



COMMUNITY PLAN FOR STATE FISCAL YEARS 2021-2022

Mental Health, Addiction and Recovery Services Board of Lorain County Community Plan for State Fiscal Years 2021-2022

The Mental Health, Addiction and Recovery Services (MHARS) Board of Lorain County is a special purpose governmental agency charged with assessing, planning, evaluating, coordinating, funding and contracting for the delivery of publicly-financed mental health and alcohol and drug addiction education, prevention and treatment and recovery services for the benefit of the residents of Lorain County, pursuant to the Ohio Revised Code (Title 3 – chapter 40). MHARS is governed by an 18 member volunteer board, all of whom are Lorain County residents appointed by the Lorain County Commissioners or the Director of the Ohio Department of Mental Health and Addiction Services. Pursuant to ORC, all members must reside in Lorain County (service district) and at least one member of the board is a clinician with experience in the delivery of addiction services, at least one member is a clinician with experience in the delivery of mental health services, at least one member of the board is a person who has received or is receiving addiction services, at least one member of the board is a parent or other relative of such a person at least one member is a person who has received or is receiving mental health services, at least one member of the board is a parent or other relative of such a person.

The primary sources of support are through the Ohio Mental Health and Addiction Services (OMHAS), and local levy currently for Mental Health Services. The Board also applies for state and federal grants aligning with our statutory purpose and participates in numerous collaborative partnerships both locally and statewide to assist in designing a comprehensive continuum of care from Prevention, Treatment and Recovery Supports for individuals and families in Lorain County.

The Mental Health, Addiction and Recovery Services Board of Lorain County (MHARS) has recently completed its first full year as an integrated board resulting from the mergers of the former Alcohol and Drug Addiction Services Board of Lorain County and the Lorain County Board of Mental Health in July, 2019. While the merger is blending two long term cultures from the former boards, the continued focus of MHARS remains to build a complete continuum of care for Lorain County’s residents for prevention, treatment and recovery services for mental health and substance use disorders through provider contracts, and collaboration with systems and community groups through the lens of a Recovery Oriented System of Care.

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)].

In January, 2020, MHARS contracted with Brown Consulting, LTD to complete the Board’s first strategic plan with the intent of strengthening the Mental Health, Addiction and

Recovery Board of Lorain County's service delivery system for success in a continually changing and increasingly demanding behavioral healthcare environment. The Strategic Plan results from a needs assessment of Lorain County's demographics and the combined expertise and input of internal and external community stakeholders. The Strategic Plan recognizes and considers behavioral healthcare challenges which are occurring at the local, state and national levels, revenue issues, and increasing demands for the MHARS Board of Lorain County to do more with less.

The behavioral health trends and planning assumptions were described in the creation of the plan:

a. State and Federal Mandates

Priorities established in the Strategic Plan are influenced and will continue to be influenced by state and federal government, Medicaid/Medicare reform, the integration of behavioral health and primary healthcare, the 2019-20 COVID pandemic, economic distress and racial injustice and the impact from the national opiate epidemic and rising trends in suicide.

b. Funding Sources / Reimbursement

State budgets and funding / reimbursement for behavioral health services have remained unpredictable. Funders will prioritize cost effective prevention, treatment and recovery services within the system of care. All funders and providers will be required to be more effective and efficient in the delivery and provision of prevention, treatment and recovery services and to be able to demonstrate valid / reliable outcome measures to be eligible for re-imbusement.

c. Human Resources / Personnel

Recruitment and retention of professional and para professional (peer) staff is increasingly competitive. Behavioral Services organizations will continue to experience increased demands and costs to recruit and retain qualified and credentialed professional staff as well as utilize para professional staff for service provision.

d. Behavioral Healthcare Market

Service funders and providers will need to implement innovative and aggressive strategies toward market penetration and expansion (private/public). The state and national behavioral healthcare market has demonstrated increased demand for evidence-based treatment services, especially in treatment of substance use disorders, use of Medication for Opiate Use Disorder (MOUD) / Overdose Education and Naloxone Distribution (OEND) for the treatment of opiate addiction, housing, and youth mental health / prevention services.

e. Quality and Effectiveness of Care

In a changing and more competitive behavioral health industry, quality efficiencies and effectiveness of care are required to be continually demonstrated to state and local funders, Managed Care Organizations, and private insurance carriers through prior authorization for re-imbusement. These entities will provide financial resources to the most effective organizations as demonstrated through a set of required metrics and deliverables.

f. Coordination / Collaboration / Alliances

There is a mandate for coordination and collaboration between providers and the funding sources. This will require that treatment providers will need to integrate with these systems and develop alliances to maintain fiscal and strategic viability.

Summaries of the key stakeholder input and priorities as part of the MHARS Board of Lorain County's Strategic Planning process are identified here:

1. Brown Consulting, Ltd. staff collaborated with MHARS Board of Lorain County Board members and staff leadership to ensure their needs and concerns of the organization and its system partners are embodied in the Strategic Plan. Developed project focus and schedule, identified survey and interview content, key community stakeholders and confirmed project deliverables.
2. Completed a review of existing planning documents, reports and planning resource materials including, but not limited to the 2019 Lorain County Community Health Assessment, 2020 - 2022 Lorain County Community Health Improvement Plan, MHARS Board of Lorain County Community Plan 2019 - 2020, LCMHB Strategic Plan 2018 – 2019, Recovery Oriented System of Care (ROSC) – 2018.
3. On March 9th and 11th, 2020, Brown Consulting, Ltd. personnel facilitated five (5) focus groups. A total of ninety-four (94) community stakeholders, Board members and Board staff participated in the focus groups. Several other Lorain County key community stakeholders and MHARS Board staff received an internet-based survey tool to generate their input. One hundred fifty-one (151) community stakeholders and Board staff responded to the internet-based survey tool. The community stakeholder participants included people living with or recovering from mental illness and addiction, family members, addictions and mental health treatment center administrators and clinicians, local court, law enforcement, government, education, social service representatives, MHARS Board of Lorain County members and staff.
4. On September 28, 2020, MHARS Board, staff and Brown Consulting reviewed the draft strategic plan input from focus groups and worked through the strategic plan. The goal is to have a final strategic plan approved at the Board's October, 2020 meeting with Strategic Goals for: Programs and Services, Leadership, Finance, Performance Improvement, Public Relations/Branding which will be shared further in this document..

The Lorain County's community stakeholder input was gathered / received prior to the onset / impact of the COVID 19 pandemic on our local, state and national communities. In March, 2020 with the onset of the COVID-19 pandemic, MHARS staff convened weekly meetings with the Board's provider networks to facilitate the sudden impacts of service delivery and uncertain service needs that were beginning to come forward. Weekly meetings with OhioMHAS and the Ohio Association of County Behavioral Health Association (OACBHA) concurrently allowed MHARS to share local needs that were arising due to COVID-19 but also to share resources, advocacy and supports including personal protective equipment, telehealth capacity to assist with continuity of client services, family engagement and variable ways to serve youth and adolescents in each school district and provide support to their families and school personnel. These were aligned to assist providers for their adaptability to serve individuals seeking assistance for mental health and/or substance use disorders. Emphasis on the behavioral health surge due to COVID-19 and the economic situation was also addressed.

During May, 2020, the national racial injustice issues became elevated due to the death of George Floyd. This elevated Lorain County's discussion about the impacts of health inequities and other social justice issues and in June, 2020, the MHARS Board voted to support OACBHA's [Declaration: Racism is a Public Healthcare Crisis](#) and create an Ad Hoc Disparities Committee to develop an action plan to locally address racial and health disparities.

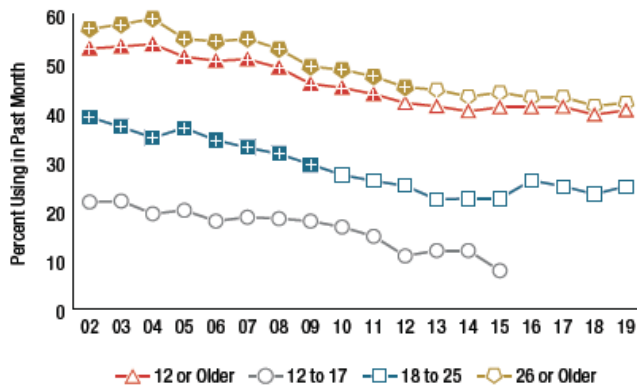
Regular national reports and articles were reviewed to assist with building/maintaining service capacity as the COVID-19 pandemic continued. Reviews of the following allowed MHARS Board and Staff to continue to understand the correlation between COVID-19, and the racial injustice issues to ready our community to serve our residents.

1. [Mental Health in the Age of the Coronavirus](#) (NY Times) correlates the impact of quarantine and mental health outcomes, including trauma, confusion and anger.
2. [Healing the Nation - Advancing Mental Health and Addiction](#) (Well Being Trust) – describes the complexities between increases in economic disparities, declines in social connectivity, discrimination based on race, gender, gender identify, country of origin and more, and the ever-challenging cost of health care coverage and access all play a role. The report details the fuels of “deaths of despair” to include individual factors like loneliness, isolation and lack of belonging; system elements such as fragmented care, and limited affordable access to care and Social and community conditions like economic exclusion, housing and food insecurity, systemic racism and intergenerational trauma, and inequitable divisions of resources. As the job losses mounted, data also correlated that for every one-percentage-point increase in unemployment, leads eventually to a 3.5 percent increase in opioid addiction.
3. [Pain in the Nation](#) – (Well Being Trust) – describes how a National Resilience Strategy is necessary to address the drug, alcohol and suicide crises. This report details key policies to improve well-being:
 - Reducing drug and alcohol misuse and suicide – preventing and reducing opioid and other drug misuse; reducing excessive alcohol consumption and effective approaches for preventing suicides.
 - Improving Behavioral Health – to support “whole health” – modernize behavioral health services; modernize substance abuse treatment; expand and improve the Mental Health and Behavioral Health workforce; prioritize needs in underserved areas – including rural and low-income communities; connect healthcare and behavioral health services with social service supports; reduce stigma; early identification and issues and connections to services and care.
 - Prioritizing Prevention: Promoting healthier communities and raising a mentally and physically healthier generation of kids – supporting multi-sector partnerships; impact of the opioid epidemic on child welfare and the need for multi-generational care; early childhood well-being policies; school-aged children, tweens and teens policies; family opportunities – addressing core needs and promoting stability (housing assistance, income assistance, transportation assistance, nutrition assistance, health insurance, creating economic opportunity).
4. [Policy Brief: COVID-19 and the need for Action on Mental Health](#) (United Nations) – describes three recommendations to minimize the mental health consequences of the pandemic: 1. Apply a whole-of society approach to promote, protect and care for mental health; 2. Ensure widespread availability of emergency mental health and psychosocial

- support; 3. Support recovery from COVID-19 by building mental health services for the future.
5. [Policy Brief: The Impact of COVID-19 on Older Persons](#) (United Nations) – identifies key priorities for action including: 1. Ensure that difficult healthcare decisions affecting older people are guided by a commitment of dignity and the right to health. 2. Strengthen social inclusion and solidarity during physical distancing. 3. Fully integrate a focus on older persons into the socio-economic and humanitarian response to COVID-19. 4. Expand participation by older persons, share good practices and harness knowledge and data.
 6. [Spotlight on Impact of the COVID-19 Pandemic on Children, Youth and Families](#) (a brief produced by the Evidence-Based Policy Institute) – reports how micro-level factors in family & home life (quarantine, social isolation, child abuse and neglect, family losses and separations and sleep disturbances, exposure to unhealthy coping behaviors and environments and homelessness), meso-level factors (school closures and access to mental health care) and macro-level factors for policy and environment (general anxiety, stigma against those testing positive for COVID-19, Xenophobia and Racism) brings immense tolls on youth and families especially youth and families from minority communities and other vulnerable populations. This report defines practices system enhancements and policy opportunities including:
 - a. Build supportive environments for youth
 - b. Give caregivers resources to talk to children about COVID-19
 - c. Support caregiver well-being
 - d. Make evidence-based mental health care accessible to youth
 - e. Implement community driven, culturally and linguistically responsive and evidence-based services
 - f. Ensure public information about COVID-19 is accurate and accessible
 - g. Take care of our most vulnerable communities.
 7. [A Decade Undone – Youth Disconnection in the Age of Coronavirus](#) (The Measure of America Youth Disconnection Series, 2020) – was actually written just at the beginning of COVID-19, with [Conclusions and Recommendations](#) summarizes the COVID-19 pandemic will erase the gains made in the last eight years to impact the fact that experiencing a disconnection of a young person can have profound effects on earnings, employment, home ownership and health that last into one’s thirties. The report also identifies that disconnected young people hail disproportionately from low-income communities of color—communities that are nearly always most harmed and slowest to recover from disasters of all sorts.
 8. [Projected Deaths of Despair During the Coronavirus Recession](#) (Well Being Trust) and [Mental, Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic](#) (Morbidity and Mortality Weekly Report) – describes the association of the COVID-19 Pandemic with mental health and substance abuse challenges including symptoms of anxiety disorder and depressive disorder, symptoms of trauma- and stressor related disorder and having started or increased substance use to cope with stress or emotions related to COVID-19. Of particular note is the increase of respondents who have reported seriously considered suicide with the minority/racial groups, self-reported unpaid caregivers for adults and essential workers.

9. [Ring the Alarm The Crisis of Black Suicide in America](#) (A report to Congress from the Congressional Black Caucus) – outlines mental health trends among Black youth and recommends policies to address these.
10. [The Opioid Crisis and the Black/African American Population: An Urgent Issue](#) (SAMHSA) - presents data on the prevalence of opioid misuse and death rates in the Black/African American population; contextual factors and challenges to prevention and treatment; and innovative community-based strategies to connect people to evidence-based treatment and support.
11. [The Opioid Crisis and the Hispanic/Latino Population: An Urgent Issue](#) (SAMHSA) - presents recent data on prevalence of opioid misuse & death rates in the Hispanic/Latino population; contextual factors & challenges to prevention & treatment; innovative outreach & engagement strategies to connect people to evidence-based treatment; and the importance of community voice.
12. [COVID-19 Pandemic Impact on Patients, Families & Individuals in Recovery from Substance Use Disorders](#) (Addiction Policy Forum) - sheds light on the experiences of patients and impacted individuals on emotional and health consequences of COVID-19, overdose rates and barriers in safely accessing care during the pandemic.
13. [Vaping linked to COVID-19 risk in teens and young adults, study finds](#) (Science Daily) – a study linking Vaping to increased COVID-19 risk.
14. [2019 National Survey on Drug Use and Health](#) (SAMHSA) – identifies trends for substance use and mental health. Key reports follow:
 - a. Tobacco Use among people aged 12 or older citing a decline in cigarette use from prior years.

Figure 5. Smokers of One or More Packs of Cigarettes per Day among Past Month Daily Cigarette Smokers Aged 12 or Older: 2002-2019



*Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 5 Table. Smokers of One or More Packs of Cigarettes per Day among Past Month Daily Cigarette Smokers Aged 12 or Older: 2002-2019

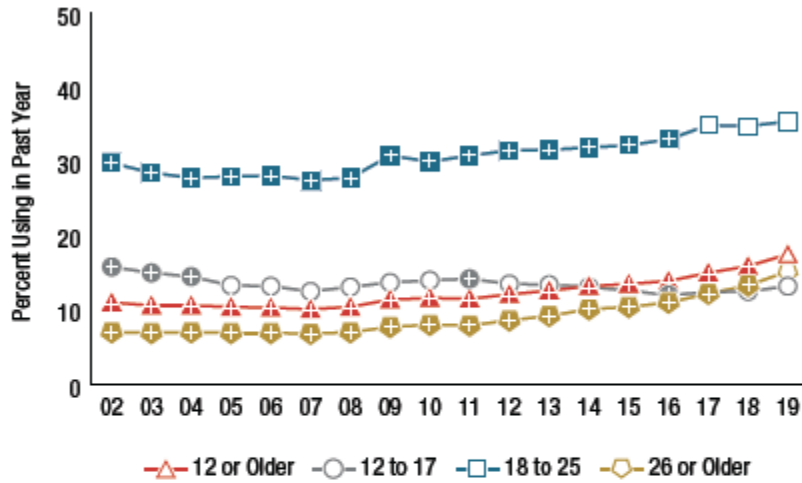
Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
≥12	53.1*	53.5*	54.0*	51.4*	50.6*	50.9*	49.2*	45.9*	45.1*	43.8*	42.0	41.3	40.3	41.1	41.1	41.2	39.6	40.5
12-17	21.8	22.0	19.4	20.1	17.9	18.7	18.4	17.9	16.7	14.8	10.8	11.9	11.9	7.8	*	*	*	*
18-25	39.1*	37.1*	34.9*	36.9*	34.4*	32.9*	31.6*	29.5*	27.3	26.1	25.1	22.3	22.5	22.5	26.2	25.0	23.4	25.0
≥26	57.1*	58.0*	59.2*	55.1*	54.5*	55.1*	53.0*	49.4*	48.8*	47.4*	45.2*	44.7	43.3	44.1	43.1	43.2	41.4	42.0

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

* Low precision; no estimate reported.

- b. Marijuana Use among people aged 12 or older who were past year marijuana users increased from 11 percent in 2002 to 17.5 percent in 2019.

Figure 12. Past Year Marijuana Use among People Aged 12 or Older: 2002-2019



*Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

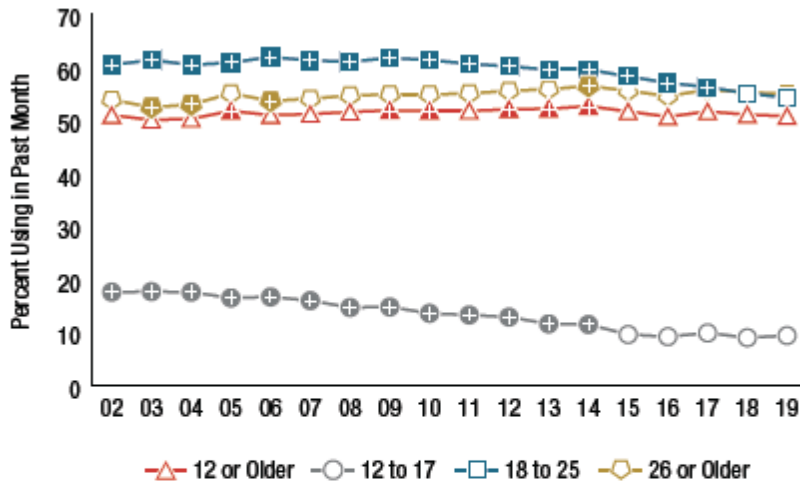
Figure 12 Table. Past Year Marijuana Use among People Aged 12 or Older: 2002-2019

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
≥12	11.0*	10.6*	10.6*	10.4*	10.3*	10.1*	10.4*	11.4*	11.6*	11.5*	12.1*	12.6*	13.2*	13.5*	13.9*	15.0*	15.9*	17.5
12-17	15.8*	15.0*	14.5*	13.3	13.2	12.5	13.1	13.7	14.0	14.2*	13.5	13.4	13.1	12.6	12.0*	12.4	12.5	13.2
18-25	29.8*	28.5*	27.8*	28.0*	28.1*	27.5*	27.8*	30.8*	30.0*	30.8*	31.5*	31.6*	31.9*	32.2*	33.0*	34.9	34.8	35.4
≥26	7.0*	6.9*	7.0*	6.9*	6.9*	6.8*	7.0*	7.7*	8.0*	7.9*	8.6*	9.2*	10.1*	10.4*	11.0*	12.2*	13.3*	15.2

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

c. Alcohol Use is holding steady from 2002 to 2019:

Figure 7. Past Month Alcohol Use among People Aged 12 or Older: 2002-2019



*Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

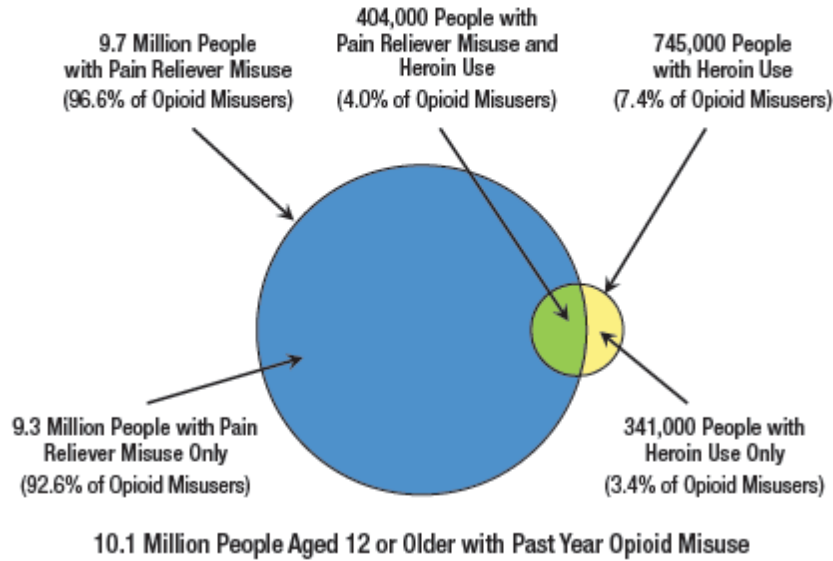
Figure 7 Table. Past Month Alcohol Use among People Aged 12 or Older: 2002-2019

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
≥12	51.0	50.1	50.3	51.8*	51.0	51.2	51.6	51.9*	51.8*	51.8	52.1*	52.2*	52.7*	51.7	50.7	51.7	51.1	50.8
12-17	17.8*	17.7*	17.6*	16.5*	16.7*	16.0*	14.7*	14.8*	13.6*	13.3*	12.9*	11.6*	11.5*	9.6	9.2	9.9	9.0	9.4
18-25	60.5*	61.4*	60.5*	60.9*	62.0*	61.3*	61.1*	61.8*	61.4*	60.7*	60.2*	59.6*	59.8*	58.3*	57.1*	56.3*	55.1	54.3
≥26	53.9	52.5*	53.0*	55.1	53.7*	54.1	54.7	54.9	54.9	55.1	55.6	55.9	56.5*	55.6	54.6	55.8	55.3	55.0

* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

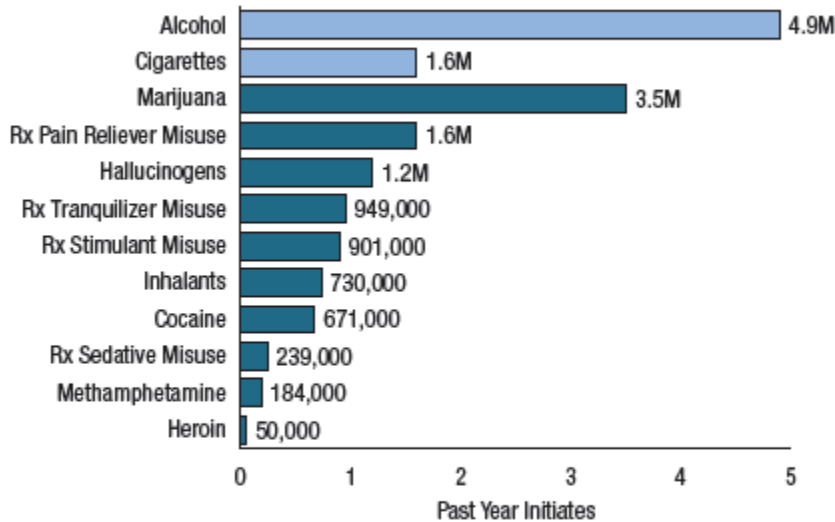
d. Opioid Misuse:

Figure 24. Past Year Opioid Misuse among People Aged 12 or Older: 2019



- e. Initiation of Substance Use – higher rates of initiation were reported for Alcohol, Marijuana, Inhalants, and lower rates of initiation were reported for Cocaine, Heroin, Prescription Tranquilizers, Prescription Pain Relievers, Prescription Sedatives.

Figure 26. Past Year Initiates of Substances among People Aged 12 or Older: 2019

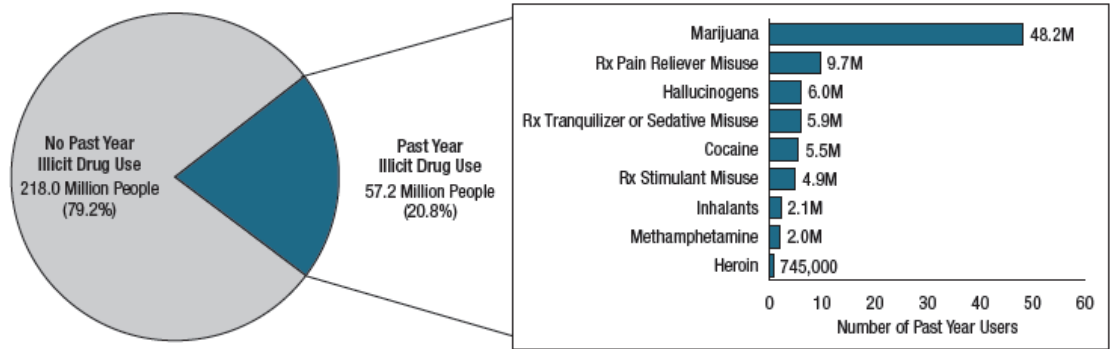


Rx = prescription.

Note: Estimates for prescription pain relievers, prescription tranquilizers, prescription stimulants, and prescription sedatives are for the initiation of misuse.

- f. Illicit Drug Use remains similar to those in most years from 2015 to 2018 with 48.2 million users of Marijuana.

Figure 10. Past Year Illicit Drug Use among People Aged 12 or Older: 2019

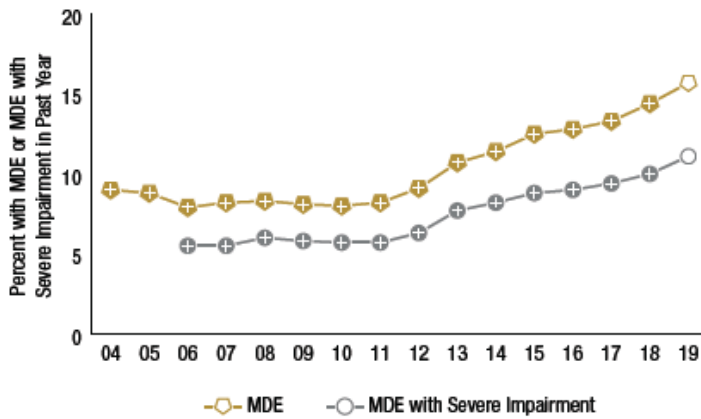


Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

- g. Adolescents age 12-17 with a Major Depressive Episode (MDE) and Major Depressive Episode with Severe Impairment increased from 9.0 percent (2004) to 15.7 (2019) percent (MDE) and also increased from 5.5 percent (2006) to 11.1 percent (2019) which are consistent with trends in suicide attempts and deaths by suicide among adolescents.

Figure 48. Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: 2004-2019



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Figure 48 Table. Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: 2004-2019

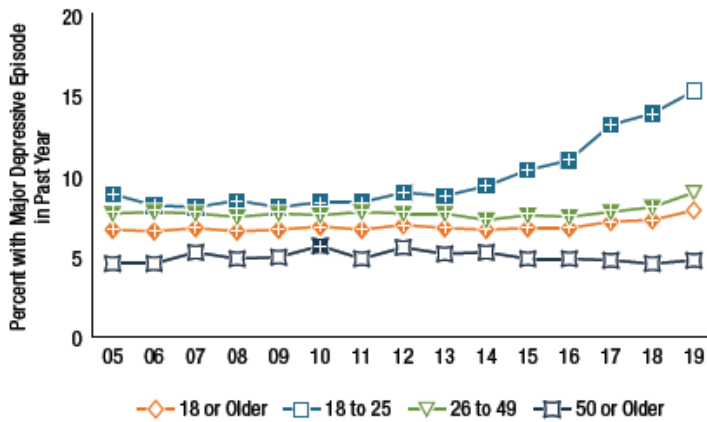
MDE Status	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
MDE	9.0*	8.8*	7.9*	8.2*	8.3*	8.1*	8.0*	8.2*	9.1*	10.7*	11.4*	12.5*	12.8*	13.3*	14.4*	15.7
MDE with Severe Impairment	N/A	N/A	5.5*	5.5*	6.0*	5.8*	5.7*	5.7*	6.3*	7.7*	8.2*	8.8*	9.0*	9.4*	10.0*	11.1

N/A = not available.

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

- h. Individuals with Major Depressive Disorders increased to 7.8 percent (adults age 18 and older).

Figure 49. Major Depressive Episode in the Past Year among Adults Aged 18 or Older: 2005-2019



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

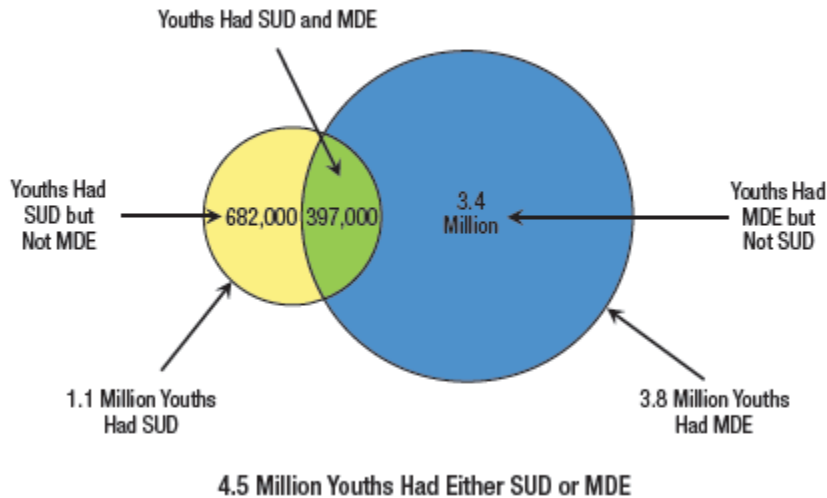
Figure 49 Table. Major Depressive Episode in the Past Year among Adults Aged 18 or Older: 2005-2019

Age	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
18 or Older	6.6*	6.5*	6.7*	6.5*	6.6*	6.8*	6.6*	6.9*	6.7*	6.6*	6.7*	6.7*	7.1*	7.2*	7.8
18 to 25	8.8*	8.1*	8.0*	8.4*	8.0*	8.3*	8.3*	8.9*	8.7*	9.3*	10.3*	10.9*	13.1*	13.8*	15.2
26 to 49	7.6*	7.7*	7.6*	7.4*	7.6*	7.5*	7.7*	7.6*	7.6*	7.2*	7.5*	7.4*	7.7*	8.0*	8.9
50 or Older	4.5	4.5	5.2	4.8	4.9	5.6*	4.8	5.5	5.1	5.2	4.8	4.8	4.7	4.5	4.7

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

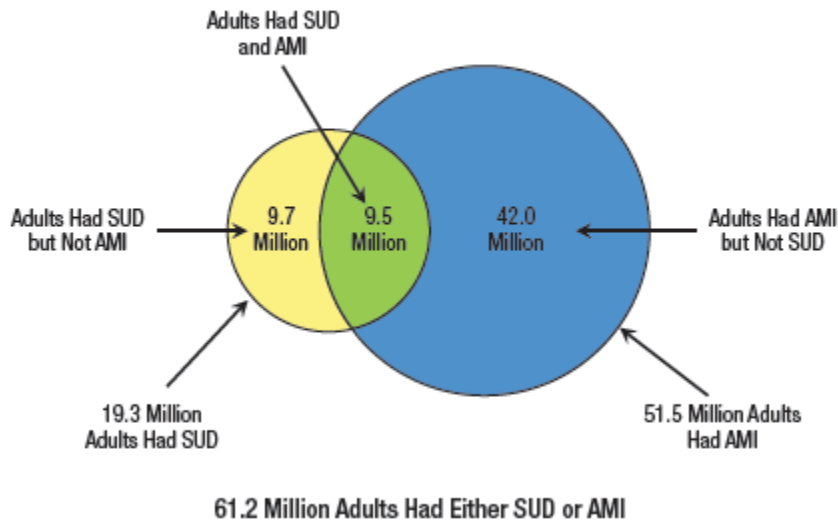
- i. Co-occurring Mental Depressive Episodes and Substance Use Disorders:
 - a. 1.7 percent of adolescents and 3.8 percent adults reported co-occurring Mental Depressive Episodes and Substance Use Disorders

Figure 53. Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE) among Youths Aged 12 to 17: 2019



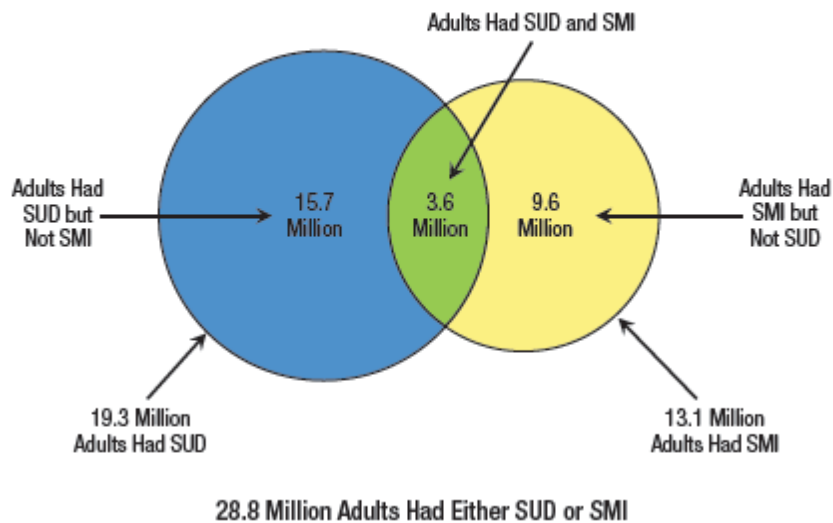
Note: Youth respondents with unknown MDE data were excluded.

Figure 56. Past Year Substance Use Disorder (SUD) and Any Mental Illness (AMI) among Adults Aged 18 or Older: 2019



- b. Among adults aged 18 or older 1.4 percent had both Serious Mental Illness and Substance Use Disorder

Figure 58. Past Year Substance Use Disorder (SUD) and Serious Mental Illness (SMI) among Adults Aged 18 or Older: 2019



15. Results of the 2019 Lorain County Community Health Assessment (CHA) provides current information about the health status of the county residents. Results of survey findings in the past year identified the following:

- 62% of Lorain County adults had at least one alcoholic drink in the past month. More than one-fifth (21%) of Lorain County adults reported they had five or more

alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition.

- 10% of Lorain County adults had used recreational marijuana during the past 6 months. 8% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.
- 4% of Lorain County adults considered attempting suicide. Thirteen percent (13%) of Lorain County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems.
- 3% of Lorain County 6th grade youth were current drinkers, having had a drink at some time in the past 30 days and 17% of Lorain County 8th grade youth had alcohol in the past year.
- 25% of Lorain County 6th grade youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. 28% of 12th grade youth reported they had seriously considered attempting suicide in the past 12 months.

16. With the 2020 - 2022 Lorain County Community Health Improvement Plan (CHIP), Lorain County will continue to address the following priorities: chronic disease, maternal and child health, mental health, substance abuse, and cancer. Mental health and substance abuse gaps identified in the Lorain County CHIP plan include Increase in loneliness and social isolation, the lack of mental health counselors in schools, the lack of resiliency skills (social and emotional health standards are lacking in schools), substance abuse (vaping, alcohol use, marijuana use, etc.) has become normalized, easy access to substances, the lack of provider education regarding safe prescribing practices, the lack of early substance abuse identification and referral, and stigma of seeking substance abuse services. MHARS is the coordinator of two priorities with goals:

- a. Mental Health – Arrest upward trend of overall suicide deaths by staying at or below the last 5-year average (2013-2017 average of 49 suicides per year, or 18 deaths per 100,000 population) for the period of 2018-2022.
- b. Substance Use – Increase perception of risk of marijuana use in youth 10% by 12/31/2020; Decrease unintentional drug overdose deaths by 10% by December 31, 2022; By December 31, 2022, Lorain County will see a decrease in adult tobacco use (20% or below will be current smokers) and youth tobacco use (23% or below vaping and 10% or below smoking traditional tobacco); Decrease in binge drinking to those under age 30 by 10% by December 31, 2022.

17. [Suicide in Ohio: Facts, Figures and the Future: Impact of Suicide and Current Responses in 7 Northeast Ohio Counties](#) (Ohio Alliance for Innovation in Population Health, The Mental Health & Addiction Advocacy Coalition, Ohio Suicide Prevention Foundation and Ohio University College of Health Sciences and Professions) - details suicide rates including in Lorain County the active work of the Lorain County Suicide Prevention Coalition.

- 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 ROSC Assessment was last completed in 2018 prior to our merger. Key themes that have been identified previously and will be addressed into our strategic plan include:

- a. The need to improve capacity of and ability for peer supporters to provide services across the continuum for individuals in our systems.
- b. Enhancements for crisis services that can be used as an alternative to incarceration for those experiencing psychiatric crisis.
- c. The system also lacks a workforce that reflects the community services and has to work toward integrated, medical, mental health and substance use disorder care.

The next ROSC Assessment will be completed towards the later months in 2022. The Board's Strategic Plan which is in its final draft, emphasizes ROSC-focused objectives which are also identified in the local priorities section of this plan.

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.

The Board's newly created Ad Hoc Disparities Committee has reviewed data and have drafted goals that will focus on health equity and diversity needs for adults, children, youth and families:

Goal 1. Increase Access to Behavioral Health Services for minorities and underserved populations

- Increase access points for care (community, schools, faith-based, cultural centers), develop culturally appropriate resource information, transportation, translation, after hour services

Goal 2. Improve the Quality of Behavioral Health Services for minorities and underserved populations

- Develop culturally competent workforce, culturally competent services, culturally competent justice system

Goal 3. Build on Community Strengths to Increase the Capacity of and Empower minorities and underserved populations

- Faith based communities, school systems, Board should reflect that of the community

Goal 4. Develop, Fund, and Demonstrate the Effectiveness of Population-Specific and Programs

- Develop culturally specific behavioral health practice models, allocate resources and seek other funding resources, maintain data to validate effectiveness

Goal 5. Access Local and Statewide Resources to Support the Reduction of Behavioral Health Disparities

- Engage the community, collaborate with others reducing disparities, grant funding

The Board's Ad Hoc Disparities Committee also reviewed the recently released [Ohio's Minority Strikeforce Blueprint](#). General consensus was to review the recommendations (particularly from pages 14-16 of the Blueprint) and where feasible, align it with the Committee's charge to address behavioral health disparities. The Committee will begin to draft action plans for each of the

goals using the Local and Regional Government Alliance on Racial Equity – Racial Equity Action Plans.

The Board’s Strategic Plan aligns with RecoveryOhio Recommendations in the following areas:

1. Stigma and Education – utilizing voices of those with lived experience, and comprehensive communications plan is utilized within our community led by the Board’s Communications and Community Relations Director and with the Lorain County Opioid Action Team’s Community Engagement Workgroup. Trainings in partnership with Ohio Citizens Advocates for Recovery to address stigma are offered as part of our training series and stories of recovery are continuously sought to share into our communities.
2. Workforce Development – The Board’s strategic plan includes emphasis to identify workforce needs and gaps, and promote and develop peer support services to enhance the Board’s system of care. Professional development opportunities are aligned to ensure fidelity to evidence-based practices.
3. Prevention – the Board has recently hired a staff who will assist the county as the lead to coordinate individual and community-based evidence-based prevention program, practices and policies using the Strategic Prevention Framework. The Board serves as the fiscal agent for Communities That Care of Lorain County (a drug-free community coalition). CTC has served as the county’s coordinator for school and community surveys including substance use, mental health, physical health, risk and protective factors and community norms. The results of these surveys continue to assist communities to develop prevention programs, practices and policies. CTC also works in partnership with Lorain County Public Health to address vaping and is also coordinating efforts to address the perception of risk of marijuana among teens. The Board is currently working with all school districts for the K-12 prevention initiative, school counselors and professional development for school personnel. The Board serves as coordinator for the Lorain County Suicide Prevention Coalition and partners with the Ohio Suicide Prevention Foundation to unify strategies to address suicide in our county. Community prevention strategies coordinate through the board’s initiatives include: safe medication storage and disposal programs, coordinated strategies to address overdose and accidental overdose death including support for Quick Response Teams, Warm Handoff and Naloxone, and prevention, education and information about the dangers of opioids and illicit drug misuse, adolescent brain development; coordinated strategies for suicide – including postvention strategies for children, adolescents and adults.
4. Harm reduction – the Board serves as coordinator for the Lorain County Opioid Action Team – which has recently created a specific workgroup dedicated to Harm Reduction to increase the capacity of harm reduction programming (including syringe exchange). The Board collaborates with Lorain County Public Health and others for the soon to open – syringe exchange -the first in Lorain County. Locally the Board partners with Lorain County Public Health to ensure that Naloxone is availability to residents, first responders and service entities. SUD providers in the MHARS network are encouraged to have a comprehensive overdose prevention integrated in all treatment plans.
5. Treatment and Recovery Supports – the Board continues to contract with a variety of providers for children, adolescents and adults for mental health and substance use disorder – treatment and recovery supports. The Board coordinates the Mental Health and Substance Use priorities for the Lorain County Health Improvement Plan – a

component of each of these priorities includes Screening, Brief Intervention and Referral to Treatment (SBIRT). The county's problem gambling plan also includes SBIRT for problem gambling – adolescents and adults. The Board is the lead for Lorain County's Crisis Continuum and is currently working with stakeholders to update an integrated crisis continuum for adults, children and adolescents, determining client and system outcome metrics for the crisis continuum, complete a business case for a comprehensive crisis continuum and partner with stakeholders to address gaps in the crisis continuum. Continuing partnerships with hospitals include warm handoff (connecting overdose survivors to peers in the emergency room), building direct handoff for emergency room patients to access mental health or substance use disorder services.

6. Treatment – the board continues to prioritize and provide support for evidence-based practice standards for system programs/services including assisting with training and technical assistance and research and consider new EBP's to address unmet needs for services for children, youth, transitional age youth and adults. The Board also supports efforts for access and retention as predictors of success for treatment services. Provider audits and outcome reports are regularly monitored for training and technical assistance for service enhancements. As a priority, all SUD contracts utilize the American Society of Addiction Medicine Level of Care criteria and coordination between levels of care for individuals with Substance Use Disorders. Medication Assisted Treatment (MAT) continues to increase in Lorain County and just recently two Methadone providers have been certified. Telemedicine has been integrated into treatment and the Board and providers continue to address the best use of this to assist in access and retention for care. Multi-system collaborations are prioritized for effective client outcomes.
7. Recovery Supports – Bridge Pointe Commons project will create 62 Permanent Supportive Housing units in our county having received final financing in September, 2020. Recovery Housing capacity continues to expand – the Board provides technical assistance to ensure RH providers meet Ohio Quality Housing Capacity. The Board also continues its contracts for residential treatment (MH and SUD) and housing management for individuals with long-term mental illness. Peer Support Services trainings continue to expand the capacity for peer recovery supporters throughout our continuum of care. The Board continues to coordinate homeless housing through the PATH program and participates on the local coordinated entry collaborative. The Board continues to contract for consumer operated services with Gathering Hope House. The Board has renewed its contract with Bureau of Workers Compensation for the Substance Use Recovery and Workplace Safety Program. The Board continues to work with the Lorain County Chamber of Commerce to provide technical assistance for workplace wellness initiatives. Various faith-based engagement collaboratives exist including the Opioid-focused Faith Leaders Roundtable and inclusion of faith communities on the Suicide Prevention Coalition. Recently, the Board provided opportunities for expanding the capacity of Peer Parent Coaches in partnership with the Centers on Addiction. Collaborations through NAMI of Lorain County and Let's Get Real offer trainings, grief and other support groups and other resources for families.
8. Specialized Populations- The Board has completed Sequential Intercept Maps for individuals with Serious Persistent Mental Illness and for individuals with opioid use disorder. These maps align with a variety of initiatives that the Board is involved with the criminal justice system: including Mobile response for persons with SPMI and

persons who have overdosed. Specialty Dockets – the Board is a collaborative partner and also administers the Addiction Treatment Program support for Lorain County Recovery Court, Lorain Municipal Recovery Court, Elyria Municipal Recovery Court and Lorain County Family Drug Court. The Board is also collaborative partner with the Lorain County Wellness Court, Lorain County Veterans Treatment Court and the Lorain County Juvenile Drug Court. The Board participates as a co-lead on Lorain County’s Stepping Up Initiative to assist with ensuring that individuals with Serious Persistent Mental Illness receive the best coordinated care. The Board participates as a lead on Lorain County’s Reentry Coalition and hosts the monthly Citizen’s Circle. Partnerships between the Board and providers for services to inmates with either Mental Health or Substance Use Disorders continue to be developed at the Lorain County Jail including MAT and care coordination for individuals with Serious Persistent Mental Illness.

9. Youth, young adults and families – The Board has expanded its investment in the non-crisis Navigator line to include Substance Use Disorder services. The Board has recently completed the MHAC Children, youth and young adults’ continuum of care survey. This will be further reviewed to ensure that any identified gaps can be developed. The Board continues to serve as fiscal agent and member of the Integrated Services Partnership which also includes Juvenile Court, Developmental Disabilities and Children Services to implement multi-system, clinically prioritized services for children, youth and young adults. Lorain County is also a partner with the Ohio Healthy Transitions Project (OHTP) to improve access to treatment and support services for youth and young adults ages 16-25 with a serious emotional disturbance (SED) or a serious mental illness (SMI). Through a five-year grant awarded to the Ohio Department of Mental Health and Addiction Services, OHTP is partnering with Wingspan Care Group, the nonprofit parent company of Bellefaire JCB, Applewood Centers Inc. and Lifeworks, to develop a culturally competent service continuum to bridge the gap between the youth and adult systems in Cuyahoga and Lorain counties. OHTP has helped: Create increased awareness that Transition Age Youth are a unique sub-population requiring a system of their own to bridge the gap between youth and adult services; foster service coordination and collaboration between youth and adult systems; support psycho-social maturation in Transitional Aged Youth with SMI/SED; and achieve greater positive outcomes in young adults aging out of the youth system. The Board has recently approved the development of the Community of Hope-Open Table to assist youth and young adults in this targeted age group. As a member of the Children and Families Council, the Board is on sub-committees regarding the utility of the Multi-System Youth funding for CFC’s. The Board is continuing its investment with The LCADA Way to continue Project AMP (Conrad Hilton Foundation), which pairs youth with young adults in recovery for brief mentorship that enhances resiliency and prevents alcohol and other drug use. The Board recently signed the capital project with Blessing House to expand capacity for children and families with behavioral health needs for respite services. The Board’s Ad Hoc Disparities Committee will be convening conversations with partner to expand youth-led opportunities and addressing gaps with disparate populations including LGBTQ and transitional age youth.

These align with the Boards strategies to build capacity for behavioral healthcare services for disparate populations and research and consideration of new Evidence Based Practices to address unmet needs. The Board will align with mutual stakeholders to allow for sharing cost strategies, blending and braiding resources.

10. First Responders - The Board continues its commitment to support First responders through CIT training and other professional development opportunities to assist with secondary trauma. The Board partners with the Ohio ASSIST to share resources and training for first responders and their spouses. Postvention strategies include outreach and support for first responders in our communities with emphasis on secondary trauma and burnout.
11. Crisis Services – The Board’s role continues to ensure a comprehensive crisis continuum is available in our community. This year, plans to increase key components of the adult crisis system includes integration of substance use disorder triage, service and coordination in the crisis response for adults. The Board’s strategic plan includes emphasis on updating an integrated crisis continuum for adults, children and adolescents to include call centers, crisis lines, treatment finders, mobile crisis, mobile response support teams, crisis intervention and quick response teams, crisis stabilization services, withdrawal management services, residential treatment facilities, stepdown, and connections to treatment and recovery supports.
12. Data Measurement – The Board’s strategic plan includes significant emphasis to continuously monitor the implementation of evidence-based practice models and will offer training and technical assistance as identified through provider audits and outcome reports. The plan includes development of system and client outcome metrics for the crisis continuum. The plan includes development of a formal funding allocation process that will target increase in funding based on outcomes and assistance in transformation to value-based care for providers network through outcome focused payment strategies. The plan also creates a systemwide model of performance improvement plan development that will improve the quality of care and also quality of life measurements for individuals and families served in our network. Development of the plan will include data dashboards for decision making and using a lesson’s learned format to improve program and process outcomes. This plan also includes obtaining qualitative input from clients and consumers for program improvements.

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.

Needs and Gaps in facilities, services and supports given the Continuum of Care definitions found in the Ohio Revised Code (ORC 340.03(A)(11) and 340.033.

The Ohio Revised Code includes the requirement for Boards to establish, to the extent resources are available, a community-based continuum of care that includes all the following as essential elements:

- (1) Prevention and wellness management services;
- (2) At least both of the following outreach and engagement activities:
 - a. Locating persons in need of addiction services and persons in need of mental health services to inform them of available addiction services, mental health services and recovery supports;

- b. Helping persons who receive addiction services and persons who receive mental health services obtain services necessary to meet basic human needs for food, clothing, shelter, medical care, personal safety and income.
- (3) Assessment Services;
- (4) Care Coordination;
- (5) Residential Services;
- (6) At least the following outpatient services:
 - a. Nonintensive;
 - b. Intensive such as Partial Hospitalization and Assertive Community Treatment;
 - c. Withdrawal Management;
 - d. Emergency and Crisis.
- (7) Where appropriate, at least the following inpatient services;
 - a. Psychiatric care;
 - b. Medically managed alcohol or drug treatment.
- (8) At least all of the following Recovery Supports:
 - a. Peer support;
 - b. A wide range of housing and support services including recovery housing;
 - c. Employment, vocational and educational opportunities;
 - d. Assistance with social, personal and living skills;
 - e. Multiple paths to recovery such as twelve-step approaches and parent advocacy connection;
 - f. Support, assistance, consultation and education for families, friends and persons receiving addiction services, mental health services and recovery supports.

The Board has invested additional resources to expand the non-crisis Navigator line to include Substance Use Disorder Services to improve access through a no wrong door strategy. The Bridge Pointe Project will soon break ground to support a 62-unit Permanent Supportive housing project in Elyria, Ohio.

The State Opioid Response funding has allowed additional capacity for Withdrawal Management, Medication Assisted Treatment coordination and Recovery Housing including specific houses each for women with children and women on MAT, expansion of partial hospitalization treatment and peer support services.

While we have a community based continuum of care, outcome reports and collaborations continue to allow our Board to continuously assess and where possible expand the scope and duration of these services to enhance the “client-choice” priority – which is a key ROSC component.

Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies). See the attached Continuum of Care Crosswalk for the detail of service providers.

- 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.

Demographic Factors – Geographic Factors – Lorain County Ohio is the 9th largest county in Ohio. Lorain County’s residents account for approximately 2.5% of Ohio’s population. Lorain County covers 492 square mile area for its approximately 309,461 residents (American Community Survey 2019 estimates), the largest city is Lorain, with a population of 64,028. Relevant statistics are identified: 10.5% of Lorain County families and 14.8% of the county’s individuals were living below the federal poverty level with the highest concentrations in the cities of Elyria and Lorain; 21.7% of Lorain County’s residents under the age of 18 years were in poverty status. Lorain County is westerly-connected to Cuyahoga County (*Cleveland*) – Ohio’s largest county. Lorain County is comprised of 14 major cities and includes many smaller cities, townships and villages – it is mix of urban and rural communities. South Lorain (a Lorain city neighborhood) has a large population of Hispanic Americans, many of whom are in monolingual households. There are approximately 20,229 Veterans in our county. In contrast, the Southern fringes of Lorain County are largely rural, with some volume of working farms. There is one 2-year public college, one private college and one joint vocational school in the county. Public transportation is virtually non-existent. The 2019 census data profiles general demographic characteristics and identifies the following for Lorain County: total population, 309,461; Gender: 49.3% male, 50.7% female; Median Age: 42.1 years; approximately 22.3% of Lorain County residents are minority (including significant African American (9.2%) and Hispanic (primarily Puerto-Rican 10.4%). Of the population 5 years and older, 7.8% primarily speak language other than English at home. 5.2% of these reported that they did not speak English “very well”. The median property value is \$156,900 and the home ownership rate is 71.8%. The rental vacancy rate in Lorain County peaked in 2007 at 9.36%. Since then it has fallen by 0.57% to 8.79%. The median monthly gross residential rent in Lorain County OH was \$750 in 2019.

Most people in Lorain county commute alone to work with an average commute time of 24 minutes. Eight percent (8%) of Lorain County adults reported the following transportation issues: could not afford gas (31%), no car (25%), limited public transportation available or accessible (23%), disabled (19%), did not feel safe to drive (17%), suspended/no driver’s license (17%), no public transportation available or accessible (15%), no car insurance (15%), and other car issues/expenses (65%).

Of those 25 years and older, 9th – 12th grade, no diploma (7.8%). 34.2% of people 25 years and over had at least graduated from high school and 21.7% hold a bachelor’s degree or higher. 14.1% of Lorain County’s population is 65 years of age and older.

Our primary industries are Manufacturing (23,743) people, Health Care and Social Assistance (20,832 people) and Retail Trade (19,003 people). In August, 2020, Lorain County’s unemployment rate was 9.9% which was higher than Ohio’s for the same period (8.9%). Males in Ohio have an average income that is 1.34 times higher than the average income of females, which is \$48,520. The median household income is \$58,613 which is below the state average (\$58,642) and less than U.S. averages (\$68,703).

In 2018, 10% of Lorain County adults were without health care coverage. Those most likely to be uninsured were adults under the age of 30 (26%). Those most likely to be uninsured were adults under age 30 (21%) and those with an income level under \$25,000 (17%). Uninsured rates are higher in our urban cities (13%). In 2018, almost half (49%) of the Lorain County adults rated their health status as excellent or very good. Conversely, 11% of adults described their health as fair or poor, increasing to 16% of those over the age of 65. (Lorain County 2018 Health Assessment).

According to the Center for Disease Control, Ohio is in the top four states of deaths due drug overdoses in 2018.

According to the Lorain County Sheriff's annual report for 2019:

- Commitments increased .2% from 8,236 in 2018 to in 8,256 in 2019
- Male Bookings increased 2% from 6,218 in 2018 to 6,323 in 2019
- Female Bookings decreased 4% from 2,018 in 2018 to 1,933 in 2019

In 2019, the Lorain County juvenile court 455 referrals were reviewed and processed and 142 habitual truancy complaints were filed.

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 Board is a mandated member of the Lorain County Children and Families Council (CFC). CFC has adopted a dispute resolution plan that has been shared with all members. Included in the plan is the notice that the Board will be brought into the dispute resolution process should there be a need specific to mental health and/or substance use disorders. There have not been any children involved with the Board that have had disputes elevated through the Children and Families Council. In Lorain County, the Integrated Services Partnership (ISP) pools funds inclusive of Juvenile Court, MHARS Board, the Board of Developmental Disabilities and Lorain County Children Services to create individualized treatment options for multi-system youth. While there have not been any disputes recently, the ISP recognizes that gaps in resources available for treatment for youth with co-occurring Mental Health/Substance Use Disorder symptoms, youth with co-occurring Mental Health/Developmental Disability symptoms (including Autism), youth who are of transitional age, youth in foster care who require Intensive Home-Based Treatment.

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.

Providers from two agencies that serve adults have a regular presence at the State Regional Psychiatric Hospitals and are there on a weekly basis. There is a monthly meeting with providers, MHARS staff and the forensic liaison at Northcoast Behavioral Healthcare to discuss patient needs and discharge planning. This group developed a coordinated care plan that focuses on transitioning the patients into the community. The Board's Community Services Director also maintains regular contact with and receives updates from identified staff members at each adult agency. There is a continued need for improved coordination of care between the regional

psychiatric hospitals and community mental health centers for some cases with preference to have planned discharges with immediate entry into services and housing (if applicable). The Board has recently been included in OhioMHAS' pilot initiative – Open Beds – to assist with warm handoff coordination for this population.

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

Priorities	Goals	Strategies	Measurement
Programs and Services	Promote and maintain high quality, cost effective and accessible behavioral health programs and Services that are responsive to the diverse needs of all clients and residents of Lorain County, Ohio.	<ol style="list-style-type: none"> 1. Ensure that behavioral health programs/services priorities and initiatives are consistent with state and local planning needs. 2. Address access barriers to behavioral healthcare in Lorain County. 3. Identify, prioritize and provide support for evidence-based practice standards for system programs and services. 4. Partner with stakeholders to improve Lorain County's Crisis continuum to provide appropriate and timely responses to crises. 5. Partner with stakeholders to improve Lorain County's housing capacity (recovery, supportive, transition) utilization and effectiveness. 6. Improve partnerships to integrate and/or coordinate behavioral healthcare with other systems. 7. Increase system capacity for prevention services. 	<p>Measurement indicator: Waiting List reports; Baseline data:# of calls to non crisis and crisis lines; Target: Increase in calls to non crisis and crisis lines</p> <p>Measurement indicator: Map of EBP's Baseline data# of EBP's delivered to fidelity Target: Increase EBP capacity.</p>
Financial	Ensure financial viability of MHARS through efficient and responsible financial management and to maximize the financial growth and stability of the organization and system of care.	<ol style="list-style-type: none"> 1. Coordinate financing strategies for program outcomes. 	<p>Measurement indicator: Funding and Outcome reports Baseline data: Current outcome reports Target: Increase in funding aligned with outcomes</p>
Performance Improvement	Create a system-wide model of performance improvement/information technology that employs data informed decision-making regarding system performance, effectiveness of client outcomes, accountability and oversight.	<ol style="list-style-type: none"> 1. Utilize MHARS Board Performance Improvement Plan to improve the quality of care and quality of life measurements for individuals and families. 	<p>Measurement indicator: utilize Data Dashboards Baseline data: provider audits and outcome reports, funding allocations Target: Increase in client outcomes .</p>
Human Resources/Workforce Development	Attract new talent for mental health and addiction services with emphasis to address the current diversity gap.	<ol style="list-style-type: none"> 1. Identify workforce needs and gaps 2. Promote and develop Peer Support services to enhance the MAHRS Board system of care. 	<p>Measurement indicator: # of network staff hired and turnover Baseline data: current workforce map reflective of clients served</p>

			Target: Increase in staff retention
Public Relations/Branding	Ensure that Community Members know that services exist, how to connect them and that services are planned, funded and monitored by a knowledgeable authority.	Increase knowledge and access within groups identified as having low engagement in mental health and addiction resources, or groups with acute risk based on an immediate event or occurrence (postvention).	Measurement indicator: Partnerships with workplaces, and other stakeholders regarding behavioral health services and supports Baseline data: # of clients calling non crisis and crisis services Target: Increase in referrals for non crisis and crisis services

5. 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?)

Integrated Services Partnership (ISP) -- a collaboration formed between Board, Lorain County Developmental Disabilities Children Services, and Lorain County Domestic Relations Court – Juvenile Division. All entities sign a MOU and pool funds to support various multi-system youth programs. The largest of these programs is the Children’s Continuum of Care Committee (4C). This committee makes treatment recommendations regarding youth who have exhausted community based care within Lorain County. The ISP funds and authorizes decisions regarding out of home placements into residential or foster home settings. The Board serves as the fiscal agent for the ISP. The total annual FY21 budget was \$1,634,356. The following programs are a part of the ISP:

- Children’s Continuum of Care Committee (4C)—as referenced above, a committee of representatives meets the 2nd and 4th Wednesday of each month to make recommendations regarding placement of children in residential settings and to monitor treatment. In FY19, eleven (11) children were in residential programs and four (4) were in therapeutic foster homes.
- Family Stability Committee—manages a pooled wraparound fund that agencies of the ISP systems mentioned above can request on behalf of children and families to make it possible for them to meet their goals.
- Mentoring Program—a program that employs mentors to work with children, typically ages 12 to 17 to expose them to prosocial recreational activities, increase use of appropriate social skills, and provide opportunities for children to have supervised times apart from their caregivers. The mentoring program offers a “Parent Mentoring” program to parents of children involved in the mentoring program. The goal of the parent mentor program is to support the parent in those life functioning domains that impact their ability to effectively parent. (i.e., budgeting, meal planning, organizing the home, creating a daily schedule, support in the linkage to appropriate MH/SUD services, etc.)
- Behavioral Health/Juvenile Justice – This grant allows juvenile justice involved youth with a co-occurring MH/SUD diagnosis access to Integrated Co-Occurring Treatment (ICT). ICT is an intensive home and community based behavioral health model that integrates mental health and substance use treatment, at a frequency of 3-5 contact hours per week. The goal of the grant is to reduce unnecessary out of home placement and to reduce deeper system involvement.
- Juvenile Offender Project Evaluation- Pooled funds provide access to comprehensive psychological evaluation and assessment services, which includes extensive collateral record review and collateral interviews. Comprehensive psychological evaluations are used to assist the court, children’s continuum of care committee, treatment providers and parents in making placement, treatment, service delivery and care coordination decisions.

Suicide Prevention Coalition—a coalition formed in 2009 to increase awareness and knowledge of risk factors associated with suicides and resources available in the community for those at risk. The coalition currently consists of survivors, health department nurses, school personnel, hospital staff, LOSS team volunteers, provider staff and MHARS staff. The Community is welcome to participate. Additionally, there are other community representatives who are involved in 3 subcommittees: one focusing on decreasing youth suicides, one focusing on Zero Suicide, and one focusing on decreasing elderly suicides.

As a result of the Coalition, collaboration with the Ohio Suicide Prevention Foundation and the Board, the following have occurred:

- Youth Led Initiative (You Belong) -- “You Belong” was developed to reduce social isolation, a risk factor for youth suicide, by catalyzing school staff and students to improve the school climate. Each of the nine middle schools awarded the Board mini grant developed a team and assessed the degree to which current students felt safe from threats and protected by their fellow peers with a ten question survey. Following review of the survey results, each team implemented a range of activities aimed at reducing social alienation.
- Local Outreach to Suicide Survivors (LOSS) Team—volunteers consisting of survivors, mental health professionals, faith-based community and other social service agencies have been trained to respond to survivors of those dying by suicide as a form of postvention. The Board funded a LOSS coordinator position, and the LOSS team has had success in their work with Lorain County law enforcement.
- The Coalition participated in the Ohio Suicide Prevention Foundation’s Strengthening Ohio’s Suicide Prevention Coalition’s Initiative and recently completed a Community Readiness Assessment. This measured our community’s readiness in five areas: community knowledge of the issue, community knowledge of efforts, community climate, leadership and resources. The result of this assessment will be further reviewed and specific strategic to build community readiness will be developed.

Lorain County Opioid Action Team

The Lorain County Opioid Action Team (LCOAT) team began initially when Lorain County received the status pursuant to Senate Bill 57 in 2012 – to allow first responders to carry and use Nasal Naloxone. (The team was initially called Project DAWN (Deaths Avoided with Naloxone)). Through the early stages of the Community Health Improvement Plan development in 2012 – this action team coordinated efforts to support the CHIP goal: reduced deaths due to overdose. In 2017, the state legislated the crating of the county hub program to combat opioid addiction and in 2018 the Board became part of Ohio’s Learning Community- Community Collective Impact Model for Change bringing together the Strategic Prevention Framework, Collective Impact, Tool for Health & Resilience in Vulnerable Environments (THRIVE) and Adverse Community Experiences and Resilience Framework (ACE-R) as tools. The Deloitte Center for Government Insights has identified that we can fight the opioid crisis using an ecosystem approach to this “wicked problem”. Both the hub language and the CCIM4C provided guidance to focus the action team to prioritize two key goals: to reduce death due to overdose and increase access to treatment and recovery supports. The Objectives supporting these goals include: reducing the supply for opioids, reducing the demand for opioids, overdose prevention, increasing access to treatment with emphasis on increasing Medication Assisted Treatment and increasing access to recovery supports including recovery housing and peer supports. A significant goal was developed to increase and promote economic opportunities among people in recovery by addressing stigma for those in recovery as they enter or reenter the workforce, create trauma informed employers and increase economic opportunities by securing partnerships to develop stable employment. The task force uses data to drive strategic interventions. A community engagement workgroup connects with community partners to provide education regarding safe medication storage and disposal (which includes the provision of medication safe bags and disposal pouches). A faith leader roundtable has been implemented to assist local faith congregations to address the issue “when addiction comes to church”. With assistance from Lorain County Public Health, LCOAT is currently undergoing a revision to their governance structure which will add specific workgroups that include: Joint Information Center, Data Unit, Planning Section (which includes a Data Unit), Operations Section consisting of: Response Branch, Treatment and Recovery Branch, Family Support Branch, Illegal Supply Branch, Prevention, Education and Information Branch, Prescription Opioids Branch, Harm Reduction Branch, Also, LCPH is leading an implementation initiative to bring ODMAPS into Lorain County for first responders to utilize which will provide real-time data for overdoses.

First Response Partnerships and Overdose Prevention - through a four-year First Response – Comprehensive Addiction and Recovery Act Cooperative Agreement (FR-CARA), the board has created Quick Response Teams with local police/sheriff and clinicians. These teams are currently active in Avon, Avon Lake, Elyria, Lorain Police Departments and the Lorain County Sheriff's office. A treatment clinician is paired up with each of these teams and weekly they visit the homes of overdose survivors with the goal of engaging them into treatment, supporting family members and overdose prevention (Naloxone/Narcan kits). Data from the Quick Response teams reports that in 2020, 182 attempts to individuals were contacted by a QRT. The clinicians on the teams provide follow-up for up to 30 days following the initial visit.

Through a partnership with Lorain County Public Health, this grant supports LCPH to train and disseminate Naloxone to first responders, service entities and community members.

Another component of this project is safe medication storage and disposal. Through grant, we have secured med-safe bags for residents to safely secure their medications. Intended recipients for med safes include those who: have been prescribed any controlled substances, medical marijuana or any medication with the potential for abuse, lives with someone who has a substance use disorder, has many different people coming into their home, have children or teens in the home, receive Medication Assisted Treatment and need to protect these from those at risk for access. Since the project's inception in 2018, 3,068 medication safes have been distributed in Lorain County and 98% of individuals respond that this prompts them to securely store medications that are prone to misuse. Additionally we have received a generous donation of medication disposal pouches which we make available to residents. Since the project's inception in 2018, 6,000 medication disposal pouches have been provided to Lorain county's residents. We have a partnership with the 11 local Discount Drug Mart Pharmacies and the Lorain Public Library System entities who also distribute these to members. Each product is equipped with a mailer that we collect data and over 89% of respondents indicate that these products have assisted them in increased knowledge of the importance of safe medication practices (storage and disposal). Data can be found on: <https://mharslc.org/data>

Trainings and Screenings

- **Ongoing Trainings** are currently being reviewed to assess the feasibility of virtual provision due to COVID-19 including : Applied Suicide Intervention Skills Training (ASIST) training; Mental Health First Aid (MHFA), Signs of Suicide (SOS), Question Persuade Refer (QPR)

Criminal Justice— Several initiatives have continued since the prior reports, including the following:

- **Specialized Dockets** – MHARS continues to participate on the county's specialized dockets which include: Lorain County Veteran's Treatment Court, Lorain County Recovery Court, Lorain County Juvenile Drug Court, Lorain County Family Drug Court, Lorain County Juvenile Mental Health Court, Adult Mental Health (Wellness Court), Elyria Municipal Recovery Court and Lorain Municipal Recovery Court.
- **Reentry Coalition and Citizens Circle**— The Reentry Coalition's vehicle to connect with returning citizens upon release from incarceration is through its monthly Citizen Circle meetings where representatives from county-based service providers, governmental agencies, and faith based organizations inform and connect participants to services and programs within the community that can assist them with successful reentry. The Board's Director of Program Services, Forensic Monitor and Special Projects Coordinator remain active participants in the Citizens Circle meetings. A Re-entry coordinator from the Nord Center provides in reach

- assessments to offenders while in prison and helps them develop a formal reentry plan to help them address their needs upon release and to connect them with needed services and supports.
- **The County Jail** - has a special pod unit for persons with SPMI. At the request of the jail staff, the Nord staff person assists with CPST activities for individuals diagnosed with a severe and persistent mental illness. Activities are focused on connecting persons with SPMI to services when released (e.g., mental health treatment, housing) and, at times, provides gap services. Nord's Crisis Stabilization Unit (CSU) may be used for individuals with SPMI at release for further stabilization if warranted. There is a contract detailing the services to be provided that is signed annually. The Lorain County Jail provides resources for linkages upon release for Medication Assisted Treatment for individuals with opioid use disorder. The jail has allowed Peer Supporters to engage with inmates and does not track this engagement against their regularly limited visits. The jail's in-house case manager eases the connection for inmates to behavioral health providers pre-release. Through a grant from Lorain County Public Health, Naloxone education and kits are offered at intake and are given to inmates upon release.
 - **Detention Home consultation, informal training and risk assessment**-- Applewood Centers, Inc. provides this service within the Detention Home at minimum three times per week.
 - **Crisis Intervention Team (CIT)**—CIT is currently in review how to provide this during COVID-19
 - **Quick Response Teams** – Police departments and clinical staff participate on QRT to visit overdose survivors. Engagement includes assistance to access treatment and recovery supports, Naloxone Kits and family support connections.
 - **Police Assisted Programs** – Let's Get Real works with local police departments when individuals walk in who are ready to access treatment for substance use disorders.

NE Regional Public-Private Behavioral Health BH Work Group—The Board participates in the work group and a Board representative is a member of the **Peer Support** in Public and Private Sectors workgroup.

NE Collaborative - the Board participates with representative of the Northeast boards (Ashtabula, Cuyahoga, Geauga, Lake, and Summit) regarding withdrawal management and crisis improvements and has recently joined OhioMHAS' OpenBeds pilot for individuals discharged from Nothcoast Behavioral Health.

Collaboration with Lorain County Community College (LCCC) and other colleges—

The Board offers stipends to selected students who spend at least half of their internship time in either community-based services or crisis. All interns from the agencies were welcome to participate in quarterly meetings addressing a variety of issues pertaining to the Network.

LCCC also offers The Addiction Counselor Short-Term Technical Certificate which has been designed to meet the needs of those persons who wish to help prevent substance abuse, counsel individuals and families with drug and alcohol problems, and perform intervention and therapeutic services for person suffering from addiction. The courses include instruction in individual and group counseling skills, psychology of addiction, sociology, substance abuse identification methodologies, substance abuse treatment modalities, substance abuse prevention and treatment resources, pharmacology and behavioral aspects of abused substances, treatment evaluation, group dynamics, professional standards and ethics, and applicable law and regulations. A specialized practicum experience in the field of substance abuse is a part of this program. The courses in this program meet the education requirements of the state of Ohio for certification as a chemical dependency counselor assistant and may also be applied towards the associate of applied science in human services degree.

The Board also offers opportunities for internships both at the Board and within the network of providers. Workforce is a component of the Board's strategic plan with the following identified: address staff turnover, enhance collaborations with high schools, universities to engage students for behavioral health interest, advocate for recognition by state credential/licensure for US citizens who locate to Ohio, enhance the use of endowment funding to increase workforce.

Housing/Homelessness

- The Board is contracting with Firelands to provide consultation to staff at the local shelters and at a day social service program where the residents of one of the shelters spend a majority of their time during the day.
- The Board is an active participant on the Housing Task Force and Continuum of Care for the Balance of state meetings.
- The Board monitors compliance with the requirements of the SAMHSA PATH grant and provides the local match funds that include additional funding to support housing needs.
- The Board monitors compliance with the requirements of the S+C program that is managed by New Sunrise Properties and also provides local match funds.
- The Board provides funding to the Nord Center for a Housing Assistance Program which can be accessed by other Network providers.
- The Board has been an active partner and is providing gap funding for the 62 unit apartment complex that should be ready for occupancy by Summer, 2021 assuming ideal conditions.
- The Board aligns its Recovery Housing operational allocation with providers pursuant to Ohio's Quality Housing Criteria and offers technical assistance to local providers.
- The State Opioid Response funding has allowed expansion of Peer Supporters to outreach to homeless individuals who are also intravenous drug users.
- The State Opioid Response funding has expanded Recovery Housing to individuals on all forms of Medication Assisted Treatment and also for women with children.

Drug Free Communities Coalition – since 2003, Communities That Care of Lorain County (CTC) has been Lorain County's Drug Free Communities Coalition of which MHARS is fiscal agent. This included initial support from Ohio Department of Alcohol and Drug Addiction Services, a ten year grant from the Office of National Drug Control Policy – Drug Free Communities and Support and two 4-year grants from the Substance Abuse and Mental Health Services Administration – Sober Truth on Preventing Underage Drinking. CTC activates a coalition of diverse stakeholders in the community and trains coalition members to collaborate and cooperate in selecting and implementing tested and effective prevention policies and programs in the community. The CTC system is expected to improve the community's prevention service system by increasing the adoption of a science-based approach to prevention and the use of tested and effective programs. These changes in the prevention service system are expected to reduce risks and strengthen protective factors among the community's youth and, in turn, to change youth behaviors. Coalitions in CTC communities are trained to assess levels of community risks using epidemiological data. Based on the assessment of the community-specific profile of risk, CTC communities are encouraged to target two to five elevated risk factors in the community using evidence-based policies and programs. The Board continues to serve as fiscal agent of this coalition that convenes a variety of partners working together and addressing youth and young adult's risky behaviors that may attribute to alcohol, tobacco, marijuana, and prescription drug use, community norms, depression and anxiety, suicide, health eating, physical activity

Livebinder- Family Toolkit---In Spring, 2020, MHARS staff, school based clinicians and prevention providers from our network build a family toolkit (<https://mharslc.org/familytoolkit>) which is a free,

online resource for families with downloadable resources to help families with children of all ages stay emotionally well into the new school year.

Inpatient Hospital Management and Transition Planning

6. 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)
 - b. Who will be responsible for this?

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

Adults--Since 2005 LCBMH has had a contract with Mercy Hospital, the largest local inpatient facility in the county. This collaboration has resulted in more consumers being admitted locally with closer proximity to families and significant others, reduced wait to get admitted to NBH, and reduced transportation costs, although a number of clients with Medicaid are probated to NBH. Firelands and the Nord Center have identified staff to be present at Mercy Hospital each week day.

Firelands works with homeless clients being discharged from local hospitals that are not already connected to outpatient services and also provides engagement services with clients that do not have a provider while in the hospital.

Staff members from the Board, the two local hospitals, and Nord Emergency Services met monthly to discuss issues pertaining to high utilizers of crisis/intensive services to develop a plan for treating them and addressing barriers. When relevant, DD and ADAS and MH providers are invited to attend the meetings.

As was previously indicated in Question 2 above, Board and Nord staff are actively involved in treatment planning with NBH staff.

Children and Youth—LCBMH has continued since FY08 to fund a youth crisis liaison position, previously provided by Beech Brook, but has been provided by Applewood Centers, Inc. since FY 17. The responsibilities of this position include consultation with ESS staff for any youth client who is assessed, outreach to parents of youth clients that are not hospitalized within 24 hours, and participation in discharge planning for youth who are assessed and in need of a hospitalization but are not connected with local mental health supports. The result of this collaboration has been a more seamless transition to post hospital care for Lorain County youth who are hospitalized.

Additionally, because the liaison service can connect clients with needed services on a timely basis, the number of hospitalizations of youth has been dramatically reduced. Currently, 9% to 11% of the youth assessed by ESS are hospitalized, marking a significant reduction from the number of hospitalizations that had occurred before this program was created. The Board also has a contract with one private inpatient facility to pay for indigent patients for a maximum of 5 days.

Continuum of Care Service Inventory

7. 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

8. 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 Mental Health, Addiction and Recovery Services Board of Lorain County

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Ensure that persons who are intravenous/injection drug users receive treatment and access to harm reduction	Board contract language to ensure providers' compliance with Block Grant mandate Outreach to persons who are IVDU for harm reduction and treatment engagement	Reports of IVDU' access beyond minimum timeframe % of IVDU persons accessing harm reduction clinic	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Ensure that women who are pregnant and have a substance use disorder receive treatment	Partnership with OB/GYN providers for screening and referral Co-occurring treatment (SUD) and pregnant women	# of Pregnant women accessing treatment	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Ensure that parents with substance use disorder who have dependent children receive treatment	Assessment and referral staff onsite at Lorain County Children Services Continue Family Drug court (FDC) Peer Supports for families engaged with child welfare	# of parents screened, assessed and referred to treatment # of participants accepted and graduated from FDC # of individuals connected to peer supporters	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Ensure that medical services for individuals with tuberculosis and other communicable diseases receive proper medical care	Continue to offer medical screening and referral services upon assessment	# of individuals referred to medical services for tuberculosis and other communicable diseases	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Increase the number of children with SED with demonstrated benefits from treatment.	Continue to offer incentive to IHBT staff to address workforce issues. Continue funding IHBT using alternative model based up demonstrated thresholds of	# of IHBT staff receiving the incentive retained in the system % of children receiving IHBT discharged have clinically reliable changes in the desired direction.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		<p>changes in outcomes on the Ohio Scales.</p> <p>CWRU providing consultation and training for all IHBT clinicians to ensure outcomes completed in a consistent and reliable manner.</p> <p>Funded transportation assistance for non-Medicaid clients needing assistance to clinical appointments</p> <p>Funded youth serving agencies an option to use Blessing House for a short-term emergency respite for youth under age 12 in place of hospitalization or to step down from a hospitalization.</p> <p>Funded youth serving agencies the option to use local licensed respite foster homes for short-term respite</p> <p>Funded internship stipends to Masters level students providing community based or crisis services as part of their internships and sponsored quarterly internship meetings.</p>	<p># of youth completing IHBT</p> <p># of clients transported through Board assistance.</p> <p># of trips funded by Board</p> <p># of youth referred to Blessing House by Network agencies</p> <p># of youth referred to respite services by Network agencies</p> <p># of interns hired by Network agencies</p>	
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Increase the number of Adults with SMI with demonstrated benefits from treatment	<p>Collaborate with CCOE to have a team that meets ACT Fidelity</p> <p>Provide incentive-based funding related to the completion of CPST</p>	Fidelity review scores of at least 3 on DACT.	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

		<p>outcomes for initial and subsequent administration comparisons. Majority of incentive is to be used for staff retention initiatives.</p> <p>Continue meetings with local hospital/crisis services to plan for high utilizers of crisis and emergency services.</p> <p>Funded transportation assistance for Non-Medicaid clients needing assistance to clinical appointments.</p> <p>Network providers to offer evidence-based and best practices (e.g., DBT, CBT, MI)</p> <p>Funded internship stipends to Masters level students providing community based or crisis services as part of their internships and sponsored quarterly internship meetings.</p>	<p>Increase # of consumers completing CPST outcomes (matched comparisons).</p> <p>Quarterly reporting of number of crisis service contacts for clients discussed.</p> <p># of clients transported through Board assistance. # of trips funded by the Board.</p> <p># therapists trained and implementing # clients receiving the EBP</p> <p># of interns hired by Network agencies.</p>	
<p>MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>	<p>Expand options for housing of those with Mental Illness and work to ensure that clients have resources and supports that match their clinical needs and preferences.</p>	<p>MHARS (with the support of OhioMHAS) is working to support a 62-unit PSH project in Elyria, Ohio.</p> <p>MHARS funds housing retention specialists and housing support staff to assist clients in maintaining their homes.</p>	<p># of clients housed</p> <p># of clients working with HRS and HSS evicted from their apartments related to the condition of the</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>

		S+C grant was transferred to MHARS as applicant with NSP as provider PATH grant to Neighborhood Alliance with MHARS as applicant Actively participate in the COC and Coordinated Entry	apartment or # related to behaviors involving social conflicts # of clients housed through grant. # of unites funded through grant # of clients served # of clients housed	
MH-Treatment: Older Adults	Increase access to care for clients with Medicare and improve collaboration with primary care to increase education and screening for depression in older adults. Increase knowledge about behavioral health needs and decrease the number of suicides by elderly	Collaborations to decrease isolation and increase education about signs of behavioral health problems	# of suicides by those 65+	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

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

Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Continue to work toward development of a receiving center that will accept and manage anyone in a psychiatric crisis, including those brought to the center by Law enforcement. Reduce the number of persons with mental illness who keep revolving in and out of the correctional system Ensure linkage for persons with substance uses disorder receive	Training program for Peer support specialists to expand capacity Continue offering CIT OhioMHAS reentry grant and funding from MHARS to coordinate re-entry to prisons. Fund an agency staff member to work at the jail part time and provide CPST outreach for persons with SMI	# trained #of clients seen, #of clients hospitalized, #of clients jailed #trained # of individuals identified # of individuals served # of individuals who received housing assistance, transportation, life skills assistance	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

	<p>treatment (including Medication Assisted Treatment) and recovery supports while in and discharged from the jails and prisons</p>	<p>Fund Risk Assessments in the Juvenile Detention Center</p> <p>Support Consultant for the Mental Health Court (“Wellness Court”)</p> <p>Fund Consultant for the Juvenile Mental Health Court</p> <p>Assist with the implementation of the AOT Court</p> <p>Participate in Citizens Circle, Reentry Coalition, and Stepping Up initiatives</p> <p>Coordinated programing for MAT induction, treatment and recovery supports</p> <p>Fund Opioid Case Managers</p> <p>Continued partnership with specialty docket courts (Mental Health Court (Adult and Juvenile), Juvenile Drug Court, Veterans Treatment Court, Recovery Court, Municipal Misdemeanant Courts (Lorain, Elyria)</p> <p>Continue Quick Response teams with local police departments and clinical teams</p>	<p>#of clients in reached</p> <p>#of clients who recidivate</p> <p># of jail days saved</p> <p># of assessments completed</p> <p># of individuals access peer supporters</p> <p>Continuation to support the specialized courts</p> <p># of individuals receiving MAT in jail</p> <p># of individuals who connect to treatment upon release</p>	
--	---	--	--	--

		Continue Peer Supports to work with Police Assisted Programs		
Integration of behavioral health and primary care services	Facilitate persons with behavioral health issues accessing quality primary care services and developing healthy lifestyles Engage three medical systems and FQHC in Zero suicide academy.	Gathering Hope House health initiatives included encouraging members to stop smoking, increase physical activity and lost weight, including the involvement of LCCC student nurses Buprenorphine induction in emergency rooms and direct handoff to outpatient opioid treatment Fund Opioid Case Managers Continue to fund Peer Supporters to continue Warm Handoff and within other medical systems Expand tele-medicine opportunities Engage medical partners to utilize Screening Brief Intervention and Referral to Treatment	# members increasing physical activity as demonstrated on pedometer used while at the center. # members stopping or reducing tobacco use # pounds lost by members with this goal # of individuals receiving treatment including MAT # of individuals connected to treatment through Warm Handoff	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Improve the quality of life for persons with SMI, SUD.	Peer specialists responding to Warmline Continue funding GHH to operate consumer operated services	# calls answered by warm line staff. Daily average # of members participating in day programming	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		<p>Continued funding of Peer Supporters at Let's Get Real</p> <p>Fund Supported Employment program at Network Provider</p> <p>Service Expansion for Sustainable Living Wage opportunities</p> <p>BWC Substance Use Recovery and Workplace Safety program</p> <p>Toolbox for workplace wellness</p> <p>Board funded Housing Assistance Program temporary subsidy</p> <p>Increase capacity for all levels of Recovery Housing under Quality Housing Criteria; increase capacity of ORH certified providers</p> <p>Treatment programs address individual's recovery capital opportunities (individual, family, community)</p> <p>Continue to expand the opportunities for individuals to share their recovery journey Increase recovery support opportunities for teens and young adults</p>	<p># clients enrolled</p> <p># clients actively working</p> <p># of employers receiving Recovery and Workplace Safety training</p> <p># of workplaces utilizing wellness materials</p> <p># clients receiving funds</p> <p># clients permanently housed</p> <p># of clients in recovery housing – Level 1, 2 and 3</p> <p># of individuals participating in prosocial activities</p> <p># of persons in recovery involved in advocacy efforts (board, providers)</p> <p># of recovery stories</p> <p># of ORH certified providers</p>	
--	--	---	---	--

<p>Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)</p>	<p>Have the Network provide culturally appropriate services in an environment that reflects diversity in services providers and Boards of Directors for the system</p> <p>Integrate CLAS (Culturally and Linguistic Appropriate Standards) within policy and contract language</p> <p>Utilize ROSC assessment to develop priorities to address gaps and strengthen opportunities</p>	<p>Provide LGBTQ supervision and ethics trainings</p> <p>Provide diversity training focused on cultural competency in mental health settings and substance use disorder</p> <p>Health Fair developed by members from various health and civic organizations to increase outreach and mental health education designed for African American and minority communities</p> <p>Funded Spanish interpretation services for the county through El Centro</p> <p>Bilingual (i.e., Spanish) staff incentive</p> <p>Offering professionally led support groups</p> <p>Expand Navigator investment to include SUD</p>	<p># of attendees</p> <p># of attendees</p> <p># of attendees</p> <p># of clients utilizing interpretation services and % of clients and agencies satisfied with the services</p> <p># of staff eligible for incentive</p> <p># support groups for LGBT community</p> <p># of calls to Navigator Line</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
<p>Prevention and/or decrease of opiate overdoses and/or deaths</p>	<p>Continue to implement strategies to reduce overdoses and overdose deaths</p>	<p>Partner with Lorain County Public Health for Naloxone training and education</p> <p>Ensure service providers integrate overdose prevention through service continuum</p>	<p># of individuals and first responders trained and receiving Naloxone Kits</p> <p># of Naloxone doses used</p> <p>Detail of location for Naloxone and result of use</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe)</p>

		<p>Continue to partner on Harm Reduction clinic (i.e. Syringe Exchange program) implementation</p> <p>Continue to educate and disseminate medication safes and medication disposal pouches, information on 24/7 drug drop boxes and take-back days</p> <p>Create education plan regarding options for pain management and provide support</p> <p>Work with partners including faith communities to educate and support individuals and families who struggle with opioid issues.</p> <p>Increase data sharing opportunities for real time data regarding Naloxone, Overdose and Overdose Death (with first responders, medical and other partners) for community outreach, engagement and overdose prevention</p> <p>Continue partnership with Overdose Death Review Committee</p> <p>Continued education on adolescent brain development and its link to addiction</p> <p>Expand capacity for Medication Assisted Treatment</p> <p>Create and implement Stigma Education plan</p>	<p># of medication safes and pouches distributed</p> <p># of pills at take-back day</p> <p># of individuals with opioid use disorder who receive treatment and recovery supports (including Medication Assisted Treatment)</p> <p># of family members who engage in family supports</p> <p># of accidental overdose deaths</p> <p># of parents receiving information and education about adolescent brain development</p> <p># of individuals receiving information and education about stigma</p>	
--	--	--	--	--

		Determine feasibility of integrating with LOSS team to coordinate supportive services for survivors of overdose Continue Warm Handoff, Quick Response Teams and Police Assisted Programs in Lorain County		
Promote Trauma Informed Care approach	Continue to provide access to local Trauma Informed Care trainings to agencies and system partners.	Organize, fund and support network agency attendance at local Trauma Informed Care trainings. Continued monthly consultation calls with Dr. Barbara Boat for Network clinicians treating adults utilizing Cognitive Processing Therapy EMDR training and consultation for clinicians across the network agencies Continue to work with partners regarding Trauma Informed Care Determine feasibility of bringing in Handle with Care	# of network agency staff attendees # clinicians trained # clients treated using the model # of network agency clinicians trained # of partner entities trained	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Enhance prevention, early awareness and intervention efforts	Fund mentoring services Facilitate MHFA and MHFA-Y trainings	# of youth receiving mentoring services	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		<p>Ensure consultation, education and prevention programs remain available in schools</p> <p>Expansion of the youth-led prevention activities through mini grants to support initiatives aimed at reducing isolation (a risk factor for youth suicide) within the schools.</p> <p>Continue to invest in evidence based, age appropriate prevention programs, practices and policies</p> <p>Continue to collaborate across systems (schools, courts, health, etc.) to ensure a whole health focus for children and adolescents</p> <p>Coordinate Young Adult mentoring with non-traditional partners</p> <p>Expand prevention for Transitional Age Youth</p>	<p># trainings held # participants trained</p> <p># schools receiving CEP services # school districts</p> <p>Pre- and post-assessments of school culture after implementation of the student led initiatives for each school</p> <p># schools receiving prevention services</p> <p>Details of EBP Prevention models used</p> <p># of partnerships identified focused on Whole Health programs, practices and policies</p> <p># of teens and young adults participating in prosocial activities</p>	
<p>Prevention: Increase access to evidence-based prevention</p>	<p>Use data to prioritize investment in evidence-based, age appropriate prevention programs, practices and policies</p>	<p>Sponsored training of clinicians to be PAX partners so that they would be equipped to assist first-grade teachers in the implementation of PAX</p> <p>Align PAX tools with parents whose children receive PAX in schools</p>	<p># of students benefitting from PAX # of parents receiving PAX tools</p> <p># of students receiving evidence-based prevention</p> <p># of community-based prevention initiatives</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>

		<p>Increase capacity for K-12 evidence-based prevention</p> <p>Ensure Strategic Prevention Framework guides prevention, program, practices and policy development for community base prevention</p>		
Prevention: Suicide prevention	Decrease the number of Lorain County residents who die by suicide	<p>Encourage through marketing involvement of community in Suicide Prevention Coalition</p> <p>Continue Youth Led Initiative aimed at reducing social alienation, a risk factor associated with youth suicide.</p> <p>Provide MHFA, ASIST, QPR, SOS, and Working Minds trainings for the community</p> <p>Develop a volunteer buddy system for at risk seniors with limited social supports</p> <p>Increase awareness of behavioral health illnesses and resources</p> <p>Provide funding to support a LOSS team coordinator to work with police departments to coordinate supportive services for survivors of suicide</p>	<p># active participants in the Coalition and subcommittees (e.g., Elderly Suicide Coalition, Zero Suicide Coalition)</p> <p>Comparison of survey results of school culture with regard to social isolation before the project began and after at the end of the school year</p> <p># of community members trained</p> <p># of volunteers matched with an at-risk senior</p> <p># of screenings completed online and at community events</p> <p># of survivors receiving support and information about resources available to them</p> <p># of survivors reporting connection to services during follow up calls.</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Coordinate Lorain County's Problem Gambling plan for prevention and screening	Partner with prevention agency for a comprehensive problem gambling prevention approach	# of partners receiving education and information about problem gambling # of persons screened for problem gambling	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
---	---	---	--	--

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
Not applicable		

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
Not applicable			

SIGNATURE PAGE

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

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.

Mental Health, Addiction and Recovery Services Board of Lorain County

ADAMHS Board Name (Please print or type)

Glenn Shroyer 10-16-2020
ADAMHS Board Executive Director Date

Nepi M. Mize 10/16/2020
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.)].

SFY 2020-2021 CONTINUUM OF CARE: CROSSWALK FROM ESSENTIAL SERVICE CATEGORIES TO INDIVIDUAL SERVICES

† ORC 340.033 Required Opiate Services

ESSENTIAL SERVICE CATEGORIES	TREATMENT FOCUS	SERVICE LOCATION	MEDICAID & NON-MEDICAID PAYABLE SERVICES	SERVICE CHOICE INDICATED BY A PROVIDER NAME & ADDRESS IN THIS COLUMN	BOARD CONTRACT (Y/N)
† Ambulatory Detox	Opiate Treatment	Must be in Board area Unless Waived per ORC 5119.221	[Choose At Least 1 of 2 Service]		
			SUD Withdrawal Management with Extended On Site Monitoring, RN and LPN Services (ASAM LOC 2 WM)	The LCADA Way 2115 Westpark Dr Lorain, 44053	Y
			SUD Withdrawal Management with Extended On Site Monitoring, 23 hour observation per diem (ASAM LOC 2 WM)		
† Sub-Acute Detox	Opiate Treatment	May be in another Board area	[Choose 1 of 1 Service]		
			SUD Clinically Managed Residential Withdrawal Management (ASAM Level 3.2-WM)	Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053	Y
			SUD Clinically Managed Residential Withdrawal Management (ASAM Level 3.2-WM)	Stella Maris 1320 Washington Ave Cleveland, 44124	Y
			[Outpatient Services for Persons Treated for Opiate SUDs] BH Evaluation & Management (E/M) BH Electrocardiogram, with at least 12 leads SUD RN Services SUD LPN Services BH Psychiatric Diagnostic Evaluation (w/o or w medical) SUD Urine Drug Screening Medication Administered by Medical Personnel (J-Codes) Laboratory Services Vaccine Administration Code Vaccine CPT BH Psychotherapy BH Family Psychotherapy BH Multiple-Family Group Psychotherapy. BH Group Psychotherapy BH Screening, Brief Intervention, Referral to Treatment (SBIRT) SUD Assessment Psychological Testing Developmental Testing Neurobehavioral Status Exam Neuropsychological Testing BH Counseling and Therapy, individual SUD group counseling SUD Intensive Outpatient Program (IOP) and SUD Partial Hospitalization (PH) Group Counseling SUD Case Management		
† Non-Intensive Outpatient Service	Opiate Treatment	Must be in Board area	Essential Service Category fulfilled by a Provider within the Board area that has the ability to provide any of the above Outpatient services (within the constraints specified in the <i>Provider Requirements & Reimbursement Manual</i> for each of the individual services) the following treatment levels: [Choose At Least 1 of 2 Services]		
			Adult (age 18 years and older) up to 9 contact hours/week	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			Adult (age 18 years and older) up to 9 contact hours/week	Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y
			Adult (age 18 years and older) up to 9 contact hours/week	Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053	Y
			Adolescent (age 13 through 17) up to 6 contact hours/week	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			Adolescent (age 13 through 17) up to 6 contact hours/week	Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y
† Intensive Outpatient Service]	Opiate Treatment	Must be in Board area	Essential Service Category fulfilled by a Provider within the Board area that has the ability to provide any of the above Outpatient services (within the constraints specified in the <i>Provider Requirements & Reimbursement Manual</i> for each of the individual services) the following treatment levels: [Choose At Least 1 of 4 Services]		
			SUD IOP		
			Adult (age 18 years and older) 9 or more contact hours/week with a minimum of contact 3 days/week	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			Adult (age 18 years and older) 9 or more contact hours/week with a minimum of contact 3 days/week	Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y
			Adolescent (age 13 through 17) 6 or more contact hours/week with a minimum of contact 3 days/week	The LCADA Way	Y
			and/or		
			SUD Partial Hospitalization:		
			Adult (age 18 years and older) 20 or more contact hours/week with a minimum of contact 3 days/week	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			Adult (age 18 years and older) 20 or more contact hours/week with a minimum of contact 3 days/week	Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y
			Adult (age 18 years and older) 20 or more contact hours/week with a minimum of contact 3 days/week	Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053	Y
Adolescent (age 13 through 17) 20 or more contact hours/week with a minimum of contact 3 days/week					
† Medication assisted treatment (MAT)	Opiate Treatment	Must be in Board area Unless Waived per ORC 5119.221	[Choose At Least 1 of 3 Services]		
			Buprenorphine, Buprenorphine/Naloxone administration	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			Buprenorphine, Buprenorphine/Naloxone administration	Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y
			Buprenorphine, Buprenorphine/Naloxone administration	Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053	Y
			Buprenorphine, Buprenorphine/Naloxone administration	Elyria Treatment Services 174 Midway Blvd, Elyria, OH 44035	N
			Buprenorphine, Buprenorphine/Naloxone administration	Fortaleza Lorain 41641 N. Ridge Road Elyria, OH 44035	N
			Injection, naltrexone (Vivitrol)	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			Injection, naltrexone (Vivitrol)	Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y
			Injection, naltrexone (Vivitrol)	Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053	Y
			Methadone administration	MedMark Amherst 530 N. Leavitt Rd, Amherst, OH 44001	N
			Methadone administration	Elyria Treatment Services 174 Midway Blvd, Elyria, OH 44035	N
			† Peer Mentoring	Opiate Treatment	Must be in Board area
SUD Peer Recovery Support (Peer Certification required)	Let's Get Real, Inc. 1939 Oberlin Avenue Lorain 44052	Y			
SUD Peer Recovery Support (No Peer Certification required) [Non-Medicaid Payable Service]					
† Residential Treatment	Opiate Treatment	May be in another Board area	[Choose At Least 1 of 6 Service]		
			Level 4 Recovery Housing		
			SUD Clinically Managed Low-Intensity Residential Treatment-Halfway House (ASAM LOC 3.1)	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			SUD Clinically Managed Low-Intensity Residential Treatment-Halfway House (ASAM LOC 3.1)	Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053	Y

			SUD Clinically Managed Low-Intensity Residential Treatment-Halfway House (ASAM LOC 3.1)	New Directions 30800 Chagrin Blvd Cleveland 44124	Y
			SUD Clinically Managed Population-Specific High Intensity Residential Treatment (ASAM LOC 3.3)	The LCADA Way, 2115 Westpark Dr. Lorain 44053	Y
			SUD Clinically Managed Population-Specific High Intensity Residential Treatment (ASAM LOC 3.3)	Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053	Y
			SUD Clinically Managed Population-Specific High Intensity Residential Treatment (ASAM LOC 3.3)	New Directions 30800 Chagrin Blvd Cleveland 44124	Y
			SUD Medically Monitored Intensive IP Treatment [Adults] & Medically Monitored High-Intensity IP Services [Adolescent] (ASAM LOCs 3.7)		
			SUD Clinically Managed High Intensity Residential Treatment (ASAM LOC 3.5-WM)	The LCADA Way, 2115 Westpark Dr. Lorain 44053	Y
			SUD Clinically Managed High Intensity Residential Treatment (ASAM LOC 3.5-WM)	Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053	Y
			SUD Clinically Managed High Intensity Residential Treatment (ASAM LOC 3.5-WM)	New Directions 30800 Chagrin Blvd Cleveland 44124	Y
			SUD Medically Monitored Inpatient Withdrawal Management (ASAM LOC 3.7-WM)		
Recovery Housing	Opiate Treatment	Must be in area Board	[Choose At Least 1 of 4 Service]		
			Level 1 Recovery Housing		
			Level 2 Recovery Housing	Road to Hope House, 158 Irondale St, Elyria, OH 44035	Y
			Level 2 Recovery Housing	Primary Purpose Center 3222 N. Ridge Road, Elyria 44035	N
			Level 3 Recovery Housing (IOP Required)	Road to Hope House, 158 Irondale St, Elyria, OH 44035	Y
			Level 3 Recovery Housing (IOP Required)	Primary Purpose Center 3222 N. Ridge Road, Elyria 44035	N
			Level 3 Recovery Housing (IOP Required)	Alpha house 14868 St. Rt. 58 Oberlin 44074	N
			Level 3 Recovery Housing (IOP Not Required)	Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053	Y
			Level 3 Recovery Housing (IOP Not Required)	Road to Hope House, 158 Irondale St, Elyria, OH 44035	Y
			Level 3 Recovery Housing (IOP Not Required)	Primary Purpose Center 3222 N. Ridge Road, Elyria 44035	N
12 Step Approaches	Opiate Treatment	Must be in area Board	[Choose 1 of 1 Service]		
			Existence of 12 Step Programs in Board Area	Yes	

BOARD: MHARS Board of Lorain County

ORC 340.032 Mid-Biennial Review (MBR) [Sub.S.B. No. 319, December 2016]

ESSENTIAL SERVICE CATEGORIES	TREATMENT FOCUS	SERVICE LOCATION	MEDICAID & NON-MEDICAID PAYABLE SERVICES	SERVICE CHOICE INDICATED BY A PROVIDER NAME & ADDRESS IN THIS COLUMN	BOARD CONTRACT (Y/N)
Prevention & Wellness Management	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 1 of 6 Services]		
			SUD Alternatives	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			SUD Alternatives	UMADAOP, 2314 Kelly Place, Lorain 44052	Y
			SUD Alternatives	Big Brothers Big Sisters 1917 N Ridge Road, Lorain 44055	Y
			SUD Community Based Process	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			SUD Community Based Process	Communities That Care, 4950 Oberlin Avenue Lorain, 44053	Y
			SUD Education	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			SUD Education	UMADAOP, 2314 Kelly Place, Lorain 44052	Y
			SUD Environmental	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			SUD Environmental	Communities That Care, 4950 Oberlin Avenue Lorain, 44053	Y
			SUD Information Dissemination	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			SUD Information Dissemination	UMADAOP, 2314 Kelly Place, Lorain 44052	Y
			SUD Problem Identification and Referral	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			SUD Problem Identification and Referral	UMADAOP, 2314 Kelly Place, Lorain 44052	Y
			[Choose At Least 1 of 6 Services]		
			MH Alternatives		
			MH Education	Applewood Centers, 3518 W. 25th St., Cleveland, OH 44109	Y
			MH Education	Beech Brook, 3737 Lander Rd, Cleveland, OH 44124	Y
			MH Education	Bellefaiere JCB, 22001 Fairmount Blvd, Shaker Hts, OH 44118	Y
			MH Education	Firelands Counseling & Recovery Services, 6150 Park Square Dr., Lorain, OH 44053	Y
			MH Education	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y
			MH Education	OhioGuidestone, 202 East Bagley Rd., Berea, OH 44017	Y
			MH Environmental		
			MH Information Dissemination	OhioGuidestone, 202 East Bagley Rd., Berea, OH 44017	Y
			MH Information Dissemination	Applewood Centers, 3518 W. 25th St., Cleveland, OH 44109	Y
			MH Information Dissemination	Beech Brook, 3737 Lander Rd, Cleveland, OH 44124	Y
			MH Information Dissemination	Bellefaiere JCB, 22001 Fairmount Blvd, Shaker Hts, OH 44118	Y
			MH Information Dissemination	Firelands Counseling & Recovery Services, 6150 Park Square Dr., Lorain, OH 44053	Y
			MH Information Dissemination	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y
			MH Information Dissemination	Applewood Centers, 3518 W. 25th St., Cleveland, OH 44109	Y
			MH Problem Identification and Referral	Beech Brook, 3737 Lander Rd., Cleveland, OH 44124	Y
			MH Problem Identification and Referral	Bellefaiere JCB, 22001 Fairmount Blvd., Shaker Hts, OH 44118	Y
			MH Problem Identification and Referral	Firelands Counseling & Recovery Services, 6150 Park Square Dr., Lorain, OH 44053	Y
MH Problem Identification and Referral	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y			
MH Problem Identification and Referral	OhioGuidestone, 202 East Bagley Rd., Berea, OH 44017	Y			
Locate & Inform Persons	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 1 of 1 Service]		
Needing Services			BH Referral and Information	Bellefaiere JCB, 22001 Fairmount Blvd., Shaker Hts, OH 44118	Y
			BH Referral and Information	Firelands Counseling & Recovery Services, 6150 Park Square Dr., Lorain, OH 44053	Y
			BH Referral and Information	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y
			BH Referral and Information	El Centro de Servicios Sociales, 2800 Pearl Ave, Lorain, OH 44055	Y
			BH Referral and Information	Ohio Guidestone, 202 East Bagley Rd., Berea, OH 44017	Y
			BH Referral and Information	Let's Get Real, Inc. 1939 Oberlin Ave Lorain, 44052	Y
	BH Referral and Information				
Recovery Supports, including helping persons in AOD and/or MH services necessary to:	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose 1 of 1 Service]		
			SUD Case management	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			SUD Case management	Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y
			[Choose At Least 2 of 2 Service]		
			MH Community Psychiatric Supportive Treatment (CPST)	Applewood Centers, 3518 W. 25th St., Cleveland, OH 44109	Y
MH Community Psychiatric Supportive Treatment (CPST)	Beech Brook, 3737 Lander Rd., Cleveland, OH 44124	Y			

approaches, parent advocacy connection, etc.; + obtain support, assistance, consultation & education for families, friends & & MH services & supports;			MH Community Psychiatric Supportive Treatment (CPST)	Bellefaire JCB, 22001 Fairmount Blvd., Shaker Hts, OH 44118	Y		
			MH Community Psychiatric Supportive Treatment (CPST)	Far West Center 29133 Health Campus Dr, Westlake, OH 44145	Y		
			MH Community Psychiatric Supportive Treatment (CPST)	Firelands Counseling & Recovery Services, 6150 Park Square Dr., Lorain, OH 44053	Y		
			MH Community Psychiatric Supportive Treatment (CPST)	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y		
			MH Community Psychiatric Supportive Treatment (CPST)	OhioGuidestone, 202 East Bagley Rd., Berea, OH 44017	Y		
+ participate in peer supports;	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 1 of 3 Services]				
			MH Peer Recovery Support (Peer Certification required) [Specialized Recovery Services (SRS 1915(i)) Only]				
			BH Peer Recovery Support (No Peer Certification required) [Non-Medicaid Payable Service]	Gathering Hope House, 1173 N. Ridge Road, Suite 102, Lorain, OH 44055	Y		
+ obtain employment, vocation & educational opportunities;	MH & AOD Treatment Including Opiates	May be in another Board area	MH-Consumer Operated Service				
			[Choose At Least 1 of 2 Services]				
			SUD Peer Recovery Support (Peer Certification required) [Specialized Recovery Services (SRS 1915(i)) Only]				
+ obtain housing & support from a wide range of options;	MH & AOD Treatment Including Opiates	May be in another Board area	SUD Peer Recovery Support (No Peer Certification required) [Non-Medicaid Payable Service]	Let's Get Real, Inc. 1939 Oberlin Ave Lorain, 44052	Y		
			[Choose At Least 1 of 2 Services]				
			BH Individualized Placement and Support-Supported Employment (IPS-SE) [Specialized Recovery Services (SRS 1915(i)) Only]	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y		
Assessment Services	MH & Non-Opiate AOD Treatment	May be in another Board area	BH Employment/Vocational [Non-Medicaid Payable Service]				
			[Choose At Least 1 of 3 Services]				
			SUD Housing - Residential Care	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y		
			SUD Housing - Permanent				
			SUD Time Limited/Temporary				
Residential Services	MH & Non-Opiate AOD Treatment	May be in another Board area	[Choose At Least 1 of 3 Services]				
			MH Housing - Residential Care	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y		
			MH Housing - Permanent				
			MH Time Limited/Temporary				
			[Choose At Least 1 of 1 Services]				
			BH Psychiatric Diagnostic Evaluation (w/o or w medical)	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y		
			[Choose At Least 1 of 6 Services]				
			BH Screening, Brief Intervention, Referral to Treatment (SBIRT)	Ohio Guidestone, 202 East Bagley Rd., Berea, OH 44017	Y		
			SUD Assessment	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y		
			SUD Assessment	Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y		
SUD Assessment	Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053	Y					
Outpatient services, including:	+Non-Intensive;	MH & Treatment	May be in another Board area	Psychological Testing			
				Developmental Testing			
				Neurobehavioral Status Exam			
				Neuropsychological Testing			
				[Choose At Least 1 of 3 Services]			
				SUD Clinically Managed Low-Intensity Residential Treatment-Halfway House (ASAM LOC 3.1)	The LCADA Way 2115 Westpark Dr Lorain, 44053	Y	
				SUD Clinically Managed Low-Intensity Residential Treatment-Halfway House (ASAM LOC 3.1)	Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053	Y	
				SUD Clinically Managed Population-Specific High Intensity Residential Treatment (ASAM LOC 3.3)	The LCADA Way 2115 Westpark Dr Lorain, 44053	Y	
				SUD Clinically Managed Population-Specific High Intensity Residential Treatment (ASAM LOC 3.3)	Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053	Y	
				SUD Medically Monitored Intensive IP Treatment [Adults] & Medically Monitored High-Intensity IP Services [Adolescent] (ASAM LOCs 3.7)			
[Choose At Least 1 of 1 Services]							
MH Housing - Residential Treatment Room & Board: Type 1 Licensed Facility	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y					
+Intensive Outpatient Services	MH & Treatment	May be in another Board area	[Choose At Least 2 of 8 Services]				
			BH Psychotherapy	Applewood Centers, 3518 W. 25th St., Cleveland, OH 44109	Y		
			BH Psychotherapy	Bellefaire JCB, 22001 Fairmount Blvd., Shaker Hts, OH 44118	Y		
			BH Psychotherapy	Far West Center 29133 Health Campus Dr, Westlake, OH 44145	Y		
			BH Psychotherapy	Firelands Counseling & Recovery Services, 6150 Park Square Dr., Lorain, OH 44053	Y		
			BH Psychotherapy	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y		
			BH Psychotherapy	OhioGuidestone, 202 East Bagley Rd., Berea, OH 44017	Y		
			BH Psychotherapy	Pathways 312 3rd St, Elyria, OH 44035	Y		
			BH Psychotherapy				
			BH Family Psychotherapy				
			BH Multiple-Family Group Psychotherapy.				
			BH Group Psychotherapy	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y		
			BH Counseling & Therapy, individual	Firelands Counseling & Recovery Services, 554 N. Leavitt Road, Amherst, OH 44001	Y		
			MH Therapeutic Behavioral Services (TBS)	Applewood Centers, 3518 W. 25th St., Cleveland, OH 44109	Y		
			MH Therapeutic Behavioral Services (TBS)	Bellefaire JCB, 22001 Fairmount Blvd., Shaker Hts, OH 44118	Y		
			MH Therapeutic Behavioral Services (TBS)	Far West Center 29133 Health Campus Dr, Westlake, OH 44145	Y		
			MH Therapeutic Behavioral Services (TBS)	Firelands Counseling & Recovery Services, 6150 Park Square Dr., Lorain, OH 44053	Y		
			MH Therapeutic Behavioral Services (TBS)	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y		
			MH Therapeutic Behavioral Services (TBS)	OhioGuidestone, 202 East Bagley Rd., Berea, OH 44017	Y		
			MH Therapeutic Behavioral Services (TBS)	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y		
			MH Psychosocial Rehabilitation (PSR)	OhioGuidestone, 202 East Bagley Rd., Berea, OH 44017	Y		
			MH Psychosocial Rehabilitation (PSR)	OhioGuidestone, 202 East Bagley Rd., Berea, OH 44017	Y		
			AOD Treatment, Non-Opiate	May be in another area Board	Essential Service Category fulfilled by a Provider within the Board area that has the ability to provide any of the above Outpatient services (within the constraints specified in the <i>Provider Requirements & Reimbursement Manual</i> for each of the individual services) the following treatment levels:		
					[Choose At Least 1 of 2 Services]		
					Adult (age 18 years and older) up to 9 contact hours/week	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
Adult (age 18 years and older) up to 9 contact hours/week	Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y					
Adolescent (age 13 through 17) up to 6 contact hours/week	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y					
Adolescent (age 13 through 17) up to 6 contact hours/week	Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y					
+Intensive Outpatient Services	MH & Non-Opiate AOD Treatment	May be in another Board area	[Choose At Least 1 if 1 Service]				
			BH Evaluation & Management (E/M)	Ohio Guidestone, 202 East Bagley Rd., Berea, OH 44017	Y		
			[Choose At Least 1 of 4 Services]				
+Intensive Outpatient Services	MH & Non-Opiate AOD Treatment	May be in another Board area	SUD IOP				
			Adult (age 18 years and older) 9 or more contact hours/week with a minimum of contact 3 days/week	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y		
			Adult (age 18 years and older) 9 or more contact hours/week with a minimum of contact 3 days/week	Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y		

			Adolescent (age 13 through 17) 6 or more contact hours/week with a minimum of contact 3 days/week	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			and/or SUD Partial Hospitalization:		
			Adult (age 18 years and older) 20 or more contact hours/week with a minimum of contact 3 days/week	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			Adult (age 18 years and older) 20 or more contact hours/week with a minimum of contact 3 days/week	Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y
			Adolescent (age 13 through 17) 20 or more contact hours/week with a minimum of contact 3 days/week	The LCADA Way	Y
			[Choose At Least 1 of 13 Services]		
			BH Electrocardiogram, with at least 12 leads		
			SUD RN Services		
			SUD LPN Services		
			MH LPN Nursing Services		
			MH RN Nursing Services		
			Urine Drug Screening	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			Urine Drug Screening	Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y
			Medication Administered by Medical Personnel (J-Codes)		
			Laboratory Services		
			Vaccine Administration Code		
			Vaccine CPT		
			MH Day Treatment	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y
			MH Assertive Community Treatment (ACT)	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y
			MH Intensive Home-based Therapy (IBHT)	Applewood Centers, 3518 W. 25th St., Cleveland, OH 44109	Y
			MH Intensive Home-based Therapy (IBHT)	Bellefairs JCB, 22001 Fairmount Blvd., Shaker Hts, OH 44118	Y
			MH Intensive Home-based Therapy (IBHT)	OhioGuidestone, 202 East Bagley Rd., Berea, OH 44017	Y
+Withdrawal Management;	Non-Opiate AOD Treatment	May be in another Board area	[Choose At Least 1 of 5 Services]		
			SUD Withdrawal Management with Extended On Site Monitoring, RN and LPN Services (ASAM LOC 2 WM)		
			SUD Withdrawal Management with Extended On Site Monitoring, 23 hour observation per diem (ASAM LOC 2 WM)		
			SUD Clinically Managed Residential Withdrawal Management (ASAM Level 3.2-WM)	Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053	Y
			SUD Clinically Managed Residential Withdrawal Management (ASAM Level 3.2-WM)	Stella Maris 1320 Washington Ave Cleveland, 44124	Y
			SUD Clinically Managed High Intensity Residential Treatment (ASAM LOC 3.5-WM)		
			SUD Medically Monitored Inpatient Withdrawal Management (ASAM LOC 3.7-WM)		
+Emergency & Crisis.	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 1 of 1 Services]		
			BH Psychotherapy For Crisis	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y
			[Choose At Least 1 of 4 Services]		
			BH Counseling & Therapy, individual (MH)	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y
			BH Counseling & Therapy, individual (SUD)	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			BH Counseling & Therapy, individual (SUD)	Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y
			MH Therapeutic Behavioral Services (TBS) (determined by rendering provider, not nursing)		
			MH Psychosocial Rehabilitation (PSR) (determined by rendering provider, not nursing)		
			BH Hotline	Firelands Counseling 6150 S. Park Drive Lorain, 44053	N
			BH Hotline	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y
Inpatient Care	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 2 of 2 Services]		
			SUD Acute Hospital Detoxification	St. Vincent Charity, 2351 E. 22nd St, Cleveland 44115	N
			MH Private Inpatient psychiatric	Mercy Hospital , 3600 Kobe Road, Lorain, OH 44053	Y