

Ohio Mental Health and Addiction Services (OhioMHAS)
Community Plan Update for SFY 2018

Needs Assessment Update

1. Please update the needs assessment submitted with the SFY 2017 Community Plan, as required by ORC 340.03, with any new information that significantly affects the Board’s priorities, goals, or strategies. New needs assessment information is of particular interest and importance to the Department regarding: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils (ORC § 340.03(A)(1)(c)); (2) outpatient service needs of persons receiving treatment in state Regional Psychiatric Hospitals (ORC § 340.03(A)(1)(c)); and (3) consequences of opiate use, e.g., overdoses and/or deaths. If the needs assessment section submitted with the SFY 2017 Community Plan remains current, please indicate as such.

Board’s Needs Assessment Update Response (if any):

In 2016, ADAMHSCC conducted its latest 5-year needs assessment, through a contract with Cleveland’s Center for Health Affairs. Data from the completed needs assessment did not significantly affect the Board’s priorities, goals, or strategies regarding child service needs resulting from finalized dispute resolution with Family & Children First Councils, nor outpatient service needs of persons receiving treatment in state Regional Psychiatric Hospitals.

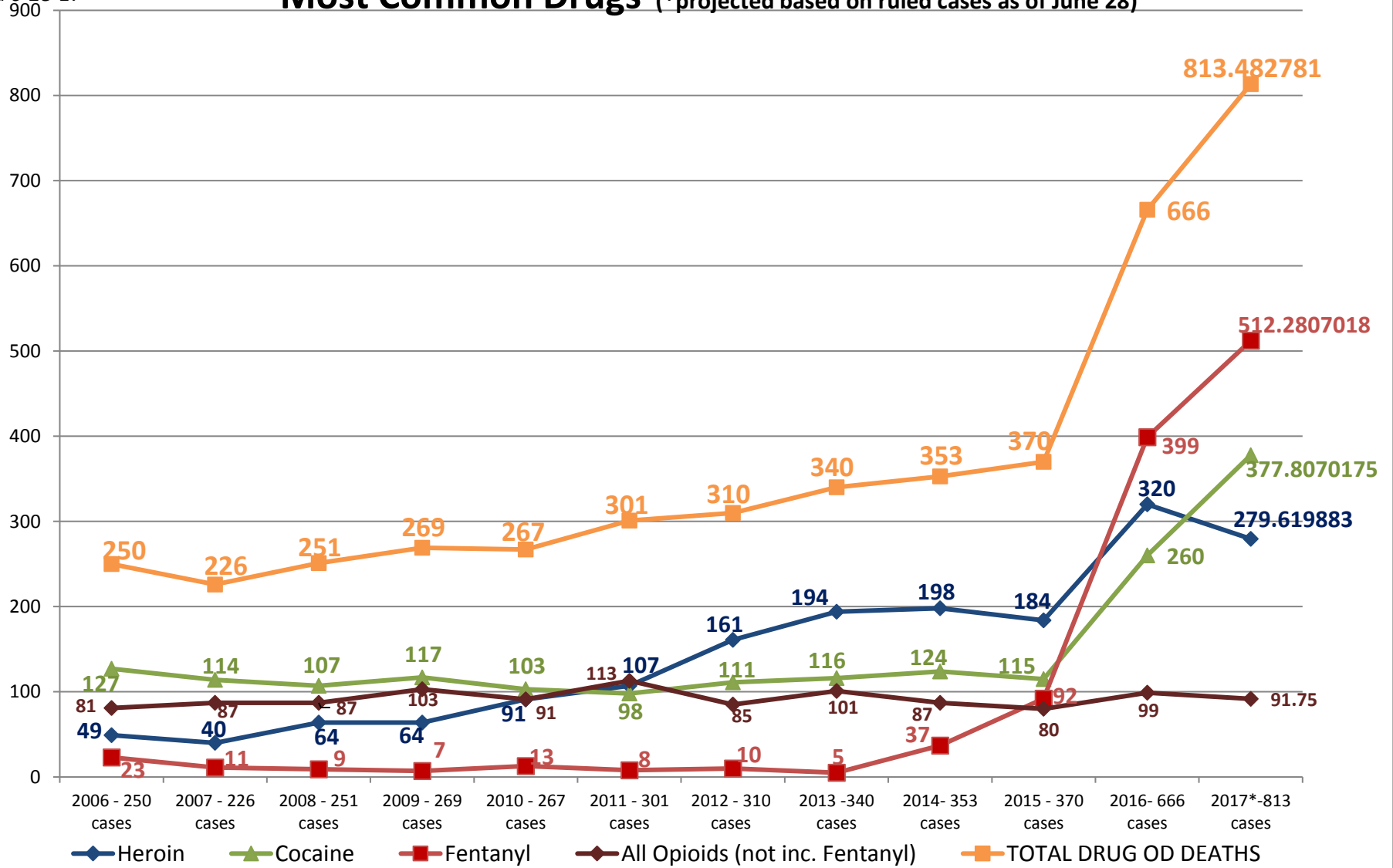
However, the impact of opiate use was evident in the results of the needs assessment. It became clear that the most pressing issue facing the community related to behavioral health is the very rapid increase in the number of fentanyl-related overdose deaths, as evidenced by the chart below, provided by the Cuyahoga County Medical Examiner’s Office.

Source: Cuyahoga County
 Medical Examiner's Office
 revised 6-28-17



Cuyahoga County Overdose Deaths 2006-2017*

Most Common Drugs (*projected based on ruled cases as of June 28)



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Cuyahoga County's capacity to provide treatment for low-income residents faced with heroin addiction was seen as inadequate by almost all involved in the needs assessment. Naloxone distribution among first responders, including law enforcement, has increased tremendously in Cuyahoga County during the past few years but needs to expand even further. More Medically Assisted Treatment (MAT) for opioid/heroin addictions is also needed, along with the array of services that are not covered by Medicaid but are often necessary in order for those who are addicted to succeed (i.e., crisis intervention, detoxification, inpatient care, sober living).

In fact, there is an evident gap in the availability (both community capacity and financial resources) for the *best types* of care, which are required based on the individual need for each client. There is neither a sufficient level of community capacity, nor financial resources to pay for the number of clients who require residential care. There is also no/limited funding for post-recovery supports which would improve outcomes: housing, employment services, and inpatient detoxification.

Some specific barriers to care were found to be:

Policy issues:

- The IMD (Medicaid Institutions for Mental Diseases) exclusion limits capacity for inpatient treatment tremendously;
- Key services, which improve client outcomes for those who are addicted to opiates, are not reimbursable, i.e., client engagement activities, inpatient care for medically necessary detoxification periods; and most residential services (Mental Health and Addiction). The latter was cited by stakeholders as the most critical gap in the county's mental health/addiction services community.
- Other issues pertinent to opiate addiction include MAT; acute intensive services; some outpatient services; some intensive support services; prevention; and post-recovery support (in particular housing, employment and mentoring/coaching).

Infrastructure:

- The following were found to be shortages in local infrastructure: detoxification beds; inpatient beds in local hospitals for medical stabilization of mental health and addiction clients; intensive outpatient care capacity for addicts (for Medicaid patients); MAT capacity (community providers are not adequately aligned with providers who can manage MAT); and sober beds/sober housing. There are not enough of these services to provide care for those who require it, even if additional funding were suddenly available.

Current Status of SFY 2017 Community Plan Priorities

2. Please list the Block Grant, State and Board priorities identified in the SFY 2017 Community Plan, briefly describe progress in achieving the related goals and strategies, and indicate in the last column if the Priority is "Continued," "Modified", or "Discontinued" for SFY 2018. If the SFY 2017 Community Plan addressed (1) trauma informed care; (2) prevention and/or decrease of opiate overdoses and/or deaths; (3)

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suicide prevention, and/or (4) Recovery Oriented Systems of Care, OhioMHAS is particularly interested in an update or status report of these areas.

(NOTE: This section only applies to previously submitted SFY 2017 priorities. Any new priorities are to be listed in item #3, if applicable). Please add as many rows in the matrix below as are necessary.

PRIORITIES, GOALS AND STRATEGIES ARE CUT AND PASTED FROM THE SFY 2017 COMMUNITY PLAN					
Priority	Goal	Strategy	Progress	Barriers/Need for TA?	Priority Continued, Modified, or Discontinued in SFY 2018?
<p>SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)</p>	<p>Goal Continued to meet Priority: Maintain current service mechanism that identifies children in need of intensive services and supports due to parents' SUD and involvement with the child welfare system.</p>	<p>Strategies Continuing: Review & assess necessary support to aid mandated systems i.e. Juvenile Court & DCFS to identify SUD population, absent of mandated criteria, at system entry points to navigate to appropriate resource and/or support.</p> <p>Increase collaboration through FCFC's Service Coordination Mechanism more readily to better identify children/adolescents at-risk- and in need of intensive planning & support as an additional effort to divert mandated system involvement.</p> <p>New Strategy for SFY18: Educate Community Behavioral Health agencies re: alternative strategies, modalities for cross-system planning for children to prevent abuse/neglect.</p>	<p>Meeting Attendance through Service Coordination- Target Achieved-<i>Out of 24 meetings scheduled via FCFC-20 were attended</i> <i>Projecting at least 60% meeting attendance SFY18</i></p> <p>Meeting Attendance with System Partners- Target Achieved-<i>Out of 13 meetings scheduled 10 were attended</i>-<i>Projecting at least 60% meeting attendance & participation SFY18</i></p> <p>Identify the number of children in need of support to prevent abuse/neglect-out of 13 meetings- Target Achieved-<i>Out of 13 meetings, 4 cases were related to parents with SUD and at risk for child-welfare involvement-</i></p>		<p>Priority Continued</p>

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<p>Prevention and/or decrease of opiate overdoses and/or deaths</p>	<p>Goals Modified Below to Fulfill Priority for SFY18: Expand the current prevention continuum of care through the Strategic Planning Framework to address the heroin and opiate epidemic.</p> <p>Increase awareness and education of the signs and symptoms of opiate abuse.</p> <p>Expand local partnerships and resources to combat the heroin and opiate epidemic.</p>	<p>Strategies Modified Below: Coordinate workgroups with contract agencies to prevent, decrease and/or eradicate opiate overdoses and/or fatalities</p> <p>Identify current service continuum to determine service gaps</p> <p>Review data from the County Medical Examiner’s report re: ER visits, fatalities, prevalence of location and age, etc. to determine the appropriate prevention strategy to employ</p> <p>Develop a plan for implementation immediately, short and long term</p> <p>Educate neighboring adult/child system(s), Faith-Based community, college campuses, shelters, etc. re: signs and symptoms of opiate abuse and its trajectory toward overdose and death</p> <p>Identify training needs of both child and adult</p>	<p>Number of meetings w/contract agencies, systems, etc.</p> <ul style="list-style-type: none"> Number of programs implemented specific to the opiate epidemic. During FY17, the ADAMHS partnered with the City of Cleveland and the Cuyahoga County Executive’s Office to tackle the heroin epidemic. The City and the County provided \$250,000 each and the provided \$1 million to add ambulatory detoxification services and increase treatment and recovery services that added a total of 113 additional treatment and sober beds to the community for a total of 291 beds. <p>The Board launched its 24-hours Quick Response Protocol and Pilot Program with Cleveland Division of Police,</p>		<p>Modified</p>
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		<p>systems for community awareness</p> <p>Vet additional prevention programming specific to illicit drug use utilizing the Six Prevention Strategies through a competitive bidding process</p> <p>Target family members, as a preventive effort in detecting the signs and symptoms of opiate abuse</p> <p>Solicit involvement from school districts, hospitals and the Faith-Based community.</p>	<p>2nd District, to help individuals revived from a heroin/fentanyl overdose with Naloxone get into detox and treatment following stabilization. Police screen at the scene and/or the emergency room to determine if an individual is serious about receiving treatment. When an individual is determined to be a good candidate, the police facilitate a phone screening with one of the three detox providers; Stella Maris, Salvation Army Harbor Light and St. Vincent Rosary Hall. The police or sheriff's office bring the individual to the detox provider if the individual wants to be taken for treatment.</p>		
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			<ul style="list-style-type: none">• Number of community forums to provide information and resource materials. ADAMHS Board CEO, staff and Board Members participated in over 30 various community meetings and forums to educate the public about the opiate epidemic. Presentations to local communities included, Lakewood, South Euclid, Westlake, Bay Village, Brookpark and Strongsville. The audiences at the forums included school-aged children, college students, young adults, middle-aged individuals, and senior citizens in a various settings including, churches, community centers, schools, other system conferences and through media interviews.		
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			<p>The ADAMHS Board also launched Addiction Recovery Advocacy Meetings for individuals and families with a passion to help reduce the number of lives lost to opiate heroin and fentanyl addiction. Through these meetings, the ADAMHS Board was able to gather and implement ideas to try to help reduce the number of lives lost to heroin overdose.</p> <p>The ADAMHS Board of Cuyahoga County participated in the County's "Know the Risks" prevention campaign and organized a phone bank during the live televised kick-off event in April 2017. A total of 157 calls were received that evening from parents, family members and significant others of</p>		
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			<p>people struggling with addiction who just needed a chance to talk about what, if anything, they could do to help, and expressed that the chance to talk to someone with knowledge was very valuable.</p> <p>Monitor access to treatment services and waiting lists.</p> <p>Progress: The Board tracks real time opiate waitlists on a daily basis through a web-based software to manage the availability and care coordination of detox and AOD residential beds. Additionally the Board will monitor the new State web-based opiate waitlist data entered by providers by reviewing on a monthly basis and reporting any</p>		
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			deficiencies to OMHAS as required.		
<p>Ensure prevention services are available across the lifespan with a focus on families with children/adolescents</p>	<p>Goals Continuing Below to Fulfill Priority for SFY18: Enhance the service array for the provision of prevention services across the life span from early-childhood to adults/seniors.</p> <p>Expand the prevention service continuum to increase the number of services for special populations, which include, but are not limited to, LGBTQ, victims of violent crimes and bullying, etc.</p> <p>Increase the percentage of agencies that provide services targeted to special populations.</p> <p>Increase knowledge & awareness of evidence based curricula and screenings to measure the continuum of prevention services.</p>	<p>Continuing Strategies: Assess service gaps within the prevention continuum related to programming specific to special population(s).</p> <p>Identify service venues in need of targeted prevention services.</p> <p>Identify curricula and programs that extend beyond an abstinence approach to fulfill all prevention needs.</p> <p>Newly Added Strategy SFY18: Provide training and technical support for the implementation of the Devereux Student Strengths Assessment (DESSA) & the Devereux Adult Resiliency Scale (DARS) for evidence-based outcome measures to promote social-emotional competency and resiliency throughout the lifespan for prevention programming.</p>	<p>Number of meetings with contract providers-Target Achieved- 9 meetings out 12 were scheduled & attended by contract providers to identify service gaps & service locations-</p> <p>Number of service gaps for prevention programming for special populations. – Achieved & Continuing for SFY18</p> <p>Number of trainings re: the implementation of performance and outcome measures-Continuing</p>		Modified

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	<p>Extend the prevention service curricula beyond abstinence.</p>				
<p>Suicide Prevention</p>	<p>Goals Modified Below to Fulfill Priority for SFY18: Develop a comprehensive plan to decrease and prevent suicide throughout the lifespan utilizing the Strategic Prevention Framework.</p> <p>Maintain and Identify additional key stakeholders and community partners to enhance the current Suicide Prevention Task Force</p> <p>Increase awareness and education of the signs and symptoms of suicide.</p> <p><i>Develop an evaluation plan and screening instrument to support community success and effectiveness.</i></p> <ul style="list-style-type: none"> To continue providing free 	<p>Strategies Modified Below: Assess the prevalence of suicide, location, and age to determine preventative strategies.</p> <p>Determine current service efforts and capacity within the community</p> <p>Review data from various sources including but not limited to the County Medical Examiner’s report re: ER visits, fatalities, etc.</p> <p>Identify an implementation strategy that is culturally competent and sustainable.</p> <p>Determine an evaluation tracking and reporting strategy, as well as an evidenced based screening instrument</p> <p>Target family members, as a preventive effort in detecting the signs and symptoms of suicide</p>	<ul style="list-style-type: none"> Number of community meetings. The Cuyahoga County Suicide Prevention Task Force continued to meet in FY 2017. The Task Force continues to meet and is working on reexamining its membership and focus in FY 2018. Attendance of stakeholders and community partners. Membership of the Task Force consists of providers and suicide survivor support groups. Membership will be expanded in FY 2018. Number of current programs and additional programs. Progress: The Board will continue current outreach/education efforts and look to 		<p>Modified</p>

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	<p>Question Persuade and Refer (QPR) trainings – that teach three simple steps that anyone can learn to help save a life from suicide.</p> <ul style="list-style-type: none"> NOTE: The ADAMHS Board of Cuyahoga County has provided over 50 trainings to nearly 1,000 individuals since starting the program in 2015. Lasting partnerships were formed with The Academy of Medicine of Cleveland & Northern Ohio for promotion of the trainings and with St. Vincent Charity Medical Center to provide CMEs. The QPR program was partially funded through a grant from the Margaret Clark Morgan Foundation. 	<ul style="list-style-type: none"> Provide QPR trainings via ADAMHS Board of Cuyahoga County Training Institute & promotion to community groups focused on youth, adults, and elderly. Continued participation and leadership in the Cuyahoga County Suicide Prevention Task Force. Create and promote Cuyahoga County Suicide Prevention Task Force Webpage on ADAMHS Board Website that will offer information on community resources and the work of the Task Force. Promote 24-hour Hotline, Crisis Text and Crisis Chat and other resources via: 	<p>add new programs as the new strategic plan is implemented under our new CEO. This includes expanding collaboration between colleges, universities and community stakeholders to develop programming to prevent suicide, promote mental health and reduce stigma about mental illness or its treatment on campus.</p> <ul style="list-style-type: none"> Number of screenings and outcome measures. During FY 2017, there were 1,190 online screenings through the ADAMHS Board FREE and anonymous online behavioral health screenings, including 526 for depression. The screening is not a diagnosis only an indicator that the individual may 		
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	<p>Although the grant has ended, the Board continues to promote and provide QPR Training in Cuyahoga County.</p> <ul style="list-style-type: none"> • Inform the community of suicide prevention resources, including the ADAMHS Board 24-Hour Hotline, Crisis Text, and Crisis Chat. • NOTE: 2015 Stats -- 10,435 behavioral health calls were received by the hotline; 2,531 Crisis Texts and 1,388 Crisis Chats. 	<ul style="list-style-type: none"> • Expanded Direct Mail campaign to areas with high risk of suicide. • Relaunch of ADAMHS Board of Cuyahoga County Suicide Prevention Awareness Campaign, including Pandora/Social Media Targeting Advertising. • Promote online behavioral health screenings available through the ADAMHS Board of Cuyahoga County Website. 	<p>benefit from professional behavioral health services.</p> <ul style="list-style-type: none"> • Number of QPR Trainings provided and the training evaluations. During FY 2017, the ADAMHS Board provided 14 QPR Trainings to nearly 400 individuals at various medical, partner system and community organizations. • Number of hits on Suicide Task Force Webpage. The Task Force Webpage on the ADAMHS Board Website received nearly 1,600 page views in FY 2017. • Number of calls to 24- Hour Hotline. Nearly 9,000 calls were received by the Board's 24-Hour Suicide Prevention, Mental Health and Addiction Hotline: 		
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			<p>216-623-6888, operated by Frontline Services</p> <ul style="list-style-type: none"> • Number of Crisis Texts. Over 2,300 texts were received by Frontline Services, which operates the Board’s Crisis Text. • Number of Crisis Chats. Over 700 chats were conducted by Frontline Services, which operates the Board’s Crisis Chat. • Number of social media impressions and clicks. Over 305,000 individuals visited the Board’s Website: www.adamhsc.org during FY17. There were over 18,000 impressions on Facebook with over 1,000 followers. • Results of yellowpages.com search engine advertising and number of clicks to 		
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			<p>designated Website. There were over 93,000 impressions of the ADAMHS Board ad, with nearly 2,100 clicks through to the Board's Website.</p> <ul style="list-style-type: none"> • Number of online behavioral health screenings completed through the ADAMHS Board of Cuyahoga County Website. During FY 2017, there were 1,190 online screenings through the ADAMHS Board FREE and anonymous online behavioral health screenings, for Alcohol Addiction, Depression, Bipolar Disorder, Eating Disorders, General Anxiety Disorder, Posttraumatic Stress Disorder and a Brief Screen for Adolescent Depression. The 		
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			screening is not a diagnosis only an indicator that the individual may benefit from professional behavioral health services.		
Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	<p>Goals Modified Below to Fulfill Priority for SFY18: Increase capacity for the number of professionals trained to identify the signs and symptoms of problem gambling</p> <p>Raise community awareness of the issue of problem gambling and its collateral health effects</p> <p>Increase perception of problem gambling as a potentially harmful activity to reduce risks associated with gambling</p>	<p>Strategies Modified Below: Maintain membership with the Problem Gambling Coalition and Planning Symposium</p> <p>Assess current capacity of services including family groups and interventions to build the problem gambling continuum of services</p> <p>Identify additional treatment modalities to support recovery efforts for problem gambling</p> <p>Develop a screening instrument to identify individuals in need of treatment for gambling</p> <p>Provide education and training to behavioral health professionals to become certified to</p>	<ul style="list-style-type: none"> Number of Coalition Meetings. The former External Affairs Officer was on the leadership committee of the Cuyahoga County Gambling Coalition. She attended the coalition meeting monthly until her resignation from the Board in April 2017. The new External Affairs Officer will join and participate in the Coalition starting in August 2017. Number of Individuals Educated and Aware. The Board provides the 		

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	<p>Promote gambling prevention treatment and resources.</p>	<p>provide gambling treatment and prevention services</p> <p>Vet additional participants for the gambling coalition meetings and events</p> <ul style="list-style-type: none"> • ADAMHS Board of Cuyahoga County External Affairs Officer is part of the Cuyahoga County Problem Gambling Coalition Leadership Committee. • Utilize social media to promote trainings and prevention and treatment resources. • Maintain gambling prevention webpage. 	<p>“Gambling is All Fun and Games,” palm card at all health fairs and community events where the Board has a display table. This will continue going forward in FY18.</p> <ul style="list-style-type: none"> • Number of social media impressions and clicks. During FY17 there were several posts concerning gambling, including National Gambling Prevention Month. The posts will continue in FY18. • Number of clicks on gambling page. There were 318 clicks to the gambling page on the Board’s Website during FY17. 		
<p>Transitional Youth</p>	<p>Goals Continuing Below to Fulfill Priority for SFY18: Enhance the service continuum to expand supportive housing</p>	<p>Strategies Continuing: Explore funding opportunities to develop and support a continuum of housing support services.</p>	<p>Outcome data from the current transitional youth housing pilot to develop subsequent housing projects. Target Achieved-4 out of 5 young adults who were</p>		<p>Modified</p>

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	<p>with a focus on employment/vocation, consumer operated services, and education specific to the transitional youth population cross systems.</p> <p>Increase knowledge and awareness of partnering systems related to cross-system planning for transition to the adult-system. Develop a youth focused advocacy group to promote peer-led activities to reduce the stigma of behavioral health and to identify necessary components of service delivery efforts for youth.</p>	<p>Engage the local Continuum of Care (CoC) to determine its priorities for this service population</p> <p>Create a variety of supportive living options to meet the needs of this population, ensuring the services available meets the needs of this population.</p> <p>Identify non-traditional supports that will aid in maintaining youth in the community.</p> <p>Continue planning efforts through community work group to identify and prioritize needs</p> <p>Collaborate and coordinate service delivery efforts with adult & children systems' providers for seamless transition of services.</p> <p>Educate system partners of adult service transition in addition to systemic limitations</p> <p>Incorporate the Cuyahoga County Youth M.O.V.E.</p>	<p><i>discharged completed their goals.</i></p> <p>Number of meetings with community stakeholders related to data identifying the multiple needs of transitional youth cross systems. Target Achieved- Out of 5 scheduled Transitional Age Community Treatment meetings, 5 were attended.</p> <p>Newly Identified Targets</p> <p>Number of trainings to system partners regarding service transition.</p> <p>Number of meetings for youth through Youth M.O.V.E.</p> <p>Number of activities to support youth identifying ways in which to reduce barriers and stigma of the behavioral health system re: children/adolescent</p>		
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		Advocacy group into the Transitional Youth Housing model to identify youth focused strategies and activities to fulfill requirements from the State Youth M.O.V.E. chapter.			
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New Priorities for SFY 2018 (if applicable)

3. **If applicable**, please add new Block Grant, State or Board priorities for SFY 2018 that were not reflected in the previous Community Plan for SFY 2017. [The Department is especially interested in new priorities related to:(1) trauma informed care; (2) prevention and decrease of opiate overdoses and/or deaths; (3) suicide prevention; and/or (4) Recovery Oriented Systems of Care (ROSC)]. Please add the priority to the matrix below and complete the appropriate cells. If no new priorities are planned, please state that the Board is not adding new priorities beyond those identified in item 2 above.

Priority	Goal	Strategy	Measurement
Opioid Addicted Population	<ul style="list-style-type: none"> To establish Ambulatory Detox Withdrawal Management Services (WMS) program 	<ul style="list-style-type: none"> Partner with Visiting Nurse Association (VNA) to implement initiative Obtain feedback from professional community in the development of protocols and access to service To educate the system of providers regarding availability of service 	Number of clients successfully engaged and transitioned with WMS.
Opioid Addicted Population	<ul style="list-style-type: none"> To establish Quick Response Team(s) 	<ul style="list-style-type: none"> Identify municipality(ies) that have an interest in developing initiative Identify community stakeholders Identify sources of funding 	Number of teams implemented and numbers of clients successfully engaged in treatment.
Opioid Addicted Population	<ul style="list-style-type: none"> To establish protocols to support clients with substance use disorder in accessing crisis stabilization services 	<ul style="list-style-type: none"> Partner with FrontLine Service to develop protocols to access service Identify community stakeholders Community education and dissemination of information 	Development of protocols to access service. Number of community stakeholders educated.
Opioid Addicted Population	<ul style="list-style-type: none"> To establish a peer-to-peer or family-to-family support network for those with, or supporting, individuals with substance use disorder 	<ul style="list-style-type: none"> Partner with Consumer Operated Services and certified Peer Recovery Supporters to determine availability of existing resources Identify community stakeholders Identify sources of funding 	Number of peers and family members successfully engaged.

SIGNATURE PAGE
Community Plan for the Provision of
Mental Health and Addiction Services
SFY 2018

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

The undersigned are duly authorized representatives of the ADAMHSBCC:

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

ADAMHS, ADAS or CMH Board Name (Please print or type)

WILLIAM M. DENIHAN, CEO ADAMHSBCC Date

Eugenia Kirkland, ADAMHSBCC Board Chairperson Date

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