



**FINANCE & OPERATIONS COMMITTEE
WEDNESDAY, JANUARY 18, 2023**

4:00 P.M.

2012 West 25th Street • United Bank Building (Sixth Floor) • Ohio Room

Committee Mission Statement: To assist the full Board in fulfilling its fiduciary responsibility by reviewing and overseeing financial and operational aspects of the system.

AGENDA

1. **Call to Order** – Sharon Rosenbaum, MBA, Committee Chair
2. **Public Comment on Agenda Items** – Sharon Rosenbaum
3. **Approval of Minutes:** September 21, 2022 – Sharon Rosenbaum
4. **Provider Contract Overview** – Woo S. Jun, Esq., Director of Risk Management
5. **Finance Reports** – (Action Requested) – Felicia Harrison, MBA, Chief Financial Officer
 - **Board Voucher & Expenditure Reports – October 2022 and November 2022**
6. **Contracts** – (Action Requested) – Felicia Harrison
 - a) Suicide Prevention Awareness Campaign – \$35,000
 - Indoor Media - \$25,000
 - American Solutions for Business - \$10,000
 - b) Opioid Awareness and Response Initiative – Not to exceed \$265,500
 - The MetroHealth System (Emergency Access Naloxone Cabinet Program Administration) - \$15,000
 - Media and Digital Campaign (Spotify, Radio One, La Mega, iHeart, Brothers Printing, and other vendors TBD) - \$100,000
 - BTNX (Fentanyl and/or Xylazine Test Strips or Panels) - \$100,000
 - Naloxone Purchase from Ohio Department of Health (ODH) - \$50,500
 - c) WOVU 95.9 FM Radio Partnership
 - Burten, Bell, Carr Development, Inc. - \$20,000
 - d) Sponsorship of Dispelling Stigma Traveling Gallery
 - Project White Butterfly - \$16,471
7. **Contract Amendments** – (Action Requested) – Felicia Harrison
 - a) Amendment to Resolution No. 22-06-06, Forensic Center Allocation
 - Cuyahoga County Court Psychiatric Clinic - \$150,000 Increase
 - b) Amendment to Resolution No. 22-06-06, Forensic Services Allocation – Transition from Recovery Resources to Murtis Taylor Human Services System – \$89,808
 - Recovery Resources - \$73,006.70
 - Murtis Taylor Human Services System - \$16,801.30
 - c) Amendment to Resolution No. 21-07-03 and Resolution No. 22-06-06, Allocation of Ohio Department of Mental Health and Addiction Services (OhioMHAS) Pass-through Funding for Substance Abuse Prevention and Treatment (SAPT) Services
 - Signature Health, Inc. - \$192,473

- d) Amendment to Resolution No. 22-02-03, Community Collective Impact Model for Change 2.0: Addressing Social Determinants of Health in Minority and Underserved Communities Initiative – \$50,000 Increase
 - Recovery Resources - \$4,871
 - Youth Initiatives and Events Provider TBD - \$30,000
 - Marketing Vendor TBD - \$9,559
- e) Amendment to Resolution No. 22-11-08, Mental Health in the Juvenile Detention Center
 - Applewood Centers, Inc. - \$45,000 Increase
- f) Amendment to Resolution No. 22-11-08, Calendar Year 2023 Core Contract Termination for Life Long Transportation, LLC
- g) Amendment to Resolution No. 22-06-06 and Resolution No. 22-11-08, Name Change from Women’s Recovery Center to Lorain County Alcohol and Drug Abuse Services, Inc. by Merger – No New Funding
 - Women’s Recovery Center
 - Lorain County Alcohol and Drug Abuse Services, Inc.
- h) Amendment to Resolution No. 22-10-03, Centers for Disease Control and Prevention Overdose to Action Grant Funds (OD2A) from the Cuyahoga County Board of Health (CCBOH) for Fentanyl Test Strips – \$25,000 Increase

8. Identify Consent Agenda – Sharon Rosenbaum

9. New Business

10. Follow-up

11. Public Comment Period

12. Upcoming January and February Board Meetings:

- General Meeting: January 25, 2023
- Faith-based Outreach Committee Meeting: February 1, 2023
- Planning & Oversight Committee Meeting: February 8, 2023
- Finance & Operations Committee Meeting: February 15, 2023
- General Meeting: February 22, 2023

Finance & Operations Committee

Sharon Rosenbaum, MBA, Committee Chair ◻ J. Robert Fowler, Ph.D., Committee Vice Chair
Bishara W. Addison ◻ Ashwani Bhardwaj ◻ Sadigoh C. Galloway, MSW, LSW, LICDC-CS
Rev. Benjamin F. Gohlstin, Sr. ◻ Steve Killpack, MS ◻ Harvey A. Snider, Esq.

ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY
FINANCE & OPERATIONS COMMITTEE MINUTES
SEPTEMBER 21, 2022

Committee Members Present: Sharon Rosenbaum, MBA, Committee Chair, J. Robert Fowler, Ph.D., Steve Killpack, MS, Rev. Benjamin F. Gohlstin, Sr.

Absent: Bishara W. Addison, Ashwani Bhardwaj, Sadigoh C. Galloway, MSW, LSW, LICDC-CS, Harvey A. Snider, Esq.

Board Staff Present: Scott Osiecki, Chief Executive Officer, Carole Ballard, Danielle Clark, Vince Crow, Erin DiVincenzo, Tami Fischer, Madison Greenspan, Felicia Harrison, Esther Hazlett, Anthony Henderson, Myra Henderson, Woo Jun, Britany King, Linda Lamp, Mark Onusko, Jessica Saker, Allison Schaefer, Starlette Sizemore, Maggie Tolbert, Leshia Yarbrough-Franklin, Beth Zietlow-DeJesus

1. Call to Order

Ms. Sharon Rosenbaum, Committee Chair, called the meeting to order at 4:00 p.m.

2. Public Comment on Agenda Items

No public comment on agenda items was received.

3. Approval of Minutes

The Finance & Operations Committee minutes from June 15, 2022 were approved as submitted.

4. Finance Reports – July 2022

Ms. Felicia Harrison, Chief Financial Officer, reported that the Administrative Budget that was approved for Calendar Year (CY) 2022 was \$7,374,726.62 and for July Actual YTD 2022, the total expenses were \$4,166,625.71; that is roughly 56% of the total Administrative Budget. As a result, the Board is on track with expenses for the first seven months. Ms. Harrison highlighted that relative to the Board Voucher Report for July 2022, the expense for James B. Oswald was an annual charge of \$42,000 for the Board's annual insurance premium, which includes cyber insurance.

The Funding Source Budget to Actual YTD, July 2022, displays the Board's total revenue budget for administrative operations and grants. The total revenue expected to be received from Federal, State and local levy funds is \$73,548,249; and through the end of July 2022, the Board has received \$62,016,783.50. The bulk of these funds consists of the Board's annual amount from the County levy subsidy of \$43,463,659. Ms. Harrison reported that 84% of the budget has been received.

The Revenues By Source By Month report reflected that in July 2022, the Board received revenues of \$3,292,174.31. As a result, the Total Revenues By Source By Month is \$62,016,783.50.

The ADAMHS Board Budget vs. Actuals for 2022 reflect that July YTD Actual is \$44,478,632.61 that is roughly 53% of the Board's anticipated expenditures for the calendar year. Ms. Harrison noted that the Diversion Center's expenditures are reflected on this report.

Revenue and Expenditures All Accounting Units By Month January through July 2022 includes administrative accounts as well as grant accounts. The total expenditures for July 2022 is \$7,104,429.02; bringing the total expenditures for Calendar Year 2022 to \$44,478,632.61. This total includes the ADAMHS Board's Administration, Opportunities for Ohioans with Disabilities (OOD) Grant, the State Opioid Response (SOR) Grant and Other Grants.

The Revenues and Expenditures Grants YTD, July 2022 YTD reflects the Grant Accounting Units that include the OOD Grant, Other Grants and SOR Grant. The total expenditures for grants YTD is \$2,861,557.90.

The Diversion Center Revenues and Expenditures YTD July 2022 YTD reflects a total of \$3,360,096.35. Total revenue received through the end of July is \$2,114,624.95. Ms. Harrison provided some background relative to the Diversion Center expenses. She reported that prior to approving any Diversion Center expenses for reimbursement, the Contract Monitor for Cuyahoga County reviews each invoice to ensure accuracy. As a result, expenses will be shown first, prior to the revenue.

The Cash Flow Report, July 2022 shows the 2020 Actual, 2021 Actual and YTD thru July 2022. This report shows a comparison of the available beginning balance, total available resources, expenditures and available ending balance. The available ending balance through July 2022 is \$59,128,264.11 and includes the County levy funds, which will be spent down throughout 2022.

Motion to recommend approval of the Board Voucher and Expenditure Reports for July 2022 to the full Board. MOTION: B. Gohlstin / SECOND: S. Killpack / AYES: R. Fowler, B. Gohlstin, S. Killpack / NAYS: None / ABSTAIN: None / **Motion passed.**

5. Cuyahoga County Diversion Center Contract Update

Mr. Scott Osiecki, Chief Executive Officer, reported that Board staff has been working quite diligently, along with County Executive staff, to finalize a contract moving forward with the Cuyahoga County Diversion Center. He stated that the Board is agreeing to a one year contract with Cuyahoga County for \$3,828,338.19 for the Oriana House portion of the contract. The Board will also receive the same amount of funding as previously received for the continuation of the Crisis Intervention Team (CIT) training, in addition to the same funding for FrontLine Service moving forward. Mr. Osiecki stated that the expenses at Oriana House are a little bit different than they were two years ago when the contract commenced. He reported that they had underestimated utilities, as well as other expenses. This contract will be for 25 beds, while the original contract was for 50 beds; thus, there is availability for up to 50 beds, but the budget is based on 25 beds. If the numbers rose higher than projected, the Board and Oriana House would go back to Cuyahoga County to ask for additional funding. However, there is approximately a \$600,000 difference in the amount of funding that Oriana House needs to operate the facility. Mr. Osiecki reported that staff is recommending that the Board accept the contract for \$3.8 million, in addition to CIT training and FrontLine Service, and if needed, the ADAMHS Board would cover the \$600,000.

Mr. Osiecki reported that Oriana House had a misunderstanding about billing Medicaid. Once Ms. Harrison reviewed the information and met with Oriana staff on several occasions, she determined that Oriana House needs to complete some back billing with Medicaid to receive close to \$500,000; rather than the approximate amount of \$70,000 that was received. As a result, the contract will reflect that Oriana House will need to prove to the Board that they are properly billing Medicaid through a reconciliation process with the Board. Mr. Osiecki reported that Cuyahoga County is still reviewing the one year contract and that the Board will not sign the contract until Board of Directors approval is obtained. Mr. Osiecki also reported that the average number of individuals at the Diversion Center is 10 to 12 individuals a day and as the number of individuals rise, the more Oriana House has the ability to bill Medicaid. Ms. Harrison stated that Oriana House's budget estimate is based on the assumption that they are fully staffed for a full 12 months, however, they are not fully staffed at the present. Mr. Osiecki and Ms. Harrison responded to questions the Board of Directors had.

6. Contracts

Ms. Harrison highlighted agenda process sheets for agreements and amendments listed below, answered questions, and provided clarification for committee members.

- a) Projects for Assistance in Transition from Homelessness (PATH) Program
 - FrontLine Service - \$461,993.44

Ms. Harrison reported that the PATH program goal is a harm reduction approach for the provision of support services to individuals with severe and persistent mental illness and/or co-occurring substance use disorders, who are homeless or at risk of becoming homeless, connecting the individual to housing, behavioral health services, and community resources. Federal requirements for the PATH program stipulate that its purpose is to transition individuals by being a short-term outreach and engagement initiative. Once a client agrees to be linked or referred to services, the client becomes enrolled. Once the referral is made to a community mental health agency, the client begins to receive services from the agency provider. Outreach services are conducted in the streets, under bridges, in parks or abandoned cars and buildings in Cuyahoga County. Once stabilized, the enrolled client is transitioned to community mental health and alcohol and other drug addiction provider agencies for ongoing services and community reintegration. FrontLine Service, the ADAMHS Board provider of homeless services, is the only PATH provider in Cuyahoga County, and has annually received PATH pass-through dollars since 1993. Board staff are requesting the Board of Directors approve funding for the PATH Program to FrontLine Service in the amount of \$461,993.44 for the term of July 1, 2022 through June 30, 2023.

- b) Community Transition Program (CTP) Funding
 - FrontLine Service - \$762,144.19

The CTP connects individuals with behavioral health diagnoses that are being released from prison to behavioral health services in the community. This program provides support and assistance to improve each person's ability to successfully reintegrate back into the community and provides direct treatment services prior to (in-reach) and upon release. In-reach is recommended when possible as it increases engagement post-release. This program also provides recovery supports that help eliminate barriers to treatment and reentry and are specific to the participant's needs. A recovery support is a form of assistance intended to help an individual with mental health needs, or a member of the family of such an individual, to initiate and sustain the individual's recovery. Common recovery supports might include, but are not limited to housing, employment services, peer recovery support, transportation, life skills, spiritual support, and other reentry needs. This program provides a variety of Substance Use Disorder (SUD) treatment and recovery services. FrontLine Service is the sole provider of the CTP, formerly referred to as the Mental Health Prison Reentry, for the adult prison population who are returning to Cuyahoga County. CTP started as a Pilot program with FrontLine Service in July 2018 and expanded to include referrals to those in need of SUD treatment and services in 2019. OhioMHAS approved carryover funds from the SFY22 allocation of \$12,144.19 to be used in conjunction with the SFY23 allocation of \$750,000 for the program for the term of July 1, 2022 through June 30, 2023.

- c) Opportunities for Ohioans with Disabilities (OOD) Agency – FFY2023 Case Services Contract – \$1,215,502.83
 - Recovery Resources - \$443,302.83
 - Pooled Funds Managed by OOD - \$772,200

The purpose of the OOD contract is to help adults and transitional youth ages 16-22 with mental illness and alcohol/drug dependence obtain and maintain employment. The OOD contract will serve clients in Cuyahoga County. The ADAMHS Board will subcontract with Recovery Resources to provide case management activities to clients in need of vocational rehabilitation services. Recovery Resources has years of experience providing vocational rehabilitation services to the target population. This fiscal year the number of subcontractors was decreased because OOD right sized the contract to include four caseloads instead of the seven that were in the previous fiscal year. The funding provided supports the following full-time equivalent (FTE) staffing:

- o Vocational Rehabilitation Coordinators – 4 FTEs
- o Supervisor – 0.67 FTE
- o Support Staff – 1 FTE
- o Total Staffing – 5.67 FTEs

Board staff is recommending approval of the agreement with Opportunities for Ohioans with Disabilities for the OOD case services contract in the amount of \$1,215,502.83 which includes \$998,375.20 of OOD funds plus the required ADAMHS Board match totaling \$217,127.63. Approval of the distribution of the OOD funding and ADAMHS Board match funding for the term of October 1, 2022 through September 30, 2023 in the following manner:

- Contract with Recovery Resources in the amount of \$443,302.83.
- Pooled fund managed by OOD for case services budgeted costs in the amount of \$772,200 to be paid directly to the provider agency.
- ADAMHS Board match totaling \$217,127.63 provided to Opportunities for Ohioans with Disabilities.

- d) Diversity, Equity and Inclusion (DEI) Strategic Implementation Plan Consultative and Training Services
 - Rice Education Consulting, LLC (REdCon) - \$180,750

Ms. Harrison reported that starting in October of 2021, REdCon worked with the ADAMHS Board to develop a DEI Strategic Implementation Plan, which was unanimously adopted at the June 22, 2022, General Meeting via Resolution No. 22-06-08. The plan was developed with the input of clients, community members, system partners, the ADAMHS Board of Directors and staff. The DEI Strategic Implementation Plan is an overlay to the ADAMHS Board 2021-2025 Strategic Plan with clearly defined goals and action steps that the ADAMHS Board will use to

develop a culturally competent, culturally appropriate, and diverse mental health, addiction and recovery support system that delivers treatment, recovery and prevention services that prioritize equity and inclusion to meet the needs of the diverse residents of Cuyahoga County. Board staff is requesting approval of the Board of Directors to contract with REdCon in the amount of \$180,750 for ongoing consultative and training services to implement the DEI Strategic Implementation Plan from October 1, 2022 through September 30, 2023.

- e) Identification Crisis Collaborative (IDCC)
 - Bridge Foundation - \$101,000

The IDCC consists of 37 agencies, shelters, treatment facilities, neighborhood outreach centers, churches, shelters, etc., in Cuyahoga County, providing assistance with essential identification documents for individuals with low income and who are homeless. The IDCC also provides advocacy and help navigating systems when expensive and hard-to-obtain documents are required for basic needs and services. The IDCC will provide bus tickets to enable the people served to travel to the locations necessary to obtain documents or an ID (Cleveland Vital Statistics at City Hall, five area Bureau of Motor Vehicles (BMV), etc.). The IDCC will train providers throughout the year on new State and Federal rules regarding IDs such as Real ID, and new BMV rules. Due to this year's funding from the ADAMHS Board, the Community West Foundation funded a part-time Training Specialist and the IDCC was able to expand their list of service sites by adding the following locations:

- o Blessed Trinity Parish
- o Life Exchange Center
- o Spanish American Committee
- o Zelma George Family Center

The Bridge Foundation continues to serve as the Fiscal Sponsor while the IDCC works to register its own IRS designation as a 501(c)3 tax-exempt organization. Through July of 2022, IDCC provided 525 documents to 473 individuals with low income. They also trained 32 volunteers/staff and will distribute bus tickets during the second half of the year. The IDCC is on pace to meet their 2022 goal of serving 2,745 individuals. In 2023, IDCC will explore expanding services to more sites, depending on expenditures and budget. Board staff is requesting the Board of Directors approve funding in the amount of \$101,000 to the Bridge Foundation - Identification Crisis Collaborative for the time period of January 1, 2023 through December 31, 2023.

Mr. Steve Killpack requested clarification regarding the IDCC's 2022 goal of serving 2,745 individuals. Ms. Starlette Sizemore, Director of Special Projects, reported that they had a hard time with COVID-19 at the beginning of the year, but are confident that they will be on track to reach their goal.

- f) The Metanoia Project Homelessness Support (Special Projects) – \$25,000

The Metanoia Project has provided overnight hospitality such as sleeping accommodations, showers, meals, clothing, and medical care consistently to over 100 unique unsheltered homeless guests in Cleveland. Last season, they assisted 175 guests that stayed at least one night and provided 2,843 hot meals. The goal is to support the unsheltered homeless and help them prepare to move into stable, permanent housing, secure the skills needed to financially support themselves, improve their mental and physical well-being, and ultimately not return to homelessness. The staff at the hospitality centers not only keep the environment calm and free of trauma, but they also form meaningful relationships with the guests to assist them as they begin to take the steps to end their cycle of homelessness. Last season, Metanoia expanded meal offerings with a new breakfast program, provided continual art therapy, utilized a local shower bus for weekly showers, and expanded their substance use support services through weekly support meetings and provided NARCAN, testing strips, and other important resources. The Metanoia Project also provides regular access to MetroHealth's Docs on the Street (DOTS) outreach workers to assist with housing applications, employment, healthcare, and connection to outside services including the Veterans Administration, substance use support through community outreach groups, and mental health needs. Current sites are Franklin Circle Church and Bethany Presbyterian.

The Metanoia Project will operate two overnight hospitality centers on the west side of Cleveland that will provide a safe, peer-supported approach that will focus on the physical, mental, and emotional well-being to the homeless population. The Project will provide meals, overnight stays, art therapy, showers, weekly substance use support services, NARCAN, testing strips and assistance with retrieving IDs/necessary documents and additional resources. Services will also include two evidence-based service models: Psychosocial Rehabilitation and Relational Model. They are planning to also provide trauma-informed yoga. Board staff is recommending that the Board of Directors approve funding in the amount of \$25,000 for The Metanoia Project for the term of November 1, 2022 through December 31, 2022.

- g) Youth-Led Prevention Funding for the Teen Institute Program
- Recovery Resources - \$22,474

Youth-Led Prevention is a planned sequence of activities that, through the practice and application of evidence-based prevention principles, policies, practices, strategies and programs, is intended to inform, educate, develop skills, alter risk behaviors, affect environmental factors and/or provide referrals to other services. The purpose of the Teen Institute Program is to build leadership skills in teens and reinforce the decision to be drug-free. The Teen Institute provides adolescent leaders with tools and information regarding high-risk behaviors, and then engages them in designing and delivering programming for their peers that uses this knowledge to shape behavior change. Peer Prevention is provided through healthy drug-free lifestyles by having students participate in programs and activities that provide safe environments and positive adult involvement. The students are positive peer role models for younger students to demonstrate that they are a needed and valuable part of the program.

Since 1981, Recovery Resources' Teen Institute's overall goal encourages students from Cuyahoga County to participate in training opportunities throughout the year in order to learn how to effectively implement prevention programs. These trainings are highly effective; as students engage in activities that increase Alcohol, Tobacco and Other Drugs (ATOD) knowledge and as mentioned above, learn leadership skills to become positive peer role models in their schools and communities. 30 Peer Led Leaders to be served through direct prevention and up to 500 youth will be served through indirect prevention services. Board staff is requesting the Board of Directors accept the amount of \$22,474 for the Teen Institute Program and contract with Recovery Resources for the period July 1, 2022 through June 30, 2023.

- h) Ohio Department of Mental Health and Addiction Services (OhioMHAS) State Opioid Response (SOR) 2.0 Carryover Funding for Overdose Awareness Day and Recovery Month Activities – \$11,879.14

OhioMHAS has offered up to \$12,000 to each Board for Overdose Awareness Events and Celebrating Recovery Month. Ms. Harrison stated that this was a very quick turnaround request made while the ADAMHS Board of Directors were on break. The ADAMHS Board of Cuyahoga County applied for and received funding in the amount of \$11,879.14, which is from SOR 2.0 carryover funds. This funding must be completely spent by Thursday, September 29, 2022. The ADAMHS Board received this grant funding in the amount of \$11,879.14 for the following activities:

- o Overdose Awareness Day event signage
- o Overdose Awareness Day event promotion on social media
- o Overdose awareness, naloxone training and mail order naloxone education campaign through September for Recovery Month.

ADAMHS Board staff is requesting the Board of Directors accept OhioMHAS SOR 2.0 carryover funding in the amount of \$11,89.14 to support activities and events for Overdose Awareness Day and Recovery Month for the term of September 30, 2021 through September 29, 2022.

- i) Acceptance of Week of Appreciation Mini-Grant Funding from the Ohio Association of County Behavioral Health Authorities (OACBHA) – \$2,675
- Happy Thoughts Candle Co. - \$2,400
 - Brothers Printing - \$275

OACBHA will provide the ADAMHS Board with \$2,675 in mini-grant funding from OhioMHAS to support and recognize local first responders and those who work directly with individuals struggling to overcome substance use disorders during the 2022 Week of Appreciation which will take place from September 18, 2022, to September 24, 2022. Funding will be used to purchase candles from Happy Thoughts Candle Co. and each candle will have a label with words of encouragement and appreciation. A small card will be included with each candle. Provider agencies will be asked to nominate two staff members to be recognized for their work directly with individuals with substance use disorders. Nominated staff members will receive a Week of Appreciation candle in recognition of their hard work and dedication. Also, first responders and those who work directly with individuals struggling to overcome substance use disorders may experience burnout or secondary trauma. It is important to recognize their hard work and show appreciation for their dedication.

Board staff is requesting the Board of Directors accept OACBHA Week of Appreciation funding in the amount of \$2,675 and contract with the vendors identified for the term of September 1, 2022 through September 30, 2022.

- j) Online Mental Health Screening Subscription Renewal
 - MindWise Innovations - \$1,500

MindWise Innovations provides large-scale mental health screening for the public, innovative mental health and substance abuse resources, and links individuals in need with quality treatment options. Their programs, offered online and in-person, educate, raise awareness, and screen individuals for common mental and behavioral health disorders, and suicide. The screenings are offered in Spanish and English. The ADAMHS Board has been utilizing the online screenings since 2014, which has resulted in 9,076 completed screenings. This contract in the amount of \$1,500 is for the term of September 28, 2022 through September 15, 2023.

- k) Harm Reduction Pilot Program – Not to exceed \$82,800
 - The MetroHealth System - \$51,300
 - Circle Health Services - \$23,400
 - Murtis Taylor Human Services System - \$8,100

The ADAMHS Board is implementing a nearly \$1.2 million dollar Harm Reduction Pilot Program using SOR 2.0 funds. The grant did not include program administration/maintenance fees to ensure restocking and tracking of kits for the following:

- o Naloxone emergency cabinets to be placed in the community for rapid access and bystander rescue.
- o Naloxone vending machines to make free kits available to the community as a preventive measure.

MetroHealth has agreed to administer the entire emergency naloxone cabinet program and one vending machine, Circle Health Services will administer three of the vending machines and Murtis Taylor Human Services Center will administer services for one vending machine. Board staff is requesting the Board of Directors approve program administration fees for the Harm Reduction Pilot Program in the amount not to exceed \$82,800 for the term of October 1, 2022 through September 30, 2023.

- l) Northeast Ohio Collaborative: Withdrawal Management/Detoxification and Crisis Bed Expansion – \$2,055,650.54
 - Windsor Laurelwood - \$50,000
 - Stella Maris - \$150,000
 - Geauga County MHARS Board - \$85,000
 - Lake County ADAMHS Board - \$266,050
 - Lorain County MHARS Board - \$70,000
 - Applewood (Cuyahoga County) - \$485,312
 - Applewood (Lorain County) - \$485,312
 - Ravenwood - \$213,976.54
 - Silver Maple Recovery Center - \$100,000
 - Each ADAMHS Board in NEO Collaborative - \$25,000 (\$150,000 Total)

As part of the SFY2018/19 State Budget, OhioMHAS allocated funding by region to expand the availability of Withdrawal Management/Detoxification and Mental Health Crisis Stabilization services. The Northeast Ohio Regional Collaborative includes the Boards of Cuyahoga, Lorain, Lake, Geauga, Ashtabula and Summit Counties. The ADAMHS Board of Cuyahoga County was selected to serve as the fiscal agent for the Withdrawal Management/Detoxification and Mental Health Crisis expansion for the Collaborative. OhioMHAS once again allocated regional funding for SFY2023 (July 1, 2022 through June 30, 2023). The ADAMHS Board of Cuyahoga County was requested to continue to serve as the fiscal agent. Each of the ADAMHS Boards in the NEO Collaborative will receive \$25,000 for system management.

- m) OhioMHAS: Psychotropic Drug Grant Funds
 - Cuyahoga County Sheriff's Department - \$23,972

The ADAMHS Board received notification from OhioMHAS and the Cuyahoga County Sheriff's Department relative to the award granted to the Cuyahoga County Sheriff's Office for the reimbursement of funds expended for Psychotropic medications in the jail in the amount of \$23,972 for the term of January 1, 2022 through June 30, 2022.

- n) OhioMHAS: Medication-Assisted Treatment (MAT) Reimbursement Program
 - Cuyahoga County Sheriff's Department - \$9,305

The ADAMHS Board received notification from OhioMHAS and the Cuyahoga County Sheriff's Department relative to the award granted to the Cuyahoga County Sheriff's Office for the reimbursement of funds expended for MAT in the jail. These funds are reimbursement of costs for medications distributed to inmates in the Cuyahoga County jail by the Sheriff's Department; and covers the cost of MAT by the Cuyahoga County Sheriff's Department in the jail for the period of January 1, 2022 through June 30, 2022 in the amount of \$9,305.

- o) Recovery Housing Initiative
 - 12 Step Life/Ethel Hardy House - \$9,234

The Recovery Housing Initiative funding has been issued to the ADAMHS Board on an annual basis. For SFY2023 the ADAMHS Board was awarded \$45,900 for rental assistance for Recovery Housing residents in need. This request represents additional funding for the Recovery Housing Initiative.

The ADAMHS Board was approved by OhioMHAS for additional Recovery Housing Initiative funds for SFY2023. The additional funding is to be used for Ohio Recovery Housing certification, rent, operations, and minor repairs. 12 Step Life/Ethel Hardy House is the recipient of this allocation for the term of July 1, 2022 through June 30, 2023.

- p) AIDS Funding Collaborative (AFC) Funding Renewal
 - The Center for Community Solutions (Fiscal Sponsor of the AFC) - \$150,000

The mission of the AFC is to strengthen the community's response to HIV/AIDS, as a public/private partnership providing coordination, leadership, advocacy, and funding in Greater Cleveland. The AFC is a funding partnership that includes private philanthropic funders, government agencies, medical professionals, community organizations, and people living with HIV/AIDS. AFC funding partners include: ADAMHS Board of Cuyahoga County; Cuyahoga County; Cleveland Department of Public Health; The Cleveland Foundation; The George Gund Foundation and The Mt. Sinai Health Foundation.

Since its inception in 1994, the AFC has leveraged and invested over \$13 million to support HIV/AIDS-related prevention efforts, care and services, training and evaluation activities in Greater Cleveland. The ADAMHS Board has been a funding partner of the AFC since 2006 - leveraging funds to amplify results related to strategic HIV prevention and care including services for mental health, addiction and harm reduction strategies related to intravenous drug use, in addition to transportation, housing, and employment support. The ADAMHS Board's presence and expertise as a collaborative partner promotes the critical need for individuals living with HIV/AIDS. The

ADAMHS Board has two votes in decision-making, with both a Board member (Rev. Max Rodas) and a staff member (Ms. Leshia Yarbrough-Franklin, Adult Behavioral Health Specialist I) sitting on the AFC Advisory Committee. ADAMHS Board staff is requesting the Board of Directors approve the allocation of funds to the Center for Community Solutions-AFC in the amount of \$150,000 for the term of January 1, 2023 to December 31, 2023.

Motion to recommend approval of Contracts (as listed above) to the full Board. MOTION: R. Fowler / SECOND: B. Gohlstin / AYES: R. Fowler, B. Gohlstin, S. Killpack / NAYS: None / ABSTAIN: None / **Motion passed.**

7. **Contract Amendments**

- a) Amendment to Resolution No. 22-01-04, 2022 Opioid Awareness and Response Initiative – Not to exceed \$299,500
- The MetroHealth System (Emergency Access Naloxone Cabinets Program Administration) - \$15,000
 - Media and Digital Campaign (Spotify, Radio One, La Mega, iHeart, Brothers Printing, and other vendors TBD) - \$150,000
 - BTNX (Fentanyl Test Strips) - \$100,500
 - Illinois Supply Company (Indoor and Outdoor Emergency Access Naloxone Cabinets) - \$18,020
 - TBD - \$15,980

After two years of decreased deaths related to overdose fatalities driven by fentanyl, 2021 proved to be one of our deadliest years with more than 700 fatalities. The pandemic as well as a more lethal drug supply that is seeing new synthetic opioids, as well as fentanyl and fentanyl analogs in the entire illicit drug supply including heroin, cocaine, meth and pressed pills, has continued to devastate our community and its residents. A collaborative approach to addressing education and supporting harm reduction efforts is needed to help save lives. This plan will include the following goals: 1) NaloxBox Expansion - purchase 30 more NaloxBoxes for indoor locations, purchase 30 temperature controlled medication cabinets, similar to NaloxBoxes, to get this medication in outdoor locations, and contract with MetroHealth for the installation and management of the additional boxes; 2) Fentanyl Awareness Campaign Expansion - during high incidence overdose times and expand harm reduction messaging between those times by increasing media and streaming buys and adding neighborhood and grassroot partner publications; 3) Fentanyl Test Strip Distribution Expansion - purchase an additional 10,000 fentanyl test strips per quarter (25,000 per quarter) for grassroot distribution. Strips will be distributed in high incidence overdose areas based on Medical Examiner data. This initiative is for the term of January 7, 2022 to January 30, 2023. Board staff is requesting that the Board of Directors amend Resolution No. 22-01-04 to remove RidMat as a vendor and add Illinois Supply Company as a vendor with no time or funding changes.

- b) Amendment to Resolution No. 21-11-07, Termination of CY2022 Contract for Visiting Nurse Association (VNA) of Ohio

The ADAMHS Board entered into the New Provider and/or New Program Contract with VNA on a 6-month probationary status as a new provider to operate the CARE Program. The CARE Program was designed to bridge the gap in services of behavioral health clients discharged from hospitals that were awaiting an appointment with their outpatient treating provider by:

- o Assisting in obtaining mental health medications;
- o Providing education on health-related topics; and
- o Providing education related to the importance of following their medication regimen.

Additionally, VNA was to provide MAT services to eligible clients utilizing Vivitrol. Services were to be provided in the clients' homes and out in the community with the goal to lower readmission rates and emergency room visits, along with providing education related to behavioral health. During the 6-month probationary period, issues with staffing and other issues were noted, but the probationary status was removed as VNA was moved to pooled funding where it had to bill for services provided. On Friday, September 2, 2022, VNA of Ohio sent notice to the ADAMHS Board its intent to terminate its CARE Program due to staffing issues. VNA was allocated \$824,912 for start-up funding to implement the CARE Program during the first 6-months of CY2022 of which VNA invoiced \$372,744.86; however, VNA will be reimbursing the ADAMHS Board \$200,517.68 for Vivitrol that was purchased but subsequently

returned unused to its vendor. Thus, the total reimbursement amount for VNA was \$172,227.18, which is 21% of the start-up allocation.

- c) Amendment to Resolution No. 22-02-03, The Ohio School Wellness Initiative (OSWI)
 - Northeast Ohio Education Service Center – No-cost Term Extension

The OSWI was designed to explore, implement, and sustain a full continuum of care including prevention, early intervention, and treatment practices for K-12 students within local districts who adopt student assistance programs (SAP), multi-tiered systems of support, and staff wellness frameworks. The cornerstone of the OSWI is the development of an Ohio Model SAP that can serve as a best practice standard for Ohio's K-12 schools. Due to workforce issues the provider was not able to start the program before the end of SFY2022. OhioMHAS has authorized the funding to be utilized until June 30, 2023 and the award amount has been updated to match the allocation received from OhioMHAS.

OhioMHAS has allocated a salaried position for the OSWI called School Behavioral Health and Wellness Coordinator (SBHWC) in the amount of \$72,750 per hire. Cuyahoga County has been approved for two hires, resulting in a total allocation of \$145,500. The SBHWC will provide systematic approaches to support behavioral health promotion, prevention, early identification, intervention, referral processes, and guided support services for K-12 students who are exhibiting a range of substance use, mental and behavioral health risk factors. The positions will also provide resources, online training, and guidance related to processes within the schools and with continuous improvement strategies for services to students. This amendment is requested to extend the term to June 30, 2023 and increase the funding to \$145,500 for the OSWI contract with Northeast Ohio Education Service Center.

- d) Amendment to Resolution No. 21-11-07 and Resolution No. 22-06-06, Name Change from New Directions, Inc. to Crossroads Health by Merger – No New Funding
 - New Directions, Inc.
 - Crossroads Health

New Directions, Inc. has been providing a continuum of quality life-changing behavioral health services to children, adolescents, young adults, adults and families, including specialized treatment for chemically dependent adolescents. New Directions offers a vast array of programs and services that evaluate, educate, strengthen and support thousands of children, adults, and their families each year. Effective Thursday, June 30, 2022, New Directions, Inc. and Crossroads Health merged and is now collectively known as Crossroads Health. New Directions, Inc. still exists but under the umbrella of Crossroads Health, and all services will be provided by New Directions, Inc. Board staff is requesting Board of Director approval to amend the Core Contract for CY2022 and OhioMHAS Pass-thru Contract for SFY2023 between the ADAMHS Board and New Directions, Inc. to reflect the name change to Crossroads Health by merger.

Mr. Mike Matoney, Chief Executive Officer of New Directions, Inc., provided clarification regarding New Directions, Inc. He reported that New Directions, Inc. is not closing and will continue to provide services under a dba (doing business as) called New Directions, Inc. 12 years ago, New Directions, Inc. and Crossroads Health, under the Foundation Initiative of trying to get more nonprofits to collaborate and coordinate, have developed a strategic partnership with Crossroads Health in Lake County. In the last 12 years, Crossroads Health has grown so much and New Directions, Inc. has stayed relatively the same; and some of the original efficiencies they had have gone away because of the size of one organization to the other. This helps gain back some of the efficiencies by having one bank account, one audit, one senior team and one Board of Directors. He reported that this is a move towards efficiency and for continuing the same services that New Directions, Inc. has always provided.

Mr. Osiecki reported that Mr. Matoney is semi retiring; and an event was held recently, whereby Ms. Beth Zietlow-DeJesus, Director of External Affairs, attended on behalf of the Board to present Mr. Matoney with a proclamation for his years of service. Mr. Matoney thanked the Board for the proclamation; and introduced his successor as Chief Executive Officer, Ms. Shayna Jackson. Ms. Jackson reported that she has been with Crossroads Health for approximately eight years and was a previous Chief Executive Officer for a domestic violence shelter in Geauga

County. She has spent 20 years doing mental health services with both adults and children and started her career as a clinician, went back to graduate school, started a career in administration and continued to grow. She reported that she is looking forward to the opportunity to work with the ADAMHS Board and continue to do the good work that New Directions, Inc. has been doing and enjoy that relationship.

- e) Amendment to Resolution No. 22-06-07, Addiction Treatment Program (ATP) – \$497,641.33
- Catholic Charities-Matt Talbot for Men and Women
 - Cleveland Treatment Center
 - Community Assessment and Treatment Services (CATS)
 - Hitchcock Center for Women
 - The MetroHealth System
 - Moore Counseling
 - Recovery Resources
 - The Salvation Army
 - Stella Maris
 - Cuyahoga County Treatment Alternatives to Street Crime (TASC)
 - Northern Ohio Recovery Association (NORA)

ATP provides treatment and recovery support services to individuals who are eligible to participate in MAT Drug Court as a result of their dependence on opioids, alcohol, or both. Clients will receive SUD treatment and recovery supports services, as necessary. Clients will be enrolled by Drug Court staff and services will be provided by ADAMHS Board contracted agencies certified by OhioMHAS. OhioMHAS approved use of carryover funds for SFY2022 and approved any remaining funds for use moving into SFY2023. The ADAMHS Board acts as the fiscal agent to draw down funds in the OhioMHAS grant system and pass the funds to the contracted providers for services rendered. Board staff is requesting the Board of Directors approve the amendment to Resolution No. 22-06-07 to increase funding to include the SFY2023 allocation and the SFY2022 carryover for a total of \$497,641.33 for the ATP for contracts with the listed providers for the term of July 1, 2021 through June 30, 2023.

- f) Amendment to Resolution No. 21-10-04, Centers for Disease Control and Prevention Overdose to Action Grant Funds (OD2A) Year 3
- Cuyahoga County Board of Health (CCBOH) - No-cost Term Extension

The Centers for Disease Control and Prevention (CDC) has awarded the CCBOH an Overdose to Action (OD2A) grant. OD2A is a three-year cooperative funding agreement that focuses on the complex nature of the opioid overdose epidemic. The funding addresses the need for an interdisciplinary, comprehensive, and cohesive public health approach. These funds support the CCBOH in obtaining high-quality, comprehensive, and timely data on overdose morbidity and mortality to inform prevention, response, and linkage efforts. The project is designed to ensure that the CCBOH has the data to inform its prevention and response efforts to combat the opioid addiction crisis. CDC funding does not support direct treatment services.

The CCBOH has extended the use of funding through August 31, 2023. The CCBOH selected the ADAMHS Board of Cuyahoga County as a partner to share its expertise in the field of substance abuse and in training community members, specifically public safety forces. The ADAMHS Board will continue to leverage its experience working with persons with Opioid Use Disorder (OUD), and families of overdose (OD) victims, through the work of the OD2A OUD Specialist. This individual represents the ADAMHS Board on the Opioid Fatality Review Committee, attending monthly meetings for case review. If COVID-19 restrictions remain, this staff member will conduct interviews with survivors and surviving family members who provide consent, via telephone rather than in person. This aggregated data will assist in prioritizing recommendations, developing solutions, implementing action plans, and monitoring progress in addressing the opioid epidemic locally. Also, in year three, the ADAMHS Board will continue to provide education on OUD and community resources for public safety personnel during CIT trainings.

- g) Amendment to Resolution No. 20-05-02, Cleveland Division of Police, Department of Justice, Bureau of Justice Assistance (BJA) Co-Responder Project – No-cost Term Extension
- FrontLine Service
 - Murtis Taylor Human Services System

Cleveland Police indicated through their data collection that more than half of the clients at St. Vincent Charity Medical Center’s Emergency Department are brought in by police. 97% of those who are brought in by police are from the Cleveland Division of Police. A BJA study indicates that police spend up to 7% of their time responding to crisis calls. Crisis calls disproportionately consume much of an officer’s time, most are not as a result of criminal behavior but an emotional crisis in the community. Across the country, the police departments report that the jails and prisons are the largest de facto mental health facilities in the country.

The BJA granted a six month no-cost extension to spend down the remaining grant funding through March 31, 2023. As a result, the ADAMHS Board will enter into no-cost extensions with FrontLine Service and Murtis Taylor Human Services System through March 31, 2023. In May 2020, this Board approved contracts with FrontLine Service and Murtis Taylor Human Services System for the Co-Responder Program to divert people in crisis to the least restrictive alternative and linkage to services. Cleveland Police Co-Responder Teams respond to crisis calls received via Cleveland Division of Police Dispatch for mental health related crisis in the community. The Co-Responder Teams operate 40 hours per week, second shift. The Crisis Specialist is paired with a CIT Officer in a single car in order to respond to the calls. The Crisis Specialist, in collaboration with the CIT Officer, engages and responds to the person’s needs, provides assessment and triage to the least restrictive options in the community. The Co-Responder Teams provide follow-up on crisis calls from other officers within their assigned police district as well as engage high utilizers of service in order to decrease the need for public safety assistance. FrontLine Service is assigned to Districts 1, 2 and 3. Murtis Taylor Human Services System is assigned to Districts 4 and 5. Crisis Specialists along with CIT Officers work collaboratively with other aspects of public safety such as Emergency Medical Services (EMS) and dispatch in order to reduce the high utilizers of service by providing ongoing monitoring and support.

- h) Amendment to Resolution No. 22-07-02, Child-Parent Psychotherapy (CPP) Training Stipends and Cost of Books for Providers – \$340,000
- Ms. Lili Gray, Senior National CPP Trainer - \$50,000
 - Dr. Nicole Tefera, Senior National CPP Trainer - \$50,000
 - OhioGuidestone - \$40,151.11
 - Achievement Centers for Children - \$15,204.36
 - Applewood Centers, Inc. - \$5,078.84
 - Cleveland Rape Crisis Center - \$10,205
 - Beech Brook - \$15,149.52
 - Hope Behavioral Health - \$40,196.61
 - Cuyahoga County Job & Family Services - \$10,000
 - Exodus Clinical Counseling Services - \$5,000
 - Life Enrichment Counseling Services - \$5,000
 - SunWalk Counseling & Consulting Services - \$5,055.37
 - Ascension Counseling & Therapy Services - \$25,081.14
 - Murtis Taylor Human Services System - \$20,000
 - TBD - \$43,878.05

The goal of the Cuyahoga County Early Childhood Mental Health (ECMH) Program is to ensure children’s optimal development and future success by addressing their early emotional, social, and behavioral concerns. The Cuyahoga County ECMH Program seeks to improve the health of young children and their families by expanding the practice capacity for up to 50 Early Childhood clinicians by offering a free training and supervision opportunity in CPP Certification. CPP is an intervention model for children aged birth-5 who have experienced traumatic events and/or are experiencing mental health, attachment, and/or behavioral problems.

In July, this Board approved contracts with the trainers, Ms. Lili Gray and Dr. Nicole Tefera. This amendment is extending the term of the contracts with Ms. Gray and Dr. Tefera through January 31, 2024 instead of December 31, 2023 to ensure that the CPP Training is the full 18 months. Additionally, this amendment is finalizing the providers receiving stipends and reimbursement for books. The stipend amount will be \$5,000 for each ECMH clinician attending the CPP Training, with \$2,000 going to the clinician and \$3,000 going to the provider. To get reimbursed for books, receipts had to be submitted. CPP training will be available to interested ADAMHS-funded ECMH providers as well as other county professionals looking to amplify their ECMH practice. System leaders, supervisors and direct staff serving children ages 0-5 will be encouraged to take the training and may apply through an application process. Through the ADAMHS Board, Invest in Children, and other community partner networks, special efforts will be made to market the opportunity to practitioners of color in the region, to increase the diversity of professionals able to address the community's needs. Training will be delivered in one cohort beginning in July 2022; and will be held virtually every six months.

Motion to recommend approval of Contract Amendments (as listed above) to the full Board. MOTION: B. Gohlstin / SECOND: S. Killpack / AYES: R. Fowler, B. Gohlstin, S. Killpack / NAYS: None / ABSTAIN: None / **Motion passed.**

8. Identify Consent Agenda

Ms. Rosenbaum recommended including the July 2022 Finance Reports, Contracts and Contract Amendments into the Consent Agenda to be recommended for approval to the full Board.

9. New Business

Mr. Osiecki reported that St. Vincent Charity Medical Center has notified the community of its intent to no longer provide inpatient services, including behavioral health services, as of Tuesday, November 15, 2022. The future of the psychiatric emergency department is unknown beyond November 15, 2022. St. Vincent Charity Medical Center's intent is to provide outpatient behavioral health services through Rosary Hall. Mr. Osiecki reported that MetroHealth, Cleveland Clinic and University Hospitals are holding employment fairs with St. Vincent Charity Medical Center's staff. Through conversations with Dr. Adnan Tahir, Chief Executive Officer, and Ms. Jan Murphy, President and Chief Executive Officer of Sisters of Charity, Board staff should know of the status of St. Vincent Charity Medical Center's Psychiatric Emergency Department (PED) in the near future. As a result, the community is being told that the PED remains open through November 15, 2022. Mr. Osiecki also reported that he has had a conversation with Dr. Donald Malone, President, Ohio Hospitals & Family Health Centers, Cleveland Clinic, to discuss Cleveland Clinic's two standalone regular emergency rooms, one of which is in Lakewood. He stated that Dr. Malone reported that their inpatient beds throughout their system are consistently full; and that the six psychiatric beds in their emergency room are also consistently full.

Mr. Osiecki reported that he would like to retain Dr. Kathryn Burns to provide consulting services on the Crisis Continuum of Care. Dr. Kathryn A. Burns, who previously served as Chief Clinical Officer and interim Chief Clinical Officer Consultant for the ADAMHS Board, is a Board-certified Forensic Psychiatrist with extensive experience in both clinical and forensic psychiatry. Dr. Burns has a history with the psychiatric emergency department; and is well known in the community. Mr. Osiecki reported that Kathryn A. Burns, M.D., M.P.H., will provide consulting services related to changes occurring in the Cuyahoga County's Crisis Continuum of Care, including an analysis of the impact of St. Vincent's closure announcement. Also, part of this analysis will include The MetroHealth System.

Mr. Osiecki reported that Ms. Maggie Tolbert, Assistant Chief Clinical Officer, and he will be visiting the new MetroHealth Cleveland Heights Behavioral Health Hospital on Thursday, September 22, 2022, to see the facility prior to its opening on Saturday, October 8, 2022. He also reported that MetroHealth submitted a Request for Proposal (RFP) to the ADAMHS Board concerning a psychiatric emergency room at the Cleveland Heights facility. After a lengthy discussion regarding all the moving parts of St. Vincent Charity Medical Center, Cleveland Clinic, The MetroHealth System and the Cuyahoga County Diversion Center, Mr. Osiecki requested the approval of a contract with Kathryn A. Burns, M.D., M.P.H., to provide consulting services on the Crisis Continuum of Care.

Motion to recommend the approval of a contract with Kathryn A. Burns, M.D., M.P.H., to provide consulting services on the Crisis Continuum of Care, from September 20, 2022 through September 30, 2023, at a rate of \$150 per hour, not

to exceed \$150,000 to the full Board. MOTION: R. Fowler / SECOND: S. Killpack / AYES: R. Fowler, B. Gohlstin, S. Killpack / NAYS: None / ABSTAIN: None / **Motion passed.**

Mr. Osiecki reported on the children's crisis placement services with the Cuyahoga County Department of Children and Family Services (DCFS). He stated that Cuyahoga County has contracted with The Centers for \$500,000 to provide emergency placement of the children that were in DCFS's administrative headquarters. The Centers is contracting with Cleveland Christian Home for eight beds; and are in discussion of a merger with The Centers. Mr. Osiecki and Ms. Erin DiVincenzo, Director of Prevention and Children's Behavioral Health Programs, have been involved with this matter. He reported that each of the systems involved, including the ADAMHS Board, the County, DCFS, the Cuyahoga County Board of Developmental Disabilities and the Juvenile Detention Center have agreed to split the cost of the contract for the first year and provide \$1.2 million each. Mr. Osiecki reported that this is the right thing to do since the children are usually involved in all of these systems. A formal Memorandum of Understanding (MOU) and request to the Board will be forthcoming once the County works out all the details. Mr. Osiecki and Ms. Tolbert responded to questions the Board of Directors had.

Mr. Osiecki also introduced Mr. Mark Onusko, Psy.D., Ms. Britany King, LPC, and Mr. Vince Crow. He reported that Mr. Onusko joined the ADAMHS Board staff on Monday, August 1, 2022, as the new Behavioral Health Prevention Specialist. Mr. Onusko earned his Psy.D. in Clinical Psychology and is a licensed psychologist with 15 years of clinical experience. For the past decade he worked primarily in college mental health settings, where he was most recently director at John Carroll University's counseling center. Mr. Onusko also has previous experience in settings such as high schools, psychiatric hospitals and community mental health centers.

Ms. Britany King joined the ADAMHS Board staff on Monday, August 22, 2022, as the new Children's Behavioral Health Specialist. Ms. King has a Bachelor's Degree in Psychology and Master's Degree in Clinical Psychology with a specialization in counseling children and adolescents.

Mr. Vince Crowe joined the ADAMHS Board staff on Monday, September 19, 2022, as the new Adult Behavioral Health Specialist II (Residential). Mr. Crowe is a 2010 graduate of Fairleigh Dickinson University, College at Florham. He has over ten years of experience working with adults with mental health diagnoses doing case management, mentoring and in other community advocacy roles.

[Rev. Benjamin F. Gohlstin, Sr., left the meeting.]

10. Follow-up

No follow-up was received.

11. Public Comment Period

No public comment was received.

12. Upcoming September, October and November Board Meetings:

- General Meeting: September 28, 2022
- Committee of the Whole Meeting: October 19, 2022
- General Meeting: October 26, 2022
- Committee of the Whole Meeting: November 9, 2022
- General Meeting: November 16, 2022

There being no further business, the meeting adjourned at 5:18 p.m.

Submitted by: Linda Lamp, Executive Assistant

Approved by: Sharon Rosenbaum, MBA, Finance & Operations Committee Chair

PROVIDER CONTRACT OVERVIEW

January 2023

Woo Jun, Director of Risk Management

Components of CY2023 Core Contract

- Standard Form Contract – terms and conditions of contract set by ADAMHS Board
- Attachment 1 (Programming/Clinical) – service description and reporting requirements
- Attachment 2 (Finance) – information about funding allocation and pooled funding (name Medicaid services & amounts paid)
- Attachment 3 (Finance) – reimbursement schedule for pooled funding
- Attachment 4 (QI, Evaluation & Research) – outcome measurements and metrics requirements

Standard Form Contract

- Article 1: Preliminary Recitals – the parties, terms, approval (board resolutions), etc.
- Article 2: Definitions
- Article 3: Requirements Applicable to the Parties – coordination of services, confidentiality and HIPAA compliance, data security, etc.
- Article 4: General Service Requirements – anything related to services for all types of services
- Article 5: Administration – provider service plan, ADAMHS Board of Directors' policies, budget revision, etc.

Standard Form Contract (continued)

- Article 6: Information and Reports
- Article 7: Evaluation and Accountability – outcomes report, accounting requirement, and audits
- Article 8: Conflict of Interest
- Article 9: Transition Procedure – in the event of provider dissolution or contract termination
- Article 10: Standards for Costs, Rates, Feeds and Restrictions – copays based on Att 3 for clients, restrictions of funding use for federal funding, etc.

Standard Form Contract (continued)

- Article 11: Payments By the ADAMHS Board – all information related to how providers get paid
- Article 12: Insurance
- Article 13: Expiration and Dispute Resolution
- Article 14: Modification, Termination and Suspension
- Article 15: Duties of the ADAMHS Board
- Article 16: Certification – certifications related to lobbying, debarment and suspension, drug free workplace to receive federal funding
- Article 17: Miscellaneous – miscellaneous items including provisions related to governing laws, notice, force majeure, etc

**ABC Treatment Center
Attachment 1
Service Description(s) and Reporting Requirements
CY2023**

Strong Families Program

The ABC Treatment Center is a secure facility offering substance treatment/ education, educational services, job training, mental health and transitional services to the community. The Strong Families Program is a collaborative endeavor between ABC Treatment Center and Best Services that provides services for incarcerated parents, their children, and the custodial parents/caregivers through supports, strategies, and activities that foster positive family engagement, reduce violence and recidivism, and promote safe facilities, homes, and communities. The target population for this program will be clients placed at the ABC Treatment Center.

The following services will be provided by the contracted agency:

1. Provide licensed clinicians for assessment, In-home trauma-informed assessment, mental health treatment, and substance use disorder treatment.
2. Provide expanded family orientation at the ABC Treatment Center, co-parenting classes, visitation and communications among all family members, transportation, specialized family reentry services, and additional wrap around services as needed addressing basic needs, counseling, etc.
3. Perform program coordination including biweekly program/case meetings

Reporting Requirements:

Contracted Provider will submit Provider Service Plan (PSP) within 30 days of contract signing to Provider.Service.Plans@adamhsc.org.

Contracted agency shall submit a monthly (due by the 15th of the following month) reports to adult.programming@adamhsc.org, including the following:

- Number referred
- Number who refused services
- Number of terminated from the program
- Number of incarcerated-parent/child interactions during the month
- Number terminated from the program
- Number of successful completions by custodial parent/child
- Total number served

ATTACHMENT 2 - Allocation Summary

Effective Period	01/01/2023-12/31/2023	Resolution Date	16-Nov-2022	Resolution #	22-11-08
Service Provider	ABC Treatment Center	Revision Date		Resolution #	
PROVIDER ID	1234				
Funding Source	CFDA# 93.958 & ADAMHS Levy Funds				

Service Category	Code	Unit	Rate	Amount
Strong Families Program			CR	\$ 142,000
Contract Total				\$ 142,000

CR= Cost Reimbursement basis

Approved Pooled Funding				
Program				
Medication Assisted Treatment				
Service Description	Code	Unit	Rate	
Therapeutic Prophylactic or Diagnostic Injection	96372	Encounter	\$	21.39
SUD Urine Drug Screening	H0048	Encounter	\$	14.48
Vivitrol	Z7200	Per Injection	\$	1,100.00
Buprenorphine, oral, 1 mg.	J8499	per dose	\$	0.55
Methadone Administration	H0020 HF	daily	\$	16.38
Methadone Administration	H0020 TV	weekly (2 - 7 days)	\$	114.66
Methadone Administration	H0020 UB	two weeks (8 - 14 days)	\$	229.32
Methadone Administration	H0020 TS	three weeks (15 - 21 days)	\$	343.98
Methadone Administration	H0020 HG	four weeks (22 - 28 days)	\$	458.64
Methadone Administration	J8499 HG	per 50 mg tablet	\$	1.20
Methadone Administration	J8499	per dose	\$	14.63



REIMBURSEMENT ADJUSTMENT SCHEDULE
 Monthly Income Level After Allowable Adjustments
 200% Monthly Federal Poverty Guideline (FPG) January 01, 2018

ATTACHMENT 3
Reimbursement Schedule

Family Size	Monthly Income		Monthly Income		Monthly Income		Monthly Income		Monthly Income		Monthly Income	
	From	0% - Z To	From	5% - A To	From	10% - B To	From	15% - C To	From	20% - D To	From	25% - E To
1	\$ -	\$ 2,023	\$ 2,024	\$ 2,114	\$ 2,115	\$ 2,205	\$ 2,206	\$ 2,296	\$ 2,297	\$ 2,387	\$ 2,388	\$ 2,478
2	\$ -	\$ 2,743	\$ 2,744	\$ 2,834	\$ 2,835	\$ 2,925	\$ 2,926	\$ 3,016	\$ 3,017	\$ 3,107	\$ 3,108	\$ 3,198
3	\$ -	\$ 3,463	\$ 3,464	\$ 3,554	\$ 3,555	\$ 3,645	\$ 3,646	\$ 3,736	\$ 3,737	\$ 3,827	\$ 3,828	\$ 3,918
4	\$ -	\$ 4,183	\$ 4,184	\$ 4,274	\$ 4,275	\$ 4,365	\$ 4,366	\$ 4,456	\$ 4,457	\$ 4,547	\$ 4,548	\$ 4,638
5	\$ -	\$ 4,903	\$ 4,904	\$ 4,994	\$ 4,995	\$ 5,085	\$ 5,086	\$ 5,176	\$ 5,177	\$ 5,267	\$ 5,268	\$ 5,358
6	\$ -	\$ 5,623	\$ 5,624	\$ 5,714	\$ 5,715	\$ 5,805	\$ 5,806	\$ 5,896	\$ 5,897	\$ 5,987	\$ 5,988	\$ 6,078
7	\$ -	\$ 6,343	\$ 6,344	\$ 6,434	\$ 6,435	\$ 6,525	\$ 6,526	\$ 6,616	\$ 6,617	\$ 6,707	\$ 6,708	\$ 6,798
8	\$ -	\$ 7,063	\$ 7,064	\$ 7,154	\$ 7,155	\$ 7,245	\$ 7,246	\$ 7,336	\$ 7,337	\$ 7,427	\$ 7,428	\$ 7,518
9	\$ -	\$ 7,783	\$ 7,784	\$ 7,874	\$ 7,875	\$ 7,965	\$ 7,966	\$ 8,056	\$ 8,057	\$ 8,147	\$ 8,148	\$ 8,238
10	\$ -	\$ 8,503	\$ 8,504	\$ 8,594	\$ 8,595	\$ 8,685	\$ 8,686	\$ 8,776	\$ 8,777	\$ 8,867	\$ 8,868	\$ 8,958
11	\$ -	\$ 9,223	\$ 9,224	\$ 9,314	\$ 9,315	\$ 9,405	\$ 9,406	\$ 9,496	\$ 9,497	\$ 9,587	\$ 9,588	\$ 9,678
12	\$ -	\$ 9,943	\$ 9,944	\$ 10,034	\$ 10,035	\$ 10,125	\$ 10,126	\$ 10,216	\$ 10,217	\$ 10,307	\$ 10,308	\$ 10,398
13	\$ -	\$ 10,663	\$ 10,664	\$ 10,754	\$ 10,755	\$ 10,845	\$ 10,846	\$ 10,936	\$ 10,937	\$ 11,027	\$ 11,028	\$ 11,118
14	\$ -	\$ 11,383	\$ 11,384	\$ 11,474	\$ 11,475	\$ 11,565	\$ 11,566	\$ 11,656	\$ 11,657	\$ 11,747	\$ 11,748	\$ 11,838
15	\$ -	\$ 12,103	\$ 12,104	\$ 12,194	\$ 12,195	\$ 12,285	\$ 12,286	\$ 12,376	\$ 12,377	\$ 12,467	\$ 12,468	\$ 12,558

Family Size	Monthly Income		Monthly Income		Monthly Income		Monthly Income		Monthly Income		Monthly Income	
	From	30% - F To	From	35% - G To	From	40% - H To	From	45% - I To	From	50% - J To	From	55% - K To
1	\$ 2,479	\$ 2,569	\$ 2,570	\$ 2,660	\$ 2,661	\$ 2,751	\$ 2,752	\$ 2,842	\$ 2,843	\$ 2,933	\$ 2,934	\$ 3,024
2	\$ 3,199	\$ 3,289	\$ 3,290	\$ 3,380	\$ 3,381	\$ 3,471	\$ 3,472	\$ 3,562	\$ 3,563	\$ 3,653	\$ 3,654	\$ 3,744
3	\$ 3,919	\$ 4,009	\$ 4,010	\$ 4,100	\$ 4,101	\$ 4,191	\$ 4,192	\$ 4,282	\$ 4,283	\$ 4,373	\$ 4,374	\$ 4,464
4	\$ 4,639	\$ 4,729	\$ 4,730	\$ 4,820	\$ 4,821	\$ 4,911	\$ 4,912	\$ 5,002	\$ 5,003	\$ 5,093	\$ 5,094	\$ 5,184
5	\$ 5,359	\$ 5,449	\$ 5,450	\$ 5,540	\$ 5,541	\$ 5,631	\$ 5,632	\$ 5,722	\$ 5,723	\$ 5,813	\$ 5,814	\$ 5,904
6	\$ 6,079	\$ 6,169	\$ 6,170	\$ 6,260	\$ 6,261	\$ 6,351	\$ 6,352	\$ 6,442	\$ 6,443	\$ 6,533	\$ 6,534	\$ 6,624
7	\$ 6,799	\$ 6,889	\$ 6,890	\$ 6,980	\$ 6,981	\$ 7,071	\$ 7,072	\$ 7,162	\$ 7,163	\$ 7,253	\$ 7,254	\$ 7,344
8	\$ 7,519	\$ 7,609	\$ 7,610	\$ 7,700	\$ 7,701	\$ 7,791	\$ 7,792	\$ 7,882	\$ 7,883	\$ 7,973	\$ 7,974	\$ 8,064
9	\$ 8,239	\$ 8,329	\$ 8,330	\$ 8,420	\$ 8,421	\$ 8,511	\$ 8,512	\$ 8,602	\$ 8,603	\$ 8,693	\$ 8,694	\$ 8,784
10	\$ 8,959	\$ 9,049	\$ 9,050	\$ 9,140	\$ 9,141	\$ 9,231	\$ 9,232	\$ 9,322	\$ 9,323	\$ 9,413	\$ 9,414	\$ 9,504
11	\$ 9,679	\$ 9,769	\$ 9,770	\$ 9,860	\$ 9,861	\$ 9,951	\$ 9,952	\$ 10,042	\$ 10,043	\$ 10,133	\$ 10,134	\$ 10,224
12	\$ 10,399	\$ 10,489	\$ 10,490	\$ 10,580	\$ 10,581	\$ 10,671	\$ 10,672	\$ 10,762	\$ 10,763	\$ 10,853	\$ 10,854	\$ 10,944
13	\$ 11,119	\$ 11,209	\$ 11,210	\$ 11,300	\$ 11,301	\$ 11,391	\$ 11,392	\$ 11,482	\$ 11,483	\$ 11,573	\$ 11,574	\$ 11,664
14	\$ 11,839	\$ 11,929	\$ 11,930	\$ 12,020	\$ 12,021	\$ 12,111	\$ 12,112	\$ 12,202	\$ 12,203	\$ 12,293	\$ 12,294	\$ 12,384
15	\$ 12,559	\$ 12,649	\$ 12,650	\$ 12,740	\$ 12,741	\$ 12,831	\$ 12,832	\$ 12,922	\$ 12,923	\$ 13,013	\$ 13,014	\$ 13,104

Family Size	Monthly Income		Monthly Income		Monthly Income		Monthly Income		Monthly Income		Monthly Income	
	From	60% - L To	From	65% - M To	From	70% - N To	From	75% - O To	From	80% - P To	From	85% - Q To
1	\$ 3,025	\$ 3,115	\$ 3,116	\$ 3,206	\$ 3,207	\$ 3,297	\$ 3,298	\$ 3,388	\$ 3,389	\$ 3,479	\$ 3,480	\$ 3,570
2	\$ 3,745	\$ 3,835	\$ 3,836	\$ 3,926	\$ 3,927	\$ 4,017	\$ 4,018	\$ 4,108	\$ 4,109	\$ 4,199	\$ 4,200	\$ 4,290
3	\$ 4,465	\$ 4,555	\$ 4,556	\$ 4,646	\$ 4,647	\$ 4,737	\$ 4,738	\$ 4,828	\$ 4,829	\$ 4,919	\$ 4,920	\$ 5,010



ABC Treatment Center

Attachment 4 Outcome Measurements and Metrics Requirements CY2023

Outcome Measurement and Metric requirements will be as follows for each program for the duration of the contract referenced. The Provider shall submit the following measurement and metric information for **ALL FUNDED** Programs to the ADAMHS Board:

6-month Outcomes Narrative Report (due 8/4/2023) as directed by the ADAMHS Board of Cuyahoga County

Annual Outcomes Narrative Report (due 3/1/2024) as directed by the ADAMHS Board of Cuyahoga County

Additionally, if any of the following programs are classified as either Prevention, Substance Use Disorder (SUD) Treatment, Mental Health Treatment, or if any additional outcome measurements and metrics shall be submitted for the program for the duration of the contract referenced, the Provider shall submit the following additional measurement and metric information for funded programs to the ADAMHS Board:

Program Name	Additional Metrics Required
Medication Assisted Treatment (MAT) - Vivitrol Injections	Brief Addiction Monitor (BAM) 30 days after each assessment through the GOSH Portal
	Metrics collected as indicated on Program RFP (submit as directed by the Board)

CALENDAR YEAR 2023 CORE CONTRACT

BETWEEN

**THE ALCOHOL, DRUG ADDICTION, AND MENTAL HEALTH SERVICES
BOARD OF CUYAHOGA COUNTY**

AND

ABC TREATMENT CENTER

January 1, 2023, through December 31, 2023

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ARTICLE 1 PRELIMINARY RECITALS

- 1.01 Parties.** This Contract is by and between the Alcohol, Drug Addiction, and Mental Health Services Board of Cuyahoga County (the ADAMHS Board or Board) and ABC Treatment Center (the Provider).
- 1.02 Authority.** The ADAMHS Board is authorized to plan, fund, monitor and evaluate public behavioral health and addiction services pursuant to ORC 340.
- 1.03 Term.** This Contract shall be effective on January 1, 2023 and terminate on December 31, 2023.
- 1.04 Funding Source.** This Contract may contain federal funding. If this Contract has federal funding, the Provider must comply with Section 7.06. See CFDA#, if applicable.
- **CFDA#:**
- 1.05 Approval.** This Contract is authorized by the ADAMHS Board of Directors' Resolution Number 22-11-08 adopted on November 16, 2022.

ARTICLE 2 DEFINITIONS

- 2.01 Applicable Law** means those federal, state and local laws and regulations which govern the conduct of the parties to this Contract.
- 2.02 Applicable Requirements** include all the following to the extent that any of these requirements govern the conduct of the parties to this Contract:
- Applicable law;
 - Protocols and other directives from OhioMHAS which require compliance by the providers;
 - ADAMHS Board policies;
 - The OhioMHAS Community Plan;
 - The GOSH manual/help system; and
 - The requirements of this Contract.
- 2.03 Claim** means a bill for mental health and/or alcohol, drug or other addiction services submitted in an electronic format in accordance with applicable requirements.
- 2.04 Client** means a person served under this Contract.
- 2.05 Contract** means this agreement and any and all attachments hereto which are incorporated herein as if fully rewritten.
- 2.06 Covered Entity**, according to the HIPAA rules, is a (1) health plan, (2) health care clearinghouse, and (3) health care provider who electronically transmit any health information in connection with transactions for which HHS has adopted standards.
- 2.07 GOSH** means the Great Office Solution Helper. GOSH is the automated payment and management system for the enrollment of clients, and for the reimbursement of claims for publicly (federal, state or local, in whole or in part) funded services used by the Board. In addition, GOSH will be used as a service authorization (where applicable) and outcomes management system.

- 2.08 Material (or substantial)** means a change in any of the following:
- The quality of services required to be provided under this Contract (i.e., changes in staffing level or staff composition, etc.).
 - The amount, scope, location or duration of such services.
 - The ability of a client to access such services. (i.e., closed intake, change in operating hours, closures due to holiday schedule, or other extraordinary circumstances, etc.)
 - Reduction of funding of 5% of the Provider's budget or 10% of the Provider's specific program budget, regardless of funding source.
 - Corporate business structure or administration which significantly affects the Provider's ability to carry out its duties under this Contract or applicable requirements.
- 2.09 OAC** refers to the Ohio Administrative Code and any amendments made effective during the term of this Contract.
- 2.10 OhioMHAS** refers to the Ohio Department of Mental Health and Addiction Services.
- 2.11 ORC** refers to the Ohio Revised Code and any amendments made effective during the term of this Contract.
- 2.12 Reimbursement Adjustment Schedule** is a system-wide percentage of income scale adopted by the ADAMHS Board to determine both the percentage of charges to be paid by the client and the percentage to be paid by the ADAMHS Board.
- 2.13 Quality Assurance** means a systematic process of monitoring to ensure services meet specified requirements.
- 2.14 Quality Improvement** means the formal approach to analysis of performance and systematic efforts to improve it.
- 2.15 Services** mean those services listed on Attachment 1 and as further defined in OAC 5122-29-03.
- 2.16 Subcontract** means any agreement, other than an employment agreement, between the Provider and any other person, corporation or other entity under which such person, corporation or other entity is obligated to perform client services which are required to be performed by the Provider under this Contract.

ARTICLE 3 REQUIREMENTS APPLICABLE TO THE PARTIES

- 3.01 General Requirements.** The parties shall perform their respective duties under this Contract in accordance with applicable requirements.
- 3.02 Coordination of Services.** The parties shall work together coordinating the development of services and service delivery with other ADAMHS Board contract agencies that serve residents of Cuyahoga County.
- 3.03 Alternative Funding Sources.** The Provider shall make reasonable efforts to obtain other available federal, state, local and private funds. The ADAMHS Board shall take reasonable steps to assist the Provider in such efforts upon request by the Provider.

- 3.04 Certificate of Occupancy Standards.** The Provider shall comply with the ADAMHS Board Certificate of Occupancy Standards for those physical facilities not subject to licensure by the OhioMHAS, the Department of Health, the Ohio Department of Job & Family Services or the Ohio Department Rehabilitation & Corrections pursuant to ORC 340.03(A)(14).
- 3.05 Discrimination Prohibited in Employment.** The parties shall not discriminate in its employment practices in accordance with federal, state, and county statutes or regulations, such as discrimination based on race, ethnicity, color, national origin, religion, sex (including gender identity, sexual orientation, and pregnancy), age (40 or older), veteran status, disability, and familial status.
- **Affirmative Action.** The parties shall have a plan of affirmative action as required by ORC 340.12, which covers groups listed in ORC 122.71(E)(1).
- 3.06 Confidentiality and HIPAA Compliance.** The parties shall cooperate in operationalizing requirements imposed upon them by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law No. 104-191 [Aug. 21, 1996], as amended); the Federal Drug and Alcohol Confidentiality Law/Public Health Services Act (42 U.S.C. Section 290dd-3 et seq.); and the regulations promulgated pursuant thereto (as set forth in 42 CFR Part 2). Each party shall take necessary reasonable steps to comply with HIPAA and 42 CFR Part 2 requirements, including the following:
- a. HIPAA and 42 CFR Part 2 Notices.** Upon request by the ADAMHS Board, the Provider shall distribute the ADAMHS Board’s HIPAA & 42 CFR Part 2 notice to clients who have received or will receive services funded through the ADAMHS Board from the Provider. The Provider shall distribute the Board’s HIPAA Privacy Notice, at the time of enrollment, to clients who have received or will receive services funded in whole or part under this Contract. The Provider shall obtain the Client’s signed acknowledgement that the Client has received such Notice. Such acknowledgements shall be retained in each Client’s file and made available to the Board upon request.
 - b. EDI Transmissions.** The parties shall cooperate in determining how information will be transmitted to conform with requirements related to electronic data interchange (EDI). If necessary, the parties will enter into a Trading Partner Agreement which defines the duties of the parties for EDI transmissions.
 - c. Security Issues Cooperation.** The parties shall cooperate in assessing joint security issues in order to allow the parties to conform to security requirements. If necessary, the parties will enter into appropriate agreements in accordance with HIPAA requirements which will address joint security issues.
 - d. Client Data Confidentiality.** “Client Data” is any information that is, or can be, related to an individual client including but not limited to all Personally Identifiable Information (PII) as defined in 2 CFR 200.79 and all Protected Health Information (PHI) as defined in 45 CFR 160.103 and 45 CFR 164.501. By receiving Client Data in any form, the Provider shall protect the confidentiality of said data pursuant to all applicable federal, state and local laws and regulations concerning the security and protection of Client Data including, but not limited to the requirements of the OAC, ORC, regulations promulgated by the United States Department of Health and Human Services, Health Insurance Portability and Accountability Act (“HIPAA”), Health Information Technology for Economic and Clinical Health Act (“HITECH”) and all related regulations including any amendments thereto.
- 3.07 Data Security:**

- a. **Data Storage.** The Provider will only store Client Data to provide Services under the terms and conditions of this Contract.
- b. **Viruses and Malware.** The Provider will ensure it uses best efforts through quality assurance procedures to ensure that there are no viruses, malware, or undocumented features in their infrastructure and that they do not contain any embedded device or code (e.g., time bomb) that is intended to obstruct or prevent use of data.
- c. **Handling of Data.** The ADAMHS Board may access, extract, disclose and otherwise use Client Data in any form or format without restriction by the Provider. The Provider shall not and ensure that its subcontractors shall not copy or use Client Data except to carry out its obligations under this Contract and will not transfer or disclose Client Data to any party not involved in the performance of this Contract without the ADAMHS Board's prior written consent. The Provider shall protect Client Data from unauthorized disclosure, modification, or destruction. The Provider shall comply with the following standards:
 - Apply appropriate risk management techniques to ensure security for all sensitive data, including but not limited to any data identified as Confidential Information elsewhere in this Contract.
 - Ensure that its internal security policies, plans, and procedures address basic security elements of confidentiality, integrity, and availability.
 - Maintain plans and policies that include methods to protect against security, integrity, and vulnerability threats, as well as detect and respond to those threats.
 - Identify all information systems, services, and processes that interact with ADAMHS Board data and ensure those systems, services, and processes utilize an authentication mechanism to prevent unauthorized access to data.
 - Maintain appropriate access control and authorization policies, plans, and procedures to protect system assets and other information resources associated with ADAMHS Board Data.
 - Implement and manage security auditing to minimally include logging user logons/logoffs for information systems, including computers and network devices.
- d. The Provider will incorporate system hardening techniques to include determining which ports and services are required to support access to systems that hold Client Data and limiting access to only these points and disabling all others.
- e. The Provider will use technology and techniques such as properly configured firewalls, a demilitarized zone for handling public traffic, host-to-host management, Internet protocol specification for source and destination, strong authentication, encryption, activity logging, and implementation of system security fixes and patches as they become available. Unless the ADAMHS Board instructs the Provider otherwise in writing, all Client Data is confidential and the Provider shall ensure its security policies, plans, and procedure for the handling, storage, backup, access, and, if appropriate, destruction of that data must be commensurate to this level of sensitivity. As part of the Provider's protection and control of access to and use of data, the Provider shall employ appropriate intrusion and attack prevention and detection capabilities. Those capabilities must track unauthorized access and attempts to access Client Data, as well as attacks on Provider infrastructure associated with Client Data. Further, the Provider must monitor and appropriately address information from its system tools used to prevent and detect unauthorized access to and attacks on the infrastructure associated with Client Data.
- f. **Secure Transfer of Data.** The Provider will secure Client Data before transferring control of any systems or media on which Client Data is stored. The method of securing the data

must be appropriate to the situation and may include erasure, destruction, or encryption of the data before transfer of control. The transfer of any such system or media must be reasonably necessary for the performance of the Provider's obligations.

- g. Business Continuity.** The Provider shall be prepared to respond to emergencies and other business interruptions. The Provider will ensure the smooth continuation of operations related to Client Data. The Provider is responsible for such resources that may be required for ensuring continuity to include, among others, communications, supplies, transportation, space, power and environmental controls, documentation, people, data, software, and hardware. Upon request, the Provider will demonstrate the capacity to maintain business continuity to the ADAMHS Board upon request.
- h. Portable Computing Devices.** The Provider shall not allow Client Data to be loaded onto portable computing devices or portable storage components or media, unless necessary to perform its obligations described in this Contract, without adequate security measures in place to ensure the integrity and security of the Client Data. Those measures must include a policy on physical security for such devices to minimize the risks of theft and unauthorized access that includes a prohibition against viewing sensitive or confidential data in public or common areas where such data may be seen by others. At a minimum, portable computing devices must have anti-virus software, personal firewalls, and system password protection. In addition, Client Data shall be encrypted or otherwise rendered inaccessible to unauthorized persons when stored on any portable computing or storage device or media or when transmitted from them across any external data network. The Provider shall also maintain an accurate inventory of all such devices and the individuals to whom they are assigned. The Provider shall have reporting requirements for lost or stolen portable computing devices authorized for use with Client Data. The Provider also must maintain an incident response capability for all security breaches involving Client Data whether involving mobile devices or media or not. The Provider shall maintain procedures for how the Provider will detect, evaluate, and respond to adverse events that may indicate a breach or attempt to attack or access Client Data or the infrastructure associated with Client Data.
- i. Encryption.** Any encryption requirement identified in this Contract must meet the data protection standards identified above.
- j. Notification of Breach.** In case of an actual security breach that may have compromised Client Data, including but not limited to loss or theft of devices or media, the Provider shall notify the ADAMHS Board in writing of the breach within 72 hours of the Provider becoming aware of the breach and fully cooperate with the ADAMHS Board to mitigate the consequences of such a breach. This includes any use or disclosure of the Client Data that is inconsistent with the terms of this Contract and of which the Provider becomes aware, including but not limited to, any discovery of a use or disclosure that is not consistent with this Contract by an employee, agent, or subcontractor of the Provider. The Provider must cooperate with the designated ADAMHS Board contacts and assist the ADAMHS Board in making any notifications to potentially affected people and organizations that the ADAMHS Board deem are necessary or appropriate. The Provider must document all such incidents, including its response to them, and make that documentation available to the ADAMHS Board promptly upon request. In addition to any other liability under this Contract related to the Provider's improper disclosure of Client Data, and regardless of any limitation on liability of any kind in this Contract, The Provider will be responsible for acquiring one year's identity theft protection service on behalf of any individual or entity whose personally

identifiable information is compromised while it is in the Provider's possession. Such identity theft protection must be reasonably acceptable to the ADAMHS Board.

- k. **Access to Data.** The Provider will ensure that the ADAMHS Board retains secure access and download capability for Client Data for any purpose. All Client Data stored in systems supporting services must reside within the contiguous United States.

ARTICLE 4 GENERAL SERVICE REQUIREMENTS

4.01 Scope. The requirements of this Contract shall apply to all services which are purchased by the ADAMHS Board as provided in this Contract.

4.02 Diversity, Equity & Inclusion (DEI) in Behavioral Health. As the ADAMHS Board is committed to promoting behavioral health equity and reducing disparities across underserved populations in order to improve the quality of life for all residents of Cuyahoga County, the Provider shall have a DEI Policy that addresses structural disparities in access, quality, and outcomes in behavioral health treatment.

4.03 Discrimination Prohibited in Providing Services. The Provider shall not discriminate in providing services to clients in accordance with federal, state and county statutes or regulations, such as discrimination based on race, ethnicity, color, national origin, religion, sex (including gender identity, sexual orientation and pregnancy), age (40 or older), veteran status, disability, familial status, economic circumstance or HIV/AIDS status.

- a. **Disability.** A person with a disability is defined as having a physical or mental impairment that substantially limits one or more life activities.
 - i. **Reasonable Accommodations.** The Provider shall provide reasonable accommodations to clients with a disability in accessing its programs and services so long as it does not cause an undue financial and/or administrative burden.
 - **Definition.** A reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice or service that may be necessary for a person with a disability to have equal opportunity in accessing programs and services.
 - **Nexus.** To show that a requested accommodation is necessary, there must be an identifiable relationship or nexus, between the requested accommodation and the person's disability.
- b. **Language Access.** The Provider shall provide language access for Limited English Proficient (LEP) clients.

4.04 Services and Staff. The Provider shall provide the services set forth in Attachment 1 and shall provide sufficient staff with sufficient training to perform these services in accordance with applicable requirements.

- a. **Staff Licensing/Certification.** All staff providing service under this Contract shall meet all applicable licensing and/or certification standards promulgated by OhioMHAS and meet all other applicable federal, state and ADAMHS Board of Directors' requirements.
 - The Provider shall provide proof of relevant licensing/certification and training of staff at the request of the ADAMHS Board.
- b. **Provider Certification/Licensing.** The Provider shall maintain compliance with applicable certifications and licensure standards and shall notify the ADAMHS Board within 7 days of the revocation, suspension or expiration of any applicable certification or licensure required hereunder or by Ohio law for the performance of this contract. In addition, the Provider shall notify the ADAMHS Board within 10 days of any change in location or address of its operations.

- c. **Provider Policies.** The Provider shall develop and implement reasonable policies and procedures which require that services are not denied to a client solely because of behavior which is symptomatic of the illness or condition causing the client to need services under this Contract. Such policies shall include language that prohibits the termination of service solely due to an exacerbation of the client's symptoms. Such policies may permit the following:
- The termination of one type of service due to a clinical indication that makes it necessary to transfer such client into a different service that exists either within or outside of this Contract, provided that client choice is documented via the Individual Service Plan and the Provider utilizes its best efforts to provide linkage to a new service prior to termination of services and documents such efforts and, if applicable, the client's refusal to utilize offered services.
 - The termination of services if a client presents a substantial risk of harm to the life or safety of others, provided that linkage to a new service is attempted by the Provider in a reasonable manner that is documented prior to termination of services or,
 - The termination of services to a client who is unwilling to participate in essential components of those services provided that client choice is documented via the Individual Service Plan and linkage to a new service is attempted by the Provider in a reasonable manner that is documented prior to termination of services.
 - Clients shall be able to participate in an appropriate and available provider service, regardless of refusal of one or more other services, treatments or therapies, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan.
 - The Provider shall obtain client feedback through annual client satisfaction surveys, patient-client advocacy groups, or telephone or face-to-face interviews.
- d. The Provider agrees that it will perform the duties under this Contract in compliance with section 104 of the Personal Responsibility and Work Opportunities Reconciliation Act of 1996 (42 U.S.C. Section 604a) and in a manner that will ensure that the religious freedom of program participants is not diminished, and that it will not discriminate against any participant based on religion, religious belief, or refusal to participate in a religious activity. No funds provided under this Contract will be used to promote the religious character and activities of the Provider. If any participant objects to the religious character of the organization, the Provider will immediately refer the individual to an alternative Provider.
- e. Services shall be provided in the least restrictive, most natural setting which is available and appropriate to the needs of the client.
- f. Services shall be culturally competent and shall respond effectively to:
- The individual's needs and values present in all cultures, including, but not limited to, the African American, Appalachian, Asian, Latin, Hispanic and Native American cultures; and,
 - The needs of persons with disabilities, client's gender, sexual orientation, gender identity, and client's age.
- g. Prevention and/or treatment services provided under this Contract shall be coordinated with the provision of other services appropriate to the needs of the individual being served.

- h. The Provider shall operate facilities and programs in accordance with applicable requirements relating to client safety.
- i. All services shall be delivered in a manner which protects and promotes clients' rights as defined in federal and state law, regulations and standards, policies and procedures of OhioMHAS and ADAMHS Board of Directors' policies, including, but not limited to, the right of clients to freedom of choice for service as such right is defined by said law, regulations, standards, policies and procedures.
- j. The Provider shall provide services in a manner which minimizes barriers to care in accordance with applicable requirements.
- k. The Provider shall provide such other assurances as may be required by OhioMHAS or other funding source.

4.05 No Interruption. Services and payment shall be provided without significant interruption until termination of the Contract and in accordance with the terms of the Contract except as provided in this Contract.

4.06 General Eligibility for and Access to Services. Any resident of Cuyahoga County, as defined by ORC 5122.01(S) and 5119.01(A)(19), who meets the Provider's admission criteria, and who qualifies for Board-funded services, is eligible to receive such services from the Provider, as set forth in Attachment 1. The Provider will not receive payment for services provided to ineligible persons, except as provided for in Section 4.07. "Residence" means a person's physical presence in a county with intent to remain there, except that:

- If a person is receiving alcohol, drug addiction or mental health services at a facility that includes nighttime sleeping accommodations, residence means that county in which the person maintained the person's primary place of residence at the time the person entered the facility.
- If a person is committed pursuant to ORC 2945.38, 2945.39, 2945.40, 2945.401 or 2945.402, residence means the county where the criminal charges were filed.

4.07 Crisis Services. Nothing in this Contract shall be interpreted to prevent the Provider from providing crisis services in accordance with OhioMHAS service requirements to persons in need of such services, without regard to the person's county of residence. Payments shall be made in accordance with OhioMHAS Guidelines and Operating Principles for Residency Determinations. If the individual is a resident of another county, the Provider will bill that individual's county of residence for such services prior to billing the ADAMHS Board.

4.08 Access to Services. All Services: The Provider is not obligated to provide services to a client who is able to pay for but refuses to pay for such services.

a. Mental Health Services:

- i. **Mental Health Crisis Intervention Services.** No client in need of crisis services who is otherwise eligible shall be denied service based solely on that client's inability to pay for services.
- ii. **Non-Crisis Mental Health Services.** ORC 340 created the community mental health system to serve as a safety net to provide care for the uninsured. The Providers of mental health Community Psychiatric Supportive Treatment (CPST) services for adults shall conduct screening processes of new clients, or returning clients, in a manner that

promotes client service access so that clients are not turned away from mental health services based upon their inability to pay.

- iii. **Engagement.** In an effort to promote clients' service access within the community mental health system, the Provider shall at a minimum, take the following appropriate measures to ensure that clients attend appointments:
 - Conduct reminder phone calls within 48 hours of clients' appointments; and
 - Assist client with transportation; and,
 - Follow-up and reschedule appointments with each client if client does not show up for appointment.
 - iv. **Community-based Care.** At a minimum, provide 50 percent of CPST services in the community and not in the Provider's office (regular or satellite office) or telehealth.
 - v. **Non-Medicaid Review.** Cooperate in the Contract Compliance Review process in order to monitor and review clients receiving non-Medicaid funding.
- b. **SUD (Substance-Use-Disorder) Adult Treatment Services:**
- i. If the Provider is engaged in provision of community addiction services, it shall comply with the requirements of ORC 5119.362, its related statutes, as amended, as well any administrative regulation enacted pursuant thereto.
 - ii. The Provider shall prioritize the admission of individuals who are discharged from ADAMHS Board-funded detoxification agencies or from any private hospital.

4.09 Coordinated Adult Residential Referral (CARR) Process. The Provider shall comply with the Coordinated Adult Residential (CARR) Process.

4.10 Transfer and Termination of Services. The Provider shall not transfer or terminate services to any client until one of the following has occurred:

- Services have been voluntarily terminated;
- The treatment or crisis plan has been completed;
- Appropriate referrals and linkages have been developed and offered to the client;
- A client who is not eligible for Medicaid services has permanently left Cuyahoga County with the intent to change residence; or
- A client has died or permanently left the state of Ohio with the intent to change residence.

The Provider shall seek alternative services for any client who is not making progress and for whom further services from the Provider are not clinically indicated. The Provider shall not transfer an individual because of lack of progress unless there is adequate documentation of efforts to provide alternative services within programs operated by the Provider and transfer to another provider is clinically appropriate.

4.11 Subcontracts. The Provider shall not enter into any subcontracts for client services required to be performed by the Provider under this Contract unless the Provider has binding assurances that subcontractors shall follow and be bound by applicable federal and state laws, codes, and regulations, OhioMHAS standards and the ADAMHS Board of Directors' policies and this Contract. The Provider shall ensure that the following steps are taken:

- Notification to the ADAMHS Board within seven working days of the execution of each subcontract or each amendment, modification, or termination thereof.

- The Provider shall inform the subcontractor of policies and procedures of the ADAMHS Board of Directors, including any changes in policies and procedures during the term of the subcontract.
- During the term of the subcontract, the Provider shall take reasonable and necessary steps to ensure that the subcontractor remains in conformity with applicable federal and state laws, ADAMHS Board of Directors' policies and the requirements of this Contract.
- The requirements stated in this Section shall not apply to a Provider subcontracting for the provision of sober housing or grief counseling. The requirements stated in this Section shall not be applicable to the Provider's contracts for professional services from individuals who are providing the services under the control or supervision of the Provider or to services that are not funded by the ADAMHS Board.

4.12 GOSH or Other Healthcare Management System Enrollment. The Provider shall enroll all clients seeking services through the public system, in accordance with the following procedures in this Section, and in accordance with applicable requirements.

- a. The Provider shall discuss eligibility and enrollment options with clients at Intake or Assessment to determine as to whether they should be enrolled in GOSH or other healthcare management information system. The Provider shall inform clients they have a right to decline enrollment for State and/or ADAMHS Board funded services or be removed from previous enrollment.
- b. If the client is expected to be provided behavioral health services funded in whole or part with public funds administered through the ADAMHS Board, the following procedures apply:
 - i. The Provider shall continue to enroll the client in GOSH or other healthcare management information system.
 - ii. The Provider shall collect all information necessary to enroll the client in accordance with GOSH or other healthcare management information system requirements and the GOSH or other healthcare management information system manual. Such information shall be transmitted to the ADAMHS Board. The Provider shall report the client's adjusted gross income on the GOSH or other healthcare management information system Member ID Request Form.
 - iii. In situations where services being provided to an individual are either emergency or crisis intervention services, the Provider shall put forth all reasonable efforts to collect all information necessary to enroll the client and/or to process all related claims through GOSH or other healthcare management information.
 - iv. The ADAMHS Board shall provide the Provider with a unique client identifier upon receipt of information required in Section 4.13.
 - v. The Provider shall maintain all releases, consents to treatment and other forms which are necessary for enrollment.
 - vi. The Provider shall notify the ADAMHS Board when circumstances are such that the Provider is aware or has reasonable basis to be aware when any of the following has occurred:
 - The client has died;
 - The client has moved to another county or state;
 - The client has commenced serving a sentence in prison/jail;

- The client becomes eligible for Medicaid.
- vii. Such notification shall be promptly made in writing pursuant to the Notice provisions of Section 17.06 of this Contract.
- viii. If the client has declined to enroll for State and/or ADAMHS Board funded services or has requested to be removed from previous enrollment, the Provider shall inform the client that he/she may request to be removed from GOSH or other healthcare management information system. If the client has requested removal from GOSH or other healthcare management information system, the request shall be processed in accordance with applicable requirements and submitted to the ADAMHS Board. The Provider shall maintain documentation in the client's record to support the client's decision.
- c. Notwithstanding the provisions set forth in Section 4.10(a) and (b), if the Provider is a Covered Entity, it may enter clients into GOSH or other healthcare management information system without written authorization in order to disclose or use protected health information to the extent such use or disclosure is required by law or the use or disclosure complies with and is limited to the relevant requirements as outlined in 45 CFR 164.512 and <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-public-health-activities/index.html>.

4.13 Coordination of Inpatient Care for Adults.

- a. The Provider shall:
- i. Provide clinical assessment information relative to clients admitted to the hospital.
 - ii. Designate a State Mental Health Hospital Liaison who will attend the Initial Team Meeting by phone or in person. The Provider shall endeavor to ensure that such Initial Team Meeting occurs by the third working day of hospitalization. The Provider shall confer with the client and the treatment areas, develop a discharge plan and develop an agreement regarding the case manager's involvement during the client's hospitalization. The ADAMHS Board shall inform the Hospital that it expects that the Hospital will notify the contract service provider of the treatment team meeting time at the time of admission or no later than within 1 working day of the admission.
 - iii. Meet, in person, with the hospitalized client as clinically appropriate and based upon the following schedule:
 - For a client who is hospitalized for 30 days or less: Weekly
 - For a client who is hospitalized for 31 days to 1 year: Monthly
 - For a client who is hospitalized for more than 1 year: Quarterly
 - iv. Make every effort to meet with the Hospital Social Worker to assist with the discharge plan and continuity of care. All contacts are to be duly recorded in the progress notes of the client's hospital record.
 - v. Attend, in person, the weekly treatment team meetings. The ADAMHS Board also encourages attendance by telephone or in person as frequently as possible to provide direct input into the development of the client's hospital treatment plan. With respect to the discharge plan, the case manager will have the primary responsibility for seeking safe and affordable housing for the client consistent with treatment needs.

- vi. Link and arrange for appointments with, and the involvement of, appropriate community services.
- b. The ADAMHS Board, by separate agreement, shall ensure that the Hospital agrees to the following provisions:
- i. Provide authorized Provider staff access to:
 - Function as members of the treatment team.
 - Interview the client and hospital staff.
 - Review hospital medical records.
 - Document progress notes in the client's hospital record on a separate community sheet in the record.
 - ii. Include the Provider staff in all treatment meetings and treatment decisions, including granting of unsupervised movement.
 - iii. Schedule treatment team meetings to allow the Provider staff to be a part of all treatment team meetings including the initial comprehensive treatment review process.
 - iv. Provide a unit treatment team member (Social Worker unless otherwise designated) to function as the primary contact for the mental health treatment provider staff. The Hospital Social Worker will:
 - Ensure that the mental health treatment provider staff is contacted the first working day of admission and provided information regarding dates and times of treatment team meetings and discharge planning meetings. Changes in meeting times will be communicated to the mental health treatment provider staff immediately.
 - Along with the Provider staff and the Board's representatives, provide for interagency communication, problem solving and coordination of the provision of appropriate mental health services for all hospitalized clients.
 - Inform the Provider staff of the client's progress as agreed upon in the treatment team meetings or as clinically appropriate.
 - Keep the client's families and/or significant others abreast of the course of treatment including team meeting schedules during hospitalization, and discharge plans, within the parameters of that which is permissible according to state and federal rules, regulations, statutes and laws.
 - Ensure the completeness of the discharge summary.
 - Facilitate maximum participation of the Provider staff in treatment and discharge planning and coordinate the Hospital and the Provider involvement in the treatment program. This will assure that the treatment team planning will take place as scheduled.
 - Provide a current listing of treatment team members and the time when the treatment team meetings are held.
 - Notify the ADAMHS Board and the Provider before initiating a referral for CPST or other support services for clients who desire to reside in a county other than that of their legal status.

4.14 Pharmacy Management. If the Provider has one or more in-house or on-site pharmacies, it shall comply with and shall utilize the Ohio Automated Rx Reporting System, a drug database established and maintained pursuant to ORC 4729.75 (hereinafter "OARRS") with documentation when dispensing controlled substances. The Provider (including any prescribers, nurses, or pharmacists/ pharmacy technicians) shall run an OARRS check on all

clients before prescribing or refilling any medications. This task cannot be delegated to a nonmedical professional or paraprofessional.

ARTICLE 5 ADMINISTRATION

5.01 Provider Autonomy/Independent Contractor. The Provider is a fully independent and autonomous contractor and retains the ultimate responsibility for the care and treatment of those to whom services are rendered under this Contract. The ADAMHS Board recognizes the Provider as an independent contractor in carrying out its duties under this Contract, in determining its own policies, and in the administration of its Provider Service Plan to the extent that such policies and plans are consistent with the requirements of federal and state law, ADAMHS Board of Directors' policies and this Contract.

5.02 Acknowledgement. The Provider's annual report and website, along with brochures and advertisements related to services paid for by the Contract shall include the ADAMHS Board logo and/or the statement that the Provider is a contract agency of the ADAMHS Board of Cuyahoga County.

5.03 Provider Service Plan. The Provider shall not make material changes, including service location changes, in its services or make changes in its Provider Service Plan, or equivalent, which materially affect services under this Contract, unless the ADAMHS Board CEO has been notified in writing at least 90 days in advance of the proposed change and approves said changes in writing. The ADAMHS Board will review the proposed change and notify the Provider whether the change is acceptable within forty-five days of receiving notice. The ADAMHS Board will not unreasonably withhold approval of requested changes, provided they do not alter the Provider's fundamental duties under this Contract.

- a. **All SUD Treatment Programs:** In order to maintain current program information, each Provider shall submit to the ADAMHS Board a current service plan that shall be revised and updated annually as appropriate, and which shall include the following information:
- Description of the Provider's SUD programs;
 - The Provider's mission;
 - Services provided by SUD programs;
 - Target population served for each SUD program;
 - Curriculum or evidenced based practice utilized for each SUD program;
 - A listing of staff and their credentials – identification of program managers and/or clinical supervisors for each SUD program;
 - A schedule of the hours of operation for each SUD program;
 - A schedule of the hours and days of Intake and assessment into SUD programs; and
 - A listing of staff and their credentials that are conducting SUD assessments.
- b. **All Prevention Programs:**
- i. For all Board-funded prevention programs that receives SAPT or Mental Health Block Grant (MHBG), the Provider shall:
- Submit Prevention Service Plans Application into the OhioMHAS Grants and Funding management System (GFMS) and achieve Board Approval.
 - Submit Mid-Year and Final Provider Program Summary Reports into the OhioMHAS Grants and Funding management System (GFMS) 30 days after reporting period and achieve Board Approval.
 - Submit Continuous Quality Improvement Reports into the OhioMHAS Grants and Funding management System (GFMS) 60 days after reporting period and achieve Board Approval.

- ii. Submit Consultation & Prevention School Based Tracking for High Schools receiving mental health prevention services not appropriate for the DESSA.

- 5.04 ADAMHS Board of Directors' Policies.** During the period of this Contract, the Provider may propose to the ADAMHS Board CEO, in writing, additions or changes to the policies of the ADAMHS Board which would improve the quality and/or cost effectiveness of services within the community mental health or SUD system.
- During the period of this Contract, the ADAMHS Board shall include on its published General Board Meeting agenda, the title of policies to be discussed for rescission, change, or adoption, and a brief statement as to the content of the policy. The purpose of this Section is to provide notice of Board consideration of changes in ADAMHS Board policies. For those policies which have a material impact on providers, the ADAMHS Board may form an ad hoc workgroup to review the policy provisions with the providers.
- 5.05 Cooperation with Family and Children First Council Procedures.** With respect to services rendered to children, both parties shall adhere to the conditions and requirements of the Cuyahoga County's Service Coordination Plan, available through the Family and Children First Council, provided that and only to the extent that said procedures comply with all applicable local, state and federal rules, regulations and law.
- 5.06 Assignment.** The Provider shall not assign this contract without the written permission of the ADAMHS Board.
- 5.07 Notice or Merger, Consolidation, or Change in Corporate Structure of the Provider.** The Provider warrants that it has made full disclosure to the ADAMHS Board of the nature of its organizational/corporate structure by submitting applicable current documents with its application for reimbursement from the ADAMHS Board. The Provider shall notify the ADAMHS Board at least 120 days in advance of any Merger, Consolidation, Dissolution, or other substantial change in organizational/corporate structure of the Provider. In the event of the occurrence of any of the circumstances listed herein, the Provider shall cease billing to the ADAMHS Board for any services rendered under this Contract until such notification to the ADAMHS Board has been made and acknowledged, which acknowledgment shall be timely made and shall not be unreasonably withheld and until OhioMHAS certification has been obtained, if applicable, in accordance with the new organizational/corporate structure. For incorporated entities, cancellation of the Provider's articles of incorporation shall act as an immediate termination of the Contract. The Provider shall immediately report cancellation of said Articles to the ADAMHS Board CEO.
- 5.08 Merger or Transfer of Assets.** No assets of the Provider which have been purchased by funds provided through this or a prior Contract with the ADAMHS Board and which have been designated as property of the ADAMHS Board shall be transferred, merged, assigned, encumbered or otherwise disposed of without prior written consent of the ADAMHS Board.
- 5.09 Budget Revisions.** Budget revisions may be necessary if the current planned expenditures differ from the original or most recent budget approved by the ADAMHS Board.
- Budget revisions are considered only for an approved contract amount. Budget revisions will not be considered to affect an increase in an award or allocation.
 - Approval of a budget revision is the prerogative of the ADAMHS Board. The ADAMHS Board does not guarantee that the requested revisions will be approved.

- A budget revision within an allocation amount is required to add a line item not previously budgeted and when obligations are expected to exceed the approved budgeted amount in any line item by more than 10 percent.
- Budget revisions must be approved prior to obligating funds, and prior to submitting invoices. Retroactive approval of budget revisions will not be considered.
- No budget revisions submitted in the final three months or 90 days of a contract year will be considered.
- Requests for budget revisions must be in writing to the ADAMHS Board CEO/CFO using a form provided by the ADAMHS Board, and shall include a narrative justification for the change, with calculations explaining the requested line-item revision.

ARTICLE 6 INFORMATION AND REPORTS

6.01 General Access by the ADAMHS Board. The Provider shall provide the ADAMHS Board with information which is reasonably necessary to permit the ADAMHS Board to:

- Monitor and evaluate the Provider's compliance with the terms of this Contract,
- Conduct its own investigation of any client grievance, and
- Perform its duties under applicable requirements.

Except under circumstances listed below, information shall be provided by the Provider during ordinary business hours and the ADAMHS Board shall provide reasonable prior notice of the time, date and purpose of the visit by ADAMHS Board staff.

The ADAMHS Board may obtain immediate access to information without prior notice, including access to staff, individual client records, and client accounts, when such information is reasonably related to allegations of abuse, neglect or grievance of a client being investigated in accordance with this Contract or to prevent imminent harm to clients.

6.02 Basic Documents. Upon request of the ADAMHS Board, the Provider shall provide the ADAMHS Board with the most recent versions of the following documents:

- Articles of Incorporation and By-Laws for the Provider.
- List of governing Board members and the Provider's employees and/or consultants.
- Personnel Policies and Board and staff composition.
- Evidence of certification as required under applicable requirements.
- Most recent financial and programmatic audit reports.

6.03 Essential Periodic Reports. The Provider shall provide the reports listed in Attachment 1 at such times as are specified in said Attachment.

6.04 Format. Any information or report which is required under this Contract shall be submitted in the format prescribed or approved by the ADAMHS Board as stipulated in the Attachment 4.

6.05 Reportable Incidents and Major Unusual Incidents.

- The Provider shall ensure that all reportable incidents are reported to OhioMHAS through the WEIRS system as set forth in applicable regulations and the ADAMHS Board in accordance with applicable requirements as set forth in the ADAMHS Board Policy Statement on "Notification and Review of Reportable Incidents and MUIs."
- The Provider shall conduct investigations of reportable incidents in accordance with applicable requirements.

- The ADAMHS Board may conduct its own investigation of any reportable incident, any client grievance alleging abuse or neglect, or any client grievance filed with the ADAMHS Board. The Provider shall cooperate with the ADAMHS Board in any such investigation.
- The Provider shall cooperate with the ADAMHS Board in implementing action determined to be necessary to correct the conditions which have caused or contributed to abuse, neglect, or patterns of reportable incidents.

6.06 Notification of Critical Events. The Provider shall notify the ADAMHS Board CEO within 72 hours of the following incidents:

- Criminal arrest of a Provider's employee regarding employee's activities in the course and scope of his/her employment with the Provider;
- Emergency closure;
- Any claim, complaint or the institution of any litigation or other legal proceedings against the Provider by any provider, physician, client or any state or federal regulatory body, and which claims, complaint or suit relates to any services provided by or at the Provider to a client pursuant to this Contract; or
- Any notice of any federal or state authority to suspend or revoke any licenses or certifications under which the Provider operates or provides all or any services under this Contract.

6.07 Client Record Standards for SUD Clients. The Provider shall comply with the following requirements:

- Progress notes shall be completed for all alcohol and other drug treatment services;
- Treatment plans shall include all services along with the frequency and duration of services; and
- When medically necessary, individual counseling shall be provided for all clients participating in alcohol and other drug treatment programs. For SUD prevention services, the Provider shall use the ADAMHS Board Prevention Service Log which requires the documentation to be completed by Program Name and to include the date, time and number of hours provided.

6.08 All Hazards Preparedness/Emergency Contact Information. The Provider shall annually submit the name and contact information (including telephone, email, cell phone, 24-hour access, etc.) of its All-Hazards Preparedness/Emergency personnel to the ADAMHS Board as directed for inclusion in the ADAMHS Board's All Hazards Emergency Management On-Call Staff listing.

ARTICLE 7 EVALUATION AND ACCOUNTABILITY

7.01 General. The Provider shall cooperate with the ADAMHS Board in all monitoring activities, including, but not limited to, Compliance Assessments specified in Section 15.02.

7.02 Documentation and Records. The Provider shall keep accurate, current and complete clinical records for each client in accordance with applicable requirements.

- a. The Provider shall provide client and service information to the ADAMHS Board in accordance with applicable requirements. Payment for services shall not be made until documentation necessary to support the billing has been provided in accordance with applicable requirements.
- b. Documentation of certified services provided shall be the same for Medicaid and non-Medicaid clients.

- c. The Provider should adopt a record retention policy in accordance with applicable requirements.

7.03 Quality Improvement, Performance Measures and Outcomes. The Provider shall develop and implement quality improvement programs which meet applicable requirements. The Provider shall implement high quality, cost efficient, appropriate and accessible client care through an ongoing quality improvement and utilization review process.

7.04 Outcomes. All Providers of MH and SUD Treatment and Prevention Services shall submit periodic, 6-month, and annual outcomes data, including DEI data, as required by the ADAMHS Board as outlined in the Attachment 4.

- a. **Periodic Outcomes Data.** Client outcomes will be supplied to the ADAMHS Board electronically in a data file format defined by the Board. Furthermore, if the ADAMHS Board paid for the Client's services at the time of administration of the initial outcomes assessment, the Provider will supply the ADAMHS Board with Client outcomes data for the next scheduled administration of the applicable assessment instrument regardless of the Board's payer status at that time.
- b. **6-month Outcomes Narrative Report.** The Provider shall submit the 6-month outcomes narrative report for each program funded by the ADAMHS Board as directed by the ADAMHS Board due by August 04, 2023.
- c. **Annual Outcomes Narrative Report.** The Provider shall submit the annual outcomes narrative report for each program funded by the ADAMHS Board as directed by the ADAMHS Board due by March 01, 2024.
- d. The Provider shall:
 - Inform the ADAMHS Board of the identity of the person within their organization who is responsible for outcomes evaluation and inform the ADAMHS Board of any changes in such personnel.
 - Notify the ADAMHS Board's Chief Compliance Officer, as soon as possible, of any significant problem encountered in tracking outcomes.
 - Respond to inquiries from the ADAMHS Board regarding outcomes processes and the use of outcomes data within 14 days.
- e. Providers shall collaborate with the ADAMHS Board on independent evaluations conducted by universities and other consultants periodically for quality improvement purposes.

7.05 Accounting. The Provider shall maintain complete and accurate financial records with respect to all undertakings required by this Contract. The Provider is responsible for ensuring that its financial statements are fairly presented in accordance with generally accepted accounting principles, including, but not limited to standards set forth in Financial Accounting Standards Board (FASB) Nos. 116 and 117. The Provider shall maintain its accounts on an accrual basis.

7.06 Uniform Guidance for Federal Awards. For federal awards, the Provider shall comply with all applicable provisions of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements in accordance with 2 CFR Part 200.

7.07 Financial Audits. The Provider shall submit to an annual financial compliance audit conducted by an independent certified public accountant in accordance with generally accepted auditing standards with limitations set forth by ORC 9.234.

- a. The audit shall be completed within 180 days of the Provider's fiscal year.
- b. In addition to the requirements of this Section, a Provider which expends more than \$750,000 in federal funds shall comply with Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR Part 75 as well as the requirements of OhioMHAS's Financial and Compliance Audit Guidelines.
- c. In addition to the requirements of this Section, a Provider which expends less than \$750,000 in federal and/or state funds shall comply with requirements of OhioMHAS's Financial and Compliance Audit Guidelines.
- d. The ADAMHS Board may request a meeting with the Provider's independent certified public accountant and the Provider, and the ADAMHS Board shall arrange such a meeting.
- e. A qualified opinion on the financial statements shall be accepted by the ADAMHS Board if the ADAMHS Board determines that the qualifications do not adversely affect the Provider's ability to perform its obligations under this Contract.
- f. In the event the audit contains findings in the Schedule of Findings and Questioned Costs, exceptions, or in the event the Provider's records are deemed not auditable, then:
 - The parties shall immediately arrange an audit conference.
 - The Provider shall provide a written response within 30 days to the ADAMHS Board addressing any and all issues which were identified in the Management letter and the Schedule of Findings and Questioned Costs.
 - The Provider shall correct deficiencies and submit a Corrective Action Plan (CAP) within 30 days which meets the requirements of OhioMHAS's Financial and Compliance Audit Guidelines and is acceptable to the ADAMHS Board.
 - If the deficiencies are not corrected within 30 days, or an acceptable CAP is not submitted, then the ADAMHS Board shall have the right to resort to the termination procedures set forth in Article 14.

7.08 Additional Financial Audits.

- a. If the Provider is required to submit a CAP as provided in Section 7.07, the ADAMHS Board may require the Provider to submit to a further examination to determine whether the deficiencies have in fact been corrected.
- b. **Financial Stability Audits.** Should the CEO of the Board become concerned about the financial stability of the provider, he/she may determine in his/her sole and absolute discretion that an outside financial audit of the Provider is warranted. In such case the ADAMHS Board may, at its own cost, retain the services of an outside auditor, or ADAMHS Board Staff, to examine the books, records and operations of the Provider. Upon notice to the Provider and request by the Board, the Provider shall permit the Board and/or its auditor complete and unfettered access to the Provider's books, records and facilities, and shall fully cooperate with the Board and/or its auditors in performing such an audit. The failure of the Provider to submit to such an audit upon demand by the Board shall be deemed a breach of this contract and shall entitle the ADAMHS Board to immediately terminate this Contract. The Provider agrees that in the event the CEO invokes the ADAMHS Board's right under this provision, the Provider hereby agrees that by signing this Contract it irrevocably waives any privilege or other right it may have to preserve the confidentiality of its books and records and of its communications with its auditors, and consents to the disclosure of its books, records, work papers and other financial records in

its possession or under its control (including records in the possession of its auditors) to the ADAMHS Board and any auditor designated by it to the Provider.

- c. **Right to appeal to the ADAMHS Board.** Should the CEO of the Board provide written notice to the Provider of his/her decision to conduct an outside financial audit of the Provider, the Provider shall have five business days after receipt of the written notice to file a written objection with the Board. The Provider's right to object to the ADAMHS Board's decision shall be limited to the following two issues: (1) the need for such an outside audit, and (2) the scope of the outside audit. Upon receipt of the Provider's objections, the ADAMHS Board shall treat the objection as an appeal pursuant to the ADAMHS Board's "Appeal of Board Decision" Policy. The ADAMHS Board shall promptly schedule a special meeting to consider the Provider's objections. Thereafter the ADAMHS Board shall render its decision which shall either: (1) sustain or reverse the CEO's Decision as to whether to conduct such an outside audit of the Provider and/or (2) sustain or limit the CEO's determination regarding the scope of the outside audit. The Provider agrees to follow the procedures outlined in the "Appeal of Board Decision" Policy, and its failure to do so shall constitute a waiver of its administrative remedy of appeal.
- d. **Additional Special Audits.** The ADAMHS Board may require additional special audits or agreed upon procedure engagement reports if the ADAMHS Board has reason to believe that:
- The Provider is demonstrating non-compliance with the ADAMHS Board policies; or
 - The Provider is not implementing corrective action required by an audit or agreed upon procedure engagement; or,
 - There is substantive change in the Provider's performance of its duties under this Contract.
- e. Costs of audits under Section 7.07 shall be the responsibility of the Provider.
- f. The Provider shall retain financial records for at least 7 years.

ARTICLE 8 CONFLICTS OF INTEREST

8.01 General Conflicts. The Provider shall take all reasonable and necessary steps for directors, officers, and employees to avoid a conflict of interest, or the appearance of a conflict of interest in the provision of services pursuant to this Contract and any other contract, employment or private practice relationship, and shall conform to all applicable ethics statutes.

8.02 Eliminating Kickbacks in Recovery Act (EKRA). The Provider shall prohibit directors, officers, and employees from offering or receiving any remuneration in an exchange in order to induce a referral to a recovery home, clinical treatment facility or clinical treatment facility or clinical laboratory.

8.03 Recruitment of Clients. No employee of either party shall recruit clients receiving services under this Contract into their private practices.

ARTICLE 9 TRANSITION PROCEDURES

9.01 Applicability. This Article shall apply when any service provided under this Contract is terminated for any reason or when this Contract is terminated for any reason including the dissolution or termination of the Provider's business.

9.02 General Requirements. The Provider shall work cooperatively with the ADAMHS Board to assist in the transition of services and programs as needed to a provider or providers designated by the ADAMHS Board. Throughout the transition, the Provider shall take all steps reasonably necessary for continuity of client care and to protect client interests.

The Provider shall provide:

- Written notification to clients; and
- Written notification to community partners; and
- A plan as to how the Provider will address continuity, continuation and completion of services.

9.03 Client Records. To the extent authorized by the client and permitted under applicable law, the Provider shall promptly transfer copies of client records to the designated provider or providers. In the event the Provider is ceasing all operations, the Provider shall comply with federal and state record keeping requirements.

9.04 Survival. This Article specifically survives the termination of this Contract.

ARTICLE 10 STANDARDS FOR COSTS, RATES, FEES AND RESTRICTIONS

10.01 Copays. The Provider shall adopt and submit claims in accordance with the fee schedule identified in the Reimbursement Adjustment Schedule which shall be based on costs for services and the ability of clients to pay. The fee schedule shall be subject to approval by the ADAMHS Board.

10.02 Duty to Bill. The Provider shall establish and implement appropriate procedures to recover costs of treatment from clients in accordance with the above required fee schedule.

10.03 Duty to Appeal. In the event that payment by a third-party payor, including, but not limited to, Medicaid, has been denied and there is a reasonable basis for appeal, the Provider shall either:

- Take steps reasonably necessary to perfect and pursue appeals of denial of payment by third party payers; or
- Provide to the individual or entity filing the appeal, information reasonably necessary to pursue the appeal, to the extent that such information may be released in accordance with applicable requirements.

10.04 Reimbursement Adjustment Schedule. The ADAMHS Board will not reimburse the Provider for that portion of the Contract rate that is equal to the amount computed by applying the Reimbursement Adjustment Schedule. The Provider is not required to charge or collect such amount from the client. If the client pays a greater amount than the portion calculated by applying the Reimbursement Adjustment Schedule, the Provider shall report such amount via the claim submitted to the ADAMHS Board and the ADAMHS Board will reduce its reimbursement by such greater amount.

10.05 Duty to Seek Additional Funding. The Provider shall make reasonable efforts to obtain other available federal, state, local and private funds.

10.06 Restrictions on Federal Funding.

- a. **Block Grants.** United States Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse, Prevention and Treatment (SAPT) Block Grant funds may not be used to:

- Provide inpatient hospital services;
- Make cash payments to intended recipients of health services;
- Purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- Satisfy any requirements for the expenditure of non-federal funds as a condition for receipt of federal funds;
- Provide financial assistance to any entity other than a public or nonprofit private entity;
- Fund research (excludes evaluation of programs and services included in the consolidated Community Mental Health/Substance Abuse Treatment and Prevention Block Grant Plan); or
- Provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.

b. **Funding Restrictions for SAMHSA Grants other than Block Grants.** Grant funds must be used for purposes supported by the program and may not be used to:

- Exceed Salary Limitation: Award funds may not be used to pay the salary of an individual at a rate in excess of SAMHSA's Executive Level II;
- Pay for any lease beyond the project period;
- Provide treatment and recovery services to incarcerated populations;
- Pay for the purchase or construction of any building or structure to house any part of the program;
- Pay for housing other than residential mental health and/or substance abuse treatment;
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision;
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services;
- Cover unallowable costs such as meals, sporting events, entertainment, although other support may cover such costs. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, childcare) designed to improve access to and retention in prevention and treatment programs;
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals, except that SAMHSA discretionary grant funds may be used for non-cash incentives up to \$30. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant;
- Pay for meals unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed \$3.00 per person.
- Purchase sterile needles or syringes for the hypodermic injection of any illegal drug;
- Pay for pharmaceuticals for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), tuberculosis (TB), and hepatitis B and C, or for psychotropic drugs.

- c. **Marijuana.** SAMHSA grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended... in full accordance with U.S. statutory...requirements.”); 21 U.S.C. §§ 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

ARTICLE 11 PAYMENTS BY THE ADAMHS BOARD

11.01 General. The ADAMHS Board shall make payments required under this Contract for services rendered as outlined in the Attachment 2.

11.02 Payment Schedule. The Provider must submit electronic claims for all Fee-for-Service non-Medicaid services. Payment to the Provider will be made in accordance with applicable requirements after valid claims have been completely processed by the GOSH or other healthcare management information system.

11.03 Payment Request. For non-claims payment requests, the Provider shall submit a monthly invoice for the previous month in the prescribed format by the 15th of the month to the ADAMHS Board Chief Financial Officer at invoices@adamhsc.org.

- ADAMHS Board will not make payments on payment requests that are older than 90 days as determined by the ADAMHS Board.

11.04 Restrictions on Payment. For each year during the term of this Contract, the ADAMHS Board shall not make payment to the Provider in excess of amounts allocated to the Provider included in Attachment 2 for that year, unless such payment is required under applicable law.

- a. The ADAMHS Board shall be the payor of last resort. The Provider shall make good faith efforts to bill other third- and first-party payers prior to requesting reimbursement from any public funds administered by the ADAMHS Board. “Good faith” means the Provider is making reasonable efforts to submit accurate and timely claims to other responsible parties to gain reimbursement. ADAMHS Board may request verification that may include but is not limited to: Explanation of Benefits (EOB), Form 1450, and insurance cards. The Provider is responsible for obtaining any necessary authorization for releases of information.
- b. If the services are covered by Medicaid or Medicare, the unreimbursed balance shall not be billed to the ADAMHS Board through GOSH or other healthcare management information system. The Medicaid or Medicare reimbursement is payment in full. The Medicaid or Medicare crossover process is handled outside of GOSH or other healthcare management information system.
- c. No payment shall be made if such payment is not permitted under applicable law. If there is a dispute as to whether a payment is permitted under federal or state law, the matter shall be submitted to the ADAMHS Board CEO whose opinion shall be followed by the ADAMHS Board pending the exhaustion through waiver or otherwise of all administrative and judicial appeals.

- d. A payment under this Contract may be suspended if Provider's licenses or certificates have been revoked, suspended or have lapsed, or if any information or report listed below is not promptly submitted in accordance with terms of this Contract or is not made available for inspection in accordance with terms of this Contract, except that payment may only be suspended until such information is furnished or access to information is permitted concerning:
- Accurate billing information;
 - Any report listed in Attachment 1 or 4;
 - Evidence of insurance as required in Article 12; or
 - Reasonable requests from the ADAMHS Board staff for information, including but not limited to, fiscal or service data, including DEI data.
- e. No payment shall be withheld unless the ADAMHS Board CEO has given the Provider notice of the Provider's failure to meet the requirements of this Section. Notice shall be in writing and shall specify the reason for the suspension and list the steps needed to be taken to avoid the suspension. The notice shall be received by the Provider not less than ten working days prior to the suspension and withholding of payments, unless specified as an immediate suspension below. The Provider may request an appeal per Board appeal policy/procedure. Such appeal process shall delay the suspension of funds except under the following conditions:
- i. Failure to provide accurate and timely reports as outlined in Attachment 1 and 4 that meet the requirements of this Contract, or
 - ii. Determination by either OhioMHAS or a Department of Health and Human Services (state or federal) that a program service is not in compliance with certification standards resulting in program funding being suspended, or suspensions valid under Section 14.03 of this Contract, or
 - iii. Suspension of payments invoked under Section 11.04 of this Contract:
 - If conditions described in Section 11.04(d) first bullet exist, suspension of funds shall occur on the tenth working day following notification.
 - If conditions described in Section 11.04(d) second bullet exist, the suspension shall be immediate.
- f. If a suspension of payments goes into effect, a reinstatement of payments will include the payment of funds earned by the Provider for the provision of service during the period of suspension as allowed by law.
- g. The ADAMHS Board will not pay for the diagnosis V71.09 (Observation, Mental Condition not Elsewhere Classified) with the exception of assessments that indicate the client does not qualify for a substance abuse diagnosis, and further reserves the right to request repayment or choose not to pay for any services deemed not medically necessary. Any service that is more than 10 hours in a day may be reviewed for appropriateness. If ten 10 hours is deemed to be medically unnecessary, the ADAMHS Board may deduct the reimbursement amount from future billings. The ADAMHS Board may choose to utilize a centralized assessment model at any point to better coordinate placement of clients within available slots as indicated by the assessment. The ADAMHS Board may deduct reimbursement from future billings for services rendered to clients who are placed in an inappropriate SUD level of care based on the assessment findings. The ADAMHS Board clinical staff review serves as the final arbiter in any such evaluation. If the Provider

disagrees with the decision, the Provider may file in accordance with the Claims Appeal Policy.

- h. Reduction of Funding or Discontinuance of Contract based upon Performance.** The ADAMHS Board may realign or discontinue funding any time during the term of this Contract by issuing a 120-day notice for providers that:
- are out of compliance with State and Board requirements concerning outcomes; or
 - significantly fall short of meeting target goals of Quality Performance Indicators; or
 - provide services that do not meet the needs of the target population; or
 - do not demonstrate improvement over time.

If the Provider disagrees with the decision to realign or discontinue funding during the term of the Contract, Provider may appeal this decision pursuant to Article 13.

11.05 Claims Processing and Monitoring.

- a. The Provider shall electronically submit all claims for services rendered using ANSI X12N 837 Version 5010 Professional Transaction format for community services in accordance with federal HIPAA standards.
- b. The ADAMHS Board shall reimburse the Provider at 100% of the Contract rate, less applicable adjustments, at least monthly but no more than weekly, for valid and adjudicated claims submitted.
- c. The Provider shall be solely responsible to correct and resubmit claims that were denied or rejected during processing. The ADAMHS Board shall promptly adjudicate valid claims for reimbursement.
- d. Non-Medicaid funds: Unless otherwise provided by law, newly submitted claims, adjustments and reprocessed claims must be submitted within 90 days of the date of service.
- e. ADAMHS Board will not be responsible for underpayment of claims if the underpayment is due to Provider error.

11.06 Loss of Funds. The Provider acknowledges the ADAMHS Board's "Contract Modification Due to Change in Funding" Policy, which provides that the ADAMHS Board may modify its contracts if a material change in ADAMHS Board funding occurs that necessitates an adjustment in the value of the maximum dollar amount of a contract. The Provider acknowledges that the ADAMHS Board is not required to make reimbursement in full or in part if funding to the ADAMHS Board have been substantially reduced or eliminated. The Provider agrees and acknowledges that notwithstanding the term of this Contract, state, federal or county officials may revisit and revise ADAMHS Board funding, and such action may constitute a Loss of Funds requiring the ADAMHS Board to modify its Contracts pursuant to the Board's aforementioned policy.

- a. In the event the ADAMHS Board receives notice from a funding source that funding from that source shall be substantially reduced or eliminated, the ADAMHS Board CEO shall give the Provider notice prior to the Board of Directors' meeting at which such recommendation of reduction or elimination of funding is made. The ADAMHS Board intends to keep providers apprised of the situation to the extent possible if there is a need for reasonable and foreseeable funding reductions or eliminations pursuant to this Section.

- b. The ADAMHS Board CEO shall comply with the ADAMHS Board Policy Statement “Contract Modification Due to Change in Funding.”
- c. In the event that funds for one or more services or programs are eliminated, the Provider may reduce or eliminate the level of service, subject to the requirements of this Contract. The ADAMHS Board and the Provider will engage in good faith negotiations about service reductions to minimize the impact on clients.

11.07 Purchase of Service Payments. The ADAMHS Board shall purchase services based on units actually provided at a rate which shall not exceed the Maximum Unit Rate for each service as defined in this Contract and in accordance with Attachment 2.

11.08 Title XX Reimbursement. Title XX reimbursement is incorporated in the ADAMHS Board fee for service system. The ADAMHS Board shall reimburse for Title XX services which are submitted in accordance with applicable requirements.

11.09 Other Methods of Payments. The ADAMHS Board may make payments through methods other than those listed in this Article with consent of the Provider.

11.10 Grant Reconciliations. The ADAMHS Board will reconcile reimbursements made to Provider for non-Medicaid services rendered against the actual cost of providing the service. The ADAMHS Board may require payback for overpayment of non-Medicaid service reconciled in the aggregate on a cost basis.

- a. **Other Funding Mechanisms:** Reconciliation shall be completed on a schedule determined relative to the specific project.
- b. **Date for Adjustment:** Any amounts required to be repaid by the Provider as a result of grant reconciliations shall be payable according to a schedule, which the ADAMHS Board CEO designates and may include automatic deductions from subsequent claims submitted to the ADAMHS Board. Any schedule and termination dates shall be subject to the appeal process defined in the Board’s appeal policy.

11.11 Advances.

- a. Advances against future billings for the purpose of addressing an unforeseeable systemic issue or a disaster impacting the GOSH or other healthcare management information system billing or claims process may be made to the Provider at the ADAMHS Board CEO’s discretion; however, advances are not guaranteed to any Provider. Factors to be weighed in determining whether to grant an advance include, but are not limited to, the following:
 - contract value;
 - GOSH or other healthcare management information claim file processing status;
 - the Provider’s financial status; and
 - the ADAMHS Board’s financial status.
- b. Advances against future billings in an amount not to exceed \$200,000.00, for a reason other than a systemic issue or a disaster, may be made by the ADAMHS Board CEO with subsequent approval by the ADAMHS Board of Directors. Factors to be weighed in determining whether to grant an advance include, but are not limited to, the following:
 - contract value;
 - GOSH or other healthcare management information claim file processing status;

- the Provider's financial status; and
 - the ADAMHS Board's financial status.
- c. **Documentation.** When pursuing an advance from the ADAMHS Board pursuant to Section 11.12, the Provider shall submit its request for an advance in writing to the ADAMHS Board CEO and shall explain its rationale and need for an advance in detail and provide the Provider's Board of Trustees' support for the advance request; and submit to the ADAMHS Board CEO at least 60 days prior to the effective date of the advance the following documents:
- most recent Electronic Remittance Advices (ERA's);
 - cash flow statement which includes current and forecast projections;
 - projection of expenditures;
 - completed financial audit for current fiscal year, if not already submitted to the ADAMHS Board;
 - most recent Cost Reports; and,
 - other supplemental reports or documents that the ADAMHS Board CEO may request needed to determine the Provider's fiscal status.
- d. **Financial Review.** In addition to submitting the above-referenced documents, the Provider shall permit the ADAMHS Board's designee to conduct a financial review of the Provider's records and operations to assess the financial stability of the Provider if determined necessary by the ADAMHS Board CEO. If a cost is associated with said financial review, the ADAMHS Board shall pay the cost.
- e. **Repayment.** The ADAMHS Board shall specify how repayment of the advance is to occur, and it may include, but is not limited to, either payment through a negotiable instrument in specific amounts or by recoupment which shall be offset against payments for billings for contracted services rendered within the term of this Contract. Repayment of any advance given shall be paid back within 6 months from the date the advance was issued or prior to the end of the Contract term, whichever time period is the shorter.
- f. **ADAMHS Board Response.** The ADAMHS Board CEO shall respond to requests for advances in writing within 14 days of receipt of the request. Requests that are denied shall include the reason for denial. Requests which are denied are subject to the appeal process defined in the Board's appeal policy.

ARTICLE 12 INSURANCE

12.01 General Liability. The Provider shall carry commercial general liability insurance in an amount of at least \$1,000,000 per occurrence with an annual aggregate limit of at least \$2,000,000. The ADAMHS Board shall be named as an additional insured for general liability coverage and proof of such coverage shall be submitted to the ADAMHS Board by way of a certificate of insurance.

12.02 Professional Liability. The Provider shall carry professional liability insurance providing single limit coverage in an amount of at least \$1,000,000 per occurrence with an annual aggregate limit of at least \$3,000,000. In addition, excess liability coverage shall be provided in an amount of at least \$2,000,000 per occurrence and annual aggregate.

12.03 Employer's Liability. The Provider shall carry employers' liability insurance in a minimum amount of \$500,000.

- 12.04 Automobile Insurance.** The Provider shall ensure that there is automobile liability insurance for passenger vehicles for all such vehicles used to transport clients, through Hired, Non-Owned, and/or Owned Auto Liability coverage with a combined single limit in an amount of at least \$1,000,000 or equal to Ohio minimum requirements whichever is greater.
- 12.05 Worker's Compensation.** The Provider shall provide evidence of proper worker's compensation coverage.
- 12.06 Employee Dishonesty.** It is recommended that the Provider provide coverage against employee dishonesty, in the amount of at least \$100,000. In the event that the Provider elects not to provide coverage for employee dishonesty, the Provider shall assume all risk for losses arising from employee dishonesty, and the ADAMHS Board shall not make any payments to cover losses incurred as a result of employee dishonesty.
- 12.07 Property Insurance.** The Provider shall carry all-risk property insurance insuring the OhioMHAS capital sites owned by the Provider against hazards, casualties and contingencies with loss payable to the Provider, and where the ADAMHS Board match was provided, loss payable to the ADAMHS Board as its interest may appear. The Provider shall provide the ADAMHS Board with a certificate of insurance or other evidence issued by the carrier to the ADAMHS Board evidencing the required coverage and shall provide the ADAMHS Board CEO with 30 days prior notice of cancellation or non-renewal.
- 12.08 Other Insurance.** The Provider shall provide:
- Property insurance on the furniture or equipment in the facility that is owned by the Provider.
 - Directors and Officers Liability Insurance including Employment Practices Liability Insurance in an amount of at least \$1,000,000.
- 12.09 Claims-Made Policies.** In the event that the Provider meets any of its obligations under this Article by obtaining a "claims-made" policy, the Provider certifies that for each type of insurance which is provided on a claims-made basis, the Provider shall comply with the following provisions:
- a. The Provider shall maintain continuous coverage from the original retroactive date of coverage. The original retroactive date of coverage means original effective date of the first claims-made policy issued for similar coverage while the Provider was under Contract with the ADAMHS Board.
 - b. If the Provider ceases operations, goes through a merger or acquisition, or moves the insurance from a claims-made policy to an occurrence policy, the Provider shall purchase an extended reporting period policy. A minimum of three years of extended reporting period coverage is required which allows for an extended three-year period of time to report claims from incidents that occurred after the policy retroactive date and before the end of the policy period (tail coverage).
- 12.10 Excess Liability Coverage.** The Provider shall maintain excess liability coverage in an amount of at least \$1,000,000 per occurrence with an annual aggregate limit of \$1,000,000. Coverage should provide excess liability for Auto Liability, General Liability, Professional Liability, and Employers Liability.
- 12.11 Sexual Abuse & Molestation.** The Provider shall maintain Sexual Abuse & Molestation Liability Coverage with minimum limits of \$100,000 per Incident and \$300,000 as the annual aggregate limit.

12.12 Evidence of Coverage. The Provider shall provide the ADAMHS Board with a certificate of insurance evidencing each type of coverage required under this Article 12 within 15 days of policy renewal and shall provide the ADAMHS Board notice of cancellation of any such coverage within 30 days of the time the Provider receives such notice.

12.13 Financial Rating. The Provider shall maintain required insurance coverages with insurance companies rated at least "A-" by A.M. Best Rating Agency.

ARTICLE 13 EXPIRATION AND DISPUTE RESOLUTION

13.01 Automatic Expiration. This Contract shall expire automatically at the end of its term, at which time the ADAMHS Board shall be under no obligation to renew the Contract with the Provider, provided that the ADAMHS Board gives the Provider 120 days' notice as provided herein.

- a. In negotiating any new contract for the provision of non-Medicaid funded mental health, addiction, prevention, treatment, and recovery support services, the ADAMHS Board shall have the absolute right to change the terms and conditions of any new contract to terms different from those of any previous contract between the ADAMHS Board and the Provider, provided that the ADAMHS Board gives the Provider 120 days' notice.
- b. Changes in Contract: Renewal/Nonrenewal. Pursuant to ORC 340.036(D), if either the ADAMHS Board or the Provider proposes not to renew this Contract at the end of its term, the other party shall be given written notice at least one hundred 120 days before the expiration date of the Contract.

13.02 Dispute Resolution and Appeal. The ADAMHS Board has adopted a policy for Appeal of Board Decisions, including decisions to terminate or to not renew a contract. The full written policy can be found on the ADAMHS Board website and is summarized below:

- a. **Termination or Non-Renewal of Contract.** If the ADAMHS Board or the Provider proposes to terminate, non-renew or make substantial changes to an existing contract, the proposing party shall provide written notice no later than 120 days before the contract expires. During the first 60 days of the 120-day period, the parties shall attempt to resolve any dispute through good faith collaboration and negotiation. If the dispute has not been resolved in the 60-day negotiation period, either party may notify OhioMHAS of the dispute. OhioMHAS may require the parties to submit the matter to a third party, costs shared between the parties. The third party shall issue recommendations on how the dispute may be resolved.
- b. **Procedure in Other Cases.** The appealing party shall provide written notification of the party's "intent to appeal" an ADAMHS Board decision within 7 working days of the decision or vote to the ADAMHS Board CEO and Chair, which shall include:
 - The reasons for requesting an appeal;
 - The effect(s) of the ADAMHS Board decision on the appealing party; and
 - The specific issues to be addressed.

Within 10 working days of receiving the written notification, the ADAMHS Board CEO shall hold a mediation and/or negotiation with the appealing party and notify the Chair of the results.

If the appealing party is not satisfied with the outcome of the mediation and/or negotiation and desires to continue with the appeal, the appealing party shall notify the ADAMHS Board CEO within 5 days of the mediation and/or negotiating meeting of the party's intent to proceed to the Ad Hoc Appeals Committee. This stage will include a position statement, hearing (if

requested). After considering the appeal, the Ad Hoc Appeals Committee will submit a written report to the ADAMHS Board advising whether to accept, reverse or modify the CEO's proposed resolution of the appeal. The ADAMHS Board may vote to accept, reverse or modify the findings and recommendations of the Ad Hoc Appeals Committee.

ARTICLE 14 MODIFICATION, TERMINATION AND SUSPENSION

14.01 Modifications. Except as provided in Section 11.06 hereof, this Contract, including, without limitation, the term thereof, may be modified by the mutual consent of the parties in writing.

14.02 Termination.

- a. **Immediate Termination.** This Contract may be terminated, at the sole discretion of the ADAMHS Board, effective on the fifth calendar day after delivery of notice of termination, if any of the following conditions exist as to the Provider or any of its subcontractors performing service under this Contract:
- i. The Provider or subcontractor is not licensed or certified as required by applicable federal and state laws and regulations, or such license or certification is or has been revoked.
 - ii. The Provider's or subcontractor's licensure or certification, which is required by applicable federal and state laws and regulations, has lapsed, expired, or been suspended, and the Provider or subcontractor has failed to correct the deficiencies within the time limits set by the licensing or certifying agency.
 - iii. Bankruptcy, dissolution, receivership or other court order which effectively removes the Provider from control of services.
 - iv. Pursuant to Section 11.06 hereof, the ADAMHS Board funding is substantially reduced or eliminated.
 - v. The ADAMHS Board CEO determines reasonably and in good faith that:
 - a) Conditions exist at the Provider which represent a serious and imminent risk to the health or safety of clients. Such conditions include the receipt by the ADAMHS Board CEO of credible evidence that the Provider or its employees have misappropriated or converted public funds;
 - b) The Provider has submitted false information to the ADAMHS Board in connection with any bids, proposals or statements of qualifications.
 - c) The Provider has failed to cooperate with an ADAMHS Board or any other public investigation or audit;
 - d) The Provider committed or knowingly allowed any of the following acts in the provision of the services which are the subject of this Contract, or in any other activity in which the Provider is engaged:
 - Conduct intended to defraud a specific person or society in general;
 - Conduct involving falsification or dishonesty;
 - Conduct involving egregious sexual misconduct, including sexual harassment;
 - Conduct involving violence; or
 - Conduct determined to be sufficiently serious and compelling so as to represent lack of good faith or responsibility by the Provider.

In the event of a termination under this Section, the ADAMHS Board CEO shall, upon request, meet with the Provider to ensure the protection of client rights, provided however,

that such a meeting shall in no way entitle the Provider to a hearing except as provided for in the dispute resolution and appeal process described in Article 13.

- b. **Termination for Breach.** This Contract may also be terminated by the ADAMHS Board effective 30 days after notice thereof, in the case of material, uncured breaches of this Contract by the Provider. In the event of a termination for breach under this Section, either party may invoke the dispute resolution and appeal procedures outlined in Article 13 of this Contract.
- c. **By Written Agreement.** This Contract may be terminated at any time by the mutual written agreement, signed by both parties.
- d. **Obligations of the Parties in Event of Termination.**
 - i. Unless otherwise specified in this Contract, the obligations of both parties arising out of this Contract shall cease upon the effective date of termination of the Contract.
 - ii. Upon the effective date of termination, the ADAMHS Board CEO shall not make any additional payments subject to this Contract to the Provider until all final audits are complete. Funds withheld pursuant to this Contract may be used for final reconciliation of costs. Nothing in this Section shall remove or compromise the right of the ADAMHS Board to recover overpayments or to make other adjustments as set forth in this Contract.
 - iii. If the Provider ceases operations, the Provider shall, in accordance with all applicable federal and state laws, transfer to the ADAMHS Board, or otherwise store with the ADAMHS Board's approval, all records and materials related to the ADAMHS Board Contract requirements, and according to 42 CFR Section 2.19(a) and 45 CFR, and including, but not limited to the following:
 - Last 7 state fiscal years of Medicaid and Non-Medicaid files and related materials
 - Last 3 state fiscal years of accounting records
 - All client records and other confidential material related to ADAMHS Board Contract requirements, including electronic data, consistent with HIPAA and Business Associate Agreements (BAA).
 - iv. The Provider shall close all electronic client records, if any, in the ADAMHS Board's Billing Application system and complete all appropriate service entry according to the time schedule provided in the ADAMHS Board-approved closeout plan.
 - v. The ADAMHS Board shall terminate the Provider's access to the ADAMHS Board's secure web site after 90 days to maximize all electronic billing.
 - vi. In the event that the Provider does not submit an ADAMHS Board-approved closeout plan or otherwise fails to complete the implementation of an ADAMHS Board-approved closeout plan, the ADAMHS Board may withhold or reduce payments, deny access to the ADAMHS Board's agency computer system, and may initiate a course of action to seize all records and materials.
- e. **Due Process Relative to Termination.**
 - i. If the Contract is terminated for breach as provided for in Section 14.02(b), the ADAMHS Board shall give the Provider 30-day prior written notice, including reasons, by certified mail or electronic delivery with confirmation. If notice of immediate

termination is given pursuant to Section 14.02(a) written notice shall be given no less than 5 working days prior of the termination.

- ii. If the ADAMHS Board gives notice of termination to the Provider, the Provider may follow the ADAMHS Board Appeal Process, as outlined in the ADAMHS Board Appeal Policy and in Article 13 of this Contract. However, the pendency of such appeal process shall not operate to toll or stay the termination.
- iii. Neither the ADAMHS Board nor the Provider shall institute any other administrative or any legal proceeding to seek redress for termination of this Contract until the steps in Article 13 and all other administrative remedies, have been followed.

14.03 Suspension of Payments. The ADAMHS Board may, in its sole discretion, suspend payment pending correction of any of the conditions listed in Section 14.02. If the ADAMHS Board chooses to invoke the suspension process for any condition listed in Section 14.02, such action may be appealed by the Provider, but such appeal process shall not stay the suspension of funds.

ARTICLE 15 DUTIES OF THE ADAMHS BOARD

15.01 Statutory Duties. The ADAMHS Board of Directors and CEO shall perform duties and conduct activities necessary to effectuate applicable statutes, codes and regulations, including ORC 340.03, et seq.

15.02 Specific Duties.

- a. **Medicaid Eligibility Verification.** The Provider hereby appoints the ADAMHS Board as its representative for purposes of verifying whether clients seeking and/or being referred for ADAMHS services are eligible for Medicaid. In order to permit the ADAMHS Board to provide these services, provider agrees to provide to the ADAMHS Board its National Provider Identification Number. The ADAMHS Board shall verify the Medicaid eligibility of each client submitted by the Provider. The ADAMHS Board may subcontract with a third party to perform such eligibility verification. The ADAMHS Board or its subcontractor shall forward to the Provider documentation of each client's eligibility for Medicaid so the Provider can perform its obligation under Section 3.3 of this Contract.
- b. **Compliance/Program Assessment.** Compliance Assessments may be conducted by the ADAMHS Board which will examine the Fiscal, Program, Quality Improvement, Clinical, and DEI aspects of services funded through this Contract. The ADAMHS Board shall provide a copy of the findings to the Provider. If an area is identified by the ADAMHS Board as being in need of improvement, the ADAMHS Board may issue a Corrective Action Plan to the Provider. The ADAMHS Board may also conduct semi-annual "public benefits/entitlement" focused reviews for both the adult and children's programs.
- c. **Repayment of Funds.** The Provider shall pay to the ADAMHS Board those funds which were deemed inappropriate based upon any audit or Compliance Assessment exception or Compliance Assessment finding. The Provider agrees that the ADAMHS Board shall take any and all necessary steps to ensure such payment. Such action may include, but is not limited to, reduction or withholding of funding and/or payment for future billings.
- d. **Complaints and Grievances.** Any client complaints or grievances received by the ADAMHS Board shall be reasonably documented by the ADAMHS Board and forwarded in a timely manner to the Provider, if reasonably requested by the Provider and if the

complainant or grievant agrees to the forwarding of such information. In no event shall such complaints or grievances be forwarded when to do so would jeopardize the integrity of an investigation or would violate client confidentiality.

ARTICLE 16 CERTIFICATIONS

16.01 Certification Regarding Debarment and Suspension. The undersigned (authorized official signing for the Provider) certifies, to the best of his/her knowledge and belief, that the Provider, defined as the primary participant, is in accordance with 45 CFR part 76, and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, have not been declared ineligible, nor have they been voluntarily excluded from covered transactions by any Federal Department or agency.
- b. Have not, within a 3-year period preceding this proposal, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- c. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification.
- d. Have not, within a 3-year period preceding the date of the execution of this contract, had one or more public transactions (federal, state, or local) terminated for cause or default.

16.02 Certification Regarding Lobbying. The undersigned (authorized official signing for the Provider) certifies, to the best of his or her knowledge and belief, that:

- a. No federal appropriated funds have been paid or will be paid, by or on behalf of the Provider, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the make of any federal loan, the entering into any cooperative agreements, and the extension, continuation, renewal, amendment, or modification of an federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the Provider shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," to the Pass-through Entity.
- c. The certification is a material representation of facts upon which reliance was place when this transaction was made or entered into. Submission of this certification is a prerequisite for make or entering into this transaction imposed by section 1352, title 31, U.S.C. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

- 16.03 Certification Regarding Drug-Free Workplace Requirements.** The undersigned (authorized official signing for the Provider) certified that the Provider will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:
- a. Publishing a statement notifying employee that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Provider's workplace and specifying the action that will be taken against employees for violations of such prohibition.
 - b. Establishing an ongoing drug-free awareness program to inform employees about:
 - b. the dangers of drug abuse in the workplace;
 - c. the Provider's policy of maintaining a drug-free workplace;
 - d. any available drug counseling, rehabilitation, and employee assistance programs; and
 - e. the penalties that may be imposed upon employees for drug abuse violations occurring the workplace.
 - c. Making it a requirement that each employee to be engaged in the performance of the Contract be given a copy of the statement required by paragraph (a) above.
 - d. Notifying the employee in the statement by paragraph (a) above, that, as a condition of employment under the Contract, the employee will:
 - i. abide by the terms of the statement; and
 - ii. notify the employer in writing of his/her conviction for a violation of a criminal drug statute occurring in the workplace no later than 5 calendar days after such conviction.
 - e. Notifying the ADAMHS Board in writing with 10 calendar days after receiving notice under paragraph 16.03(d)(ii) from the employee of otherwise receiving actual notice of such conviction.
 - f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph 16.03(d)(ii), with respect to any employee who is so convicted:
 - i. taking appropriate personnel action against such employee, up to an including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - ii. requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposed by a federal, state, or local health, law enforcement, or other appropriate agency.
 - g. Making good faith effort to continue to maintain a drug-free workplace.

ARTICLE 17 MISCELLANEOUS

17.01 Indemnity. During the term of the Contract, the Provider shall indemnify and save the ADAMHS Board harmless against all penalties, claims or demands of whatsoever nature arising from the Provider's services, except those which shall result, in whole or in part, directly or indirectly, from the default or negligence of the Board or its respective agents, employees, contractors, or invitees. (The indemnification provisions in this paragraph shall not be applicable to contracts between the ADAMHS Board and other State of Ohio government agencies, instrumentalities, or political subdivision of the State).

17.02 Attachments. The attachments are hereby incorporated as a part of this Contract. If any Section(s) of any attachment is inconsistent with any requirement of this Contract, the terms of this Contract shall control and be binding on the parties.

- 17.03 Entire Agreement.** It is acknowledged by the parties hereto that this Contract supersedes all previous written or oral agreements between the parties concerning the subject matter of this Contract.
- 17.04 Amendment.** No alteration, amendment, change or addition to this Contract shall be binding upon the ADAMHS Board or the Provider unless reduced to writing and signed by each party.
- 17.05 Conflict.** If the terms of this Contract conflict with the policies of the ADAMHS Board, the terms of this Contract shall prevail.
- 17.06 Severability.** Should any portion of this Contract be deemed unenforceable by any administrative or judicial officer or tribunal of competent jurisdiction, the balance of this Contract shall remain in full force and effect unless revised or terminated pursuant to Article 14 of this Contract.
- 17.07 Notices.** All notices, requests and approvals shall be made in writing and shall be deemed to have been properly given when personally delivered or sent, by email, postage prepaid regular mail or by certified mail:
- TO: Chief Executive Officer Scott S. Osiecki or successor
ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD OF
CUYAHOGA COUNTY
2012 West 25th Street, 6th Floor
Cleveland, Ohio 44113
osiecki@adamhsc.org
- TO: Executive Director Jane Doe or successor
ABC TREATMENT CENTER
123 Main Street
Cleveland, Ohio 44115
jane.doe@abctreatmentctr.org
- 17.08 Governing Law.** This Contract shall be governed by and interpreted in accordance with the laws of the State of Ohio.
- 17.09 Captions.** The Section captions and headings in this Contract are inserted solely for the convenience of the parties and shall not affect the interpretation or construction of this Contract or any of the terms of this Contract.
- 17.10 Independent Contractor.** At all times during the duration of this Contract, officers, directors and staff of the ADAMHS Board and the Provider shall act as and be independent contractors in relation to each other and in connection with the performance of their respective obligations under this Contract.
- 17.11 Labor Disputes.** The Provider agrees to promptly notify the ADAMHS Board if the Provider receives notice from an organized labor organization or other similar entity that its employees plan to strike or participate in other planned labor dispute demonstration(s). Such notice shall be in a writing forwarded to the ADAMHS Board CEO. In any event it remains the Provider's responsibility to ensure continuing service to clients.

17.12 Waiver. No waiver of any breach hereof or default hereunder shall be deemed a waiver of any subsequent breach or default of the same or similar nature.

17.13 Force Majeure. Neither party to this Contract will be required to perform, or will be liable for failure to perform, its obligations hereunder that it is unable to perform due to causes which are outside of the control of the parties and could not be avoided by exercise of due care of the parties. Such causes, if creating an inability to perform obligations under this Contract, may include but are not limited to riot, civil disorder, epidemic, fire, or violence of nature. In the event that a party to this Contract is unable to perform its obligations as a result of the causes referenced herein, that party shall be required to notify the other party of such cause and the party's inability to perform its obligations, as soon as reasonably practicable. In such event and regardless of this or any other provision of this Contract, the Provider shall be obligated to ensure the completed assumption by another entity of any of its obligations to clients of the Provider arising from the provision to clients of service herein contracted. In the event one of the parties to this Contract is unable to perform its obligations under this Contract due to a cause described in this Section, the other party shall be excused from performance of its obligations under this Contract, except for the obligation to tender payment for services already rendered pursuant to this Contract.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be executed by their properly and duly authorized officers or representatives as of the effective date.

ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES BOARD
OF CUYAHOGA COUNTY

ABC TREATMENT CENTER

Scott S. Osiecki, Chief Executive Officer

Jane Doe, Executive Director

Date

Date

Summary of Attachments

Attachment	Description
1	Service Description(s) and Reporting Requirements
2	Allocation Summary, Payment Schedule, Special Financial Reconciliations
3	Reimbursement Adjustment Schedule
4	Outcome Measurements and Metrics Requirements

ATTACHMENT 1

Standard Agency Reporting Requirements:

<u>Report:</u>	<u>Due Date:</u>	<u>Email:</u>
Audited Financial Statements	6 Months After End of Fiscal Year	fiscal@adamhsc.org
CRO Annual Report	January 15th	clientsrights@adamhsc.org
Incident (MUI) & Clinical Director's Report	Upon Occurrence	clientsrights@adamhsc.org
OhioMHAS Certification(s)	Upon Execution of Contract & Issuance or Renewal of Certification	certifications@adamhsc.org
Provider Service Plan	Upon Execution of Contract	provider.service.plans@adamhsc.org
RF Abuse/Neglect Incident Report	Upon Occurrence	clientsrights@adamhsc.org

If the above listed email addresses change and/or are replaced with a web-based reporting system, we will notify the Provider of the change via email.

**ABC Treatment Center
Attachment 1
Service Description(s) and Reporting Requirements
CY2023**

Strong Families Program

The ABC Treatment Center is a secure facility offering substance treatment/ education, educational services, job training, mental health and transitional services to the community. The Strong Families Program is a collaborative endeavor between ABC Treatment Center and Best Services that provides services for incarcerated parents, their children, and the custodial parents/caregivers through supports, strategies, and activities that foster positive family engagement, reduce violence and recidivism, and promote safe facilities, homes, and communities. The target population for this program will be clients placed at the ABC Treatment Center.

The following services will be provided by the contracted agency:

1. Provide licensed clinicians for assessment, In-home trauma-informed assessment, mental health treatment, and substance use disorder treatment.
2. Provide expanded family orientation at the ABC Treatment Center, co-parenting classes, visitation and communications among all family members, transportation, specialized family reentry services, and additional wrap around services as needed addressing basic needs, counseling, etc.
3. Perform program coordination including biweekly program/case meetings

Reporting Requirements:

Contracted Provider will submit Provider Service Plan (PSP) within 30 days of contract signing to Provider.Service.Plans@adamhsc.org.

Contracted agency shall submit a monthly (due by the 15th of the following month) reports to adult.programming@adamhsc.org, including the following:

- Number referred
- Number who refused services
- Number of terminated from the program
- Number of incarcerated-parent/child interactions during the month
- Number terminated from the program
- Number of successful completions by custodial parent/child
- Total number served

- Individual type of service to Incarcerated-Parent
 - Trauma Informed Screening
 - Trauma Informed Assessment
 - Case Management
 - Transportation
 - Case Planning o Mental Health Services

- Individual type of service to Custodial Parent
 - Trauma Informed Screening
 - Trauma Informed Assessments
 - Case Management
 - Transportation
 - Case Planning
 - Mental Health Services

- Individual type of service to Child
 - Trauma Informed Screening
 - Trauma Informed Assessments
 - Case Management
 - Transportation
 - Case Planning
 - Mental Health Services
 - Referral to Big Brothers/Big Sisters

- Location of Services
 - In-Community
 - North Star
 - CBCF
 - Frontline
 - Salvation Army
 - Hough Center

- Number of incarcerations after release
- A full list of current staff involved in the program, their titles, and if they have been trained in policies, procedures, programs, and trauma-informed care
- Total number of staff

**ABC Treatment Center – MAT
Attachment 1
Service Description(s) and Reporting Requirements
CY2023**

Medication Assisted Treatment- Vivitrol

The ABC Treatment Center provides Substance Use Disorder (SUD) treatment in a secure setting for males that are court ordered to treatment in an outpatient setting. Clients in the outpatient treatment program move through the levels of care of substance use treatment. Some clients have been identified for Medication Assisted Treatment (MAT), ABC Treatment Center will be providing Vivitrol injections to those clients that meet the diagnostic criteria.

The following protocol will be followed by contract agencies:

1. Contracted agency will ensure that clients diagnosed with an opioid use disorder are given specific and targeted education on the benefits of receiving MAT.
2. Contracted agency will offer (SUD) treatment in addition to MAT services with group and individual sessions being offered to each client.
3. Contracted agency will assist each client in obtaining Medicaid so that ongoing payment for the medication is possible once the client is discharged from the program and back in the community.

The Medicaid named treatment services will be billed through pooled funding.

Reporting Requirements:

Contracted Provider will submit Provider Service Plan (PSP) within 30 days of contract signing to Provider.Service.Plans@adamhsc.org.

Billing is to be submitted within 90 days of the date of service.

Contracted agency shall submit a monthly (due by the 15th of the following month) reports to adult.programming@adamhsc.org, including the following elements:

- Names of clients
- Age of clients
- Intake date of clients
- Number of Vivitrol dosages and dates of dosage administration per client
- Treatment level of care of each client
- Number of positive screens for Opiates
- Insurance status of each client
- Status of release per client
- Completion dates of each client
- Number of months engaged post release per client
- Number of staff

ATTACHMENT 2 - Allocation Summary

Effective Period	01/01/2023-12/31/2023	Resolution Date	16-Nov-2022	Resolution #	22-11-08
Service Provider	ABC Treatment Center	Revision Date		Resolution #	
PROVIDER ID	1234				
Funding Source	CFDA# 93.958 & ADAMHS Levy Funds				

Service Category	Code	Unit	Rate	Amount
Strong Families Program			CR	\$ 142,000
Contract Total				\$ 142,000

CR= Cost Reimbursement basis

Approved Pooled Funding				
Program				
Medication Assisted Treatment				
Service Description	Code	Unit		Rate
Therapeutic Prophylactic or Diagnostic Injection	96372	Encounter	\$	21.39
SUD Urine Drug Screening	H0048	Encounter	\$	14.48
Vivitrol	Z7200	Per Injection	\$	1,100.00
Buprenorphine, oral, 1 mg.	J8499	per dose	\$	0.55
Methadone Administration	H0020 HF	daily	\$	16.38
Methadone Administration	H0020 TV	weekly (2 - 7 days)	\$	114.66
Methadone Administration	H0020 UB	two weeks (8 - 14 days)	\$	229.32
Methadone Administration	H0020 TS	three weeks (15 - 21 days)	\$	343.98
Methadone Administration	H0020 HG	four weeks (22 - 28 days)	\$	458.64
Oral Naltrexone	J8499 HG	per 50 mg tablet	\$	1.20
Injection/Nasal Naloxone (Narcan), 1mg	J2310	per dose	\$	14.63

****Modifiers must follow Medicaid/BH Redesign billing guidelines.**

ATTACHMENT 2 - Allocation Summary

Effective Period	01/01/2023-12/31/2023	Resolution Date	16-Nov-2022	Resolution #	22-11-08
Service Provider	ABC Treatment Center	Revision Date		Resolution #	
PROVIDER ID	1234				
Funding Source	CFDA# 93.958 & ADAMHS Levy Funds				

Approved Pooled Funding, Continued

Service Description	Code	Unit	Rate
Buprenorphine/Naloxone Administration	T1502 HF	daily	\$ 16.38
Buprenorphine/Naloxone Administration	T1502 TV	weekly (2 - 7 days)	\$ 114.66
Buprenorphine/Naloxone Administration	T1502 UB	two weeks (8 - 14 days)	\$ 229.32
Buprenorphine/Naloxone Administration	T1502 TS	three weeks (15 - 21 days)	\$ 343.98
Buprenorphine/Naloxone Administration	T1502 HG	four weeks (22 - 28 days)	\$ 458.64
Buprenorphine, oral, 1.g	J0571	per dose	\$ 0.55
Buprenorphine/naloxone, oral, less than or equal to 3 mg.	J0572	per dose	\$ 4.20
Buprenorphine/naloxone, oral, greater than 3 mg. but less than or equal to 6 mg.	J0573	per dose	\$ 7.53
Buprenorphine/naloxone, oral, greater than 36 mg. but less than or equal to 10 mg.	J0574	per dose	\$ 10.33
Buprenorphine/naloxone, oral, greater than 10 mg.	J0575	per dose	\$ 15.82
Buprenorphine/naloxone, generic, per 1 mg.	S5000	per dose	\$ 1.20
buprenorphine/.25 mg.	S5000 HD	per dose	\$ 0.55
Buprenorphine, generic, per 1 mg.	S5001	per dose	\$ 1.38
Buprenorphine/naloxone, brand, per 1 mg.			
buprenorphine/.25 mg.			

****Modifiers must follow Medicaid/BH Redesign billing guidelines.**

REIMBURSEMENT ADJUSTMENT SCHEDULE
 Monthly Income Level After Allowable Adjustments
 200% Monthly Federal Poverty Guideline (FPG) January 01, 2018

ATTACHMENT 3
Reimbursement Schedule

Family Size	Monthly Income		Monthly Income		Monthly Income		Monthly Income		Monthly Income		Monthly Income	
	From	To	From	To	From	To	From	To	From	To	From	To
1	\$ -	\$ 2,023	\$ 2,024	\$ 2,114	\$ 2,115	\$ 2,205	\$ 2,206	\$ 2,296	\$ 2,297	\$ 2,387	\$ 2,388	\$ 2,478
2	\$ -	\$ 2,743	\$ 2,744	\$ 2,834	\$ 2,835	\$ 2,925	\$ 2,926	\$ 3,016	\$ 3,017	\$ 3,107	\$ 3,108	\$ 3,198
3	\$ -	\$ 3,463	\$ 3,464	\$ 3,554	\$ 3,555	\$ 3,645	\$ 3,646	\$ 3,736	\$ 3,737	\$ 3,827	\$ 3,828	\$ 3,918
4	\$ -	\$ 4,183	\$ 4,184	\$ 4,274	\$ 4,275	\$ 4,365	\$ 4,366	\$ 4,456	\$ 4,457	\$ 4,547	\$ 4,548	\$ 4,638
5	\$ -	\$ 4,903	\$ 4,904	\$ 4,994	\$ 4,995	\$ 5,085	\$ 5,086	\$ 5,176	\$ 5,177	\$ 5,267	\$ 5,268	\$ 5,358
6	\$ -	\$ 5,623	\$ 5,624	\$ 5,714	\$ 5,715	\$ 5,805	\$ 5,806	\$ 5,896	\$ 5,897	\$ 5,987	\$ 5,988	\$ 6,078
7	\$ -	\$ 6,343	\$ 6,344	\$ 6,434	\$ 6,435	\$ 6,525	\$ 6,526	\$ 6,616	\$ 6,617	\$ 6,707	\$ 6,708	\$ 6,798
8	\$ -	\$ 7,063	\$ 7,064	\$ 7,154	\$ 7,155	\$ 7,245	\$ 7,246	\$ 7,336	\$ 7,337	\$ 7,427	\$ 7,428	\$ 7,518
9	\$ -	\$ 7,783	\$ 7,784	\$ 7,874	\$ 7,875	\$ 7,965	\$ 7,966	\$ 8,056	\$ 8,057	\$ 8,147	\$ 8,148	\$ 8,238
10	\$ -	\$ 8,503	\$ 8,504	\$ 8,594	\$ 8,595	\$ 8,685	\$ 8,686	\$ 8,776	\$ 8,777	\$ 8,867	\$ 8,868	\$ 8,958
11	\$ -	\$ 9,223	\$ 9,224	\$ 9,314	\$ 9,315	\$ 9,405	\$ 9,406	\$ 9,496	\$ 9,497	\$ 9,587	\$ 9,588	\$ 9,678
12	\$ -	\$ 9,943	\$ 9,944	\$ 10,034	\$ 10,035	\$ 10,125	\$ 10,126	\$ 10,216	\$ 10,217	\$ 10,307	\$ 10,308	\$ 10,398
13	\$ -	\$ 10,663	\$ 10,664	\$ 10,754	\$ 10,755	\$ 10,845	\$ 10,846	\$ 10,936	\$ 10,937	\$ 11,027	\$ 11,028	\$ 11,118
14	\$ -	\$ 11,383	\$ 11,384	\$ 11,474	\$ 11,475	\$ 11,565	\$ 11,566	\$ 11,656	\$ 11,657	\$ 11,747	\$ 11,748	\$ 11,838
15	\$ -	\$ 12,103	\$ 12,104	\$ 12,194	\$ 12,195	\$ 12,285	\$ 12,286	\$ 12,376	\$ 12,377	\$ 12,467	\$ 12,468	\$ 12,558

Family Size	Monthly Income		Monthly Income		Monthly Income		Monthly Income		Monthly Income		Monthly Income	
	From	To	From	To	From	To	From	To	From	To	From	To
1	\$ 2,479	\$ 2,569	\$ 2,570	\$ 2,660	\$ 2,661	\$ 2,751	\$ 2,752	\$ 2,842	\$ 2,843	\$ 2,933	\$ 2,934	\$ 3,024
2	\$ 3,199	\$ 3,289	\$ 3,290	\$ 3,380	\$ 3,381	\$ 3,471	\$ 3,472	\$ 3,562	\$ 3,563	\$ 3,653	\$ 3,654	\$ 3,744
3	\$ 3,919	\$ 4,009	\$ 4,010	\$ 4,100	\$ 4,101	\$ 4,191	\$ 4,192	\$ 4,282	\$ 4,283	\$ 4,373	\$ 4,374	\$ 4,464
4	\$ 4,639	\$ 4,729	\$ 4,730	\$ 4,820	\$ 4,821	\$ 4,911	\$ 4,912	\$ 5,002	\$ 5,003	\$ 5,093	\$ 5,094	\$ 5,184
5	\$ 5,359	\$ 5,449	\$ 5,450	\$ 5,540	\$ 5,541	\$ 5,631	\$ 5,632	\$ 5,722	\$ 5,723	\$ 5,813	\$ 5,814	\$ 5,904
6	\$ 6,079	\$ 6,169	\$ 6,170	\$ 6,260	\$ 6,261	\$ 6,351	\$ 6,352	\$ 6,442	\$ 6,443	\$ 6,533	\$ 6,534	\$ 6,624
7	\$ 6,799	\$ 6,889	\$ 6,890	\$ 6,980	\$ 6,981	\$ 7,071	\$ 7,072	\$ 7,162	\$ 7,163	\$ 7,253	\$ 7,254	\$ 7,344
8	\$ 7,519	\$ 7,609	\$ 7,610	\$ 7,700	\$ 7,701	\$ 7,791	\$ 7,792	\$ 7,882	\$ 7,883	\$ 7,973	\$ 7,974	\$ 8,064
9	\$ 8,239	\$ 8,329	\$ 8,330	\$ 8,420	\$ 8,421	\$ 8,511	\$ 8,512	\$ 8,602	\$ 8,603	\$ 8,693	\$ 8,694	\$ 8,784
10	\$ 8,959	\$ 9,049	\$ 9,050	\$ 9,140	\$ 9,141	\$ 9,231	\$ 9,232	\$ 9,322	\$ 9,323	\$ 9,413	\$ 9,414	\$ 9,504
11	\$ 9,679	\$ 9,769	\$ 9,770	\$ 9,860	\$ 9,861	\$ 9,951	\$ 9,952	\$ 10,042	\$ 10,043	\$ 10,133	\$ 10,134	\$ 10,224
12	\$ 10,399	\$ 10,489	\$ 10,490	\$ 10,580	\$ 10,581	\$ 10,671	\$ 10,672	\$ 10,762	\$ 10,763	\$ 10,853	\$ 10,854	\$ 10,944
13	\$ 11,119	\$ 11,209	\$ 11,210	\$ 11,300	\$ 11,301	\$ 11,391	\$ 11,392	\$ 11,482	\$ 11,483	\$ 11,573	\$ 11,574	\$ 11,664
14	\$ 11,839	\$ 11,929	\$ 11,930	\$ 12,020	\$ 12,021	\$ 12,111	\$ 12,112	\$ 12,202	\$ 12,203	\$ 12,293	\$ 12,294	\$ 12,384
15	\$ 12,559	\$ 12,649	\$ 12,650	\$ 12,740	\$ 12,741	\$ 12,831	\$ 12,832	\$ 12,922	\$ 12,923	\$ 13,013	\$ 13,014	\$ 13,104

Family Size	Monthly Income		Monthly Income		Monthly Income		Monthly Income		Monthly Income		Monthly Income	
	From	To	From	To	From	To	From	To	From	To	From	To
1	\$ 3,025	\$ 3,115	\$ 3,116	\$ 3,206	\$ 3,207	\$ 3,297	\$ 3,298	\$ 3,388	\$ 3,389	\$ 3,479	\$ 3,480	\$ 3,570
2	\$ 3,745	\$ 3,835	\$ 3,836	\$ 3,926	\$ 3,927	\$ 4,017	\$ 4,018	\$ 4,108	\$ 4,109	\$ 4,199	\$ 4,200	\$ 4,290
3	\$ 4,465	\$ 4,555	\$ 4,556	\$ 4,646	\$ 4,647	\$ 4,737	\$ 4,738	\$ 4,828	\$ 4,829	\$ 4,919	\$ 4,920	\$ 5,010
4	\$ 5,185	\$ 5,275	\$ 5,276	\$ 5,366	\$ 5,367	\$ 5,457	\$ 5,458	\$ 5,548	\$ 5,549	\$ 5,639	\$ 5,640	\$ 5,730
5	\$ 5,905	\$ 5,995	\$ 5,996	\$ 6,086	\$ 6,087	\$ 6,177	\$ 6,178	\$ 6,268	\$ 6,269	\$ 6,359	\$ 6,360	\$ 6,450
6	\$ 6,625	\$ 6,715	\$ 6,716	\$ 6,806	\$ 6,807	\$ 6,897	\$ 6,898	\$ 6,988	\$ 6,989	\$ 7,079	\$ 7,080	\$ 7,170
7	\$ 7,345	\$ 7,435	\$ 7,436	\$ 7,526	\$ 7,527	\$ 7,617	\$ 7,618	\$ 7,708	\$ 7,709	\$ 7,799	\$ 7,800	\$ 7,890
8	\$ 8,065	\$ 8,155	\$ 8,156	\$ 8,246	\$ 8,247	\$ 8,337	\$ 8,338	\$ 8,428	\$ 8,429	\$ 8,519	\$ 8,520	\$ 8,610
9	\$ 8,785	\$ 8,875	\$ 8,876	\$ 8,966	\$ 8,967	\$ 9,057	\$ 9,058	\$ 9,148	\$ 9,149	\$ 9,239	\$ 9,240	\$ 9,330
10	\$ 9,505	\$ 9,595	\$ 9,596	\$ 9,686	\$ 9,687	\$ 9,777	\$ 9,778	\$ 9,868	\$ 9,869	\$ 9,959	\$ 9,960	\$ 10,050
11	\$ 10,225	\$ 10,315	\$ 10,316	\$ 10,406	\$ 10,407	\$ 10,497	\$ 10,498	\$ 10,588	\$ 10,589	\$ 10,679	\$ 10,680	\$ 10,770
12	\$ 10,945	\$ 11,035	\$ 11,036	\$ 11,126	\$ 11,127	\$ 11,217	\$ 11,218	\$ 11,308	\$ 11,309	\$ 11,399	\$ 11,400	\$ 11,490
13	\$ 11,665	\$ 11,755	\$ 11,756	\$ 11,846	\$ 11,847	\$ 11,937	\$ 11,938	\$ 12,028	\$ 12,029	\$ 12,119	\$ 12,120	\$ 12,210
14	\$ 12,385	\$ 12,475	\$ 12,476	\$ 12,566	\$ 12,567	\$ 12,657	\$ 12,658	\$ 12,748	\$ 12,749	\$ 12,839	\$ 12,840	\$ 12,930
15	\$ 13,105	\$ 13,195	\$ 13,196	\$ 13,286	\$ 13,287	\$ 13,377	\$ 13,378	\$ 13,468	\$ 13,469	\$ 13,559	\$ 13,560	\$ 13,650

Family Size	Monthly Income		Monthly Income*	
	From	To	From	To
1	\$ 3,571	\$ 3,661	\$ 3,662	\$ 3,752
2	\$ 4,291	\$ 4,381	\$ 4,382	\$ 4,472
3	\$ 5,011	\$ 5,101	\$ 5,102	\$ 5,192
4	\$ 5,731	\$ 5,821	\$ 5,822	\$ 5,912
5	\$ 6,451	\$ 6,541	\$ 6,542	\$ 6,632
6	\$ 7,171	\$ 7,261	\$ 7,262	\$ 7,352
7	\$ 7,891	\$ 7,981	\$ 7,982	\$ 8,072
8	\$ 8,611	\$ 8,701	\$ 8,702	\$ 8,792
9	\$ 9,331	\$ 9,421	\$ 9,422	\$ 9,512
10	\$ 10,051	\$ 10,141	\$ 10,142	\$ 10,232
11	\$ 10,771	\$ 10,861	\$ 10,862	\$ 10,952
12	\$ 11,491	\$ 11,581	\$ 11,582	\$ 11,672
13	\$ 12,211	\$ 12,301	\$ 12,302	\$ 12,392
14	\$ 12,931	\$ 13,021	\$ 13,022	\$ 13,112
15	\$ 13,651	\$ 13,741	\$ 13,742	\$ 13,832

T = 100%

* All income above this level is @ 100%

ABC Treatment Center

**Attachment 4
Outcome Measurements and Metrics Requirements
CY2023**

Outcome Measurement and Metric requirements will be as follows for each program for the duration of the contract referenced. The Provider shall submit the following measurement and metric information for **ALL FUNDED** Programs to the ADAMHS Board:

6-month Outcomes Narrative Report (due 8/4/2023) as directed by the ADAMHS Board of Cuyahoga County

Annual Outcomes Narrative Report (due 3/1/2024) as directed by the ADAMHS Board of Cuyahoga County

Additionally, if any of the following programs are classified as either Prevention, Substance Use Disorder (SUD) Treatment, Mental Health Treatment, or if any additional outcome measurements and metrics shall be submitted for the program for the duration of the contract referenced, the Provider shall submit the following additional measurement and metric information for funded programs to the ADAMHS Board:

Program Name	Additional Metrics Required
Medication Assisted Treatment (MAT) - Vivitrol Injections	Brief Addiction Monitor (BAM) 30 days after each assessment through the GOSH Portal
Strong Families	Metrics collected as indicated on Program RFP (submit as directed by the Board)

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Administrative Budget YTD
October 2022 YTD

	2022 Budget	October Actual YTD	Remaining Balance	% of Budget
ADMINISTRATIVE EXPENSES				
SALARIES				
SALARIES - REGULAR	\$ 1,711,336.00	\$ 1,345,651.19	\$ 365,684.81	79%
SALARIES - PART-TIME	\$ 20,000.00	\$ -	\$ 20,000.00	0%
SALARIES - UNION	\$ 2,131,126.00	\$ 1,620,425.58	\$ 510,700.42	76%
Total SALARIES	\$ 3,862,462.00	\$ 2,966,076.77	\$ 896,385.23	77%
FRINGE BENEFITS				
MEDICARE	\$ 56,642.00	\$ 41,388.02	\$ 15,253.98	73%
RETIRE-OPERS - REGULAR	\$ 560,057.00	\$ 404,128.44	\$ 155,928.56	72%
UNEMPLOYMENT	\$ -	\$ 9,124.00	\$ (9,124.00)	
HOSPITALIZATION	\$ -	\$ 466,527.97	\$ (466,527.97)	
DENTAL	\$ -	\$ 4,274.49	\$ (4,274.49)	
VISION CARE	\$ -	\$ 802.05	\$ (802.05)	
FLEX BENEFITS	\$ 768,000.00	\$ 142,964.79	\$ 625,035.21	19%
LIFE INSURANCE	\$ -	\$ 154.03	\$ (154.03)	
SPECIAL FRINGE	\$ -	\$ 1,500.00	\$ (1,500.00)	
Total FRINGE BENEFITS	\$ 1,384,699.00	\$ 1,070,863.79	\$ 313,835.21	77%
COMMODITIES				
OFFICE SUPPLIES	\$ 6,500.00	\$ 2,091.88	\$ 4,408.12	32%
COPIER SUPPLIES	\$ 7,500.00	\$ 3,172.14	\$ 4,327.86	42%
FOOD SUPPLIES	\$ 3,500.00	\$ 1,527.61	\$ 1,972.39	44%
ELECTRICITY	\$ 72,500.00	\$ 34,587.68	\$ 37,912.32	48%
REFUSE COLLECTION	\$ -	\$ 1,156.00	\$ (1,156.00)	
Total COMMODITIES	\$ 90,000.00	\$ 42,535.31	\$ 47,464.69	47%
CONTRACTS & PROFESSIONAL				
LS/RENT - BUILDING	\$ 450,000.00	\$ 397,038.91	\$ 52,961.09	88%
TUITION REIMBURSEMENT	\$ 7,000.00	\$ -	\$ 7,000.00	0%
CONSULTANT SERVICES	\$ 195,000.00	\$ 135,461.10	\$ 59,538.90	69%
ASGN COUN - PSYCHOLOGICAL	\$ 95,000.00	\$ 96,470.35	\$ (1,470.35)	102%
RISK MANAGEMENT	\$ 15,000.00	\$ 55,032.00	\$ (40,032.00)	367%
RSK MGMT - LIABILITY	\$ 85,000.00	\$ 72,411.00	\$ 12,589.00	85%
CONTRACTUAL SERVICES	\$ 351,500.00	\$ 294,557.40	\$ 56,942.60	84%
MAINTENANCE/REPAIR SERVICES	\$ 12,079.00	\$ 5,712.45	\$ 6,366.55	47%
Total CONTRACTS & PROFESSIONAL	\$ 1,210,579.00	\$ 1,056,683.21	\$ 153,895.79	87%
EQUIPMENT EXPENSE				
NON-CAPITAL EQUIPMENT	\$ 29,000.00	\$ 28,971.83	\$ 28.17	100%
NON-CAP EQ - IT SOFTWARE	\$ 59,500.00	\$ 53,369.81	\$ 6,130.19	90%
LEASE/RENTAL FEES	\$ 15,500.00	\$ 10,111.08	\$ 5,388.92	65%
LS/RENT - EQUIPMENT	\$ 15,000.00	\$ 7,039.80	\$ 7,960.20	47%
EQUIPMENT PURCHASE	\$ 39,000.00	\$ 20,592.36	\$ 18,407.64	53%
EQUIP PURCH - IT	\$ 11,000.00	\$ 10,802.56	\$ 197.44	98%
Total EQUIPMENT EXPENSE	\$ 169,000.00	\$ 130,887.44	\$ 38,112.56	77%
OTHER OPERATING				
TRAINING/CONFERENCES	\$ 8,500.00	\$ 1,599.00	\$ 6,901.00	19%
MEETINGS	\$ 3,000.00	\$ 1,487.86	\$ 1,512.14	50%
MEMBERSHIPS/LICENSES	\$ 25,000.00	\$ 23,300.30	\$ 1,699.70	93%
MILEAGE/PARKING	\$ 10,500.00	\$ 7,953.71	\$ 2,546.29	76%
ADVERTISING	\$ 35,000.00	\$ 20,786.66	\$ 14,213.34	59%
DEPARTMENTAL PARKING	\$ 8,000.00	\$ 4,010.00	\$ 3,990.00	50%
POSTAGE/MAIL SERVICES	\$ 15,000.00	\$ 14,283.08	\$ 716.92	95%
NON-COUNTY PRINTING	\$ 4,061.00	\$ 3,790.13	\$ 270.87	93%
INDIRECT COSTS	\$ 330,865.62	\$ 330,865.62	\$ -	100%
NON-CONTRACTUAL SERVICES	\$ -	\$ 1,200.00	\$ (1,200.00)	
TELEPHONE	\$ 35,000.00	\$ 20,288.68	\$ 14,711.32	58%
TELE - MOBILITY	\$ -	\$ 9,047.28	\$ (9,047.28)	
DATA COMMUNICATIONS	\$ 27,060.00	\$ 22,872.88	\$ 4,187.12	85%
FISCAL USE ONLY MISC EXPENSE	\$ 151,000.00	\$ 121,365.56	\$ 29,634.44	80%
CLIENT PURCHASED SERVICES	\$ 5,000.00	\$ 4,993.30	\$ 6.70	100%
Total OTHER OPERATING	\$ 657,986.62	\$ 587,844.06	\$ 70,142.56	89%
Total ADMINISTRATIVE EXPENSES	\$ 7,374,726.62	\$ 5,854,890.58	\$ 1,519,836.04	79%

BOARD VOUCHER REPORT
10/1/2022 THROUGH 10/31/2022

<u>Description</u>	<u>Vendor Name</u>	<u>Amount</u>
OFFICE SUPPLIES	W B MASON CO INC	\$ 228.68
OFFICE SUPPLIES	W B MASON CO INC	\$ 1,000.22
COPIER SUPPLIES	MERITECH INC	\$ 13.25
COPIER SUPPLIES	MERITECH INC	\$ 13.25
FOOD SUPPLIES	DAVE'S SUPERMARKET INC	\$ 8.98
FOOD SUPPLIES	DAVE'S SUPERMARKET INC	\$ 74.05
FOOD SUPPLIES	WATERLOGIC AMERICAS LLC	\$ 119.90
ELECTRICITY	UNITED TWENTY FIFTH BLDG	\$ 4,460.00
Commodities		\$ 5,918.33
LS/RENT - BUILDING	UNITED TWENTY FIFTH BLDG	\$ 34,785.76
CONSULTANT SERVICES	LESLIE M KOBLENTZ	\$ 2,940.00
CONSULTANT SERVICES	LESLIE M KOBLENTZ	\$ 2,940.00
CONSULTANT SERVICES	SELECTION MANAGEMENT	\$ 59.40
CONSULTANT SERVICES	LESLIE M KOBLENTZ	\$ 2,940.00
ASGN COUN - PSYCHOLOGICAL	STEVE W CANFIL	\$ 600.00
ASGN COUN - PSYCHOLOGICAL	PAUL M FRIEDMAN	\$ 1,800.00
ASGN COUN - PSYCHOLOGICAL	PAUL M FRIEDMAN	\$ 1,700.00
ASGN COUN - PSYCHOLOGICAL	RONALD C BALBIER	\$ 1,500.00
ASGN COUN - PSYCHOLOGICAL	SCOTT JOSEPH FRIEDMAN	\$ 1,100.00
ASGN COUN - PSYCHOLOGICAL	RONALD C BALBIER	\$ 900.00
ASGN COUN - PSYCHOLOGICAL	PAUL M FRIEDMAN	\$ 800.00
ASGN COUN - PSYCHOLOGICAL	TED S FRIEDMAN	\$ 1,100.00
ASGN COUN - PSYCHOLOGICAL	SCOTT JOSEPH FRIEDMAN	\$ 900.00
ASGN COUN - PSYCHOLOGICAL	STEVE W CANFIL	\$ 700.00
RSK MGMT - LIABILITY	JAMES B OSWALD COMPANY	\$ 1,000.00
CONTRACTUAL SERVICES	IRON MOUNTAIN INFORMATION	\$ 4,133.56
CONTRACTUAL SERVICES	IRON MOUNTAIN INFORMATION	\$ 145.07
CONTRACTUAL SERVICES	IMPACT SOLUTIONS EAP	\$ 300.00
CONTRACTUAL SERVICES	WILLO SECURITY INC	\$ 2,517.35
CONTRACTUAL SERVICES	IRON MOUNTAIN INFORMATION	\$ 785.03
CONTRACTUAL SERVICES	WILLO SECURITY INC	\$ 3,672.05
CONTRACTUAL SERVICES	OCCUPATIONAL HEALTH CENTERS	\$ 138.00
CONTRACTUAL SERVICES	WILLO SECURITY INC	\$ 2,265.62
CONTRACTUAL SERVICES	FAMICOS FOUNDATION	\$ 3,650.16
CONTRACTUAL SERVICES	MOOD MEDIA	\$ 68.50
MAINTENANCE/REPAIR SERVICES	UNIFIRST CORPORATION	\$ 252.03
MAINTENANCE/REPAIR SERVICES	UNIFIRST CORPORATION	\$ 252.03
MAINTENANCE/REPAIR SERVICES	UNIFIRST CORPORATION	\$ 252.03
Contracts & Professional Services		\$ 74,196.59

BOARD VOUCHER REPORT
10/1/2022 THROUGH 10/31/2022

<u>Description</u>	<u>Vendor Name</u>	<u>Amount</u>
NON-CAP EQ - IT SOFTWARE	NET ACTIVITY INC	\$ 3,751.61
NON-CAP EQ - IT SOFTWARE	WIZEHIVE INC	\$ 600.00
LS/RENT - EQUIPMENT	DE LAGE LADEN FINANCIAL	\$ 1,173.30
EQUIPMENT PURCHASE	CDW GOVERNMENT INC	\$ 5,707.20
EQUIPMENT PURCHASE	CTR SYSTEMS EMPLOYEE	\$ 175.44
EQUIPMENT PURCHASE	MERITECH INC	\$ 2,085.77
Equipment Purchase		\$ 13,493.32
MILEAGE/PARKING	MYRA A HENDERSON	\$ 60.26
MILEAGE/PARKING	LESHIA YARBROUGH	\$ 70.20
MILEAGE/PARKING	LESHIA YARBROUGH	\$ 214.49
MILEAGE/PARKING	JOICELYN RENEE WEEMS	\$ 143.79
MILEAGE/PARKING	JOICELYN RENEE WEEMS	\$ 190.56
MILEAGE/PARKING	ALLISON SCHAEFER	\$ 63.00
MILEAGE/PARKING	CARMEN GANDARILLA	\$ 131.25
DEPARTMENTAL PARKING	MAY 2022 PARKING PASSES	\$ 250.00
DEPARTMENTAL PARKING	JUNE2022 PARKING PASSES	\$ 250.00
DEPARTMENTAL PARKING	JULY 2022 PARKING PASSES	\$ 250.00
DEPARTMENTAL PARKING	AUG 2022 PARKING PASSES	\$ 250.00
POSTAGE/MAIL SERVICES	BONNIE SPEED DELIVERY	\$ 58.83
TELEPHONE	DAVISSA TELEPHONE SYSTEM	\$ 2,739.45
TELE - MOBILITY	VERIZON WIRELESS SERVICE	\$ 923.28
DATA COMMUNICATIONS	CHARTER COMMUNICATION	\$ 109.59
DATA COMMUNICATIONS	AGILE NETWORK BUILDER	\$ 586.00
DATA COMMUNICATIONS	OHIO STATE UNIVERSITY	\$ 725.00
FISCAL USE ONLY MISC EXPENSE	FIFTH THIRD BANK NEO	\$ 14,795.61
FISCAL USE ONLY MISC EXPENSE	Move from Misc. Expense to Grant	\$ (3,893.43)
Other Operating		\$ 17,917.88
October Voucher Total		\$ 111,526.12

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Funding Source Budget to Actual YTD
October 2022 YTD

	2022 Budget	October YTD Actuals	Remaining Balance	% of Budget
ADAMHS ADMINISTRATION	\$ -	\$ 1,252,655.43	\$ (1,252,655.43)	
AOD Continuum of Care	\$ 586,004.00	\$ 586,004.00	\$ -	100%
AOD Per Capita Prevention	\$ 119,995.00	\$ 119,995.00	\$ -	100%
AOD Recovery Housing	\$ 45,900.00	\$ 63,941.80	\$ (18,041.80)	139%
ATP	\$ 300,000.00	\$ 150,000.00	\$ 150,000.00	50%
Casino Gambling Prevention	\$ 207,607.00	\$ 207,607.50	\$ (0.50)	100%
Casino Gambling Treatment	\$ 207,608.00	\$ 207,607.50	\$ 0.50	100%
Community Investments	\$ 1,825,781.00	\$ 1,994,307.04	\$ (168,526.04)	109%
Community Investments - ADAMHS Boards	\$ 50,000.00	\$ -	\$ 50,000.00	0%
Community Investments -Continuum of Care	\$ 34,765.00	\$ -	\$ 34,765.00	0%
Community Transition Program	\$ 700,000.00	\$ 575,000.00	\$ 125,000.00	82%
Corrections Planning Board	\$ 1,500,000.00	\$ 1,350,298.78	\$ 149,701.22	90%
County Subsidy	\$ 43,463,659.00	\$ 43,463,659.00	\$ -	100%
Criminal Justice Forensic Center & Monitoring	\$ 259,608.00	\$ 287,298.00	\$ (27,690.00)	111%
Crisis Funds	\$ 512,641.00	\$ 537,641.00	\$ (25,000.00)	105%
Early Childhood (Invest in Children)	\$ 819,552.00	\$ 221,792.56	\$ 597,759.44	27%
Early Childhood Mental Health Counseling	\$ 441,906.00	\$ 341,787.61	\$ 100,118.39	77%
Mental Health Block Grant	\$ 850,159.00	\$ 848,814.00	\$ 1,345.00	100%
Miscellaneous	\$ 200,000.00	\$ 609,548.11	\$ (409,548.11)	305%
Northeast Ohio Collaborative Funding	\$ 1,598,458.00	\$ 1,750,000.00	\$ (151,542.00)	109%
ODRC (ACT)	\$ 275,000.00	\$ 101,163.64	\$ 173,836.36	37%
Overdose to Action Grant (Board of Health)	\$ 84,782.00	\$ 66,338.93	\$ 18,443.07	78%
PATH	\$ 338,339.00	\$ 258,254.52	\$ 80,084.48	76%
SAMHSA Emergency COVID-19	\$ 438,212.00	\$ 343,953.69	\$ 94,258.31	78%
SAPT Direct Grants - Gambling (Recovery Res.)	\$ 75,000.00	\$ 75,000.00	\$ -	100%
SAPT Direct Grants - TASC (Court of Common Pleas.)	\$ 137,910.00	\$ 103,432.50	\$ 34,477.50	75%
SAPT Direct Grants - Therapeutic Comm (CATS)	\$ 98,551.00	\$ 98,551.00	\$ -	100%
SAPT Pass Through	\$ 2,076,768.00	\$ 1,836,395.00	\$ 240,373.00	88%
SAPT Prevention	\$ 1,382,871.00	\$ 1,528,371.00	\$ (145,500.00)	111%
SAPT System of Care/DYS Aftercare	\$ 215,796.00	\$ 145,433.70	\$ 70,362.30	67%
SAPT Treatment	\$ 3,509,071.00	\$ 3,509,071.00	\$ -	100%
Specialized Docket Support-Drug Courts	\$ 535,000.00	\$ 535,000.00	\$ -	100%
System of Care State Funds	\$ 405,524.00	\$ 339,647.30	\$ 65,876.70	84%
Title XX	\$ 860,000.00	\$ 636,683.00	\$ 223,317.00	74%
Total ADAMHS ADMINISTRATION	\$ 64,156,467.00	\$ 64,145,252.61	\$ 11,214.39	100%
ADAMHS DOJ GRANTS				
CIP Grant	\$ 313,001.00	\$ 150,985.96	\$ 162,015.04	48%
COSSAP Grant	\$ 391,309.00	\$ 198,342.26	\$ 192,966.74	51%
Total ADAMHS DOJ GRANTS	\$ 704,310.00	\$ 349,328.22	\$ 354,981.78	50%
DIVERSION CENTER	\$ 4,529,287.00	\$ 4,003,104.16	\$ 526,182.84	88%
OOD GRANT	\$ 789,185.00	\$ 601,283.20	\$ 187,901.80	76%
OTHER GRANTS				
DOJ /BJA Data Grant	\$ 330,000.00	\$ 205,428.10	\$ 124,571.90	62%
SAMHSA Early Diversion Grant	\$ 330,000.00	\$ 180,108.27	\$ 149,891.73	55%
Total OTHER GRANTS	\$ 660,000.00	\$ 385,536.37	\$ 274,463.63	58%
SOR GRANT	\$ 2,709,000.00	\$ 2,445,970.26	\$ 263,029.74	90%
TOTAL	\$ 73,548,249.00	\$ 71,930,474.82	\$ 1,617,774.18	98%

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Revenues By Source By Month
 January - October 2022

	Q1 - 2022	Q2 - 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Total
ADAMHS ADMINISTRATION	\$ 754,775.94	\$ 57,352.49	\$ 3,588.00	\$ 397,432.00	\$ 39,352.00	\$ 155.00	\$ 1,252,655.43
AOD Continuum of Care	\$ 146,501.00	\$ 146,501.00	\$ 146,501.00	\$ -	\$ -	\$ 146,501.00	\$ 586,004.00
AOD Per Capita Prevention	\$ 23,798.75	\$ 23,798.75	\$ 48,598.75	\$ -	\$ -	\$ 23,798.75	\$ 119,995.00
AOD Recovery Housing	\$ 40,991.80	\$ -	\$ -	\$ 22,950.00	\$ -	\$ -	\$ 63,941.80
ATP	\$ -	\$ -	\$ -	\$ 75,000.00	\$ -	\$ 75,000.00	\$ 150,000.00
Casino Gambling Prevention	\$ 103,803.75	\$ 103,803.75	\$ -	\$ -	\$ -	\$ -	\$ 207,607.50
Casino Gambling Treatment	\$ -	\$ -	\$ 103,803.75	\$ -	\$ -	\$ 103,803.75	\$ 207,607.50
Community Investments	\$ 656,902.29	\$ 363,300.25	\$ 237,504.00	\$ -	\$ 368,300.25	\$ 368,300.25	\$ 1,994,307.04
Community Transition Program	\$ 100,000.00	\$ 100,000.00	\$ -	\$ -	\$ 187,500.00	\$ 187,500.00	\$ 575,000.00
Corrections Planning Board	\$ 367,049.77	\$ 564,137.35	\$ 91,282.33	\$ 169,668.55	\$ 84,236.81	\$ 73,923.97	\$ 1,350,298.78
County Subsidy	\$ 43,463,659.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 43,463,659.00
Criminal Justice Forensic Center & Monitoring	\$ 92,592.00	\$ 64,902.00	\$ 64,902.00	\$ -	\$ -	\$ 64,902.00	\$ 287,298.00
Crisis Funds	\$ 256,320.50	\$ -	\$ 281,320.50	\$ -	\$ -	\$ -	\$ 537,641.00
Early Childhood (Invest in Children)	\$ 23,624.31	\$ 93,176.03	\$ -	\$ -	\$ 104,992.22	\$ -	\$ 221,792.56
Early Childhood Mental Health Counseling	\$ 124,473.53	\$ 96,781.09	\$ -	\$ 120,532.99	\$ -	\$ -	\$ 341,787.61
Mental Health Block Grant	\$ 209,953.50	\$ 209,953.50	\$ 209,953.50	\$ -	\$ -	\$ 218,953.50	\$ 848,814.00
Miscellaneous	\$ 136,642.45	\$ 210,925.49	\$ 127,433.25	\$ 23,723.93	\$ 36,173.09	\$ 74,649.90	\$ 609,548.11
Northeast Ohio Collaborative Funding	\$ 500,000.00	\$ -	\$ -	\$ 625,000.00	\$ 625,000.00	\$ -	\$ 1,750,000.00
ODRC (ACT)	\$ -	\$ 101,163.64	\$ -	\$ -	\$ -	\$ -	\$ 101,163.64
Overdose to Action Grant (Board of Health)	\$ 18,650.45	\$ 9,217.53	\$ 17,395.55	\$ -	\$ -	\$ 21,075.40	\$ 66,338.93
PATH	\$ 78,559.69	\$ 96,972.97	\$ -	\$ 82,721.86	\$ -	\$ -	\$ 258,254.52
SAMHSA Emergency COVID-19	\$ 343,953.69	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 343,953.69
SAPT Direct Grants - Gambling (Recovery Res.)	\$ 31,250.00	\$ 12,500.00	\$ 12,500.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 75,000.00
SAPT Direct Grants - TASC (Court of Common Pleas.)	\$ 34,477.50	\$ 34,477.50	\$ -	\$ -	\$ 34,477.50	\$ -	\$ 103,432.50
SAPT Direct Grants - Therapeutic Comm (CATS)	\$ -	\$ 49,275.50	\$ -	\$ -	\$ -	\$ 49,275.50	\$ 98,551.00
SAPT Pass Through	\$ 507,690.27	\$ 703,274.05	\$ 3,601.91	\$ 205,601.02	\$ 202,501.50	\$ 213,726.25	\$ 1,836,395.00
SAPT Prevention	\$ 491,217.75	\$ 345,717.75	\$ 345,717.75	\$ -	\$ -	\$ 345,717.75	\$ 1,528,371.00
SAPT System of Care/DYS Aftercare	\$ 76,012.05	\$ -	\$ -	\$ 38,271.19	\$ -	\$ 31,150.46	\$ 145,433.70
SAPT Treatment	\$ 877,267.75	\$ 877,267.75	\$ 877,267.75	\$ -	\$ -	\$ 877,267.75	\$ 3,509,071.00
Specialized Docket Support-Drug Courts	\$ -	\$ -	\$ 535,000.00	\$ -	\$ -	\$ -	\$ 535,000.00
System of Care State Funds	\$ 101,381.00	\$ 136,885.30	\$ -	\$ -	\$ -	\$ 101,381.00	\$ 339,647.30
Title XX	\$ 144,341.00	\$ 180,725.00	\$ -	\$ 311,617.00	\$ -	\$ -	\$ 636,683.00
Total ADAMHS ADMINISTRATION	\$ 49,705,889.74	\$ 4,582,108.69	\$ 3,106,370.04	\$ 2,078,768.54	\$ 1,688,783.37	\$ 2,983,332.23	\$ 64,145,252.61
ADAMHS DOJ GRANTS							
CIP Grant	\$ 25,365.53	\$ 57,379.45	\$ -	\$ -	\$ 68,240.98	\$ -	\$ 150,985.96
COSSAP Grant	\$ 55,196.20	\$ 64,188.50	\$ -	\$ -	\$ 41,116.17	\$ 37,841.39	\$ 198,342.26
Total ADAMHS DOJ GRANTS	\$ 80,561.73	\$ 121,567.95	\$ -	\$ -	\$ 109,357.15	\$ 37,841.39	\$ 349,328.22
DIVERSION CENTER	\$ 916,433.86	\$ 1,198,191.09	\$ -	\$ 878,360.44	\$ 1,010,118.77	\$ -	\$ 4,003,104.16
OOD GRANT	\$ 263,061.40	\$ 197,296.05	\$ -	\$ 46,975.25	\$ 93,950.50	\$ -	\$ 601,283.20
OTHER GRANTS							
DOJ /BJA Data Grant	\$ 64,421.74	\$ 57,326.73	\$ -	\$ -	\$ 83,679.63	\$ -	\$ 205,428.10
SAMHSA Early Diversion Grant	\$ 49,098.43	\$ 62,378.56	\$ -	\$ 68,631.28	\$ -	\$ -	\$ 180,108.27
Total OTHER GRANTS	\$ 113,520.17	\$ 119,705.29	\$ -	\$ 68,631.28	\$ 83,679.63	\$ -	\$ 385,536.37
SOR GRANT	\$ 956,189.84	\$ 470,083.38	\$ 185,804.27	\$ 280,325.43	\$ 545,196.59	\$ 8,370.75	\$ 2,445,970.26
TOTAL	\$ 52,035,656.74	\$ 6,688,952.45	\$ 3,292,174.31	\$ 3,353,060.94	\$ 3,531,086.01	\$ 3,029,544.37	\$ 71,930,474.82

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Budget vs. Actual Expenses 2022 YTD
October 2022 YTD

	2022 Budget	October YTD Actuals	Remaining Balance	% of Budget
JAIL DIVERSION GRANT	\$ 330,000.00	\$ 250,743.78	\$ 79,256.22	76%
COAP GRANT	\$ 330,000.00	\$ 335,842.03	\$ (5,842.03)	102%
CIP GRANT	\$ 313,001.00	\$ 180,005.15	\$ 132,995.85	58%
COSSAP GRANT	\$ 391,309.00	\$ 178,350.99	\$ 212,958.01	46%
DIVERSION CENTER	\$ 4,098,119.00	\$ 4,446,366.96	\$ (348,247.96)	108%
OOD - CASE SVCS CONTRACT	\$ 789,185.00	\$ 646,137.20	\$ 143,047.80	82%
SOR GRANT	\$ 2,709,000.00	\$ 2,544,623.61	\$ 164,376.39	94%
ADMINISTRATIVE EXPENSES	\$ 7,374,726.62	\$ 5,854,890.58	\$ 1,519,836.04	79%
ADULT & FAMILY CARE SERVICES	\$ 562,241.00	\$ 383,641.82	\$ 178,599.18	68%
COORDINATION/EVALUATION SERVICES	\$ 1,163,692.00	\$ 394,717.24	\$ 768,974.76	34%
CRISIS CARE/INTERVENTION	\$ 12,940,274.00	\$ 12,945,123.95	\$ (4,849.95)	100%
DETOXIFICATION	\$ 1,886,400.00	\$ 342,712.96	\$ 1,543,687.04	18%
EARLY CHILDHOOD MENTAL HEALTH	\$ 1,642,482.00	\$ 1,496,755.35	\$ 145,726.65	91%
EMPLOYMENT SERVICES	\$ 1,618,865.00	\$ 1,611,037.64	\$ 7,827.36	100%
FAITH-BASED SERVICES	\$ 393,466.00	\$ 345,135.83	\$ 48,330.17	88%
HEALTH MGT INFORMATION SYS	\$ 350,000.00	\$ 9,157.00	\$ 340,843.00	3%
JUSTICE RELATED SERVICES	\$ 4,479,880.00	\$ 4,598,056.24	\$ (118,176.24)	103%
MH - OUTPATIENT TREATMENT	\$ 3,710,839.00	\$ 2,011,613.61	\$ 1,699,225.39	54%
OTHER OBLIGATED FUNDS	\$ 6,363,107.38	\$ -	\$ 6,363,107.38	0%
OTHER SERVICES	\$ 1,854,992.00	\$ 2,463,419.75	\$ (608,427.75)	133%
PASS-THRU PROGRAMS	\$ 3,019,240.00	\$ 2,549,566.16	\$ 469,673.84	84%
PREVENTION SERVICES - MH	\$ 760,813.00	\$ 494,549.88	\$ 266,263.12	65%
PREVENTION SERVICES - SUD	\$ 1,818,945.00	\$ 1,799,943.70	\$ 19,001.30	99%
BOARD PROPERTY EXPENSES	\$ 250,000.00	\$ 188,932.78	\$ 61,067.22	76%
PSYCHIATRIC SERVICES	\$ 914,290.00	\$ 625,000.00	\$ 289,290.00	68%
RECOVERY SUPPORTS	\$ 835,317.00	\$ 393,963.50	\$ 441,353.50	47%
RECOVERY SUPPORTS - ART THERAPY	\$ 207,520.00	\$ 148,647.26	\$ 58,872.74	72%
RECOVERY SUPPORTS - PEER SUPPORT	\$ 2,583,059.00	\$ 2,320,703.25	\$ 262,355.75	90%
RESIDENTIAL ASST PROG (RAP)	\$ 2,500,000.00	\$ 1,046,915.63	\$ 1,453,084.37	42%
RESIDENTIAL TREATMENT HOUSING-MH	\$ 8,734,312.00	\$ 6,802,545.82	\$ 1,931,766.18	78%
RESIDENTIAL TREATMENT HOUSING-SUD	\$ 3,678,692.00	\$ 1,746,982.42	\$ 1,931,709.58	47%
SCHOOL BASED SERVICES	\$ 599,083.00	\$ 497,192.51	\$ 101,890.49	83%
SOBER RECOVERY BEDS	\$ 2,228,925.00	\$ 1,863,228.32	\$ 365,696.68	84%
SUD - OUTPATIENT TREATMENT	\$ 2,960,274.00	\$ 1,708,057.28	\$ 1,252,216.72	58%
TOTAL	\$ 84,392,049.00	\$ 63,224,560.20	\$ 21,167,488.80	75%

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Revenue and Expenditures All Accounting Units By Month
 January - October 2022

	Q1 - 2022	Q2 - 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Total
Revenue							
OFFICE/CONF ROOM RENTAL	\$ 5,014.14	\$ 5,014.14	\$ -	\$ 3,342.76	\$ 1,671.38	\$ -	\$ 15,042.42
FEDERAL GRANT REVENUE	\$ 4,870,596.50	\$ 3,358,067.99	\$ 1,622,345.18	\$ 1,034,143.03	\$ 1,034,685.37	\$ 1,748,227.85	\$ 13,668,065.92
STATE GRANT REVENUE	\$ 2,064,232.68	\$ 1,218,717.73	\$ 1,450,963.25	\$ 1,190,409.99	\$ 1,254,804.75	\$ 1,147,545.50	\$ 8,326,673.90
LOCAL GOV'T REVENUE	\$ 916,433.86	\$ 1,198,191.09	\$ -	\$ 878,360.44	\$ 1,010,118.77	\$ -	\$ 4,003,104.16
LOCAL MUNI NON-GRANT REVENUE	\$ 497,839.04	\$ 827,368.35	\$ 113,477.88	\$ 185,131.05	\$ 223,027.41	\$ 133,371.02	\$ 1,980,214.75
REFUNDS & REIMBURSEMENT REV	\$ 217,881.52	\$ 51,593.15	\$ 105,388.00	\$ 61,673.67	\$ 6,778.33	\$ 400.00	\$ 443,714.67
FISCAL USE ONLY MISC REVENU	\$ -	\$ 30,000.00	\$ -	\$ -	\$ -	\$ -	\$ 30,000.00
TRANS IN - SUBSIDY IN	\$ 43,463,659.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 43,463,659.00
Total Revenue	\$ 52,035,656.74	\$ 6,688,952.45	\$ 3,292,174.31	\$ 3,353,060.94	\$ 3,531,086.01	\$ 3,029,544.37	\$ 71,930,474.82
Expenditures							
OPERATING EXPENSES							
SALARIES							
SALARIES - REGULAR	\$ 475,321.12	\$ 386,161.54	\$ 142,475.16	\$ 149,950.88	\$ 204,425.12	\$ 133,800.08	\$ 1,492,133.90
SALARIES - UNION	\$ 539,059.12	\$ 444,175.62	\$ 141,104.58	\$ 138,760.61	\$ 211,870.22	\$ 145,455.43	\$ 1,620,425.58
Total SALARIES	\$ 1,014,380.24	\$ 830,337.16	\$ 283,579.74	\$ 288,711.49	\$ 416,295.34	\$ 279,255.51	\$ 3,112,559.48
FRINGE BENEFITS							
MEDICARE	\$ 14,105.01	\$ 11,663.55	\$ 3,965.53	\$ 4,049.43	\$ 5,804.76	\$ 3,913.90	\$ 43,502.18
RETIRE-OPERS - REGULAR	\$ 134,418.85	\$ 113,395.42	\$ 39,129.17	\$ 39,951.55	\$ 58,189.60	\$ 39,187.53	\$ 424,272.12
UNEMPLOYMENT	\$ 3,688.00	\$ -	\$ 5,436.00	\$ -	\$ -	\$ -	\$ 9,124.00
HOSPITALIZATION	\$ 29,034.93	\$ 174,937.00	\$ 57,383.30	\$ 56,112.96	\$ 89,066.39	\$ 59,993.39	\$ 466,527.97
DENTAL	\$ 1,054.86	\$ 3,219.63	\$ -	\$ -	\$ -	\$ -	\$ 4,274.49
VISION CARE	\$ 197.85	\$ 604.20	\$ -	\$ -	\$ -	\$ -	\$ 802.05
FLEX BENEFITS	\$ 173,573.32	\$ -	\$ -	\$ 3,466.85	\$ -	\$ -	\$ 177,040.17
LIFE INSURANCE	\$ 799.12	\$ 4,242.59	\$ 1,403.10	\$ 1,403.00	\$ 701.23	\$ (8,395.01)	\$ 154.03
SPECIAL FRINGE	\$ -	\$ -	\$ -	\$ 500.00	\$ 500.00	\$ 500.00	\$ 1,500.00
Total FRINGE BENEFITS	\$ 356,871.94	\$ 308,062.39	\$ 107,317.10	\$ 105,483.79	\$ 154,261.98	\$ 95,199.81	\$ 1,127,197.01
COMMODITIES							
OFFICE SUPPLIES	\$ 436.91	\$ 171.37	\$ -	\$ 13.52	\$ 241.18	\$ 1,228.90	\$ 2,091.88
COPIER SUPPLIES	\$ 667.27	\$ 1,155.56	\$ -	\$ 14.32	\$ 1,308.49	\$ 26.50	\$ 3,172.14
FOOD SUPPLIES	\$ 535.39	\$ 396.12	\$ -	\$ 119.90	\$ 273.27	\$ 202.93	\$ 1,527.61
WATER	\$ 3,888.69	\$ 2,799.02	\$ 1,208.54	\$ 1,049.77	\$ 1,103.78	\$ 1,067.97	\$ 11,117.77
SEWER	\$ 6,007.93	\$ 4,948.91	\$ 2,693.71	\$ 873.10	\$ 1,933.18	\$ 1,408.69	\$ 17,865.52
ELECTRICITY	\$ 24,036.61	\$ 19,026.88	\$ 32.29	\$ 6,402.70	\$ 2,948.90	\$ 4,687.61	\$ 57,134.99
NATURAL GAS	\$ 9,878.72	\$ 4,487.10	\$ 880.70	\$ 590.88	\$ 428.17	\$ 371.77	\$ 16,637.34
REFUSE COLLECTION	\$ 10,516.00	\$ 10,165.41	\$ 6,224.30	\$ 898.11	\$ 6,962.90	\$ 860.13	\$ 35,626.85
Total COMMODITIES	\$ 55,967.52	\$ 43,150.37	\$ 11,039.54	\$ 9,962.30	\$ 15,199.87	\$ 9,854.50	\$ 145,174.10
CONTRACTS & PROFESSIONAL							
LS/RENT - BUILDING	\$ 104,286.30	\$ 139,048.40	\$ 39,561.61	\$ 39,711.07	\$ 39,645.77	\$ 34,785.76	\$ 397,038.91
CONSULTANT SERVICES	\$ 44,974.00	\$ 41,040.74	\$ 11,760.00	\$ 14,866.70	\$ 14,737.00	\$ 8,879.40	\$ 136,257.84
ASGN COUN - PSYCHOLOGICAL	\$ 32,695.35	\$ 28,800.00	\$ 11,300.00	\$ 6,500.00	\$ 6,075.00	\$ 11,100.00	\$ 96,470.35
JUDICIAL SERVICES	\$ 22,775.00	\$ 49,650.00	\$ 33,100.00	\$ 1,600.00	\$ 12,875.00	\$ 6,400.00	\$ 126,400.00
RISK MANAGEMENT	\$ 13,032.00	\$ -	\$ 42,000.00	\$ -	\$ -	\$ -	\$ 55,032.00
RSK MGMT - LIABILITY	\$ -	\$ -	\$ 15,834.00	\$ 55,577.00	\$ -	\$ 1,000.00	\$ 72,411.00
CONTRACTUAL SERVICES	\$ 1,828,474.35	\$ 1,722,901.60	\$ 962,297.48	\$ 174,498.40	\$ 821,415.17	\$ 966,439.81	\$ 6,476,026.81
MAINTENANCE/REPAIR SERVICES	\$ 33,682.80	\$ 19,907.81	\$ 4,582.26	\$ 6,134.61	\$ 7,816.66	\$ 5,292.42	\$ 77,416.56
Total CONTRACTS & PROFESSIONAL	\$ 2,079,919.80	\$ 2,001,348.55	\$ 1,120,435.35	\$ 298,887.78	\$ 902,564.60	\$ 1,033,897.39	\$ 7,437,053.47
EQUIPMENT EXPENSE							
NON-CAPITAL EQUIPMENT	\$ 28,971.83	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 28,971.83
NON-CAP EQ - IT SOFTWARE	\$ 10,546.12	\$ 16,480.44	\$ 6,897.95	\$ 16,177.42	\$ 8,073.27	\$ 4,351.61	\$ 62,526.81
LEASE/RENTAL FEES	\$ 38,463.17	\$ (31,061.03)	\$ 1,354.47	\$ -	\$ 1,354.47	\$ -	\$ 10,111.08
LS/RENT - EQUIPMENT	\$ 1,173.30	\$ 1,173.30	\$ 1,173.30	\$ 1,173.30	\$ 1,173.30	\$ 1,173.30	\$ 7,039.80
EQUIPMENT PURCHASE	\$ 23,079.28	\$ 3,578.17	\$ 1,317.27	\$ 1,227.95	\$ 2,130.57	\$ 7,968.41	\$ 39,301.65
EQUIP PURCH - IT	\$ -	\$ 9,406.32	\$ 235.62	\$ 1,160.62	\$ -	\$ -	\$ 10,802.56
Total EQUIPMENT EXPENSE	\$ 102,233.70	\$ (422.80)	\$ 10,978.61	\$ 19,739.29	\$ 12,731.61	\$ 13,493.32	\$ 158,753.73
OTHER OPERATING							
TRAINING/CONFERENCES	\$ 50.00	\$ 1,250.00	\$ 299.00	\$ -	\$ -	\$ -	\$ 1,599.00
MEETINGS	\$ 1,180.28	\$ 16,712.79	\$ -	\$ -	\$ -	\$ -	\$ 17,893.07
MEMBERSHIPS/LICENSES	\$ 1,850.30	\$ 19,000.00	\$ 2,000.00	\$ 200.00	\$ 250.00	\$ -	\$ 23,300.30
MILEAGE/PARKING	\$ 1,389.07	\$ 1,929.65	\$ 1,411.47	\$ 1,496.40	\$ 853.57	\$ 873.55	\$ 7,953.71
ADVERTISING	\$ 134,373.44	\$ 147,645.19	\$ 54,317.22	\$ 82,180.49	\$ 48,081.97	\$ 36,842.99	\$ 503,441.30
DEPARTMENTAL PARKING	\$ 2,010.00	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 4,010.00
POSTAGE/MAIL SERVICES	\$ 14,188.55	\$ -	\$ 35.70	\$ -	\$ -	\$ 58.83	\$ 14,283.08

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Revenue and Expenditures All Accounting Units By Month
 January - October 2022

	Q1 - 2022	Q2 - 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Total
NON-COUNTY PRINTING	\$ 1,340.00	\$ 41,958.69	\$ 30.00	\$ -	\$ 1,295.00	\$ 155.00	\$ 44,778.69
INDIRECT COSTS	\$ -	\$ 330,865.62	\$ -	\$ -	\$ -	\$ -	\$ 330,865.62
NON-CONTRACTUAL SERVICES	\$ 150,300.00	\$ 600.00	\$ -	\$ -	\$ 300.00	\$ -	\$ 151,200.00
TELEPHONE	\$ 6,735.15	\$ 10,390.33	\$ 5,442.30	\$ 3,946.34	\$ 4,913.82	\$ 3,450.62	\$ 34,878.56
TELE - MOBILITY	\$ 132.82	\$ 5,480.05	\$ 970.02	\$ 970.02	\$ 970.16	\$ 923.28	\$ 9,446.35
DATA COMMUNICATIONS	\$ 13,908.85	\$ 3,284.89	\$ 1,420.59	\$ 1,418.98	\$ 1,418.98	\$ 1,420.59	\$ 22,872.88
FISCAL USE ONLY MISC EXPENSE	\$ 32,426.04	\$ 52,070.58	\$ 575.00	\$ 34,360.03	\$ 34,634.94	\$ 16,024.20	\$ 170,090.79
Total OTHER OPERATING	\$ 359,884.50	\$ 632,187.79	\$ 66,501.30	\$ 124,572.26	\$ 92,718.44	\$ 60,749.06	\$ 1,336,613.35
Total OPERATING EXPENSES	\$ 3,969,257.70	\$ 3,814,663.46	\$ 1,599,851.64	\$ 847,356.91	\$ 1,593,771.84	\$ 1,492,449.59	\$ 13,317,351.14
PROVIDER DIRECT SERVICES							
BEHAVIORAL HEALTH	\$ 7,748,619.84	\$ 7,151,059.83	\$ 3,019,679.41	\$ 1,692,614.01	\$ 2,364,144.54	\$ 3,201,610.29	\$ 25,177,727.92
BEH HLTH - MEDICAL	\$ 61,136.67	\$ 675.00	\$ -	\$ -	\$ -	\$ -	\$ 61,811.67
BEH HLTH - RESIDENTIAL	\$ 3,255,859.09	\$ 2,712,525.78	\$ 857,048.65	\$ 775,747.36	\$ 1,284,315.14	\$ 1,163,807.86	\$ 10,049,303.88
BEH HLTH - FAMILY SUPPORT	\$ 823,357.45	\$ 815,905.18	\$ 241,920.61	\$ 286,690.50	\$ 250,911.55	\$ 261,929.10	\$ 2,680,714.39
CLIENT EDUCATION SERVICES	\$ 1,449.42	\$ (1,199.42)	\$ -	\$ -	\$ -	\$ -	\$ 250.00
CLIENT PREVENTION SERVICES	\$ 297,275.34	\$ 345,758.50	\$ 81,638.21	\$ 100,714.58	\$ 95,435.93	\$ 86,284.10	\$ 1,007,106.66
CLIENT TREATMENT SERVICES	\$ 2,949,076.41	\$ 2,751,161.43	\$ 1,210,902.93	\$ 1,125,326.26	\$ 846,469.94	\$ 976,447.81	\$ 9,859,384.78
CLIENT PURCHASED SERVICES	\$ 4,993.30	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,993.30
Total PROVIDER DIRECT SERVICES	\$ 15,141,767.52	\$ 13,775,886.30	\$ 5,411,189.81	\$ 3,981,092.71	\$ 4,841,277.10	\$ 5,690,079.16	\$ 48,841,292.60
OTHER SERVICES							
HOUSING ASSISTANCE	\$ 320,258.90	\$ 316,999.77	\$ 93,387.57	\$ 97,472.06	\$ 105,634.47	\$ 97,019.85	\$ 1,030,772.62
PREVENT - SUICIDE	\$ 35,369.94	\$ -	\$ -	\$ -	\$ (226.10)	\$ -	\$ 35,143.84
Total OTHER SERVICES	\$ 355,628.84	\$ 316,999.77	\$ 93,387.57	\$ 97,472.06	\$ 105,408.37	\$ 97,019.85	\$ 1,065,916.46
Total Expenditures	\$ 19,466,654.06	\$ 17,907,549.53	\$ 7,104,429.02	\$ 4,925,921.68	\$ 6,540,457.31	\$ 7,279,548.60	\$ 63,224,560.20

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

Revenues and Expenditures Grants YTD

October 2022 YTD

	Total ADAMHS DOJ GRANTS	OOD GRANT	Total OTHER GRANTS	SOR GRANT	TOTAL
Revenue					
FEDERAL GRANT REVENUE	\$ 349,328.22	\$ 601,283.20	\$ 385,536.37	\$ 2,433,099.29	\$ 3,769,247.08
REFUNDS & REIMBURSEMENT REV	\$ -	\$ -	\$ -	\$ 12,870.97	\$ 12,870.97
Total Revenue	\$ 349,328.22	\$ 601,283.20	\$ 385,536.37	\$ 2,445,970.26	\$ 3,782,118.05
Expenditures					
OPERATING EXPENSES					
SALARIES					
SALARIES - REGULAR	\$ -	\$ -	\$ 27,959.16	\$ -	\$ 27,959.16
Total SALARIES	\$ -	\$ -	\$ 27,959.16	\$ -	\$ 27,959.16
FRINGE BENEFITS					
MEDICARE	\$ -	\$ -	\$ 395.55	\$ -	\$ 395.55
RETIRE-OPERS - REGULAR	\$ -	\$ -	\$ 3,765.22	\$ -	\$ 3,765.22
FLEX BENEFITS	\$ -	\$ -	\$ 7,828.20	\$ -	\$ 7,828.20
Total FRINGE BENEFITS	\$ -	\$ -	\$ 11,988.97	\$ -	\$ 11,988.97
CONTRACTS & PROFESSIONAL					
CONSULTANT SERVICES	\$ -	\$ -	\$ 796.74	\$ -	\$ 796.74
CONTRACTUAL SERVICES	\$ 358,356.14	\$ 646,137.20	\$ 545,840.94	\$ 328,718.20	\$ 1,879,052.48
Total CONTRACTS & PROFESSIONAL	\$ 358,356.14	\$ 646,137.20	\$ 546,637.68	\$ 328,718.20	\$ 1,879,849.22
Total OPERATING EXPENSES	\$ 358,356.14	\$ 646,137.20	\$ 586,585.81	\$ 328,718.20	\$ 1,919,797.35
PROVIDER DIRECT SERVICES					
CLIENT TREATMENT SERVICES	\$ -	\$ -	\$ -	\$ 2,215,905.41	\$ 2,215,905.41
Total PROVIDER DIRECT SERVICES	\$ -	\$ -	\$ -	\$ 2,215,905.41	\$ 2,215,905.41
Total Expenditures	\$ 358,356.14	\$ 646,137.20	\$ 586,585.81	\$ 2,544,623.61	\$ 4,135,702.76

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Diversion Center Revenues and Expenditures YTD
 January - October 2022

	Q1 - 2022	Q2 - 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Total
REVENUE							
LOCAL GOV'T REVENUE	\$ 916,433.86	\$ 1,198,191.09	\$ -	\$ 878,360.44	\$ 1,010,118.77	\$ -	\$ 4,003,104.16
Total REVENUE	\$ 916,433.86	\$ 1,198,191.09	\$ -	\$ 878,360.44	\$ 1,010,118.77	\$ -	\$ 4,003,104.16
OPERATING EXPENSES							
SALARIES							
SALARIES - REGULAR	\$ 12,647.58	\$ 47,055.99	\$ 5,882.00	\$ 5,882.00	\$ -	\$ 47,055.98	\$ 118,523.55
Total SALARIES	\$ 12,647.58	\$ 47,055.99	\$ 5,882.00	\$ 5,882.00	\$ -	\$ 47,055.98	\$ 118,523.55
FRINGE BENEFITS							
MEDICARE	\$ 183.39	\$ 682.32	\$ 85.29	\$ 85.29	\$ -	\$ 682.32	\$ 1,718.61
RETIRE-OPERS - REGULAR	\$ 1,640.51	\$ 6,562.07	\$ 820.26	\$ 820.26	\$ -	\$ 6,535.36	\$ 16,378.46
FLEX BENEFITS	\$ 2,541.92	\$ 10,995.66	\$ 1,270.96	\$ 1,270.96	\$ -	\$ 10,167.68	\$ 26,247.18
Total FRINGE BENEFITS	\$ 4,365.82	\$ 18,240.05	\$ 2,176.51	\$ 2,176.51	\$ -	\$ 17,385.36	\$ 44,344.25
CONTRACTS & PROFESSIONAL							
CONTRACTUAL SERVICES	\$ 1,262,822.25	\$ 1,184,200.41	\$ 803,996.45	\$ 14,009.68	\$ 565,074.65	\$ 434,686.43	\$ 4,264,789.87
Total CONTRACTS & PROFESSIONAL	\$ 1,262,822.25	\$ 1,184,200.41	\$ 803,996.45	\$ 14,009.68	\$ 565,074.65	\$ 434,686.43	\$ 4,264,789.87
EQUIPMENT EXPENSE							
EQUIPMENT PURCHASE	\$ 18,709.29	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,709.29
Total EQUIPMENT EXPENSE	\$ 18,709.29	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,709.29
Total OPERATING EXPENSES	\$ 1,298,544.94	\$ 1,249,496.45	\$ 812,054.96	\$ 22,068.19	\$ 565,074.65	\$ 499,127.77	\$ 4,446,366.96

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
2022 Cash Flow Report
OCTOBER 2022

	2020 Actual	2021 Actual	YTD thru October 2022
AVAILABLE BEGINNING BALANCE	\$ 19,435,698.13	\$ 29,174,459.62	\$ 41,590,113.22
REVENUES			
Office/Conf Room Rental	\$ 18,385.18	\$ 20,056.56	\$ 15,042.42
Federal Grant revenue	\$ 15,232,049.59	\$ 15,142,265.32	\$ 13,668,065.92
State Grant Revenue	\$ 10,335,723.05	\$ 9,462,828.56	\$ 8,326,673.90
Local Gov't Revenue		\$ 3,344,158.99	\$ 4,003,104.16
Local Muni Non-Grant Revenue	\$ 1,964,209.32	\$ 2,788,599.12	\$ 1,980,214.75
Refunds & Reimbursement Revenue	\$ 34,462.07	\$ 114,789.30	\$ 443,714.67
Fiscal Use Only - Misc Revenue	\$ -	\$ -	\$ 30,000.00
Trans In - Subsidy	\$ 40,363,659.00	\$ 43,463,659.00	\$ 43,463,659.00
TOTAL REVENUE	\$ 67,948,488.21	\$ 74,336,356.85	\$ 71,930,474.82
TOTAL AVAILABLE RESOURCES	\$ 87,384,186.34	\$ 103,510,816.47	\$ 113,520,588.04
EXPENDITURES			
Operating Expenses	\$ 4,958,494.65	\$ 6,731,663.06	\$ 6,951,186.83
Diversion Center	\$ -	\$ -	\$ 4,446,366.96
ADAMHS Board Grants	\$ -	\$ -	\$ 4,135,702.76
Provider Direct Services	\$ 52,163,206.36	\$ 53,885,506.24	\$ 46,625,387.19
Other Services	\$ 1,655,207.79	\$ 1,303,533.95	\$ 1,065,916.46
CARES Act Reimbursement	\$ (130,808.88)	\$ -	\$ -
TOTAL EXPENDITURES	\$ 58,646,099.92	\$ 61,920,703.25	\$ 63,224,560.20
AVAILABLE ENDING BALANCE	\$ 29,174,459.62	\$ 41,590,113.22	\$ 50,296,027.84

***Operating expenses included the Diversion Center and ADAMHS Board grants until 2022.*

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Administrative Budget YTD
November 2022 YTD

	2022 Budget	November Actual YTD	Remaining Balance	% of Budget
ADMINISTRATIVE EXPENSES				
SALARIES				
SALARIES - REGULAR	\$ 1,711,336.00	\$ 1,465,674.99	\$ 245,661.01	86%
SALARIES - PART-TIME	\$ 20,000.00	\$ -	\$ 20,000.00	0%
SALARIES - UNION	\$ 2,131,126.00	\$ 1,773,770.07	\$ 357,355.93	83%
Total SALARIES	\$ 3,862,462.00	\$ 3,239,445.06	\$ 623,016.94	84%
FRINGE BENEFITS				
MEDICARE	\$ 56,642.00	\$ 45,366.53	\$ 11,275.47	80%
RETIRE-OPERS - REGULAR	\$ 560,057.00	\$ 443,994.06	\$ 116,062.94	79%
UNEMPLOYMENT	\$ -	\$ 9,124.00	\$ (9,124.00)	
HOSPITALIZATION	\$ -	\$ 528,452.73	\$ (528,452.73)	
DENTAL	\$ -	\$ 4,274.49	\$ (4,274.49)	
VISION CARE	\$ -	\$ 802.05	\$ (802.05)	
FLEX BENEFITS	\$ 768,000.00	\$ 141,693.83	\$ 626,306.17	18%
LIFE INSURANCE	\$ -	\$ 174.31	\$ (174.31)	
HEALTH BENEFIT ALLOWANCE	\$ -	\$ 172.00	\$ (172.00)	
SPECIAL FRINGE	\$ -	\$ 2,000.00	\$ (2,000.00)	
Total FRINGE BENEFITS	\$ 1,384,699.00	\$ 1,176,054.00	\$ 208,645.00	85%
COMMODITIES				
OFFICE SUPPLIES	\$ 6,500.00	\$ 2,291.89	\$ 4,208.11	35%
COPIER SUPPLIES	\$ 7,500.00	\$ 4,190.23	\$ 3,309.77	56%
FOOD SUPPLIES	\$ 3,500.00	\$ 1,726.44	\$ 1,773.56	49%
ELECTRICITY	\$ 72,500.00	\$ 38,001.94	\$ 34,498.06	52%
REFUSE COLLECTION	\$ -	\$ 1,156.00	\$ (1,156.00)	
Total COMMODITIES	\$ 90,000.00	\$ 47,366.50	\$ 42,633.50	53%
CONTRACTS & PROFESSIONAL				
LS/RENT - BUILDING	\$ 450,000.00	\$ 431,812.84	\$ 18,187.16	96%
TUITION REIMBURSEMENT	\$ 7,000.00	\$ -	\$ 7,000.00	0%
CONSULTANT SERVICES	\$ 195,000.00	\$ 154,046.10	\$ 40,953.90	79%
ASGN COUN - PSYCHOLOGICAL	\$ 95,000.00	\$ 107,095.35	\$ (12,095.35)	113%
RISK MANAGEMENT	\$ 15,000.00	\$ 55,032.00	\$ (40,032.00)	367%
RSK MGMT - LIABILITY	\$ 85,000.00	\$ 72,411.00	\$ 12,589.00	85%
CONTRACTUAL SERVICES	\$ 351,500.00	\$ 337,400.86	\$ 14,099.14	96%
MAINTENANCE/REPAIR SERVICES	\$ 12,079.00	\$ 5,964.48	\$ 6,114.52	49%
Total CONTRACTS & PROFESSIONAL	\$ 1,210,579.00	\$ 1,163,762.63	\$ 46,816.37	96%
EQUIPMENT EXPENSE				
NON-CAPITAL EQUIPMENT	\$ 29,000.00	\$ 28,971.83	\$ 28.17	100%
NON-CAP EQ - IT SOFTWARE	\$ 59,500.00	\$ 57,092.74	\$ 2,407.26	96%
LEASE/RENTAL FEES	\$ 15,500.00	\$ 10,111.08	\$ 5,388.92	65%
LS/RENT - EQUIPMENT	\$ 15,000.00	\$ 8,213.10	\$ 6,786.90	55%
EQUIPMENT PURCHASE	\$ 39,000.00	\$ 34,904.02	\$ 4,095.98	89%
EQUIP PURCH - IT	\$ 11,000.00	\$ 10,802.56	\$ 197.44	98%
Total EQUIPMENT EXPENSE	\$ 169,000.00	\$ 150,095.33	\$ 18,904.67	89%
OTHER OPERATING				
TRAINING/CONFERENCES	\$ 8,500.00	\$ 5,059.00	\$ 3,441.00	60%
MEETINGS	\$ 3,000.00	\$ 2,487.86	\$ 512.14	83%
MEMBERSHIPS/LICENSES	\$ 25,000.00	\$ 23,300.30	\$ 1,699.70	93%
MILEAGE/PARKING	\$ 10,500.00	\$ 9,488.71	\$ 1,011.29	90%
ADVERTISING	\$ 35,000.00	\$ 21,709.94	\$ 13,290.06	62%
DEPARTMENTAL PARKING	\$ 8,000.00	\$ 4,010.00	\$ 3,990.00	50%
POSTAGE/MAIL SERVICES	\$ 15,000.00	\$ 14,283.08	\$ 716.92	95%
NON-COUNTY PRINTING	\$ 4,061.00	\$ 4,060.13	\$ 0.87	100%
INDIRECT COSTS	\$ 330,865.62	\$ 330,865.62	\$ -	100%
NON-CONTRACTUAL SERVICES	\$ -	\$ 1,200.00	\$ (1,200.00)	
TELEPHONE	\$ 35,000.00	\$ 24,037.29	\$ 10,962.71	69%
TELE - MOBILITY	\$ -	\$ 9,047.28	\$ (9,047.28)	
DATA COMMUNICATIONS	\$ 27,060.00	\$ 24,291.86	\$ 2,768.14	90%
FISCAL USE ONLY MISC EXPENSE	\$ 151,000.00	\$ 146,386.54	\$ 4,613.46	97%
CLIENT PURCHASED SERVICES	\$ 5,000.00	\$ 4,993.30	\$ 6.70	100%
Total OTHER OPERATING	\$ 657,986.62	\$ 620,227.61	\$ 37,759.01	94%
Total ADMINISTRATIVE EXPENSES	\$ 7,374,726.62	\$ 6,396,951.13	\$ 977,775.49	87%

BOARD VOUCHER REPORT
11/1/2022 THROUGH 11/30/2022

<u>Description</u>	<u>Vendor Name</u>	<u>Amount</u>
OFFICE SUPPLIES	W B MASON CO INC	\$ 4.28
OFFICE SUPPLIES	W B MASON CO INC	\$ 23.82
OFFICE SUPPLIES	W B MASON CO INC	\$ 171.91
COPIER SUPPLIES	VERITIVE OPERATING COMPANY	\$ 1,018.09
FOOD SUPPLIES	DAVE'S SUPERMARKET INC	\$ 23.96
FOOD SUPPLIES	WATERLOGIC AMERICAS LLC	\$ 119.90
FOOD SUPPLIES	DAVE'S SUPERMARKET INC	\$ 54.97
ELECTRICITY	UNITED TWENTY FIFTH BLDG	\$ 3,414.26
Commodities		\$ 4,831.19
LS/RENT - BUILDING	UNITED TWENTY FIFTH BLDG	\$ 34,773.93
CONSULTANT SERVICES	LESLIE M KOBLENTZ	\$ 2,940.00
CONSULTANT SERVICES	LESLIE M KOBLENTZ	\$ 2,940.00
CONSULTANT SERVICES	LESLIE M KOBLENTZ	\$ 2,940.00
CONSULTANT SERVICES	KATHRYN A BURNS MD MP	\$ 3,885.00
CONSULTANT SERVICES	LESLIE M KOBLENTZ	\$ 2,940.00
CONSULTANT SERVICES	LESLIE M KOBLENTZ	\$ 2,940.00
ASGN COUN - PSYCHOLOGICAL	SCOTT JOSEPH FRIEDMAN	\$ 1,200.00
ASGN COUN - PSYCHOLOGICAL	RONALD C BALBIER	\$ 900.00
ASGN COUN - PSYCHOLOGICAL	RONALD C BALBIER	\$ 900.00
ASGN COUN - PSYCHOLOGICAL	STEVE W CANFIL	\$ 800.00
ASGN COUN - PSYCHOLOGICAL	SCOTT JOSEPH FRIEDMAN	\$ 400.00
ASGN COUN - PSYCHOLOGICAL	J MICHAEL EVANS	\$ 225.00
ASGN COUN - PSYCHOLOGICAL	PAUL M FRIEDMAN	\$ 1,500.00
ASGN COUN - PSYCHOLOGICAL	TED S FRIEDMAN	\$ 1,500.00
ASGN COUN - PSYCHOLOGICAL	RONALD C BALBIER	\$ 400.00
ASGN COUN - PSYCHOLOGICAL	TED S FRIEDMAN	\$ 1,300.00
ASGN COUN - PSYCHOLOGICAL	SCOTT JOSEPH FRIEDMAN	\$ 1,500.00
CONTRACTUAL SERVICES	IRON MOUNTAIN INFORMATION	\$ 5,480.49
CONTRACTUAL SERVICES	IRON MOUNTAIN INFORMATION	\$ 144.57
CONTRACTUAL SERVICES	WILLO SECURITY INC	\$ 2,517.35
CONTRACTUAL SERVICES	IMPACT SOLUTIONS EAP	\$ 300.00
CONTRACTUAL SERVICES	IRON MOUNTAIN INFORMATION	\$ 889.16
CONTRACTUAL SERVICES	WILLO SECURITY INC	\$ 3,677.52
CONTRACTUAL SERVICES	WILLO SECURITY INC	\$ 2,353.18
CONTRACTUAL SERVICES	AILCA HOSPITALITY LLC	\$ 23,718.75
CONTRACTUAL SERVICES	WILLO SECURITY INC	\$ 3,693.94
CONTRACTUAL SERVICES	MOOD MEDIA	\$ 68.50
MAINTENANCE/REPAIR SERVICES	UNIFIRST CORPORATION	\$ 252.03
Contracts & Professional Services		\$107,079.42

BOARD VOUCHER REPORT
11/1/2022 THROUGH 11/30/2022

<u>Description</u>	<u>Vendor Name</u>	<u>Amount</u>
NON-CAP EQ - IT SOFTWARE	NET ACTIVITY INC	\$ 3,722.93
LS/RENT - EQUIPMENT	DE LAGE LADEN FINANCIAL	\$ 1,173.30
EQUIPMENT PURCHASE	MARJET COMMUNICATIONS	\$ 7,687.50
EQUIPMENT PURCHASE	DEX IMAGING LLC	\$ 2,749.16
EQUIPMENT PURCHASE	SAFEWARE INC	\$ 3,875.00
Equipment Purchase		\$ 19,207.89
TRAINING/CONFERENCES	CLEVELAND STATE UNIVERSITY	\$ 3,200.00
TRAINING/CONFERENCES	BETH A PFOHL	\$ 175.00
TRAINING/CONFERENCES	CHRIS H MORGAN JR	\$ 35.00
TRAINING/CONFERENCES	BETH A PFOHL	\$ 50.00
MEETINGS	THOMAS G WILLIAMS	\$ 1,000.00
MILEAGE/PARKING	MICHAELE A SMITH	\$ 27.06
MILEAGE/PARKING	ALLISON SCHAEFER	\$ 72.06
MILEAGE/PARKING	JOICELYN RENEE WEEMS	\$ 194.69
MILEAGE/PARKING	MARK ONUSKO	\$ 77.00
MILEAGE/PARKING	CLARE ROSSER	\$ 107.69
MILEAGE/PARKING	ERIN L DIVINCENZO	\$ 189.38
MILEAGE/PARKING	MYRA A HENDERSON	\$ 22.61
MILEAGE/PARKING	VINCE CROWE	\$ 74.93
MILEAGE/PARKING	VINCE CROWE	\$ 34.50
MILEAGE/PARKING	MADISON GREENSPAN	\$ 75.19
MILEAGE/PARKING	OLIVIA ABDLRASUL	\$ 53.44
MILEAGE/PARKING	NAKIA YUCAS	\$ 17.50
MILEAGE/PARKING	JOHN F COLEMAN	\$ 209.44
MILEAGE/PARKING	JOHN F COLEMAN	\$ 205.13
MILEAGE/PARKING	BETH A ZIETLOW-DEJESUS	\$ 174.38
NON-COUNTY PRINTING	BROTHERS PRINTING COMPANY	\$ 270.00
TELEPHONE	DAVISSA TELEPHONE SYSTEM	\$ 2,699.11
TELEPHONE	DAVISSA TELEPHONE SYSTEM	\$ 1,049.50
TELE - MOBILITY	VERIZON WIRELESS SERVICE	\$ 923.28
DATA COMMUNICATIONS	CHARTER COMMUNICATION	\$ 107.98
DATA COMMUNICATIONS	AGILE NETWORK BUILDER	\$ 586.00
DATA COMMUNICATIONS	OHIO STATE UNIVERSITY	\$ 725.00
FISCAL USE ONLY MISC EXPENSE	APPLEWOOD CENTERS INC	\$ 375.00
FISCAL USE ONLY MISC EXPENSE	2ND ACT ORG INC	\$ 800.00
FISCAL USE ONLY MISC EXPENSE	EXODUS CLINICAL COUNSULTING	\$ 300.00
FISCAL USE ONLY MISC EXPENSE	WAVERLY WILLIS	\$ 300.00
FISCAL USE ONLY MISC EXPENSE	JOSEPHINE RIDLEY	\$ 2,000.00
FISCAL USE ONLY MISC EXPENSE	ASHLEY RYAN CONSULTING	\$ 250.00

BOARD VOUCHER REPORT
11/1/2022 THROUGH 11/30/2022

<u>Description</u>	<u>Vendor Name</u>	<u>Amount</u>
FISCAL USE ONLY MISC EXPENSE	ROBYN C HILL COUNSELI	\$ 300.00
FISCAL USE ONLY MISC EXPENSE	JOYNER AND ASSOCIATES	\$ 350.00
FISCAL USE ONLY MISC EXPENSE	CUYAHOGA COMMUNITY COLLEGE	\$ 667.50
FISCAL USE ONLY MISC EXPENSE	FIFTH THIRD BANK NEO	\$ 18,178.48
FISCAL USE ONLY MISC EXPENSE	MALE BEHAVIORAL HEALTH	\$ 1,500.00
Other Operating		\$ 37,376.85
November Voucher Total		\$168,495.35

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Funding Source Budget to Actual YTD
November 2022 YTD

	2022 Budget	November YTD Actuals	Remaining Balance	% of Budget
ADAMHS ADMINISTRATION	\$ -	\$ 1,034,034.94	\$ (1,034,034.94)	
AOD Continuum of Care	\$ 586,004.00	\$ 586,004.00	\$ -	100%
AOD Per Capita Prevention	\$ 119,995.00	\$ 119,995.00	\$ -	100%
AOD Recovery Housing	\$ 45,900.00	\$ 73,175.80	\$ (27,275.80)	159%
ATP	\$ 300,000.00	\$ 150,000.00	\$ 150,000.00	50%
Casino Gambling Prevention	\$ 207,607.00	\$ 207,607.50	\$ (0.50)	100%
Casino Gambling Treatment	\$ 207,608.00	\$ 213,857.50	\$ (6,249.50)	103%
Community Investments	\$ 1,825,781.00	\$ 1,994,307.04	\$ (168,526.04)	109%
Community Investments - ADAMHS Boards	\$ 50,000.00	\$ -	\$ 50,000.00	0%
Community Investments -Continuum of Care	\$ 34,765.00	\$ -	\$ 34,765.00	0%
Community Transition Program	\$ 700,000.00	\$ 575,000.00	\$ 125,000.00	82%
Corrections Planning Board	\$ 1,500,000.00	\$ 1,412,517.53	\$ 87,482.47	94%
County Subsidy	\$ 43,463,659.00	\$ 43,463,659.00	\$ -	100%
Criminal Justice Forensic Center & Monitoring	\$ 259,608.00	\$ 439,498.00	\$ (179,890.00)	169%
Crisis Funds	\$ 512,641.00	\$ 537,641.00	\$ (25,000.00)	105%
Early Childhood (Invest in Children)	\$ 819,552.00	\$ 429,935.92	\$ 389,616.08	52%
Early Childhood Mental Health Counseling	\$ 441,906.00	\$ 433,842.85	\$ 8,063.15	98%
Mental Health Block Grant	\$ 850,159.00	\$ 848,814.00	\$ 1,345.00	100%
Miscellaneous	\$ 200,000.00	\$ 631,922.07	\$ (431,922.07)	316%
Northeast Ohio Collaborative Funding	\$ 1,598,458.00	\$ 1,750,000.00	\$ (151,542.00)	109%
ODRC (ACT)	\$ 275,000.00	\$ 155,571.65	\$ 119,428.35	57%
Overdose to Action Grant (Board of Health)	\$ 84,782.00	\$ 66,338.93	\$ 18,443.07	78%
PATH	\$ 338,339.00	\$ 347,723.69	\$ (9,384.69)	103%
SAMHSA Emergency COVID-19	\$ 438,212.00	\$ 343,953.69	\$ 94,258.31	78%
SAPT Direct Grants - Gambling (Recovery Res.)	\$ 75,000.00	\$ 75,000.00	\$ -	100%
SAPT Direct Grants - TASC (Court of Common Pleas.)	\$ 137,910.00	\$ 398,437.00	\$ (260,527.00)	289%
SAPT Direct Grants - Therapeutic Comm (CATS)	\$ 98,551.00	\$ 98,551.00	\$ -	100%
SAPT Pass Through	\$ 2,076,768.00	\$ 1,882,739.67	\$ 194,028.33	91%
SAPT Prevention	\$ 1,382,871.00	\$ 1,528,371.00	\$ (145,500.00)	111%
SAPT System of Care/DYS Aftercare	\$ 215,796.00	\$ 172,835.73	\$ 42,960.27	80%
SAPT Treatment	\$ 3,509,071.00	\$ 3,509,071.00	\$ -	100%
Specialized Docket Support-Drug Courts	\$ 535,000.00	\$ 535,000.00	\$ -	100%
System of Care State Funds	\$ 405,524.00	\$ 339,647.30	\$ 65,876.70	84%
Title XX	\$ 860,000.00	\$ 850,857.00	\$ 9,143.00	99%
Total ADAMHS ADMINISTRATION	\$ 64,156,467.00	\$ 65,205,909.81	\$ (1,049,442.81)	102%
ADAMHS DOJ GRANTS				
CIP Grant	\$ 313,001.00	\$ 211,306.25	\$ 101,694.75	68%
COSSAP Grant	\$ 391,309.00	\$ 198,342.26	\$ 192,966.74	51%
Total ADAMHS DOJ GRANTS	\$ 704,310.00	\$ 409,648.51	\$ 294,661.49	58%
DIVERSION CENTER	\$ 4,529,287.00	\$ 4,470,024.63	\$ 59,262.37	99%
OOD GRANT	\$ 789,185.00	\$ 648,258.45	\$ 140,926.55	82%
OTHER GRANTS				
DOJ /BJA Data Grant	\$ 330,000.00	\$ 379,823.27	\$ (49,823.27)	115%
SAMHSA Early Diversion Grant	\$ 330,000.00	\$ 272,412.20	\$ 57,587.80	83%
Total OTHER GRANTS	\$ 660,000.00	\$ 652,235.47	\$ 7,764.53	99%
SOR GRANT	\$ 2,709,000.00	\$ 2,944,510.04	\$ (235,510.04)	109%
TOTAL	\$ 73,548,249.00	\$ 74,330,586.91	\$ (782,337.91)	101%

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Revenues By Source By Month
January - November 2022

	Q1 - 2022	Q2 - 2022	Q3 - 2022	Oct 2022	Nov 2022	Total
ADAMHS ADMINISTRATION	\$ 754,775.94	\$ 57,352.49	\$ 440,372.00	\$ 155.00	\$ (218,620.49)	\$ 1,034,034.94
AOD Continuum of Care	\$ 146,501.00	\$ 146,501.00	\$ 146,501.00	\$ 146,501.00	\$ -	\$ 586,004.00
AOD Per Capita Prevention	\$ 23,798.75	\$ 23,798.75	\$ 48,598.75	\$ 23,798.75	\$ -	\$ 119,995.00
AOD Recovery Housing	\$ 40,991.80	\$ -	\$ 22,950.00	\$ -	\$ 9,234.00	\$ 73,175.80
ATP	\$ -	\$ -	\$ 75,000.00	\$ 75,000.00	\$ -	\$ 150,000.00
Casino Gambling Prevention	\$ 103,803.75	\$ 103,803.75	\$ -	\$ -	\$ -	\$ 207,607.50
Casino Gambling Treatment	\$ -	\$ -	\$ 103,803.75	\$ 103,803.75	\$ 6,250.00	\$ 213,857.50
Community Investments	\$ 656,902.29	\$ 363,300.25	\$ 605,804.25	\$ 368,300.25	\$ -	\$ 1,994,307.04
Community Transition Program	\$ 100,000.00	\$ 100,000.00	\$ 187,500.00	\$ 187,500.00	\$ -	\$ 575,000.00
Corrections Planning Board	\$ 367,049.77	\$ 564,137.35	\$ 345,187.69	\$ 73,923.97	\$ 62,218.75	\$ 1,412,517.53
County Subsidy	\$ 43,463,659.00	\$ -	\$ -	\$ -	\$ -	\$ 43,463,659.00
Criminal Justice Forensic Center & Monitoring	\$ 92,592.00	\$ 64,902.00	\$ 64,902.00	\$ 64,902.00	\$ 152,200.00	\$ 439,498.00
Crisis Funds	\$ 256,320.50	\$ -	\$ 281,320.50	\$ -	\$ -	\$ 537,641.00
Early Childhood (Invest in Children)	\$ 23,624.31	\$ 93,176.03	\$ 104,992.22	\$ -	\$ 208,143.36	\$ 429,935.92
Early Childhood Mental Health Counseling	\$ 124,473.53	\$ 96,781.09	\$ 120,532.99	\$ -	\$ 92,055.24	\$ 433,842.85
Mental Health Block Grant	\$ 209,953.50	\$ 209,953.50	\$ 209,953.50	\$ 218,953.50	\$ -	\$ 848,814.00
Miscellaneous	\$ 136,642.45	\$ 210,925.49	\$ 187,330.27	\$ 74,649.90	\$ 22,373.96	\$ 631,922.07
Northeast Ohio Collaborative Funding	\$ 500,000.00	\$ -	\$ 1,250,000.00	\$ -	\$ -	\$ 1,750,000.00
ODRC (ACT)	\$ -	\$ 101,163.64	\$ -	\$ -	\$ 54,408.01	\$ 155,571.65
Overdose to Action Grant (Board of Health)	\$ 18,650.45	\$ 9,217.53	\$ 17,395.55	\$ 21,075.40	\$ -	\$ 66,338.93
PATH	\$ 78,559.69	\$ 96,972.97	\$ 82,721.86	\$ -	\$ 89,469.17	\$ 347,723.69
SAMHSA Emergency COVID-19	\$ 343,953.69	\$ -	\$ -	\$ -	\$ -	\$ 343,953.69
SAPT Direct Grants - Gambling (Recovery Res.)	\$ 31,250.00	\$ 12,500.00	\$ 25,000.00	\$ 6,250.00	\$ -	\$ 75,000.00
SAPT Direct Grants - TASC (Court of Common Pleas.)	\$ 34,477.50	\$ 34,477.50	\$ 34,477.50	\$ -	\$ 295,004.50	\$ 398,437.00
SAPT Direct Grants - Therapeutic Comm (CATS)	\$ -	\$ 49,275.50	\$ -	\$ 49,275.50	\$ -	\$ 98,551.00
SAPT Pass Through	\$ 507,690.27	\$ 703,274.05	\$ 411,704.43	\$ 213,726.25	\$ 46,344.67	\$ 1,882,739.67
SAPT Prevention	\$ 491,217.75	\$ 345,717.75	\$ 345,717.75	\$ 345,717.75	\$ -	\$ 1,528,371.00
SAPT System of Care/DYS Aftercare	\$ 76,012.05	\$ -	\$ 38,271.19	\$ 31,150.46	\$ 27,402.03	\$ 172,835.73
SAPT Treatment	\$ 877,267.75	\$ 877,267.75	\$ 877,267.75	\$ 877,267.75	\$ -	\$ 3,509,071.00
Specialized Docket Support-Drug Courts	\$ -	\$ -	\$ 535,000.00	\$ -	\$ -	\$ 535,000.00
System of Care State Funds	\$ 101,381.00	\$ 136,885.30	\$ -	\$ 101,381.00	\$ -	\$ 339,647.30
Title XX	\$ 144,341.00	\$ 180,725.00	\$ 311,617.00	\$ -	\$ 214,174.00	\$ 850,857.00
Total ADAMHS ADMINISTRATION	\$ 49,705,889.74	\$ 4,582,108.69	\$ 6,873,921.95	\$ 2,983,332.23	\$ 1,060,657.20	\$ 65,205,909.81
ADAMHS DOJ GRANTS						
CIP Grant	\$ 25,365.53	\$ 57,379.45	\$ 68,240.98	\$ -	\$ 60,320.29	\$ 211,306.25
COSSAP Grant	\$ 55,196.20	\$ 64,188.50	\$ 41,116.17	\$ 37,841.39	\$ -	\$ 198,342.26
Total ADAMHS DOJ GRANTS	\$ 80,561.73	\$ 121,567.95	\$ 109,357.15	\$ 37,841.39	\$ 60,320.29	\$ 409,648.51
DIVERSION CENTER	\$ 916,433.86	\$ 1,198,191.09	\$ 1,888,479.21	\$ -	\$ 466,920.47	\$ 4,470,024.63
OOD GRANT	\$ 263,061.40	\$ 197,296.05	\$ 140,925.75	\$ -	\$ 46,975.25	\$ 648,258.45
OTHER GRANTS						
DOJ /BJA Data Grant	\$ 64,421.74	\$ 57,326.73	\$ 83,679.63	\$ -	\$ 174,395.17	\$ 379,823.27
SAMHSA Early Diversion Grant	\$ 49,098.43	\$ 62,378.56	\$ 68,631.28	\$ -	\$ 92,303.93	\$ 272,412.20
Total OTHER GRANTS	\$ 113,520.17	\$ 119,705.29	\$ 152,310.91	\$ -	\$ 266,699.10	\$ 652,235.47
SOR GRANT	\$ 956,189.84	\$ 470,083.38	\$ 1,011,326.29	\$ 8,370.75	\$ 498,539.78	\$ 2,944,510.04
TOTAL	\$ 52,035,656.74	\$ 6,688,952.45	\$ 10,176,321.26	\$ 3,029,544.37	\$ 2,400,112.09	\$ 74,330,586.91

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Budget vs. Actual Expenses 2022 YTD
November 2022 YTD

	November YTD			% of Budget
	2022 Budget	Actuals	Remaining Balance	
JAIL DIVERSION GRANT	\$ 330,000.00	\$ 250,743.78	\$ 79,256.22	76%
COAP GRANT	\$ 330,000.00	\$ 335,842.03	\$ (5,842.03)	102%
CIP GRANT	\$ 313,001.00	\$ 204,299.76	\$ 108,701.24	65%
COSSAP GRANT	\$ 391,309.00	\$ 178,350.99	\$ 212,958.01	46%
DIVERSION CENTER	\$ 4,098,119.00	\$ 4,826,940.47	\$ (728,821.47)	118%
OOD - CASE SVCS CONTRACT	\$ 789,185.00	\$ 678,373.12	\$ 110,811.88	82%
SOR GRANT	\$ 2,709,000.00	\$ 2,797,802.29	\$ (88,802.29)	103%
ADMINISTRATIVE EXPENSES	\$ 7,374,726.62	\$ 6,401,944.43	\$ 972,782.19	87%
ADULT & FAMILY CARE SERVICES	\$ 562,241.00	\$ 432,777.72	\$ 129,463.28	77%
COORDINATION/EVALUATION SERVICES	\$ 1,163,692.00	\$ 406,057.52	\$ 757,634.48	35%
CRISIS CARE/INTERVENTION	\$ 12,940,274.00	\$ 13,984,232.95	\$ (1,043,958.95)	108%
DETOXIFICATION	\$ 1,886,400.00	\$ 360,784.52	\$ 1,525,615.48	19%
EARLY CHILDHOOD MENTAL HEALTH	\$ 1,642,482.00	\$ 1,611,528.30	\$ 30,953.70	98%
EMPLOYMENT SERVICES	\$ 1,618,865.00	\$ 1,833,941.87	\$ (215,076.87)	113%
FAITH-BASED SERVICES	\$ 393,466.00	\$ 374,740.97	\$ 18,725.03	95%
HEALTH MGT INFORMATION SYS	\$ 350,000.00	\$ 9,157.00	\$ 340,843.00	3%
JUSTICE RELATED SERVICES	\$ 4,479,880.00	\$ 4,880,412.87	\$ (400,532.87)	109%
MH - OUTPATIENT TREATMENT	\$ 3,710,839.00	\$ 2,223,349.10	\$ 1,487,489.90	60%
OTHER OBLIGATED FUNDS	\$ 6,363,107.38	\$ -	\$ 6,363,107.38	0%
OTHER SERVICES	\$ 1,854,992.00	\$ 2,661,491.61	\$ (806,499.61)	143%
PASS-THRU PROGRAMS	\$ 3,019,240.00	\$ 2,760,370.15	\$ 258,869.85	91%
PREVENTION SERVICES - MH	\$ 760,813.00	\$ 551,998.53	\$ 208,814.47	73%
PREVENTION SERVICES - SUD	\$ 1,818,945.00	\$ 1,994,919.53	\$ (175,974.53)	110%
BOARD PROPERTY EXPENSES	\$ 250,000.00	\$ 204,742.48	\$ 45,257.52	82%
PSYCHIATRIC SERVICES	\$ 914,290.00	\$ 812,500.00	\$ 101,790.00	89%
RECOVERY SUPPORTS	\$ 835,317.00	\$ 428,904.80	\$ 406,412.20	51%
RECOVERY SUPPORTS - ART THERAPY	\$ 207,520.00	\$ 167,643.30	\$ 39,876.70	81%
RECOVERY SUPPORTS - PEER SUPPORT	\$ 2,583,059.00	\$ 2,635,927.46	\$ (52,868.46)	102%
RESIDENTIAL ASST PROG (RAP)	\$ 2,500,000.00	\$ 1,110,136.91	\$ 1,389,863.09	44%
RESIDENTIAL TREATMENT HOUSING-MH	\$ 8,734,312.00	\$ 7,838,193.01	\$ 896,118.99	90%
RESIDENTIAL TREATMENT HOUSING-SUD	\$ 3,678,692.00	\$ 1,960,250.59	\$ 1,718,441.41	53%
SCHOOL BASED SERVICES	\$ 599,083.00	\$ 529,537.25	\$ 69,545.75	88%
SOBER RECOVERY BEDS	\$ 2,228,925.00	\$ 2,102,451.58	\$ 126,473.42	94%
SUD - OUTPATIENT TREATMENT	\$ 2,960,274.00	\$ 1,902,689.38	\$ 1,057,584.62	64%
TOTAL	\$ 84,392,049.00	\$ 69,453,036.27	\$ 14,939,012.73	82%

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Revenue and Expenditures All Accounting Units By Month
 January - November 2022

	Q1 - 2022	Q2 - 2022	Q3 - 2022	Oct 2022	Nov 2022	Total
Revenue						
OFFICE/CONF ROOM RENTAL	\$ 5,014.14	\$ 5,014.14	\$ 5,014.14	\$ -	\$ 3,342.76	\$ 18,385.18
FEDERAL GRANT REVENUE	\$ 4,870,596.50	\$ 3,358,067.99	\$ 3,691,173.58	\$ 1,748,227.85	\$ 1,437,727.32	\$ 15,105,793.24
STATE GRANT REVENUE	\$ 2,064,232.68	\$ 1,218,717.73	\$ 3,896,177.99	\$ 1,147,545.50	\$ 186,969.51	\$ 8,513,643.41
LOCAL GOV'T REVENUE	\$ 916,433.86	\$ 1,198,191.09	\$ 1,888,479.21	\$ -	\$ 466,920.47	\$ 4,470,024.63
LOCAL MUNI NON-GRANT REVENUE	\$ 497,839.04	\$ 827,368.35	\$ 521,636.34	\$ 133,371.02	\$ 284,276.87	\$ 2,264,491.62
REFUNDS & REIMBURSEMENT REV	\$ 217,881.52	\$ 51,593.15	\$ 173,840.00	\$ 400.00	\$ 20,875.16	\$ 464,589.83
FISCAL USE ONLY MISC REVENUE	\$ -	\$ 30,000.00	\$ -	\$ -	\$ -	\$ 30,000.00
TRANS IN - SUBSIDY IN	\$ 43,463,659.00	\$ -	\$ -	\$ -	\$ -	\$ 43,463,659.00
Total Revenue	\$ 52,035,656.74	\$ 6,688,952.45	\$ 10,176,321.26	\$ 3,029,544.37	\$ 2,400,112.09	\$ 74,330,586.91
Expenditures						
OPERATING EXPENSES						
SALARIES						
SALARIES - REGULAR	\$ 475,321.12	\$ 386,161.54	\$ 496,851.16	\$ 133,800.08	\$ 125,905.80	\$ 1,618,039.70
SALARIES - UNION	\$ 539,059.12	\$ 444,175.62	\$ 491,735.41	\$ 145,455.43	\$ 153,344.49	\$ 1,773,770.07
Total SALARIES	\$ 1,014,380.24	\$ 830,337.16	\$ 988,586.57	\$ 279,255.51	\$ 279,250.29	\$ 3,391,809.77
FRINGE BENEFITS						
MEDICARE	\$ 14,105.01	\$ 11,663.55	\$ 13,819.72	\$ 3,913.90	\$ 4,063.79	\$ 47,565.97
RETIRE-OPERS - REGULAR	\$ 134,418.85	\$ 113,395.42	\$ 137,270.32	\$ 39,187.53	\$ 40,685.88	\$ 464,958.00
UNEMPLOYMENT	\$ 3,688.00	\$ -	\$ 5,436.00	\$ -	\$ -	\$ 9,124.00
HOSPITALIZATION	\$ 29,034.93	\$ 174,937.00	\$ 202,562.65	\$ 59,993.39	\$ 61,924.76	\$ 528,452.73
DENTAL	\$ 1,054.86	\$ 3,219.63	\$ -	\$ -	\$ -	\$ 4,274.49
VISION CARE	\$ 197.85	\$ 604.20	\$ -	\$ -	\$ -	\$ 802.05
FLEX BENEFITS	\$ 173,573.32	\$ -	\$ 3,466.85	\$ -	\$ -	\$ 177,040.17
LIFE INSURANCE	\$ 799.12	\$ 4,242.59	\$ 3,507.33	\$ (8,395.01)	\$ 20.28	\$ 174.31
HEALTH BENEFIT ALLOWANCE	\$ -	\$ -	\$ -	\$ -	\$ 172.00	\$ 172.00
SPECIAL FRINGE	\$ -	\$ -	\$ 1,000.00	\$ 500.00	\$ 500.00	\$ 2,000.00
Total FRINGE BENEFITS	\$ 356,871.94	\$ 308,062.39	\$ 367,062.87	\$ 95,199.81	\$ 107,366.71	\$ 1,234,563.72
COMMODITIES						
OFFICE SUPPLIES	\$ 436.91	\$ 171.37	\$ 254.70	\$ 1,228.90	\$ 200.01	\$ 2,291.89
COPIER SUPPLIES	\$ 667.27	\$ 1,155.56	\$ 1,322.81	\$ 26.50	\$ 1,018.09	\$ 4,190.23
FOOD SUPPLIES	\$ 535.39	\$ 396.12	\$ 393.17	\$ 202.93	\$ 198.83	\$ 1,726.44
WATER	\$ 3,888.69	\$ 2,799.02	\$ 3,362.09	\$ 1,067.97	\$ 870.45	\$ 11,988.22
SEWER	\$ 6,007.93	\$ 4,948.91	\$ 5,499.99	\$ 1,408.69	\$ 1,800.04	\$ 19,665.56
ELECTRICITY	\$ 24,036.61	\$ 19,026.88	\$ 9,383.89	\$ 4,687.61	\$ 5,694.55	\$ 62,829.54
NATURAL GAS	\$ 9,878.72	\$ 4,487.10	\$ 1,899.75	\$ 371.77	\$ 2,085.13	\$ 18,722.47
REFUSE COLLECTION	\$ 10,516.00	\$ 10,165.41	\$ 14,085.31	\$ 860.13	\$ 4,182.29	\$ 39,809.14
Total COMMODITIES	\$ 55,967.52	\$ 43,150.37	\$ 36,201.71	\$ 9,854.50	\$ 16,049.39	\$ 161,223.49
CONTRACTS & PROFESSIONAL						
LS/RENT - BUILDING	\$ 104,286.30	\$ 139,048.40	\$ 118,918.45	\$ 34,785.76	\$ 34,773.93	\$ 431,812.84
CONSULTANT SERVICES	\$ 44,974.00	\$ 41,040.74	\$ 41,363.70	\$ 8,879.40	\$ 18,585.00	\$ 154,842.84
ASGN COUN - PSYCHOLOGICAL	\$ 32,695.35	\$ 28,800.00	\$ 23,875.00	\$ 11,100.00	\$ 10,625.00	\$ 107,095.35
JUDICIAL SERVICES	\$ 22,775.00	\$ 49,650.00	\$ 47,575.00	\$ 6,400.00	\$ 5,850.00	\$ 132,250.00
RISK MANAGEMENT	\$ 13,032.00	\$ -	\$ 42,000.00	\$ -	\$ -	\$ 55,032.00
RSK MGMT - LIABILITY	\$ -	\$ -	\$ 71,411.00	\$ 1,000.00	\$ -	\$ 72,411.00
CONTRACTUAL SERVICES	\$ 1,828,474.35	\$ 1,722,901.60	\$ 1,958,211.05	\$ 966,439.81	\$ 544,820.19	\$ 7,020,847.00
MAINTENANCE/REPAIR SERVICES	\$ 33,682.80	\$ 19,907.81	\$ 18,533.53	\$ 5,292.42	\$ 3,853.16	\$ 81,269.72
Total CONTRACTS & PROFESSIONAL	\$ 2,079,919.80	\$ 2,001,348.55	\$ 2,321,887.73	\$ 1,033,897.39	\$ 618,507.28	\$ 8,055,560.75
EQUIPMENT EXPENSE						
NON-CAPITAL EQUIPMENT	\$ 28,971.83	\$ -	\$ -	\$ -	\$ -	\$ 28,971.83
NON-CAP EQ - IT SOFTWARE	\$ 10,546.12	\$ 16,480.44	\$ 31,148.64	\$ 4,351.61	\$ 3,722.93	\$ 66,249.74
LEASE/RENTAL FEES	\$ 38,463.17	\$ (31,061.03)	\$ 2,708.94	\$ -	\$ -	\$ 10,111.08
LS/RENT - EQUIPMENT	\$ 1,173.30	\$ 1,173.30	\$ 3,519.90	\$ 1,173.30	\$ 1,173.30	\$ 8,213.10
EQUIPMENT PURCHASE	\$ 23,079.28	\$ 3,578.17	\$ 4,675.79	\$ 7,968.41	\$ 14,311.66	\$ 53,613.31
EQUIP PURCH - IT	\$ -	\$ 9,406.32	\$ 1,396.24	\$ -	\$ -	\$ 10,802.56

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Revenue and Expenditures All Accounting Units By Month
 January - November 2022

	Q1 - 2022	Q2 - 2022	Q3 - 2022	Oct 2022	Nov 2022	Total
Total EQUIPMENT EXPENSE	\$ 102,233.70	\$ (422.80)	\$ 43,449.51	\$ 13,493.32	\$ 19,207.89	\$ 177,961.62
OTHER OPERATING						
TRAINING/CONFERENCES	\$ 50.00	\$ 1,250.00	\$ 299.00	\$ -	\$ 3,460.00	\$ 5,059.00
MEETINGS	\$ 1,180.28	\$ 16,712.79	\$ -	\$ -	\$ 1,000.00	\$ 18,893.07
MEMBERSHIPS/LICENSES	\$ 1,850.30	\$ 19,000.00	\$ 2,450.00	\$ -	\$ -	\$ 23,300.30
MILEAGE/PARKING	\$ 1,389.07	\$ 1,929.65	\$ 3,761.44	\$ 873.55	\$ 1,535.00	\$ 9,488.71
ADVERTISING	\$ 134,373.44	\$ 147,645.19	\$ 184,579.68	\$ 36,842.99	\$ 134,936.77	\$ 638,378.07
DEPARTMENTAL PARKING	\$ 2,010.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -	\$ 4,010.00
POSTAGE/MAIL SERVICES	\$ 14,188.55	\$ -	\$ 35.70	\$ 58.83	\$ -	\$ 14,283.08
NON-COUNTY PRINTING	\$ 1,340.00	\$ 41,958.69	\$ 1,325.00	\$ 155.00	\$ 910.00	\$ 45,688.69
INDIRECT COSTS	\$ -	\$ 330,865.62	\$ -	\$ -	\$ -	\$ 330,865.62
NON-CONTRACTUAL SERVICES	\$ 150,300.00	\$ 600.00	\$ 300.00	\$ -	\$ -	\$ 151,200.00
TELEPHONE	\$ 6,735.15	\$ 10,390.33	\$ 14,302.46	\$ 3,450.62	\$ 4,738.98	\$ 39,617.54
TELE - MOBILITY	\$ 132.82	\$ 5,480.05	\$ 2,910.20	\$ 923.28	\$ 88.80	\$ 9,535.15
DATA COMMUNICATIONS	\$ 13,908.85	\$ 3,284.89	\$ 4,258.55	\$ 1,420.59	\$ 1,418.98	\$ 24,291.86
FISCAL USE ONLY MISC EXPENSE	\$ 32,426.04	\$ 52,070.58	\$ 69,569.97	\$ 16,024.20	\$ 27,520.98	\$ 197,611.77
Total OTHER OPERATING	\$ 359,884.50	\$ 632,187.79	\$ 283,792.00	\$ 60,749.06	\$ 175,609.51	\$ 1,512,222.86
Total OPERATING EXPENSES	\$ 3,969,257.70	\$ 3,814,663.46	\$ 4,040,980.39	\$ 1,492,449.59	\$ 1,215,991.07	\$ 14,533,342.21
PROVIDER DIRECT SERVICES						
BEHAVIORAL HEALTH	\$ 7,748,619.84	\$ 7,151,059.83	\$ 7,076,437.96	\$ 3,201,610.29	\$ 2,362,561.87	\$ 27,540,289.79
BEH HLTH - MEDICAL	\$ 61,136.67	\$ 675.00	\$ -	\$ -	\$ -	\$ 61,811.67
BEH HLTH - RESIDENTIAL	\$ 3,255,859.09	\$ 2,712,525.78	\$ 2,917,111.15	\$ 1,163,807.86	\$ 1,424,950.63	\$ 11,474,254.51
BEH HLTH - FAMILY SUPPORT	\$ 823,357.45	\$ 815,905.18	\$ 779,522.66	\$ 261,929.10	\$ 252,952.58	\$ 2,933,666.97
CLIENT EDUCATION SERVICES	\$ 1,449.42	\$ (1,199.42)	\$ -	\$ -	\$ -	\$ 250.00
CLIENT PREVENTION SERVICES	\$ 297,275.34	\$ 345,758.50	\$ 277,788.72	\$ 86,284.10	\$ 125,902.53	\$ 1,133,009.19
CLIENT TREATMENT SERVICES	\$ 2,949,076.41	\$ 2,751,161.43	\$ 3,182,699.13	\$ 976,447.81	\$ 798,451.23	\$ 10,657,836.01
CLIENT PURCHASED SERVICES	\$ 4,993.30	\$ -	\$ -	\$ -	\$ -	\$ 4,993.30
Total PROVIDER DIRECT SERVICES	\$ 15,141,767.52	\$ 13,775,886.30	\$ 14,233,559.62	\$ 5,690,079.16	\$ 4,964,818.84	\$ 53,806,111.44
OTHER SERVICES						
ECONOMIC DEVELOPMENT SERVICES	\$ -	\$ -	\$ -	\$ -	\$ (15,555.12)	\$ (15,555.12)
HOUSING ASSISTANCE	\$ 320,258.90	\$ 316,999.77	\$ 296,494.10	\$ 97,019.85	\$ 63,221.28	\$ 1,093,993.90
PREVENT - SUICIDE	\$ 35,369.94	\$ -	\$ (226.10)	\$ -	\$ -	\$ 35,143.84
Total OTHER SERVICES	\$ 355,628.84	\$ 316,999.77	\$ 296,268.00	\$ 97,019.85	\$ 47,666.16	\$ 1,113,582.62
Total Expenditures	\$ 19,466,654.06	\$ 17,907,549.53	\$ 18,570,808.01	\$ 7,279,548.60	\$ 6,228,476.07	\$ 69,453,036.27

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Revenues and Expenditures Grants YTD
 November 2022 YTD

	Total ADAMHS		Total OTHER		
	DOJ GRANTS	OOD GRANT	GRANTS	SOR GRANT	TOTAL
Revenue					
FEDERAL GRANT REVENUE	\$ 409,648.51	\$ 648,258.45	\$ 652,235.47	\$ 2,931,639.07	\$ 4,641,781.50
REFUNDS & REIMBURSEMENT REV	\$ -	\$ -	\$ -	\$ 12,870.97	\$ 12,870.97
Total Revenue	\$ 409,648.51	\$ 648,258.45	\$ 652,235.47	\$ 2,944,510.04	\$ 4,654,652.47
Expenditures					
OPERATING EXPENSES					
SALARIES					
SALARIES - REGULAR	\$ -	\$ -	\$ 27,959.16	\$ -	\$ 27,959.16
Total SALARIES	\$ -	\$ -	\$ 27,959.16	\$ -	\$ 27,959.16
FRINGE BENEFITS					
MEDICARE	\$ -	\$ -	\$ 395.55	\$ -	\$ 395.55
RETIRE-OPERS - REGULAR	\$ -	\$ -	\$ 3,765.22	\$ -	\$ 3,765.22
FLEX BENEFITS	\$ -	\$ -	\$ 7,828.20	\$ -	\$ 7,828.20
Total FRINGE BENEFITS	\$ -	\$ -	\$ 11,988.97	\$ -	\$ 11,988.97
CONTRACTS & PROFESSIONAL					
CONSULTANT SERVICES	\$ -	\$ -	\$ 796.74	\$ -	\$ 796.74
CONTRACTUAL SERVICES	\$ 382,650.75	\$ 678,373.12	\$ 561,396.06	\$ 358,478.20	\$ 1,980,898.13
Total CONTRACTS & PROFESSIONAL	\$ 382,650.75	\$ 678,373.12	\$ 562,192.80	\$ 358,478.20	\$ 1,981,694.87
Total OPERATING EXPENSES	\$ 382,650.75	\$ 678,373.12	\$ 602,140.93	\$ 358,478.20	\$ 2,021,643.00
PROVIDER DIRECT SERVICES					
CLIENT TREATMENT SERVICES	\$ -	\$ -	\$ -	\$ 2,439,324.09	\$ 2,439,324.09
Total PROVIDER DIRECT SERVICES	\$ -	\$ -	\$ -	\$ 2,439,324.09	\$ 2,439,324.09
OTHER SERVICES					
ECONOMIC DEVELOPMENT SERVICES	\$ -	\$ -	\$ (15,555.12)	\$ -	\$ (15,555.12)
Total OTHER SERVICES	\$ -	\$ -	\$ (15,555.12)	\$ -	\$ (15,555.12)
Total Expenditures	\$ 382,650.75	\$ 678,373.12	\$ 586,585.81	\$ 2,797,802.29	\$ 4,445,411.97

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County Diversion Center Revenues and Expenditures YTD

January - November 2022

	Q1 - 2022	Q2 - 2022	Q3 - 2022	Oct 2022	Nov 2022	Total
REVENUE						
LOCAL GOV'T REVENUE	\$ 916,433.86	\$ 1,198,191.09	\$ 1,888,479.21	\$ -	\$ 466,920.47	\$ 4,470,024.63
Total REVENUE	\$ 916,433.86	\$ 1,198,191.09	\$ 1,888,479.21	\$ -	\$ 466,920.47	\$ 4,470,024.63
OPERATING EXPENSES						
SALARIES						
SALARIES - REGULAR	\$ 12,647.58	\$ 47,055.99	\$ 11,764.00	\$ 47,055.98	\$ 5,882.00	\$ 124,405.55
Total SALARIES	\$ 12,647.58	\$ 47,055.99	\$ 11,764.00	\$ 47,055.98	\$ 5,882.00	\$ 124,405.55
FRINGE BENEFITS						
MEDICARE	\$ 183.39	\$ 682.32	\$ 170.58	\$ 682.32	\$ 85.28	\$ 1,803.89
RETIRE-OPERS - REGULAR	\$ 1,640.51	\$ 6,562.07	\$ 1,640.52	\$ 6,535.36	\$ 820.26	\$ 17,198.72
FLEX BENEFITS	\$ 2,541.92	\$ 10,995.66	\$ 2,541.92	\$ 10,167.68	\$ 1,270.96	\$ 27,518.14
Total FRINGE BENEFITS	\$ 4,365.82	\$ 18,240.05	\$ 4,353.02	\$ 17,385.36	\$ 2,176.50	\$ 46,520.75
CONTRACTS & PROFESSIONAL						
CONTRACTUAL SERVICES	\$ 1,262,822.25	\$ 1,184,200.41	\$ 1,383,080.78	\$ 434,686.43	\$ 372,515.01	\$ 4,637,304.88
Total CONTRACTS & PROFESSIONAL	\$ 1,262,822.25	\$ 1,184,200.41	\$ 1,383,080.78	\$ 434,686.43	\$ 372,515.01	\$ 4,637,304.88
EQUIPMENT EXPENSE						
EQUIPMENT PURCHASE	\$ 18,709.29	\$ -	\$ -	\$ -	\$ -	\$ 18,709.29
Total EQUIPMENT EXPENSE	\$ 18,709.29	\$ -	\$ -	\$ -	\$ -	\$ 18,709.29
Total OPERATING EXPENSES	\$ 1,298,544.94	\$ 1,249,496.45	\$ 1,399,197.80	\$ 499,127.77	\$ 380,573.51	\$ 4,826,940.47

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
2022 Cash Flow Report
NOVEMBER 2022

	2020 Actual	2021 Actual	YTD thru November 2022
AVAILABLE BEGINNING BALANCE	\$ 19,435,698.13	\$ 29,174,459.62	\$ 41,590,113.22
REVENUES			
Office/Conf Room Rental	\$ 18,385.18	\$ 20,056.56	\$ 18,385.18
Federal Grant revenue	\$ 15,232,049.59	\$ 15,142,265.32	\$ 15,105,793.24
State Grant Revenue	\$ 10,335,723.05	\$ 9,462,828.56	\$ 8,513,643.41
Local Gov't Revenue		\$ 3,344,158.99	\$ 4,470,024.63
Local Muni Non-Grant Revenue	\$ 1,964,209.32	\$ 2,788,599.12	\$ 2,264,491.62
Refunds & Reimbursement Revenue	\$ 34,462.07	\$ 114,789.30	\$ 464,589.83
Fiscal Use Only - Misc Revenue	\$ -	\$ -	\$ 30,000.00
Trans In - Subsidy	\$ 40,363,659.00	\$ 43,463,659.00	\$ 43,463,659.00
TOTAL REVENUE	\$ 67,948,488.21	\$ 74,336,356.85	\$ 74,330,586.91
TOTAL AVAILABLE RESOURCES	\$ 87,384,186.34	\$ 103,510,816.47	\$ 115,920,700.13
EXPENDITURES			
Operating Expenses	\$ 4,958,494.65	\$ 6,731,663.06	\$ 7,684,758.74
Diversion Center	\$ -	\$ -	\$ 4,826,940.47
ADAMHS Board Grants	\$ -	\$ -	\$ 4,445,411.97
Provider Direct Services	\$ 52,163,206.36	\$ 53,885,506.24	\$ 51,366,787.35
Other Services	\$ 1,655,207.79	\$ 1,303,533.95	\$ 1,129,137.74
CARES Act Reimbursement	\$ (130,808.88)	\$ -	\$ -
TOTAL EXPENDITURES	\$ 58,646,099.92	\$ 61,920,703.25	\$ 69,453,036.27
AVAILABLE ENDING BALANCE	\$ 29,174,459.62	\$ 41,590,113.22	\$ 46,467,663.86

****Operating expenses included the Diversion Center and ADAMHS Board grants until 2022.**



CONTRACTS

&

AMENDMENTS

**Finance & Operations Committee
January 18, 2023**



**Agenda Process Sheet
Date: January 18, 2023**

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

Topic: Suicide Prevention Awareness Campaign

Contractual Parties: Indoor Media
American Solutions for Business

Term: February 1, 2023 – December 31, 2023

Funding Sources: ADAMHS Board Operating Budget

Amount: \$35,000

- New Program** **Continuing Program** **Expanding Program** **Other Awareness Campaign**

Service Description:

- Suicide Prevention Awareness Campaign

Background Information:

- The 2023 Suicide Prevention Campaign will have three components:
 - Direct mail advertising through American Solutions for Business
 - Newspaper, radio, social media advertising through Jemoh Enterprises. This component was already approved through December 31, 2023 on Resolution 22-11-05.
 - Advertising in grocery stores through Indoor Media
- This continues the 2022 campaign. In 2022:
 - Direct mailers with suicide prevention information reached 42,860 residential households in every zipcode of Cuyahoga County in April. Each mailer included a detachable magnet with crisis contact information. The primary focus was on homes with a family that included a male in a high-risk age group for depression/suicide and substance use/overdose and families with children between the ages of 11 and 17. (Note: an additional 8,692 households in Cuyahoga County were reached with a similar mailer funded through a project with the Northeast Ohio Collaborative in July.)
 - Monthly newspaper ads and articles continued in OHIO Life NEWS, distributed in 125 churches, senior facilities, and high traffic areas in Greater Cleveland, alongside advertising on FCB Radio and Ohio Life social media.
 - Grocery-store advertising was approved for funding in 2022, but was put on hold and is now being launched in 2023.
- The vendors, services and amounts for the full Suicide Prevention Awareness Campaign for 2023 are:

Vendor	Description	Amount
Indoor Media	Advertising in up to six local grocery stores	\$25,000
American Solutions for Business	Multiple direct mail campaigns to institutions or households in categories determined by the Suicide Prevention Coalition or data to be to high priority or high risk	\$10,000
		\$35,000

Number of Individuals to be Served:

- Direct mailers will reach approximately 4,800 addresses.
- Indoor advertising will be seen by customers at up to six grocery stores, each with the potential to be seen by between 2,800 and 4,100 daily shoppers.

Funding Use:

- Funding has been set aside in the Board’s CY2023 Operating Budget for suicide prevention advertising.

Client & System Impact:

- Increased awareness of signs of suicide, how to help others and connect to resources for help, particularly for audiences identified as high risk and high priority by the Suicide Prevention Coalition.

Program/Service Goals:

- The purpose of this campaign is to raise awareness of signs of suicide, how to help others and connect to resources for help, promote the crisis hotline, and promote the ADAMHS Board in the community.

Metrics <i>(How will goals be measured)</i>	Raise awareness of signs of suicide, how to help others and connect to resources for help Promote Cuyahoga County’s 24-hour Crisis Hotline: 216-623-6888 and 988 Educate the community about the suicide prevention
Evaluation/ Outcome Data <i>(Actual results of program)</i>	Number of calls to the Cuyahoga County’s 24-hour Crisis Hotline: 216-623-6888/988.

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

- Staff recommends that the Board approve amounts for Indoor Media and American Solutions for Business for the Suicide Prevention Awareness Campaign at a total amount of \$35,000.
- Approved by the Community Relations & Advocacy Committee on January 4, 2023.



Agenda Process Sheet
Date: January 18, 2023

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

Topic: 2023 Opioid Awareness and Response Initiative

Contractual Parties: The MetroHealth System (Emergency Access Naloxone Cabinet Program Administration) - \$15,000
Media and Digital Campaign (Spotify, Radio One, La Mega, iHeart, Brothers Printing, and other vendors TBD) - \$100,000
BTNX (Fentanyl and/or Xylazine Test Strips or Panels) - \$100,000
Naloxone Purchase from Ohio Department of Health (ODH) - \$50,500

Term: January 26, 2023 – December 31, 2023

Funding Source(s): ADAMHS Board Operating Budget

Amount: Not to exceed \$265,500

- New Program** **Continuing Program** **Expanding Program** **Other**

Service Description:

- 2023 Opioid Awareness and Response Initiative

Background Information:

- After two years of decreased deaths related to overdose fatalities driven by fentanyl, 2021 proved to be one of our deadliest years with 675 fatalities. In 2022, we are on par to end the year with 629 fatalities, a small decrease over last year.
- The driving factor of fatalities continues to be fentanyl mixed with other drugs. In 2022, the primary mixtures were cocaine, methamphetamine and pressed pills. 2022 also showed an increase of new synthetic opioids in the local drug supply.
- A collaborative approach to addressing education and supporting harm reduction efforts is needed to help save lives. This plan will include the following goals:
 - **Fentanyl Awareness and Overdose Awareness Campaign** during high incidence overdose times and expand harm reduction messaging between those times by increasing media and streaming buys and adding neighborhood and grassroots partner publications.
 - The ADAMHS Board of Cuyahoga County fentanyl awareness campaign will target populations using demographic data from the Medical Examiner’s office related to overdose fatalities
 - Holiday weekends often include spikes and will be one area of focus for the campaign
 - It is also important that we share harm reduction education information all year round
 - It is necessary to increase outreach in Black/African American communities, as they made up one-third of 2022 fatalities

- **Test Strip Distribution:** Purchase 25,000 test strips per quarter for grassroots distribution to reach individuals who are not using syringe exchange programs. Strips will be distributed in high incidence overdose areas based on medical examiner data. Xylazine strips may be coming to the market in 2023 and funds may be used to purchase those strips as well. Xylazine is an animal tranquilizer that has made it into the drug supply. Naloxone is less effective on this drug, especially when combined with fentanyl. We intend to make these available as soon as they become available for purchase.
- Harm reduction efforts such as education, fentanyl test strip distribution and increasing access to Naloxone are some ways we hope to reduce the number of fatal overdoses.
- The Overdose Fatality Review Committee creates recommendations for life saving, and all of these efforts are included in those recommendations. Without these efforts, deaths would be even higher than they have been.
- It is important to note that all of our resources inform residents how to connect with care when they are ready for treatment.

Number of Individuals to be Served:

- **Awareness Campaign:** Based on estimated impressions, hundreds of thousands of individuals will be exposed to the campaign, with millions of impressions.
- **Test Strip and Naloxone Distribution:** If each person receives three strips that will reach more than 33,000 individuals. Price of naloxone varies, but that should allow for 1,000 kits for grassroots distribution.

Funding Use:

- Community Crisis Services to expand Naloxone and fentanyl test strip availability and harm reduction and fentanyl awareness education in Cuyahoga County.

Client & System Impact:

- Greater access to fentanyl (and xylazine) test strips and life-saving Naloxone for immediate response to overdose while waiting for first responders. Provide education about the importance of Naloxone in public buildings to reduce fear and stigma surrounding Naloxone use. Increased awareness of the dangers of using heroin/fentanyl, harm reduction information and the crisis hotline as a referral resource for help.

Program/Service Goals:

- Working with harm reduction partners and members of the Overdose Fatality Review, increase Naloxone and test strip access to reduce overdose deaths. Educate the community on the dangers of fentanyl, how to recognize an overdose and the importance of harm reduction efforts.

<p>Metrics <i>(How will goals be measured)</i></p>	<p>Distribute roughly 1,000 Naloxone kits Distribute 100,000 fentanyl test strips in a grassroots manner Measure awareness campaign impressions and link clicks.</p>
<p>Evaluation/ Outcome Data <i>(Actual results from program)</i></p>	<p>Because of supply chain issues the 60 emergency access Naloxone cabinets were not received until the end of October. Requesting a no-cost extension through March of 2023 to complete that installation. All 100,000 fentanyl test strips were distributed. The 2022 Fentanyl Awareness Campaign had over 5.2 million impressions across radio, digital, Spotify and social media ads. The adamhsc.org/harmreduction page and testyourdrugsc.com website had over 3,427 visits.</p>

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

- Board staff recommends authorization of the 2022 Opioid Awareness and Response Initiative and allowing the CEO to enter into multiple vendor contracts not to exceed \$265,500.
- Approved by the Community Relations & Advocacy Committee on January 4, 2023.



Agenda Process Sheet
Date: January 18, 2023

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| <input checked="" type="checkbox"/> Community Relations & Advocacy Committee | <input type="checkbox"/> Faith-Based Outreach Committee |
| <input type="checkbox"/> Planning & Oversight Committee | <input checked="" type="checkbox"/> Finance & Operations Committee |
| <input type="checkbox"/> Committee of the Whole | <input type="checkbox"/> General Meeting |

Topic: WOVU 95.9 FM Radio Partnership

Contractual Parties: WOVU 95.9 FM, WOVU.ORG
 Burten, Bell, Carr Development, Inc.
 7201 Kinsman Rd.
 Cleveland, Ohio 44104

Term: January 26, 2023 – January 31, 2024

Funding Source(s): ADAMHS Board Operating Budget

Amount: \$20,000

- New Program** **Continuing Program** **Expanding Program** **Other**

Service Description:

- WOVU 95.9 FM Radio Partnership Proposal

Background Information:

- WOVU 95.9 FM “Our Voices United” a Burten, Bell, Carr Community Radio Station, located 7201 Kinsman Rd., Cleveland Ohio a 501(c)(3) non-profit community radio station.
- WOVU 95.9 FM strives to bring its listeners programming of excellent. As a community radio station, WOVU 95.9 FM provides an inclusive media platform that connects, engages and informs the entire community to achieve ongoing social and economic progress for all.
- Core values include WOVU 95.9 FM commitment to inclusion, outreach, education, transparency, accuracy and accountability. WOVU staff focus efforts on building quality on-air programming relevant to the needs and interest of the community.
- The station’s coverage area consists of the entire city of Cleveland, Ohio with an average weekly listening audience of twenty thousand.
- The station broadcasts on the 95.9 terrestrial signal, mobile apps on Google and Apple and its website: www.wovu.org. The studio has been set up to allow for social distancing during the pandemic and the station uses Zoom, FaceTime, RingCentral and live calls to host programming.
- The General Manager, Jae Williams, said, “Our goal is to build a partnership that can help change lives in our community and with the ADAMHS Board, also help save lives.”

Number of Individuals to be Served:

- This is a 52-week proposal that is estimated to reach an audience of 20,000 individuals per week or 1,040,000 over the course of the year for broadcast alone. Additional exposure will be garnered through events and website views.

Funding Use:

- The 52-week proposal includes the following benefits for the ADAMHS Board:
 - Fifty-two 15-minute weekly segments (live or recorded), content chosen by the ADAMHS Board.
 - Sponsorship of show PSAs - "This program is being brought to you by the ADAMHS Board of Cuyahoga County." These will run in four different programs weekly for 52 weeks.
 - One thousand, thirty-second spots during the 12-month run (Best Times Available), as many messages as the Board chooses.
 - One thousand, sixty-second spots per week during the 12-month run (Best Times Available), as many messages as the Board chooses.
 - Banner ads on WOVU 95.9 FM Social Media platforms (Website, Instagram, Facebook, Twitter and Mobile Apps).
 - WOVU hosts an audio event calendar and 2-minute segments from ADAMHS Board pre-recorded sessions will be shared on air for fifty-two weeks.
 - Opportunity to connect with WOVU audience daily during WOVU music sessions (also called live remotes), when ADAMHS Board information will be shared.
 - Open invitation to participate in WOVU sponsored events and be included on marketing materials, flyers, posters and video screens.

Client & System Impact:

- Increased awareness of ADAMHS Board initiatives, programs, awareness campaigns and resources for assistance with mental health and/or substance use disorders.

Program/Service Goals:

- This partnership aligns with objectives from Strategy 6.2 in the Strategic Plan to:
 - Seek new and/or strengthen opportunities to collaborate with community groups and organizations.
 - Build a grassroots system to support and disseminate Behavioral Health information to the community.
 - Create relationships with influencers to better communicate the work and impact of ADAMHS Board.
- Raise awareness of ADAMHS Board initiatives, programs, awareness campaigns and resources for assistance with mental health and/or substance use disorders, including Cuyahoga County's 24-hour Crisis Hotline: 216-623-6888 or 988.
- Educate the community about mental illness and substance use disorders, while strengthening community partners, influencers and grassroots efforts for information dissemination.

Metrics <i>(How will goals be measured)</i>	Ensure that all partnership benefits are met. Provide resource materials for distribution at three WOVU events.
Evaluation/ Outcome Data <i>(Actual results from program)</i>	All partnership benefits were met. Provided resource materials for distribution at five WOVU events.

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

- Staff recommends that the Board approve a contract in the amount of \$20,000 with WOVU 95.9 FM for a radio and community partnership to expand the reach of the ADAMHS Board as outlined in the Strategic Plan.

- Approved by the Community Relations & Advocacy Committee on January 4, 2023.

Agenda Process Sheet
Date: January 18, 2023

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| <input type="checkbox"/> Planning & Oversight Committee | <input checked="" type="checkbox"/> Finance & Operations Committee |
| <input type="checkbox"/> Committee of the Whole | <input type="checkbox"/> General Meeting |

Topic: 2023 Sponsorship of Project White Butterfly’s Dispelling Stigma Traveling Gallery

Contractual Parties: Project White Butterfly
7452 Broadview Road, #148
Parma, OH 44134

Term: January 26, 2023 – December 31, 2023

Funding Sources: ADAMHS Board Funding

Amount: \$ 16,471

- New Program** **Continuing Program** **Expanding Program** **Other: Sponsorship**

Service Description:

- 2023 Sponsorship of Project White Butterfly’s “Dispelling Stigma” Traveling Gallery in the amount of \$16,471.

Background Information:

- In June of 2021, Project White Butterfly hosted a walk-through gallery display which dispelled common myths about addiction and replaced them with facts and statistics as well as provided suggestions for how to better support people with substance use disorder.
- There were more than 45 attendees at the two-hour June 2021 event that was held in Rocky River.
- Having received positive feedback from the abovementioned gallery, Project White Butterfly was prompted to design a traveling gallery to display in an array of public areas throughout Cuyahoga County to raise awareness about the harm stigma produces and provide individuals with eye-opening education about addiction for display throughout 2022, which was a huge success.
- As a Sponsor, ADAMHS Board of Cuyahoga County will get the following benefits:
 - Sponsorship acknowledgment on gallery displays
 - Sponsor’s name and logo displayed on Project White Butterfly’s website page about “Dispelling Stigma” Gallery
 - Mentions in Social Media posts about the events

Number of Individuals to be Served:

- Project White Butterfly estimated the gallery would be seen by 600 individuals; it was actually seen by 5,995 individuals.
- In 2022 the display was shared at: Holy Name High School (approximately 500 students), Solon Treatment Services (approximately 75 clients), Planting Awareness Event for Overdose Awareness Day (160 individuals) Federal Reserve Bank of Cleveland (approximately 950 employees), John Carroll University (approximately 2,700 students), ADAMHS Board Roads to Recovery Conference (280 attendees), Cleveland Public Library (30 people), and Olmsted Falls High School (1,300 students).

- This Dispelling Stigma Gallery is also now virtual and displayed on the ADAMHS Board website as part of Phase three of the Substance Use Disorder Campaign – *Learn to Be Stigma Free*.

Funding Use:

- Funds will cover costs of printing media and purchasing display materials. The same displays will be used at all the exhibits.
 - 2 employees for set up, maintenance and tear down of gallery
 - Printing all 27 media panels for the gallery in Spanish
 - Travel and mileage expenses
 - Administrative costs for networking, identifying locations for display and scheduling display

Client & System Impact:

- Increase education about substance use disorders and harm reduction efforts, while reducing stigma and showing individuals ways to overcome barriers to recovery.

<p>Metrics <i>(How will goals be measured)</i></p>	<ul style="list-style-type: none"> • Ensuring all sponsorship benefits are met • Estimated number of individuals that viewed the displays • Ensure 27 Media Boards were translated to Spanish • Will collect, on a volunteer basis, pre- and post-exhibit surveys to gather feedback from attendees about the exhibit • Ensure no more than 10 hours per employee, per month utilized for staffing displays and no more than 8 hours per month for administrative costs (all staffing includes fringe benefits) • Review tracked travel expenses
<p>Evaluation/ Outcome Data <i>(Actual data from program)</i></p>	<ul style="list-style-type: none"> • All sponsorship benefits were met • The number of individuals who saw the display was nearly 10 times the amount estimated to view • 80 pre-gallery surveys and 58 post-gallery surveys were completed, overall (89%) showed a greater understanding of stigma and substance use disorders. Note: Surveys were underutilized when staff was not present with the display. That is why this year, the sponsorship includes staffing.

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

- Board staff recommends sponsorship of Project White Butterfly’s Dispelling Stigma Traveling Gallery in the amount of \$16,471.
- Approved by the Community Relations & Advocacy Committee on January 4, 2023.



Agenda Process Sheet
Date: January 18, 2023

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| <input checked="" type="checkbox"/> Planning & Oversight Committee | <input checked="" type="checkbox"/> Finance & Operations Committee |
| <input type="checkbox"/> Committee of the Whole | <input type="checkbox"/> General Meeting |

Topic: Amendment to Resolution No. 22-06-06, Forensic Center Allocation – Cuyahoga County Court Psychiatric Clinic

Contractual Parties: Cuyahoga County Court Psychiatric Clinic

Term: July 1, 2022 through June 30, 2023

Funding Sources: Ohio Department of Mental Health and Addiction Services (OhioMHAS) Pass-Through Funding

Amount: \$150,000 (Increase)

- New Program** **Continuing Program** **Expanding Program** **Other**

Service Description:

- Facilitation of Second Opinion Evaluations by the Cuyahoga County Court Psychiatric Clinic for persons found Not Guilty by Reason of Insanity who are hospitalized at Northcoast Behavioral Health (NBH) and determined discharge ready.

Background Information:

- The Cuyahoga County Court Psychiatric Clinic provides Second Opinion Evaluations for persons referred by NBH Forensic Units, who are considered near discharge ready for the community. The initial evaluation is completed at NBH.
- Once a recommendation for potential Conditional Release has been made by rendering the Second Opinion Evaluation from the Court Psychiatric Clinic, the report is forwarded to the sentencing judge who will determine if Conditional Release should be granted.
- Conditional Release must be granted by the Judge, giving the NGRI offender permission to live in the community under specific conditions and monitored by the Conditional Release Unit.
- OhioMHAS recognizes ongoing workforce challenges at Ohio's 10 Forensic Center's, Cuyahoga County Court Psychiatric Clinic included. As a result, OhioMHAS has dedicated \$3 million in American Rescue Plan Act (ARPA) funding for staff recruitment and retention at Ohio Forensic Center's.
- The Cuyahoga County Court Psychiatric clinic intends to utilize these funds for staff retention.

Number of Individuals to be Served:

- Estimate – 20-30 evaluations

Funding Use:

- Staffing for completion of Second Opinion Evaluations

Client & System Impact:

- Second Opinion Evaluations were established to allow for a series of checks and balances to decrease risk and increase quality clinical care.

Metrics <i>(How will goals be measured)</i>	<ul style="list-style-type: none">• Number of Evaluations Completed• Completion of Evaluations within 30 days
Evaluation/ Outcome Data <i>(Actual data from program)</i>	In SFY 22: <ul style="list-style-type: none">• 10 Second Opinion Evaluations were completed• 2 referrals were completed within 30 days of request due to logistical barriers caused by the Covid-19 pandemic, and the death of one individual prior to his appointment In first half of SFY 23: <ul style="list-style-type: none">• 3 Second Opinion Evaluations were completed• 2 were completed within 30 days, 1 completed in 37 days (barriers present including scheduling, retrieving records, etc.)

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

- To accept the amount of \$150,000 from the Ohio Department of Mental Health and Addiction Services (OhioMHAS) for the Cuyahoga County Court Psychiatric Clinic (Second Opinion Evaluations) for the time period July 1, 2022 through June 30, 2023.
- Approved by the Planning & Oversight Committee on January 11, 2023.



Agenda Process Sheet
Date: January 18, 2023

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| <input type="checkbox"/> Committee of the Whole | <input type="checkbox"/> General Meeting |

Topic: Amendment to Resolution 22-06-06, Forensic Services Allocation – Transition from Recovery Resources to Murtis Taylor Human Services System

Contractual Parties: Recovery Resources - \$73,006.70
Murtis Taylor Human Services System - \$16,801.30

Term: July 1, 2022 through June 30, 2023

Funding Sources: Ohio Department of Mental Health and Addiction Services (OhioMHAS) Pass-Through Funding

Amount: \$89,808

New Program **Continuing Program** **Expanding Program** **Other** _____

Service Description:

- These funds are for Cuyahoga County’s Forensic Monitor.
- The ADAMHS Board has been awarded an additional \$2,200.00 for SFY23.
- The Forensic Monitor was formally created in 1996 as a result of House Bill 152 and became further defined with the enactment of Senate Bill 285, which became effective in 1997.
- The Forensic Monitor serves as liaison between clients, the court, the ADAMHS Board, OhioMHAS, community provider (Conditional Release Unit) and Regional Psychiatric Hospitals (Northcoast Behavioral Health).
- The Conditional Release Unit (CRU) provides intensive community support services for persons found Not Guilty by Reason of Insanity (NGRI) and granted Conditional Release.

Background Information:

- Recovery Resources has historically been the community provider identified by the ADAMHS Board to provide Forensic Monitoring and Conditional Release services.
- Judges temporarily stopped discharges of CRU clients from Northcoast Behavioral Health (NBH) in early 2022 as a result of coordination and communication barriers. Discharges were later resumed.
- The Forensic Monitor position has been vacant since early Spring 2022. Recovery Resources has had issues with staffing this position.

- In October of 2022, Recovery Resources CRU Team supervisor resigned, and the position remains vacant.
- Staffing and ongoing collaboration/coordination continue to serve as a barrier for Recovery Resources in relation to Forensic Monitoring and Conditional Release. As a result, Murtis Taylor has been identified as an alternative provider who can provide these services in the community.
- Murtis Taylor has a history of working with the forensic population – specifically through the Outpatient Competency Restoration and CARES programs.

Number of Individuals to be Served:

- The Forensic Monitor will monitor between 100-125 clients in SFY 23. These clients will receive intensive community services via the CRU Team.

Funding Use:

- To provide Forensic Monitoring services for Cuyahoga clients determined NGRI.

Client & System Impact:

- Clients determined NGRI will be monitored in the community (least restrictive setting) and receive ongoing intensive behavioral health services.

<p>Metrics <i>(How will goals be measured)</i></p>	<p>Recovery Resources/Forensic Monitoring:</p> <ul style="list-style-type: none"> • At least 50% of Conditional Release Unit (CRU) clients who are in the community will have no increased risk to self and community safety as evidenced by maintaining CR status • Number of clients served
<p>Evaluation/ Outcome Data <i>(Actual data from program)</i></p>	<p>In SFY 22, Recovery Resources monitored 128 clients on Conditional Release having been found Not Guilty by Reason of Insanity. There were 3 revocations of Conditional Release status during this period.</p> <p>As of December 1, 2022, there were 108 clients on Conditional Release in Cuyahoga County.</p>

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

- To amend Resolution 22-06-06 to accept additional OhioMHAS funding in the amount of \$2,200, bringing the total award for Forensic Monitoring to \$89,808 and to reflect a change in the contractual party from Recovery Resources to Murtis Taylor effective May 1, 2023 through June 30, 2023.
- Approved by the Planning & Oversight Committee on January 11, 2023.

Agenda Process Sheet
Date: January 18, 2023

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| <input type="checkbox"/> Committee of the Whole | <input type="checkbox"/> General Meeting |

Topic: Amendment to Resolution No. 21-07-03 and Resolution No. 22-06-06, Allocation of Ohio Department of Mental Health and Addiction Services Pass-Through Funding for Substance Abuse Prevention and Treatment (SAPT) Services

Contractual Parties: Signature Health, Inc.

Term: SFY2022 & SFY2023

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

Amount: \$ 34,973 – SFY2022
\$157,500 – SFY2023
\$192,473 – Total

New Program **Continuing Program** **Expanding Program** **Other** _____

Service Description:

- Amending the Ohio Department of Mental Health and Addiction Services (OhioMHAS) Pass Through Contracts for SFY2022 and SFY2023 to allocate additional funding received from OhioMHAS to Signature Health (Orca House).
- Orca House will serve Cuyahoga residents experiencing Serious Mental Illness (SMI) or a Co-Occurring SMI/Substance Use Disorder (SUD) in an OhioMHAS licensed Class 1 Residential Facility.
- In addition to room and board, clients who have co-occurring diagnoses will receive services including diagnostic assessment, individual counseling, case management, group therapy, Intensive Outpatient (IOP), crisis intervention and urinalysis screens. These funds will specifically be utilized to serve women with co-occurring disorders at ORCA House.

Background Information:

- The original ORCA House was operated by Signature Health as Residential Treatment for individuals with substance use disorders (SUD's).
- ORCA House closed in 2019, with plans to move to a new location. Construction was temporarily put on hold due to the Covid-19 pandemic.
- Signature Health has decided to transition ORCA House to an OhioMHAS licensed Class 1 Residential Facility, with a focus on serving individuals with SMI or co-occurring disorders. Signature Health plans to reopen ORCA House in early 2023.
- Orca House will have 36 beds total (18 male beds and 18 female beds).

Number of Individuals to be served:

- Through the OhioMHAS Pass-through funding for SFY2023, it is anticipated that 15 clients will be served.

Funding Use:

- Funding will be used for staffing to provide services including diagnostic assessment, individual counseling, group therapy, IOP, partial hospitalization, and urinalysis screens for adult women with co-occurring mental health and SUD's.

Client & System Impact:

- Signature Health will provide needed services, in a residential setting, that address co-occurring mental health and SUD's.

Metrics <i>(How will goals be measured)</i>	<ul style="list-style-type: none">• 50 % of discharges will be successful• Total number of clients served• Total number of clients that successfully completed the program/service• Total number of discharges prior to completion• Total number of clients linked to ongoing services at discharge
Evaluation/ Outcome Data <i>(Actual program results)</i>	<ul style="list-style-type: none">• N/A – new program

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

- To amend Resolution No. 21-07-03 and Resolution No. 22-06-06 to enter into contract with Signature Health, Inc. in the amount of \$192,473.
- Approved by the Planning & Oversight Committee on January 11, 2023.



Agenda Process Sheet
Date: January 18, 2023

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| <input type="checkbox"/> Community Relations & Advocacy Committee | <input type="checkbox"/> Faith-Based Outreach Committee |
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| <input type="checkbox"/> Committee of the Whole | <input type="checkbox"/> General Meeting |

Topic: Amendment to Resolution No. 22-02-03, Community Collective Impact Model for Change 2.0: Addressing Social Determinants of Health in Minority and Underserved Communities Initiative

Contractual Parties: Recovery Resources - \$4,871
 Youth Initiatives and Events Provider TBD - \$30,000
 Marketing Vendor TBD - \$9,559

Term: January 1, 2022 to March 14, 2023

Funding Sources: Ohio University via Substance Abuse & Mental Health Services Administration - (SAMHSA)

Amount: \$50,000 increase

- New Program** **Continuing Program** **Expanding Program** **Other:**

Service Description:

- Ohio University has allocated funding to provide support to behavioral health boards as they engage in community-based processes to plan SUD prevention and mental health promotion services and programming.
- Initiative is funded in a phased approach. Current funding is for Phase 3.
- Two Co-directors are required to participate, one board staff & one community partner from Recovery Resources.
- Phase 2 of the initiative resulted in the creation of a Three-Year Prevention Plan for Cuyahoga County. The goal is to improve social determinants of health for youth in minority and underserved communities by increasing capacity for youth engagement, regarding behavioral health program development and improving access to behavioral health related prevention and wellness programs.
- For Phase 3, ADAMHS Board and Recovery Resources Co-Directors will implement Year 1 of the plan – which ends March 14, 2023. The objective for Year 1 is to increase capacity for underserved and minority youth engagement by planning and developing a youth-led advisory group in Cuyahoga County that will give youth a platform to provide voice on developing meaningful programs and improving access to services and resources. The ADAMHS Board will identify contractual partners for the youth-led advisory group.

Background Information:

- Social determinants of health (SDoH) affect a wide range of health risks and outcomes and contribute to health inequities across communities. Poor SDoH are linked to mental and behavioral health issues and impact SUD prevention and mental health promotion services across the lifespan.

- Considering the impact of SDoH when planning for prevention services can improve health outcomes and promote health equity.
- To provide support to behavioral health boards as they engage in community-based processes as they plan SUD prevention and mental health promotion services and programming, OhioMHAS, Ohio University’s Voinovich School of Leadership and Public Service, the Pacific Institute for Research and Evaluation (PIRE), and other key partners are collaborating on the implementation of the Community Collective Impact Model for Change 2.0: Addressing Social Determinants of Health in Minority and Underserved Communities Initiative.

Number of Individuals to be Served:

- Implementation of this initiative will impact all residents in Cuyahoga County.

Funding Use:

- In Phase 3, funds will be used for ADAMHS Board and Recovery Resources Co-Directors to continue grant-related activities including grant deliverables and attending coaching sessions and learning communities.
- Funds will also be used towards the development and implementation of a youth-led advisory group including contracted provider staff compensation, stipends to youth trainers and youth leaders, and marketing.

Client & System Impact:

- Systematic and equitable approaches to support behavioral health promotion, prevention, early identification, intervention, referral processes, and guided support services Cuyahoga County residents who are exhibiting a range of substance use, mental and behavioral health risk factors.

<p>Metrics <i>(How will goals be measured)</i></p>	<p>Co-directors will collaborate with community members to ensure that community voice and participation is included to develop a Social Determinant of Health Impact Statement and Comprehensive Prevention Plan for Cuyahoga County.</p> <ul style="list-style-type: none"> • Co-directors will attend 100% of collaborative meetings • Co-directors will complete 100% of assignments
<p>Evaluation/ Outcome Data <i>(Actual results from program)</i></p>	<p>During the time period of January 1, 2022, through December 31, 2022:</p> <ul style="list-style-type: none"> • Co-directors attended 100% of collaborative meetings • Co-directors attended 100% of assignments

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

- To amend the existing Community Collective Impact Model for Change 2.0 agreement and accept an additional \$50,000 to complete Phase 3 of the grant to implement Cuyahoga’s Prevention Services Plan.
- Approved by the Planning & Oversight Committee on January 11, 2023.



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| <input type="checkbox"/> Committee of the Whole | <input type="checkbox"/> General Meeting |

Topic: Amendment to Resolution No. 22-11-08, Mental Health in the Juvenile Detention Center Funding Increase

Contractual Parties: Applewood Centers, Inc.

Term: January 01, 2023 – December 31, 2023

Funding Source(s): Cuyahoga County Juvenile Court (CCJC)

Amount: \$45,000 Increase to Calendar Year 2023 (CY2023) Funding

- New Program** **Continuing Program** **Expanding Program** **Other:**

Service Description:

- Applewood Centers, Inc. is funded \$619,583 to provide mental health services in the Juvenile Detention Center for CY2023. As part of the Mental Health in the Juvenile Detention Center Program, the ADAMHS Board funding allocated a ceiling of eight hours per week for a psychiatrist.
- Due to the increasing needs of the youth for psychiatry services in the Juvenile Detention Center, there is currently a four-week waiting list. To bridge the gap, the Cuyahoga County Juvenile Court will fund an additional four hours per week for a psychiatrist at \$180 per hour up to \$45,000 for Applewood Centers, Inc. to provide psychiatry services at the Juvenile Detention Center.

Background Information:

- The Mental Health in the Juvenile Detention Center Program is designed to provide trauma-informed clinical services to youth ages 8 to 21 with behavioral health symptoms in need of emotional stabilization and/or crisis intervention while detained in the Juvenile Detention Center. Services include assessment, screening for suicide, behavioral management, psychiatry services and care coordination and linkage with community-based services upon release. Staff advocate for youth and families in the court room, court, and community meetings and within the Detention Center to provide interventions to minimize mental health impact and maximize safety and security.
- The Mental Health in the Juvenile Detention Center will expand to provide a total of 12 hours per week of psychiatric services for youth detained in the Juvenile Detention Center with the additional funding.

Number of Individuals to be served:

- With the increased funding, 250 additional youth will be able to receive psychiatry services for a total of 750 youth served.

Funding Use:

- Funding will be used for an additional four hours per week for a psychiatrist and reduce wait times for youth to receive psychiatry services.

Client & System Impact:

- Increase access to psychiatric services for youth detained in the Cuyahoga County Juvenile Detention Center with behavioral health needs.

<p>Metrics <i>(How will goals be measured)</i></p>	<p>In Calendar Year 2023, Applewood’s Mental Health in the Juvenile Detention Center projects to meet the following measures:</p> <ul style="list-style-type: none">• 500 clients will receive ongoing mental health services following initial assessment<ul style="list-style-type: none">○ Total number of mental health consultation interactions○ Total number of psychotherapy / counseling interactions○ Total number of psychiatric interactions○ Total number of crisis management or intervention interactions○ Total number of “on-call” (24/7) interactions• Identify the number of clients discharged from ongoing mental health services. Of those discharged from services with completed pre/post measures using the Crisis Assessment Tool (CAT):<ul style="list-style-type: none">○ <u>50% of discharged clients</u> will demonstrate fewer risk behaviors○ <u>50% of discharged clients</u> will demonstrate improved behavioral and emotional symptoms○ <u>50% of discharged clients</u> will demonstrate improved life domain functioning○ <u>50% of discharged clients</u> will demonstrate improved community safety rating
<p>Evaluation/ Outcome Data <i>(Actual results from program)</i></p>	<p>In the first three quarters of CY2022, (January 1st – September 30, 2022) Applewood assessed <u>686 clients</u> for mental health services in the Juvenile Detention Center. Of those assessed:</p> <ul style="list-style-type: none">• 388 clients received ongoing mental health services following initial assessment who received:<ul style="list-style-type: none">○ 258 mental health consultation interactions○ 2,443 psychotherapy / counseling interactions○ 505 psychiatric interactions○ 1,158 crisis management or intervention interactions○ 12 “on-call” (24/7) interactions• 111 clients were discharged from ongoing mental health services and 86% of the discharged clients completed pre/post measures using the Crisis Assessment Tool (CAT). Of those:<ul style="list-style-type: none">○ 80% clients demonstrated fewer risk behaviors○ 86% clients demonstrated improved behavioral and emotional symptoms○ 84% clients demonstrated improved life domain functioning○ 84% clients reported improved life domain functioning○ 47% clients demonstrated improved community safety rating

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

- To accept \$45,000 from the Cuyahoga County Juvenile Court and amend Applewood Center, Inc’s CY2023 Contract to increase funding in the amount of \$45,000 for the Mental Health in the Juvenile Detention Center Program.

- Approved by the Planning & Oversight Committee on January 11, 2023.

Agenda Process Sheet

Date: January 18, 2023

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| <input type="checkbox"/> Committee of the Whole | <input type="checkbox"/> General Meeting |

Topic: Amendment to Resolution No. 22-11-08, Calendar Year 2023 Core Contract Termination for Life Long Transportation, LLC

Contractual Parties: Life Long Transportation, LLC

Term: January 01, 2023 – December 31, 2023

Funding Source(s): ADAMHS Board

Amount: \$80,000

- New Program** **Continuing Program** **Expanding Program** **Other: Termination**

Service Description:

- On December 09, 2022, Life Long Transportation, LLC notified the ADAMHS Board that it will cease operation as of end of business due to lack of staffing and financial constraints.
- As a result, Life Long Transportation, LLC will not sign its Calendar Year 2023 (CY2023) Core Contract.
- Life Long Transportation, LLC provided quality transportation services for ADAMHS Board clients living in group homes and residential facilities needing non-emergency transportation services for behavioral health services appointments.

Background Information:

- Due to COVID-19, Life Long Transportation, LLC experienced staffing issues and increased costs, and thus, business operation was not sustainable.
- Life Long Transportation, LLC attempted to secure additional funding but was unable.

Number of Individuals to be served:

- For CY2023, it was anticipated that 1800 clients were to be served.

Funding Use:

- Not applicable

Client & System Impact:

- With the discontinuation of Life Long Transportation, LLC's transportation services, the ADAMHS Board is losing its only dedicated transportation provider.

Metrics <i>(How will goals be measured)</i>	Not applicable
Evaluation/ Outcome Data <i>(Actual results from program)</i>	Not applicable

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

- To amend Resolution No. 22-11-08 to terminate the CY2023 Core Contract for Life Long Transportation, LLC.
- Approved by the Planning & Oversight Committee on January 11, 2023.

Agenda Process Sheet
Date: January 18, 2023

- | | |
|---|---|
| <input type="checkbox"/> Community Relations & Advocacy Committee | <input type="checkbox"/> Faith-Based Outreach Committee |
| <input checked="" type="checkbox"/> Planning & Oversight Committee | <input checked="" type="checkbox"/> Finance & Operations Committee |
| <input type="checkbox"/> Committee of the Whole | <input type="checkbox"/> General Meeting |

Topic: Amendment to Resolution No. 22-06-06 and Resolution No. 22-11-08, Name Change from Women’s Recovery Center to Lorain County Alcohol and Drug Abuse Services, Inc. by Merger

Contractual Parties: Women’s Recovery Center
Lorain County Alcohol and Drug Abuse Services, Inc.

Term: State Fiscal Year 2023 (SFY2023) and Calendar Year 2023 (CY2023)

Funding Source(s): Federal SAPT and State GRF from OhioMHAS for SFY2023 Contract and ADAMHS Board and Federal Block Grant for CY2023 Contract

Amount: SFY2023 Contract - \$241,242; CY2023 Contract – Pooled Funding

- New Program** **Continuing Program** **Expanding Program** **Other** Name Change by Merger

Service Description:

- Amending the SFY2023 OhioMHAS Pass-through Contract and CY2023 Core Contract between the ADAMHS Board and Women’s Recovery Center (WRC) to reflect the name change to Lorain County Alcohol and Drug Abuse Services, Inc. (LCADA) by merger.
- Effective on January 01, 2023, WRC and LCADA merged, and the surviving entity is LCADA.
- WRC will exist as a fictitious name or “doing business as (dba)”, and WRC will be the primary brand and name operating at 6209 Storer Avenue in Cleveland.

Background Information:

- WRC provides three-stage, comprehensive addiction treatment programs with trauma-informed therapy, cognitive-based therapy (CBT), brief therapy, motivational interviewing, contingency management, mindfulness, and 12-step programming for women. Gender-specific treatment includes family roles and relationships education, parenting classes, individual needs assessment/individual treatment planning, case management, relapse prevention education, women's health education, nutrition, and domestic violence education. WRC has an internal certified peer support specialist. The clients also have access to transportation and childcare. Staff help clients develop life management skills, parenting skills, and an overall sense of independence and self-sufficiency, so they are empowered to lead a life free of addiction.

Number of Individuals to be served:

- SFY2023 OhioMHAS Pass-through Contract: it is anticipated that 100 clients will be served.
- CY2023 Core Contract: it is anticipated that 125 clients will be served.

Funding Use:

- Funding will be used for intensive outpatient treatment for women in a safe, non-judgmental space on the near westside of Cleveland.

Client & System Impact:

- LCADA dba WRC will continue to provide addiction treatment to women.

Metrics <i>(How will goals be measured)</i>	<ul style="list-style-type: none">• Total number of clients served• Total number of clients that completed the program/service
Evaluation/ Outcome Data <i>(Actual 2021 program results)</i>	SFY Contract (July 01, 2021 – December 31, 2021) <ul style="list-style-type: none">• 58 clients served• 2 clients completed the program/service CY Contract <ul style="list-style-type: none">• 92 clients served• 12 clients completed the program/service

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

- To amend Resolution No. 22-06-06 and Resolution No. 22-11-08 to change the name of the SFY2023 OhioMHAS Pass-through Contract and CY2023 Core Contract from Women’s Recovery Center to Lorain County Alcohol and Drug Abuse Services, Inc.
- Approved by the Planning & Oversight Committee on January 11, 2023.

Agenda Process Sheet
Date: January 18, 2023

- | | |
|---|---|
| <input checked="" type="checkbox"/> Community Relations & Advocacy Committee | <input type="checkbox"/> Faith-Based Outreach Committee |
| <input type="checkbox"/> Planning & Oversight Committee | <input checked="" type="checkbox"/> Finance & Operations Committee |
| <input type="checkbox"/> Committee of the Whole | <input type="checkbox"/> General Meeting |

Topic: Amendment to Resolution No. 22-10-03, Centers for Disease Control and Prevention Overdose to Action Grant Funds (OD2A) for Fentanyl Test Strips

Contractual Parties: Cuyahoga County Board of Health (CCBOH)

Term: September 1, 2022 – August 31, 2023

Funding Source(s): Cuyahoga County Board of Health, Pass-Through Funds from the Centers for Disease Control and Prevention (CDC)

Amount: \$25,000 Increase for a Total of \$109,782

- New Program** **Continuing Program** **Expanding Program** **Other**

Service Description:

- The CCBOH has requested the Board expand its role in the OD2A project by using its experience in distributing fentanyl test strips as an overdose prevention measure. The CCBOH has made up to \$25,000 in CDC funding available for the purchase of fentanyl test strips to be added to the existing agreement between the CCBOH and the ADAMHS Board for a total of \$109,782.
- The CCBOH selected the ADAMHS Board of Cuyahoga County as a partner to share its expertise in the field of substance abuse and in training community members, specifically public safety forces regarding the opioid crisis, substance abuse treatment options, and overdose prevention.
 - The OD2A grant funds the position of an Opioid Use Disorder (OUD) Specialist at the ADAMHS Board to conduct interviews with overdose survivors and surviving family members to gather important data on the opioid epidemic.
 - The ADAMHS Board provides education on OUD and community resources for public safety personnel during scheduled CIT trainings.

Background Information:

- The Centers for Disease Control and Prevention (CDC) has awarded the Cuyahoga County Board of Health an Overdose Data to Action (OD2A) grant.
- OD2A is a cooperative funding agreement that focuses on the complex nature of the opioid overdose epidemic. The funding addresses the need for an interdisciplinary, comprehensive, and cohesive public health approach.
- These funds support the Cuyahoga County Board of Health in obtaining high-quality, comprehensive, and timely data on overdose morbidity and mortality to inform prevention, response, and linkage efforts.

- The project is designed to ensure that the Cuyahoga County Board of Health has the data to inform its prevention and response efforts to combat the opioid addiction crisis. CDC funding does not support direct treatment services.

Number of Individuals to be served:

- If each person receives three test strips on average, over 8,300 individuals could be served. Strips will be distributed in high incidence overdose areas based on medical examiner data.

Funding Use:

- Purchase of fentanyl test strips (FTS) to be used in the Board’s current FTS distribution process.

Client & System Impact:

- Reduction in overdose deaths

<p>Metrics <i>(How will goals be measured)</i></p>	<ul style="list-style-type: none"> • Distribution of the 25,000 test strips at the grassroots level by 8/31/23.
<p>Evaluation/ Outcome Data <i>(Actual results from program)</i></p>	<ul style="list-style-type: none"> • Since 2019, the ADAMHS Board has distributed more than 180,000 test strips.

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

- To amend the existing OD2A agreement and accept an additional \$25,000 for a total of \$109,782 to expand the ADAMHS Board’s role in the project for the grant year ending August 31, 2023 to include fentanyl test strip purchase and distribution.
- Approved by the Community Relations & Advocacy Committee on January 4, 2023.