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

RESOLUTION NO. 23-01-01

APPROVAL OF 2023-2025 COMMUNITY ASSESSMENT AND PLAN

WHEREAS, the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County is required to prepare and submit to the Ohio Department of Mental Health and Addiction Services (OhioMHAS) a plan for the provision of mental health and substance use prevention, treatment and recovery supports and services; and,

WHEREAS, OhioMHAS designed a new Community Assessment and Plan (CAP) process for 2023 to 2025, and,

WHEREAS, the updated CAP process requires an Assessment, Plan, Legislative Requirements, and Continuum of Care Service Inventory, and has a three-year planning timeline, updated continuum of care and special population planning requirements, new standardized assessment requirements and tools, new submission procedures, and an increased focus on addressing health equity across the assessment and planning process; and,

WHEREAS, the CAP is due to OhioMHAS by January 31, 2023; and,

NOW, THEREFORE, BE IT RESOLVED, THAT:

1. The ADAMHS Board of Cuyahoga County hereby approves the 2023-2025 Community Assessment and Plan.

2. The ADAMHS Board of Cuyahoga County approves and requests the Chief Executive Officer and the Board Chairperson to sign the Community Assessment and Plan, as validation of the Board of Directors' approval of the CAP submission.

3. The Chief Executive Officer is hereby authorized and directed to submit the approved CAP to OhioMHAS by January 31, 2023.

On the motion of Gregory X. Boehm, M.D., seconded by Harvey A. Snider, Esq., the foregoing resolution was adopted.

AYES: B. Addison, G. Boehm, E. Cade, S. Galloway, B. Gohlstin, P. James-Stewart, K. Kern-Pilch, S. Rosenbaum, H. Snider

NAYS: None

ABSTAIN: None

DATE ADOPTED: January 25, 2023

Ohio Department of Mental Health and Addiction Services (OhioMHAS)
2023-2025 Community Assessment and Plan (CAP)

ASSESSMENT

The Assessment section of the CAP Template informs the priorities in the Plan.

All standardized indicators referred to in this template align with existing state agency plans or initiatives, including:

- OhioMHAS 2021-2024 Strategic Plan Pathway to Impact
- SAMHSA block grant
- Ohio Department of Health and Ohio Department of Aging plans (2020-2022 State Health Improvement Plan and 2020-2022 Strategic Action Plan on Aging)
- Ohio Children's Behavioral Health Prevention Network
- Ohio Department of Medicaid quality measures for managed care plans (HEDIS and other metrics)
- Integrated care measures, such as Certified Community Behavioral Health Clinics Quality Measures

Acronyms

ACS	American Community Survey (U.S. Census Bureau)
BRFSS	Behavioral Risk Factor Surveillance System (CDC)
CHR	County Health Rankings
HEDIS	Healthcare Effectiveness Data and Information Set (HEDIS)
HRSA	Health Resources and Services Administration
NSCH	National Survey of Children's Health
NSDUH	National Survey on Drug Use and Health
NSSATS	National Survey of Substance Abuse Treatment Services
OARRS	Ohio Automated Rx Reporting System
ODE	Ohio Department of Education
ODH	Ohio Department of Health
ODJFS	Ohio Department of Job and Family Services
ODM	Ohio Department of Medicaid
OHFA	Ohio Housing Finance Agency
SACWIS	Statewide Automated Child Welfare Information System
SHA	State Health Assessment
YRBS	Youth Risk Behavior Survey

Mental health and addiction challenges

Based on the assessment findings, identify the level of need in your community for addressing the outcomes listed below.

	Major challenge	Moderate challenge	Minimal challenge	Top 3 challenges
Children, youth and families				**Select 3**
Mental, emotional and behavioral health conditions in children and youth (overall)	X			X
Youth depression	X			
Youth alcohol use	X			
Youth marijuana use	X			
Youth other illicit drug use		X		
Youth suicide deaths	X			X
Children in out-of-home placements due to parental SUD		X		
Chronic absenteeism among K-12 students[1]		X		
Suspensions and expulsions among K-12 students		X		
Adverse childhood experiences (ACEs)	X			X
Other child/youth outcome, specify: ADHD & other Conduct or Disruptive Disorders	X			
Other child/youth outcome, specify:				
Adults				**Select 3**
Mental health and substance use disorder conditions among adults (overall)	X			
Adult serious mental illness	X			X
Adult depression	X			
Adult substance use disorder	X			X
Adult heavy drinking		X		
Adult illicit drug use	X			
Adult suicide deaths	X			
Drug overdose deaths	X			X
Problem gambling			X	
Other adult outcome, specify:				
Other adult outcome, specify:				

Disparities - Mental health and addiction challenges

While there are many populations at risk in Cuyahoga County, according to the ADAMHS Board 2020 Community Needs Assessment, the populations who frequently experience health disparities are: persons with a dual diagnosis; persons who are chronically homeless; persons living in poverty (especially single mothers and their children); LGBTQ+ individuals; single women with children; pregnant women; transitional adults ages 18-25, and persons whose primary language is other than English.

The ADAMHS Board serves 175,000+ clients per year, through a network of approximately 70 provider agencies that employ almost 20,000 individuals. The ADAMHS Board recently compiled an estimate of the race, ethnicity and gender demographics of clients and staff within the local provider network (2022 data), compared to Cuyahoga County census data (2020). The comparison showed:

Race data

- 63% of Cuyahoga County residents are white, compared to 48% of clients and 61% of staff
- 31% of Cuyahoga County residents are Black, compared to 44% of clients and 26% of staff
- 3% of Cuyahoga County residents are Asian, compared to 2% of clients and 3% of staff
- 2% of Cuyahoga County residents are in the "Other-including two or more races" category, compared to 6% of clients and 9% of staff
- 0.5% of Cuyahoga County residents are Native Hawaiian or Other Pacific Islander, compared to 1% of clients and a negligible percentage of staff
- 0.5% of Cuyahoga County residents are American Indian or Alaskan Native, compared to a negligible percentage of clients and staff

Ethnicity data:

- 7% of Cuyahoga County residents are Hispanic (Latinx), compared to 8% of clients and 6% of staff

Gender data:

- 52% of Cuyahoga County residents are female, compared to 48% of clients and 71% of staff
- 48% of Cuyahoga County residents are male, compared to 50% of clients and 29% of staff
- 2% of clients and a negligible percentage of staff identify as non-binary (Census data unavailable)

According to the County's 2019 Community Health Assessment, Cuyahoga County residents are more likely to live in poverty (18%) compared to both Ohio (14%) and national (13.4%) percentages. County residents are also more likely to be unemployed (7.3% versus 5.2% for Ohio and 5.3% nationally).

The trends impacting young people continue to be concerning as well, according to the "Mind the Gap" report from the Children's Defense Fund-Ohio and the Mental Health & Addiction Advocacy Coalition (MHAC). During the last half of 2020, the U.S. Census Bureau's Household Pulse Survey reported that half of all Ohio adults with children in the household reported losing employment income and roughly one fifth reported that they had felt down, depressed, or hopeless more than half the previous week. Emergency departments (EDs) are often the first point of care for children's mental health emergencies. Beginning in April 2020, the proportion of children's mental health–related ED visits among all pediatric ED visits increased and remained elevated through October 2020. Compared with 2019, the proportion of mental health–related visits for children and adolescents aged 5–11 and 12–17 years increased approximately 24% and 31%, respectively.

Also related to youth, in 2021, 18 individuals ages 25 and under died by suicide, as ruled by the Cuyahoga County Medical Examiner. Eight were female (4 Black, 1 Black/Hispanic, 1 Asian, and 2 white), and ten were male (3 Black, 5 white, 2 white/Hispanic).

Based on the assessment findings, which of the following groups are experiencing the worst outcomes in your community for mental health and addiction challenges, service gaps, and social determinants of health.

X People with low incomes or low educational attainment

People with a disability

Residents of rural areas

Residents of Appalachian areas

X Black residents

X Hispanic residents

White residents

Other racial/ethnic group

Older adults (ages 65+)

Veterans

Men

Women

X LGBTQ+

X Immigrants, refugees or English language learners

X Pregnant women

Parents with dependent children

People who use injection drugs (IDUs)

X People involved in the criminal justice system

X Other, specify: dual diagnosis/co-occurring disorders

X Other: chronically homeless, unhoused

X Other: transitional adults ages 18-25

X Other: single mothers with children

Additional assessment findings

Those categories listed above as a "major challenge" are typically also listed as "area of concern" in state comparison data, meaning that Cuyahoga County's numbers are worse than the state overall. Many of the county and state indicators are very close, with the county numbers just slightly higher, but are worth noting. Other data sources indicating major challenges are included below.

According to the 2021 Cuyahoga County Youth Risk Behavior Survey (YRBS), of the 9th through 12th grade students in Cuyahoga County high schools who completed the survey:

Youth depression/suicide

- 35% felt sad or hopeless (almost every day for 2 weeks or more in a row; during the 12 months before the survey)
- 15.4% seriously considered attempting suicide (during the 12 months before the survey)
- 12.5% made a plan about how they would attempt suicide (during the 12 months before the survey)
- 7.6% actually attempted suicide (one or more times during the 12 months before the survey)
- 33% reported that their mental health was most of the time or always not good (including stress, anxiety, and depression; during the 30 days before the survey)

Youth alcohol/marijuana use

- 19.1% currently drank alcohol (had at least 1 drink of alcohol on at least 1 day during the 30 days before the survey)
- 10.1% currently were binge drinking (had four or more drinks of alcohol in a row if they were female or five or more drinks of alcohol in a row if they were male, within a couple of hours; on at least 1 day during the 30 days before the survey)
- 16.8% currently used marijuana (one or more times during the 30 days before the survey)

For youth ages 0-17, it is also worth noting that according to "primary diagnosis" data from SFY 2020, SUD concerns are very low (of a total of 14,555 children included in the results, SUD concerns included alcohol-6, opioid-1, SUD other-112), while diagnoses like "ADHD & other Conduct or Disruptive Disorders," anxiety, and depressive disorders are high (5,356, 1,646, and 1,620, respectively).

Trends are changing quickly, and have the potential to impact individuals and families from marginalized communities more dramatically.

Some communities that were identified in the 2020 ADAMHS Board Community Needs Assessment as being more likely to experience disparities, like transitional aged youth, are reporting increased need in the last two years. According to the 2022 CVS Health/Morning Consult survey, 74% of respondents aged 18-34 experienced mental health concerns for themselves, family or friends, reflecting a 12% increase compared

to two years ago. Also, Black Americans surveyed saw an 11% increase in mental health concerns since the start of the pandemic.

Also, alcohol use has increased during the pandemic. Our current figures on risky alcohol consumption and behaviors are mixed. However, according to a study from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the number and rate of alcohol-related deaths increased approximately 25% between 2019 and 2020, the first year of the COVID-19 pandemic. Rates increased prior to the pandemic, but less rapidly (2.2% mean annual percent change between 1999 and 2017). Previous reports suggest the national number of opioid overdose deaths increased 38% in 2020, with a 55% increase in deaths involving synthetic opioids such as fentanyl. There were similar increases in the number of deaths in which alcohol contributed to overdoses of opioids (40.8%) and, specifically, synthetic opioids (59.2%). According to the study, "deaths involving alcohol reflect hidden tolls of the pandemic. Increased drinking to cope with pandemic-related stressors, shifting alcohol policies, and disrupted treatment access are all possible contributing factors."

According to the Pew Research Center, the drug overdose death rate among Black men in the U.S. more than tripled between 2015 and 2020. Fentanyl, a synthetic opioid, is the leading cause of drug overdose death in Cuyahoga County. Fentanyl is often mixed with other drugs without the user's knowledge, is now being discovered in a myriad of drugs. Overdose deaths reported in the community that can be attributed to fentanyl are disproportionately affecting African American males in the city of Cleveland and the inner ring east side suburbs.

Mental health and addiction service gaps

Based on the assessment findings, identify the level of challenge experienced in your community related to prevention, treatment and recovery service access and quality.

	Major challenge	Moderate challenge	Minimal challenge	Top 3 challenges
Overall service gaps in continuum of care				**Select 3**
Prevention services, programs and policies		X		
Mental health treatment services		X		
Substance use disorder treatment services		X		
Crisis services	X			X
Harm reduction services		X		
Recovery supports		X		
Mental health workforce (mental health professional shortage areas)	X			X
Substance use disorder treatment workforce	X			X
Other service gap, specify:				
Other service gap, specify:				
Other service gap, specify:				
Access for children, youth and families				**Select 3**
Unmet need for mental health treatment, youth	X			X
Unmet need for major depressive disorder, youth		X		
Lack of well-child visits			X	
Lack of child screenings: Depression		X		
Lack of child screenings: Developmental			X	
Lack of child screenings: Anxiety		X		
Lack of follow-up care for children prescribed psychotropic medications)		X		
Lack of school-based health services			X	
Uninsured children			X	
Other child/youth access challenge, specify: Waitlists for behavioral health services due to lack of direct service workforce	X			X
Other child/youth access challenge, specify: Insufficient options for out-of-home placement for youth	X			X
Other child/youth access challenge, specify:				

Access for adults				Select 3
Unmet need for mental health treatment, adults	X			X
Unmet need for major depressive disorder, adults		X		
Unmet need for outpatient medication-assisted treatment		X		
Low SUD treatment retention		X		X
Lack of follow-up after hospitalization for mental illness challenges		X		
Lack of follow-up after ED visit for mental health		X		X
Lack of follow-up after ED visit for substance use			X	
Uninsured adults		X		
Other adult access challenge, specify:				
Other adult access challenge, specify:				
Other adult access challenge, specify:				

Disparities - Mental health and addiction service gaps

The following gaps were identified in the Diversity, Equity and Inclusion (DEI) Baseline Data Report of the ADAMHS Board of Cuyahoga County conducted by Rice Education Consulting, LLC (RedCon) in the last quarter of 2021 and first quarter of 2022, and are being addressed through the network's DEI Strategic Implementation Plan:

- Lack of Culturally Responsive Care: lack of racial/ethnic diversity across providers and the lack of focus on providing tailored services to some marginalized groups.
- Inconsistent Service Quality: There were a few treatment and support services identified as not sufficiently meeting client needs.
- Access to Services: There are a wide range of services offered; however, some community members noted that they are unable to access services due to barriers such as transportation, insurance, stigma, childcare, etc.

Additional assessment findings

Every identified gap is exacerbated by the workforce shortage. The "Behavioral Health Workforce Supply and Demand" study completed in 2021 by OhioMHAS, the Governor's Office of Workforce Transformation, InnovateOhio, and Deloitte found that the demand for behavioral healthcare services in Ohio increased 353% from 2013-2019 while the workforce increased only 174% over the same time period.

Social determinants of health

Social determinants of health driving behavioral health challenges. *Based on the assessment findings, describe the extent to which the following factors are driving mental health and addiction challenges in your community.*

	Major driver	Moderate driver	Not a driver or unknown	Top 3 driver
Social and economic environment				**Select 3**
Poverty	X			X
Unemployment or low wages	X			
Low educational attainment		X		
Violence, crime, trauma and abuse	X			X
Stigma, racism, ableism and other forms of discrimination	X			X
Social isolation		X		
Social norms about alcohol and other drug use		X		
Attitudes about seeking help	X			
Family disruptions (divorce, incarceration, parent deceased, child removed from home, etc.)		X		
Other, specify:				
Physical environment and health behaviors				**Select 3**
Lack of affordable or quality housing	X			X
Lack of transportation	X			X
Lack of broadband access		X		
Lack of access to healthy food		X		
Other physical environment, specify:				
Lack of physical activity		X		
Lack of fruit and vegetable consumption		X		
Food insecurity	X			X
Other health behaviors, specify: Safety	x			

Disparities – Social determinants of health

Cuyahoga County ranks 82 out of 88 counties for social and economic factors influencing health. The Healthy Northeast Ohio database uses this indicator to show the ranking of the county in social and economic factors according to the County Health Rankings. The ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.

The physical environment factor ranking is even worse, 85 out of 88. The ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.

This impacts certain groups disproportionately. For example, Cleveland was ranked the worst metropolitan area in the nation for Black women in 2020, according to Bloomberg CityLab. The study used a livability index and measured factors including health, education and economic outcomes.

Additional assessment findings

Survey data was collected by Rice Education Consulting, LLC (RedCon) from ADAMHS Board leadership, staff, agencies and community members, to indicate perceptions around unmet needs as part of the Diversity, Equity and Inclusion (DEI) initiative of the Board. "Housing" and "Supported Housing" were the top categories in the "Support Service Quality" section that stakeholders perceived as unmet needs (61.94% and 61.54% respectively).

The need for subsidized housing in Cuyahoga County is so great that there is a lottery to be placed on the waitlist. In 2019, when the Cuyahoga County Metropolitan Housing Authority held a lottery to win spots on the waiting list, 33,000 families submitted applications for 15,000 spots, according to "CMHA's long waiting list for housing vouchers and where they are being used: Statistical Snapshot," Nov. 19, 2019, cleveland.com.

Also, homelessness is a challenge. According to the Northeast Ohio Coalition for the Homeless (NEOCH), based on Census Data and the Department of Education's definition of homelessness, NEOCH estimates that there were about 23,000 people experiencing homelessness in 2018 in Cuyahoga County. The Office of Homeless Services estimated that only 7,000 of these people entered a shelter for housing. 80% of these residents were people of color. Cleveland Metropolitan School District recorded 2,972 homeless students in 2018. Family homelessness increased 35% to 2,572 individuals.

The Center for Community Solutions and The Council for Economic Opportunities in Greater Cleveland (CEOGC) conducted a survey in 2019 of low-income residents of Cuyahoga County. "About one-third [surveyed] said that transportation was sometimes a challenge when seeking help, so it is not a surprise nearly 90 percent of people in Cuyahoga County prefer to get help near their homes." It is also worth noting that in the same survey, mental health assistance was one of the most commonly met needs in Cuyahoga County, and two-thirds of people who said they needed these services got them. However, individuals had a more difficult time when seeking drug or alcohol treatment for themselves or a family member.

The food insecurity rate in Cuyahoga County is 18.4%, which is higher than the state's rate of 14.5%.

Strengths, including community assets and partnerships

Select strengths that are the most significant in your community:

X Collaboration and partnerships
X Engaged community members
X Availability of specific resources or assets
Economic vitality
X Creativity and innovation
Natural resources and greenspace
X Colleges or universities
X Faith-based communities
Social support and positive social norms

Indicate the strength of your Board's collaboration with community partners.

Definitions for five levels of collaboration:[2]

- *Networking: Aware of organization; little communication*
- *Cooperation: Provide information to each other; formal communication; regular updates on projects of mutual interest*
- *Coordination: Share ideas; defined roles; some shared decision making; common tasks and compatible goals*
- *Collaboration: Signed MOU; long-term planning; integrated strategies and collective purpose; consensus is reached on all decisions; shared trust*

Partner	No interaction at all	Networking	Cooperation	Coordination	Collaboration	Entity Does Not Exist
Local prevention coalition(s) (suicide, tobacco, Drug Free Community, etc.)					X	
Local health district(s)					X	
Local tax-exempt hospital				X		
Local school district(s)					X	
Educational service center(s)				X		
Law enforcement				X		

Partner	No interaction at all	Networking	Cooperation	Coordination	Collaboration	Entity Does Not Exist
Criminal justice system/courts					X	
Child protective services (PCSA)					X	
Family and Children Services Council(s)					X	
Private psychiatric hospitals				X		
State psychiatric hospitals					X	
People with lived experience/ people in recovery				X		
UMADAOP					X	
Area Agency on Aging			X			
Housing (such as the Housing continuum of care (COC) entity or public housing authority)				X		
Transportation (such as the regional planning commission or transit authority)					X	
Job training and economic development (such as OhioMeansJobs center(s) or chamber of commerce)				X		
Food access (such as food bank(s) or farmer's markets)		X				
Other: Universities					X	
Other: Mental Health and Addiction Advocacy Coalition (MHAC)					X	

Other: NAMI Greater Cleveland					X	
Mental Health Response Advisory Committee (MHRAC) with the City of Cleveland					X	

Identify the number of providers in the Board area across the continuum of care:

75 agencies will be under contract with the ADAMHS Board in 2023 (see current list: https://www.adamhscc.org/home/showpublisheddocument/3443/637510467245870000).

In addition to the 75 provider agencies under contract, the ADAMHS Board has agreements with or participates in:

Corrections Planning Board
One Ohio Region Three Member
US Attorney Heroin Opioid Action Plan Committee
Cuyahoga County Diversion Center
Ohio Association of County Behavioral Health Authorities (OACBHA)
Drug Court Training Grant
Office of Homeless Services Advisory Board
City of Cleveland Co-Responder Team
Greater Cleveland Career Consortium
CIT International
Community Based Correctional Facility Governing Board
Cleveland Drug Court Board
Cuyahoga County Drug Court Board
Division of Senior and Adult Services Advisory Board
Cuyahoga County Advisory Council on Persons with Disabilities
Greater Cleveland Coordinated Response to Human Trafficking
City Club Health Committee
Opiate Task Force
Cuyahoga County Suicide Prevention Coalition
Latino Mental Health Network
Mental Health & Addiction Advocacy Coalition

Links to other community assessments

Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County Needs Assessment by the Center for Behavioral Health Sciences at Cleveland State University (https://www.adamhscc.org/about-us/budgets-reports/needs-assessments)

ADAMHS Board 2021-2025 Five-Year Strategic Plan (https://www.adamhscc.org/about-us/budgets-reports/strategic-plan)

ADAMHS Board Diversity, Equity and Inclusion (DEI) Strategic Implementation Plan (https://www.adamhscc.org/about-us/budgets-reports/dei-strategic-implementation-plan)

ADAMHS Board Clients Rights Reports (https://www.adamhscc.org/about-us/budgets-reports/clients-rights-reports-and-manual)

2019 Cuyahoga County Community Health Assessment (CHA) (https://hipcuyahoga.org/wp-content/uploads/2019/10/2019_CHNA_10.25_Web_compressed-1.pdf)

2021 Cuyahoga County Youth Risk Behavior Survey (http://prchn.org/ccyrbs-hs/)

Cuyahoga County Citizens' Advisory Council on Equity (https://cuyahogacounty.us/docs/default-source/executive-library/cacestatusreport.pdf)

Mental Health Response Advisory Committee (MHRAC) Annual Report, Cleveland Division of Police (https://www.adamhscc.org/home/showpublisheddocument/4569/637792265138568196)

Healthy Northeast Ohio database (https://www.healthyneo.org/tiles/index/display?id=185014592887315282)

Ohio Department of Mental Health and Addiction Services (OhioMHAS)

2023-2025 Community Assessment and Plan (CAP) Template:

PLAN

The Plan section of the CAP will serve as the Board's 2023-2025 Community Plan and is designed to be completed by ADAMH Boards and returned to OhioMHAS every three years.

Acronyms

ACS	American Community Survey (U.S. Census Bureau)
BRFSS	Behavioral Risk Factor Surveillance System (CDC)
CHR	County Health Rankings
HEDIS	Healthcare Effectiveness Data and Information Set (HEDIS)
HRSA	Health Resources and Services Administration
NSCH	National Survey of Children's Health
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OARRS	Ohio Automated Rx Reporting System
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ODH	Ohio Department of Health
ODJFS	Ohio Department of Job and Family Services
ODM	Ohio Department of Medicaid
OHFA	Ohio Housing Finance Agency
SACWIS	Statewide Automated Child Welfare Information System
SHA	State Health Assessment
YRBS	Youth Risk Behavior Survey

How to read this Plan:

Continuum of care	Strategy	Age group	Priority populations and groups experiencing disparities	Outcome indicator
Harm reduction	Reduce overdose deaths by Increasing access to overdose-prevention information and harm reduction products for the general public by distributing or placing Narcan vending machines, Fentanyl Test Strips, Narcan Kits, and Nalox Boxes, overdose sensors and alert buttons, the Brave App for individuals using substances alone to initiate a response if they overdose, and other emerging innovations	Transition-aged youth (14-25) Adults (ages 18-64)	People with low incomes or low educational attainment Black residents Hispanic residents Men LGBTQ+ Immigrants, refugees or English language learners People who use injection drugs (IDUs) People involved in the criminal justice system General community program	Number and locations of materials distributed (internal measure) Overdose deaths by zipcode (Cuyahoga County Medical Examiner) Unintentional overdose deaths (rate per 100,000 population) (ODH Vital Statistics)

SMART Objective	Date Source	Baseline year	Baseline measure	Target year	Target measure
Number of unintentional overdose deaths (per 100,000 rate)	ODH Vital Statistics	2019	38.6	2025	35.0

These are measurements that indicate progress.

This column is a category of services or supports that we must address in the Plan.

"SMART" =
Specific
Measurable
Achievable
Relevant
Time-bound

This column is a strategy that addresses the category in the previous column.

These are the age groups MOST affected by the strategy.

These are populations identified as being MOST affected by the strategy, or who will receive special attention due to an increased need or disparity. Our services are available for all Cuyahoga County residents, so this does NOT mean we will only serve these populations.

OhioMHAS requires ONE measure from the "Outcome Indicator" column to be included in SMART format (Specific, Measurable, Achievable, Relevant, Time-bound). This row highlights where we find the information (data source), how we are doing now (baseline year and measure), and how we want to be doing in the future (target year and measure).

2023-2025 CAP:

Continuum of care	Strategy	Age group	Priority populations and groups experiencing disparities	Outcome indicator
Prevention	Increase capacity for youth and family engagement in community behavioral health, wellness and safety planning by developing a community advisory group based on Youth Move model Year 1: Identify which communities need increased access to behavioral health services closer to home Develop a community advisory group Year 2: Implement the community advisory group Plan and define metrics for top priorities, as identified by the community advisory group and ADAMHS Board, to increase access to services and promote wellness and safety in the community	Adolescents (ages 13-17) Transition-aged youth (14-25)	People with low incomes or low educational attainment Black residents Hispanic residents Other racial/ ethnic group (specify: defined as marginalized through DEI initiative) LGBTQ+ People involved in the criminal justice system	Measure meaningful participation in advising and decision-making through the Assessment of Youth/Young Adult Voice at the Agency Level (Y-VAL) from Portland State University and Youth Move (Y-VAL) Number of youth and family members serving on community advisory board (internal measure = Community Collective Impact Model for Change 2.0 Initiative-CCIMC) Percentage or number of community advisory board members representing zipcodes from identified communities, or communities considered high-risk for suicide and overdose deaths (internal measure = CCIMC) Percentage or number of community advisory board

				members representing marginalized communities as

	Begin implementation of top priorities				defined by the ADAMHS DEI plan (internal measure = CCIMC) Adverse Childhood Experiences (NOTE: With guidance of the group, create metrics to measure impact on ACEs during Year 2)
SMART Objective	**Data Source**	**Baseline year**	**Baseline measure**	**Target year**	**Target measure**
Percentage of community advisory board members representing marginalized communities	Defining of marginalized communities via ADAMHS Board Diversity, Equity and Inclusion Plan; Community Collective Impact Model for Change 2.0 Reporting	2023	Implement Baseline	2025	50%

Continuum of care	**Strategy**	**Age group**	**Priority populations and groups experiencing disparities**	**Outcome indicator**

Prevention	Increase community understanding and awareness of mental health and addiction prevention and early intervention across the lifespan for children, adolescents, adults, and older adults, by developing, funding and publishing traditional and innovative public-education approaches Identified approach/ topic/ population: Mass media substance use disorder campaign to celebrate recovery, general population Identified approach/ topic/ population: Radio series on suicide risk among Black and African American males of all ages Identified approach/ topic/ population: Suicide prevention direct mail campaign to Cuyahoga County faith-based institutions	Children (ages 012) Adolescents (ages 13-17) Transition-aged youth (14-25) Adults (ages 1864) Older adults (ages 65+)	People with low incomes or low educational attainment Black residents Hispanic residents LGBTQ+ Immigrants, refugees or English language learners People involved in the criminal justice system General community program	Increase in engagement through social media channels (internal measure) Number of calls to the Cuyahoga County's 24-hour Crisis Hotline: 216-623-6888/988 (internal measure) Number of social media impressions, website visits (internal measure) Watch trends in populationlevel outcomes: Received mental health treatment in the last year (NSDUH) Adult poor mental health days (BRFSS as reported by County Health Rankings) Youth depression (NSDUH) Youth suicide deaths (ODH Vital Statistics, Cuyahoga County Medical Examiner)

					Youth illicit drug use (YRBS, OHYES) Adult depression (NSDUH) Adult suicide deaths (ODH Vital Statistics, Cuyahoga County Medical Examiner) Adult illicit drug use (NSDUH) Unintentional overdose deaths (rate per 100,000 population) (ODH Vital Statistics)
SMART Objective	**Data Source**	**Baseline year**	**Baseline measure**	**Target year**	**Target measure**
Rate of social media engagement in yearly prevention campaigns	ADAMHS Board Social Media Report (number of impressions)	2022	5,098,233	2025	5,125,000

Continuum of care	Strategy	Age group	Priority populations and groups experiencing disparities	Outcome indicator

Prevention	Expand programming for pregnant women by contracting with one new provider	Adults (ages 1864)	*Special population required by OhioMHAS: Pregnant women with SUD*	New provider probation report (Birthing Beautiful Communities) (internal measure) Number of Black client and family participation in BBC birthing support services, education classes, and behavioral health therapy sessions (internal measure = provider report)

SMART Objective	Data Source	Baseline year	Baseline measure	Target year	Target measure
Number of African-American women participating in Birthing Beautiful Communities program	ADAMHS Board Provider Outcome Narrative Reports	2023	Implement Baseline	2023	60

Continuum of care	Strategy	Age group	Priority populations and groups experiencing disparities	Outcome indicator

Mental health treatment	Increase number of clients accessing the provider network agency or service for the first time, including those from special or marginalized populations, by adding demographic and new client reporting measures to provider outcomes reports		Children (ages 012) Adolescents (ages 13-17) Transition-aged youth (14-25) Adults (ages 1864) Older adults (ages 65+)	People with low incomes or low educational attainment Black residents Hispanic residents Other racial/ ethnic group (specify: defined as marginalized through DEI initiative) LGBTQ+ Immigrants, refugees or English language learners People involved in the criminal justice system	Clients received services without having been entered into the GOSH online Electronic Enrollment and Claims system as receiving service in previous years (internal measure = CY22 baseline: 4,028) Received mental health treatment in the last year, adults (NSDUH, ODM or OhioMHAS) Received mental health treatment in the last year, children (National Survey of Children's Health) Provider outcomes reports (internal measure)
SMART Objective	**Data Source**	**Baseline year**	**Baseline measure**	**Target year**	**Target measure**
Clients received services for the first time within current provider network	GOSH online Electronic Enrollment and Claims system	2022	4,028	2025	5,000

Continuum of care	Strategy	Age group	Priority populations and groups experiencing disparities	Outcome indicator

Substance use disorder treatment	Increase number of individuals receiving ASAM-appropriate residential services by tracking intake versus completion rates and providing coaching and technical assistance to providers if needed		Adults (ages 1864) Older adults (ages 65+)	People with low incomes or low educational attainment Black residents LGBTQ+ Other, specify: Parents with dependent children	Initiation and engagement of AOD abuse or dependence treatment (HEDIS Aggregate Report, Ohio Medicaid Managed Care) Risk of continued opioid use (HEDIS Aggregate Report, Ohio Medicaid Managed Care) Substance use disorder treatment retention (OhioMHAS)
SMART Objective	**Data Source**	**Baseline year**	**Baseline measure**	**Target year**	**Target measure**
Number of clients remaining engaged in substance use disorder (SUD) treatment	OhioMHAS	2021	33%	2025	35%

Continuum of care	Strategy	Age group	Priority populations and groups experiencing disparities	Outcome indicator

Medication-Assisted Treatment (MAT)	Make appropriate referrals for individuals from the Diversion Center to MAT services by developing linkage processes for new providers and/or educating existing providers		Adults (ages 18-64)	People with low incomes or low educational attainment Black residents Hispanic residents LGBTQ+ People involved in the criminal justice system	Number of referrals of clients receiving Detox or SUD treatment services (internal measure = Diversion Center Long Form Initiation and engagement of AOD abuse or dependence treatment (HEDIS Aggregate Report, Ohio Medicaid Managed Care)
SMART Objective	**Data Source**	**Baseline year**	**Baseline measure**	**Target year**	**Target measure**
Percentage of clients receiving detoxification or substance use disorder (SUD) Treatment from the Cuyahoga County Diversion Center that receive referrals to care providers	ADAMHS Board of Cuyahoga County Diversion Center Long Form Report	2022	47.9%	2025	60%

Continuum of care	Strategy	Age group	Priority populations and groups experiencing disparities	Outcome indicator

Crisis services	Update the local crisis continuum through the provider network Process involves: - Assess crisis system in partnership with consultant - Implement updates based on assessment, through the RFP process and other administrative functions - Partner with the state on crisis initiatives - Develop plan to launch crisis center - Develop plan to launch Adam and Amanda-like facility - Develop care response pilot		Children (ages 012) Adolescents (ages 13-17) Transition-aged youth (14-25) Adults (ages 1864) Older adults (ages 65+)	People with low incomes or low educational attainment Black residents Hispanic residents LGBTQ+ Immigrants, refugees or English language learners People involved in the criminal justice system General community program	Client and family satisfaction levels indicate quality service (internal measure = Annual survey to be developed) Other measures to be developed/determined for each project in Year 2 and 3
SMART Objective	**Data Source**	**Baseline year**	**Baseline measure**	**Target year**	**Target measure**
Level of client satisfaction in care provided	Client satisfaction survey results (of Board continuum Crisis Care Providers) (Annual survey to be developed)	2023	Implement Baseline	2025	80%

Continuum of care	Strategy		Age group	Priority populations and groups experiencing disparities	Outcome indicator
Crisis services	Expand crisis placement options for youth in the Department of Children and Family Services (DCFS) system by developing a new 8-bed facility through a funding and operational partnership with Cuyahoga County, DCFS, the Developmental Disability Board, the Juvenile Detention Center and The Centers		Children (ages 012) Adolescents (ages 13-17) Transition-aged youth (14-25)	People with low incomes or low educational attainment People with a disability Black residents Hispanic residents LGBTQ+	Year 2: Measures to be created by partner(s) who are operating the facility, including: Placements at new 8-bed crisis unit Length of Stay Disposition Reunification with family or permanent foster placement (partner reports)
SMART Objective	**Data Source**	**Baseline year**	**Baseline measure**	**Target year**	**Target measure**

Percentage of children that return home to their parent or guardian	Crisis Assessment Tool (results indicated on ADAMHS Board Outcome Narrative Reports for Crisis Residential Stabilization Programs)	2021	74% (This a comparative measure from existing crisis beds for children, which is the average of Applewood and Bellefaire Crisis Residential Stabilization results for children returning home)	2025	80%

Continuum of care	Strategy	Age group	Priority populations and groups experiencing disparities	Outcome indicator

Harm reduction	Reduce overdose deaths by Increasing access to overdoseprevention information and harm reduction products for the general public by distributing or placing Narcan vending machines, Fentanyl Test Strips, Narcan Kits, and Nalox Boxes, overdose sensors and alert buttons, the Brave App for individuals using substances alone to initiate a response if they overdose, and other emerging innovations		Transition-aged youth (14-25) Adults (ages 1864)	People with low incomes or low educational attainment Black residents Hispanic residents Men LGBTQ+ Immigrants, refugees or English language learners People who use injection drugs (IDUs) People involved in the criminal justice system General community program	Number and locations of materials distributed (internal measure) Overdose deaths by zipcode (Cuyahoga County Medical Examiner) Unintentional overdose deaths (rate per 100,000 population) (ODH Vital Statistics)
SMART Objective	**Data Source**	**Baseline year**	**Baseline measure**	**Target year**	**Target measure**
Number of unintentional overdose deaths (per 100,000 rate)	ODH Vital Statistics	2019	38.6	2025	35.0

Continuum of care	Strategy	Age group	Priority populations and groups experiencing disparities	Outcome indicator
Recovery supports	Ensure high quality housing options through providers funded by the Board by monitoring compliance to standards, including Recovery Housing for adults/adolescents in recovery from addiction and Class 1 and 2 Residential Facilities for adults with mental illness	Adolescents (ages 13-17) Transition-aged youth (14-25) Adults (ages 1864) Older adults (ages 65+)	People with low incomes or low educational attainment People with a disability Black residents Hispanic residents LGBTQ+	Ensure 100% of funded recovery housing agencies meet standards (internal measure = compliance reports) Peer Seal of Quality Housing achievement (internal measure = Agenda Process Sheet-APS of Class 2 Residential Facilities-Adult Care Facilities/ACFs recommend for contract/ CY22 baseline - 71 Class 2 Residential Facilities, 127 RAP clients) Ohio Recovery Housing (ORH), CARF/or Oxford House Model Certified/Accredited (internal measure = Recovery Housing Network Providers Combined 2022-2023 spreadsheet/ CY22 4th qtr baseline: 24 of 48 providers or 50% are ORHcertified) Client and family satisfaction levels indicate quality service (internal measure = Annual survey to be developed)

SMART Objective	Data Source	Baseline year	Baseline measure	Target year	Target measure
Perceived quality of housing and residential care providers by clients	Client satisfaction survey results (of Board continuum Housing and Residential Care Providers) (Annual survey to be developed)	2023	Implement Baseline	2025	80%

Continuum of care	Strategy		Age group	Priority populations and groups experiencing disparities	Outcome indicator
Recovery Supports	Increase access to transportation opportunities for clients receiving services from funded providers by contracting with transportation services		Adolescents (ages 13-17) Transition-aged youth (14-25) Adults (ages 1864) Older adults (ages 65+)	People with low incomes or low educational attainment People with a disability Black residents Hispanic residents	Percentage of completed transports (internal measure = provider reports) Appointment Show Rate through Electronic Health Records-EHR (internal measure = provider reports for agencies that adopt a specific transportation service for their clients, i.e., Murtis Taylor Human Services System)
SMART Objective	**Data Source**	**Baseline year**	**Baseline measure**	**Target year**	**Target measure**
Clients using transportation services complete appointments	ADAMHS Board Program Outcome Narrative Report (Murtis Taylor Transportation Program Appointment Show Rate (through EHR)	2022	95%	2023	100%

Continuum of care	Strategy		Age group	Priority populations and groups experiencing disparities	Outcome indicator
Recovery Supports	Ensure that women enrolled in specialized SUD housing for pregnant and new mothers will retain sobriety Ensure that women enrolled in specialized SUD housing for pregnant and new mothers will retain custody of their children		Adults (ages 1864)	*Special population required by OhioMHAS: Pregnant women with SUD*	Retain sobriety (internal measure = provider reports) Retain custody (internal measure = provider reports)
SMART Objective	**Data Source**	**Baseline year**	**Baseline measure**	**Target year**	**Target measure**
Percentage of women maintaining sobriety (among SUD residential programs)	ADAMHS Board Provider Outcome Narrative Reports	2020	72%	2025	77%

Continuum of care	Strategy	Age group	Priority populations and groups experiencing disparities	Outcome indicator

Recovery Supports	Expand funding in Year 1 (2023) to children's shelter/crisis nursery to support parents receiving mental health and SUD treatment through a specialized provider		Children (ages 012) Adolescents (ages 13-17) Transition-aged youth (14-25) Adults (ages 18-64)	*Special population required by OhioMHAS: Parents with SUD with dependent children*	Expanded funding – budget (internal measure/ CY19 baseline = $34,321) Outcomes report (internal measure): Percentage of families will reunite Percentage of families will be fully engaged in services Percentage of parents/guardians will agree or strongly agree their children's daily care and medical needs were provided for during stay Percentage of families that need additional services will receive a referral Percentage of eligible families will enroll in Aftercare Percentage of parents/guardian report that their stability improved
SMART Objective	**Data Source**	**Baseline year**	**Baseline measure**	**Target year**	**Target measure**
Percentage of parents/guardians	ADAMHS Board of Cuyahoga	2021	29%	2025	33%

that believed their stability improved	County Outcomes Report for Providence House				

Additional SMART Objectives related to priority populations and groups experiencing disparities

Identified priority population: African American and Black males

Priority population or group experiencing disparities	Outcome indicator	Data source	Baseline year	Baseline measure	Target year	Target
African-American Males	*Suicide deaths among AfricanAmerican Males (Number of deaths due to suicide, per 100,000)*	*ODH Vital Statistics*	*2019*	*16.8*	*2025*	*15.0*
African-American Males	*Overdose deaths among AfricanAmerican Males (Number of deaths due to suicide, per 100,000)*	*ODH Vital Statistics*	*2019*	*65.6*	*2025*	*62.0*

Additional SMART Objectives related to social determinants of health

Optional: Collective impact to address social determinants of health	Strategy	Key partners	Priority populations and groups experiencing disparities	Outcome indicator
Criminal Justice	*Maintain collaboration between Specialized Docket Drug Courts with both Cuyahoga County Common Pleas Court and Cleveland Municipal Court, as well as Mental Health and Developmental Disabilities Court (MHDD) and Recovery Court dockets with Cuyahoga County Common Pleas and community agencies to help provide improved care*	Specialized Docket Drug Courts with both Cuyahoga County Common Pleas Court and Cleveland Municipal Court, as well as Mental Health and Developmental Disabilities Court (MHDD) and Recovery Court dockets with Cuyahoga County Common Pleas and community agencies	People involved in the criminal justice system	Family disruption/incarceration
Workforce	Increase median wage in local provider network through incentivizing or compensating quality and necessary services or functions	Provider network, County, OhioMHAS, Ohio Means Jobs	General community program	Annual median wage of substance abuse, behavioral disorder, and mental health counselors in the ClevelandElyria OH area (per US Bureau of Labor Statistics delineation) *2021 Baseline: $47,550* *2025 Target: $50,000*

Workforce	Increase number of individuals with Chemical Dependency Counselor Assistant (CDCA) and Peer certifications who are living and working in Cuyahoga County by promoting certification opportunities	Provider network, County	Adults (ages 18-64)	Number of certified individuals (Ohio Chemical Dependency Professionals Board FY22 Credentialing Report baseline: 1,392 applications for CDCA statewide/ 2,608 applications for CDCA-Preliminary; 4,776 active CDCA certifications/licenses) Number of peer certifications (OhioMHAS) Reduction in need for CDCA and Peer professionals among ADAMHS network providers (internal measure = Workforce Task Force survey, Clinical Level Needed/CY21 baseline = 15% of responses to the survey question "What level (certification, licensure, expertise, etc.) of clinician do you need in your workforce that you do not currently have or do not have in adequate numbers?" related to CDCA or Peer certified professionals

This concludes the Strategies section of the Plan. Additional required sections follow.

Family and Children First Councils (FCFC)

Child service needs resulting from finalized dispute resolution [340.03(A)(1)(c)]

The ADAMHS Board of Cuyahoga County is a long-standing partner of the Cuyahoga County Family and Children First Council (FCFC). The ADAMHS Board CEO is a member of the Executive Committee and Board staff participate on various committees and in service-coordination planning.

The current Board and FCFC service coordination plan for serving multi-system children utilizes a Wraparound Philosophy. This family-driven approach assists families in identifying their needs and strengths to achieve goals through an individualized strategy within a team. The family is known as the spearhead of decisions while additional team members provide expertise and knowledge. This is often achieved by intervening with intensity and frequency to divert a potential placement, prevent involvement in a mandated system, or to reduce the length of stay if a placement is sought.

The goal is to resolve conflicts at the earliest level of intervention. The current process for resolving inter-system challenges is:

For parent-initiated dispute resolution, the parent or custodian should notify their FCFC Service Coordinator or Service Coordination Liaison in writing that the family wishes to initiate the dispute resolution process. If the request is provided to a Service Coordination Liaison, the liaison shall forward the request to the FCFC Office immediately. An FCFC Service Coordinator will convene an emergency meeting within 72 hours, which includes the involved systems, the family, and the family support system to discuss the concerns. At the family's request, they may be included in all aspects of the process. The FCFC Service Coordinator will document the findings and make a recommendation to the Executives of the involved agencies. The Executives or their System Coordination Committee designee will respond within 24 hours. The FCFC Director will send the family a written determination of the Council's findings within 36 hours.

For system-to-system-initiated disputes, resolution begins with one-on-one communication between case workers. The case would be brought to the next level of problem solving only when line staff are unable to resolve the concern. For crisis level cases, the goal is to resolve the issue within 7 working days. If no crisis exists, resolution needs to be achieved within 30 days. Each system will be notified of this procedure during the intake process. Families will be notified in writing by the FCFC office that a system has initiated a system-to-system dispute. All Service Coordination Liaisons must be trained in this process.

In some cases, there are situations that do not require service coordination. In those cases, parents/guardians must contact the agency in which services are rendered to address disputes. This process is in addition to, and does not replace, other rights or procedures parents/guardians may have under other sections of the Ohio Revised Code. Each agency represented through FCFC, providing services or funding for services subject of a dispute initiated by a parent, shall continue to provide those services or funding during the dispute process.

The dispute resolution sequence is as follows:
Worker to Worker - (if not resolved within 24 hours, engage Supervisors)
Supervisor to Supervisor - (if not resolved within 24 hours, engage Liaisons)
Liaison to Liaison - (if not resolved within 24 hours, contact FCFC to engage the System Executives)
Executive to Executive - (if not resolved within 24 hours, contact FCFC to engage the full Executive Committee)
FCFC Executive Committee - (if not resolved within 24 hours, contact FCFC to engage the County Executive or the Health and Human Services Director to convene the Mediation Committee).
Role of the Mediation Committee - (if not resolved within 24 hours, file with Juvenile Court) Final arbitration - Juvenile Court Administrative Judge

Collaboration with the county FCFC(s) to serve high-need/multi-system youth

The ADAMHS Board is a partner in the FCFC Shared Plan, with the priorities of improving service coordination and strengthening service coordination infrastructure. The Board participates in cross-system committees that review data and relevant information to serve multi-system youth. The ADAMHS Board also serves on the FCFC Service Coordination Team as a liaison to share knowledge of other resources or services available in the local behavioral health system to assist with linkage and navigation around system barriers. The Service Coordination Team often works with existing wrap teams to assist when children are in crisis and in need of short-term stabilization.

Community partners from the children's crisis services system meet quarterly to collaborate on system barriers and improve referral and system flow for youth experiencing a mental health crisis in Cuyahoga County. Partners include Cuyahoga County Board of Developmental Disabilities (CCBDD), Cuyahoga County Juvenile Court (CCJC), Department of Children Family Services (DCFS), Applewood, Bellefaire, Ohio Guidestone, Frontline, Family and Children First Council (FCFC).

Collaboration with the county FCFC(s) to reduce of out-of-home placements (IFAST/MST)

The ADAMHS Board of Cuyahoga County is an active member of the FCFC's Service Coordination Team to act as a system liaison to guide community partners and stakeholders through the comprehensive continuum of services and resources available for youth and families within Cuyahoga County to prevent out of home placements. ADAMHS Board works closely with other system liaisons (especially DCFS, Juvenile Court and CCBDD) to coordinate and monitor care of youth receiving shared cost residential treatment which is facilitated by FCFC service coordinators.

In the area of juvenile justice, the Board works in collaboration with Cuyahoga County Juvenile Court (CCJC), Applewood, Bellefaire, Ohio Department of Youth Services (ODYS), Case Western Reserve University (CWRU), Ohio Department of Mental Health Services (OhioMHAS), local police departments and the Family and Children First Council (FCFC) with developing, implementing and assessing a continuum of early intervention and diversion services to connect youth with mental health or behavioral health needs to treatment services. The Behavioral Health Juvenile Justice service continuum includes Project CALM, Intervention Center, two intensive home-based treatment modalities: Integrated Cooccurring Treatment (ICT) through Bellefaire and Multisystemic Therapy (MST). ADAMHS Board continues in this work as a community partner, but is no longer the administrative agent for the grant. Community partners meet quarterly to collaboratively develop services and address any barriers that arise to service provision.

Hospital services

How future outpatient treatment/recovery needs are identified for private or state hospital patients who are transitioning back to the community

Staff members from the ADAMHS Board of Cuyahoga County provide consultation to the state hospital, private hospitals, community providers, and crisis system partners in the following ways:

ADAMHS Board of Cuyahoga County staff meet via phone at least weekly with the Clinical Director at Northcoast Behavioral Health. Plans are in place to review and enhance this service as the goal is to assist with discharge planning,

system issues and as a liaison to the community Providers. ADAMHS Board staff assist with addressing barriers, resources, and linkage to the appropriate level of care. This may involve both the public and private systems.

The Board funds a 15 bed Crisis Stabilization Unit (CSU) for residents with mental illness and/or dual diagnosis that is operated by Frontline. Two of the CSU beds are used as diversion beds for the Cleveland Division of Police.

The Board hosts an ongoing collaborative Psychiatric Emergency Service Providers (PESP) meeting that includes representatives from the Board of Developmental Disabilities, all the hospital systems in Cuyahoga, City of Cleveland Police, Managed Care Organizations, and behavioral health providers. This meeting includes clinical and non-clinical staff. The goal of the group is to collaborate on system issues, share information, identify gaps in services and develop solutions, and to advocate and remove barriers regarding clients who are using crisis services.

The Board hosts an ongoing collaborative Crisis Provider meeting to discuss, problem solve, advocate and remove barriers regarding clients who are using crisis services. This meeting includes clinical and non-clinical staff from the public and private systems including all hospital systems, Managed Care Organizations, DD Board and local service Providers.

The Board also hosts an Emergency Services Provider meeting every other month to discuss issues of concern to any providers in the community to whom it is pertinent. This can include hospitals, agencies, and/or insurance providers.

The Cuyahoga County Diversion Center opened on May 3, 2021. It is not a stepdown facility for hospitals, but it is an addition to the crisis continuum for individuals, law enforcement and community partners. It is a 50-bed facility, with staff onsite 24/7. Services can include assessment, medical evaluation, case management, counseling, medications, Medication Assisted Treatment (MAT), withdrawal management (detox), NAMI educational groups, referral and linkage to other community services.

Frontline Adult Mobile Crisis Team continues to provide crisis assessment services and recommendations for hospitalizations as warranted; the Adult Mobile Crisis Team also utilizes the Crisis Stabilization Unit to assist those who may not require hospitalization but are in need of a safe environment to address their acute crisis needs.

Behavioral health providers continue to collaborate and receive referrals, and link and or provide appropriate services.

Challenges and how they are being addressed

Lack of communication/cooperation from private psychiatric hospital(s): The ADAMHS Board is conducting a crisis system assessment, with the knowledge that recent hospital closures may exacerbate access challenges in this area. In September 2022, the ADAMHS Board entered into an agreement with Dr. Kathryn Burns to help assess recent and significant changes in the local crisis continuum. Notably, changes are occurring within our crisis continuum that could affect the Crisis Stabilization Unit (CSU), Diversion Center, area hospitals, and other facilities. St. Vincent Charity Medical Center closed their inpatient and surgical services as of November 15, 2022. This closure unfortunately includes the loss of inpatient beds in their psychiatric unit, as well as residential treatment and inpatient detox beds in Rosary Hall. St. Vincent Charity Medical Center also operates the Psychiatric Emergency Department (PED), one of only two facilities designed to respond to psychiatric emergencies in the entire state, and the only program in Cuyahoga County. The ADAMHS Board is funding a stand-alone PED or urgent center through St. Vincent Charity Medical Center for CY 2023.

Lack of access to state regional psychiatric hospital: Due to COVID-19 related closings and staffing challenges, there is a shortage of beds. The forensic population has increased as well, leading to fewer beds for civil admissions. However, the ADAMHS Board has a strong relationship with the state regional psychiatric hospital and keeps open communication with their leadership. The Board receives a daily census report and daily wait list. FrontLine Service sends a daily Emergency Department list of those who need to transfer to the state psychiatric hospital.

Lack of access to private psychiatric hospital(s): Because of the bed shortage, indigent funding is sometimes used to pay for patients to use a bed in private hospitals. Also, individuals on indigent funding from Cuyahoga County could be sent to out-of-county hospitals, which can lead to communication difficulties. The ADAMHS Board supports more state funding for beds, which would help both the public and private hospital accessibility. The Board also supports efforts that will help open slots, like an increase in RTC (Restoration to Competency) classes that can move an inmate/patient to the right environment more quickly.

Data collection and progress report plan

Data is collected primarily on a 6-month basis, though some service/program-level data is collected monthly. We will collect population-level data on or near the same deadlines for our 6-month outcomes reports from our providers, or align the reporting periods for service, system and population data. Staff members of the Strategic Initiatives and

QI/evaluation/Research teams will serve as the "point" or responsible parties for coordinating information and meeting deadlines. The Executive staff team will serve as the quality-assurance review for the CAP Progress Reports.

Link to the Board's strategic plan

ADAMHS Board 2021-2025 Five-Year Strategic Plan (https://www.adamhscc.org/about-us/budgets-reports/strategic-plan)

ADAMHS Board Diversity, Equity and Inclusion (DEI) Strategic Implementation Plan (https://www.adamhscc.org/aboutus/budgets-reports/dei-strategic-implementation-plan)

Link to other community plans

Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County Needs Assessment by the Center for Behavioral Health Sciences at Cleveland State University (https://www.adamhscc.org/about-us/budgets-reports/needsassessments)

ADAMHS Board Clients Rights Reports (https://www.adamhscc.org/about-us/budgets-reports/clients-rights-reports-andmanual)

2019 Cuyahoga County Community Health Assessment (CHA) (https://hipcuyahoga.org/wpcontent/uploads/2019/10/2019_CHNA_10.25_Web_compressed-1.pdf)

2021 Cuyahoga County Youth Risk Behavior Survey (http://prchn.org/ccyrbs-hs/)

Cuyahoga County Citizens' Advisory Council on Equity (https://cuyahogacounty.us/docs/default-source/executivelibrary/cacestatusreport.pdf)

Mental Health Response Advisory Committee (MHRAC) Annual Report, Cleveland Division of Police (https://www.adamhscc.org/home/showpublisheddocument/4569/637792265138568196)

Healthy Northeast Ohio database (https://www.healthyneo.org/tiles/index/display?id=185014592887315282)