

**Ohio Department of Mental Health and Addiction Services (OhioMHAS)  
Community Plan Guidelines SFY 2019 and 2020**

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

**NOTE:** OhioMHAS is particularly interested in areas identified as priorities for RecoveryOhio, including: (1) access and capacity changes for mental health and addiction services for both adults and children/youth; (2) health equity concerns for racial and ethnic minorities and people living in Appalachia or rural Ohio; (3) distinctive challenges for multisystem youth, families involved in child welfare, and for criminal justice-involved Ohioans; (4) prevention and/or decrease of opiate overdoses and/or deaths; and/or (5) suicide prevention.

<b>Environmental Context of the Plan/Current Status</b>
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1. Describe the economic, social, and demographic factors in the board area that influence service delivery. Note: With regard to current environmental context, boards may describe the impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.
  - 2019 census estimates places Cuyahoga County as the second most populous county in the state with over 1.2 million residents, with just fewer than 400,000 persons residing in the city of Cleveland (U.S. Census Bureau, 2019 Population Estimates).
  - Representative figures contrast the population of the county and city:

	<b>Cuyahoga County</b>	<b>City of Cleveland</b>
<b>White</b>	64%	40%
<b>African American</b>	31%	50%
<b>Other Races</b>	7%	10%
<b>Hispanic</b>	6%	11%
<b>Poverty Rate</b>	18%	35%
<b>Unemployment Rate</b>	4%	5%

- Poverty, unemployment, and a culturally diverse population continues to pose challenges in the delivery of all health and social services, particularly in the city of Cleveland and the inner ring suburbs. In fact, in 2018, Cleveland was cited as the third most distressed city in America, by WalletHub based on 37 factors—including average weekly work hours, job security, poverty rates, credit scores, divorce rates, unemployment, poverty and educational level.
- In the area of behavioral health, this is reflected by the fact that the ADAMHS Board of Cuyahoga County’s most recent Community Needs Assessment indicated that over one third of low-income persons in the county who were estimated to be in need of mental health treatment were not served. The need is particularly great among clients who are ineligible for Medicaid and for the provision of recovery-related services which are not covered by Medicaid.
- The percentage of state prisoners returning to Cuyahoga County was once as high as 25% (it has now been brought down to 13%); nevertheless, the delivery of behavioral health services to Cuyahoga County’s sizable

reentry population remains particularly difficult and resource-intensive. Stagnant funding from the Cuyahoga County Health & Human Services Levies since 2014 limits available resources for behavioral health services.

- The heroin and opioid epidemic in Cuyahoga County continues. According to a report issued by the Office of the Cuyahoga County Medical Examiner, since 2014, more people in Cuyahoga County have died from drug overdoses than from motor vehicle accidents, homicides or suicides. The County has seen a dramatic rise in opioid mortality from 40 deaths in 2007 to 551 in 2018; overdose deaths were highest in 2016 (666) and 2017 (727). Opioids, including fentanyl, accounted for 90.4% of all overdose deaths in 2018. Already in 2019 (through May), more than 250 individuals have died from an overdose of heroin and/or fentanyl, including fentanyl and cocaine mixtures. Total overdose deaths in 2019 are estimated to be greater than 2018 based on current trends (634 fatalities are predicted as of May, 2019).
- 2019 has seen an increase in overdose deaths among African American males as fentanyl is now being placed in powdered and crack cocaine. In 2019, the rate of African American deaths involving fentanyl is 29.67% so far, a rate well above 2016 (14.5%), and much higher than the 20.33% in 2017 and 21.11% in 2018.
- In 2018, overdose deaths were occurring nearly equally in suburban (49.3%) and urban (50.6%) areas. However through May of 2019, with the occurrence of fentanyl in cocaine, the County has seen a shift to a higher percentage of overdose deaths in the urban setting (63%) compared to suburban areas (36.2%).
- Male victims continue to account for the highest number of overdoses. In 2019, 71.9% of overdose victims were male and 28.1% were female. Those percentages are nearly the same so far in 2019.

### **Assessing Needs and Identifying Gaps**

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any.
  - A Community Needs Analysis was completed by the Center for Health Affairs on December 22, 2016.
    - a. Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention in SFY 2019. [ORC 340.03 (A)(1)(a)]. Describe the board's plan for on-going needs assessment in SFY 2020 if they differ from this current fiscal year.
  - The timing of the 2016 Community Needs Analysis was critical for the ADAMHS Board of Cuyahoga County to closely examine the needs of its community members. Many things have changed over the past few years, mostly related to the Affordable Care Act and Medicaid Expansion. Who and how the Board serves its clients was and continues to change rapidly. Coincident with that, also due to the Affordable Care Act, is an improved understanding within the medical and general social service community of the importance of behavioral health as it impacts the overall health of our community members. That is, the medical community, in partnership with the social service provider community, has increased its focus on behavioral health. As shown in all of the Community Health Needs Assessments of the University Hospitals in Cuyahoga County, published in 2015, about four in five adults are hospitalized with conditions brought on by lifestyle choices. Thus, the medical community is changing its view on the importance of behavioral health.

- The application of national prevalence rates of mental and substance abuse disorders to the local population was the principal method used to estimate the number of low-income persons in need of behavioral health services in Cuyahoga County.
  - This method was also refined to estimate the population in need at the neighborhood and municipality level.
  - The national prevalence rates for mental disorders for adults from the National Institute of Mental Health were obtained, which in turn cited rates from the National Comorbidity Survey Replication and the Epidemiological Catchment Survey.
  - Children’s mental disorder prevalence rates were obtained from the 1999 report of the Surgeon General on mental health; prevalence rates for alcohol and drug disorders were obtained from the SAMHSA 2009 National Survey on Drug Use and Health. The U.S. Census Bureau’s American Community Survey (ACS) 3-year estimates for 2006-08 was the source for all population data in the needs assessment.
  
- The community needs were based on:
  - Demographic make-up of the community, and if/how the community demography is changing.
  - Types and levels of services needed by community members are highly related to the demographic make-up of the community, in particular age, income levels (and subsequent access to health insurance), geographic location and gender.
  - Policies already in place to meet community members’ needs. This relates most specifically to reimbursement policies for various services.
  - Providers of services in the community. Those on the ‘front lines’ are charged with impacting the wellbeing of our community members and are closest to the reasons behind any failures to meet that goal.
  - Clients of services in the community also provide valuable insight into what they need to see change to better meet their needs.
  - Other stakeholders or community partners, who can also lend insight into where the gaps in services are.
  
- Qualitative data was collected from three different sources for the assessment:
  - Employees of the ADAMHS board of Cuyahoga County, via a mostly qualitative online survey.
  - Executive (telephonic) interviews with 33 members of the community providers. Six of them were with Addiction Services provider leadership, and five of were with Mental Health Services providers.
  - Twenty-two interviews were held with other stakeholders who are part of the network of care and often interact with service providers.
    - Hospital-based physicians (emergency departments) (4).
    - Private practice psychiatrists/psychologists.
    - Family-practice specialists; other medical professionals (physicians and APRNs) (3).
    - First responders (police, EMTs) (3).
    - State of Ohio government healthcare administrators (2).
    - Cuyahoga County government healthcare administrators (2).
    - Advocacy group leadership (1).
    - Justice department (coordinators) (1).
    - Social workers/case managers (1).
    - Education professionals (2).

- A series of focus groups regarding the Recovery Oriented System of Care completed in 2015 mirrored the findings of the interviews of the individuals completed in 2016.
  - Personal interviews with 6 clients or family members of ADAMHS Board funded local community providers (Two clients of Addiction Services; Two clients, one as an adult, one as an adolescent, of Mental Health Services; one family member each of a recent client of Addiction Services and Mental Health services).
- b. Describe how the board collaborated with local health departments and their 2019 State Health Improvement Process. In your response, please include, if applicable, the following: 1) collaborative efforts specific to assessing needs and gaps and setting priorities. 2) barriers or challenges the board believes will have to be overcome moving forward that will result in complimentary public health and behavioral health plans, 3) advantages, if any, realized to date with collaborative planning efforts, 4) next steps your board plans on undertaking to further alignment of public health and behavioral health community planning.
- The ADAMHS Board of Cuyahoga County was a participant with the revision of the Cuyahoga County Health Survey. The purpose of the Health Survey was to gather information from a broad base of constituents throughout Cuyahoga County regarding their health and behavioral health needs. The countywide survey gathers data on gaps in services, trends and patterns regarding utilization of services, access, etc. The survey collects data related to children and adult issues. The survey will be randomly distributed to residents in 2019.
  - The ADAMHS Board of Cuyahoga County, serving as the County Hub for Opioid Response, and the Cuyahoga County Board of Health are co-chairs of the Cuyahoga County Opiate Task Force.
  - ADAMHS Board of Cuyahoga County received a \$12,500 Adverse Childhood Experience (ACEs) Grant from the Board of Health. The Board has provided trainings to law enforcement agencies and will provide training in the schools with OhioGuidestone.
  - ADAMHS Board of Cuyahoga County assisted the Board of Health in writing and applying for an Overdose to Action Grant from the Center for Disease Control (CDC). When awarded the grant, the ADAMHS Board will partner with the Board of Health in implementing the award.
- c. Child service needs resulting from finalized dispute resolution with Family and Children First Council [340.03(A)(1)(c)].
- The ADAMHS Board of Cuyahoga County is a long-standing partner of the Cuyahoga County Family & Children First Council (FCFC). ADAMHS Board CEO is a member of the Executive Committee and Board staff participate on various committees and in service-coordination planning.
  - The current Board and FCFC service coordination plan for serving multi-system children utilizes the Wraparound Philosophy. This approach assists families in identifying their needs and strengths in an effort to achieve goals through an individualized strategy within a team. The family is known as the spearhead of decisions while additional team members provide expertise and knowledge. This is often achieved by intervening with intensity and frequency to divert a potential placement, prevent involvement in a mandated system, or to reduce the length of stay if a placement is sought.

- The goal is to resolve conflicts at the earliest level of intervention. The current process for resolving inter-system challenges is in the process of being revised to include the following:
  - For parent initiated dispute resolution, the parent or custodian should notify their FCFC Service Coordinator or Service Coordination Liaison, in writing that the family wishes to initiate the process. If the request is provided to a Service Coordination Liaison, the liaison shall forward the request to the FCFC Office immediately. An FCFC Service Coordinator will convene an emergency meeting within 72 hours, which includes the involved systems, the family and the family support system to discuss the concerns. At the family's request, they may be included in all aspects of the process. The FCFC Service Coordinator will document the findings and make a recommendation to the Executives of the involved agencies. The Executives or their System Coordination Committee designee will respond within 24 hours. The FCFC Director will send the family a written determination of the Council's findings within 36 hours.
- For system to system initiated disputes, resolution begins with one-on-one communication between caseworkers. The case would be brought to the next level of problem solving only when line staff are unable to resolve the concern. For crisis level cases, the goal is to resolve the issue within 7 working days. If no crisis exists, resolution needs to be achieved within 30 days. Each system will be notified of this procedure during the intake process. Families will be notified, in writing, by the FCFC office that a system has initiated a system to system dispute. All Service Coordination Liaisons must be trained on this process.
- In some cases, there are situations that do not require service coordination. In those cases, parents/guardians must contact the agency in which services are rendered to address disputes. This process is in addition to, and does not replace, other rights or procedures parents/guardians may have under other sections of the Ohio Revised Code. Each agency represented through FCFC, providing services or funding for services subject of a dispute initiated by a parent, shall continue to provide those services or funding during the dispute process.
- The dispute resolution sequence is as follows:
  - Worker to Worker - (if not resolved within 24 hours, engage Supervisors)
  - Supervisor to Supervisor - (if not resolved within 24 hours, engage Liaisons)
  - Liaison to Liaison - (if not resolved within 24 hours, contact FCFC to engage the System Executives)
  - Executive to Executive - (if not resolved within 24 hours, contact FCFC to engage the full Executive Committee)
  - FCFC Executive Committee - (if not resolved within 24 hours, contact FCFC to engage the County Executive or the Health and Human Services Director to convene the Mediation Committee).
  - Role of the Mediation Committee - (if not resolved within 24 hours, file with Juvenile Court)
  - Final arbitration - Juvenile Court Administrative Judge
- d. Outpatient service needs of persons currently receiving treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)].
- The ADAMHS Board of Cuyahoga County works closely with Northcoast Behavioral Healthcare to coordinate post-discharge community mental health services to ensure that services are accessed in a timely manner and are tailored to meet the recovery needs of the client.

- e. Service and support needs determined by Board Recovery Oriented System of Care (ROSC) assessments.
- Recovery Oriented System of Care (ROSC) emphasizes the importance of peer supports, employment supports, housing and transportation. It calls for services that are culturally appropriate and delivered in an accountable, effective and efficient manner. The ADAMHS Board of Cuyahoga County is the organization responsible for ensuring that this transition takes place in Cuyahoga County.
- The ADAMHS Board of Cuyahoga County continues its transition from a system that is focused on getting a person treatment, to a Recovery Oriented System of Care that focuses on recovery management to help individuals not only get well, but stay well.
- The ADAMHS Board of Cuyahoga County implemented the state-structured self-assessment survey in July 2015, to assess our alignment with core ROSC principles. The results were published.
- Strengths identified in the self-assessment survey included:
  1. The ADAMHS Board of Cuyahoga County plans for and funds a system of care that offers a large selection of treatment and support services in the community, including outpatient, residential, partial hospitalization, housing and sub-acute detoxification.
  2. The system also identifies and provides low-intensity care, such as outpatient services, for individuals who would not benefit from high-intensity treatment, such as residential.
  3. Providers across the spectrum acknowledge the value of the Mobile Crisis Team.
  4. Peer to peer services are valuable.
  5. People in recovery can choose --and change, if desired -- the therapist, psychiatrist, physician, or other providers from whom they receive services; and staff at our provider agencies use recovery language, such as hope, high expectations, and respect in everyday conversations with clients.
  6. Progress toward individual goals is monitored and encouraged without pressure from providers; service providers listen to and follow choices and preferences of participants and there are many opportunities for people to share their stories of recovery from mental illness and/or addictions.
  7. Stages of change models are used in treatment, including motivational interviewing and ensuring that the services provided use strength-based approaches that promote hope. Services are delivered in appropriate order, such as providing crisis services or detoxification before treatment.
- Areas for Improvement identified in the self-assessment survey included:
  1. There are capacity and access issues due to the sheer volume of need.
  2. Because the system is chronically underfunded, it is difficult to provide ongoing supports and often defaults to providing crisis care.
  3. Although peer support is valuable and available, it is fragmented throughout the system and mostly used in aftercare settings, but is not embedded in treatment.
  4. Strategies should be developed to combat the stigma associated with mental illness and addiction to help communities understand and proactively address emerging issues. Our local communities need to be educated so that mental health and sober lifestyle communities, such as housing, self-help groups, and client advocacy groups are welcomed.
  5. More training and resources are needed, particularly for Community Psychiatric Supportive Treatment (CPST) workers.

6. Age-appropriate peers (young adults as adolescent peer support specialists) and peer-run leisure activities should be available, especially so that youth have access to peer support. In addition, people in recovery should work alongside providers to develop and provide new programs and services.
  7. Peer-based recovery linkages need to exist to help clients transition from more intensive to less intensive treatment to ensure recovery success in the community.
  8. Partnerships need to be developed with more local businesses to increase the opportunities for meaningful employment.
  9. Primary care needs to be integrated and coordinated with mental health and/or addiction treatment and support services so that health concerns of clients can be addressed.
  10. Interim services need to be developed and available for people on waiting lists or not ready to commit to treatment.
  11. Treatment agencies need to connect to supports such as Alcoholics Anonymous, sober housing initiatives and organizations for young people in recovery to support people 35 years and under.
- The Stakeholder Focus Group discussed and ranked the top 10 needs that were identified from the ROSC self-assessment survey in relation to urgency. The top 10 needs were ranked as follows:
    1. Interim services should be available for people who are on waiting lists or are not ready to commit to treatment.
    2. Primary care and behavioral health follow-ups need to be integrated and coordinated.
    3. Partnerships need to be developed with more local businesses to increase opportunities for employment.
    4. People in recovery need to work alongside providers to develop and provide new programs and services.
    5. There must be linkages to peer-based recovery support staff and volunteers through all levels of care.
    6. Age-appropriate peers should be used in community outreach and early engagement efforts.
    7. Communities need to proactively address emerging issues.
    8. Young adults should be used as Adolescent Peer Support Specialists.
    9. Local communities need to be educated so that mental health and sober lifestyle communities, such as housing, self-help groups, and client advocacy groups are welcomed.
    10. The community should ensure that age-appropriate, peer-run leisure activities are available.

- In August of 2018, the ADAMHS Board of Cuyahoga County participated and publicized participation in the Ohio Association of Behavioral Health Authorities (OACBHA) Recovery-Oriented System of Care Assessment. There were separate surveys for Board members and staff, service providers, stakeholders, and individuals in recovery and their families. Here are the results of that survey:

Domain	Highest Scoring Items	Lowest Scoring Items
<b>Focusing on Clients and Families</b>	<ul style="list-style-type: none"> <li>• Service providers do not use threats or bribes or other forms of coercion to influence the person's behavior or choices. Board emulates recovery language itself. (m=5.4)</li> <li>• Staff use recovery language (e.g., hope, strength focused, respect) in everyday conversations. (m=5)</li> <li>• Boards and service providers use people-first language. (m=5)</li> </ul>	<ul style="list-style-type: none"> <li>• Service providers are trained regularly in trauma-informed care. (m=4.5)</li> <li>• Barriers (e.g., childcare, transportation, legal issues) are addressed for each participant. (m=4.3)</li> <li>• Most services are provided in a person's natural environment (e.g., home, community, workplace). (m=4.1)</li> </ul>
<b>Ensuring Timely Access to Care</b>	<ul style="list-style-type: none"> <li>• Implementation of evidenced-based medical and behavioral health screenings including brief screens for depression, physical abuse, substance use, etc. (m=4.9)</li> <li>• Behavioral Health and primary care are integrated with each treatment plan and the goals of treatment. (m=4.9)</li> <li>• First responders to help stabilize individuals by providing education on: Mental health and substance abuse issues, coordinated responses to trauma, overdose and access to treatment. (m=4.8)</li> </ul>	<ul style="list-style-type: none"> <li>• Childcare centers to promote early interventions. (m=4.2)</li> <li>• Individuals have timely access to the services and supports that are most helpful for them. (m=4.1)</li> <li>• Peer supports are used to improve access to care and the continuation in ongoing care. (m=4.1)</li> </ul>
<b>Promoting Health, Safe, and Drug-Free Communities</b>	<ul style="list-style-type: none"> <li>• Prevention includes public safety and, as needed, and harm reduction. (m=5.4)</li> <li>• Prevention strategies are reflective of best prevention science (e.g. SAMHSA, SPF SIG), state prevention plans or guidance and local priorities and needs. (m=5.1)</li> <li>• Prevention is viewed as a critical cornerstone and measure of individual, family and community health, wellness, and recovery. (m=5)</li> </ul>	<ul style="list-style-type: none"> <li>• Strategies to identify and decrease stigma are consistently implemented in communities. (m=4)</li> <li>• A sufficient array of mental health prevention programs are available throughout the community. (m=4)</li> <li>• A sufficient array of substance use prevention programs are available throughout the community. (m=3.9)</li> </ul>
<b>Prioritizing Accountable &amp; Outcome Driven Financing</b>	<ul style="list-style-type: none"> <li>• Contracts are outcome-based and evaluated by access, cost, efficiency and attainment of established goals based on severity of population served. (m=4.8)</li> <li>• Peers may be used for outreach to strengthen treatment participation. (m=4.7)</li> <li>• Outcomes are connected to community plan priorities and agency performance in achieving those priorities. (m=4.5)</li> </ul>	<ul style="list-style-type: none"> <li>• Appointment "no show" rates are monitored regularly and followed up on within 24 hours after the missed appointment. (m=4.2)</li> <li>• Clients receiving services are actively involved in the evaluation of programs and services offered and received. (m=4.2)</li> <li>• Family members and citizens in general are engaged in the evaluation of care. (m=3.9)</li> </ul>
<b>Locally Managing Systems of Care</b>	<ul style="list-style-type: none"> <li>• Opportunities exist for people to share their stories and re-write their own narrative through recovery. (m=4.9)</li> <li>• People in recovery are members of any managing system (e.g. managed care) or agency and community board. (m=4.4)</li> <li>• Managed Care can assist in care management over the full continuum of care for each individual so as to preclude partial treatment or treatment drop-out. (m=4.3)</li> </ul>	<ul style="list-style-type: none"> <li>• Young adults have the opportunity to serve as peer support specialists and advisers to agencies serving them. (m=4)</li> <li>• Individual Recovery Capital is measured as a barometer of progress and recovery. (m=3.9)</li> <li>• Partnerships exist with local businesses for individuals in recovery to reduce stigma and gain employment. (m=3.9)</li> </ul>

m = Mean (or average) score

f. Needs and gaps in facilities, services and supports given the Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

- The ADAMHS Board of Cuyahoga County is fortunate to be able to offer the full array of services as identified in the requirements for a Continuum of Care. In several instances, such as housing services, we go above and beyond to fund housing for clients and ensure quality housing through our Peer Seal of Quality program.
  - Funding remains the major hurdle in maintaining and expanding the services to meet the continuing demand in our county, resulting in difficult decisions regarding priority services.
- g. Needs and gaps associated with priorities of the Executive Budget for 2020-2021 including crisis services, criminal justice-involved populations, families involved with child welfare, and prevention/early intervention across the lifespan.
- The priorities of the ADAMHS Board of Cuyahoga County align with the Executive Budget for 2020-2021. With increased funding from OhioMHAS, the ADAMHS Board of Cuyahoga County is willing and capable of addressing the issues and planning for the services.



3. Complete Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. (Table 1 is an Excel spreadsheet accompanying this document. Instructions are found on page 10 of the Guidelines).

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

<b>Priorities</b>
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4. Considering the board’s understanding of local needs, the strengths and challenges of the local system, what has the board set as its priorities for service delivery including treatment and prevention? Please be specific about strategies for adults; children, youth, and families; and populations with health equity and diversity needs in your community.

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

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

Priorities undertaken in SFY 2019 that the board is continuing into 2020 as well as new priority areas identified for SFY 2020 may be included.

**Priorities for ADAMHS Board of Cuyahoga County**

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

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

<p><b>SAPT-BG: Mandatory (for boards):</b> Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) &amp; 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)</p>	<ul style="list-style-type: none"> <li>• Maintain current service mechanism to identify children in need of intensive services and supports due to parents' SUD and potential risk of parental neglect/abuse.</li> <li>• Increase collaboration with DCFS to develop strategies to divert mandated system involvement.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain collaboration through FCFC's Service Coordination to better identify children/adolescents at-risk and in need of intensive planning &amp; support as an additional effort to divert mandated system involvement.</li> <li>• Maintain contractual agreement with DCFS to support kinship and treatment foster homes to support potential reunification, re: parental neglect/abuse.</li> <li>• Educate Community Behavioral Health agencies, re: alternative strategies, modalities for cross-system planning for children whose parents require SUD treatment to prevent abuse/neglect.</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Attendance through Service Coordination.</li> <li>• Number of children specifically in need of planning and support due to parental substance abuse to divert DCFS involvement.</li> <li>• Monthly program process monitoring to determine effectiveness and efficiencies cross-systems.</li> <li>• Meeting Attendance with System Partners.</li> </ul>	<p>___ No assessed local need          ___ Lack of funds          ___ Workforce shortage          ___ Other (describe):</p>
<p><b>SAPT-BG: Mandatory (for OhioMHAS):</b> Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>	<ul style="list-style-type: none"> <li>• Reduce the impact of HIV/AIDS in our community among intravenous drug users.</li> <li>• Promote sound public health and fiscal policies for HIV/AIDS programming.</li> <li>• Promote syringe access and post exposure prophylaxis (PEP).</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to provide funding to the AIDS Funding Collaborative (AFC).</li> <li>• One ADAMHS Board staff and one ADAMHS Board member are members of the AFC.</li> </ul>	<ul style="list-style-type: none"> <li>• Leveraging local and national funds to fill gaps in the community and build capacity among front line providers to engage in HIV prevention, and care of people living with HIV.</li> <li>• Building capacity to impact systems level change to improve prevention and care in the County.</li> </ul>	<p>___ No assessed local need          ___ Lack of funds          ___ Workforce shortage          ___ Other (describe):</p>

	<ul style="list-style-type: none"> <li>• Provide professional trainings for front-line providers and community outreach.</li> </ul>		<ul style="list-style-type: none"> <li>• Enhance the ability of local providers to adapt to new biomedical prevention modalities and carry out prevention activities with population most at risk.</li> <li>• Provision of prevention/risk reduction interventions and other services which vary with each grant cycle.</li> </ul>	
<p><b>MH-BG: Mandatory (for OhioMHAS):</b> Children with Serious Emotional Disturbances (SED)</p>	<ul style="list-style-type: none"> <li>• Maintain access points re: FCFC’s current Service Coordination Mechanism to identify children and adolescents with SED at risk for multiple hospitalizations, mandated &amp; deeper system involvement, and out-of-home placements.</li> <li>• Maintain children/adolescents in community settings.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase community awareness of cross-system planning efforts to maintain children in the community.</li> <li>• Improve responsiveness to the systemic infrastructure specific to children with regard to least restrictive alternatives.</li> <li>• Enhance coordination of services relative to crisis services for children to provide immediate engagement for children/adolescents at risk for out-of-home placement.</li> <li>• Create seamless access to the crisis stabilization bed and crisis services to prevent hospitalization.</li> </ul>	<ul style="list-style-type: none"> <li>• Bi-monthly SCT meetings across all levels of FCFC.</li> <li>• Identify the number of youth with SED &amp; outcomes related to: <ol style="list-style-type: none"> <li>1. Collateral system involvement.</li> <li>2. Number of out-of-home placements.</li> <li>3. Rated mental health progress.</li> <li>4. Assessed clinical change.</li> </ol> </li> <li>• Identify the number of youth with SED utilizing the crisis stabilization bed in need of mental health stabilization and determine outcomes related to: <ol style="list-style-type: none"> <li>1. Rated mental health progress and assessed clinical change pre-post admission.</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>___ No assessed local need</li> <li>___ Lack of funds</li> <li>___ Workforce shortage</li> <li>___ Other (describe):</li> </ul>

<p><b>MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</b></p>	<ul style="list-style-type: none"> <li>• Access for clients identified as discharge ready from state psychiatric hospital to less restrictive community setting.</li> <li>• Ensure support linkage for continued outpatient psychiatric care for clients upon discharge from state psychiatric hospital.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide direct subsidy to clients that access a licensed Residential Care Facility.</li> <li>• Enhanced coordination of services for clients needing outpatient psychiatric follow up.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of clients accessing residential care beds.</li> <li>• Decrease state psychiatric hospital bed days.</li> </ul>	<p>___ No assessed local need          ___ Lack of funds          ___ Workforce shortage          ___ Other (describe):</p>
<p><b>MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing</b></p>	<ul style="list-style-type: none"> <li>• Enhance the system of care, re: homeless population to create access for transitional youth in need of shelter.</li> <li>• Maintain current service continuum for the homeless population, including PATH and housing through the Safe Haven program with intensive services geared to support homeless individuals with severe and persistent mental illness who are not able to live in Housing First facilities because of the severity of illness.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain collaboration with the Office of Homeless Services; A Place 4 Me, and other key stakeholders to expand central intake specific to transitional youth.</li> <li>• Maintain membership on the Ohio Healthy Transition Plan (OHTP) Planning Committee to create a model to seamlessly transition behavioral health services from the children’s system to the adult system to prevent homelessness.</li> <li>• Continue collaborative efforts with FrontLine Services and the Cuyahoga County Office of Homeless Services advisory board for strategic planning and system advisement.</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Attendance.</li> <li>• Number of clients accessing Board funded services.</li> <li>• Number of homeless clients who have obtained housing (permanent/temporary/ and rental assistance).</li> </ul>	<p>___ No assessed local need          ___ Lack of funds          ___ Workforce shortage          ___ Other (describe):</p>
<p><b>MH-Treatment: Older Adults</b></p>	<ul style="list-style-type: none"> <li>• Maintain current service continuum for the older adult population.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue collaboration with County Office of Senior &amp; Adult Services/City of Cleveland Department of</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting attendance.</li> <li>• Number of attendees at The Hoarding Connection Conference.</li> </ul>	<p>___ No assessed local need          ___ Lack of funds          ___ Workforce shortage          ___ Other (describe):</p>

	<ul style="list-style-type: none"> <li>Continue involvement in The Hoarding Connection led by Eldercare Services of Benjamin Rose.</li> </ul>	<ul style="list-style-type: none"> <li>Aging for strategic planning, and system advisement.</li> <li>Continue to sponsor The Hoarding Connection Annual Conference.</li> </ul>		
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	<ul style="list-style-type: none"> <li>Maintain collaboration with juvenile justice system to enhance services and supports relative to behavioral health.</li> <li>Increase access to behavioral health services to divert youth from the juvenile justice system.</li> <li>Enhance the current service continuum for the reentry population.</li> <li>Restructure and maintain the Mental Health Jail Liaison Program in the County Jail.</li> <li>Divert clients from jail.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain contractual agreement between Cuyahoga County Juvenile Court to identify youth in need of behavioral health services at the earliest point for diversion.</li> <li>Continue collaborative efforts with the Cuyahoga County Corrections Court of Common Pleas, Cuyahoga County Corrections Planning Board, Sheriff’s Office, Cuyahoga County Jail, and Adult Parole Authority for strategic planning and system advisement.</li> <li>Continue funding collaboration with providers to offer mental health, substance use, and dual diagnosis services in the county jail and to the re-entry population.</li> <li>Issuance of an RFP and selection of four mental health</li> </ul>	<ul style="list-style-type: none"> <li>Number of youth assessed through the Intervention Center.</li> <li>Number of youth diverted from juvenile court.</li> <li>Number of youth screened and assessed through the detention center and referred for behavioral health services.</li> <li>Meeting attendance.</li> <li>Continue to participate in local and statewide funding initiatives for target population.</li> <li>Number of clients accessing Board funded treatment services.</li> <li>Number of inmates that received services through the Jail Liaison Program.</li> <li>Decrease jail days.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No assessed local need</li> <li><input type="checkbox"/> Lack of funds</li> <li><input type="checkbox"/> Workforce shortage</li> <li><input type="checkbox"/> Other (describe</li> </ul>

		<p>providers to serve as Jail Liaisons.</p> <ul style="list-style-type: none"> <li>• Half funding of a Jail Liaison Specialist position housed at the Court of Common Pleas to facilitate communication between the liaisons, providers, court and the Board.</li> <li>• SAMHSA Diversion Grant funding to utilize two beds from the Crisis Stabilization Unit to serve as diversion beds for police to drop-off non-violent clients as a diversion to being arrested.</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease recidivism.</li> <li>• Increased linkage to community resources (treatment services, housing, benefits, etc.).</li> <li>• Number of clients utilizing the diversion beds in the Crisis Stabilization Unit.</li> </ul>	
Integration of behavioral health and primary care services	<ul style="list-style-type: none"> <li>• Enhance the current service continuum to support and integrate primary physical healthcare.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to fund programs in provider and peer-support agencies that promote physical health.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of clients participating in programs.</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<p>Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)</p>	<ul style="list-style-type: none"> <li>• Continue the development of recovery supportive services to meet the needs of residents of Cuyahoga County.</li> <li>• Provide transportation to clients receiving outpatient services.</li> <li>• Identify quality group housing for people living with mental illness through the development and implementation of the Peer Seal of Quality Housing Program.</li> <li>• Increase client vocational and employment opportunities.</li> <li>• Increase peer support services.</li> </ul>	<ul style="list-style-type: none"> <li>• Expansion of client transportation programs to outpatient services.</li> <li>• Increase the number of SUD recovery housing options.</li> <li>• Hire a peer run organization to visit adult group homes to evaluate cleanliness, food, and overall comfort of the home.</li> <li>• Apply for SAMHSA Supported Employment Grant utilizing service providers through an Employment Consortium.</li> <li>• Increased use of peer support specialists to assist clients in a major hospital emergency room, assist with benefits, life skills and social interactions.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased attendance rate and success of outpatient treatment services.</li> <li>• Number of providers certified to provide supportive services.</li> <li>• Number of clients accessing supportive services.</li> <li>• Number of homes with the Peer Seal of Quality.</li> <li>• Awarding of Supported Employment Grant.</li> </ul>	<p>___ No assessed local need          ___ Lack of funds          ___ Workforce shortage          ___ Other (describe):</p>
<p>Promote health equity and reduce disparities across populations (e.g. racial, ethnic &amp; linguistic minorities, LGBT)</p>	<ul style="list-style-type: none"> <li>• Enhance the service continuum for specialized services related to disparate populations.</li> </ul>	<ul style="list-style-type: none"> <li>• Hosted a training for service providers, faith-based providers and Board Members that focused on cultural competency and personalized behavioral healthcare.</li> <li>• Maintain funding for identified agencies with a primary focus on LGBTQ &amp; survivors of sexual assault/abuse population(s).</li> </ul>	<ul style="list-style-type: none"> <li>• Number of persons served.</li> <li>• Identification of best practice treatment approaches.</li> </ul>	<p>___ No assessed local need          ___ Lack of funds          ___ Workforce shortage          ___ Other (describe):</p>



<p>Prevention and/or decrease of opiate overdoses and/or deaths</p>	<ul style="list-style-type: none"> <li>• Maintain current service continuum for clients with an Opioid Use Disorder.</li> <li>• Maintain and enhance Medication Assisted Treatment (MAT).</li> <li>• Increase harm reduction techniques.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide education and campaigns on risk factors for opioid overdose, recognition of an overdose and how to respond to an overdose with nasal naloxone.</li> <li>• Provide MAT in the County Jail.</li> <li>• Supply Narcan overdose reversal kits.</li> <li>• Supply 45,000 fentanyl test strips to providers and local businesses through a grassroots campaign.</li> <li>• Make MAT medications available as part of a comprehensive management program that includes psychosocial support</li> </ul>	<ul style="list-style-type: none"> <li>• Programming established and continued.</li> <li>• Identify the number of kits and test strips distributed.</li> <li>• Identify number of clients receiving MAT.</li> </ul>	<p>___ No assessed local need          ___ Lack of funds          ___ Workforce shortage          ___ Other (describe):</p>
<p>Promote Trauma Informed Care Approach</p>	<ul style="list-style-type: none"> <li>• Increase partnerships system wide for best practices and approaches related to trauma.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain quarterly meetings at the ADAMHS Board and partnerships with key stakeholders for the Trauma Collaborative Workgroup.</li> <li>• Increase the number of meeting participants to expand knowledge based related to trauma and related practices.</li> <li>• Ensure agencies, upon execution of contracts, are trauma informed and aware of</li> </ul>	<ul style="list-style-type: none"> <li>• Number of providers certified in trauma and best practices.</li> <li>• Meeting Participation.</li> <li>• Number of newly recruited meeting attendees.</li> <li>• Number of presentations and speakers.</li> </ul>	<p>___ No assessed local need          ___ Lack of funds          ___ Workforce shortage          ___ Other (describe):</p>

		<p>best practices and approaches to care.</p> <ul style="list-style-type: none"> <li>• Identify potential speakers and trainers for best practice approaches to care.</li> <li>• Increase the number of speakers and presentations.</li> </ul>		
Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p><b>Prevention:</b> Ensure prevention services are available across the lifespan.</p>	<ul style="list-style-type: none"> <li>• Increase the number of location that prevention services are provided, including: shelters, detention center, jail, etc.</li> <li>• Increase awareness and access of prevention services across the lifespan, including faith-based providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify specific prevention strategies to support the expansion of services.</li> <li>• Conduct a program analysis, re: prevention continuum to identify gaps/barriers.</li> <li>• Provide information to the community regarding Board funded programming relative to prevention services, including campaigns and media coverage.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of monthly meetings per program.</li> <li>• Identify number of informational material disseminated.</li> <li>• Number of individuals participating in prevention services.</li> <li>• Number of expanded programs.</li> </ul>	<p>___ No assessed local need          ___ Lack of funds          ___ Workforce shortage          ___ Other (describe):</p>
<p><b>Prevention:</b> Increase access to evidence-based prevention</p>	<ul style="list-style-type: none"> <li>• Increase utilization of evidenced-based assessment/screening instrument(s) across prevention programs, such as the DECA, DARS, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify evidenced-based curricula to support service execution and strategy implementation.</li> <li>• Identify under-performing programs to fully utilize evidenced-based</li> </ul>	<ul style="list-style-type: none"> <li>• Number of programs successfully utilizing evidenced based assessment/screening instruments.</li> <li>• Number of programs implementing evidenced based curricula.</li> </ul>	<p>___ No assessed local need          ___ Lack of funds          ___ Workforce shortage          ___ Other (describe):</p>

	<ul style="list-style-type: none"> <li>• Increase the number of prevention agencies utilizing evidenced based curricula.</li> <li>• Expand knowledge &amp; awareness of evidence based curricula related to the continuum of prevention services.</li> </ul>	<p>assessment/screening instruments.</p> <ul style="list-style-type: none"> <li>• Identify evidenced based curricula to enhance the prevention continuum.</li> </ul>		
<b>Prevention:</b> Suicide prevention	<ul style="list-style-type: none"> <li>• Maintain current leadership and membership of the Cuyahoga County Suicide Prevention Coalition with a goal to expand to higher-risk targeted populations i.e. LGBTQ, seniors and youth.</li> <li>• Increase awareness of coalition activities.</li> <li>• Research and apply for coalition funding from the State and Federal Government.</li> <li>• Develop a Strategic Prevention Framework plan.</li> <li>• Continue QPR Training in the community.</li> <li>• Promote ADAMHS Board 24-Hour hotline and Crisis Text.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain collaborative partnerships with the Cuyahoga County Medical Examiner's office, Department of Public Health to examine specific areas in need of access to programming.</li> <li>• Utilize results of a survey to identify gaps within the community.</li> <li>• Develop a comprehensive plan to reduce the rate of completed suicides and attempts.</li> <li>• Develop information materials and campaigns, re: suicide prevention, coalition purpose, activities, etc.</li> <li>• Continue to utilize social media to increase awareness of suicide prevention and the coalition.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of meetings.</li> <li>• Number of new members.</li> <li>• Materials and campaign developed.</li> <li>• Decreased number of suicides.</li> <li>• Strategic Prevention Framework plan.</li> <li>• Number of social media posts and impressions.</li> </ul>	<ul style="list-style-type: none"> <li>___ No assessed local need</li> <li>___ Lack of funds</li> <li>___ Workforce shortage</li> <li>___ Other (describe):</li> </ul>

<p><b>Prevention:</b> Integrate Problem Gambling Prevention &amp; Screening Strategies in Community and Healthcare Organizations</p>	<ul style="list-style-type: none"> <li>• Increase Gambling Coalition membership.</li> <li>• Increase capacity for the number of professionals trained to identify the signs and symptoms of problem gambling.</li> <li>• Raise community awareness of the issue of problem gambling and its collateral health effects.</li> <li>• Increase perception of problem gambling as a potentially harmful activity to reduce risks associated with gambling.</li> <li>• Promote gambling prevention treatment and resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain membership re: Cuyahoga County with the Problem Gambling Coalition and Planning Symposium.</li> <li>• Assess current capacity of services including family groups and interventions to build the problem gambling continuum of services.</li> <li>• Continue to identify additional treatment modalities to support recovery efforts for problem gambling.</li> <li>• Use screening instrument to identify individuals in need of treatment for gambling.</li> <li>• Provide education and training to behavioral health professionals to become certified to provide gambling treatment and prevention services.</li> <li>• Continue to vet additional participants for the gambling coalition meetings and events.</li> <li>• ADAMHS Board of Cuyahoga staff will continue to be part of the Cuyahoga County Problem Gambling Coalition Leadership Committee.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of social media impressions and clicks.</li> <li>• Number of clicks on gambling page.</li> <li>• Number of trainings.</li> </ul>	<ul style="list-style-type: none"> <li>___ No assessed local need</li> <li>___ Lack of funds</li> <li>___ Workforce shortage</li> <li>___ Other (describe):</li> </ul>
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		<ul style="list-style-type: none"> <li>Utilize social media to promote trainings and prevention and treatment resources.</li> <li>Maintain gambling prevention webpage.</li> </ul>		
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Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
High Quality Housing including Adult Care Facilities (ACFs) for adults with mental illness, Sober and Recovery Housing.	<ul style="list-style-type: none"> <li>Certified with National Alliance for Recovery Residences (NARR) standards, and Residential Care Facilities (RCFs) that meet State and National Residential Care and Assisted Living Regulations and Policies.</li> <li>Identify quality group housing for people living with mental illness.</li> </ul>	<ul style="list-style-type: none"> <li>Compliance with standards.</li> <li>Development and implementation of the Peer Seal of Quality Housing Program to help make informed decisions on contracting.</li> </ul>	<ul style="list-style-type: none"> <li>Number of quality housing for adults living with mental health and/or in recovery.</li> </ul>
Expanded Crisis Services for both children and adults.	<ul style="list-style-type: none"> <li>Identify and increase the availability of mental health crisis services.</li> </ul>	<ul style="list-style-type: none"> <li>Issue RFP.</li> </ul>	<ul style="list-style-type: none"> <li>Number of calls and clients served.</li> </ul>
24 Hours/Seven Days per Week Access for mental health and addiction treatment services, for adults and children, with in-person services delivered wherever possible.	<ul style="list-style-type: none"> <li>Identify and increase the availability of mental health and addiction treatment services 24Hours/Seven Days per Week.</li> </ul>	<ul style="list-style-type: none"> <li>Issue RFP.</li> <li>Select providers.</li> </ul>	<ul style="list-style-type: none"> <li>Number of providers that offer 24 Hours/Seven Days per Week Access.</li> </ul>
Peer Support for mental health and addiction, including innovative programs in Adult Care Facilities and Recovery Housing.	<ul style="list-style-type: none"> <li>Increase the number of peer support specialists in the community mental health and SUD recovery service system.</li> </ul>	<ul style="list-style-type: none"> <li>Issue RFP.</li> <li>Select Peer Support providers.</li> </ul>	<ul style="list-style-type: none"> <li>Number of Peer Support providers selected.</li> <li>Number of Peer Support Specialists hired.</li> </ul>
Prevention and early intervention programs and campaigns for mental health and addiction across the lifespan for children, adolescents, adults, and older adults, using both traditional and innovative approaches in the community such as Faith-Based programming.	<ul style="list-style-type: none"> <li>Raise awareness of behavioral health issues and available services.</li> <li>Decrease stigma associated with seeking assistance from behavioral health issues.</li> </ul>	<ul style="list-style-type: none"> <li>Create messages.</li> <li>Identify resources.</li> <li>Implement campaigns.</li> </ul>	<ul style="list-style-type: none"> <li>Number of calls to hotline.</li> <li>Number online screenings.</li> <li>Number of posts and engagements on social media.</li> <li>Number of positive media hits.</li> <li>Number of visits to ADAMHS Board of Cuyahoga County's website.</li> </ul>

Employment Programs including sheltered and supported.	<ul style="list-style-type: none"> <li>• Increase to the number of clients that successfully gain employment.</li> </ul>	<ul style="list-style-type: none"> <li>• Apply for SAMHSA grant.</li> <li>• ADAMHS Board of Cuyahoga County is a Transitional Employment site.</li> <li>• Identify providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Awarding of Grant</li> <li>• Number of Transitional Employees placed at ADAMHS Board of Cuyahoga County.</li> </ul>
Inpatient and Ambulatory Detoxification Services.	<ul style="list-style-type: none"> <li>• To make detox services available to fit the needs of the client.</li> </ul>	<ul style="list-style-type: none"> <li>• Utilization of OhioMHAS withdrawal management funding.</li> <li>• Planning and collaboration with Northeast Ohio Collaborative Boards.</li> <li>• ADAMHS Board of Cuyahoga County serving as fiscal agent for the collaborative.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of clients served.</li> </ul>
Medication Assisted Treatment for Opioid Addiction Disorders.	<ul style="list-style-type: none"> <li>• Expand MAT services to clients before release from incarceration.</li> </ul>	<ul style="list-style-type: none"> <li>• Utilize CURES, SOR and local funding to expand the availability of MAT.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of clients served.</li> <li>• Reduce number of relapses after incarceration.</li> </ul>
Piloting of Innovative Techniques and Programs.	<ul style="list-style-type: none"> <li>• Identify creative alternative services and harm reduction techniques.</li> </ul>	<ul style="list-style-type: none"> <li>• Issue RFP.</li> <li>• Select providers.</li> <li>• Identify funding and collaborative efforts with MetroHealth, University Hospitals, Department of Justice, County Executive and Faith-based Community.</li> <li>• Implement Fentanyl Test Strips with providers and a grassroots campaign with area businesses and the faith-based community.</li> <li>• Acupuncture-based support for recovery training.</li> <li>• Peer Seal of Quality Housing program.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of innovative programs/techniques.</li> <li>• Number of test strips distributed.</li> <li>• Number of physicians trained in acupuncture.</li> <li>• Number of homes that received Peer Seal of Quality.</li> </ul>
Transportation for clients to keep mental health and addiction treatment appointments.	<ul style="list-style-type: none"> <li>• Reduce incidence of relapse and overdoses.</li> <li>• Increase the number of clients that keep their outpatient appointments to maintain recovery.</li> </ul>	<ul style="list-style-type: none"> <li>• Issue RFP.</li> <li>• Select providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of clients using transportation.</li> <li>• Number of clients successfully attending appointments.</li> <li>• Higher rates of recovery.</li> </ul>
Workforce Development	<ul style="list-style-type: none"> <li>• Increase interest in the Behavioral Health field.</li> <li>• Increase the number of workers in provider agencies.</li> <li>• Retention of workers in provider agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Collaboration with Progressive Insurance to analyze the workforce shortage issue.</li> <li>• Utilize services of a consultant to develop a strategic plan to increase the workforce.</li> </ul>	<ul style="list-style-type: none"> <li>• Longevity of employees at provider agencies.</li> <li>• Filling of vacant positions at provider agencies.</li> </ul>

		<ul style="list-style-type: none"><li>• Partnership with Cleveland Metropolitan School District (CMSD) to develop a special behavioral health tract as part of the Say Yes program.</li><li>• Partnerships with local foundations for funding.</li><li>• Partnerships with local colleges and universities.</li><li>• Offer incentives for internships.</li></ul>	<ul style="list-style-type: none"><li>• Type of incentives offered to attract and retain interns and employees at provider agencies.</li><li>• Curriculum at CMSD to increase interest in the behavioral health field.</li></ul>
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## Collaboration

5. Describe the board's accomplishments achieved through collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public during the past two years. (Note: Highlight collaborative undertakings that support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)
- **City of Cleveland Settlement Agreement:** A Settlement Agreement between the City of Cleveland and the U.S. Department of Justice (DOJ), was developed to address concerns about the Cleveland Division of Police (CDP) use-of-force policies and practices, and was signed on June 12, 2015.
    - The Agreement contains a mental health component that required the development of a Mental Health Response Advisory Committee (MHRAC) by the City and the CDP no later than December 9, 2015.
    - The City of Cleveland selected the ADAMHS Board of Cuyahoga County to establish the MHRAC and assist with the Police Crisis Intervention Program. A Memorandum of Understanding (MOU) between the City of Cleveland Department of Public Safety, the Chief of Police and the ADAMHS Board of Cuyahoga County was developed and signed on September 10, 2015– well before the deadline in the Decree.
    - The first meeting of the MHRAC was held on September 17, 2015, and continues to meet every other month. The last meeting was on July 8, 2019.
    - Scott S. Osiecki, Chief Executive Officer of the ADAMHS Board of Cuyahoga County, serves as a Tri-Chair, along with Ed Eckart Jr., Assistant Director of the Cleveland Department of Public Safety, and Captain James Purcell, CIT Coordinator, Cleveland Division of Police. As outlined in the Settlement Agreement, the committee has and is meeting the following charge:
      - Fostering better relationships and support between the police, community, and mental health providers.
      - Identifying problems and developing solutions to improve crisis outcomes.
      - Providing guidance with improving, expanding and sustaining the CDP Crisis Intervention Program.
      - Conducting a yearly analysis of incidents to determine if the CDP has enough specialized CIT officers, if they are deployed effectively and responding appropriately, and recommending changes to policies and procedures regarding training.
      - To utilize the experiences and talents of the MHRAC members, a structure consisting of six sub-committees was developed: Executive Committee, Community Involvement/Engagement Committee, Data Committee, Diversion Committee, Policy Review Committee and the Training Committee. A goal is to ensure that the new policy and procedures are reflective of the values of all Clevelanders.
      - All meetings of the MHRAC and its committees are open to the public. Meeting summaries, dates, times and locations are posted at [www.adamhsc.org](http://www.adamhsc.org).
  - **Police Peer Support:** The Cleveland Division of Police asked the ADAMHS Board of Cuyahoga County to partner in developing a police peer support program. This program would be available not only to the Cleveland police but county wide. This initiative is in the planning phase and is contingent upon the department receiving a grant. The plan would include police officers providing support to their peers. ADAMHS Board of Cuyahoga County staff would provide consultation and training regarding behavioral health issues and serve as the main contact for officers requiring support.



- **The Behavioral Health/Juvenile Justice (BH/JJ) Project:** ADAMHS Board of Cuyahoga County has a very strong partnership with the juvenile justice system by way of collaboration for multiple projects and initiatives.
  - The goal of Ohio’s BHJJ initiative is to transform and expand local systems’ options to better serve youth. This has been achieved through the Cuyahoga County BHJJ program, as it is by far the best representative of local systems taking ownership in a collaborative fashion to achieve favorable outcomes.
  - In years past, residential treatment was the only option available within the program’s service continuum.
  - The lack of access to short-term crisis stabilization beds led to lengthy, costly stays in residential treatment facilities in the MH/AOD system. Such environments are not always the appropriate response to the risk level exhibited by the child.
  - In an effort to maintain the existing continuum of services when Hot Spot funding ceased, the ADAMHS Board of Cuyahoga County maintained this component through local levy funds for a dedicated crisis bed as part of the project. This has ensured that youth identified at risk for placement would be maintained in the community to prevent deeper court involvement.
  
- **Mental Health in the Detention Center:** In collaboration with the Cuyahoga County Juvenile Court, the ADAMHS Board of Cuyahoga County assessed the in-depth needs of over 600 youth detained in the juvenile detention center in order to provide brief interventions and crisis management. Ongoing basic mental health training is also provided to aid staff in understanding the signs and symptoms a child may experience while detained.
  - The ADAMHS Board of Cuyahoga County, in collaboration with Ohio Department of Youth Services (OYDS), continued and expanded the Behavioral Health Juvenile Justice (BHJJ) project. The project consists of Community and Local Alternatives to the incarceration of Minors ( Targeted RECLAIM) funding initiative which encourages juvenile courts to develop or purchase a range of community based services for juvenile offender or youth at risk for offending. Also part of BHJJ is project CALM which is a collaborative effort with Juvenile Court and the Cleveland Division of Police (CDP) to divert youth with first time offenses from the Cuyahoga County Detention Center. Services include assessment, case management and access to respite if needed. The ADAMHS Board of Cuyahoga County contracted with three providers for this project.
  - ADAMHS Board of Cuyahoga County staff participated in the Cuyahoga County Juvenile Court (CCJC) Kaizen process mapping event which identified the need for earlier identification and diversion of youth with behavioral health needs for clinically appropriate services and supports. The CCJC in 2019 opened an Intervention Center in which the ADAMHS Board of Cuyahoga County has agreed to assist CCJC in developing clinical components for the Intervention Center as well as to identify a dedicated behavioral health agency to deliver services that will include assessments and brief behavioral health screenings, case management, referral to respite services for crisis intervention, and assistance with navigation and linkage to appropriate services and supports.
  
- **Cuyahoga County Jail:** The ADAMHS Board of Cuyahoga County identified a need to improve the quality of assessments for the clients in jail that would be returning to the community. Need is to identify individuals who are mentally ill and/or dually diagnosed as soon as possible and engage them in behavioral health treatment and community support services to reduce jail time and promote successful community reintegration.
  - In order to accomplish this the Mental Health Jail Liaison Program needed a revamp. In December of 2018 the ADAMHS Board of Cuyahoga County released an RFI for a Jail Liaison Program. The ADAMHS Board of Cuyahoga County, in collaboration with MHDD Court and Jail staff, reviewed the responses and the contracted with four providers for the Mental Health Jail Liaison positions.
  - These positions include dedicated full-time licensed staff on site at the jail. Under the oversight of the Mental Health Jail Liaison Specialist, the liaisons will provide mental health screenings, assessments, treatment interventions, recommendations to clients incarcerated in the Cuyahoga County Jail, and

provide reintegration plans and other documentation to the Cuyahoga County Court of Common Pleas Judges and staff.

- In collaboration with the Cuyahoga County Common Pleas Court (CCCPC), shared funding for a one FTE position (Mental Health Jail Liaison Specialist) employed by the CCCPC will oversee and provide coordination, direction, leadership and oversight to agency jail liaisons. This position will serve as the point person between the jail liaisons, the Jail and Mental Health Developmental Disability (MHDD) Court dockets.
  - These changes will provide the ADAMHS Board of Cuyahoga County with detailed data regarding clients behavioral health needs, referrals and linkage with appointments at the community agencies.
  - The Goal is to provide a continuity of care for the client from community to jail and back to the community
- 
- **Behavioral Health Career Fair:** The ADAMHS Board of Cuyahoga County, in partnership with 44 provider agencies and area non-profits, hosted its Fifth Annual Behavioral Health and Human Services Career Fair on May 10, 2019 at Doubletree in Beachwood. Nearly 300 job seekers brought resumes and explored the wide employment opportunities in the mental health, addiction, recovery treatment and human services fields. Many individuals left the event with scheduled job interviews.
- 
- **Peer Support:** The ADAMHS Board of Cuyahoga County believes in the benefits of peer support; therefore, we partner with provider agencies and client operated service agencies and provide funding to enhance peer support services in Cuyahoga County that provide the following opportunities:
    - The ADAMHS Board of Cuyahoga County, in collaboration with OhioMHAS, continues to host Peer Support Trainings on site.
    - The ADAMHS Board of Cuyahoga County continues to collaborate with Murtis Taylor Human Services System to provide forensic peer support services to residents at Saint Clair House (formerly Tanaka House).
    - Agencies such as Jewish Family Service Association and Recovery Resources provide peer support services to clients seeking competitive employment.
    - The ADAMHS Board of Cuyahoga County is funding several dedicated Peer agencies to provide peer support services to adults and transitional youth. Life Exchange Center operates a transitional youth residence, and Accent/Thrive provides peer services in the community located in one of Cuyahoga County's major hospital ER but also operates our Warmline.
- 
- **Heroin/Fentanyl Prevention:** The ADAMHS Board of Cuyahoga County is co-chair of the Cuyahoga County Opiate Task Force and continues to collaborate and play an active role in responding to the opioid crisis in our community. The ADAMHS Board of Cuyahoga County is also an executive member of the United States District Attorney of the Northern District of Ohio's Heroin and Other Opioids Task Force. ADAMHS Board of Cuyahoga County staff work with the United States Department of Justice, Cuyahoga County Board of Health, Cuyahoga County Medical Examiner and numerous other public and private organizations to provide accurate and current data to the community and the media. The ADAMHS Board of Cuyahoga County's Director of External Affairs is also a member of the Ohio Association of County Behavioral Health Authorities (OACBHA) Opioid and Other Drugs Committee.
    - The ADAMHS Board of Cuyahoga County has made numerous presentations to the community related to opioid prevention.
      - In January 2018, Scott S. Osiecki, Chief Executive Officer, participated in an opioid forum with State Representative John E. Barnes and Pepper Pike Mayor Richard Bain titled *The Opioid Crisis: Managing Opioid Turbulence*.

- In September 2018, Beth Zietlow-DeJesus, Director of External Affairs, participated in a community and employee wellness seminar hosted by KeyBank to reduce the opioid epidemic in Northeast Ohio titled *Opioids: From Education to Action*.
- In December 2018, Scott S. Osiecki, Chief Executive Officer, spoke on a panel at a community event - *Heroin, Fentanyl, Carfentanil: The Triple Threat on Our Doorstep*. Also on the panel was Dr. Judith Welsh, Cleveland Clinic; Scott Petersen, Cleveland Clinic; and Judge David T. Matia, Cuyahoga County Common Pleas Drug Court.
- In February 2019, Justin Herdman, U.S. District Attorney, Scott S. Osiecki, Chief Executive Officer, and Dr. Judy Welsh, Cleveland Clinic, presented an opioid awareness panel at EATON Corporation as part of the company's *Strive for Change* wellness campaign to reduce stigma. The panel was shared remotely with 21 EATON Corporation facilities across the country.
- Scott S. Osiecki, Chief Executive Officer, met with David Wondolowski, the Executive Secretary of the Cleveland Building and Construction Trades Council and Tim Linville, Chief Executive Officer of the Construction Employee Association in February of 2018 to review the construction trades unions' drug policies and share ideas about prevention in the workplace, how to connect employees to treatment and then get them back to work.
- The ADAMHS Board of Cuyahoga County presented at the 2018 and 2019 Statewide Opiate and Other Drugs Conference, hosted by the Ohio Association of County Behavioral Health Authorities (OACBHA), on best practices for eliminating barriers to treatment (Transportation Pilot Program, 2018) and effective techniques for sustained recovery (Using the Arts, 2019).
- In September of 2018, the ADAMHS Board of Cuyahoga County participated in the Department of Justice's Strategic Planning Conference, titled *Opioids: A Crisis Still Facing Our Entire Community* to map out the next five years of response to combat the local opioid crisis. The conference drew nearly 300 attendees who worked to revise the Community Action Plan that was originally written in 2014 by the Task Force members.
- The ADAMHS Board of Cuyahoga County launched a recovery billboard campaign in September, 2018. Billboards included photos and quotes from 14 individuals living in recovery as well as the 24-hour hotline number to encourage help seeking behavior. In tandem with this campaign, the ADAMHS Board of Cuyahoga County and MetroHealth Hospital worked together to create a new social media platform called RecoveryCLE. RecoveryCLE allows for community members to share inspiration and recovery related stories with the community.
- The ADAMHS Board of Cuyahoga County sponsored the creation of two public art murals to visually promote prevention and education about the dangers of heroin and other drugs, reduce stigma of seeking treatment and start public discussion about prevention while celebrating recovery through art.
- The ADAMHS Board of Cuyahoga County hosted four Addiction Recovery Advocacy Meetings in 2018 and 2019 to increase community involvement in prevention, education, planning and advocacy as it relates to the opioid epidemic. These meetings consisted of family members who lost a loved one to addiction, individuals with a loved one struggling with addiction, recovery advocates, professionals, and family support groups. These meetings provided an opportunity to unite the powerful voices of individuals and advocacy groups to create change through action. Between 50 and 100 individuals attended and participated in these meetings. In June of 2019, Tia Marcel Moretti, LSW, OCPC, Deputy Director of RecoveryOhio, joined the group for a strategic planning session to align local prevention, education and stigma, treatment and recovery supports and workforce development strategies with the state's goals.
- Distributed nearly 6,000 Deterra Drug Disposal Bags through community partnerships with the City of Cleveland, Cuyahoga County, Shaker Heights Fire Department, CVS and ADAMHS Board of Cuyahoga County provider agencies. The majority of the bags were distributed as part of Drug Take Back Day in April of 2019.

- The ADAMHS Board of Cuyahoga County, in partnership with Cuyahoga County Executive Armond Budish, The Cuyahoga County Medical Examiner's Office, and partners in both the Cuyahoga County and U.S. District Attorney's Task Forces, launched a fentanyl awareness campaign and grassroots fentanyl test strip distribution effort. In May of 2019, Cuyahoga County saw a huge spike in opioid deaths in the African American community related to fentanyl in powdered and crack cocaine. This partnership released fentanyl awareness radio ads on WZAK 107.9, WENZ 93.1, 107.3 The Wave, La Mega 87.7 and Voice it Radio; held a meeting with community clergy members and elected officials; and, is delivering 15,000 fentanyl test strips to the community via grassroots efforts. The test strips are being shared via community outreach to bars/restaurants and other businesses that data showed were near overdose locations; through partnerships with local barbershops, homeless shelters and outreach teams; and, through treatment providers and peer supporter to at risk individuals. The City of Cleveland narcotics officers are also distributing test strips and safer use kits that include naloxone to individuals they interact with and determine are at risk for overdose.
- **Suicide Prevention:** The ADAMHS Board of Cuyahoga County is the lead agency for the Cuyahoga County Suicide Prevention Coalition and continues to collaborate and play an active role in responding to suicide prevention and postvention in our community. The ADAMHS Board of Cuyahoga County's Director of External Affairs is also a member of the Ohio Association of County Behavioral Health Authorities (OACBHA) Committee to Address Suicide.
  - The coalition facilitated or co-facilitated multiple trainings including Assessing and Managing Suicide Risk (AMSR), Collaborative Assessment & Management of Suicidality (CAMS), Applied Suicide Intervention Skills Training (ASIST), Working Minds: Suicide Prevention in the Workplace, and a postvention training facilitated by the local LOSS team. The Coalition also hosted a full-day training summit during suicide prevention awareness month (September, 2019) that was attended by approximately 160 individuals and community partners.
  - The Coalition completed the Ohio Association of Community Behavioral Health Authorities (OACBHA) Suicide Prevention Inventory and Needs Assessment Survey.
  - In 2018, the ADAMHS Board of Cuyahoga County, in partnership with the Suicide Prevention Coalition, revised the Coping with the Holiday Brochure that was shared via email with more than 30,000 people, reached more than 10,000 people via social media, and was featured on a WVIZ TV.
  - The ADAMHS Board of Cuyahoga County's Training Institute hosted or coordinated Question, Persuade, Refer (QPR) trainings to 321 individuals in 2018. These trainings included all employees of the local 2-1-1 call center as well as organizations that are involved with both adolescents and older adult populations.
  - In 2019, the ADAMHS Board of Cuyahoga County began offering one evening QPR training per quarter in addition to its requested presentations out in the community. Registration for all of these trainings were completely filled within one month of announcing them. As of June, 69 people have been trained in QPR through these sessions and another 70 are scheduled to complete the training by November, 2019.
  - ADAMHS Board of Cuyahoga County's External Affairs staff has provided suicide prevention information at more than 60 resource tables and given at least 35 community education presentations about suicide prevention to local churches, universities and libraries since September, 2017.
  - The ADAMHS Board of Cuyahoga County worked with WKYC Channel 3 to produce a special on suicide prevention that aired on Super Bowl Sunday. This special segment focused on suicide prevention, the loss of a family member, and the resiliency of a suicide attempt survivor.
  - The ADAMHS Board of Cuyahoga County shared the Guidelines for Reporting on Suicide with all local media outlets and sent 10 follow up emails to reporters who did not stick to the guidelines as well as more than 20 thank you emails to reporters who did follow the guidelines. In 2018 and 2019, the ADAMHS Board of Cuyahoga County was mentioned in 35 media stories related to suicide and suicide prevention.

- In an effort to limit a contagion effect during the widely reported celebrity suicide deaths of Anthony Bourdain and Kate Spade, staff worked with local media Fox 8 and Cleveland.com to share resiliency stories of suicide attempt survivors and how they sought help. The ADAMHS Board of Cuyahoga County also called together a group of peer supporters and suicide survivors to share messages of hope and help on social media during that same week.
- The ADAMHS Board of Cuyahoga County presented during the Suicide Prevention breakout session at the 2018 Mental Health Summit hosted by the Cleveland Veteran's Administration Medical Center in September, 2018.
- The ADAMHS Board of Cuyahoga County was awarded mini-grants to promote the crisis text line to Cuyahoga County residents in 2018 and 2019. Ads were purchased in local publications, the *Call and Post* newspaper, *Your Teen Magazine*, and *PRIZM* magazine's mental health issue that reached approximately 167,000 individuals. Students at the Cuyahoga Valley Career Center created a video promoting the crisis text line, which was shared with more than 42,000 people via Twitter, and more than 112,000 individuals via Facebook and Instagram; other social media posts promoting the text line made more than 100,000 impressions via social media.
- **Problem Gambling Coalition:** The ADAMHS Board of Cuyahoga County's External Affairs Officer, Training Officer and Adult Behavioral Health Specialists are members of the Cuyahoga County Problem Gambling Coalition. The Coalition is led by Recovery Resources with funding from the ADAMHS Board of Cuyahoga County and is a partnership with the Veterans Service Administration, Gambling Anonymous, various faith-based organizations, private practitioners and provider agencies. The coalition hosts multiple trainings each year related to treatment of problem gambling and several community events to increase knowledge about and prevention of problem gambling in Cuyahoga County.
- **Cuyahoga County Crisis Response Needs Assessment:** In January, 2018, the ADAMHS Board of Cuyahoga County contracted with The Begun Center for Violence Prevention Research and Education (Begun Center) at Case Western Reserve University to conduct a comprehensive community needs assessment of Cuyahoga County's crisis response system. This system is a complex and tiered one comprised of crisis response services that support clients whose safety and health are threatened by behavioral health challenges, including mental illness, developmental disabilities, substance use, and/or overwhelming stressors.
  - The objective of this assessment was to include a broad enough range of participants to reliably surface the major underlying themes characterizing the responsiveness of the system in meeting the needs of clients and their families. The goal of this effort was to present these themes in ways that would be useful in assessing the effectiveness of the current system and later informing planning efforts for improvement.
- **Cuyahoga County Board of Developmental Disabilities:** The ADAMHS Board of Cuyahoga County maintains a partnership with the Cuyahoga County Board of Developmental Disability (CCBDD) to co-fund a youth crisis stabilization bed and an individual option waiver match for individuals living with DD and mental illness.
- **Family & Children First Council (FCFC):** Through the ADAMHS Board of Cuyahoga County's continued partnership with the Family & Children First Council (FCFC), the partners collaborate through the On-Site Service Coordination Team convened at Cuyahoga County Juvenile Court. The purpose of this cross system planning is to develop crisis stabilization plans, provide behavioral health expertise to support youth and families dually involved with Juvenile Court and the Division of Children & Family Services when parents and guardians elected not to take their children home during a court hearing.

- **Early Childhood Mental Health (ECMH) Services:** The ADAMHS Board of Cuyahoga County remains in a strong partnership with the Cuyahoga County Office of Early Childhood/Invest in Children (IIC) to address state-wide issues related to early childhood.
  - The service continuum for ECMH was expanded to allow all contract agencies to utilize “consultation” services as a springboard for immediate engagement and as an additional assessment option to determine if treatment is warranted.
  - The ADAMHS Board of Cuyahoga County continues to partner with the state and the Devereux Center for Resilient Children to train newly hired clinicians.
  - The ADAMHS Board of Cuyahoga County, in collaboration with Lorain and Summit county boards, and agency providers, was awarded funding through OhioMHAS for the Whole Child Matters Initiative (WCM). This initiative is designed to reduce the number of pre-school expulsions, as well as build workforce capacity for the early childhood system statewide.
    - The Whole Child Matters Initiative is to increase access to ECMH services by reducing expulsions and increasing retention in early learning settings. This is 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.
    - WCM is an effort to promote healthy social and emotional development and school readiness for children expanded to age eight and younger through OhioMHAS.
  
- **School Based Behavioral Health Services:** Through extensive planning with key stakeholders, contract agencies, and school districts, the ADAMHS Board of Cuyahoga County fully adopted the “consultation” model as the primary service within school settings to allow the service of consultation to become broader in nature. This allowed agencies to provide support to students, parents, professionals, and small groups. It further allowed for treatment services, if indicated, to occur outside of the school environment. This reduces stigma and allows academics to remain the primary activity throughout the school day.
  
- **Hoarding Connection of Cuyahoga County:** The Cuyahoga County Hoarding Connection's mission is to educate the community about the need for a coordinated effort among personnel from local government, mental health and social service agencies to effectively help individuals who hoard and those working with individuals who hoard.
  - The goal is to identify responders, resources and personnel throughout Cuyahoga County, and to educate and train them about the characteristics of hoarding. The Hoarding Connection promotes a comprehensive approach to helping individuals who hoard, while protecting the safety of responders and the community.
  - More than 20 organizations from the public, nonprofit and private sectors are working together as the Hoarding Connection of Cuyahoga County.
  - The ADAMHS Board of Cuyahoga County continues to underwrite the annual Hoarding Conference.
  
- **Cleveland/Cuyahoga County Office Homeless Service Continuum of Care:** The ADAMHS Board of Cuyahoga County is an active partner in the Cleveland/Cuyahoga County Continuum of Care, which is an extensive network of agencies that plans, organizes and delivers housing and services to prevent homelessness and assist people while they are homeless and as they move into stable housing.
  
- **Cuyahoga Regional HIV Health Services Ryan White Planning Council:** The ADAMHS Board of Cuyahoga County is an active partner in the Ryan White Planning Council. The Planning Council’s mission is to plan for the comprehensive delivery of HIV/AIDS services and allocation of resources for the Transitional Grant Area (TGA). The goal of the Planning Council is to identify HIV positive individuals, ensure they are linked into care (both physical and behavioral health care), stay in care and improve health outcomes.

- **Cuyahoga County Opiate Task Force:** The ADAMHS Board of Cuyahoga County, serving as the County Hub for Opioid Response, and the Cuyahoga County Board of Health are co-chairs of the Cuyahoga County Opiate Task Force. The goal of the Task Force is to serve the residents of Cuyahoga County by actively working to raise public awareness, promote community action, and provide education related to the dangers and devastating effects of drug abuse. The Task Force has a shared vision of creating a healthier community by reducing accidental fatalities associated with opiate abuse through collaborative partnerships that focus on prevention, treatment, and recovery.
- **Recognition:** The ADAMHS Board of Cuyahoga County was recognized by the Women’s Recovery Center, Visiting Nurse Association, and County Executive.

<b>Inpatient Hospital Management</b>
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6. Describe the interaction between the local system’s utilization of the State Hospital(s), Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that is expected or foreseen.
- The ADAMHS Board of Cuyahoga County allocates staff to provide consultation to the State Hospital, Private Hospitals and Community Providers including Crisis System.
    - ADAMHS Board of Cuyahoga County staff meet via phone at least weekly with the Clinical Director at NBH. Plans are in place to review and enhance this service as the goal is to assist with discharge planning, system issues and as a liaison to the community Providers
    - The ADAMHS Board of Cuyahoga County funds a 15 bed Crisis Stabilization Unit (CSU) for residents with mental illness and/or dual diagnosis that is operated by Frontline. In 2018 the Board applied for and received a SAMSHA grant to utilize two of the CSU beds as diversion beds for the Cleveland Division of Police.
    - The ADAMHS Board of Cuyahoga County hosts an ongoing collaborative Crisis Provider meeting to discuss, problem solve, advocate and remove barriers regarding clients who are using crisis services. This meeting includes clinical and non-clinical staff from the Public and Private systems, including all the hospital systems, Managed Care Organizations, DD Board, and local service providers.
    - The ADAMHS Board of Cuyahoga County also hosts and participates in a crisis subcommittee where recidivism and high utilization of crisis services by individuals are addressed and a crisis plan of care is developed.
  - **Potential Changes; Forensic Utilization:** The ADAMHS Board of Cuyahoga County is working on a system of collaboration, is reviewing current processes and is developing effective tools to facilitate communication, address barriers and ensure successful transitions back to the community. Housing is a major barrier to discharge for dually diagnosed clients. The ADAMHS Board of Cuyahoga County will be reviewing the current status and develop a process to address this barrier.

## Community Plan Appendix 1: Alcohol & Other Drugs Waivers

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

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

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

A. HOSPITAL	Identifier Number	ALLOCATION

### B. Request for Generic Services

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

B. AGENCY	Identifier Number	SERVICE	ALLOCATION



SIGNATURE PAGE

Community Plan for the Provision of  
Mental Health and Addiction Services  
SFY 2019-2020

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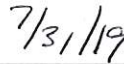
Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental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

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

Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County  
ADAMHS, ADAS or CMH Board Name (Please print or type)



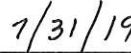
\_\_\_\_\_  
Scott S. Osiecki  
Chief Executive Officer



\_\_\_\_\_  
Date



\_\_\_\_\_  
Rev. Benjamin F. Gohlstein, Sr.  
Board Chair



\_\_\_\_\_  
Date

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

## Instructions for Table 1, “SFY 2019 -20 Community Plan Essential Services Inventory”

Attached is the SFY 19-20 Community Plan Essential Services Inventory. **Each Board’s completed SFY 2018 form will be sent in separate email should the board want to use it to update information.**

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

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

### Instructions for the Essential Services Inventory

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

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

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

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

1. Emerald Jenny Treatment Locator <https://www.emeraldjennyfoundation.org/>
2. SAMHSA Treatment Locator <https://www.findtreatment.samhsa.gov/>

**BOARD: Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County**

**SFY 2019-2020 CONTINUUM OF CARE: CROSSWALK FROM ESSENTIAL SERVICE CATEGORIES TO INDIVIDUAL SERVICES**

† ORC 340.033 Required Opiate Services

ESSENTIAL SERVICE CATEGORIES	TREATMENT FOCUS	SERVICE LOCATION	MEDICAID & NON-MEDICAID PAYABLE SERVICES	SERVICE CHOICE INDICATED BY A PROVIDER NAME & ADDRESS IN THIS COLUMN	BOARD CONTRACT (Y/N)
† Ambulatory Detox	Opiate Treatment	Must be in Board area Unless Waived per ORC 5119.221	[Choose At Least 1 of 2 Service] SUD Withdrawal Management with Extended On Site Monitoring, RN and LPN Services (ASAM LOC 2 WM) SUD Withdrawal Management with Extended On Site Monitoring, 23 hour observation per diem (ASAM LOC 2 WM)	Visiting Nurse Association of Ohio, 925 Keynote Circle, Brooklyn Heights OH 44131	Y
† Sub-Acute Detox	Opiate Treatment	May be in another Board area	[Choose At Least 1 of 1 Service] SUD Clinically Managed Residential Withdrawal Management (ASAM Level 3.2-WM)	Oriana House, 15 Frederick Avenue, Akron OH 44310	N
† Non-Intensive Outpatient Service	Opiate Treatment	Must be in Board area	Essential Service Category fulfilled by a Provider within the Board area that has the ability to provide any of the above Outpatient services (within the constraints specified in the <i>Provider Requirements &amp; Reimbursement Manual</i> for each of the individual services) the following treatment levels: [Choose At Least 1 of 2 Service] Adult (age 18 years and older) up to 9 contact hours/week Adolescent (age 13 through 17) up to 6 contact hours/week	New Directions, Inc., 30800 Chagrin Blvd., Pepper Pike OH 44124	N
† Intensive Outpatient Service]	Opiate Treatment	Must be in Board area	Essential Service Category fulfilled by a Provider within the Board area that has the ability to provide any of the above Outpatient services (within the constraints specified in the <i>Provider Requirements &amp; Reimbursement Manual</i> for each of the individual services) the following treatment levels: [Choose At Least 1 of 4 Service] SUD IOP Adult (age 18 years and older) 9 or more contact hours/week with a minimum of contact 3 days/week Adolescent (age 13 through 17) 6 or more contact hours/week with a minimum of contact 3 days/week and/or SUD Partial Hospitalization: Adult (age 18 years and older) 20 or more contact hours/week with a minimum of contact 3 days/week Adolescent (age 13 through 17) 20 or more contact hours/week with a minimum of contact 3 days/week	Catholic Charities Diocese of Cleveland, 7911 Detroit Avenue, Cleveland OH 44102 New Directions, Inc., 30800 Chagrin Blvd., Pepper Pike OH 44124	Y N
† Medication assisted treatment (MAT)	Opiate Treatment	Must be in Board area Unless Waived per ORC 5119.221	[Choose At Least 1 of 3 Service] Buprenorphine, Buprenorphine/Naloxone administration Injection, naltrexone (Vivitrol) Methadone administration	Circle Health Services, 12201 Euclid Avenue, Cleveland OH 44106 Community Action Against Addiction, 5209 Euclid Avenue, Cleveland OH 44103	Y Y
† Peer Mentoring	Opiate Treatment	Must be in Board area	[Choose At Least 1 of 2 Service] MH Peer Recovery Support (Peer Certification required) [Specialized Recovery Services (SRS 1915(i) Only)] BH Peer Recovery Support (No Peer Certification required) [Non-Medicaid Payable Service]	Thrive Behavioral Health, 600 W. Superior Avenue, Cleveland OH 44114	Y
† Residential Treatment	Opiate Treatment	May be in another Board area	[Choose At Least 1 of 6 Service] Level 4 Recovery Housing SUD Clinically Managed Low-Intensity Residential Treatment-Halfway House (ASAM LOC 3.1) SUD Clinically Managed Population-Specific High Intensity Residential Treatment (ASAM LOC 3.3) SUD Medically Monitored Intensive IP Treatment [Adults] & Medically Monitored High-Intensity IP Services [Adolescent] (ASAM LOCs 3.7) SUD Clinically Managed High Intensity Residential Treatment (ASAM LOC 3.5-WM) SUD Medically Monitored Inpatient Withdrawal Management (ASAM LOC 3.7-WM)	Signature Health, 24200 Chagrin Blvd., Beachwood OH 44122	Y
† Recovery Housing	Opiate Treatment	Must be in Board area	[Choose At Least 1 of 4 Service] Level 1 Recovery Housing Level 2 Recovery Housing Level 3 Recovery Housing (IOP Required) Level 3 Recovery Housing (IOP Not Required)	I'm In Transition Ministries, 2490 Lee Blvd., Cleveland Heights OH 44118 Stella Maris, 1320 Washington Avenue, Cleveland OH 44113	Y Y
† 12 Step Approaches	Opiate Treatment	Must be in Board area	[Choose At Least 1 of 1 Service] Existence of 12 Step Programs in Board Area	Community Assessment & Treatment Svcs, 8411 Broadway Avenue, Cleveland OH 44105	

**BOARD: Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County**  
ORC 340.032 Mid-Biennial Review (MBR) [Sub.S.B. No. 319, December 2016]

ESSENTIAL SERVICE CATEGORIES	TREATMENT FOCUS	SERVICE LOCATION	MEDICAID & NON-MEDICAID PAYABLE SERVICES	SERVICE CHOICE INDICATED BY A PROVIDER NAME & ADDRESS IN THIS COLUMN	BOARD CONTRACT (Y/N)
Prevention & Wellness Management	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 1 of 6 Services] SUD Alternatives SUD Community Based Process SUD Education SUD Environmental SUD Information Dissemination SUD Problem Identification and Referral [Choose At Least 1 of 6 Services] MH Alternatives MH Community Based Process MH Education MH Environmental MH Information Dissemination MH Problem Identification and Referral	Recovery Resources, 3950 Chester Avenue, Cleveland OH 44114 Catholic Charities Diocese of Cleveland, 7911 Detroit Avenue, Cleveland OH 44102 Catholic Charities Diocese of Cleveland, 7911 Detroit Avenue, Cleveland OH 44102 Catholic Charities Diocese of Cleveland, 7911 Detroit Avenue, Cleveland OH 44102 Catholic Charities Diocese of Cleveland, 7911 Detroit Avenue, Cleveland OH 44102 Catholic Charities Diocese of Cleveland, 7911 Detroit Avenue, Cleveland OH 44102 Applewood Centers, 3518 West 25th Street, Cleveland OH 44109 Bellefaire JCB, 22001 Fairmount Blvd., Cleveland OH 44118 Bellefaire JCB, 22001 Fairmount Blvd., Cleveland OH 44118 Bellefaire JCB, 22001 Fairmount Blvd., Cleveland OH 44118 Bellefaire JCB, 22001 Fairmount Blvd., Cleveland OH 44118 Bellefaire JCB, 22001 Fairmount Blvd., Cleveland OH 44118	Y Y Y Y Y Y Y Y Y Y Y
Locate & Inform Persons	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 1 of 1 Service] BH Referral and Information	United Way of Greater Cleveland, 1331 Euclid Avenue, Cleveland OH 44115	Y
Recovery Supports, including helping persons in AOD and/or MH services necessary to:					
+meet basic human needs; +care coordination; +obtain assistance with social, personal & living skills;	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 2 of 2 Service] SUD Case Management MH Community Psychiatric Supportive Treatment (CPST)	Signature Health, 24200 Chagrin Blvd., Beachwood OH 44122 Recovery Resources, 3950 Chester Avenue, Cleveland OH 44114	Y Y

obtain multiple paths to recovery, e.g., 12 step approaches, parent advocacy connection, etc.;					
+ participate in peer supports;	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 1 of 3 Services] MH Peer Recovery Support (Peer Certification required) [Specialized Recovery Services (SRS 1915(i)) Only] BH Peer Recovery Support (No Peer Certification required) [Non-Medicaid Payable Service] MH-Consumer Operated Service	Thrive Behavioral Health, 600 W. Superior Avenue, Cleveland OH 44114 Life Exchange Center, 13407 Kinsman Road, Cleveland OH 44120	Y Y
+ obtain employment, vocation & educational opportunities;	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 1 of 2 Services] BH Individualized Placement and Support-Supported Employment (IPS-SE) [Specialized Recovery Services (SRS 1915(i)) Only] BH Employment/Vocational [Non-Medicaid Payable Service]	Catholic Charities Diocese of Cleveland, 7911 Detroit Avenue, Cleveland OH 44102	Y
+ obtain housing & support from a wide range of options;	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 1 of 3 Services] SUD Housing - Residential Care SUD Housing - Permanent SUD Time Limited/Temporary [Choose At Least 1 of 3 Services] MH Housing - Residential Care MH Housing - Permanent MH Time Limited/Temporary	Hitchcock Center for Women, 1227 Ansel Road, Cleveland OH 44108 Life Exchange Center, 13407 Kinsman Road, Cleveland OH 44120	Y Y
Assessment Services	MH & Non-Opiate AOD Treatment	May be in another Board area	[Choose At Least 1 of 1 Services] BH Psychiatric Diagnostic Evaluation (w/o or w medical) [Choose At Least 1 of 6 Services] BH Screening, Brief Intervention, Referral to Treatment (SBIRT) SUD Assessment Psychological Testing Developmental Testing Neurobehavioral Status Exam Neuropsychological Testing	Circle Health Services, 12201 Euclid Avenue, Cleveland OH 44106 Signature Health, 24200 Chagrin Blvd., Beachwood OH 44122	Y Y
Residential Services	MH & Non-Opiate AOD Treatment	May be in another Board area	[Choose At Least 1 of 3 Services] SUD Clinically Managed Low-Intensity Residential Treatment-Halfway House (ASAM LOC 3.1) SUD Clinically Managed Population-Specific High Intensity Residential Treatment (ASAM LOC 3.3) SUD Medically Monitored Intensive IP Treatment [Adults] & Medically Monitored High-Intensity IP Services [Adolescent] (ASAM LOCs 3.7) [Choose At Least 1 of 1 Services] MH Housing - Residential Treatment Room & Board: Type 1 Licensed Facility	The Ed Keating Center, 2121 West 117th Street, Cleveland OH 44111 Catholic Charities Diocese of Cleveland, 7911 Detroit Avenue, Cleveland OH 44102	N Y
Outpatient services, including:					
+Non-Intensive;	MH & Non-Opiate AOD Treatment	May be in another Board area	[Choose At Least 2 of 8 Services] BH Psychotherapy BH Family Psychotherapy BH Multiple-Family Group Psychotherapy. BH Group Psychotherapy BH Counseling & Therapy, Individual SUD Group Counseling MH Therapeutic Behavioral Services (TBS) MH Psychosocial Rehabilitation (PSR)	New Directions, Inc., 30800 Chagrin Blvd., Pepper Pike OH 44124 Beech Brook, 3737 Lander Road, Pepper Pike OH 44124 Positive Education Program, 3100 Euclid Avenue, Cleveland OH 44115	Y Y Y
+Intensive Outpatient Services	MH & Non-Opiate AOD Treatment	May be in another Board area	[Choose At Least 2 of 2 Services] BH Evaluation & Management (E/M) SUD Intensive Outpatient Program (IOP) and SUD Partial Hospitalization (PH) group counseling [Choose At Least 1 of 13 Services] BH Electrocardiogram, with at least 12 leads SUD RN Services SUD LPN Services MH LPN Nursing Services MH RN Nursing Services Urine Drug Screening Medication Administered by Medical Personnel (J-Codes) Laboratory Services Vaccine Administration Code Vaccine CPT MH Day Treatment MH Assertive Community Treatment (ACT) MH Intensive Home-based Therapy (IBHT)	Jewish Family Service Assoc., 24075 Commerce Park, Beachwood OH 44122 Recovery Resources, 3950 Chester Avenue, Cleveland OH 44114 Far West Center, 29133 Health Campus Drive, Westlake OH 44145 Community Action Against Addiction, 5209 Euclid Avenue, Cleveland OH 44103 Murtis Taylor Human Services System, 13422 Kinsman Road, Cleveland OH 44120 Positive Education Program, 3100 Euclid Avenue, Cleveland OH 44115	Y Y Y Y Y N
+Withdrawal Management;	Non-Opiate AOD Treatment	May be in another Board area	[Choose At Least 1 of 5 Services] SUD Withdrawal Management with Extended On Site Monitoring, RN and LPN Services (ASAM LOC 2 WM) SUD Withdrawal Management with Extended On Site Monitoring, 23 hour observation per diem (ASAM LOC 2 WM) SUD Clinically Managed Residential Withdrawal Management (ASAM Level 3.2-WM) SUD Clinically Managed High Intensity Residential Treatment (ASAM LOC 3.5-WM) SUD Medically Monitored Inpatient Withdrawal Management (ASAM LOC 3.7-WM)	St. Vincent Charity Medical Center, 2351 East 22nd Street, Cleveland OH 44115 Stella Maris, 1320 Washington Avenue, Cleveland OH 44113	Y N
+Emergency & Crisis.	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 1 of 1 Services] BH Psychotherapy For Crisis [Choose At Least 1 of 4 Services] BH Counseling & Therapy, individual MH Therapeutic Behavioral Services (TBS) (determined by rendering provider, not nursing)	Women's Recovery Center, 6209 Storer Avenue, Cleveland OH 44102 Lutheran Metropolitan Ministry, 4515 Superior Avenue, Cleveland OH 44103	Y Y

			MH Psychosocial Rehabilitation (PSR) (determined by rendering provider, not nursing)	Beech Brook, 3737 Lander Road, Pepper Pike OH 44124	Y
			BH Hotline		
Inpatient Care	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 2 of 2 Services]		
			SUD Acute Hospital Detoxification	St. Vincent Charity Medical Center, 2351 East 22nd Street, Cleveland OH 44115	Y
			MH Private Inpatient psychiatric	University Hospitals, 10524 Euclid Avenue, Cleveland OH 44106	N

SFY 2019-2020 CONTINUUM OF CARE: CROSSWALK FROM ESSENTIAL SERVICE CATEGORIES TO INDIVIDUAL SERVICES

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

ESSENTIAL SERVICE CATEGORIES	TREATMENT FOCUS	SERVICE LOCATION	MEDICAID & NON-MEDICAID PAYABLE SERVICES	SERVICE CHOICE INDICATED BY A PROVIDER NAME & ADDRESS IN THIS COLUMN	BOARD CONTRACT (Y/N)
Prevention & Wellness Management	MH Treatment	May be in another Board area	[Choose At Least 1 of 6 Services]		
			MH Alternatives	Applewood Centers, 3518 West 25th Street, Cleveland OH 44109	Y
			MH Community Based Process	Bellefairs JCB, 22001 Fairmount Blvd., Cleveland OH 44118	Y
			MH Education	Bellefairs JCB, 22001 Fairmount Blvd., Cleveland OH 44118	Y
			MH Environmental	Bellefairs JCB, 22001 Fairmount Blvd., Cleveland OH 44118	Y
			MH Information Dissemination	Bellefairs JCB, 22001 Fairmount Blvd., Cleveland OH 44118	Y
Locate & Inform Persons	MH Treatment	May be in another Board area	[Choose 1 of 1 Service]		
Needing Services			BH Referral and Information	United Way of Greater Cleveland, 1331 Euclid Avenue, Cleveland OH 44115	Y
Recovery Supports, including helping persons in MH services necessary to:					
+meet basic human needs; +care coordination; +obtain assistance with social, personal & living skills; obtain multiple paths to recovery, e.g., 12 step approaches, parent advocacy connection, etc.; + obtain support, assistance, consultation & education for families, friends & persons receiving AOD & MH services & supports;	MH Treatment	May be in another Board area	[Choose 1 of 1 Service]		
			MH Community Psychiatric Supportive Treatment (CPST)	Recovery Resources, 3950 Chester Avenue, Cleveland OH 44114	Y
+ participate in peer supports;	MH Treatment	May be in another Board area	[Choose At Least 1 of 3 Services]		
			MH Peer Recovery Support (Peer Certification required) [Specialized Recovery Services (SRS 1915(i)) Only]		
			BH Peer Recovery Support (No Peer Certification required) [Non-Medicaid Payable Service]	Thrive Behavioral Health, 600 W. Superior Avenue, Cleveland OH 44114	Y
			MH-Consumer Operated Service	Life Exchange Center, 13407 Kinsman Road, Cleveland OH 44120	Y
+ obtain employment, vocation & educational opportunities;	MH Treatment	May be in another Board area	[Choose At Least 1 of 2 Services]		
			BH Individualized Placement and Support-Supported Employment (IPS-SE) [Specialized Recovery Services (SRS 1915(i)) Only]		
			BH Employment/Vocational [Non-Medicaid Payable Service]	Catholic Charities Diocese of Cleveland, 7911 Detroit Avenue, Cleveland OH 44102	Y
+ obtain housing & support from a wide range of options;	MH Treatment	May be in another Board area	[Choose At Least 1 of 3 Services]		
			MH Housing - Residential Care		
			MH Housing - Permanent		
			MH Time Limited/Temporary	Life Exchange Center, 13407 Kinsman Road, Cleveland OH 44120	Y
Assessment Services	MH Treatment	May be in another Board area	[Choose 1 of 1 Service]		
			BH Psychiatric Diagnostic Evaluation (w/o or w medical)	Circle Health Services, 12201 Euclid Avenue, Cleveland OH 44106	Y
			[Choose At Least 1 of 5 Services]		
			BH Screening, Brief Intervention, Referral to Treatment (SBIRT)		
			Psychological Testing	Strongsville Family Counseling, 12645 Pearl Road, Strongsville OH 44136	N
			Developmental Testing		
Neurobehavioral Status Exam					
Neuropsychological Testing					
Residential Services	MH Treatment	May be in another Board area	[Choose 1 of 1 Service]		
			MH Housing - Residential Treatment Room & Board: Type 1 Licensed Facility	Catholic Charities Diocese of Cleveland, 7911 Detroit Avenue, Cleveland OH 44102	Y
Outpatient services, including:					
+Non-Intensive;	MH Treatment	May be in another area Board	[Choose At Least 2 of 7 Services]		
			BH Psychotherapy		
			BH Family Psychotherapy		
			BH Multiple-Family Group Psychotherapy.	New Directions, Inc., 30800 Chagrin Blvd., Pepper Pike OH 44124	Y
			BH Group Psychotherapy		
			BH Counseling & Therapy, individual		
MH Therapeutic Behavioral Services (TBS)	Beech Brook, 3737 Lander Road, Pepper Pike OH 44124	Y			
MH Psychosocial Rehabilitation (PSR)	Positive Education Program, 3100 Euclid Avenue, Cleveland OH 44115	Y			
+Intensive Outpatient Services	MH Treatment	May be in another area Board	[Choose 1 of 1 Service]		
			BH Evaluation & Management (E/M)	Jewish Family Service Assoc., 24075 Commerce Park, Beachwood OH 44122	Y
			[Choose At Least 1 of 9 Services]		
			BH Electrocardiogram, with at least 12 leads		
			MH LPN Nursing Services		
			MH RN Nursing Services	Far West Center, 29133 Health Campus Drive, Westlake OH 44145	Y
			Medication Administered by Medical Personnel (J-Codes)		
			Vaccine Administration Code		
			Vaccine CPT		
			MH Day Treatment	Murtis Taylor Human Services System, 13422 Kinsman Road, Cleveland OH 44120	Y
			MH Assertive Community Treatment (ACT)		
MH Intensive Home-based Therapy (IBHT)	Positive Education Program, 3100 Euclid Avenue, Cleveland OH 44115	N			
+Emergency & Crisis.	MH Treatment	May be in another area Board	[Choose 1 of 1 Service]		
			BH Psychotherapy For Crisis	Women's Recovery Center, 6209 Storer Avenue, Cleveland OH 44102	Y
			[Choose At Least 1 of 4 Services]		
			BH Counseling & Therapy, individual		
			MH Therapeutic Behavioral Services (TBS) (determined by rendering provider, not nursing)	Lutheran Metropolitan Ministry, 4515 Superior Avenue, Cleveland OH 44103	Y
MH Psychosocial Rehabilitation (PSR) (determined by rendering provider, not nursing)	Beech Brook, 3737 Lander Road, Pepper Pike OH 44124	Y			
BH Hotline					
Inpatient Care	MH Treatment	May be in another area Board	[Choose 1 of 1 Service]		
			MH Private Inpatient psychiatric	University Hospitals, 10524 Euclid Avenue, Cleveland OH 44106	N

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

SFY 2019-2020 CONTINUUM OF CARE: CROSSWALK FROM ESSENTIAL SERVICE CATEGORIES TO INDIVIDUAL SERVICES

† ORC 340.033 Required Opiate Services

ESSENTIAL SERVICE CATEGORIES	TREATMENT FOCUS	SERVICE LOCATION	MEDICAID & NON-MEDICAID PAYABLE SERVICES	SERVICE CHOICE INDICATED BY A PROVIDER NAME & ADDRESS IN THIS COLUMN	BOARD CONTRACT (Y/N)
† Ambulatory Detox	Opiate Treatment	Must be in Board area Unless Waived per ORC 5119.221	[Choose At Least 1 of 2 Services] SUD Withdrawal Management with Extended On Site Monitoring, RN and LPN Services (ASAM LOC 2 WM) SUD Withdrawal Management with Extended On Site Monitoring, 23 hour observation per diem (ASAM LOC 2 WM)	Visiting Nurse Association of Ohio, 925 Keynote Circle, Brooklyn Heights OH 44131	Y
† Sub-Acute Detox	Opiate Treatment	May be in another Board area	[Choose 1 of 1 Service] SUD Clinically Managed Residential Withdrawal Management (ASAM Level 3.2-WM)	Oriana House, 15 Frederick Avenue, Akron OH 44310	N
			[Outpatient Services for Persons Treated for Opiate SUDs] BH Evaluation & Management (E/M) BH Electrocardiogram, with at least 12 leads SUD RN Services SUD LPN Services BH Psychiatric Diagnostic Evaluation (w/o or w medical) SUD Urine Drug Screening Medication Administered by Medical Personnel (J-Codes) Laboratory Services Vaccine Administration Code Vaccine CPT BH Psychotherapy BH Family Psychotherapy BH Multiple-Family Group Psychotherapy. BH Group Psychotherapy BH Screening, Brief Intervention, Referral to Treatment (SBIRT) SUD Assessment Psychological Testing Developmental Testing Neurobehavioral Status Exam Neuropsychological Testing BH Counseling and Therapy, individual SUD group counseling SUD Intensive Outpatient Program (IOP) and SUD Partial Hospitalization (PH) Group Counseling SUD Case Management		
† Non-Intensive Outpatient Service	Opiate Treatment	Must be in Board area	Essential Service Category fulfilled by a Provider within the Board area that has the ability to provide any of the above Outpatient services (within the constraints specified in the <i>Provider Requirements &amp; Reimbursement Manual</i> for each of the individual services) the following treatment levels: [Choose At Least 1 of 2 Services] Adult (age 18 years and older) up to 9 contact hours/week Adolescent (age 13 through 17) up to 6 contact hours/week	New Directions, Inc., 30800 Chagrin Blvd., Pepper Pike OH 44124	N
† Intensive Outpatient Service]	Opiate Treatment	Must be in Board area	Essential Service Category fulfilled by a Provider within the Board area that has the ability to provide any of the above Outpatient services (within the constraints specified in the <i>Provider Requirements &amp; Reimbursement Manual</i> for each of the individual services) the following treatment levels: [Choose At Least 1 of 4 Services] SUD IOP Adult (age 18 years and older) 9 or more contact hours/week with a minimum of contact 3 days/week Adolescent (age 13 through 17) 6 or more contact hours/week with a minimum of contact 3 days/week and/or SUD Partial Hospitalization: Adult (age 18 years and older) 20 or more contact hours/week with a minimum of contact 3 days/week Adolescent (age 13 through 17) 20 or more contact hours/week with a minimum of contact 3 days/week	Catholic Charities Diocese of Cleveland, 7911 Detroit Avenue, Cleveland OH 44102	Y
† Medication assisted treatment (MAT)	Opiate Treatment	Must be in Board area Unless Waived per ORC 5119.221	[Choose At Least 1 of 3 Services] Buprenorphine, Buprenorphine/Naloxone administration Injection, naltrexone (Vivitrol) Methadone administration	Circle Health Services, 12201 Euclid Avenue, Cleveland OH 44106 Community Action Against Addiction, 5209 Euclid Avenue, Cleveland OH 44103	Y Y
† Peer Mentoring	Opiate Treatment	Must be in Board area	[Choose At Least 1 of 2 Services] SUD Peer Recovery Support (Peer Certification required) SUD Peer Recovery Support (No Peer Certification required) [Non-Medicaid Payable Service]	Thrive Behavioral Health, 600 W. Superior Avenue, Cleveland OH 44114	Y
† Residential Treatment	Opiate Treatment	May be in another Board area	[Choose At Least 1 of 6 Service] Level 4 Recovery Housing SUD Clinically Managed Low-Intensity Residential Treatment-Halfway House (ASAM LOC 3.1) SUD Clinically Managed Population-Specific High Intensity Residential Treatment (ASAM LOC 3.3) SUD Medically Monitored Intensive IP Treatment (Adults) & Medically Monitored High-Intensity IP Services (Adolescent) (ASAM LOCs 3.7) SUD Clinically Managed High Intensity Residential Treatment (ASAM LOC 3.5-WM) SUD Medically Monitored Inpatient Withdrawal Management (ASAM LOC 3.7-WM)	Signature Health, 24200 Chagrin Blvd., Beachwood OH 44122	Y
† Recovery Housing	Opiate Treatment	Must be in area Board	[Choose At Least 1 of 4 Service] Level 1 Recovery Housing Level 2 Recovery Housing Level 3 Recovery Housing (IOP Required) Level 3 Recovery Housing (IOP Not Required)	I'm In Transition Ministries, 2490 Lee Blvd., Cleveland Heights OH 44118 Stella Maris, 1320 Washington Avenue, Cleveland OH 44113	Y Y
† 12 Step Approaches	Opiate Treatment	Must be in area Board	[Choose 1 of 1 Service] Existence of 12 Step Programs in Board Area	Community Assessment & Treatment Svcs, 8411 Broadway Avenue, Cleveland OH 44105	

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

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

ESSENTIAL SERVICE CATEGORIES	TREATMENT FOCUS	SERVICE LOCATION	MEDICAID & NON-MEDICAID PAYABLE SERVICES	SERVICE CHOICE INDICATED BY A PROVIDER NAME & ADDRESS IN THIS COLUMN	BOARD CONTRACT (Y/N)
Prevention & Wellness Management	AOD Treatment Including Opiates	May be in another area Board	[Choose At Least 1 of 6 Services] SUD Alternatives SUD Community Based Process	Recovery Resources, 3950 Chester Avenue, Cleveland OH 44114 Catholic Charities Diocese of Cleveland, 7911 Detroit Avenue, Cleveland OH 44102	Y Y

			SUD Education	Catholic Charities Diocese of Cleveland, 7911 Detroit Avenue, Cleveland OH 44102	Y
			SUD Environmental	Catholic Charities Diocese of Cleveland, 7911 Detroit Avenue, Cleveland OH 44102	Y
			SUD Information Dissemination	Catholic Charities Diocese of Cleveland, 7911 Detroit Avenue, Cleveland OH 44102	Y
			SUD Problem Identification and Referral	Catholic Charities Diocese of Cleveland, 7911 Detroit Avenue, Cleveland OH 44102	Y
Locate & Inform Persons Needing Services	AOD Treatment Including Opiates	May be in another area Board	[Choose 1 of 1 Service] BH Referral and Information	United Way of Greater Cleveland, 1331 Euclid Avenue, Cleveland OH 44115	Y
Recovery Supports, including helping persons in AOD and/or MH services necessary to:					
+meet basic human needs; +care coordination; +obtain assistance with social, personal & living skills; obtain multiple paths to recovery, e.g., 12 step approaches, parent advocacy connection, etc.; + obtain support, assistance, consultation & education for families, friends & persons receiving AOD & MH services & supports; + obtain employment, vocation & educational opportunities;	AOD Treatment Including Opiates	May be in another area Board	[Choose 1 of 1 Service] SUD Case management	Signature Health, 24200 Chagrin Blvd., Beachwood OH 44122	Y
+ participate in peer supports;	AOD Treatment Including Opiates	May be in another area Board	[Choose At Least 1 of 2 Services] SUD Peer Recovery Support (Peer Certification required) [Specialized Recovery Services (SRS 1915(i)) Only] SUD Peer Recovery Support (No Peer Certification required) [Non-Medicaid Payable Service]	Thrive Behavioral Health, 600 W. Superior Avenue, Cleveland OH 44114	Y
+ obtain housing & support from a wide range of options;	AOD Treatment Including Opiates	May be in another area Board	[Choose At Least 1 of 3 Services] SUD Housing - Residential Care SUD Housing - Permanent SUD Time Limited/Temporary	Hitchcock Center for Women, 1227 Ansel Road, Cleveland OH 44108	Y
Assessment Services	AOD Treatment, Non-Opiate	May be in another area Board	[Choose 1 of 1 Service] BH Psychiatric Diagnostic Evaluation (without or with medical) [Choose At Least 1 of 6 Services] BH Screening, Brief Intervention, Referral to Treatment (SBIRT) SUD Assessment Psychological Testing Developmental Testing Neurobehavioral Status Exam Neuropsychological Testing	Circle Health Services, 12201 Euclid Avenue, Cleveland OH 44106 Signature Health, 24200 Chagrin Blvd., Beachwood OH 44122	Y Y
Residential Services	AOD Treatment, Non-Opiate	May be in another area Board	[Choose At Least 1 of 3 Services] SUD Clinically Managed Low-Intensity Residential Treatment-Halfway House (ASAM LOC 3.1) SUD Clinically Managed Population-Specific High Intensity Residential Treatment (ASAM LOC 3.3) SUD Medically Monitored Intensive IP Treatment (Adults) & Medically Monitored High-Intensity IP Services (Adolescent) (ASAM LOCs 3.7)	The Ed Keating Center, 2121 West 117th Street, Cleveland OH 44111	N
ESSENTIAL SERVICE CATEGORIES	TREATMENT FOCUS	SERVICE LOCATION	MEDICAID & NON-MEDICAID PAYABLE SERVICES	SERVICE CHOICE INDICATED BY A PROVIDER NAME & ADDRESS IN THIS COLUMN	BOARD CONTRACT (Y/N)
			[Outpatient Services for Persons Treated for Opiate SUDs] BH Evaluation & Management (E/M) Buprenorphine, Buprenorphine/Naloxone administration Injection, naltrexone (Vivitrol) Methadone administration BH Electrocardiogram, with at least 12 leads SUD RN Services SUD LPN Services BH Psychiatric Diagnostic Evaluation (w/o or w medical) SUD Urine Drug Screening Medication Administered by Medical Personnel (J-Codes) Laboratory Services Vaccine Administration Code Vaccine CPT BH Psychotherapy BH Family Psychotherapy BH Multiple-Family Group Psychotherapy. BH Group Psychotherapy BH Screening, Brief Intervention, Referral to Treatment (SBIRT) SUD Assessment Psychological Testing Developmental Testing Neurobehavioral Status Exam Neuropsychological Testing BH Counseling and Therapy, individual SUD group counseling SUD Intensive Outpatient Program (IOP) and SUD Partial Hospitalization (PH) Group Counseling SUD Case Management		
† Non-Intensive Outpatient Service	AOD Treatment, Non-Opiate	May be in another area Board	Essential Service Category fulfilled by a Provider within the Board area that has the ability to provide any of the above Outpatient services (within the constraints specified in the <i>Provider Requirements &amp; Reimbursement Manual</i> for each of the individual services) the following treatment levels: [Choose At Least 1 of 2 Services] Adult (age 18 years and older) up to 9 contact hours/week Adolescent (age 13 through 17) up to 6 contact hours/week	New Directions, Inc., 30800 Chagrin Blvd., Pepper Pike OH 44124	N
† Intensive Outpatient Service]	AOD Treatment, Non-Opiate	May be in another area Board	Essential Service Category fulfilled by a Provider within the Board area that has the ability to provide any of the above Outpatient services (within the constraints specified in the <i>Provider Requirements &amp; Reimbursement Manual</i> for each of the individual services) the following treatment levels: [Choose At Least 1 of 4 Services]		



			SUD IOP		
			Adult (age 18 years and older) 9 or more contact hours/week with a minimum of contact 3 days/week		
			Adolescent (age 13 through 17) 6 or more contact hours/week with a minimum of contact 3 days/week	Catholic Charities Diocese of Cleveland, 7911 Detroit Avenue, Cleveland OH 44102	Y
			and/or		
			SUD Partial Hospitalization:		
			Adult (age 18 years and older) 20 or more contact hours/week with a minimum of contact 3 days/week		
			Adolescent (age 13 through 17) 20 or more contact hours/week with a minimum of contact 3 days/week	New Directions, Inc., 30800 Chagrin Blvd., Pepper Pike OH 44124	N
+Withdrawal Management:	AOD Treatment, Non-Opiate	May be in another area Board	[Choose At Least 1 of 5 Services]		
			SUD Withdrawal Management with Extended On Site Monitoring, RN and LPN Services (ASAM LOC 2 WM)		
			SUD Withdrawal Management with Extended On Site Monitoring, 23 hour observation per diem (ASAM LOC 2 WM)		
			SUD Clinically Managed Residential Withdrawal Management (ASAM Level 3.2-WM)		
			SUD Clinically Managed High Intensity Residential Treatment (ASAM LOC 3.5-WM)		
			SUD Medically Monitored Inpatient Withdrawal Management (ASAM LOC 3.7-WM)	Stella Maris, 1320 Washington Avenue, Cleveland OH 44113	N
+Emergency & Crisis:	AOD Treatment Including Opiates	May be in another area Board	[Choose 1 of 1 Service]		
			BH Psychotherapy For Crisis	Women's Recovery Center, 6209 Storer Avenue, Cleveland OH 44102	Y
			[Choose At Least 1 of 2 Services]		
			BH Counseling & Therapy, individual	OhioGuidestone, 434 Eastland Road, Berea OH 44017	N
			BH Hotline		
Inpatient Care	AOD Treatment Including Opiates	May be in another area Board	[Choose 1 of 1 Service]		
			SUD Acute Hospital Detoxification	St. Vincent Charity Medical Center, 2351 East 22nd Street, Cleveland OH 44115	Y