li> <li>Monitor provider linkage of clients to entitlements, housing needs, substance use treatment, employment, or educational services, as well as collaboration with the Court and/or Probation Departments.</li> </ul>	<ul style="list-style-type: none"> <li>Number of referrals</li> <li>Numbers served</li> <li>Total number of services provided</li> <li>Type of services</li> <li>Total number of clients</li> <li>Number of denials/refusals of services</li> <li>Diagnosis</li> <li>Location of services</li> <li>Discharged and reasons</li> </ul>
<p>The ADAMHS Board works in partnership with Specialized Docket Drug Courts with both Cuyahoga County Common Pleas Court and Cleveland Municipal Court, as well as Mental Health &amp; Developmental Disabilities Court (MHDD) and Recovery Court dockets with Cuyahoga County Common Pleas.</p> <p>The respective Drug Courts adhere to science-based principals, only accepting those who are assessed as drug dependent, and utilizes a team approach, fostering collaboration of the judges, prosecutors, defense counsel, community control agencies, law enforcement, local service providers, and more. The Drug Courts provide quarterly reports regarding number of individuals served and expenditure reports. The Courts utilizes Addiction Treatment Program funds for treatment. A meeting regarding ATP funding occurs quarterly and the ADAMHS Board is represented at all major Drug Court functions. The Cuyahoga County Common Pleas Court’s Recovery Court serves the same function while specializing in a docket of clients with a dual diagnosis.</p> <p>The MHDD Court goal of using evidence-based practices for identifying gaps in service, expanding resources, and enhancing communication and training to provide an effective and consistent criminal response that maintains public safety. The Courts collaborates with Recovery Resources provides monthly reports regarding MHDD clients. The ADAMHS Board Behavioral Health Specialist is in regular communication with the MHDD Court, including attending Court staffing and attending reintegration plan meetings.</p>			
<p><b>Reentry Services for those in jail or prison</b></p>	<ul style="list-style-type: none"> <li>Increase Positive Community Integration and decrease rates of returns to incarceration via technical violations and/or recidivism.</li> <li>Provide increased community treatment for persons being released.</li> </ul>	<ul style="list-style-type: none"> <li>Link those released from incarceration to community treatment prior to their release.</li> <li>Ensure agencies provide wrap around services to those being released from prison who have been identified as having a severe and persistent mental illness.</li> </ul>	<ul style="list-style-type: none"> <li>Demographics</li> <li>Diagnosis</li> <li>Referral source</li> <li>Criminal Justice supervision status</li> <li>Entitlement status</li> <li>Housing status</li> <li>Jail bed days throughout the month</li> </ul>

		<ul style="list-style-type: none"> <li>• Monitor services, such as pharmacological, substance abuse counseling, individual counseling, community supports, peer support, case management employment, and assistance with housing are being provided.</li> <li>• Regularly communicate with the Adult Parole Authority (APA)</li> <li>• Developed a Community Linkage program to link youth and young adults leaving Ohio Department of Youth Services (ODYS) facilities with recommended mental health services upon re-entry.</li> <li>• Participate in ODYS Judicial Release Committee to assist in coordinating community linkage to mental health service.</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital bed days throughout the month</li> </ul>
<p>The ADAMHS Board Collaborates with several agencies, including Frontline, Recovery Resources, and Murtis Taylor, to provide services to individuals being released from prison. OhioMHAS works with Frontline with coordination of community linkage packets of offenders prior to release from prison to assure continuity of care, providing them to with an appointment at Frontline or another agency. Recovery Resources operates the Parole Assertive Community Treatment Program (PACT) and Murtis Taylor manages the Mental Health Prison Outreach (CARES) Program. Each of these programs submit reports monthly to the Board and maintain regular communication with the Behavioral Health Specialist.</p> <p>Frontline has expanded their services to include community linkage for youth and young adults being released from ODYS and facilitates a “warm handoff” through linkage and service coordination during the intake process for mental health or SUD services to several community agencies, including Catholic Charities TASC and ODYS Aftercare, Ohio Guidestones Transitional Age Community Treatment (TACT) Recovery Resources and Murtis Taylor.</p>			
<p><b>Services for Incarcerated Clients</b></p>	<ul style="list-style-type: none"> <li>• To provide incarcerated individuals in local jails with mental health and substance abuse services while confined and/or reintegration planning to promote a successful transition into the community.</li> </ul>	<ul style="list-style-type: none"> <li>• Track success of jail liaisons in performing intake assessments and providing advocacy for the client in Court proceedings, as well as appropriate linkage to mental health services and community resources upon release if applicable.</li> <li>• Funding a joint Jail Liaison Supervisor with the Court of Common Pleas that is housed at the Court and provides guidance to the jail liaisons and</li> </ul>	<ul style="list-style-type: none"> <li>• Number of clients incarcerated</li> <li>• Referrals</li> <li>• Face to face contacts</li> <li>• Collateral contacts made</li> <li>• Number of Reintegration plans written</li> <li>• Number of clients released during the month</li> </ul>

		<p>communication with the ADAMHS Board and judges.</p> <ul style="list-style-type: none"> <li>Partnering with Metro Health to increase Medication Assisted Treatment as an option for incarcerated individuals with an OUD diagnosis.</li> </ul>	
<p>The ADAMHS Board collaborates on several programs providing services to those incarcerated. Several agencies perform pre-release screenings, coordinate release of offenders and linkage to the needed community resources, schedule outpatient appointments, and work collaboratively with the Cuyahoga Court of Common Pleas. These agencies provide reports and reintegration plans to jail and court staff on behalf of the offender. ADAMHS Board staff meet with the agencies jail liaisons, as well as jail administration, monthly to discuss barriers and ways to improve services and bi-weekly to discuss specific clients.</p> <p>Additionally, Metro Health is embedded in the Cuyahoga County Jail to provide medical care, as well as Medication Assisted Treatment for Substance Use Disorders. The program supports access to <u>all FDA approved forms of MAT</u> by offering behavioral health services, lab work and the medication in the medical unit of the Jail. The goal of the program is to increase access to MAT to inmates meeting DSM 5 criteria for an OUD, but do not meet criteria for drug court participation and/or are not eligible for the existing related programs, initiate addiction treatment during incarceration, reduce unmet treatment need, reduce incarceration time, and increase defendant participation in alternative to incarceration programs.</p> <p>Treatment Alternatives to Street Crime (TASC) operated a Women’s Reentry Program created to provide diagnostic assessments and treatment to women diagnosed with a Substance Use Disorder and incarcerated.</p>			
<p><b>Increasing Mental Health and Substance Abuse services to areas lacking service</b></p>	<ul style="list-style-type: none"> <li>To collaborate with a provider located in an area with limited available to resources.</li> </ul>	<ul style="list-style-type: none"> <li>Collaborated with Friendly Inn Settlement to expand their services, located in the Central/Fairfax area of Cleveland.</li> <li>Assist Friendly Inn in the implementation of Individual and Group Counseling, Assessments, Community Psychiatric Supportive Treatment (CPST), Therapeutic Behavioral Services, Psychosocial Rehabilitation, Consultation, and Referrals.</li> </ul>	<ul style="list-style-type: none"> <li>Number of referrals or requests for Behavioral Health services.</li> <li>Number of Assessments.</li> <li>Number of clients admitted for each service provided.</li> <li>Number of clients discharged successfully completing services.</li> <li>Number of clients discharged who did not complete services or terminated by agency.</li> </ul>
<p>The ADAMHS Board connected with Friendly Inn Settlement, a provider of early childhood, after-school, and mother and expectant mother services for 145 years in an underserved area of Cleveland. At the request of the community, the Friendly Inn expanded their services to include an array of mental health and substance abuse services. An ADAMHS Board Behavioral Health Specialist will have monthly contact with Friendly Inn and quarterly data regarding referrals, services, successes, and discharges will be provided</p>			
<p><b>Increase availability of Mental Health Services to 24/7</b></p>	<ul style="list-style-type: none"> <li>To streamlining access to care and linkage of clients to appropriate levels of care, including assessing the clients for immediate harm or</li> </ul>	<ul style="list-style-type: none"> <li>Partnered with Signature Health to develop a phone line with 24/7 coverage.</li> <li>Ensure that the provider agency staff have knowledge of community resources and are</li> </ul>	<ul style="list-style-type: none"> <li>Total number of each type of communication method used.</li> <li>Total number of clients served</li> <li>Age range and ethnicity of clients served</li> </ul>

	<p>crisis, and link clients to the appropriate provider for care needed.</p>	<p>referring those in crisis to a Hospital, Mobile Crisis Team, or Police.</p> <ul style="list-style-type: none"> <li>• Maintain 24/7 coverage of Frontline’s Children’s Crisis Response Team (CRT) which includes hotline support, crisis assessment (home, community, office and or Telehealth), linkage and service coordination.</li> <li>• Maintain Applewood’s Project CALM to provide 24/7 coverage for police responding to youth perpetrating domestic violence to link to mental health services.</li> <li>• Maintain Applewood’s 24/7 on call coverage to respond to crises for youth in the Detention Center</li> </ul>	<ul style="list-style-type: none"> <li>• Number of successful linkages performed to each type of service.</li> <li>• Total number of referrals performed to each type of service.</li> <li>• Total number of clients with and without a payer source</li> <li>• Total number of clients in a crisis and referral source.</li> <li>• Total number with types of barriers .</li> </ul>
<p>The ADAMHS Board partnered with Signature Health to provide 24-hour/7-day access to MH and SUD treatment services by streamlining access to care and linkage of clients to appropriate levels of care, including assessing the clients for immediate harm or crisis and link clients to the appropriate provider for care needed. The program will provide quarterly data on engagements of the phone line, linkages, referrals, and barriers experienced.</p> <p>The ADAMHS Board partnered with Applewood, Juvenile Court and local police departments to develop Project CALM as part of the Behavioral Health Juvenile Justice (BHJJ) continuum of early intervention and diversion services for youth offenders with mental health needs to divert away from system involvement. This program provides 24/7 coverage to respond to police calls involving youth perpetrating domestic violence, assess for mental health needs and link mental health services. Quarterly reports are provided on percentage of youth successfully diverted, avoided re-offending, and improved scores on the Crisis Assessment Tool (CANS).</p>			
<p><b>Increase early detection and treatment to those diagnosed with Schizophrenia</b></p>	<ul style="list-style-type: none"> <li>• To mitigate lifelong consequences of schizophrenia and enhance recovery of patients and their families</li> </ul>	<ul style="list-style-type: none"> <li>• Partnered with Catholic Charities to operate the FIRST Program, a comprehensive treatment program.</li> <li>• Assist the program in linking with hospitals and other avenues of detection for those suffering their first episodes of schizophrenia.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of referred/screened</li> <li>• Referral source</li> <li>• Number of clients enrolled and discharged</li> <li>• Number of new clients</li> <li>• Number of client’s ineligible/declined</li> <li>• Number of clients who received each type of service (CPST, Counseling, etc.)</li> </ul>

			<ul style="list-style-type: none"> <li>• Number of clients attending school and employed</li> <li>• Number of clients with entitlements.</li> </ul>
<p>The ADAMHS Board has partnered with Catholic Charities to operate a Cuyahoga County FIRST Program, a comprehensive treatment program created by the BEST Practices in Schizophrenia Treatment Center at NEOMED. With the goal of identifying those suffering from schizophrenia at early onset, aggressive treatment in a comprehensive manner may prevent the lifelong consequences of this serious mental illness and to enhance the recovery of patients and their families. Once identified, the program provides Psychiatry, counseling, community psychiatric support treatment specialists, employment assistance, and family education. Monthly data concerning referrals, enrollments, discharges, services, and rates of school attendance, employment, or linkage to entitlements is provided monthly.</p>			
<p><b>Increase financial security to those receive Social Security</b></p>	<ul style="list-style-type: none"> <li>• Maintain collaboration with Murtis Taylor to operate a Payee Service to manage the finances of those suffering with a Severe Mental Illness.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborate with Murtis Taylor, the Social Security Administration, and physicians to identify and refer clients who are unable to adequately manage their funds.</li> <li>• Ensure contracted agency is assisting with client's financial education, budgeting, paying bills, making purchases, saving, maintaining entitlement eligibility.</li> <li>• Certify that the contracted agency has appropriate staff to operate this programming.</li> </ul>	<ul style="list-style-type: none"> <li>• Number clients enrolled</li> <li>• Referral source</li> <li>• Number of clients on waitlist</li> <li>• Number and percentage of clients who were terminated and the reason for termination</li> <li>• Number and percentage of timeliness of disbursements</li> <li>• Number and percentage of clients concerns addressed in a timely manner and to the client's satisfaction.</li> <li>• Number and percentage of clients receiving financial skills development and instruction.</li> </ul>
<p>The ADAMHS Board utilizes Murtis Taylor to operate a Payee Service for those unable to manage their finances while suffering from a Severe Mental Illness and receiving Social Security benefits. This programming provides the client with the ability to meet their daily living needs and provide a stable environment. The program provides clients with financial education, budgeting, paying bills, making purchases, saving, maintaining entitlement eligibility. Data regarding referrals, enrollments, financial disbursements, client concerns and resolutions, and financial skill development are provided quarterly.</p>			
<p><b>High Quality Housing for Recovery Housing</b> for adults and adolescents recovering from addiction.</p>	<ul style="list-style-type: none"> <li>• That existing Recovery Housing Provider Network meet the National Alliance for Recovery Residences (NARR) standards.</li> <li>• That existing Recovery Housing Providers meet state quality housing standards</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Continued implementation of the Peer Seal of Quality Housing Program to help make informed decisions on contracting.</li> <li>• Continued training and partnership for providers with Ohio Recovery Housing and OhioMHAS</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number Recovery Housing providers obtaining High Quality Housing for client in recovery from addictions</li> <li>• Increased client access to Quality housing</li> </ul>

		<ul style="list-style-type: none"> <li>Continued partnership through ongoing meetings regular contact with Recovery Housing providers</li> </ul>	
<b>Inpatient and Ambulatory Detoxification Services</b>	<ul style="list-style-type: none"> <li>To make all ASAM levels of withdrawal management available to fit the needs of the client.</li> <li>Increase the number of clients served</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Identify agency to provide ambulatory withdrawal management.</li> <li>Continue partnership with Withdrawal management providers regular contact and meetings with providers.</li> </ul>	<ul style="list-style-type: none"> <li>Number of clients served and completed program.</li> <li>Number of clients admitted to program.</li> </ul>
<b>24 Hours/Seven Days per Week Access</b> for mental health and addiction treatment services, for adults and children, with in-person services delivered wherever possible.	<ul style="list-style-type: none"> <li>Identify and increase the availability of mental health and addiction treatment services 24Hours/Seven Days per Week.</li> <li>Increase availability to levels of care for Mental health and addiction treatment services</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of an intake program that is available for clients to access for mental health and/or addiction treatment 24 hours a day and 7days per week</li> <li>Maintain 24/7 coverage of Frontline’s Children’s Crisis Response Team (CRT) which includes hotline support, crisis assessment (home, community, office and or Telehealth), linkage and service coordination.</li> <li>Maintain Applewood’s Project CALM to provide 24/7 coverage for police responding to youth perpetrating domestic violence to link to mental health services.</li> <li>Maintain Applewood’s 24/7 on call coverage to respond to crises for youth in the Detention Center</li> <li>Maintain Providence House Children’s Shelter Program which provides 24/7 care for children in their crisis nursery while their parent or caregiver is in inpatient mental health and/or substance abuse treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Number of providers that offer 24 Hours/Seven Days per Week Access.</li> <li>Number of calls</li> <li>Disposition of calls</li> <li>Number and location of assessments</li> <li>Number and disposition of linkage referrals to services.</li> <li>Improved scores on Crisis Assessment Tool (CAT)</li> </ul>

<p><b>High Quality Housing including Residential Facilities (Class I &amp; II)</b> for adults with mental illness.</p>	<ul style="list-style-type: none"> <li>Residential Facilities (Class I &amp; II) that meet State and National Residential Care and Assisted Living Regulations and Policies.</li> <li>Identify quality group housing for people living with mental illness.</li> <li>Improve quality of life for those residing at ADAMHS Board contracted Class II Residential Care Facilities through utilization of board approved mini-grant funds, to assist contracted operators with cost of minor repairs, appliances and/or client needs such as beds and bedding</li> </ul>	<ul style="list-style-type: none"> <li>Compliance with standards.</li> <li>Continued implementation of the Peer Seal of Quality Housing Program to help make informed decisions on contracting.</li> <li>Utilizing community partnerships (Eden) to complete mini-grant process and improve quality of life for residents living in contracted Class II Residential Facilities.</li> <li>Continuing open line of communication between Residential Facilities (Class I &amp; II) operators/managers and ADAMHS Board through quarterly ACF meetings and frequent check-ins.</li> </ul>	<ul style="list-style-type: none"> <li>Number of quality housing for adults living with mental health and/or in recovery.</li> </ul>
<p><b>Expanded Crisis Services</b> for both children and adults.</p>	<ul style="list-style-type: none"> <li>Identify and increase the availability of mental health crisis services.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain current crisis stabilization beds and mobile crisis teams and expanded crisis hotline staff.</li> <li>Expanded Applewood’s crisis stabilization program to 4 beds.</li> <li>Maintained Bellefaire’s crisis stabilization program at 3 beds.</li> <li>Contacted with Ohio Guidestones for 4 residential beds with 0-90-day length of stays for youth needing longer stays for stabilization.</li> <li>Maintain 24/7 coverage of Frontline’s Children’s Crisis Response Team (CRT) which includes hotline support, crisis assessment (home, community, office and or Telehealth), linkage and service coordination.</li> <li>Maintain Applewood’s Project CALM to provide 24/7 coverage for police responding to youth</li> </ul>	<ul style="list-style-type: none"> <li>Number of children served</li> <li>Improved scores on Crisis Assessment Tool (CANS)</li> <li>Increase the of callers to be served</li> </ul>

		<p>perpetrating domestic violence to link to mental health services.</p> <ul style="list-style-type: none"> <li>• Maintain Applewood’s 24/7 on call coverage to respond to crises for youth in the Detention Center</li> <li>• Maintain Providence House Children’s Shelter Program which provides 24/7 care for children in their crisis nursery while their parent or caregiver is in inpatient mental health and/or substance abuse treatment.</li> <li>• Continue Positive Education Program’s High-Fidelity Case Management services for youth with significant mental health needs at risk for out of home placement.</li> <li>• Community Based Outreach and Education (CBOE) program supports youth with co-occurring mental health and developmental disabilities with the transition home from Bellefaire’s crisis stabilization unit to prevent future out of home placements. (formerly Mobile Youth Crisis Autism).</li> </ul>	
<p><b>24 Hours/Seven Days per Week Access</b> for mental health and addiction treatment services, for adults and children, with in-person services delivered wherever possible.</p>	<ul style="list-style-type: none"> <li>• Identify and increase the availability of mental health and addiction treatment services 24Hours/Seven Days per Week.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain programs with 24/7 coverage like mobile crisis, CALM and MH in Detention Center</li> </ul>	
<p><b>Prevention and early intervention programs and campaigns</b> for mental health and addiction across the lifespan for children, adolescents, adults, and older adults, using both traditional and innovative approaches in the community such as Faith-Based programing.</p>	<ul style="list-style-type: none"> <li>• Raise awareness of behavioral health issues and available services.</li> <li>• Decrease stigma associated with seeking assistance form behavioral health issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Create messages.</li> <li>• Identify resources.</li> <li>• Implement campaigns</li> </ul>	

## Collaboration

6. Describe the Board's planned collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public for SFY 2021-2022 that will be needed to implement funded priorities. (Note: Highlight collaborations needed to support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)
- **Development of a County-wide Diversion Center:** The ADAMHS Board of Cuyahoga County submitted a response in June 2020 to an RFP that was released by Cuyahoga County for the development of a county-wide pre-arrest Diversion Center. The Board submitted on behalf of a collaborative group that contains MetroHealth, Recovery Resources, Stella Maris, FrontLine, St. Vincent's and United Way. There was a great deal of collaboration on this effort which resulted in the ADAMHS Board serving as the lead agency to carry out the programmatic, contracting, and fiscal management of the Diversion Center. When the proposal is accepted collaboration with community partners and all police departments in Cuyahoga County will be needed to make the Diversion Center a success.
  - **Opioid Settlement Funding Collaborative Efforts:** Partnering with the County Executive, County Council and service providers to implement programs identified in the first-round of opioid settlement dollars to help ease the opioid crisis in Cuyahoga County. The programs added 32 New Residential Treatment Beds - 16 for men and 16 for women; expanded PHP and IOP; enhanced assessment and intake and increased peer support in hospital emergency departments.
  - **Racism as a Public Health Crisis:** Work collaboratively with community partners to begin the elimination of systemic racism in the deliverance of mental health and/or substance use treatment and recovery services, as well as educate law enforcement on the treatment of individuals living with mental illness and/or substance use issues to eliminate systemic racism.
  - **Five-year Strategic Plan:** The ADAMHS Board of Cuyahoga County is launching its Strategic Planning process in July 2020 to develop our 2021-2025 Strategic Plan. This process will include collaboration with clients, families, providers, community partners and all stakeholders. The plan will be completed in November 2020 for implementation starting January 2021.
  - **COVID-19 Crisis:** The ADAMHS Board of Cuyahoga County will continue to work collaboratively with OhioMHAS, the Ohio Association of County Behavioral Health Authorities and the Cuyahoga County's Emergency Operation Center to obtain personal protection equipment to ensure that clients are protected at the providers and group living environments. The Board will also continue its collaboration with the Cuyahoga County Board of Health consulting on client cases and with MetroHealth to provide testing to our clients residential group homes.

- **Workforce Development:** The ADAMHS Board of Cuyahoga County will work in partnership with children and adult provider agencies, schools, local foundations and consultants to finalize a strategic plan to address the workforce shortage in Cuyahoga County’s behavioral health workforce.
- **City of Cleveland Settlement Agreement:** The ADAMHS Board of Cuyahoga County continues to be a major partner in helping the City of Cleveland implement 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 of Cuyahoga County 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. Scott S. Osiecki, Chief Executive Officer of the ADAMHS Board of Cuyahoga County, serves as a Tri-Chair. All meetings of the MHRAC and its committees are open to the public.
- **Police Peer Support:** The Cleveland Division of Police asked the ADAMHS Board of Cuyahoga County to partner in developing a police peer support program. This program would be available not only to the Cleveland police but county wide. This initiative continues to be in the planning phase and is contingent upon the department receiving a grant. The plan would include police officers providing support to their peers. ADAMHS Board of Cuyahoga County staff would provide consultation and training regarding behavioral health issues and serve as the main contact for officers requiring support.
- **MH in Detention Center-** CCJC, Applewood and ADAMHS; improved collaborative partnerships; client/child centered approach to assist with safety planning and inter-organization communication and coordination to collaboratively develop protocols and documentation to meet need within Detention Center through COVID-19
- **Cleveland/Cuyahoga Office of Homeless Services (OHS):** Ongoing collaboration with OHS/OHS partners and participation in OHS Advisory Board Meetings to meet the needs of homeless individuals (including those with MH and SUD diagnoses) in the community and link to appropriate services/housing.
- **Family and Children First Council:** The ADAMHS Board of Cuyahoga County is an active member of the FCFC’s Service Coordination Team to act as a system liaison to guide community partners and stakeholders through the comprehensive continuum of services and resources available for

youth and families within Cuyahoga County to prevent out of home placements. ADAMHS Board works closely with other system liaisons (especially DCFS, Juvenile Court and CCBDD) to coordinate and monitor care of youth receiving shared cost residential treatment which is facilitated by FCFC service coordinators.

- **Children’s Crisis Services System** community partners meet quarterly to collaborate on system barriers and improve referral and system flow for youth experiencing a mental health crisis in Cuyahoga County. Partners include Cuyahoga County Board of Developmental Disabilities (CCBDD), Cuyahoga County Juvenile Court (CCJC), Department of Children Family Services (DCFS), Applewood, Bellefaire, Ohio Guidestone, Frontline, Family and Children First Council (FCFC).
- **Trauma Collaborative:** ADAMHS Board partners with the Defending Childhood Initiative to facilitate quarterly meetings for agencies and community partners who serve children and families with a history of trauma. Community partners and agencies present information on treatment services, resources and interventions to help children and families heal from experiences of trauma, encourage resiliency, increase knowledge of and promote trauma informed care.
- **Behavioral Health Juvenile Justice:** The ADAMHS Board of Cuyahoga County works in collaboration with Cuyahoga County Juvenile Court (CCJC), Applewood, Bellefaire, Ohio Department of Youth Services (ODYS), Case Western Reserve University (CWRU), Ohio Department of Mental Health Services (OhioMHAS), local police departments and Family and Children First Council (FCFC) with developing, implementing and assessing a continuum of early intervention and diversion services to connect youth with mental health or behavioral health needs to treatment services. The BHJJ service continuum includes Project CALM, Intervention Center, two intensive home-based treatment modalities: Integrated Co-occurring Treatment (ICT) through Bellefaire and Multisystemic Therapy (MST). BHJJ community partners meet quarterly to collaboratively develop services and address any barriers that arise to service provision.
- **Northeast Ohio Collaborative Withdrawal Management and Crisis Bed** expansion is a partnership of 5 neighboring County boards (Lake Lorain, Summit, Geauga and Cuyahoga) to address the shortage of beds for Withdrawal Management for Opiate Use Disorder and Substance Use Disorder and Mental Health Crisis Services in the region. With the use of the Collaborative funding clients are able to access withdrawal Management and crisis bed in the 5 neighboring counties. The ADAMHS Board of Cuyahoga County serves as the fiscal agent for this project.
- **HEALing Communities Study** - The Cuyahoga County ADAMHS Board is in collaboration with the HEALing Communities Study. The study involves 19 counties across Ohio and the state's

Recovery Ohio initiative. The HEALing Communities Study will determine how best to address the opioid epidemic through prevention, treatment, and recovery. To assess the effectiveness of different interventions, the study will compare results between communities. NIH and the Substance Abuse and Mental Health Services Administration launched the HEALing Communities Study to investigate how tools for preventing and treating opioid misuse and OUD are most effective at the local level. This multi-site implementation research study will test the impact of an integrated set of evidence-based practices across health care, behavioral health, justice, and other community-based settings. The goal of the study is to reduce opioid-related overdose deaths by 40 percent over the course of three years. Research sites are partnering with 67 communities highly affected by the opioid crisis in four states to measure the impact of these efforts. The study will also look at the effectiveness of coordinated systems of care designed to increase the number of individuals receiving medication to treat OUD, increase the distribution of naloxone, and reduce high-risk opioid prescribing.

- **Stepping Up Initiative** -The Cuyahoga County ADAMHS Board is In Collaboration with the Stepping Up Initiative. Stepping Up is a national initiative targeted at reducing the number of people with mental illnesses, including those with co-occurring substance abuse disorders, in jails. This initiative engages a diverse group of criminal justice and behavioral health agencies. An initial meeting of stakeholders in Cuyahoga County took place during the summer of 2016 with retired Ohio Supreme Court Justice Evelyn Stratton, the project director of Stepping Up Ohio. Cuyahoga County Court of Common Pleas, Cuyahoga County Executive Office, and the ADAMHS Board have been committed to this effort since its inception. The first goal of this initiative was to conduct an updated Sequential Intercept mapping. This cross-systems approach is designed to strengthen local strategies and help implement core services that will address behavioral health, criminogenic, and social factions for justice-involved persons with mental illness. The goals are to aid communities in developing effective systems of care that bridge the criminal justice and mental health services and minimize the criminal justice involvement for persons with mental illness.
- **SOR Grants** -The ADAMHS Board collaborates with OhioMHAS to administer the State Opioid-Response (SOR) grants with several of our providers. Most recently the board has applied for and been awarded the SOR High Risks Families, the SOR Minorities, and the SOR Training grant. All of the grants in the SOR family of grants aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs All of our SOR providers deliver evidence-based treatment interventions that include medication(s) FDA-approved specifically for the treatment of OUD, and psychosocial interventions; report progress toward increasing availability of medication-assisted treatment for OUD; and reducing opioid-related overdose deaths. Providers included in our SOR

Minorities grant include, Hispanic UMADAOP, Cleveland UMADOAP, Signature Health, Inc., Cleveland Treatment Center and Hitchcock House for Women. Providers included in the SOR High Risk Families are Department of Children and Family Services (CCDCFS), Catholic Charities, Hitchcock Center for Women, Mommy & Me, Too and Signature Health, Inc. SOR Trainings are designed for our current SOR grant providers to address sustainability, planning and offer technical assistance.

- **Opioid Task Force and Overdose Fatality Review** -The Cuyahoga County ADAMHS Board collaborates with the Cuyahoga County Medical Examiner’s Office to review fatal opioid overdose deaths and to look for gaps in the system, discover what interventions were made and/or what interventions were missed. The team reviews and brainstorms through a multitude of professionals and disciplines in the county. Due to the rapid and alarming increase in drug overdose deaths, community partners realized the need to establish a county-wide task force to address these issues. The Task Force is comprised of dedicated professionals from areas such as drug treatment/recovery, education, health care, law enforcement, medicine, prevention specialists, mental health services, concerned citizens, and public health. The Cuyahoga County ADAMHS Board also collaborates on this task force. Recognizing that addiction is a disease, the members strive to increase awareness to the dangers associated with the misuse of opiates as well as to implement strategies and policies that will have a positive impact this epidemic.

### Inpatient Hospital Management and Transition Planning

7. Describe what partnerships will be needed between the Board and the State Hospital(s), Private Hospital(s) and/or outpatient providers for the identification of needed services and supports.
  - a. How will the Board coordinate the transition from the hospital to the community? (i.e., discharge planning)
- Allocation of staff by the ADAMHS Board of Cuyahoga County to provide consultation to the State Hospital, Private Hospitals and Community Providers including Crisis System.
  - ADAMHS Board of Cuyahoga County staff meet via phone at least weekly with the Clinical Director at NBH. Plans are in place to review and enhance this service as the goal is to assist with discharge planning, system issues and as a liaison to the community Providers. ADAMHS Board staff assists with addressing barriers, resources, and linkage to the appropriate LOC. This may involve both the public and private systems.
  - The ADAMHS Board of Cuyahoga County funds a 15 bed Crisis Stabilization Unit (CSU) for residents with mental illness and/or dual diagnosis that is operated by Frontline. In 2018 the Board applied for and received a SAMSHA Grant to utilize two of the CSU beds as diversion beds for the Cleveland Division of Police.

- The ADAMHS Board of Cuyahoga County hosts an ongoing collaborative Psychiatric Emergency Service Providers (PESP) meeting that includes representatives from Board of DD, all the hospital system in Cuyahoga, City of Cleveland Police, and Behavioral Health Providers. This meeting includes clinical and non-clinical staff from the Public and Private systems including, all hospital systems, Managed Care Organizations, DD Board and local service Providers.
- The goal of the group is to collaborate on system issues, share information, identify gaps in services and develop solutions.
- Advocate and remove barriers regarding clients who are using crisis services.
- The ADAMHS Board of Cuyahoga County hosts an ongoing collaborative Crisis Provider meeting to discuss, problem solve, advocate and remove barriers regarding clients who are using crisis services. This meeting includes clinical and non-clinical staff from the Public and Private systems including, all hospital systems, Managed Care Organizations, DD Board and local service Providers
  - The ADAMHS Board of Cuyahoga County also hosts and participates in a crisis subcommittee where recidivism and high utilization of crisis services by individuals are addressed and a crisis plan of care is developed as an adjunct in, assisting hospital emergency rooms and crisis agencies in providing consistent care to the client who presents with a crisis emergency.
  - Who will be responsible for this?
    - Frontline Adult Mobile Crisis Team will continue to provide Crisis Assessment services and recommendations for hospitalizations as warranted; Adult Mobile Crisis Team will also utilize the Crisis Stabilization Unit to assist those who may not require hospitalization but are in need of a safe environment to address their acute crisis needs
    - Behavioral Healthcare Providers will also collaborate and receive referrals and link and or provide appropriate services

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

- Bellefaire JCB opening private children's psychiatric hospital opening soon
- Contracted with Ohio Guidestones for 4 residential beds with length of stay of up 90 days in addition to 5 crisis stabilization beds with length of stay up to 30 days; creating a continuum of care for youth experiencing a mental health crisis
- COVID-19 impacted the number of referrals sources for many programs and impacted utilization of services.

## Continuum of Care Service Inventory

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

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

## Alignment with Federal and State Priorities

9. The following pages of this template contains a table that provides the specific federal and state priorities for: Mental Health Block Grant (MH-BG), Substance Abuse Prevention and Treatment Block Grant (SAPT-BG), SAMHSA and OhioMHAS treatment and prevention priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board's priorities. For those federal and state priorities that are not selected by the board, please check one of the reasons provided or briefly describe the applicable reason in the last column.

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

**Priorities for ADAMHS Board of Cuyahoga County**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p><b>SAPT-BG: Mandatory (for OhioMHAS):</b> Persons who are intravenous/injection drug users (IDU)</p>	<ul style="list-style-type: none"> <li>• Reduce the impact of HIV/AIDS in our community among intravenous drug users.</li> <li>• Promote sound public health and fiscal policies for HIV/AIDS programming.</li> <li>• Promote syringe access and post exposure prophylaxis (PEP).</li> <li>• Provide professional trainings for front-line providers and community outreach.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to provide funding to the AIDS Funding Collaborative (AFC).</li> <li>• One ADAMHS Board staff and one ADAMHS Board member are members of the AFC.</li> </ul>	<ul style="list-style-type: none"> <li>• Amount of local and national funds to fill gaps in the community and build capacity among front line providers to engage in HIV prevention, and care of people living with HIV.</li> <li>• Increased capacity to impact systems level change to improve prevention and care in the County.</li> <li>• Ability of local providers to adapt new biomedical prevention modalities and carry out prevention activities with population most at risk.</li> <li>• Types and numbers of prevention/risk reduction interventions and other services which vary with each grant cycle.</li> </ul>	<ul style="list-style-type: none"> <li>___ No assessed local need</li> <li>___ Lack of funds</li> <li>___ Workforce shortage</li> <li>___ Other (describe):</li> </ul>
<p><b>SAPT-BG: <u>Mandatory for boards</u>:</b> Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)</p>	<ul style="list-style-type: none"> <li>• Continue treatment services for pregnant women with a substance abuse disorder.</li> <li>• Provide sober housing for pregnant women living in recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Continue system awareness of treatment resources of pregnant women.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of pregnant women accessing treatment services.</li> <li>• Number of pregnant women living in sober housing.</li> <li>• Decreased number of babies born addicted.</li> </ul>	<ul style="list-style-type: none"> <li>___ No assessed local need</li> <li>___ Lack of funds</li> <li>___ Workforce shortage</li> <li>___ Other (describe):</li> </ul>

<p><b>SAPT-BG: Mandatory for boards:</b> Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) &amp; 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)</p>	<ul style="list-style-type: none"> <li>• Maintain current service mechanism to identify children in need of intensive services and supports due to parents' SUD and potential risk of parental neglect/abuse.</li> <li>• Increase collaboration with DCFS to develop strategies to divert mandated system involvement</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain collaboration through FCFC's Service Coordination to better identify children/adolescents at-risk and in need of intensive planning &amp; support as an additional effort to divert mandated system involvement.</li> <li>• Maintain contractual agreement with DCFS to support kinship and treatment foster homes to support potential reunification, re: parental neglect/abuse.</li> <li>• Continue contractual partnership with DCFS to support Ohio START programming to identify and connect parents and families impacted by opiate and other substance use disorders to treatment.</li> <li>• Continue funding Providence House for crisis nursery and shelter for young children while parents are receiving inpatient SUD treatment.</li> <li>• Educate Community Behavioral Health agencies, re: alternative strategies, modalities for cross-system planning for children whose parents require SUD treatment to prevent abuse/neglect.</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Attendance through Service Coordination.</li> <li>• Number of children specifically in need of planning and support due to parental substance abuse to divert DCFS involvement.</li> <li>• Monthly program process monitoring to determine effectiveness and efficiencies cross-systems.</li> <li>• Meeting Attendance with System Partners.</li> </ul>	<ul style="list-style-type: none"> <li>___ No assessed local need</li> <li>___ Lack of funds</li> <li>___ Workforce shortage</li> <li>___ Other (describe):</li> </ul>
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<p><b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>	<ul style="list-style-type: none"> <li>• Reduce the impact of HIV/AIDS in our community among intravenous drug users.</li> <li>• Promote sound public health and fiscal policies for HIV/AIDS programming.</li> <li>• Promote syringe access and post exposure prophylaxis (PEP).</li> <li>• Provide professional trainings for front-line providers and community outreach.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to provide funding to the AIDS Funding Collaborative (AFC).</li> <li>• One ADAMHS Board staff and one ADAMHS Board member are members of the AFC.</li> </ul>	<ul style="list-style-type: none"> <li>• Amount of local and national funds to fill gaps in the community and build capacity among front line providers to engage in HIV prevention, and care of people living with HIV.</li> <li>• Increased capacity to impact systems level change to improve prevention and care in the County.</li> <li>• Ability of local providers to adapt new biomedical prevention modalities and carry out prevention activities with population most at risk.</li> <li>• Types and numbers of prevention/risk reduction interventions and other services which vary with each grant cycle.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No assessed local need</li> <li><input type="checkbox"/> Lack of funds</li> <li><input type="checkbox"/> Workforce shortage</li> <li><input type="checkbox"/> Other (describe):</li> </ul>
<p><b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<ul style="list-style-type: none"> <li>• Maintain access points re: FCFC's current Service Coordination Mechanism to identify children and adolescents with SED at risk for multiple hospitalizations, mandated &amp; deeper system involvement, and out-of-home placements.</li> <li>• Maintain children/adolescents in community settings.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase community awareness of cross-system planning efforts to maintain children in the community.</li> <li>• Improve responsiveness to the systemic infrastructure specific to children with regard to least restrictive alternatives.</li> <li>• Enhance coordination of services relative to crisis services for children to provide immediate engagement for</li> </ul>	<ul style="list-style-type: none"> <li>• Bi-monthly SCT meetings across all levels of FCFC.</li> <li>• Number of youths with SED &amp; outcomes related to: <ul style="list-style-type: none"> <li>• 1. Collateral system involvement.</li> <li>• 2. Number of out-of-home placements.</li> <li>• 3. Rated mental health progress. 4. Assessed clinical change.</li> </ul> </li> <li>• Number of youths with SED utilizing the crisis stabilization beds in need</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No assessed local need</li> <li><input type="checkbox"/> Lack of funds</li> <li><input type="checkbox"/> Workforce shortage</li> <li><input type="checkbox"/> Other (describe):</li> </ul>

		<p>children/adolescents at risk for out-of-home placement.</p> <ul style="list-style-type: none"> <li>• Create seamless diversion and linkage to help youth in crisis access to the crisis stabilization bed and crisis services to prevent hospitalization.</li> </ul>	<p>of mental health stabilization and determine outcomes related to: Rated mental health progress and assessed clinical change pre-post admission.</p>	
<p><b>MH-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<ul style="list-style-type: none"> <li>• Access for clients identified as discharge ready from state psychiatric hospital to less restrictive community setting.</li> <li>• Ensure support linkage for continued outpatient psychiatric care for clients upon discharge from state psychiatric hospital.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure a Forensic Monitor acts as a liaison between the Client and the Courts, providing treatment recommendations, linkage to services, and assistance with any future hospitalizations</li> <li>• Monitor completion of Community Risk Assessment Reports for persons found Not Guilty by Reason of Insanity and on Conditional Release.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of clients accessing residential care beds.</li> <li>• Decreased state psychiatric hospital bed days.</li> </ul>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p><b>MH-Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>	<ul style="list-style-type: none"> <li>• Enhance the system of care, re: homeless population to create access for transitional youth in need of shelter.</li> <li>• Maintain current service continuum for the homeless population, including PATH and housing through the Safe Haven program with intensive services geared to support homeless individuals with severe and persistent mental illness who are not able to live in Housing First</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain collaboration with the Cuyahoga County/City of Cleveland Office of Homeless Services (OHS)</li> <li>• Continued participation in OHS Advisory Board and Notice of Funding Availability (NOFA) Review Committee for strategic planning and system advisement.</li> <li>• Continue collaborative efforts with FrontLine Services and Coordinated Intake</li> <li>• Maintain collaboration with the Office of Homeless Services; A</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Attendance.</li> <li>• Number of clients accessing ADAMHS Board funded services.</li> <li>• Number of homeless clients who have obtained housing (permanent/temporary/ and rental assistance).</li> </ul>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

	<p>facilities because of the severity of illness.</p> <ul style="list-style-type: none"> <li>• Progress in collaboration with Stepping Up – which aims to bring together a diverse group of organizations, including those representing sheriffs, jail administrators, judges, community corrections professionals, treatment providers, people with mental illnesses and their families, mental health and substance use program directors, and other stakeholders.</li> </ul>	<p>Place 4 Me, and other key stakeholders to expand central intake specific to transitional youth.</p> <ul style="list-style-type: none"> <li>• Maintain membership on the Ohio Healthy Transition Plan (OHTP) Planning Committee to create seamless transition from the children’s behavioral health system to the adult system to prevent homelessness including objective of developing a drop-in center for transitional aged youth.</li> </ul>		
<p><b>Withdrawal Management and Crisis Bed Expansion</b></p>	<ul style="list-style-type: none"> <li>• Address regional shortage of Mental health Crisis beds</li> <li>• Address regional shortage of Withdrawal Management Services</li> </ul>	<ul style="list-style-type: none"> <li>• Continue Northeast Ohio Collaborative with Summit, Lake, Lorain, Geauga counties to have regional access to Withdrawal management and Mental Health Crisis Bed for their clients</li> <li>• Clients with Opiate use disorder will continue to have expanded access to Withdrawal management services</li> <li>• Clients in a Mental health crisis will continue to have expanded access to Crisis beds</li> <li>• Continue to access Frontline for service coordination</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of clients receiving withdrawal management services.</li> <li>• Increase number of clients receiving crisis services</li> </ul>	

<p><b>MH-Treatment:</b> Older Adults</p>	<ul style="list-style-type: none"> <li>• Remain as co-chair along with the Benjamin Rose Institute on Aging for the The Hoarding Connection of Cuyahoga county.</li> <li>• Continue involvement in The Hoarding Connection led by Eldercare Services of Benjamin Rose.</li> <li>• Maintain current service continuum for the older adult population.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue collaboration with County Office of Senior &amp; Adult Services/City of Cleveland Department of Aging for strategic planning, and system advisement.</li> <li>• Continue to support The Hoarding Connection Annual Conference.</li> <li>• Continue Hoarding treatment Support group Buried to Treasures.</li> <li>• Continue have monthly meetings with members of the Hoarding connection, from Adult Protective Services, Housing Court, building Inspector from a few municipalities, consumers, and treatment providers.</li> <li>• The Hoarding Connection will continue to do presentations to educate the community on Hoarding disorder.</li> </ul>	<ul style="list-style-type: none"> <li>• To continue to educate and bring community awareness about Hoarding.</li> <li>• Continue to offer treatment/supportive service to clients who hoard.</li> </ul>	<ul style="list-style-type: none"> <li>___ No assessed local need</li> <li>___ Lack of funds</li> <li>___ Workforce shortage</li> <li>___ Other (describe)</li> </ul>
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**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
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<p><b>MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts.</b></p>	<ul style="list-style-type: none"> <li>• Decrease the amount of time for in individual living with a mental illness and/or substance use issue it takes to receive an assessment and release to treatment.</li> <li>• Divert an individual living with mental illness and/or a substance use issue from incarceration to treatment.</li> <li>• Maintain collaboration with juvenile justice system to enhance services and supports relative to behavioral health.</li> <li>• Increase access to behavioral health services to divert youth from the juvenile justice system.</li> <li>• Enhance the system of care, re: homeless population to create access for transitional youth in need of shelter.</li> <li>• Continue Collaborate with the Corrections Planning Board and Treatment Alternatives to Street Crime (TASC) to provide a Specialized Drug Court docket, SUD services for those incarcerated, as well as linkage to outpatient services upon release.</li> </ul>	<ul style="list-style-type: none"> <li>• Oversee the development and operation of a county-wide Diversion Center if proposal is selected and funded by Cuyahoga County.</li> <li>• CEO to maintain Co-chair position on Cuyahoga County’s Stepping-up Initiative.</li> <li>• Continued SAMHSA Diversion Grant funding to utilize two beds from the Crisis Stabilization Unit to serve as diversion bed for police to drop-off nonviolent clients as a diversion to being arrested.</li> <li>• Additional funding to supplement the DOJ grant received by the City of Cleveland for the Cleveland Division of Police Co-Responder Teams.</li> <li>• Continue funding for Jail Liaison Program and shared funding for Jail Liaison Supervisor with Court of Common Pleas.</li> <li>• Maintain contractual agreements and collaborative partnerships with Cuyahoga County Juvenile Court to continue and develop behavioral health identification, intervention, linkage and diversion programs and strategies for youth in need of behavioral health services to</li> </ul>	<ul style="list-style-type: none"> <li>• Number of referrals</li> <li>• Numbers served</li> <li>• Total number of services provided</li> <li>• Type of services</li> <li>• Total number of clients</li> <li>• Number of denials/refusals of services</li> <li>• Diagnosis</li> <li>• Location of services</li> <li>• Discharged and reasons</li> </ul>	<ul style="list-style-type: none"> <li>___ No assessed local need</li> <li>___ Lack of funds</li> <li>___ Workforce shortage</li> <li>___ Other (describe)</li> </ul>
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		<p>prevent deeper system involvement.</p> <ul style="list-style-type: none"> <li>• Maintain collaboration with the Office of Homeless Services; A Place 4 Me, and other key stakeholders to expand central intake specific to transitional youth.</li> <li>• Maintain membership on the Ohio Healthy Transition Plan (OHTP) Planning Committee to create seamless transition from the children’s behavioral health system to the adult system to prevent homelessness including objective of developing a drop-in center for transitional aged youth.</li> </ul>		
<p><b>Integration of behavioral health and primary care services</b></p>	<ul style="list-style-type: none"> <li>• Enhance the current service continuum to support and integrate primary physical healthcare.</li> <li>• Partnered with The Centers to provide a variety of other services, including in-home and office-based follow-up care regarding chronic disease management including but not limited to, medication compliance, and prescriber consultation.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to fund programs in provider and peer-support agencies that promote physical health.</li> <li>• Rapid Access staff shall ensure that all patients are linked to other medical services, including primary care, dental care, and substance use disorder services as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of clients participating in programs.</li> <li>• Number of clients referred</li> <li>• Number of assessments completed</li> <li>• Number of clients linked with psychiatry and/or pharmacy services</li> <li>• Average days from hospital discharge to the first scheduled psychiatry/pharmacy visit</li> <li>• Number of clients referred to Primary Care; Dental Services; Substance Use Disorder Services</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No assessed local need</li> <li><input type="checkbox"/> Lack of funds</li> <li><input type="checkbox"/> Workforce shortage</li> <li><input type="checkbox"/> Other (describe)</li> </ul>

<p><b>Recovery support services for individuals with mental illness or substance use disorders;</b> (e.g. housing, employment, peer support, transportation)</p>	<ul style="list-style-type: none"> <li>• Continue the development of recovery support services to meet the needs of residents of Cuyahoga County.</li> <li>• Continue to provide transportation to clients receiving outpatient services.</li> <li>• Continue to utilize quality group homes for people living with mental illness.</li> <li>• Continue to increase vocational and employment opportunities.</li> <li>• Continue to increase peer recovery support services</li> </ul>	<ul style="list-style-type: none"> <li>• Expansion of client transportation programs to outpatient services.</li> <li>• Increase the number of quality SUD recovery housing options.</li> <li>• Increase use of peer recovery support specialists to assist clients in a major hospital emergency room, assist with benefits, life skills, and social interactions.</li> <li>• Maintain contracts with vocational and employment services providers and Opportunities for Ohioans with Disabilities (OOD).</li> <li>• Contract with Ohio Bureau of Worker’s Compensation – Substance Use Recovery and Workplace Safety Program (SURWSP) to lessen the impact of substance use epidemic on workforce.</li> <li>• Continue to apply for funding opportunities that increase employment for people living with mental illness and substance use disorders.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased attendance rate and success of outpatient treatment services.</li> <li>• Number of clients accessing transportation services</li> <li>• Number of clients accessing recovery support services</li> <li>• Number of providers certified to provide recovery support services.</li> <li>• Number of employers utilizing the Substance Use Recovery and Workplace Safety Program.</li> <li>• Number of calls to the peer support Warmline.</li> </ul>	<ul style="list-style-type: none"> <li>___ No assessed local need</li> <li>___ Lack of funds</li> <li>___ Workforce shortage</li> <li>___ Other (describe)</li> </ul>
<p><b>Promote health equity and reduce disparities across populations</b> (e.g. racial, ethnic &amp; linguistic minorities, LGBT)</p>	<ul style="list-style-type: none"> <li>• Enhance the service continuum for specialized services related to disparate populations.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop opportunities to increase minority-owned providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased Number of minority-owned providers certified to provide recovery support services</li> </ul>	<ul style="list-style-type: none"> <li>___ No assessed local need</li> <li>___ Lack of funds</li> <li>___ Workforce shortage</li> <li>___ Other (describe)</li> </ul>

<p><b>Prevention and/or decrease of opiate overdoses and/or deaths</b></p>	<ul style="list-style-type: none"> <li>• Maintain current service continuum for clients with an Opioid Use Disorder.</li> <li>• Maintain and enhance Medication Assisted Treatment (MAT).</li> <li>• Increase harm reduction techniques.</li> <li>• CDC Overdose to Action Project is to determine which overdose deaths were preventable.</li> <li>• Continue to make treatment for SUD services available to adults.</li> <li>• Continue State Opiate Response (SOR) grants to provide expand treatment and supportive services to clients with Opiate Use Disorder and other co-occurring disorders for Recovery Housing services, services for minorities and children and families.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide education and campaigns on risk factors for opioid overdose, recognition of an overdose and how to respond to an overdose with nasal naloxone.</li> <li>• Provide MAT in the County Jail.</li> <li>• Supply Narcan overdose reversal kits.</li> <li>• Supply 45,000 fentanyl test strips to providers and local businesses through a grassroots campaign.</li> <li>• Make MAT medications available as part of a comprehensive management program that includes psychosocial support.</li> <li>• Through Opioid education training and interviewing the descendant's family members.</li> <li>• Continue to make withdrawal management available and accessible.</li> <li>• Continue to make Medication Assisted Treatment accessible and available.</li> <li>• Continue to make inpatient and outpatient OUD treatment services available</li> </ul>	<ul style="list-style-type: none"> <li>• Programming established and continued.</li> <li>• Identify the number of kits and test strips distributed.</li> <li>• Identify number of clients receiving MAT.</li> <li>• By the number of attendees and trainings and the number of interviews completed.</li> <li>• Number of clients accessing service for OUD treatment.</li> <li>• Number of clients utilizing recovery supports to maintain sobriety.</li> <li>• Increased availability for clients needing treatment for Opiate Use disorder and supportive services to decrease overdoses and deaths.</li> </ul>	<ul style="list-style-type: none"> <li>___ No assessed local need</li> <li>___ Lack of funds</li> <li>___ Workforce shortage</li> <li>___ Other (describe)</li> </ul>
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		<ul style="list-style-type: none"> <li>• Continue to offer Recovery supports such as Recovery housing available.</li> <li>• Continue regular contact and monthly meetings to collaborate with Recovery Housing providers who are SOR grant recipients</li> </ul>		
<p><b>Promote Trauma Informed Care Approach Traumatic Loss Response Team</b></p>	<ul style="list-style-type: none"> <li>• Continued provision of trauma services to individuals and families due to the increasing need for these services as a result of the COVID-19 Crisis, Opioid Crisis, Deaths/Murders and Severe Mental Health Issues.</li> <li>• Increase and continue system-wide partnerships to promote and encourage trauma informed care and best practices related to trauma</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Maintain quarterly meetings at the ADAMHS Board and partnerships with key stakeholders for the Trauma Collaborative Workgroup.</li> <li>• Increase the number of meeting participants to expand knowledge based related to trauma and related practices</li> <li>• Discuss and ensure providers are aware of and utilizing trauma informed care and best practices when developing and executing contractual agreements for program services.</li> <li>• Identify potential speakers and trainers for best practice approaches to care.</li> </ul>	<ul style="list-style-type: none"> <li>• The number of individuals and families seen each quarter.</li> <li>• The number of agencies enlisted to assist with the needs of the individuals and families.</li> </ul>	<ul style="list-style-type: none"> <li>___ No assessed local need</li> <li>___ Lack of funds</li> <li>___ Workforce shortage</li> <li>___ Other (describe)</li> </ul>

		<ul style="list-style-type: none"> <li>• Increase the number of speakers and presentations.</li> </ul>		
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OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p><b>Prevention:</b> Ensure prevention services are available across the lifespan</p>	<ul style="list-style-type: none"> <li>• Increase the percentage of agencies that provide services targeted to special populations, including the faith-based community.</li> <li>• 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.</li> <li>• Maintain current service array for the provision of prevention services across the life span from early childhood to adults/seniors.</li> <li>• Maintain current services which address co-occurring SMI/SUD diagnoses for the adult population.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify specific prevention strategies to support the expansion of services.</li> <li>• Conduct a program analysis, re: prevention continuum to identify gaps/barriers.</li> <li>• Assess service gaps within the prevention continuum related to programming specific to special population(s).</li> <li>• Continued monitoring of prevention services offered by Roberto Flores Class 1 Residential Facility (clients with dual diagnosis).</li> <li>• Continue to assess referrals for Roberto Flores Class 1 Residential Facility, making appropriate placements.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of monthly meetings per program.</li> <li>• Identify number of informational materials disseminated.</li> <li>• Number of individuals participating in prevention services.</li> <li>• Number of expanded programs.</li> <li>• Number of Cuyahoga County School Districts participating in the K-12 Prevention initiative.</li> </ul>	<ul style="list-style-type: none"> <li>___ No assessed local need</li> <li>___ Lack of funds</li> <li>___ Workforce shortage</li> <li>___ Other (describe)</li> </ul>
<p><b>Prevention:</b> Increase access to evidence-based prevention</p>	<ul style="list-style-type: none"> <li>• Increase utilization of evidenced-based assessment/screening instrument(s) across prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Identify evidenced-based curricula to support service</li> </ul>	<ul style="list-style-type: none"> <li>• Number of programs successfully utilizing</li> </ul>	<ul style="list-style-type: none"> <li>___ No assessed local need</li> <li>___ Lack of funds</li> <li>___ Workforce shortage</li> </ul>

	<p>programs, such as the DECA, DARS, etc. Increase the number of prevention agencies utilizing evidenced based curricula.</p> <ul style="list-style-type: none"> <li>• Expand knowledge &amp; awareness of evidence-based curricula related to the continuum of prevention services.</li> <li>• 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.</li> <li>• Inform the community of suicide prevention resources, including the ADAMHS Board 24-Hour Hotline, Crisis Text and Crisis Chat.</li> <li>• To enhance the work of the Suicide Prevention Coalition to align with the Center for Disease Control and Prevention’s (CDC) seven strategies for prevention suicide.</li> </ul>	<p>execution and strategy implementation.</p> <ul style="list-style-type: none"> <li>• Identify under-performing programs to fully utilize evidenced-based assessment/screening instruments.</li> <li>• Identify evidenced based curricula to enhance the prevention continuum.</li> <li>• Provide QPR trainings via ADAMHS Board of Cuyahoga County Training Institute &amp; promotion to community groups focused on youth, adults, and elderly.</li> <li>• Continue to promote Cuyahoga County Suicide Prevention Task Force Webpage and Coalition on ADAMHS Board Website that will offer information on community resources and the work of the Task Force.</li> <li>• Promote 24-hour Hotline, Crisis Text and Crisis Chat and other resources</li> <li>• Conduct a Community Readiness Assessment to better understand local conditions that guide appropriate suicide prevention strategies</li> </ul>	<p>evidenced based assessment/screening instruments.</p> <ul style="list-style-type: none"> <li>• Number of programs implementing evidenced based curricula.</li> <li>• Number of QPR Trainings provided and the training evaluations.</li> <li>• Number of leadership and professional development opportunities provided to members</li> <li>• Completed Community Readiness Assessment</li> <li>• Strategic Planning Data results</li> </ul>	<p>__ Other (describe)</p>
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		<ul style="list-style-type: none"> <li>• Enhancing strategic planning efforts through data-driven decision making</li> <li>• Engaging and providing coalition members with opportunities for professional leadership and skill-building training.</li> </ul>		
<b>Recovery Ohio and Prevention: Suicide prevention</b>	<ul style="list-style-type: none"> <li>• Maintain current leadership and membership of the Cuyahoga County Suicide Prevention Coalition with a goal to expand to higher-risk targeted populations i.e. LGBTQ, seniors, and youth.</li> <li>• Increase awareness of coalition activities.</li> <li>• Research and apply for coalition funding from the State and Federal Government.</li> <li>• Complete Community Readiness Assessment</li> <li>• Continue QPR Training in the community.</li> <li>• Promote ADAMHS Board 24-Hour hotline and Crisis Text.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain collaborative partnerships with the Cuyahoga County Medical Examiner’s office, Department of Public Health to examine specific areas in need of access to programming.</li> <li>• Utilize results of Community Readiness Assessment to identify gaps within the community.</li> <li>• Continue to utilize social media to increase awareness of suicide prevention and the coalition.</li> <li>• Establish deeper connections with organic community stakeholders and ambassadors to increase understanding of community needs and barriers; assist in promoting culturally informed suicide prevention messaging; and increase knowledge of available community resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of meetings.</li> <li>• Number of new members and partnerships.</li> <li>• Materials and campaign developed.</li> <li>• Decreased number of suicides.</li> <li>• Completion of Community Readiness Assessment</li> <li>• Number of social media posts and impressions.</li> </ul>	<ul style="list-style-type: none"> <li>___ No assessed local need</li> <li>___ Lack of funds</li> <li>___ Workforce shortage</li> <li>___ Other (describe):</li> </ul>
<b>Prevention: Integrate Problem Gambling Prevention &amp; Screening Strategies in Community and Healthcare Organizations</b>	<ul style="list-style-type: none"> <li>• Increase Gambling Coalition membership.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain membership re: Cuyahoga County with the Problem</li> </ul>	<ul style="list-style-type: none"> <li>• Number of social media impressions and clicks.</li> </ul>	<ul style="list-style-type: none"> <li>___ No assessed local need</li> <li>___ Lack of funds</li> <li>___ Workforce shortage</li> <li>___ Other (describe):</li> </ul>

	<ul style="list-style-type: none"> <li>• Increase capacity for the number of professionals trained to identify the signs and symptoms of problem gambling.</li> <li>• Raise community awareness of the issue of problem gambling and its collateral health effects.</li> <li>• Increase perception of problem gambling as a potentially harmful activity to reduce risks associated with gambling.</li> <li>• Promote gambling prevention treatment and resources.</li> <li>• Recovery Resources will continue to provide Gambling Treatment and Prevention Services</li> <li>• Increase Gambling Coalition membership.</li> <li>• Increase capacity for the number of professionals trained to identify the signs and symptoms of problem gambling.</li> <li>• Raise community awareness of the issue of problem gambling and its collateral health effects.</li> <li>• Increase perception of problem gambling as a potentially harmful activity to reduce risks associated with gambling.</li> </ul>	<p>Gambling Coalition and Planning Symposium.</p> <ul style="list-style-type: none"> <li>• Assess current capacity of services including family groups and interventions to build the problem gambling continuum of services.</li> <li>• Continue to identify additional treatment modalities to support recovery efforts for problem gambling.</li> <li>• Use screening instrument to identify individuals in need of treatment for gambling.</li> <li>• Provide education and training to behavioral health professionals to become certified to provide gambling treatment and prevention services.</li> <li>• Continue to vet additional participants for the gambling coalition meetings and events.</li> <li>• ADAMHS Board of Cuyahoga staff will continue to be part of the Cuyahoga County Problem Gambling Coalition Leadership Committee.</li> <li>• Utilize social media to promote trainings and prevention and treatment resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of clicks on gambling page.</li> <li>• Number of trainings.</li> </ul>	
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		<ul style="list-style-type: none"><li>• Maintain gambling prevention webpage.</li><li>• Assess current capacity of services including family groups and interventions to build the problem gambling continuum of services.</li><li>• Continue to identify additional treatment modalities to support recovery efforts for problem gambling.</li><li>• Use screening instrument to identify individuals in need of treatment for gambling.</li></ul>		
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## Community Plan Appendix 1: Alcohol & Other Drugs Waivers

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

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

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

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

### B. Waiver Request for Inpatient Hospital Rehabilitation Services

Funds disbursed by or through OhioMHAS may not be used to fund inpatient hospital rehabilitation services. Under circumstances where rehabilitation services cannot be adequately or cost-efficiently produced, either to the population at large such as rural settings, or to specific populations, such as those with special needs, a board may request a waiver from this policy for the use of state funds.

To request a waiver, please complete this form providing a brief explanation of services to be provided and a justification. **Medicaid-eligible recipients receiving services from hospital-based programs are exempted from this waiver as this waiver is intended for service expenditure of state general revenue and federal block funds.**

A. HOSPITAL	Identifier Number	ALLOCATION

### C. Request for Generic Services

Generic services such as hotlines, urgent crisis response, referral and information that are not part of a funded alcohol and other drug program may not be funded with OhioMHAS funds without a waiver from the department. Each ADAMHS/ADAS board requesting this waiver must complete this form and provide a brief explanation of the services to be provided.

B. AGENCY	Identifier Number	SERVICE	ALLOCATION

Community Plan for the Provision of  
Mental Health and Addiction Services  
SFY 2021-2022

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Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental health and addiction services plan for its service area. The plan is prepared in accordance with guidelines established by OhioMHAS in consultation with Board representatives. A Community Plan approved in whole or in part by OhioMHAS is a necessary component in establishing Board eligibility to receive State and Federal funds and is in effect until OhioMHAS approves a subsequent Community Plan.

The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.

Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County

ADAMHS Board Name (Please print or type)



08/11/2020

ADAMHS Board Executive Director

Date



08/11/2020

ADAMHS Board Chair

Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].

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

Attached is the SFY 2021-2022 Community Plan Essential Services Inventory. **Each Board’s completed SFY 2019-2020 form will be sent in separate email should the board want to use it to update information.**

The Essential Services Inventory form included with this Community Plan requires the listing of services for which the board may not contract. This element is necessary due to current Ohio Revised Code to detail the behavioral health (BH) continuum of care in each board area.

Some additional Continuum of Care (CoC) information resources have been provided below to assist in this process, but board knowledge is vitally important given the limitations of these included CoC resources. For example, the attached resources may not address BH services provided by Children Service Boards and other key providers within the local behavioral healthcare system.

### Instructions for the Essential Services Inventory

The goal is to provide a complete listing of all BH providers in the board area. However, at a minimum, at least one entity must be identified for each essential service category identified in Column A of the form.

In addition to the identification of the Essential Service Category, the spreadsheet identifies the treatment focus (Column B) and Service Location (Column C) of the service as required in Ohio Revised Code. The fourth column (Column D) provides a list of the Medicaid and Non-Medicaid services associated with each of the Essential Service Categories.

In Column E, please identify the Names and Addresses of providers who deliver the Column D Medicaid/Non-Medicaid payable services associated with each Essential Service Category and in Column F indicate by “Y” or “N” whether the Board has a contract with this agency to provide the services.

### **Additional Sources of CoC Information**

1. **SAMHSA Treatment Locator**