PLANNING & OVERSIGHT COMMITTEE
WEDNESDAY, SEPTEMBER 9, 2020
4:00 PM

ZOOM MEETING: Join Zoom Meeting via direct link:
https://adamhscc-org.zoom.us/j/83705135234?pwd=ZmRiSVJQUmNvYzIzBE10U29VdDJTQT09

Through the web at: https://zoom.us/join and enter Meeting ID: 837 0513 5234 and Passcode: 891745

Call: 1 929 205 6099 and enter Meeting ID: 837 0513 5234 and Passcode: 891745

Committee Mission Statement: The Planning & Oversight Committee, in cooperation with all partners, advocates for and monitors programs, policies and practices which are continually improved to meet the needs of clients, their families, and the community.

AGENDA

1. Call to Order – Kathleen Kern-Pilch, ATR-BC, LPC-S, Committee Chair

2. Board Member Attendance Roll Call – Linda Lamp

3. Approval of Minutes – July 8, 2020 – Kathleen Kern-Pilch

4. Presentation:
   - Community Support Network (CSN) Residential Services – Allison Schaefer
     - Sheila Johnson, Clinical Services Director, Northcoast Behavioral Healthcare CSN
     - Lauren Williams, Residential Director, Northcoast Behavioral Healthcare CSN

5. Residential Assistance Program (RAP) Mini-Grants for Property Updates – $200,000 – (Action Requested) – Allison Schaefer


10. Addiction Treatment Program (ATP) – $805,012.35 – (Action Requested) – Joseph Arnett

12. Crisis Flex Funding: Children’s Crisis and Residential Services – $604,674.05 – (Action Requested) – Erin DiVincenzo


14. Opportunities for Ohioans with Disabilities (OOD) Agency FFY2021 Case Services Contract – $2,385,964.53 – (Action Requested) – Myra Henderson


- Board Meeting Minutes
- Processing Requests for Public Records
- Public Comment
- Recruitment of Board Members
- Whistleblower Protection Policy

16. Strategic Plan for Behavioral Health Workforce Development – Tami Fischer / Jeff Johnson

17. New Business

18. Next Scheduled Meetings:

- Committee of the Whole Meeting, Wednesday, October 21, 2020
- Committee of the Whole Meeting, Wednesday, November 4, 2020
- Planning & Oversight Committee Meeting, Wednesday, January 13, 2021

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PLANNING & OVERSIGHT COMMITTEE
Kathleen Kern-Plich, ATR-BC, LPC-S, Committee Chair
Crystal L. Bryant, Esq., MS, LSW, Committee Vice Chair
Reginald C. Blue, Ph.D.; Gregory X. Boehm, M.D.; Elsie Caraballo;
J. Robert Fowler, Ph.D.; Patricia James-Stewart, M.Ed., LSW; Jena Olsen
ALCOHOL, DRUG ADDICTION & MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY

PLANNING & OVERSIGHT COMMITTEE MINUTES
JULY 8, 2020

Committee Members Present: Katie Kern-Pilch, ATR-BC, LPC-S, Committee Chair, Reginald C. Blue, Ph.D., Gregory X. Boehm, M.D., Erskine Cade, MBA, J. Robert Fowler, Ph.D., Rev. Benjamin F. Gohlstin, Sr., Patricia James-Stewart, M.Ed., LSW, Steve Kilpack, MS, Jena Olsen
Absent: Crystal Bryant, Esq., MS, LSW, Elsie Caraballo

Board Staff Present: Scott Osiecki, CEO, Joseph Arnett, Carole Ballard, Curtis Couch, Erin DiVincenzo, Tami Fischer, Cheryl Fratalonie, Felicia Harrison, Myra Henderson, Chardé Hollins, Leslie Koblentz, Linda Lamp, Kelli Perk, Beth Pfohl, Allison Schaefer, Starlette Sizemore-Rice, Larry Smith, Jr., Michaele Smith, Maggie Tolbert, Tom Williams, Beth Zietlow-DeJesus

1. Call to Order
Ms. Katie Kern-Pilch, Planning & Oversight Committee Chair, called the meeting to order at 4:02 p.m. Dr. Robert Fowler read into the record the Committee Mission Statement: “The Planning & Oversight Committee, in cooperation with all partners, advocates for and monitors programs, policies and practices which are continually improved to meet the needs of clients, their families, and the community.”

2. Board Member Attendance Roll Call
Due to the current public health orders surrounding COVID-19, and the Board’s commitment to ensuring the health and safety of our Board members, staff, partners, and stakeholders, the Planning & Oversight Committee meeting was held via a Zoom meeting. To assure a quorum, Ms. Linda Lamp, Executive Assistant, completed the Board member attendance roll call.

3. Approval of Minutes
The Planning & Oversight Committee minutes of June 10, 2020 were approved as submitted.

4. Presentations:

Crisis Stabilization Beds / Bluestone Child and Adolescent Psychiatric Hospital
Ms. Erin DeVincenzo, Children’s Behavioral Health Specialist, introduced Mr. Jeff Lox, Executive Director, Bellefaire Jewish Children’s Bureau (Bellefaire JCB). Mr. Lox shared that Bellefaire JCB is the largest of the child serving agencies in Cuyahoga County and serve approximately 30,000 children and families yearly across the entire continuum of behavioral health. Bellefaire JCB has been serving children and families for 150 years and a lot of attention goes to their residential programs. On any given day, approximately 100 children reside on the Bellefaire JCB campus, in addition to thousands of youth that are served in the community; many of which are served by programs supported by the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County. The stabilization critical care unit was started as Bellefaire JCB’s attempt to provide psychiatric hospitalization for children in need. Historically, children in places like Bellefaire JCB were incredibly difficult to place in a psychiatric hospital and with numerous community initiatives that had transpired, there still remained a shortage of child and adolescent hospital psychiatric beds available in the community.

Mr. Lox reported that until eight or nine years ago, there were only 12 child and adolescent hospital beds available at Rainbow Babies and Children’s Hospital, in addition to 12 beds at Cleveland Clinic in Fairview, which amounts to 24 crisis stabilization beds for youth in Cuyahoga County. Therefore, to help with the need for access to child and adolescent crisis beds, Bellefaire JCB developed a four bed crisis stabilization unit. He indicated that they took the old seclusion and restraint portion of their locked intensive treatment unit and converted this area of the building into four individual crisis beds suites. Today this program is licensed to house youth as young as 8 years of age to 18 years of age who are at the deepest levels of need and are often multiply diagnosed, in addition to having had unsuccessful treatment attempts in the community. Bellefaire JCB believes that youth should be treated in their residence and/or community as long as they can; however, when a crisis arises, they have four stabilization beds available.
Mr. Lox reported that the ADAMHS Board has generously funded the coed crisis stabilization beds at Bellefaire JCB for the last several years as part of the overall community crisis beds that are available for youth, and highlighted the importance that youth may not need these crisis beds; but many of them would qualify for hospitalization and often realize that a bed is not available for them. Also, there is another group of youth that present in the Emergency Room in a psychosocial crisis rather than a psychiatric crisis; whereby the youth needs some time out from the community in a residential setting, but they do not quite meet hospital criteria. When these youth present themselves at Bellefaire JCB, they complete a quick assessment by a team of licensed counselors and social workers, psychiatric nurses, teachers and a Psychiatrist, to create a plan for these youth to be successful in the community. Mr. Lox noted that a goal of Bellefaire JCB’ is to keep these youth out of the emergency departments. He reported that research has shown that the faster you connect youth and their families to mental health services in their community, they are less likely to end up back in the emergency department.

Mr. Lox reported that outcomes of this program for the last calendar year indicate that 93.8% of the youth that utilized these crisis beds were returned to their parent or guardian in less than 30 days, 87.5% demonstrated fewer risk behaviors, 93.8% demonstrated improved behavioral and emotional symptoms and 75% demonstrated improved life domain functioning.

Mr. Lox reported that the 4 coed crisis stabilization beds at Bellefaire JCB were one response to the shortage of hospital beds, however the two youth and adolescent psychiatric units exclude children with autism. As a result, given Bellefaire JCB’s growing experience over the last two decades through their Monarch School and programs for youth with autism, they decided to assist the community by developing the Bluestone Child and Adolescent Psychiatric Hospital on Bellefaire’s campus. He stated that Bluestone will be a separate, sister organization under the Wingspan umbrella, that will be licensed as a twelve bed psychiatric hospital and include children with autism.

Dr. Gregory Boehm inquired with Mr. Lox as to when Bellefaire JCB anticipates the commencement of the inpatient schedule for Bluestone Child and Adolescent Psychiatric Hospital. Mr. Lox reported that due to COVID-19, the opening of this facility has been delayed, however, they anticipate opening soon.

Committee Member Input:
- Dr. Robert Fowler congratulated Bellefaire JCB for the wonderful results from their Crisis Stabilization Beds program.
- Ms. Patricia James-Stewart expressed her appreciation for the comprehensive nature of the information provided by Mr. Lox.

**East Cleveland Prevention Program**

Ms. Chardé Hollins, Behavioral Health Prevention Specialist, introduced Mr. Jerome West, Executive Director of East Cleveland Neighborhood Center (ECNC). Mr. West indicated that as the new Executive Director of ECNC, he has seen the organization grow. He reported that ECNC prevention and education enrichment programs are designed to impact attitudes about alcohol, tobacco, and other drugs through the use of evidence-based curriculum and enrichment activities. The youth-centered activities are structured to inform, educate, develop skills, and alter at-risk behaviors by promoting resiliencies. Groups are either held at schools during the day or at ECNC after school or summer programming. Mr. West stated that ECNC has a new location on Shaw Campus at 1843 Standwood Road, East Cleveland, Ohio 44112. He reported that they transitioned out of the East Cleveland Public Library to Shaw Campus in 2020 to serve the youth; and during his brief yearlong tenure as Executive Director, they have strengthened their relationship with East Cleveland City Schools.

Mr. West reported on three community outreach efforts: 1) The Pass Program, 2) The Parent Café, and 3) The Children’s Defense Fund (CDF) Freedom Schools. He stated that the Pass Program addresses out-of-school suspension with alternative engagement and support, which gives students structure and involvement during this timeframe of their academics.

The second community outreach effort, the Virtual Parent Café allows sharing and learning among parents at a place that appreciates all they have to offer and need. Guided by a fellow parent who is trained as a Parent Host, small groups meet online and explore questions that really matter to them. Questions help parents learn about taking care of self, being a strong parent and building strong relationships with their children. At the Parent Café, every parent participates to gain confidence, recognize what they already know, and realize what supports they already have around them. They become clear about what their families’ challenges are and develop skills to solve family problems. At the same, they build trusting relationships, social support, and connections with other parents.
Mr. Osiecki, Chief Executive Officer, inquired with Mr. West regarding barriers with participation in the virtual Parent Café for individuals not having access to computer hardware. Mr. West responded that due to COVID-19, ECNC has had to become creative and innovative by moving their services online. They were also able to secure a grant that provided 35 students with tablets. Also, through collaborative efforts with the East Cleveland School District they have been able to provide internet service to those in need.

The third community outreach effort that Mr. West highlighted was the CDF Freedom Schools program, which has been serving scholars and families for six consecutive years. The CDF Freedom Schools program seeks to build strong, literate, and empowered children. By providing summer reading enrichment for children who might otherwise not have access to books, the CDF Freedom Schools program plays a much needed role in helping to curb summer learning loss to ensure a level playing field for all children. CDF Freedom Schools program boosts student motivation to read, generates more positive attitudes toward learning, increases self-esteem and connects the needs of children and families to the resources of their communities.

Mr. West reported that presently ECNC is serving 1000 youth annually and are hoping to expand services to include youth from Kindergarten through Third grade. He emphasized that they recognized that when prevention services commence at an early age, the outcomes are greater.

[Reginald C. Blue, Ph.D., entered the meeting.]

5. **SFY 2021-2022 Community Plan**

Mr. Osiecki explained that the ADAMHS Board is required by Ohio law to prepare and submit to the Ohio Department of Mental Health and Addiction Services (OhioMHAS) a Community Plan that describes the current conditions and issues in our region in addition to identified priorities for treatment and recovery support services and prevention services. OhioMHAS is particularly interested in an update or status of the following areas identified as priorities by Governor DeWine’s RecoveryOhio:

1. Access and capacity changes in mental health and addiction services for both adults, children/youth;
2. Health equity concerns for racial and ethnic minorities and people living in Appalachia or rural Ohio;
3. Distinctive challenges for multi-system youth, families involved in child welfare, and for criminal justice-involved Ohioans;
4. Prevention and/or decrease of opiate overdoses and/or deaths; and
5. Suicide prevention.

Mr. Osiecki walked committee members through the Board’s Community Plan draft and highlighted various areas addressed in the 41-page report along with the comprehensive charts identifying Board Local System Priorities, Priorities for ADAMHS Board of Cuyahoga County, Additional Priorities Consistent with Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Plan and Reported in Block Grant, and OhioMHAS Prevention Priorities. Mr. Osiecki highlighted collaborative efforts with various public and private partners regarding, but not limited to, the following initiatives:

1. Development of the County-wide Diversion Center;
2. Opioid Settlement Funding Collaborative Efforts;
3. Racism as a Public Health Crisis;
4. Five-year Strategic Plan;
5. Workforce Development;
6. City of Cleveland Settlement Agreement;
7. Police Peer Support;
8. Cleveland/Cuyahoga Office of Homeless Services (OHS);
9. Family and Children First Council; and

Board members were very impressed with the quantity and quality of information shared. Mr. Osiecki noted that the SFY 2021-2022 Community Plan is to be submitted to OhioMHAS by Tuesday, September 15, 2020.

**Motion to recommend approval of the ADAMHS Board of Cuyahoga County’s SFY 2021 and 2022 Community Plan submission to OhioMHAS to the full Board.** MOTION: R. Blue / SECOND: P. James Stewart / AYES: R. Blue, E. Cade, G. Boehm, R. Fowler, P. James-Stewart, K. Kern-Pilch, S. Kilipack, J. Olsen / NAYS: None / **Motion passed.**
6. **Crawford Recovery House Transfer**

Mr. Larry Smith, Jr., Director of Programs, reported that Crawford House is a 7 bed Recovery Housing facility for men located on the east side of Cleveland, Ohio. Crawford House provides a safe, healthy living environment that promotes abstinence from alcohol and other drugs. Residents benefit from Intensive Outpatient (IOP), Peer Support, relapse prevention, case management and employment skills training as individuals transition into living independently and productively in the community.

I’m In Transition (IIT) Recovery Housing Network is a faith-based Recovery network that provides a safe and healthy living environment for both men and women and promotes abstinence from alcohol and other drugs. All residents have been diagnosed with a substance use disorder and many have been dually diagnosed. I’m In Transition recovery housing program currently operates 5 Recovery residences on Cleveland’s east side, including a home for clients receiving Medication Assisted Treatment (MAT).

Mr. Smith, Jr., indicated that Mr. Jonathan Lee, Chief Executive Officer of Signature Health, Inc., informed the ADAMHS Board that they were interested in donating Crawford House to a qualified and interested Recovery Housing provider who would maintain the residence and continue to operate it as a Recovery Home. After some research, Mr. Lee decided to donate Crawford House to I’m In Transition to add to their network of Recovery Homes. I’m In Transition welcomed Signature Health, Inc.’s offer and agreed to take over Crawford House July 1, 2020.

Mr. and Mrs. Jason and Jennifer Calloway, Owners of I’m In Transition, were present on the Zoom meeting to answer any questions committee members had. Ms. Calloway reported that they appreciate and welcome the opportunity to add more beds to their continuum of care for individuals in need of Recovery Housing. She stated that the third floor will be utilized as a quarantine area for residents that test positive for COVID-19. This floor consists of a bedroom, community sitting area and full bath.

**Motion to approve the transfer of the ADAMHS contract for Crawford House from Signature Health, Inc. to I’m In Transition in the amount of $25,000 to the Finance & Operations Committee.** MOTION: G. Boehm / SECOND: R. Blue / AYES: R. Blue, E. Cade, G. Boehm, R. Fowler, B. Gohlstin, P. James-Stewart, K. Kern-Pilch, J. Olsen / NAYS: None / Motion passed.

7. **Community Action Against Addiction (CAAA) Recovery Housing for Men**

Mr. Smith, Jr., reported that Community Action Against Addiction (CAAA) is a provider agency of comprehensive, professional drug treatment services for persons addicted to opiates, who, without treatment, are in danger of continuing the use of illicit substances. These services include, but are not limited to, MAT for individuals with opioid dependence. He reported that Resolution No. 19-11-08 provided funding to CAAA for Recovery Housing for men; however, CAAA informed the ADAMHS Board that it is not financially feasible for them to continue operating the Recovery Housing for Men program and indicated that they were discontinuing this program. As a result of CAAA’s decision to close the Recovery Housing for Men program, the ADAMHS Board is amending their contract to reflect this change. This program was set up to be billed through the Great Office Solution Helper (GOSH) system. Presently, no invoices have been processed through GOSH for this program during Calendar Year (CY) 20.

**Motion to amend Community Action Against Addiction’s (CAAA) contract to reflect the discontinuance of Housing for Men and the reduction in the amount of $155,105 from their CY2020 contract that was allocated for Recovery Housing for Men to the Finance & Operations Committee.** MOTION: P. James-Stewart / SECOND: G. Boehm / AYES: R. Blue, E. Cade, G. Boehm, R. Fowler, B. Gohlstin, P. James-Stewart, K. Kern-Pilch, J. Olsen / NAYS: None / Motion passed.

8. **United States Department of Health and Human Services (US DHHS) Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) Jail Diversion Grant**

Ms. Carole Ballard, Director of Education and Training, reported that Crisis Intervention Team (CIT) officers lack a consistent diversion point for a warm handoff to behavioral health providers who can provide a secure environment that is less restrictive...
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than a hospital and/or jail. Service gaps include a need for immediate stabilization/pharmacological management, a comprehensive behavioral health assessment, and linkage to treatment within 48 hours of admission.

The CIT P.L.U.S. Jail Diversion Pilot Project provides referral/linkage and support services to persons in crisis who are diverted from jail by utilizing alternative resources such as the Crisis Stabilization Unit (CSU). Mental health staff as well as Peer Support staff from FrontLine Service work collaboratively with CIT Officers. This award represents the second year of a five-year project totaling nearly $1 million. During the first year of the program operations, referral mechanisms have been piloted and refined. Cleveland Division of Police (CDP) officers have received training and information regarding the project’s target population and the availability of the CSU. Referrals have begun to increase as officers recognize the CSU as a potential diversion point for clients with Serious Mental Illness (SMI). In this pilot project, direct services are delivered by FrontLine Service. The ADAMHS Board contracts with the Case Western Reserve University’s (CWRU) Begun Center for Violence Prevention, Research and Education for federally required evaluation and performance assessment services.

Committee Member Input:
- Ms. Kern-Pilch commended Ms. Beth Pfohl, Grants and Evaluation Officer, regarding her efforts to thoroughly review all grant opportunities for viability of Board involvement.

Motion to recommend approval to the Board of Directors to accept funds from the Substance Abuse and Mental Health Services Administration and to contract with FrontLine Service in the amount of $260,340 and Case Western Reserve University’s Begun Center in the amount of $66,000 for the second year of a five year project totaling nearly $1 million to the Finance & Operations Committee. MOTION: G. Boehm / SECOND: J. Olsen / AYES: R. Blue, E. Cade, G. Boehm, R. Fowler, B. Gohlstin, P. James-Stewart, K. Kern-Pilch, J. Olsen / NAYS: None / Motion passed.

9. State Opioid Response (SOR) Grants Additional Board Training Opportunities

Ms. Ballard reported that in late April, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) issued a Request for Application (RFA) to the County Behavioral Health Authorities that are currently participating in the State Opioid Response (SOR) grant. The RFA described specific SOR related projects to be carried out during the period between June 15 and September 28, 2020. The ADAMHS Board sought funding to facilitate behavioral health training in sustainable best practices in prevention, treatment and recovery supports for persons at risk of Opioid Use Disorder (OUD).

A series of online trainings will be offered to providers currently contracted by the ADAMHS Board to deliver services funded by SOR dollars. Topics include Cultural Competency; Compassion; Fatigue; Social Modeling of Recovery Housing with MAT; Opioid Treatment in the COVID-19 Era; Suicide Prevention Among OUD Clients; Minority Community Addiction: Tomorrow, Today and Yesterday (4 part series); Integrated Treatment; and Motivational Interviewing to Engage the Reluctant Client. Continuing Education Units (CEUs) will be offered.

To ensure audience participation and engagement, online training sessions will be limited to 30 participants from among these 15 providers. Sessions will vary from one to three hours, based on content. It is estimated that nine training sessions will take place, with the capacity to reach 270 (duplicated) participants. Funding will be used to reimburse trainers for their preparation and presentation time for these online events. (A detailed list of trainings is attached to the original minutes stored in the Executive Unit.)

Motion to recommend accepting the State Opioid Response funds from the Ohio Department of Mental Health and Addiction Services for the capacity building training in the amount of $15,290 to the Finance & Operations Committee. MOTION: R. Blue / SECOND: P. James-Stewart / AYES: R. Blue, E. Cade, G. Boehm, R. Fowler, B. Gohlstin, P. James-Stewart, K. Kern-Pilch, J. Olsen / NAYS: None / Motion passed.


Mr. Scott Osiecki, Chief Executive Officer, reported that OhioMHAS received a $2 million SAMHSA grant for Emergency COVID-19 funding to address mental health and substance use disorders during the COVID-19 pandemic. Each collaborative will receive $309,383 of this award from OhioMHAS. The Northeast Ohio (NEO) Collaborative includes Cuyahoga, Lorain, Lake, Geauga, Ashtabula and Summit Counties. The ADAMHS Board of Cuyahoga County is the fiscal agency for the NEO
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Collaborative. The ADAMHS Board of Cuyahoga County’s share of these funds is $51,563.83. OhioMHAS will distribute the SAMHS COVID-19 funding on a quarterly basis.

FrontLine Service will expand Cuyahoga County’s 24-Hour Suicide Prevention, Mental Health and Addiction Crisis/Information/Referral Hotline: 216-623-6888, by hiring a new staff member to assist in answering calls and screening individuals utilizing the Screening, Brief Intervention and Referral to Treatment (SBIRT) Tool to identify and direct individuals impacted by COVID-19 to the appropriate levels of care. If a therapeutic intervention is required, FrontLine Service will facilitate a warm-handoff for evidence-based treatment and/or recovery support services to assist with anxiety, depression and trauma caused by the COVID-19 crisis.

Mr. Osieck reported that specifics of the SAMHSA COVID-19 funding include:
- Can be used for either Serious Mental Illness (SMI), Seriously Emotionally Disturbed (SED), Substance Use Disorder (SUD) or both for adults and children.
- 70% of the individuals served must be either SMI, SED, SUD or both.
- 10% must be health care practitioners experiencing a non-SMI mental health disorder that requires care.
- 20% can be anyone with any diagnosis that is not SMI, SED or SUD, such as individuals who are experiencing job loss, grief, etc.

The ADAMHS Board of Cuyahoga County will implement a no cost social marketing and direct e-mail campaign aimed at healthcare workers at our behavioral health providers and the general public to assist with the stress or need services because of dealing with the impact of COVID-19, including job loss, dealing with change in delivering services and the overall stress of handling the increased stress exhibited by clients. As part of the grant requirement, FrontLine Service will provide Government Performance and Result Act (GPRA) data.

Ms. Susan Neth, Chief Executive Officer Director of FrontLine Service, was present on the Zoom meeting to answer any questions committee members had. She reported that these funds will cover the cost of the salary and benefits for this new position.

Motion to enter into a contract with FrontLine Service to expand Cuyahoga County’s 24-Hour Suicide Prevention, Mental Health and Addiction Crisis/Information/Referral Hotline: 216-623-6888, by hiring a new staff member to assist individuals experiencing mental health and substance use issues related to COVID-19 in the amount of $51,563.83 to the Finance & Operations Committee. MOTION: E. Cade / SECOND: G. Boehm / AYES: R. Blue, E. Cade, G. Boehm, R. Fowler, B. Gohlstin, P. James-Stewart, K. Kern-Pilch, J. Olsen / NAYS: None / Motion passed.

11. Adult Care Facility (AFC) Mini-Grants Update

Ms. Allison Schaefer, Adult Behavioral Health Specialist II (Residential) reported that during February 2020, the Board approved funding in the amount of $200,000 to provide mini-grants for property improvements, for contracting Class 2 Residential Facilities providing living arrangements for Residential Assistance Program (RAP) individuals. Applicants must meet all of the following conditions in order to be eligible for the award of funds:

1. Applicant/ACF must have a valid CY2020 contract with the ADAMHS Board.
2. ACF site must have a valid license to operate issued by OhioMHAS.
3. Applicant must have active insurance policy for the ACF.
4. Applicant must be in good standing with the ADAMHS Board and OhioMHAS.
5. Applicant must be the owner of the ACF site in order to qualify for repair items. Operators who are not owners are eligible to apply for bed frames and/or mattresses, bed linens, dressers and other approved items which directly address client needs.
6. Applicant must include photographs of any requested repair items with application.
7. Applicant agrees to cooperate with the ADAMHS Board and abide by the ADAMHS Board guidelines for use and monitoring of funds, including compliance with inspection requirements.
8. Submission of the application by the stated deadline is required in order to be considered for funding.

Ms. Schaefer cited examples of eligible use of funds including minor home repairs/updates, which included painting, drywall and carpet; client mattresses and/or bed frames; client bed linens; client dressers and appliances. She reported that ACF
operators were informed of the mini-grants during May and had a deadline of June 5, 2020 to apply. 48 applications were received out of 68 contracted residences; and over a three week timeframe, ADAMHS Board staff visited 46 of the 48 applicants to ensure the requested items were needed (one residence did not answer the door and one residence had positive COVID-19 cases and was waiting to be cleared by the Department of Health).

The next step in this process consists of a meeting with ADAMHS Board staff and Emerald Development and Economic Network, Inc. (EDEN, Inc.) staff to finalize the logistics regarding the requested repairs and/or purchase of various furniture items or appliances.

12. Substance Use Recovery and Workplace Safety Program (SURWSP) Update

Ms. Myra Henderson, Adult Behavioral Health Specialist II, reported that the SURWSP is a pilot program providing funding to local Alcohol, Drug Addiction and Mental Health Services (ADAMHS) boards. The Bureau of Workers’ Compensation (BWC) will provide funding to the ADAMHS Board of Cuyahoga County to assist local employers hire workers that are in recovery. The program is designed to develop and perpetuate a recovery friendly employment environment by ensuring the appropriate recruitment, hiring, management and retention of employees who are in recovery from substance use disorder. Eligible employers will receive reimbursement for drug testing of prospective or current employees in recovery, and training to better equip supervisors to manage employees in recovery. The ADAMHS Board of Cuyahoga County will receive funds from the Bureau of Workers’ Compensation, safety and Hygiene Fund to administer the program.

Ms. Henderson highlighted the following points regarding the system impact of the SURWSP:
1. Assist employers in retaining current employees who are in recovery, and helping employers hire and manage employees in recovery.
2. Lessen the impact of substance use disorders on Ohio’s workforce.
3. Help Ohio’s employers keep employees in recovery at work.
4. Promote a safe and healthy workforce.

Ms. Henderson indicated that the ADAMHS Board has provided the Bureau of Workers’ Compensation with a list of approximately 25 employers in Cuyahoga County to be contacted and educated around these services. Presently, three employers on the list of 25 employers have agreed to participate in the services; and overall, there is a total of 12 employers participating in the services in Cuyahoga County. Basically, what transpires is that the representative for BWC contacts employers on a daily basis; whether the employers are on the list provided by the ADAMHS Board or employers throughout Cuyahoga County. BWC is in the process of scheduling training for supervisors in management and once the employers have received the training, they can begin requesting reimbursement from the Board for any costs incurred. Each employer is required to submit copies of trainings, attendance and proof of drug testing within three months of the date of the training or drug testing. Additionally, BWC is allowing retroactive reimbursement from July 1, 2019.

Committee Member Input:
- Ms. Kern-Plich thanked Ms. Henderson for the comprehensive report and stated that staff should be commended for their efforts with implementing programs of this nature during these challenging times.

13. New Business

Ms. Tami Fischer, Chief Administrative Officer, provided an update regarding the Board’s strategic planning process. She reported that a two day Strategic Planning Summit will be held on Monday and Tuesday, August 24 & 25, 2020 via Zoom for all Board members and community partners who wish to participate. More information will be forthcoming as to whether these dates will consist of individuals participating in half day sessions or full day sessions. Also, RAMA Consulting, Inc., the consultant for the development of the Board’s Strategic Plan for CY 2021-2025, has requested that the leadership of the Board, which includes the Board Chair, Board Vice Chair and Board Second Vice Chair, participate in screening interviews. These interviews will be scheduled for approximately one hour in late July or early August.

Ms. Fischer reported that Board leadership will also be requested to participate with the ADAMHS Board’s Executive Team on Monday, September 21, 2020 via Zoom to work through some additional processes as a result of the two day Strategic Planning Summit.
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Ms. Kern-Pilch reported that the next Planning and Oversight Committee Meeting is scheduled for Wednesday, September 9, 2020.

There being no audience comment or further business, the meeting adjourned at 5:29 p.m.

Submitted by: Linda Lamp, Executive Assistant

Approved by: Kathleen Kern-Pilch, ATR-BC, LPC-S, Planning & Oversight Committee Chair
Agenda Process Sheet
Date: September 9, 2020

☐ Community Relations & Advocacy Committee  ☐ Faith-Based Outreach Committee
☐ Planning & Oversight Committee  ☐ Finance & Operations Committee
☐ Committee of the Whole  ☐ General Meeting

Topic: Amendment to Resolution 19-11-08 Emerald Development and Economic Network, Inc. (EDEN, Inc.) Residential Assistance Program (RAP) Mini-Grants for Property Updates

Contractual Parties: Emerald Development and Economic Network, Inc. (EDEN, Inc.)

Term: July 15, 2020 – December 31, 2020

Funding Source(s): ADAMHS Board of Cuyahoga County

Amount: $200,000 – Mini-Grants for Property Updates

☐ New Program  ■Continuing Program  ☐ Expanding Program  ☐ Other _____________

Service Description:

- The ADAMHS Board of Cuyahoga County utilizes its RAP funds to provide up to $1,100 per month per client to the operators of Class 2 Residential Facilities. The Board also provides $200 per RAP client for personal living expenses.
- The ADAMHS Board of Cuyahoga County has awarded “mini-grants” for upgrades to eligible Class 2 Residential Facilities (Adult Care Facilities/Group Homes) that have received “Peer Seal of Quality” to provide safe, decent and affordable housing for individuals living with mental illness and are eligible for RAP funds.
- The ADAMHS Board will contract with EDEN, Inc. to provide project management services for the mini-grants to provide quality and cost-efficient utilization of the $200,000 in mini-grant funds previously approved by the ADAMHS Board on February 26, 2020, Resolution Number 20-02-05.
- EDEN, Inc. will charge a flat 8% fee for its project management services.
- A list of the mini-grant recipients, scope of work for each recipient and probable costs are attached to this APS.

Background Information:

- RAP is intended to provide financial rental assistance for indigent / low income adult clients (18 and over) receiving Community Psychiatric Supportive Treatment (CPST) services from a contract agency of the ADAMHS Board so a client can live in a Class 2 Residential Facility in the community.
- RAP is targeted for adult clients that are discharge ready from an institutional environment such as a hospital, nursing home, jail, Residential Care Facility, Respite, or Crisis Stabilization Unit.
- The ADAMHS Board contracted with certified Peer Specialists and Peers to complete inspections and provide a recommendation of a “Peer Seal of Quality.”
- The ADAMHS Board has previously approved this $200,000 in mini-grant funds for property updates to ACF receiving RAP funds.
Number of Individuals to be served:
- Provide Adult Care Facilities (ACF) that have been approved for the mini-grants with home improvements on homes that provide temporary housing assistance to over 150 additional RAP clients living with mental illness.

Funding Use:
- To assist clients living with mental illness transition to a less restrictive setting in the community.
- To provide mini-grants for ACF operators to financially assist with needed property updates.
- To pay EDEN, Inc. to provide project management services for the mini-grant program for a flat fee of 8%.

Client & System Impact:
- Clients will have safe, decent and affordable housing while waiting to receive Residential State Supplement (RSS).

| Metrics (How will goals be measured) | • Continued monitoring of number of RAP clients served and number of clients obtaining RSS each month.  
| | • Continuation of Peer Seal of Quality homes. |
| Evaluation/Outcome Data (Actual results from program) | • The ADAMHS Board currently contracts with 68 Class 2 Residential Facilities (ACF’s) which have received the Peer Seal of Quality. There are 480 beds available total.  
| | • As of June 30, 2020 the ADAMHS Board was providing RAP funding for a total of 72 clients. |

Recommendation to Board of Directors from Board Staff and/or from Board Committee(s):
- To recommend approval of the Board of Directors of an additional allocation in the amount of up to $200,000 to EDEN, Inc. to provide project management for the mini-grants for property improvements for contracting Class 2 Residential Facilities providing living arrangements for RAP clients.
<table>
<thead>
<tr>
<th>Residential Facility</th>
<th>Address</th>
<th>Scope of Work</th>
<th>Resource</th>
<th>Probable Costs</th>
<th>Scheduled Delivery</th>
<th>Scheduled Installation</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Home</td>
<td>1116 E. Erie Road, Cleveland, Ohio 44113</td>
<td>1. Provide (1) mattress, box spring, and frame - full size</td>
<td>Butler Human Services</td>
<td>$450.00</td>
<td>10/30/2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Provide (5) standup freezers</td>
<td></td>
<td>$1,200.00</td>
<td>10/30/2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Provide (4) 4 drawer dressers</td>
<td></td>
<td>$500.00</td>
<td>10/30/2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Provide a box of alcohol pads</td>
<td></td>
<td>$800.00</td>
<td>10/30/2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Provide new (1) Tuco ENERGY STAR Refrigerator</td>
<td></td>
<td>$200.00</td>
<td>9/30/2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Task removed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Provided for maternity - full size</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Provide (1) Tuco ENERGY STAR refrigerator</td>
<td></td>
<td>$800.00</td>
<td>9/30/2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9. Repair broken seals in bathroom window</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10. Gas or electric dryer?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>11. Probable Costs</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>12. Size required?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>13. Location of repair?</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>14. Gas or electric dryer?</td>
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<td></td>
<td>15. Notes</td>
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<td>16. Size required?</td>
<td></td>
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<td></td>
<td></td>
<td>17. Task removed</td>
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<tr>
<td></td>
<td></td>
<td>18. Type of repair</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Winds of Hope Change</td>
<td>Cleveland, Ohio 44112</td>
<td></td>
<td></td>
<td>Wright Family Home</td>
<td>Cleveland, Ohio 44120</td>
<td></td>
<td></td>
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<tr>
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<td>-------------------------</td>
<td>-------------------------</td>
<td>-------------------------</td>
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<td>-------------------------</td>
</tr>
<tr>
<td>1. Provide (2) couches</td>
<td>Butler Human Services</td>
<td>$1,300.00</td>
<td>10/30/2020</td>
<td>1. Provide (2) couches</td>
<td>Butler Human Services</td>
<td>$1,300.00</td>
<td>10/30/2020</td>
</tr>
<tr>
<td>2. Provide living room chair</td>
<td>Butler Human Services</td>
<td>$500.00</td>
<td>10/30/2020</td>
<td>2. Provide living room chair</td>
<td>Butler Human Services</td>
<td>$500.00</td>
<td>10/30/2020</td>
</tr>
<tr>
<td>3. Provide two sets of all window treatments and holiday decorations</td>
<td>TBD</td>
<td>$50.00</td>
<td>10/30/2020</td>
<td>3. Provide two sets of all window treatments and holiday decorations</td>
<td>TBD</td>
<td>$50.00</td>
<td>10/30/2020</td>
</tr>
<tr>
<td>4. Paint window sill in bathroom</td>
<td>TBD</td>
<td>$25.00</td>
<td>10/30/2020</td>
<td>4. Paint window sill in bathroom</td>
<td>TBD</td>
<td>$25.00</td>
<td>10/30/2020</td>
</tr>
<tr>
<td>5. Provide new flooring in kitchen</td>
<td>TBD</td>
<td>$750.00</td>
<td>10/30/2020</td>
<td>5. Provide new flooring in kitchen</td>
<td>TBD</td>
<td>$750.00</td>
<td>10/30/2020</td>
</tr>
<tr>
<td>6. Paint outside and ceiling in all bedrooms and bathrooms</td>
<td>TBD</td>
<td>$500.00</td>
<td>10/30/2020</td>
<td>6. Paint outside and ceiling in all bedrooms and bathrooms</td>
<td>TBD</td>
<td>$500.00</td>
<td>10/30/2020</td>
</tr>
<tr>
<td>7. Provide (1) bed linen set - twin size</td>
<td>Walmart</td>
<td>$30.00</td>
<td>9/15 to 9/30/2020</td>
<td>7. Provide (1) bed linen set - twin size</td>
<td>Walmart</td>
<td>$30.00</td>
<td>9/15 to 9/30/2020</td>
</tr>
<tr>
<td>8. Provide (1) bed linen set - full size</td>
<td>Walmart</td>
<td>$30.00</td>
<td>9/15 to 9/30/2020</td>
<td>8. Provide (1) bed linen set - full size</td>
<td>Walmart</td>
<td>$30.00</td>
<td>9/15 to 9/30/2020</td>
</tr>
<tr>
<td><strong>Taxes</strong></td>
<td>$2,800.00</td>
<td></td>
<td></td>
<td><strong>Delivery Charges</strong></td>
<td>$3,000.00</td>
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<td></td>
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<tr>
<td><strong>Freight</strong></td>
<td>$3,000.00</td>
<td></td>
<td></td>
<td><strong>Total</strong></td>
<td>$125,525.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$125,525.00</td>
<td></td>
<td></td>
<td><strong>Contingency</strong></td>
<td>$20,000.00</td>
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<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$145,525.00</td>
<td></td>
<td></td>
<td><strong>CM Fee (8%)</strong></td>
<td>$11,642.00</td>
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<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>$157,167.00</td>
<td></td>
<td></td>
<td><strong>Good Total</strong></td>
<td>$167,535.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Agenda Process Sheet  
Date: September 9, 2020

☐ Community Relations & Advocacy Committee  ☐ Faith-Based Outreach Committee  
☐ Planning & Oversight Committee  ☐ Finance & Operations Committee  
☐ Committee of the Whole  ☐ General Meeting

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**Topic:** Adult Care Facility (ACF) COVID-19 Appreciation/Incentive

**Contractual Parties:** ADAMHS Board contracted Adult Care Facilities (Group Homes)

**Term:** October 1, 2020 – December 31, 2020

**Funding Source(s):** ADAMHS Board of Cuyahoga County

**Amount:** $31,000 ($1,000 per contracted ACF Operator)

☐ New Program  ☐ Continuing Program  ☐ Expanding Program  ☐ Other: ACF Appreciation/Incentive Program

**Service Description:**
- In 2020 the ADAMHS Board of Cuyahoga County contracted with a “preferred list” of Adult Care Facilities (ACFs) to provide safe, decent and affordable housing for individuals living with mental illness.
- The COVID-19 Appreciation/Incentive recognizes the outstanding dedication and perseverance demonstrated by the Adult Care Facility operators for the work done to ensure the health and safety of clients during the pandemic, including setting aside areas for quarantine if needed.
- There is a total of 31 operators managing 68 contracted ACFs.

**Background Information:**
- The Ohio Department of Mental Health and Addiction Services (OhioMHAS) is the licensing authority for ACFs and local boards have the monitoring responsibility for the provision of services to adult clients residing in ACFs.
- ACFs have been utilized with increased demand to provide beds for the client as a result of the mental health system’s licensed Residential Care Facilities (RCFs) beds, operated by contract agencies, being at capacity.
- The ADAMHS Board is invoiced monthly by ACFs, for each client residing in the facility, receiving Residential Assistance Program (RAP) funds.

**Number of Individuals to be Served:**
- Thirty-one ACF operators.

**Funding Use:**
- To recognize the hard work of the contracted ACF Operators during the pandemic by providing funding for their individual selfcare so that they may continue to provide safe housing for clients.

**Client & System Impact:**
- N/A
Program/Service Goals:
- N/A

<table>
<thead>
<tr>
<th><strong>Metrics</strong></th>
<th><strong>Evaluation/Outcome Data</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(How will goals be measured)</td>
<td>(Actual results from program)</td>
</tr>
<tr>
<td>- Number of ACF operators that receive the appreciation incentive.</td>
<td>- N/A</td>
</tr>
</tbody>
</table>

Recommendation to Board of Directors from Board Staff and/or from Board Committee(s):
- The approval of one-time Appreciation/Incentive for all operators of ADAMHS Board of Cuyahoga County contracted ACFs in the amount of $1,000 per contracted operator for a total of $31,000.
Agenda Process Sheet
Date: September 9, 2020

☐ Community Relations & Advocacy Committee  ☐ Faith-Based Outreach Committee
■ Planning & Oversight Committee  ☐ Finance & Operations Committee
☐ Committee of the Whole  ☐ General Meeting

Topic: Whole Child Matters (WCM) Early Childhood Mental Health

Contractual Parties:
- Bellefaire Jewish Children’s Bureau/Applewood (Wingspan)
- OhioGuidestone
- Positive Education Program (PEP)

Term: July 1, 2020 to June 30, 2021

Funding Source(s): OhioMHAS State Funding

Amount:
- $441,906.00 – SFY21 Allocation
- $7,780.33 – Carryover Funds
- $449,686.33 – Total

☐ New Program  ■Continuing Program  ☐ Expanding Program  ☐ Other ______________

Service Description:

- The overarching goal of the Whole Child Matters Initiative is to increase access to ECMH services by reducing expulsions and increasing retention in early learning settings. This will be achieved by the expansion of the ECMH Family Focused Consultation model to families as well as pediatric medical home settings, in addition to increasing work-force capacity through statewide trainings. The Whole Child Matters (WCM) Initiative is an effort to promote healthy social and emotional development and school readiness among children age six (6), now expanded to age eight (8) and younger through the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

- Services include family focused consultation, training, and early intervention services for children to build social emotional competency to promote resiliency. Family focused consultation services are provided to local home visiting programs, pediatric offices, and early learning environments including pre-schools to fulfill service needs in high-risk communities in partnership with the Lorain County Mental Health Board and the Summit County Alcohol Drug Addiction and Mental Health Services Board. The grant also includes state wide trainings to build capacity and promote professional development regarding early childhood.

- The ADAMHS Board of Cuyahoga County proposes to contract with the following agencies: Bellefaire Jewish Children’s Bureau, Ohio Guidestone and Positive Education Program.

- **Bellefaire Jewish Children’s Bureau/Applewood** will perform the following:
  - Collaborate with pediatric offices within the Cleveland Clinic and University Hospital systems, as well as Senders Pediatrics;
  - Provide consultation services when concerns about a child’s emotional or behavioral well-being arise;
  - Establish a referral process by training medical staff in each pilot office in identifying “red flag” behaviors which warrant ECMH services;
• **OhioGuidestone** will perform the following:
  - Provide consultation services in-home or via telehealth to programs in Cuyahoga, Lorain and Summit counties;
  - Monitor outcomes and program effectiveness utilizing the DECA;
  - Work with home visitors to address issues influencing a child’s emotional well-being;
  - Accompany home visitors to the home to coach and model parental interactions;
  - Participate in trainings as assigned by OhioMHAS.

• **Positive Education Program** will perform the following:
  - Provide trainings in the New Ohio/Georgetown Model to early childhood professionals in early learning environments;
  - Provide training sessions to support providers in earning their professional credentials;
  - Provide follow-up technical assistance consultations to eligible early learning/care sites;
  - Participate in trainings as assigned by OhioMHAS.

**Background Information:**
- The ADAMHS Board of Cuyahoga County was requested to apply on behalf of several partners to the OhioMHAS, for the Whole Child Matters ECMH Grant in 2015. OhioMHAS awarded funding to the ADAMHS Board in the amount of $441,906.00 for the period July 1, 2020 through June 30, 2021 and has approved $7,780.33 in carryover funds from SFY20. OhioMHAS has continued funding of this program for SFY21.

**Number of Individuals to be served:**
Due to COVID-19 the estimation for individuals served is uncertain. However, based on previous years:
- Bellefaire Jewish Children's Bureau/Applewood estimates to serve approximately 148 children and families
- OhioGuidestone estimates to serve approximately 460 children and families during the contract period
- PEP estimates to provide approximately 100 consultation trainings to early childhood professionals annually

**Funding Use:**
- Funds will be used to expand the ECMH Consultation model via telehealth and in-person into local homes and pediatric medical home settings as well as support the services of a master trainer.

**Client & System Impact:**
- Increase parent education and training relative to early childhood development
- Improve teacher/child interaction through strategies to build resiliency skills
- Improve parent/child interaction through strategies to build parent-child relationship
- Improve behaviors that impact a child's ability to achieve developmental milestones
- Increase and sustain workforce development through statewide and regional trainings

<table>
<thead>
<tr>
<th><strong>Metrics</strong> (How will goals be measured)</th>
<th>In SFY 2021:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Children show significant clinical improvement on DECA Resiliency scales.</td>
</tr>
<tr>
<td></td>
<td>• Children will show significant clinical reduction in problems on DECA Behavior Scale.</td>
</tr>
<tr>
<td></td>
<td>• At least 60% of 3,200 training participants relative to early childhood development and sustaining workforce development will receive ECMH trainings.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Evaluation/Outcome Data</strong> (Actual results from program)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Recommendation to Board of Directors from Board Staff and/or from Board Committee(s):

- To accept funding from the Ohio Department of Mental Health and Addiction Services in the amount of $441,906.00 in addition to carryover funding of $7,780.33 and to contract with the following agencies totaling $449,686.33:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellefaire Jewish Children’s Bureau</td>
<td>$160,762.11</td>
</tr>
<tr>
<td>OhioGuidestone</td>
<td>$168,511.00</td>
</tr>
<tr>
<td>Positive Education Program:</td>
<td>$120,413.22</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$449,686.33</strong></td>
</tr>
</tbody>
</table>
Agenda Process Sheet
Date: September 9, 2020

☐ Community Relations & Advocacy Committee  ☐ Faith-Based Outreach Committee
☐ Planning & Oversight Committee  ☐ Finance & Operations Committee
☐ Committee of the Whole  ☐ General Meeting

Topic: Cuyahoga County Opioid Crisis Mitigation Plan: Phase One

Contractual Parties: Thrive Behavioral Health

Term: March 1, 2020 – February 28, 2022

Funding Source(s): Opioid Settlement Funds

Amount: N/A

☐ New Program  ☐ Continuing Program  ☐ Expanding Program  ☐ Other _______________

Service Description:
- ADAMHS Board contracted with Thrive Behavioral Health in May, through the Cuyahoga County Opioid Crisis Mitigation Plan: Phase One, to provide Enhanced 24-Hour peer support service to individuals ages 18 and over who have been revived from an opioid overdose in the University Hospitals and Cleveland Clinic Emergency Departments (Thrive ED). Approved Resolution No. 20-04-02.

- Thrive Behavioral Health seeks to expand the scope of peer support service to individuals ages 18 and over with a History of Opioid Use Disorder, Suspected Opioid Use Disorder, or an Opioid Use Disorder Related Incident who present in the University Hospitals and Cleveland Clinic Emergency Departments.

- Ryan Marino, MD, University Hospitals of Cleveland Medical Center and Case Western Reserve University provided a letter of support of the proposed contract amendment. (Please see attached letter of support).

Background Information:
- Cuyahoga County has pledged to distribute Opioid settlement monies in a considerate, practical way, enhancing existing programs that are known to work and introducing programs proved to be effective elsewhere.

- The Opioid Crisis Mitigation Plan focuses on four areas: Prevention, Treatment, Diversion, and Education - with the goal of treating addiction as a disease, reducing stigma, reducing incarceration for drug-related offenses, and to address drug use early on with school children.

- Thrive ED began in November of 2017 in the MetroHealth emergency room. Thrive ED is an innovative program that utilizes peer supporters to engage and link individuals with treatment and other supportive services based on their needs. In the first year, Thrive ED interacted with 1,200 clients who came to the emergency department as a result of an overdose and assisted 300 individuals getting into detox or receiving other immediate needs, including treatment and family support. Thrive ED expanded their peer support services in 2020 to the University Hospitals and seeks to expand to the Cleveland Clinic.
Number of Individuals to be served:
- Thrive ED enhanced peer support provided in 10 University Hospitals and Cleveland Clinic Emergency Departments anticipates serving 5,000 individuals.

Funding Use:
- Thrive ED links individuals who have survived an overdose in an emergency room to immediate withdrawal management, treatment, MAT, or other recovery support services.

- Thrive ED seeks to expand the scope of peer support services to individuals ages 18 and over with a history of opioid use disorder, suspected opioid use disorder, or an opioid use disorder related incident who present in the Emergency Departments of the hospitals. Approximately 80 peer recovery coaches will be hired to provide these services.

Client & System Impact:
- Increased availability of quick linkage to services for individuals in the emergency room.
- Successful linkage to services for individuals in the emergency room.

### Metrics (How will goals be measured)

**Thrive Peer Support: Thrive ED**
- Data will be collected daily and reported to the ADAMHS Board on a monthly basis.
- ADAMHS Board staff will conduct face-to-face site/program reviews every three months and/or as needed.
- Monthly report includes the following information:
  - Number of Peer Support/Recovery Coaches employed
  - Client:
    - Gender
    - Age
    - Race
    - Zip Code/Housing Status
    - Employment/School Statue
    - Involved in Criminal Justice System
  - Location of peer interaction with client
  - Duration of peer visit with client
  - Diagnosis
  - Has client received treatment previously and/or identified as a person with an addiction, mental illness or both
  - Was client transported, where, how, and why
  - Average caseload per Peer Support/Recovery Coach

### Evaluation/Outcome Data (Actual results from program)
- 24-hour peer support service provided via telehealth due to COVID-19 pandemic.
- 7 – Peer Recovery Coaches Employed
- 40 – Referrals from University Hospital
- 29 – Served and referred to detox, residential treatment, MAT, or other recovery support services.
- 11 – Refused Service
- University Hospital Emergency Departments include the following locations:
  - Ahuja Medical Center, 3999 Richmond Road, Beachwood, OH
  - Bedford Medical Center, 44 Blaine Avenue, Bedford, OH
  - Cleveland Medical Center, 11100 Euclid Avenue, Cleveland, OH
  - Parma Medical Center, 7007 Powers Blvd., Parma, OH
  - Richmond Medical Center, 27100 Chardon Road, Richmond Heights, OH
  - St. John Medical Center, 29000 Center Ridge Road, Westlake, OH

### Recommendation to Board of Directors from Board Staff and/or from Board Committee(s):
- To approve the amendment of the Opioid Settlement Funds Contract for Thrive Behavioral Health Peer Support Program and retroactive to July 1, 2020.
August 12, 2020

To the Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County,

I am writing in support of the proposed amendment to the **Thrive Opioid Settlement Funds Contract**, to expand the scope of peer support services to include individuals ages 18 and over with a history of opioid use disorder, suspected opioid use disorder, opioid use disorder diagnosis or an opioid use disorder related incident who present in contracted Emergency Departments.

While overdose events are the driving cause of morbidity and mortality in our ongoing opioid crisis, *the opportunity to prevent overdoses and prevent the associated deaths and disabilities is not limited to people who are currently experiencing an overdose or who have already overdosed*. As the saying goes, “prevention is the best medicine” and, similar to other conditions with significant effects on quality of life and mortality (e.g., heart attacks), preventing overdoses is the goal of medical interventions targeting opioid use. (We also do not see every overdose in the Emergency Department, as a significant percentage of patients die before they receive medical care, and others decline medical care.) Thus, rather than waiting to act until overdoses have already occurred, we would value the opportunity to expand proactive interventions.

The Emergency Department represents one of the – if not, the single – most common access point for patients with substance use disorders to interact with the healthcare system. As such, *the Emergency Department represents an ideal venue to enact wide-reaching public health interventions for substance use disorder treatment and overdose prevention*. The past several decades have taught us that addiction, particularly opioid use disorder, can be treated medically with significantly improved outcomes. We see many patients with opioid use disorder interacting with the healthcare system through Emergency Department presentations for other complaints, which are equally important interactions. These patients may have infections related to substance use, may be experiencing withdrawal, or may even be presenting for assistance with social issues. Each of these presentations represents a discreet point to identify patients who are at high risk for overdose, and intervene to prevent it. Through the opioid settlement funds, we have the opportunity to get patients with opioid use disorder into lifesaving therapies, via utilization of peer interactions and direct linkage to treatment locations.

We also know that opioid use disorder is a chronic relapsing condition, and the potential for overdose is not limited to any specific feature or clinical presentation. *Limiting the potential for peer interventions and referrals to treatment would counter the goal of reducing overdoses and deaths*. We believe that expanding the scope of the settlement usage will better serve the residents of Cuyahoga County by preventing overdoses, saving lives and improving quality of life, which in turn will lead to a decrease in the occurrence of downstream complications like loss of parents, permanent disability, increased medical expenses, and the like.

In my professional opinion, in order to best employ the opioid settlement funds, provide the most comprehensive care, and best prevent the greatest number of overdoses, I **unequivocally recommend** approving the amendment to expand the scope of the above-mentioned contract.

Respectfully submitted,

Ryan Marino, MD  
Assistant Professor, Departments of Emergency Medicine & Psychiatry  
Medical Toxicologist, Division of Medical Toxicology, Department of Emergency Medicine  
University Hospitals Cleveland Medical Center/Case Western Reserve University School of Medicine
Agenda Process Sheet
Date: September 9, 2020

☐ Community Relations & Advocacy Committee  ☐ Faith-Based Outreach Committee
☐ Planning & Oversight Committee  ☐ Finance & Operations Committee
☐ Committee of the Whole  ☐ General Meeting

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Topic: Briermost Foundation and Sober Living Cleveland Governing Board Merger

Contractual Parties: Briermost Foundation
Sober Living Cleveland

Term: September 1, 2020-December 31, 2020

Funding Source(s): ADAMHS Board of Cuyahoga County

Amount: $6,666.70 – Balance of Sober Living Cleveland Contract

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☐ New Program  ☐ Continuing Program  ☐ Expanding Program  ☐ Other

Service Description:

- Briermost Foundation operates as a level 2 recovery house certified by Ohio Recovery Housing located in North Royalton. They provide a vocational workforce training program in agriculture that works with women in recovery with substance use and co-occurring mental health disorders. They feel that employment is a barrier to women in recovery. Briermost Foundation follows the principles of recovery by empowering an individual, the project aims to assist residents in developing life and vocational skills. Briermost Foundation is managed by recovering persons with many years of sobriety and experience working with addicted individuals to address both needs. Their program follows the evidence-based practice of the Social Model of Recovery Housing. They utilize peer supporters, who meet with each resident on a weekly basis. During these meetings, SAMHSA’s 8-dimensions of wellness are the central focus of the discussions.

- Sober Living Cleveland 10 bed recovery house for women is a level 2 recovery house certified by Ohio Recovery Housing located in Cleveland Heights. They also utilize Social Model of Recovery Housing. At Sober Living Cleveland the residents gain valuable relapse prevention, case management and employment skills training in order to live independently and productively in the community. Sober Living Cleveland provides high quality housing to women leaving rehabilitation from alcohol and substance use. Upon entry, each woman and the House Manager develop an individual sobriety plan which is monitored weekly. Women can stay as long as they would like, but the average length of stay is 5-6 months.

Background Information:

- The Woodrow Project (TWP) was created in 2014 in response to the low inventory of certified recovery homes for women in Cuyahoga County. Erin Helms the director for TWP had previously worked in both residential and Intensive Outpatient Programs (IOP) settings, she saw how women were in need of quality recovery housing. The first home was purchased in 2014. Currently the Woodrow Project has 3 homes located on the Cleveland’s west side. In 2015 Peggy Spaeth started Sober Living Cleveland (SLC) to provide quality recovery housing to women in Cleveland Heights. There were many discussions between the two organizations and Erin Helms provided significant amounts of technical assistance. Once Sober
Living Cleveland had purchased their first property, they approached Ms. Helms to manage the recovery house and the Sober Living Cleveland Board would be the landlord and operate the financial portion of the non-profit. Sober Living Cleveland paid The Woodrow Project to do everything from move-in new residents to recovery plans to preparing residents for living on their own. This agreement has worked well for the past 3 years.

- The Woodrow Project leadership had begun the process of creating a non-profit in 2016, which is the Briermost Foundation. This organization has created one recovery house and agricultural training program in North Royalton, Ohio. The Sober Living Cleveland Board and Briermost Board have come to believe the organizations operate similarly with the exception of Sober Living Cleveland not having an Executive Director but rather a very active Board of Directors. The Sober Living Cleveland and Briermost Boards are committed to operating all three homes (2 in Cleveland Heights and 1 in North Royalton) under the leadership of Erin Helms, with Briermost being the remaining non-profit organization.

- The Woodrow Project will no longer be involved with the nonprofit from a financial perspective. Briermost and Sober Living Cleveland will be one organization. The next project they plan to address is providing recovery housing for women and children.

**Number of Individuals to be served:** 15-20 clients

**Funding Use:** Recovery Housing and Vocational services for women

**Client & System Impact:**
- The transfer of Sober Living Cleveland to Briermost Foundation will allow for this important recovery resource to continue to provide women in early recovery a safe and supportive place to maintain recovery before transitioning back into the community

<table>
<thead>
<tr>
<th>Metrics (How will goals be measured)</th>
<th>Sober Living Cleveland January-June 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>number of referrals received for housing</td>
<td>(9) referrals received for housing</td>
</tr>
<tr>
<td>number of new admissions</td>
<td>(9) new admissions</td>
</tr>
<tr>
<td>number of residents successfully discharged</td>
<td>(9) successful discharged</td>
</tr>
<tr>
<td>number of residents terminated with the reason for termination</td>
<td>(3) unsuccessful discharges</td>
</tr>
<tr>
<td>number of residents who found employment</td>
<td>(15) found employment</td>
</tr>
<tr>
<td>number of residents who transitioned or remained stable housing</td>
<td>(8) transitioned or are in stable housing</td>
</tr>
<tr>
<td>number of residents successfully maintaining sobriety</td>
<td>(19) successfully maintaining sobriety</td>
</tr>
<tr>
<td>number of residents using MAT medications</td>
<td>(8) clients using MAT medications</td>
</tr>
<tr>
<td>average length of stay</td>
<td>(5.5 months) average length of stay</td>
</tr>
<tr>
<td></td>
<td>(16) engaged in outpatient treatment</td>
</tr>
<tr>
<td></td>
<td>(9.5) average monthly census</td>
</tr>
</tbody>
</table>

**Recommendation to Board of Directors from Board Staff and/or from Board Committee(s):**
- To amend Resolution 19-11-08 to approve the merger of ADAMHS Board of Cuyahoga County funded programs at Briermost Foundation and Sober Living and to transfer remaining CY20 funding for Sober Living Cleveland to Briermost Foundation.
Agenda Process Sheet
Date: September 9, 2020

☐ Community Relations & Advocacy Committee  ☐ Faith-Based Outreach Committee
☐ Planning & Oversight Committee  ☐ Finance & Operations Committee
☐ Committee of the Whole  ☐ General Meeting

Topic: Amendment to Resolution 19-09-06, Addiction Treatment Program (ATP)

Contractual Parties:
- Catholic Charities-Matt Talbot for Men and Women
- Cleveland Treatment Center
- Community Assessment and Treatment Services (CATS)
- Hitchcock Center for Women
- MetroHealth System
- Moore Counseling
- Recovery Resources
- The Salvation Army
- Stella Maris
- Cuyahoga County Treatment Alternatives to Street Crime (TASC)

Term: July 1, 2020 - June 30, 2021

Funding Source(s): Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Amount: $805,012.35 Carryover Funds

☐ New Program  ☒Continuing Program  ☐Expanding Program  ☐Other

Service Description:
- The Addiction Treatment Program (ATP) provides treatment and recovery support services to individuals who are eligible to participate in Medication Assisted Treatment (MAT) Drug Court as a result of their dependence on opioids, alcohol, or both.
- Clients will receive SUD treatment and recovery support services as necessary.
- Clients will be enrolled by Drug Court staff and services will be provided by ADAMHS Board of Cuyahoga County contracted agencies certified by OhioMHAS.
- The ADAMHS Board of Cuyahoga County will act as a fiscal agent to draw down funds in the OhioMHAS grant system and pass the funds to the contracted providers for services rendered.

Background Information:
- OhioMHAS provided the ADAMHS Board of Cuyahoga County $325,000 for the Addiction Treatment Program for the period July 1, 2019 – June 30, 2020 (SFY 2020), in addition to $778,952 in carryover funds.
- In 2019, Recovery Resources, Cleveland Treatment Center, and Hitchcock Center for Women were added to the panel of providers approved for the MAT program.
Number of Individuals to be served:
- It is estimated that up to 500 clients may receive ATP services through these Courts in SFY21.

Funding Use:
- Substance Use Disorder (SUD) treatment and recovery supports, inclusive of MAT Medications used to treat SUD clients with opioid addiction (primarily Vivitrol/naltrexone), assessments, Intensive Outpatient Services (IOP), Outpatient Services (OP), urinalysis, recovery supports, including recovery housing, transportation, ID services, employment/training, peer support, and assisting in Medicaid applications.

Client & System Impact:
- ATP enables increased access to MAT and outpatient treatment services to Drug Court involved individuals diagnosed with SUD.

<table>
<thead>
<tr>
<th>Metrics (How will goals be measured)</th>
<th>OhioMHAS requires ATP Projects to report:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Total number of ATP clients in the docket at the beginning of SFY</td>
</tr>
<tr>
<td></td>
<td>- Number of new clients admitted to ATP each quarter</td>
</tr>
<tr>
<td></td>
<td>- Total number of ATP clients served by the docket each quarter</td>
</tr>
<tr>
<td></td>
<td>- Amount of allocation funds used during the reporting period for treatment</td>
</tr>
<tr>
<td></td>
<td>- Amount of allocation funds used during the reporting period for Recovery Supports</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation/Outcome Data (Actual results from program)</th>
<th>In SFY 20, 521 clients were served across all Courts participating in the ATP.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8% of funds were expended on Treatment Service</td>
</tr>
<tr>
<td></td>
<td>62% of funds were used for Recovery Support</td>
</tr>
</tbody>
</table>

Recommendation to Board of Directors from Board Staff and/or from Board Committee(s):
- To approve the amendment to Resolution 19-09-06 to extend the time period of the Addiction Treatment Program (ATP) through June 30, 2021 and utilize OhioMHAS approved carryover funds in the amount of $805,012.35 for contracts with the listed providers.
Agenda Process Sheet
Date: September 9, 2020

☐ Community Relations & Advocacy Committee  ☐ Faith-Based Outreach Committee
☐ Planning & Oversight Committee  ☐ Finance & Operations Committee
☐ Committee of the Whole  ☐ General Meeting

Topic: Amendment to Resolution 20-07-03, OhioMHAS Behavioral Health/Criminal Justice (BH/CJ) Linkages Program Funding

Contractual Parties: Recovery Resources

Term: July 1, 2020 - June 30, 2021

Funding Source(s): OhioMHAS

Amount: $88,719.53 – Increase funding

☐ New Program  ■ Continuing Program  ☐ Expanding Program  ☐ Other _______________

Service Description:
- The Community Based Correctional Facility (CBCF) provides a sentencing option that diverts appropriate male felons from the state prison system. The program aims to aid offenders in making positive behavioral and lifestyle changes to decrease the likelihood of continued criminal behavior. CBCF programs give offenders an opportunity to remain in their community while addressing such issues as mental health needs, substance abuse, thinking and decision-making skills, education, employment, anger management, and other life skills.

Background Information:
- Recovery Resources received Behavioral Health Criminal Justice (BH/CJ) funding for SFY20 to provide services to inmates diagnosed with Severe Mental Illness, Substance Use Disorders, or co-occurring disorders. This program and funding will continue in SFY21.
- In addition to the SFY21 allocation of $83,333, OhioMHAS approved carryover funds in the amount of $88,719.53 for the BH/CJ program.

Number of Individuals to be served:
- In SFY20, this program served 237 clients. Recovery Resources plans to serve approximately the same number moving forward with expanded programming to these clients.

Funding Use:
- Funding will be used to dedicate One (1) Bachelor level staff to act as a liaison and provide the following: mental health screenings, provide linkage to community based services, provide educational services in a group setting, and participate in treatment team meetings. Recovery Resources expanded services to include a trauma education group and peer support services.
Client & System Impact:
- The goal of the Forensic Liaison is to screen 90% of referred CBCF clients and provide linkage to community services to 95% of clients who are identified as having mental health or addiction treatment needs.

<table>
<thead>
<tr>
<th>Metrics (How will goals be measured)</th>
<th>Recovery Resources shall provide monthly, quarterly, and annual data the following elements:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Number of people referred</td>
</tr>
<tr>
<td></td>
<td>- Referral sources</td>
</tr>
<tr>
<td></td>
<td>- Number of clients assessed</td>
</tr>
<tr>
<td></td>
<td>- Number of clients ineligible/refused services</td>
</tr>
<tr>
<td></td>
<td>- Diagnosis</td>
</tr>
<tr>
<td></td>
<td>- Numbers served</td>
</tr>
<tr>
<td></td>
<td>- Type of service provided</td>
</tr>
</tbody>
</table>

**Evaluation/Outcome Data (Actual results from program):**
- In the first half of 2020, 115 clients were referred and 100% of those clients received a mental health screening
- 35 clients were deemed ineligible or refused services
- 50 individuals were diagnosed with a Severe Mental Illness
- 69 clients were linked with mental health services, 77 clients participated in group therapy, and 86 were assisted in continuity of care

Recommendation to Board of Directors from Board Staff and/or from Board Committee(s):
- To amend Resolution 20-07-03 to increase funding for the Behavioral Health/Criminal Justice (BH/CJ) Linkages Program in the amount of the OhioMHAS approved carryover funds of $88,719.53. This brings the project total to $172,052.53.
Agenda Process Sheet  
Date: September 9, 2020

☐ Community Relations & Advocacy Committee  ☐ Faith-Based Outreach Committee  
☐ Planning & Oversight Committee  ☐ Finance & Operations Committee  
☐ Committee of the Whole  ☐ General Meeting

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**Topic:**  
Crisis Flex Funding: Children’s Crisis and Residential Services

**Contractual Parties:**  
Bellefaire Jewish Children’s Bureau and Applewood $118,514.05 (pooled)  
OhioGuidestone $486,160

**Term:**  
July 1, 2020 through June 30, 2021

**Funding Source(s):**  
Ohio Department of Mental Health and Addiction Services (OhioMHAS) Crisis Flex Funds

**Amount:**  
$473,149.00 – SFY21 Allocation  
$131,525.05 – SFY20 Carryover  
$604,674.05 – Total

☐ New Program  ☐ Continuing Program  ☐ Expanding Program  ☐ Other _______________

**Service Description:**
- Provision of crisis stabilization residential treatment beds at OhioGuidestone. Additionally, will be used for placements where the cost will be shared with the Department of Children and Family Services (DCFS) and Cuyahoga County Board of Developmental Disabilities across the three (3) providers above. Target population are youth ages 9 through 18 years who require intensive stabilization, assessment, intervention, and treatment in a residential setting.
- Length of stay can be from 24 hours up to 90 days. The environment is safe, and highly supervised which facilitates intensive, individualized, 24/7 therapeutic services for emergency mental health and co-occurring substance abuse needs.
- Stays are designed to divert youth from psychiatric hospitalization and or involvement with law enforcement to manage crisis situations, reduce the number of youth in out of home placements and prepare youth for successful reunification with their family and community-based services.

**Bellefaire Jewish Children’s Bureau, Applewood, and OhioGuidestone**

- Provide the following services: crisis intervention and stabilization, service coordination and case management, comprehensive behavioral health diagnostic assessment, psychiatric consultation, evaluation, and medication management, individual, group and family therapy, educational services and room and board for each client admitted.
- Provide recommendations and linkage to community-based services prior to discharge to support a youth’s return to the community.
- OhioGuidestone will also provide individual, group and family therapy and educational services.
Background Information:
• Ohio Department of Mental Health and Addiction Services provided Crisis Flex funds to the Board starting in July 2019 to enhance the Board’s crisis continuum.
• Crisis Flex Funds were allocated to the ADAMHS Board to help meet the needs of individuals and families as they arise to prevent or stabilize a substance use disorder or mental health crisis.

Number of Individuals to be served:
Due to COVID-19 the estimation for individuals served is uncertain, however based on previous years:
• OhioGuidestone anticipates serving approximately 20 to 25 youth in SFY21.
• Bellefaire Jewish Children’s Bureau and Applewood anticipates serving 10 to 20 youths.

Funding Use:
• To provide children’s crisis stabilization and residential treatment beds for Cuyahoga County youths.

Client & System Impact:
• Decrease and divert children presenting at emergency room or psychiatric hospitals from restricted environments.
• Decrease and divert families utilizing law enforcement to manage crisis situations with youth.
• Decrease the number of youths admitted to out of county residential treatment.
• Decrease the number of families who relinquish custody to DCFS.

<table>
<thead>
<tr>
<th>Metrics (How will goals be measured)</th>
<th>In SFY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of shared cost residential placements</td>
<td>Of the 11 shared cost residential placements, 10 clients received treatment within Cuyahoga county: Applewood: 3 clients, Bellefaire: 5 clients, OhioGuidestone: 2 clients.</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>Average length of stay of 110.4 days</td>
</tr>
<tr>
<td>Number of active clients remaining in treatment for SFY21</td>
<td>1 active client will remain in residential treatment for SFY21</td>
</tr>
<tr>
<td>Number of successful discharges</td>
<td>9 clients successfully discharged</td>
</tr>
<tr>
<td>Number of Unsuccessful discharges</td>
<td>1 client was discharged unsuccessfully due to change in family county residency; transferred care out of county</td>
</tr>
<tr>
<td>Number returned home to parent /guardian</td>
<td>10 clients returned home to parent/guardian</td>
</tr>
</tbody>
</table>

Recommendation to Board of Directors from Board Staff and/or from Board Committee(s):  
• To approve use of Crisis Flex Funding to contract with Children’s Crisis Stabilization and Residential Bed programs with Bellefaire JCB, Applewood and OhioGuidestone in the amount of $604,674.05 for the period July 1, 2020 through June 30, 2021.
Agenda Process Sheet
Date: September 9, 2020

☐ Community Relations & Advocacy Committee  ☐ Faith-Based Outreach Committee
◆ Planning & Oversight Committee  ☐ Finance & Operations Committee
☐ Committee of the Whole  ☐ General Meeting

Topic: Northeast Ohio Collaborative:
Withdrawal Management/Detoxification and Crisis Bed Expansion

Contractual Parties, Funding & Terms:
1. Windsor Laurelwood  $ 62,573.00  07/01/20 – 6/30/21
2. Stella Maris  $150,000.00  07/01/20 – 6/30/21
3. Lake County ADAMHS Board  $130,000.00  07/01/20 – 6/30/21
4. Applewood (Cuyahoga County)  $200,000.00  07/01/20 – 6/30/21
5. Applewood (Lorain County)  $100,000.00  07/01/20 – 6/30/21
6. Ravenwood  $237,500.00  07/01/20 – 6/30/21
7. Silver Maple Recovery Center  $120,000.00  07/01/20 – 6/30/21
8. Each ADAMHS Board in NEO Collaborative to receive $25,000

Funding Source(s): OhioMHAS Grant Funding

Amount: $1,150,073.00 (Total)
$ 650,073.00 (SFY20 Carryover)
$ 500,000.00 (SFY21 Allocation)

☐ New Program  ◆Continuing Program  ☐Expanding Program  ☐Other:________________

Service Description:
- Provide Withdrawal Management/Detoxification and Mental Health Crisis Stabilization services to the residents of Cuyahoga, Lorain, Lake, Geauga, Ashtabula and Summit Counties.

Background Information:
- As part of the SFY2018/19 State Budget, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) allocated funding by region to expand the availability of Withdrawal Management/Detoxification and Mental Health Crisis Stabilization services.
- The Northeast Ohio Regional Collaborative includes the Boards of Cuyahoga, Lorain, Lake, Geauga, Ashtabula and Summit Counties.
- The ADAMHS Board of Cuyahoga County was selected to serve as the Fiscal Agent for the Withdrawal Management/Detoxification and Mental Health Crisis expansion for the Collaborative.
- OhioMHAS once again allocated regional funding for SFY2021, but at a lesser amount of $500,000.
- The ADAMHS Board of Cuyahoga County was requested to continue to serve as the fiscal agent.
- Each of the ADAMHS Board in the NEO Collaborative will receive $25,000 for system management.
• The Collaborative has selected the following agencies to provide additional and/or continued services in SFY2021:
  o Six WM Beds Windsor Laurelwood $62,573.00 07/01/20 – 6/30/21
  o Four WM Beds Stella Maris $150,000.00 07/01/20 – 6/30/21
  o MAT in the Jail Program Lake County ADAMHS Board $130,000.00 07/01/20 – 6/30/21
  o Two Children’s Crisis Beds Applewood (Cuyahoga County) $200,000.00 07/01/20 – 6/30/21
  o Two Children’s Crisis Beds Applewood (Lorain County) $100,000.00 07/01/20 – 6/30/21
  o Two Crisis Beds Ravenwood $237,500.00 07/01/20 – 6/30/21
  o Two WM Beds Silver Maple Recovery Center $120,000.00 07/01/20 – 6/30/21
  o $25,000 System Coordination Each NEO Collaborative Board $150,000.00 07/01/20 – 6/30/21

Number of Individuals to be Served:
• The number of individuals to be served will depend on the length of stay and utilization of each bed.

Funding Use:
• To provide ongoing medical/medication management of acute withdrawal symptoms provided by licensed physicians and nursing care staff, as well as treatment and assessment/referral services by therapist/discharge planners for on-going assistance and coordination of care for duration of the clients stay in the program, as well as for transportation of clients to and from the facilities.
• To provide inpatient mental health crisis services beds designed to meet the needs of adults experiencing a mental health crisis 24-hours a day, seven days a week, including evaluation of the crisis by mental health counselors, nurses and psychiatrists in a supportive setting.

Client & System Impact:
• Increased availability of detoxification for individuals in the Collaborative region addicted to opioids/heroin.
• Successful linkage to ongoing SUD treatment following subacute detoxification.
• Reduction of wait list time to access a detoxification bed within the Collaborative region.
• Increase the availability of mental health crisis bed services to individuals in the Collaborative region needing a diversion or transition from a psychiatric hospital or emergency department or to prevent further decompensation and subsequent psychiatric admission.

Metrics (How will goals be measured)
• Each provider is responsible for reporting requirements defined by the Collaborative, such as referral source, numbers served, length of stay, diagnoses, and disposition.

Evaluation/Outcome Data (Actual results from program)
• Time Period: 1/1/20 – 6/30/20:
  o Stella Maris: 15 clients were admitted for withdrawal management services.  
    ▪ 11 clients completed withdrawal management  
    ▪ 4 did not complete withdrawal management  
  o Ravenwood: 22 clients were admitted for crisis stabilization  
    ▪ 15 clients were stabilized and stayed an average of 26 days  
    ▪ 12 clients were diverted from a hospital stay  
    ▪ 3 required longer term stay in a hospital  
  o Silver Maple: Data still being collected  
  o Laurelwood: Data still being collected  
  o Applewood: Data still being collected  
  o Lake County MAT in the Jail: No data as program did not start due to COVID-19

• Time Period: 7/1/19 – 12/31/19: (Most recent data requested and provided to OhioMHAS)
  o Regional crisis and withdrawal management funds were used to provide services to a total of 90 individuals (77 withdrawal management/13 crisis stabilization) during the report time period:
    ▪ 50 males; 40 females.  
    ▪ 12 new beds added.

▪ The average length of stay was 7 days – which was provided to 29 individuals.
▪ Out all of age groups the highest served was the 25-34 group – with 37 individuals.
▪ 49 Whites, 14 Hispanic/Latino and 13 Black/African American residents received services. (Race of six individuals could not be determined with the information provided.)
▪ 57 Cuyahoga, 14 Lorain, 11 Geauga, 5 Ashtabula, 2 Lake and 1 Summit residents received the services.
▪ 2 individuals were identified as homeless.

Recommendation to Board of Directors from Board Staff and/or from Board Committee(s):

▪ Authorize contracts and funding allocations for the Northeast Ohio Collaborative: Withdrawal Management/Detoxification and Crisis Bed Expansion for the providers, time periods and amounts listed in this Agenda Process Sheet totaling $1,150,073.
Topic: FFY2021 Opportunities for Ohioans with Disabilities, Case Services Contract

Contractual Parties: Jewish Family Services Association
Recovery Resources

Term: October 1, 2020 – September 30, 2021

Funding Source(s): Opportunities for Ohioans with Disabilities (OOD) Funding and ADAMHS Board Match

Amount: Total Project: $2,385,964.53
OOD Funding: $1,830,576.47
ADAMHS Board Match: $555,388.06

Service Description:
- The purpose of the OOD contract is to help adults and transitional youth ages 16-22 with mental illness and alcohol/drug dependence obtain and maintain employment.
- The OOD contract will serve clients in Cuyahoga County.

Background Information:
- ADAMHS Board continues to subcontract with Jewish Family Service Association (JFSA) and Recovery Resources to provide case management activities to clients in need of vocational rehabilitation services. Both agencies have years of experience in providing vocational rehabilitation services to the target population.
- The funding provided supports the following full-time equivalent (FTE) staffing:
  - Vocational Rehabilitation Coordinators – 7 FTE’s (3 JFSA, 4 Recovery Resources)
  - Supervisors – 1.12 FTE’s (0.50 JFSA, 0.62 Recovery Resources)
  - Support Staff – 1.75 FTE’s (0.75 JFSA, 1.0 Recovery Resources)
  - Total Staffing – 9.87 FTE’s (4.25 JFSA, 5.62 Recovery Resources)

Number of Individuals to be served:
- A total of 575 clients will be served.

Funding Use:
- Jewish Family Service Association and Recovery Resources will provide case management activities to clients in need of vocational rehabilitation services that will help them obtain and maintain competitive employment.
Client & System Impact:
- To provide vocational rehabilitation services to clients seeking competitive employment which is essential to recovery.

<table>
<thead>
<tr>
<th>Metrics (How will goals be measured)</th>
<th>FFY2021 OOD Contract Deliverables (October 1, 2020 to September 30, 2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications (Objective 420)</td>
<td>• Applications (Objective 420)</td>
</tr>
<tr>
<td>Eligibilities (Objective 336)</td>
<td>• Eligibilities (Objective 336)</td>
</tr>
<tr>
<td>Individual Plans for Employment (Objective 294)</td>
<td>• Individual Plans for Employment (Objective 294)</td>
</tr>
<tr>
<td>Competitively Employed Closures (Objective 126)</td>
<td>• Competitively Employed Closures (Objective 126)</td>
</tr>
<tr>
<td>Total Served (Objective 575)</td>
<td>• Total Served (Objective 575)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation/Outcome Data (Actual results from program)</th>
<th>FFY2020 OOD Contract Deliverables (October 1, 2019 to September 30, 2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome data through August 25, 2020 due to services being provided until September 30, 2020:</td>
<td>Achieved</td>
</tr>
<tr>
<td>Achieved</td>
<td>• 322 – Applications (Objective 420)</td>
</tr>
<tr>
<td></td>
<td>• 325 – Eligibilities (Objective 336)</td>
</tr>
<tr>
<td></td>
<td>• 261 – Individual Plans for Employment (Objective 294)</td>
</tr>
<tr>
<td></td>
<td>• 95 – Competitively Employed Closures (Objective 126). Individuals employed for 90 days will result in approximately 39 competitively employed closures.</td>
</tr>
<tr>
<td></td>
<td>• 757 – Total Served (Open Cases 375 and 382 Closed Cases)</td>
</tr>
</tbody>
</table>

Services provided via telehealth beginning in March due to COVID-19.

Recommendation to Board of Directors from Board Staff and/or from Board Committee(s):
- To recommend approval of the agreement with Opportunities for Ohioans with Disabilities for the OOD case services contract in the amount of $2,385,964.53 which includes $1,830,576.47 of federal funds plus the required ADAMHS Board match totaling $555,388.06.

- Approval of the distribution of the OOD funding and ADAMHS Board match funding in the following manner:
  - Contract with Jewish Family Service Association in the amount of $338,096.70;
  - Contract with Recovery Resources in the amount of $432,867.83;
  - Pooled fund managed by OOD for case services budgeted costs in the amount of $1,615,000.00 to be paid directly to the provider agencies; and
  - ADAMHS Board match totaling $555,388.06 provided to Opportunities for Ohioans with Disabilities.
POLICY STATEMENT RENEWALS

• Board Meeting Minutes

• Processing Requests for Public Records

• Public Comment

• Recruitment of Board Members

• Whistleblower Protection Policy
ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES
BOARD OF CUYAHOGA COUNTY

POLICY STATEMENT

SUBJECT: BOARD MEETING MINUTES

EFFECTIVE DATE: March 22, 2017  September 23, 2020 (tentative)

PURPOSE

To maintain an official record of all Board of Directors public meetings of the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County.

POLICY

It is the policy of the ADAMHS Board that minutes are taken at all public meetings of the Board of Directors. Minutes shall be available in a written format via hard copy or electronic version. They shall include a list of each Board member in attendance and each absent, items discussed, action taken, or directions given. Dissenting opinion shall be noted. Discussion is summarized, noting outcome and dissention. Board members requiring particular statements to appear in the minutes should state that their comments are for the record at the time in which they are made.

It is the policy of the ADAMHS Board to provide access to minutes of the public meetings of the Board as follows:

1. Following approval by the Board at a subsequent meeting of the Board, a copy of the approved minutes of the Board will be retained in the Board offices.

2. Persons who request to review the minutes of the Board meetings may do so on the ADAMHS Board official website or at the ADAMHS Board office at all reasonable times during regular business hours.

3. Persons who request to obtain a copy of the minutes of the Board meetings shall be provided, at the ADAMHS Board office, a copy of the approved minutes, at cost, within a reasonable time after making the request.

RESPONSIBILITIES

It is the responsibility of the full Board as to General Meetings of the Board and of the Board committee members as to Committee meetings of the Board to:

1. Review, at the next regularly scheduled General or Committee meeting of the Board, the minutes of the applicable previous meeting for accuracy and completeness of the record.
SUBJECT: BOARD MEETING MINUTES

EFFECTIVE DATE: March 22, 2017 September 23, 2020 (tentative)

It is the responsibility of the Board of Directors Chair to:

1. Review and sign the minutes of the Board General Meetings following approval of those minutes by the Board as the official record of those proceedings.

It is the responsibility of the Chief Executive Officer to:

1. Ensure that minutes of the Board public meetings are recorded and distributed to all Board of Directors in a timely fashion so as to allow for review and approval.

2. Organize, maintain and protect the official record of Board actions through original Board minutes, signed by the Chair of the Board of Directors.

3. Establish office procedures to implement this policy.

Supercedes and retires: Board Meeting Minutes, Effective January 23, 2013 March 22, 2017

Reference: ORC Ohio Revised Code sections 121.22(C), 149.43(B)

/s/ Eugenia Cash
Eugenia Cash, LSW, MSSA, CDCA

/s/ William M. Denihan
William M. Denihan

Rev. Benjamin F. Gohlstin, Sr. Scott S. Osiecki
ADAMHS Board Chair ADAMHS Board Chief Executive Officer

3/22/17 September 23, 2020 March of 2020 September of 2023

Approval Date Review Date
POLICY STATEMENT

SUBJECT: PROCESSING REQUESTS FOR PUBLIC RECORDS

EFFECTIVE DATE: April 26, 2017 September 23, 2020 (tentative)

PURPOSE

To provide direction to all members of the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County (ADAMHS Board) staff regarding how to process requests for public records and to strictly adhere to the Ohio’s Public Records Act.

POLICY

1. Definitions:
   a. “Public record” means a document kept by the ADAMHS Board office, with certain exemptions as defined in ORC§149.43, Ohio Revised Code section 149.43, and is one that is:
      i. Stored on a fixed medium (paper, electronic, or other format); and,
      ii. Created, received by, or comes under the jurisdiction of the ADAMHS Board office; and
      iii. That documents the organization, function, policies, decisions, procedures, operations or other activities of the ADAMHS Board.
   b. “Requester” means the person or entity making the request for a public record from the ADAMHS Board.

2. General Rules of Law: All public records responsive to a public records request made pursuant to ORC§149.43, Ohio Revised Code section 149.43 shall be promptly prepared or made available for inspection to any person at all reasonable times during regular business hours, with the exception of published holidays.
   a. “Prompt” and “reasonable” take into account the volume of records requested; the proximity of the location where the records are stored; and the necessity for any legal review of the records requested.
   b. Records will be organized and maintained so that they are readily available for inspection and copying.

3. Receiving the Public Records Request: All requests for public records, from whatever source, made in whatever manner to any staff of the ADAMHS Board shall be immediately forwarded to the Chief Director of External Affairs, or if the Chief Director of External Affairs is not present, to the Chief Executive Officer and/or to a member of staff Executive Council.

4. Information from the Requester: After informing the Requester that a written request is NOT mandatory and that the Requester may DECLINE to reveal the
Subject: Processing Requests for Public Records

Effective Date: April 26, 2017  September 23, 2020 (tentative)

Requester’s identity or the intended use, the Chief Director of External Affairs shall ask the Requester:
   a. To make the request in writing;
   b. For the Requester’s identity; and
   c. To state the intended use of the information requested.

The Chief Director of External Affairs must notify the Requester when the reduction of the request to writing, or the disclosure of the identity of the Requester, or the disclosure of the intended use of the record would benefit the Requester by enhancing the ADAMHS Board’s ability to identify, locate, or deliver the public records sought by the Requester.

5. Reviewing the Public Records Request: Upon receipt of the request for public records, the Chief Director of External Affairs, the Chief Executive Officer and any other relevant personnel shall evaluate the request to determine:

   i. Whether the request is for a “public record” which is kept by the ADAMHS Board.

   ii. Whether the request is for a “public record” which is exempted from disclosure as enumerated in the federal or state law.

   iii. Whether any redactions must be made to the public records.
      1. If redactions are required and are not plainly visible, notice must be given to the Requester about the redactions.

   iv. Whether the request is ambiguous or overly broad.
      1. If a Requester makes an ambiguous or overly broad request or has difficulty in making a request for copies or inspection of public records such that the ADAMHS Board cannot reasonably identify what public records are being requested, the Chief Director of External Affairs may deny the request but shall provide the Requester with an opportunity to revise the request by informing the Requester of the manner in which records are maintained by the ADAMHS Board and accessed in the ordinary course of the public office’s or person’s duties.

   v. Whether the request should be denied.
POLICY STATEMENT

SUBJECT: PROCESSING REQUESTS FOR PUBLIC RECORDS

EFFECTIVE DATE: April 26, 2017 September 23, 2020 (tentative)

1. If the request is denied, the Chief Director of External Affairs shall provide the Requester with an explanation, including legal authority explaining why the request was denied.
2. If the initial request was in writing, the explanation also shall be provided to the requester in writing.

vi. The reasonable amount of time it will take to promptly prepare and make available or permit inspection of the record during regular business hours;

vii. If copies are requested, the reasonable amount of time it will take to make copies available and the choices of medium (for example: hard copy, fax audiotape, etc.) upon which the record can be duplicated as an integral part of the normal operations of the ADAMHS Board office;

6. Responding to Requester Regarding Inspection: The Chief Director of External Affairs shall inform the Requester of the most reasonably prompt manner of providing access to inspect the public records and shall make provisions within the ADAMHS Board office for the logistics. If this notification is oral, the Chief Director of External Affairs shall document that said information was provided.

7. Process for Providing Copies:

a. Payment process: If copies of the public records are requested, the Chief Director of External Affairs may request that Requester pay in advance, the cost of duplicating the public record. If the Requester has requested the public record to be mailed, the cost of United States postage and other mailing supplies beyond a standard envelope will be charged to the Requester.

b. Cost:
   i. The charge for paper copies is 5 cents per page
   ii. The charge for downloaded computer files to a compact disc is $1.00 per disc
   iii. Duplication costs for other media will be determined at the time of the request.
   iv. There is no charge for documents that are e-mailed.
c. **Acknowledgment of payment:** The Chief Director of External Affairs shall immediately forward the funds received to the ADAMHS Board Fiscal Department with a copy of the invoice indicating the nature and amount of funds received. If the Requester tenders cash, a receipt shall be immediately issued by the ADAMHS Board to the Requester at the time the cash is tendered and prior to the tendering of the record.

8. **Request to Review ADAMHS BOARD Personnel File:** Any request made to review an ADAMHS Board personnel file, or to obtain copies of records contained in an ADAMHS Board personnel file, shall be processed according to this Policy. The Chief Director of External Affairs will notify the ADAMHS Board staff person whose file has been the subject of a public record request.

9. **Notice to ADAMHS Board Contract Service Provider involved in a Request:** The Chief Director of External Affairs will notify an ADAMHS Board Contract Service Provider that is affected by a public records request made of the ADAMHS Board.

10. **Policy Not to Interfere with Regular Business Opportunities:** For the purposes of this Policy, documents and records which are normally exchanged on a regular basis in a normal course of business with ADAMHS Board Contract Service Providers, constituents and those engaged in a business relationship with the ADAMHS Board do NOT have to be exchanged pursuant to the processes of this Policy. However, duplication costs may be applicable as determined by the ADAMHS Board Chief Executive Officer.

11. **Inclusion and Display of Policy:** This Policy must be included in the ADAMHS Board Human Resources Policy Manual and must be displayed in a poster format in the ADAMHS Board offices.

12. **Failure to Respond to a Public Records Request:** The ADAMHS Board recognizes the legal and non-legal consequences of failure to properly respond to a public records request. In addition to the distrust in government that such a failure to comply may cause, ADAMHS Board’s failure to comply with a request may result in a court ordering the ADAMHS Board to comply with the law and to pay the Requester’s attorney’s fees and damages.

**Supersedes and retires:** Processing Requests for Public Records, Effective January 23, 2013 April 26, 2017.
ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES
BOARD OF CUYAHOGA COUNTY (ADAMHS BOARD)

POLICY STATEMENT

SUBJECT: PROCESSING REQUESTS FOR PUBLIC RECORDS

EFFECTIVE DATE: April 26, 2017 September 23, 2020 (tentative)

Reference: Ohio Revised Code § 149.43 Ohio Revised Code section 149.43, Ohio Attorney General’s Office.

Approved:

/s/ Eugenia Cash /s/ William M. Denihan

Eugenia Cash, LSW, MSSA, CDCA William M. Denihan, Chief Executive Officer

Rev. Benjamin F. Gohlstin, Sr. Scott S. Osiecki
ADAMHS Board Chair ADAMHS Board Chief Executive Officer

4/26/17 September 23, 2020 April 2020 September of 2023

Approval Date Review Date
POLICY STATEMENT

SUBJECT: PUBLIC COMMENT

EFFECTIVE DATE: April 26, 2017  September 23, 2020 (tentative)

PURPOSE

To provide a structure for community input into process of the Alcohol, Drug Addiction and Mental Health Service (ADAMHS) Board of Cuyahoga County (ADAMHS Board).

POLICY

It is the policy of the Board that decisions of the Board will be made in an open and accountable manner. Comments from the community-at-large will be sought in one or more of the following ways:

1. Review and comment on the annual community plan and, when appropriate, other specific planning documents under discussion and consideration by the Board of Directors.

2. Upon invitation, participation in an advisory capacity in various committees of the Board of Directors or in Board staff committees by a provider or client.

3. Comment at public hearings conducted by the Board of Directors.

4. As requested by the Committee Chair or Board of Director’s Chair, via public comment at the beginning of a committee or board meeting regarding agenda items, and via a public comment period at the end of the committee or board meeting. The length of the public comment period shall be determined by the Chair of the meeting, but it is recommended that the time period at the beginning of the meeting and the time period at the end of the meeting not exceed fifteen minutes each.

5. Upon approved request to the ADAMHS Board Chief Executive Officer and the Board of Directors Chair to address the Board of Directors at a public meeting of the Board on a specific topic, which request shall be made with prior notice in sufficient time to place the item on the published agenda of the public meeting.

6. All persons or entities invited to or requesting to make public comment shall be requested to identify themselves by name and, if affiliated, by affiliation.
RESPECTS

It is the responsibility of the Board chair and Committee chair to:

1. Conduct the meeting pursuant to the requirements of Ohio law, including the Open Meeting Law (Ohio Revised Code Section 121.22) and the ADAMHS Board’s Bylaws.

2. Maintain order and control of all Board and Committee meetings. In doing so, the Board chair Chair and Committee chair Chair shall be guided by the procedures set forth in the current edition of Robert’s Rules of Order.

It is the responsibility of the Chief Executive Officer to:

1. Timely convey to the ADAMHS Board Chair any received written request to address the Board of Directors on a specific topic.


Reference: ORC §340.03 (A) (1) and 121.22, Ohio Revised Code sections 340.03 (A) (1) and 121.22

/s/ Eugenia Cash__________________________ /s/ William M. Denihan

Eugenia Cash, LSW, MSSA, CDCA William M. Denihan
ADAMHS Board Chair ADAMHS Board CEO

Rev. Benjamin F. Gohlstin, Sr. Scott S. Osiecki
ADAMHS Board Chair ADAMHS Board Chief Executive Officer

April 26, 2017 September 23, 2020 April 2020 September of 2023

Approval Date Review Date
PURPOSE

To help enlist qualified and committed individuals who are demographically representative of the population of Cuyahoga County to serve on the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County (ADAMHS Board) for state and county appointments.

POLICY

Candidates for the Board should reflect demographically the community of Cuyahoga County. The ADAMHS Board Nominating Committee will be authorized to make recommendations for director positions of the ADAMHS Board for state and county appointments.

This policy shall be utilized whenever a director’s vacancy occurs or upon the need for a new director to replace a director/Board member who is not in good standing as a result of the failure to attend meetings as prescribed in the Ohio Revised Code.

RESPONSIBILITIES

Upon the upcoming end of a director’s term, a director’s resignation, or upon the need to replace a director, it is the responsibility of the ADAMHS Board Chair:

For Reappointments:
• To request an incumbent director's interest in serving a second term (in March of the year the director’s first term expires).
• To forward to the Appointing Authority (in April), as appropriate, the name of the director who has agreed to serve a second term.

For Vacant Appointment Seats:
• To direct Board staff to notify, by certified mail, the appropriate Appointing Authority of any appointment vacancy.
• To direct the Nominating Committee to recruit potential Board members for appointment seat vacancies.
• To forward the Nominating Committee’s recommendations received to the full Board for its consideration.
RESPONSIBILITIES, (Continued)

It is the responsibility of the Nominating Committee to:

• Conduct a Board composition breakdown to determine the qualities and qualifications of desired directors, keeping in mind the following statutory requirements of ORC §340.02 Ohio Revised Code section 340.02 for the respective state appointments:

- Ohio Department of Mental Health and Addiction Services:
  a. A clinician with experience in the delivery of mental health services;
  b. At least one person who has received or is receiving mental health services;
  c. At least one person who is a parent or other relative of a person who is receiving mental health services;
  d. A clinician with experience in the delivery of addiction services;
  e. At least one person who has received or is receiving addiction services;
  f. At least one person who is a parent or other relative of a person who is receiving addiction services;
  g. A single member who meets both qualifications may fulfill the requirements for a clinician with experience in the delivery of mental health services and a clinician with experience in the delivery of addiction services.

• Coordinate the placement of notices to apprise interested parties of the Board vacancy pursuant to OAC 5122:2-1-04 Ohio Administrative Code section 5122:2-1-04. All Board members, contract and community-based agencies, as well as interested others may submit referrals.

• Receive director/Board member applications.

• Review applications and agree upon the best candidate(s).

• Forward recommendations to ADAMHS Board Chair.
ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES
BOARD OF CUYAHOGA COUNTY

POLICY STATEMENT

SUBJECT: RECRUITMENT OF BOARD MEMBERS

EFFECTIVE DATE: JULY 26, 2017  September 23, 2020 (tentative)

It is the responsibility of the full Board of Directors to:

• Upon making its determination, and, if appropriate, the full Board will provide the names of the recommended candidates to the appropriate appointing authority along with relevant information regarding his/her interest in either mental health programs/facilities or alcohol and other addiction programs/facilities.

As a personnel matter, the Board or Nominating Committee may deliberate in Executive Session over the recommendation of applicants to protect the privacy of applicants.

It is the responsibility of the Appointing Authority to:

• Fill the vacancy within sixty days following notice, pursuant to Ohio Revised Code section 340.02.

Supersedes and retires: Recruitment of Board Members, dated 01/23/2013 July 26, 2017


/s/ Eugenia Kirkland  /s/ William M. Denihan

Eugenia Kirkland, LSW, MSSA, CDCA  William M. Denihan,
Board Chair  Chief Executive Officer

Rev. Benjamin F. Gohlstin, Sr.  Scott S. Osiecki
ADAMHS Board Chair  ADAMHS Board Chief Executive Officer

July 26, 2017  September 23, 2020  July 2021  September of 2023

Approval Date  Review Date
ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD
OF CUYAHOGA COUNTY POLICY STATEMENT

SUBJECT: Whistleblower Protection Policy

EFFECTIVE DATE: July 26, 2017 September 23, 2020 (tentative)

PURPOSE

To ensure the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County’s compliance with employees’ rights to report violations of state and federal law and to prohibit retaliatory conduct.

PROCEDURE

A. Reports
1. Employee discovers violation that ADAMHS Board can correct: If an employee becomes aware in the course of the employee’s employment of a violation of any state or federal statute or any ordinance or regulation of a political subdivision that the ADAMHS Board has authority to correct, and the employee reasonably believes that the violation is a criminal offense that is likely to cause an imminent risk of physical harm to persons or a hazard to public health or safety, a felony, or an improper solicitation for a contribution:
   a. Employee gives notice: The employee shall orally notify his/her supervisor or other ADAMHS Board supervisor of the violation and subsequently shall file with that supervisor a written report that provides sufficient detail to identify and describe the violation.
   b. If ADAMHS Board fails to act: If the ADAMHS Board does not correct the violation or make a reasonable and good faith effort to correct the violation within twenty-four hours after the oral notification or the receipt of the report, whichever is earlier, the employee may file a written report that provides sufficient detail to identify and describe the violation with the prosecuting authority of the county or municipal corporation where the violation occurred, with a peace officer, with the inspector general if the violation is within the inspector general's jurisdiction, or with any other appropriate public official or agency that has regulatory authority over the employer and the industry, trade, or business in which the employer is engaged.
   c. ADAMHS Board notifies employee of corrective action: If an employee makes a report of an alleged violation, the ADAMHS Board, within twenty-four hours after the oral notification was made or the report was received or by the close of business on the next regular business day following the day on which the oral notification was made or the report was received, whichever is later, shall notify the employee, in writing, of any effort of the ADAMHS Board to correct the alleged violation or hazard or of the absence of the alleged violation or hazard.

2. Certain violations allow direct report: If an employee becomes aware in the course of the employee's employment of a violation of Ohio Revised Code (ORC) Chapters 3704 (air pollution control), 3734 (solid and hazardous waste), 6109 (safe drinking water), or 6111
3. **Employee reports fellow worker’s bad act:** If an employee becomes aware in the course of the employee’s employment of a violation by a fellow employee of any state or federal statute, any ordinance or regulation of a political subdivision, or any work rule or ADAMHS Board policy and the employee reasonably believes that the violation is a criminal offense that is likely to cause an imminent risk of physical harm to persons or a hazard to public health or safety, a felony, or an improper solicitation for a contribution, the employee orally shall notify the employee’s supervisor or other ADAMHS Board supervisor of the violation and subsequently shall file with that supervisor a written report that provides sufficient detail to identify and describe the violation.

4. **Misuse of Public Resources:** If an employee becomes aware in the course of employment of the misuse of public resources, and the employee’s supervisor or appointing authority has authority to correct the misuse, the employee may file a written report identifying the misuse with the supervisor or appointing authority. In addition to or instead of filing a written report with the supervisor or appointing authority, the employee may file a written report with the office of internal audit created under section 126.45 of the Ohio Revised Code or file a complaint with the auditor of state’s fraud-reporting system under section 117.103 of the Ohio Revised Code.

5. **Option to Report Misuse of Public Funds to Law Enforcement:** If the employee reasonably believes that the misuse of public resources is a criminal offense, the employee, in addition to or instead of filing a written report or complaint with his or her supervisor, appointing authority, the office of internal audit, or the auditor of state’s fraud-reporting system, may report it to a prosecuting attorney, or to a peace officer, as defined in section 2935.01 of the Ohio Revised Code. In addition to that report, if the employee reasonably believes the violation or misuse is also a violation of either Chapter 102 of the Ohio Revised Code, or of sections 2921.42 or 2921.43 of the Ohio Revised Code, the employee may report the misuse to the Ohio Ethics Commission.

B. **ADAMHS Board shall not retaliate.**

1. Except as otherwise provided in Paragraph B (2) of this Policy, the ADAMHS Board shall not take any disciplinary or retaliatory action against an employee for making any report authorized by this policy, or as a result of the employee’s having made any inquiry or taken any other action to ensure the accuracy of any information reported under either such division.

2. An employee shall make a reasonable and good faith effort to determine the accuracy of any information reported under Paragraphs A(1) through A(5) of this Policy. If the employee who
makes a report under either paragraph fails to make such an effort, the employee may be subject to disciplinary action by the ADAMHS Board, including suspension or removal, for reporting information without a reasonable basis to do so under Paragraphs (A)(1) or A(5) of this policy.


Reference: ORC §§4113.52, 124.341, 2921.42, 2921.43, and ORC Chapter 102.

Ohio Revised Code sections 4113.52, 124.341, 2921.42, 2921.43, and Ohio Revised Code Chapter 102.

/s/ Eugenia Kirkland     /s/ William M. Denihan
Eugenia Kirkland, LSW, MSSA, CDCA  Chief Executive Officer
Board Chair

Rev. Benjamin F. Gohlstin, Sr.     Scott S. Osiecki
ADAMHS Board Chair     ADAMHS Board Chief Executive Officer

July 26, 2017     September 23, 2020     July 2021     September of 2023

Approval date                                                  Review date
BEHAVIORAL HEALTH
WORKFORCE DEVELOPMENT

STRATEGIC PLANNING

Report to the
ADAMHS Board
of Cuyahoga County
Alcohol, Drug Addiction & Mental Health Services

By

Jeffrey D. Johnson
Prime Strategy Group, LLC

August 31, 2020
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INTRODUCTION AND OVERVIEW

Workforce and Behavioral Health

In Cuyahoga County, Ohio the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board works to provide the planning, funding and monitoring of public mental health and drug addiction treatment and recovery services. Working with the state of Ohio government, local community-based agencies, organizations and citizens for the provision of behavioral health services to the community, the 50 ADAMHS Boards across the state are involved in a daily challenge to meet the needs of citizens.

Understandably, providing behavioral health services to citizens that need them is important to government and the general community. They want to know are the citizens in need receiving them, and are the services making a difference in their daily lives? But to successfully provide, improve and expand behavioral health services to those who need them there must exist a strong human services infrastructure. An infrastructure adequately funded and maintained can ensure that the citizens who need quality behavioral health services will receive them. Unfortunately, the behavioral health servicing infrastructure in Ohio and across the nation is not strong enough to meet the growing needs of the citizenry. One significant part of our behavioral health services infrastructure is its workforce. It is often overlooked for its critical role in achieving the community goal of every citizen receiving the services they need.

The behavioral health workforce are individuals with different educational backgrounds from graduate degrees to high school diplomas to less formal education. These staff members provide important direct services and support services for the citizens. The workforce is expected daily to provide behavioral health services that promote, prevent and treat within a system that is challenged with problems that many say have developed into a crisis.

At every level of the behavioral health system in Cuyahoga County and Ohio there are committed, caring and talented individuals working to provide the needed services to the public. However, there are workforce challenges that are limiting the overall strength of the system to achieve its purpose.
A Process of Outreach

Identifying and understanding the challenges of the local workforce within the behavioral health system is a priority of the ADAMHS Board of Cuyahoga County. It is concerned about the capacity of the current and future behavioral health workforce. The ADAMHS Board of Cuyahoga County has had a successful partnership with community-based agencies providing services and wants to assist these provider agencies in strengthening their workforce and meeting the challenges of the changing behavioral health system.

The development of a strategic plan for workforce development and implementation in the area of behavioral health, treatment and recovery is an essential early step towards overcoming difficult workforce challenges existing within the infrastructure of the behavioral health system. It started with a process to identify the challenges confronting the local community-based agencies that many expect will continue to deliver quality, effective and life-improving services. The process involved discussions with leaders of community-based agencies receiving funding and other support from the ADAMHS Board of Cuyahoga County. Interviews were done with representatives from Cleveland State University, Case Western Reserve University and Cuyahoga Community College, including a focus group with CSU Social Work degree students. Elected officials and other stakeholders were also asked to discuss the issue of workforce development in the behavioral health system.

Additionally, involvement with the Cuyahoga County Early Childhood Mental Health Workforce Group provided insight into the workforce challenges of agencies working with children and their families. All involved with this process were willing to share their experiences, opinions and recommendations to assist with the effort, agreeing that in order to defeat the significant workforce challenges within the behavioral health system effective planning and cooperation is required.

Challenges and the Behavioral Health Workforce

“The concern is about the capacity of the current and future workforce to meet the challenges of the changing Behavioral Health System.”

There are serious problems within the Behavioral Health system. In our general society are we adequately funding the system to meet the needs of the citizens?
Does the community respect and support sufficiently the mentally ill and addicted? Should our health and educational institutions do more? What are the challenges and solutions to the workforce problems in behavioral health?

The prevailing opinions among those who work locally in providing behavioral health services is that significant help is needed to avoid a breakdown in the process of providing prevention and treatment services to citizens. Workforce development solutions that are supported and funded are needed to move away from where we are now toward a stronger more accountable system. A system that will increase staff pay and benefits, limit staff turnover, achieve diversity, equity and inclusion, expand access to training, properly prepare college graduates, improve supervision, avoid burnout and solve other problems while providing adequate funding and enough other resources to fulfill the high expectations of our citizens for a successful behavioral health system. To find the solutions we must first look to the challenges. The challenges that are best understood by the words of those on the frontline delivering behavioral health services.

**CHALLENGES**

“Job satisfaction, salary and benefits remain primary reasons why staff leave.”

“There is a struggle to keep needed Master and bachelor’s degree professionals, independent licensed and other professionals. Significant competition from hospitals, government institutions, larger organizations and others. Salary and benefits are number one reason.”

“Burnout with some staff members is a daily reality. Staff frustrations and anxiety are caused by concerns for salary, school debt, relationship with co-workers and supervisors, workload, client relationships, agency policy and procedures and others.”

“Home-based and school-based services have become more intense, and at times, dangerous for outreach staff.”

When discussing workforce challenges there is consistency in much of the thoughts, opinions and experiences among the people and organizations involved
in the behavioral health system. Leaders of the local community-based agencies providing behavioral health services all have said their most significant challenge with their workforce includes:

**Recruitment and Retention**

“The agencies use to have a better pipeline coming from the colleges and universities but what they are seeing now is that the academic institutions are sending the pipeline to the hospitals, or the staff after coming into the agency are being recruited to the hospitals for significantly more money than agencies can pay.”

“People come in for an interview and halfway through after hearing about what is expected with the job they say ‘oh, this is not for me. I don’t want to do that’.”

“A young person starting an entry level position in residential treatment was in orientation for the position and took a call from a local hospital and got the lab job offer she wanted and got up and left the orientation.”

The challenges experienced by these agencies are not unique to Cuyahoga County. Local agencies share these challenges with others in Ohio and across the nation. The core question when considering workforce issues is what is the prevailing level of job satisfaction among the staff? When it is high there is stability with extended tenure and achievement, but when it is low or fluctuates too much there is frequent staff turnover and difficulties. The challenge of retaining staff is reflected in the average time of two years that a new hire remains with a community-based agency. Some have even come in and gone within a year or during their first few months of orientation. Why is there this constant struggle to find and keep qualified staff? Here are some of the stated reasons:

**Competition and the Salary Gap**

“For almost all providers entry level support staff (administrative, front desk, program monitors, intake, maintenance, custodian, security, kitchen etc.) are the
most difficult to keep because of minimum salary ranges of between $9.00 - $13.00 per hour and the competition with other behavioral health agencies and non-behavioral health employers paying equal or more. Some staff have second jobs.”

“Competition for agency staff has increased significantly over the years from hospitals, government, start-ups, for-profit agencies, MCOs and larger non-profit agencies.”

“For-profit/entrepreneurial agencies hire away employees and strongly encourage the employee to bring clients with them.”

“Provider agencies are increasingly concerned with the expanding competition for workforce from Managed Care Organizations, local hospitals and large institutions (e.g. county jail).”

Community-based agencies don’t generally consider themselves in a negative competition with each other. There is an open communication between many of them while sharing mutual challenges and concerns. They will gain and lose staff members to each other, but the most difficult competitive problem does not come from inside the local provider agency community.

Competition for agency staff has increased significantly over the years from hospitals, government, start-ups, for-profit agencies, private health companies, and larger non-profit agencies. Also, local businesses and non-profit organizations not involved in health services but provide an equal or higher minimum wage are real options for an alternative work site for non-professional support staff. The support staff (administrative, front desk, program monitors, intake, maintenance, custodian, security, kitchen etc.) are the most difficult to keep for many provider agencies because of minimum salary ranges of between $9.00 - $13.00 per hour. Some support staff members working within the provider agencies have to work second jobs to meet the financial needs of their families.

There is a major difference of salary and benefits paid to staff between provider agencies and its competition and this is stated as the #1 reason individuals leave or choose not to come to an agency. The gap can be significant for an agency seeking to retain a staff member now considering a position with a competitor like an area hospital. It is not because the agency chooses not to pay higher salaries, it
is because other daily budget requirements also must be met. A common frustration within a larger socioeconomic system that doesn’t sufficiently value the essential work of the behavioral health workforce.

**Burnout**

*“Compassion fatigue is linked to burnout.”*

*“The most often cited type of burnout is connected to long hours and heavy caseloads that involve home-based and school-based services.”*

*“Burnout within staff levels is from top to bottom. Productivity, workload and ineffective supervision are major reasons cited for burnout.”*

*“Most new staff believe initially that they will work and help people but soon come across resistance. Some clients view staff as part of the criminal justice system. Change is painful so many do push back. Then there can be resistance from an employer to get their required hours and services while the client continues to push back…which can lead to burnout.”*

Beyond the loss of staff because of competition and the salary gap, the second most reason discussed as to why an agency loses a member of its staff is burnout. There are multiple reasons why burnout occurs among staff members. Here are some that were cited:

- Long hours and heavy caseloads.
- Requirement to go to a client home causing stress from the unknown and fear for personal safety.
- New work requirements that are part of the changes when Ohio moved to a Medicaid reimbursement payment system.
- Increase focus on productivity time.
- Paperwork.
Additionally, burnout is caused by staff frustrations and anxiety caused by concerns for salary, school debt, relationship with co-workers and supervisors, client relationships, agency policy and procedures and others. Burnout negatively impacts the ability of the staff member to reach productivity goals with clients that in turn causes the agency to be unable to receive payment from the Manage Care Organization. Burnout seriously impacts the health of the worker and the finances of the agency. It is taken seriously by agency leaders who continue to take steps to try to effectively prevent it and respond to it.

**Academic Preparation of New Staff**

“*Upon arriving for their first day at work the new staff member has a reality check. What the day to day work with clients actually is versus what they learned during their college degree or certification process.*”

“*Colleges and universities are not properly preparing their graduates for the actual work at the agencies.*”

“*Colleges and universities are doing much more theory than practice in its degree programs for behavioral health professionals.*”

“*College debt is a significant problem for behavioral health professionals.*”

For many provider agencies it’s a continual disappointment witnessing the lack of preparedness among too many graduates of college and university degree programs in behavioral health related professions. They are also disappointed in the lack of diversity of these new graduates seeking positions within the behavioral health profession. Because of the difference between what is learned in most college and university classes and what the new staff member is asked to do during her workday there is often frustration and concern. It is also believed that the backgrounds and experiences of the new graduates don’t usually compliment the actual home-based or school-based community work environment.

Many of the new staff come with heavy college debt that causes its own level of stress. Despite the hope that tuition reimbursement programs would help they usually fall short. Agencies have had to spend more funding on “onboarding” orientation programs for a new staff member. This investment too often also comes
at a lost when the new staff member quits after finally understanding that home visits, productivity requirements and other unknown work requirements are expected.

**Expanding the Workforce**

*“It is difficult to increase diversity in the behavioral health workforce.”*

*“Community Colleges have more diversity in its degree programs and should be supported more as a pathway for advance degrees and diverse staffing.”*

*“More advocacy is needed to bring people into the Behavioral Health profession. Attracting ‘new blood’ into the field is very important.”*

*“Race equity and diversity are important within a workforce.”*

Providers recognize the importance of a workforce with racial and ethnic diversity. They understand the link between having a culturally and linguistically diverse workforce and the positive impact on existing disparities in the access and quality of behavioral health services. Greater satisfaction also occurs for the citizen receiving the services. It is important with efforts to expand the workforce that there is a promotion of cultural competence that includes a focus on awareness, attitude, knowledge and skills.

Unfortunately, there are too few racial and ethnic minorities working in the behavioral health system. Less than 20% of them are working in behavioral health across the nation. Fewer hold positions of leadership. In fact, efforts to diversify agency staff and leadership is also a way to improve recruitment and retention practices.

The challenge is how to achieve better diversity, equity and inclusion within the community-based behavioral health agencies. The system changes that are needed to support “non-traditional” employees (including minorities, males, mid-career, and veterans) to work directly with citizen clients will have to involve a statewide approach.
Everyone working in behavioral health knows that the workforce “pipeline” has to expand. Creativity and commitment for short- and long-term solutions are necessary to achieve the diversity goals of the providers and the needs of the community. More racial and ethnic minorities will need to be encouraged to look at behavioral health as a career choice, and the development of “pathways” have to begin much earlier to engage and excite young people to consider this as their possible career.

The limited experiences of some provider agencies have been that hiring non-traditional workers has been a success. Much more will need to be done to make that a more frequent reality.

**Work Environment**

“*College debt is a significant problem for behavioral health professionals.*”

“*College tuition reimbursement programs fall far short of actually assisting professionals with school loans and few use them. Change is needed.*”

“*Difficult to maintain staff levels for residency-based services because of increase disrespect and violence against them.*”

“*Some young people working at the agencies say they needed a level of shadowing and training that they were not given when they joined the staff. Believed their jobs were hard work with lots of hours and that there were easier ways of making a living.*”

Work challenges within agencies beyond those discussed above include the significant problem of college debt for staff. There have been mixed results with tuition reimbursement programs used by staff. For some the programs fall far short of actually assisting with school loans and few use them. Others choose not to take to court former young staff members who leave prior to the completion of the years required by the program. One agency budgeted for a tuition reimbursement plan with a two-year commitment requirement and two thirds of the money was never used by staff. What is wanted is a program that works for both staff and the
agency. College loan debt is a source of heavy stress for a worker in an already stressful job.

Safety concerns are also a major cause for staff turnover. Home-based and School-based work assignments have caused many over the years to decline job offers from agencies or a reason for early resignations. Concern about safety, real or imagined, within an unknown neighborhood where a client’s home or school is located can be difficult for a new staff member to handle.

Other challenges are the need to provide opportunities for case workers and other staff to advance to higher positions in the organizations. Training and education are wanted, along with a fair opportunity to use the new skills in a position that pays more and with leadership responsibilities. It has been difficult in some situations for agency leaders to “train up” a staff member to do additional services given restrictive state regulations.

State Policy and Regulations

“A question should be asked if state requirements of certain work within the community population by high level licensed professional are necessary? Are we pricing ourselves out of this? State government is deciding this with Medicaid charging rules.”

“The Medicaid Behavioral Health Redesign focus on linking payments to productivity, paperwork, and other requirements and regulations are causing continued challenges for agencies.”

“With the change to the manage care system the Managed Care Organizations responded by recruiting staff, including supervisors. Community-based agencies couldn’t compete because the MCOs were offering $12 -$15,000 a year more and work from home on Friday.”

“The behavioral health workforce challenges are not something that can be solved individually by an agency. These challenges are systemwide involving multiple agencies, people and public and private organizations. A system approach is needed to make positive change.”
“Medicaid reimbursements doesn’t come close to actual costs of services.”

The Ohio Behavioral Health Redesign has created challenges that have had a significant impact on community-based agencies. The decision to go to a Managed Care system has brought with it many problems. The failure to provide reimbursement rates that matched actual service delivery costs prevents more fair salaries and benefits to be provided to community-based agency staff. The focus of the Redesign of linking payment to productivity, paperwork, and other requirements and regulations are causing continued problems for the agencies. 52% of staff time is doing paperwork and other activities not involved with client.

Additionally, the redesign has empowered Managed Care Organizations that have also caused added challenges. Now agencies must bill multiple MCOs and wait far longer for reimbursement payments, all while having to fight continuously to get services certified for payment. For some agencies it is difficult to balance the budget when their medical section has a gap between the wage rate charged vs the state reimbursable rate for services.

The decision not to reimburse costs for prevention services is also terrible for local community agencies. More money is saved when these programs are supported than responding after the fact. The state says agencies should wait for a diagnosis before effective preventive and early intervention services should be financially supported. That ignores the value of working to prevent a significant health problem to avoid a major costly diagnosis.

Finally, local agencies see themselves as part of the behavioral health infrastructure. The challenges they face daily requires attention to, and improvement of, this infrastructure if effective services to clients are to continue to improve.
STRATEGIC PLANNING FOR A STRONGER BEHAVIORAL HEALTH WORKFORCE

**Vision**

To assist Cuyahoga County provider agencies in strengthening their workforce and meeting the challenges of the changing Behavioral Health System.

**Goals**

- Improve the recruitment and retention of BH workforce.
- Reduce BH staff turnover.
- Expand the BH workforce.
- Diversify the BH workforce.
- Improve academic preparation of BH workforce.
- Expand training.
- Increase state funding for workforce development.
- Secure state policy and administrative changes for workforce development.
- Develop career pathways in BH careers.

**RECOMMENDATIONS**

**Recruitment and Retention**

EXPAND AND ENHANCE ONLINE JOBS BOARD FOCUSED ON PROVIDER AGENCIES AND CONTINUE SPONSORSHIP OF CAREER FAIRS

Enhancement of the online jobs board focused on provider agencies' information and job openings will help in their efforts with recruitment. Jobs board and Career Fairs should also:
Include information on the positive experiences of working at a community-based agency, including personal comments from staff and citizens.

Provide information on interviewing and resume preparation.

Confirm commitment to diversity hiring and promotion at community-based agencies.

Include information on internships, fellowships and opportunities for non-traditional applicants.

COMMUNITY-BASED PROVIDERS AND ACADEMIC INSTITUTIONS WORK GROUP

Connect and participate with community-based providers and local colleges and universities to work together to develop strategies and agreements to:

- Develop and implement academic curriculum and programs designed to better prepare students to succeed in community-based organizations. The need is to close the gap between what is learned in the college and university degree programs and what is actually needed by providers for effective work and service delivery within the community.

- Establish direct pipeline relationships with community-based agencies for internships, fellowships and pre-graduation “get to know you” events.

- Develop an undergrad placement program allowing undergrad student(s) to be a paid employee at a provider agency while receiving academic credit. Would not work alone with clients but will experience the frontline delivery of Behavioral Health services.

- Allow provider agency representatives to participate in the academic process as special guest speakers and for mentoring and coaching.

- Prioritize diversity in the behavioral health academic programs of colleges and universities. Develop more effective strategies to recruit, support and graduate minority and non-traditional students and teachers for work in community-based behavioral health agencies.
TUITION REIMBURSEMENT PROGRAM

Provide tuition assistance to employees working at an approved ADAMHS Board of Cuyahoga County Behavioral Health provider agency. Program includes:

- Requirement that employee has worked at the agency at least 6 months.
- Allowance for employee to pursue an associate, bachelor’s or master’s degree, or certification in a Behavioral Health profession.
- Employee must commit to a two-year service obligation with the approved provider agency.

Advocacy and Outreach

COMMUNITY STAKEHOLDER SUPPORT NETWORK

A more responsive Behavioral Health system is necessary to provide the enhanced support for its workforce and the citizens it serves. Expansion of the existing community-based support network, with a focus on increasing awareness and support for the workforce, could be done by:

- Developing a plan to connect with culturally diverse community partners including grassroots, business and civic organizations, the clergy, citizens, elected officials and others.
- Developing with stakeholders the strategies to change public policies and administrative actions that impact the behavioral health workforce and service delivery.
- Challenging and removing behavioral health stereotypes and stigmas existing within the community.
- Developing strategies to increase diversity in the Behavioral Health workforce.
- Recruiting participants for peer support initiatives for the workforce and citizens.
Providers discussed the need for key changes in state policy and administrative regulations to improve the work environment and strike a more competitive balance for workforce development in community-based agencies. The changes most needed are:

- Increase reimbursable rates that better recognizes value of time spent providing direct services to citizens. This allows for salaries and benefits to increase for staff.
- Reimburse for prevention services – this impacts workforce stability by allowing for more flexible productivity work options including less stressful direct services. Helps reduce burnout.
- College Loan Repayment Program – flexible requirements to allow for greater use.
- Expand reimbursable work by non-licensed staff.
- Remove the policy barriers that prevent all work done by peer providers from being reimbursed.

**Training**

**Targeted Training Programs Focused on Workforce Issues**

Training opportunities are identified by providers as critical to their ability to successfully provide staff development. In addition to what an agency may provide for staff training, the most discussed as needed is training focused on:

- Supervisors - ensuring quality; professional development; support of the workers.
- Case Managers - Skills development; Core Competency.
- Career Advancement.
- Cultural Competence.
- Staff Safety Tips.
- Leadership Development.
- Burn Out Prevention – Stress management; Mindfulness.
- Evidence-based practicing.
- Cognitive behavioral therapy.
- Workforce Equity, Fairness and Inclusion.
- Higher academic degree or certification.

**Career Pathways**

**WORKFORCE DIVERSITY FELLOWSHIP PROGRAM**

Establishment of a fellowship program to expand diversity in the workplace and increase the number of culturally competent professionals in the workforce. The program would identify among the community-based provider agencies practitioners who meet the requirements to become an ADAMHS Board Diversity Fellow. It would include:

- Applicants who are a racial or ethnic minority or non-traditional (veteran, male, or mid-career) practitioner.
- A commitment to work with an ADAMHS Board community-based provider agency for a specific time commitment.
- A stipend (in addition to the salary the agency provides).
- Participation in designated activities including training and fellows group events.
AMBASSADOR PATHWAY PROGRAM FOR HIGH SCHOOL STUDENTS

Program would develop career pathways in community-based Behavioral Health professions for high school students in Cuyahoga County. This “pipeline” pathway program is similar to the Nebraska BHECN High School Ambassador program. The Cuyahoga County program would do the following:

- Identify and follow culturally diverse students from high school and college through professional school, and on to careers in behavioral health professions.
- Develop the awareness of students about behavioral health careers and provide mentoring relationships.
- Connect students with information and resources to develop their knowledge of behavioral health careers.
- Provide internships with community-based behavioral health providers.
- Interactive role model sessions with behavioral health professionals.
- Host annual Ambassador Conference for participating students in Cuyahoga County.
APPENDIX

THANK YOU to the Provider Agencies, Organizations, Stakeholders and other individuals listed below who participated in individual and/or group discussions about behavioral health workforce issues in Cuyahoga County.

In order of discussions:

ADAMHS Board of Cuyahoga County
Reverend Benjamin F. Gohlstin, Sr., Chair, ADAMHS Board of Cuyahoga County
Mr. Scott. S. Osiecki, CEO, ADAMHS Board of Cuyahoga County
Ms. Tami A. Fischer, CAO, ADAMHS Board of Cuyahoga County
Ms. Carole Ballard, MSSA, LISW, Director, Education & Training, ADAMHS Board of CC
Salvation Army/ Harbor Light
Dr. Kathleen Clegg and Dr. Robert Ronis, University Hospitals
Recovery Resources
NORA
Ohio Guidestone
Mary Dugan Center
Community Assessment & Treatment Services, Inc.
Stella Maris, Inc.
Women Recovery Center
EDEN, INC.
New Directions
Early Childhood Mental Health/ Invest in Children Work Group
The Centers for Families and Children
ASIA, Inc.
Beech Brook
Bellefaire JCB
Cleveland Treatment Center
Applewood Centers, Inc.
Mr. Bob Eckardt, Consultant
Coalition of Kids Mental Health Agency Leaders
Dr. Victor Groza – CWRU MSASS – Grace F. Brody Professor
Epilepsy Association
Cleveland Christian Home
Catholic Charities of Cleveland
Murtis Taylor Human Services Center
Cuyahoga Community College Human Services Advisory Committee
Moore Counseling & Mediation Services
Hanna Perkins Center
Positive Education Program
Pipeline To God
Starting Point
Dr. David Hussey – CWRU MSASS – Director, Mandel Leadership Fellows Program
Professor Julius Simmons – CSU/Manager, School-Based & Child Behavioral Svcs - Murtis Taylor Achievement Centers for Children
Ms. Sharyse N. Jones, MSSA, LISW-S – Manager, CCC Human Services Program
Mr. Lovell Custard – President & CEO, Murtis Taylor Human Services System
Cleveland Councilman Brian Kazy
Cuyahoga County Councilwoman Yvonne Conwell
Ms. Constance Walker, Manager, Special Needs Child Care, Starting Point
Ohio State Representative Terrence Upchurch
THRIVE Peer Support
Cleveland State University Graduate Students /Professor Julius Simmons’ Social Work Class
Mental Health, Addiction & Recovery Group
Former CEO William Denihan, ADAMHS Board of Cuyahoga County