



GENERAL MEETING
WEDNESDAY, MAY 24, 2023 ♦ 4:00 P.M.
2012 West 25th Street ▪ United Bank Building (Sixth Floor) ▪ Ohio Room

Mission Statement: Enhance the quality of life for our community through a commitment to excellence in mental health and addiction prevention, treatment and recovery services coordinated through a person-centered network of community supports.

AGENDA

1. **CALL TO ORDER** – J. Robert Fowler, Ph.D., Board Chair
2. **AUDIENCE INPUT ON AGENDA ITEMS** – J. Robert Fowler, Ph.D.
3. **RECOGNITION OF CLIENT ARTWORK DISPLAY: MAY 2023** – Beth Zietlow-DeJesus, Director of External Affairs
 - Far West Center
 - Jewish Family Service Association
4. **APPROVAL OF MINUTES: April 26, 2023** – J. Robert Fowler, Ph.D.
5. **CHAIR’S REPORT** – J. Robert Fowler, Ph.D.
 - Annual Meeting Update
6. **PRESENTATION:**
 - **CARE RESPONSE FOR BEHAVIORAL HEALTH CRISES IN CUYAHOGA COUNTY** – Mark Hurst, MD, FAPA, Hurst Healthcare Consulting LLC, on behalf of R Strategy Group
7. **POLICY STATEMENT RENEWAL** – 2nd Reading & Official Vote – Woo S. Jun, Esq., Director of Risk Management
 - **GUIDELINES FOR DETOXIFICATION SERVICES FUNDED WITH NON-MEDICAID DOLLARS**
8. **NEW POLICY STATEMENT REVIEW** – 2nd Reading & Official Vote – Woo S. Jun, Esq.
 - **SUBRECIPIENT MONITORING FOR FEDERAL GRANTS POLICY**
9. **COMMUNITY RELATIONS & ADVOCACY COMMITTEE REPORT** – Patricia James-Stewart, M.Ed., LSW, Committee Chair
 - **LETTER OF SUPPORT FOR CITY OF CLEVELAND LEGISLATION BANNING FLAVORED TOBACCO** (Action Requested)
10. **PLANNING & OVERSIGHT COMMITTEE REPORT** – Kathleen Kern-Pilch, MA, ATR-BC, LPC-S, Committee Chair
11. **FINANCE & OPERATIONS COMMITTEE REPORT** – Bishara W. Addison, Committee Vice Chair

CONSENT AGENDA - (Resolution Nos. 23-05-02 through 23-05-04)

- **RESOLUTION NO. 23-05-02 – ACCEPTING THE REPORT OF THE CEO ON EXPENDITURES AND VOUCHERS PROCESSED FOR PAYMENT DURING APRIL 2023**

• **RESOLUTION NO. 23-05-03 – APPROVAL AND RATIFICATION OF CONTRACTS:**

1. A Community Conversation: Suicide Prevention and Intervention Summit – Not to exceed \$6,500
2. Agreement for Shared Costs
 - Cuyahoga County Board of Developmental Disabilities - Not to exceed \$600,000
3. Public Relations Independent Contractor
 - Jorge Ramos Pantoja - \$30 per hour not to exceed \$27,720
4. Mobile Response and Stabilization Services (MRSS) Pass-through Funding
 - First Alliance Healthcare - \$250,000
5. Ohio Association of County Behavioral Health Authorities (OACBHA) FY2024 Membership Dues – \$19,000

• **RESOLUTION NO. 23-05-04 – APPROVAL OF CONTRACT AMENDMENTS:**

1. Amendment to Resolution No. 22-11-05, Agreements with Attorneys for Civil Commitment Hearings – \$200 per hearing
 - Ronald Balbier
 - Paul Friedman
 - Scott Friedman
 - Ted Friedman
2. Amendment to Resolution No. 23-02-03, Cleveland Division of Police, Department of Justice, Bureau of Justice Assistance (BJA) Co-Responder Project Gap Funding – \$120,000 (\$49,985 from the City of Cleveland)
 - FrontLine Service - \$45,000
 - Murtis Taylor Human Services System - \$75,000

End of Consent Agenda

12. CY2024 AND CY2025 FUNDING PROCESS OPTIONS (Action Requested) – Executive Team

13. CHIEF EXECUTIVE OFFICER’S REPORT – Scott S. Osiecki

- State Fiscal Year (SFY) 2024 / SFY 2025 Budget Update
- Opioid Safety Conference
- Ohio Department of Mental Health and Addiction Services (OhioMHAS) Community Assessment and Plan (CAP) Update
- Sponsorships

14. NEW BUSINESS

15. FOLLOW-UP

16. AUDIENCE INPUT

17. UPCOMING JUNE AND JULY BOARD MEETINGS:

- Faith-based Outreach Committee Meeting: June 7, 2023
- Planning & Oversight Committee Meeting: June 14, 2023
- Finance & Operations Committee Meeting: June 21, 2023
- General Meeting: June 28, 2023
- Committee of the Whole Meeting: July 19, 2023
- General Meeting: July 26, 2023

BOARD OF DIRECTORS

J. Robert Fowler, Ph.D., Chairperson

Patricia James-Stewart, M.Ed., LSW, Vice Chair ▫ **Katie Kern-Pilch, MA, ATR-BC, LPC-S, Second Vice Chair**
Bishara W. Addison ▫ Ashwani Bhardwaj ▫ Reginald C. Blue, Ph.D. ▫ Gregory X. Boehm, M.D. ▫ Erskine Cade, MBA
Sadigoh C. Galloway, MSW, LSW, LICDC-CS ▫ Rev. Benjamin F. Gohlstin, Sr. ▫ Steve Killpack, MS
Rev. Max M. Rodas, MA ▫ Sharon Rosenbaum, MBA ▫ Harvey A. Snider, Esq.

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

GENERAL MEETING MINUTES

APRIL 26, 2023

ADAMHS BOARD OF DIRECTORS PRESENT:

J. Robert Fowler, Ph.D.	Patricia James-Stewart, M.Ed., LSW
Bishara W. Addison	Katie Kern-Pilch, MA, ATR-BC, LPC-S
Reginald C. Blue, Ph.D.	Sharon Rosenbaum, MBA
Gregory X. Boehm, M.D.	Harvey A. Snider, Esq.
Sadigoh C. Galloway, MSW, LSW, LICDC-CS	

ABSENT: Ashwani Bhardwaj, Erskine Cade, MBA, Rev. Benjamin F. Gohlstin, Sr., Steve Killpack, MS, Rev. Max M. Rodas, MA

BOARD STAFF PRESENT: Scott Osiecki, Chief Executive Officer, Carole Ballard, Danielle Clark, Erin DiVincenzo, Ben Goodwin, Felicia Harrison, Anthony Henderson, Myra Henderson, Woo Jun, Britany King, Leslie Koblentz, Linda Lamp, Mark Onusko, Clare Rosser, Jessica Saker, Allison Schaefer, Maggie Tolbert, Beth Zietlow-DeJesus

1. CALL TO ORDER

Board Chair, J. Robert Fowler, Ph.D., called the General Meeting to order at 4:03 p.m. Ms. Sharon Rosenbaum read into the record the Board's Mission Statement: *"Enhance the quality of life for our community through a commitment to excellence in mental health and addiction prevention, treatment and recovery services coordinated through a person-centered network of community supports."*

2. AUDIENCE INPUT ON AGENDA ITEMS

No audience input on agenda items was received.

3. RECOGNITION OF CLIENT ARTWORK DISPLAY: APRIL 2023

The ADAMHS Board's monthly client art display program showcases client artwork, highlights our provider agencies, recognizes the benefits of art therapy and celebrates the recovery community. The monthly client art display program can be seen in-person and virtually on the Board's website.

Ms. Beth Zietlow-DeJesus, Director of External Affairs, reported on the artwork produced by the following four artists: Cynthia S., Delondi D., Hunter G., and Melinda D. Ms. Zietlow-DeJesus shared that three of the artists were present, Cynthia S., Melinda D., and Delondi D. Melinda D. stated that her participation in the art program allows her to utilize art as a coping mechanism; and provides her the ability to find herself. She shared that her determination is to use her energy, frustration and joy within her artwork. Cynthia S. shared that she has been creating art since she was two years old; and is appreciative for the opportunity to showcase her talent. Lastly, Delondi D. highlighted that he started creating art at a young age when he lost a child; and since becoming a paramedic, has been able to express himself through art. Ms. Zietlow-DeJesus awarded Certificates of Participation to Cynthia S., Melinda D. and Delondi D; and will provide Hunter G. with a Certificate of Participation at a later date.

[Ms. Patricia James-Stewart, M.Ed., LSW, arrived.]

4. APPROVAL OF MINUTES

The minutes from the March 22, 2023 General Meeting were approved as submitted.

5. CHAIR'S REPORT

Dr. Fowler shared that based upon the Nominating Committee's review of the ADAMHS Board of Director Appointment Term Roster, Ms. Patricia James-Stewart was identified as having an appointment term expiration date of June 30, 2023. As a result, Ms. James-Stewart, who was appointed through the Ohio Department of Mental Health and Addiction Services (OhioMHAS), requested to be reappointed through her appointing authority. On Tuesday, April 4, 2023, the ADAMHS Board was notified that Ms. James-Stewart's application for Board membership was processed; and that she has been reappointed to the ADAMHS Board. Her appointment is effective July 1, 2023 and will continue until June 30, 2027.

On Friday, March 31, 2023, correspondence was received from Mr. Basheer Jones that he has resigned from the Board. On behalf of the ADAMHS Board of Directors and staff, Dr. Fowler wanted to take the opportunity to thank Mr. Jones for his service as a Board Director since his Cuyahoga County appointment in April 2022; and wished Mr. Jones the best in his future endeavors. A plaque commemorating his service was forwarded to his attention.

6. PRESENTATIONS

PROBATIONARY PERIOD REVIEW FOR NEW PROGRAMS

Mr. Woo Jun, Director of Risk Management, reported that Board staff recently concluded a two-month probationary review of new programs. For CY2023, the ADAMHS Board has 12 new programs of which four are run by four new providers. The new providers are Birthing Beautiful Communities, Community Medical Services, It's Not a Moment. It's a Movement, and Sisters of Charity Health System.

Mr. Jun shared a summary of the Probationary policy. The ADAMHS Board puts all new programs on a six-month probationary period to ensure success of new programs. This is especially true of new providers who do not know how the ADAMHS Board conducts business, such as billing, program reporting requirements, outcomes reporting, etc. This policy allows the ADAMHS Board to monitor new programs more frequently and provide technical assistance, if needed, and/or put new programs on a Corrective Action Plan. At the end of the probationary period, Board staff have the option to remove the probationary status, extend the probationary period or recommend terminating the program.

In order to implement this policy, Board staff developed the "Probationary Period Review for New Programs" form. Numerous departments give feedback with the review such as Programing, Clinical, Compliance, Finance, etc. In the reviews, Board staff are checking for things like any changes to the intended scope, staffing, attendance of meetings, timely submission of reports, communication, conflict of interest, and invoicing to ensure the new program is generally on track. Board staff are also documenting any technical assistance given and any Corrective Action Plan. Finally, Board staff provide a recommendation.

For the two-month review, if a new program is making sufficient progress, Board staff will continue the monitoring process. If the new program is not making sufficient progress, Board staff will notify the Provider's Chief Executive Officer/Executive Director regarding the areas the new program needs improvement in; along with a copy of the Review. For the five-month review, Board staff can remove the probationary status, extend probation or recommend termination of the new program to the Board Directors. For the eight-month review, Board staff can remove the probationary status, or recommend termination of the new program to the Board Directors.

As the ADAMHS Board adopted its Diversity, Equity and Inclusion (DEI) Strategic Implementation Plan, the Board added a DEI element to the review. In the review, Board staff added a DEI statement, "The Provider is implementing this program with a strong commitment to diversity, equity and inclusion." If staff think that a new program is generally on track with DEI, they are checking the agree box. If staff think that a new program is generally not on track with DEI, they are checking the disagree box. Some of the things that may be reviewed in terms of DEI are things like the projected client demographics versus actual client demographics and a review of the Provider's DEI Policy; and making sure that there are action items related to its policy like DEI trainings or other educational opportunities, reaching out to underserved populations and minority candidates for hire.

The results of the Board's two-month review are as follows:

- All of the new programs are off to a good start with the exception of MetroHealth's Psychiatric Emergency Department (PED).
- As of February 28, 2023, the majority of the new programs have not invoiced the Board; with the exception of Community Assessment & Treatment Services (CATS). This scenario is common, as providers have a 90-day window to either submit an invoice or a claim.

Mr. Jun provided a detailed summary of each of the twelve new programs; and responded to questions from the Board Directors. (The PowerPoint presentation is attached to the original minutes stored in the Executive Unit.)

7. POLICY STATEMENT RENEWAL

Mr. Jun highlighted the significant changes made to the policy statement up for renewal, Guidelines for Detoxification Services Funded with Non-Medicaid Dollars. Mr. Jun reported that the Substance Use Disorder treatment industry is no longer using the terms detox or detoxification due to the stigma associated with those terms. Presently, detox or detoxification services are called withdrawal management. As a result, Board staff will be changing the policy name to Guidelines for Withdrawal Management Services. The reason for the significant change to this policy is that under the current policy, the ADAMHS Board was restricting the number of times a client could receive withdrawal management to one time per year without prior approval; and a signed commitment for aftercare. This was pre-opioid epidemic; and now with the opioid epidemic, the Board's Chief Clinical Officer Consultant, Dr. Leslie Koblentz, weighed in and thought that the Board should treat substance use disorder just like all chronic diseases; and not put a limit on the number of times a client can receive withdrawal management. The Board tried this for two years and did not see a significant percentage of clients receiving more than one withdrawal management service per year. Additionally, Board staff thought that a signed commitment for aftercare is worthless if the client is not ready for treatment. However, staff is carefully monitoring the number of times a client receives withdrawal management services to ensure that each provider is following industry best practices.

Given this policy revision being proposed contains a substantial modification of an existing policy, a reading at two General Board Meetings is required prior to an official vote for adoption.

8. NEW POLICY STATEMENT REVIEW

Mr. Jun presented a new policy statement, Subrecipient Monitoring for Federal Grants Policy; and reported that presently, the Board does not have an official policy to monitor federal grants. This is not to say that we do not monitor our federal grants, but Board staff needed to put a policy in writing to satisfy the auditors; and it is also best practice to have this in writing.

Essentially, the Board will be following Uniform Guidance, Sections 2 The Code of Federal Regulations (CFR) 200.331 – 200.332.

- The Board will determine if the nonfederal entity we are contracting with is a subrecipient versus a contractor, and if determined to be a subrecipient, Board staff will monitor the programmatic and financial aspects of the award.
 - Before making an award, Board staff will conduct a pre-award risk assessment of the subrecipient by looking at things like:
 - The amount of the award;
 - The type of organization;
 - The subrecipients prior experience with the same or similar grants with the ADAMHS Board;
 - The debarment or suspension status in System for Award Management; and
 - The Single Audit or other audit findings.
 - Based on the pre-award risk assessment, Board staff will determine the risk level of the subrecipient and have ongoing risk-based monitoring with the subrecipient. The higher the risk, the more hands-on monitoring that the ADAMHS Board will do.

Given this is a new policy statement being reviewed, a reading at two General Board Meetings is required prior to an official vote for adoption.

9. NOMINATING COMMITTEE REPORT

Dr. Fowler reported on the Nominating Committee meeting held on Wednesday, April 12, 2023, and earlier today. He stated that committee members were provided with a Board Member Candidate Application Update for four Board member vacancies – three Cuyahoga County appointment vacancies and one State (OhioMHAS) appointment vacancy. As of 5:00 p.m. on Wednesday, March 1, 2023, which was the deadline for applications, 18 applications for the vacant board positions were received. Of the 18 applications received, three had a conflict of interest or were otherwise not qualified for consideration.

The ADAMHS Board promoted the County and State vacancies in the following ways:

1. Information about the vacancy was posted to the Board's website and shared in the Recovery in Action Newsletter and on the Board's social media sites
2. Paid advertising was used in Call and Post, Cleveland Plain Dealer/Cleveland.com and on La Mega radio station and social media.
3. Radio spots also ran as part of the Board's WOVU and Voice It Radio contracts.

4. An eblast was sent to the public, providers, partners and media.

Committee members spent the majority of it's time in "Executive Session" for the purpose of discussing & considering the appointment of public officials. As a result, several committee members participated in a Board member Candidate Interview Session on Wednesday, March 15, 2023, with a few qualified candidates. An additional Board member Candidate Interview session was scheduled for Tuesday, April 4, 2023. Lastly, committee members discussed reappointment recommendations for two Cuyahoga County appointments and one OhioMHAS appointment.

Based upon the Nominating Committee member's interview process of prospective candidates for the OhioMHAS appointment vacancy and the Cuyahoga County vacancies, the Nominating Committee members reached consensus to recommend to the full Board the following individuals to be considered for appointment by OhioMHAS and Cuyahoga County:

- Recommended Board Member Candidate for OhioMHAS Appointment:
 - Mr. Jim Dixon
Representing Mental Health
- Recommended Board Member Candidates for Cuyahoga County Appointment:
 - Ms. Sharisse Edwards
Representing Alcohol & Other Addictions
 - Mr. Kenneth Warren
Representing Alcohol & Other Addictions
 - Mr. Stuart Chase Van Wagenen
Representing Mental Health

The Nominating Committee requests authorization from the full Board to submit the appointment recommendations listed above to the identified appointing authorities for consideration. MOTION: H. Snider / SECOND: S. Rosenbaum / AYES: B. Addison, R. Blue, G. Boehm, S. Galloway, P. James-Stewart, K. Kern-Pilch, S. Rosenbaum, H. Snider / NAYS: None / ABSTAIN: None / **Motion passed.**

10. PLANNING & OVERSIGHT COMMITTEE REPORT

Ms. Katie Kern-Pilch, Planning & Oversight (P&O) Committee Chair, reported on the P&O Committee meeting held on Wednesday, April 12, 2023, at 4:00 p.m. The Board Directors heard the following items of discussion:

- **Mental Health and Developmental Disabilities (MHDD) Court Jail Liaison Program**

Mr. Ben Goodwin, Adult Behavioral Health Specialist II (Criminal Justice), introduced Ms. Lottie Gray, MSSA, LISW-S, CCFSW, CFCIS, CDCA, Mental Health Jail Liaison Specialist at the Cuyahoga County Court of Common Pleas. The mission of the MHDD Court is to promote early identification of defendants with severe mental health/developmental disabilities in order to promote coordination and cooperation among law enforcement, jails, community treatment providers, attorneys and the courts for defendants during the legal process and achieve outcomes that both protect society and support the mental health care and disability needs of the defendant. The Cuyahoga County Common Pleas MHDD Court Judges include the following:

- Judge Shannon M. Gallagher (MHDD Court Chair)
- Judge Deena R. Calabrese
- Judge Emily Hagan
- Judge Timothy McCormick
- Judge Michael Shaughnessy

There is a collaborative process between the Court and five ADAMHS Board contract agencies: Recovery Resources, Signature Health, Metro WRAP, the Centers and Murtis Taylor Human Services System (MTHSS). There is also collaboration and advocacy on cases between agencies, the Court, jail and attorneys. The factors that are driving this crisis in cases are: disproportionately higher rates of arrest with diagnosed individuals, longer stays in jail and prison, limited access to health care, higher recidivism rates, and more criminogenic risk factors. With this program, offenders receive mental health screenings, diagnostic assessments and linkage to community services. Their case progress is monitored with specialized

consideration to the MHDD Court docket, with treatment recommendations for individuals who are incarcerated and then safe release planning for the community.

Ms. Gray discussed coordinated pretrial efforts and linkage to support and treatment services. Data for two years showed individuals served with reintegration plans went from 242 in 2020 to 448 last year (2022). The Reintegration Pilot Program with Northcoast Behavioral Healthcare (NBH) includes comprehensive consideration for housing, medication, and linkage services, supervision, treatment needs, finances and benefits, employment and programming. There is also collaborative planning with the Court, attorneys, probation officers, agency providers and family. This program, now in its third year, is being well utilized by the Courts and evidencing successful outcomes.

▪ **Outpatient Competency Restoration Allocation**

Mr. Goodwin requested the committee to amend Resolution No. 22-06-06 to increase funding to MTHSS for the Outpatient Competency Restoration Program in the amount of \$30,000 from OhioMHAS through June 30, 2023. Mr. Lovell Custard, President and Chief Executive Officer of MTHSS, was present to respond to any questions. This program is supported by Senate Bill (SB) 2, which was signed into law by Governor DeWine in 2021 to improve access and quality of mental health care to individuals involved in nonviolent offenses found incompetent to stand trial by providing educational programming to help them understand their charges, legal representation and actions of the court.

▪ **Essential Behavioral Health Interventions and Criminogenic Needs Program**

Ms. Allison Schaefer, Director of Adult Behavioral Health Programs, requested the committee to consider accepting funds from the Cuyahoga County Correction Planning Board in the amount of \$383,116.80 and provide \$86,000 from the ADAHMS Board for the Essential Behavioral Health Interventions and Criminogenic Needs Program to divert clients from the criminal justice system who are currently under community control and provide wrap-around services that ensure a smooth transition of reengagement into the community. Ms. Seona Goerndt, Chief Executive Officer of Recovery Resources, Ms. Linda Lagunzad, Interim corrections Planning Board Administrator, Cuyahoga County, and Ms. Megan Patton, Specialty Courts Administrator, Cuyahoga County, were present to respond to questions.

▪ **Access to Wellness Program (formerly Multisystem Adult Program – MSA)**

Ms. Schaefer requested the committee to amend Resolution No. 22-07-03 to increase OhioMHAS funding, in the amount of \$600,000 to the Centers for their Access to Wellness Program, which provides services to clients with several psychiatric hospitalizations or Crisis Stabilization Unit (CSU) stays also identified with involvement in the criminal justice system, developmental disabilities, homelessness, aging over 65, or veterans. This program also supports clients currently jailed and diagnosed with severe mental illness. Mr. Eric Morse, President and Chief Executive Officer, Ms. Carole Beaty, Chief Program Officer, and Mr. Lavelle Nichols, Basic Needs Resource Center Manager, at The Centers were present to respond to questions.

▪ **Project AWARE Behavioral Health & Wellness Coordinator (BHWC) Funding for the Ohio School Wellness Initiative (OSWI)**

Mr. Mark Onusko, Behavioral Health Prevention Specialist, reported that OhioMHAS is providing funding for Project AWARE Behavioral Health and Wellness Coordinators to support and sustain the Ohio School Health and Wellness Initiative with and allocation of \$100,000 to the Educational Service Center of Northeast Ohio. Ms. Mary Powers-Wise, Student Wellness Coordinator of the Educational Service Center of Northeast Ohio, was present to respond to questions.

▪ **YouthMOVE Cuyahoga**

Ms. Britany King, Children's Behavioral Health Specialist, requested the committee approve funding of \$10,000 to the National Alliance on Mental Illness (NAMI) Greater Cleveland to continue support of their youth-led advisory group, YouthMOVE, Cuyahoga. Ms. Katie Jenkins, Executive Director of NAMI Greater Cleveland, was present to respond to questions.

11. FINANCE REPORT

Ms. Rosenbaum, Finance & Operations (F&O) Committee Chair, reported on the F&O Committee meeting held on Wednesday, April 19, 2023, and highlighted the Vouchers, Contracts and Contract Amendments as listed below.

CONSENT AGENDA: Resolution Nos. 23-04-01 through 23-04-03

- **RESOLUTION NO. 23-04-01
ACCEPTING THE REPORT OF THE CEO ON EXPENDITURES AND VOUCHERS PROCESSED FOR PAYMENT
DURING FEBRUARY 2023 AND MARCH 2023**

Ms. Rosenbaum reported that the Administrative Budget that was approved for Calendar Year (CY) 2023 was \$8,080,414 and for February Actual Year to Date (YTD) 2023, the total administrative expenses were \$1,236,926.70; that is roughly 15% of the total Administrative Budget. As a result, the Board is on track with expenses for the first two months of 2023. Ms. Rosenbaum highlighted that relative to the Board Voucher Report for February 2023, there were two expenses of note that were not routine purchases. The Marjet Communications expense of \$7,687.50 was for the remaining balance of the Board's new sound system; and the Language Line Service expense of \$4,966.91 was for translation services.

Ms. Rosenbaum reported that for March Actual YTD 2023, the total administrative expenses were \$1,959,130.52; that is roughly 24% of the total Administrative Budget. As a result, the Board is on track with expenses for the first quarter of 2023. Ms. Harrison highlighted that relative to the Board Voucher Report for March 2023, there was one expense of note that was not a routine purchase. The Brown Consulting LTD expense of \$30,000 was the first payment for the Board's Client Satisfaction Survey, which was approved during the March 2023 Board of Directors meeting cycle.

The Funding Source Budget to Actual YTD, March 2023, 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 \$74,365,289; and through the end of March 2023, the Board has received \$6,735,159.41. Ms. Rosenbaum reported that 9% of the budget has been received.

The Revenues By Source By Month report reflected that in March 2023, the Board received revenues of \$2,223,506.18.

The ADAMHS Board Budget vs. Actuals for 2023 reflect that March YTD Actual is \$20,305,706.99 that is roughly 22% of the Board's anticipated expenditures for the calendar year. Ms. Harrison noted that the Diversion Center's expenditures are reflected on this report.

The Revenues and Expenditures Grants YTD, March 2023 YTD reflects the Grant Accounting Units that include the ADAMHS Department of Justice (DOJ) Grants, Opportunities for Ohioans with Disabilities (OOD) Grant, and Other Grants. The total expenditures for grants YTD is \$1,378,929.77.

The Diversion Center Revenues and Expenditures YTD March 2023 YTD reflects a total of \$617,100.36.

The Cash Flow Report, March 2023 shows the 2021 Actual, 2022 Actual and YTD thru March 2023. This report shows a comparison of the available beginning balance, total available resources, expenditures and available ending balance. The available ending balance through March 2023 is \$29,605,155.

- **RESOLUTION NO. 23-04-02 – APPROVAL AND RATIFICATION OF CONTRACTS:**

1. Essential Behavioral Health Interventions and Criminogenic Needs Program
 - Recovery Resources, Inc. - \$469,116.80

The current iteration of this program is the result of the 2022 Request for Proposal issued by the ADAMHS Board on behalf of the Corrections Planning Board, entitled, "*Essential Behavioral Health Interventions and Criminogenic Needs Program.*" This program in its previous iteration has been funded by the Corrections Planning Board since 2007 as the Community Based Mental Health Program and has been highly successful in maintaining Serious Mental Illness (SMI) clients in treatment services.

The Corrections Planning Board's *Essential Behavioral Health Interventions and Criminogenic Needs Program* (BHI-CN Program) will divert clients from the criminal justice system who are currently under community control, assessed

low/low-moderate risk to reoffend and suffer from chronic and persistent SMI through participation in wrap-around services that ensure a smooth transition of reengagement into the community. SMI clients will participate in the BHI-CH Program at Recovery Resources under a Forensic Assertive Community Treatment (FACT) approach.

- FACT is an evidence-based practice recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- It improves outcomes for people with severe mental illness who are most at risk of homelessness, psychiatric crisis and hospitalization, and involvement in the criminal justice system.
- FACT provides targeted outreach, crisis services to prevent relapse, substance use treatment, and other physical health and employment services through a multidisciplinary team approach.

It is estimated that 55 SMI clients will be served from April 1, 2023, through June 30, 2024; and 100% of this funding will be used to support intensive SMI treatment and wraparound services. Board staff recommend to the Board Directors to accept funds from the Corrections Planning Board in the amount of \$383,116.80 and provide a match from the ADAMHS Board in the amount of \$86,000 for the *Essential Behavioral Health Interventions and Criminogenic Needs Program* for a time period of April 1, 2023 to June 30, 2024 and enter into a contract in the amount of \$469,116.80 with Recovery Resources, Inc.

2. Project AWARE Behavioral Health & Wellness Coordinator (BHWC) Funding for The Ohio School Wellness Initiative (OSWI)
 - Northeast Ohio Education Service Center - \$100,000

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.

To support and sustain the OSWI, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) is allocating supplemental federal Project AWARE funding for federal fiscal year 2023. Project AWARE funding will support School BHWC and SAP for evidence-informed practices. The BHWC 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. In CY2023, services will be provided to Euclid City School District as the only participating OSWI district; and funds will be used to support each BHWC and their respective school for allowable activities as defined by OhioMHAS. Board staff recommend that the Board Directors accept funding from OhioMHAS for Project AWARE BHWC to support and sustain the OSWI and to allocate \$100,000 to Northeast Ohio Education Service Center for the term of March 1, 2023 to September 29, 2023.

3. YouthMOVE Cuyahoga
 - National Alliance on Mental Illness (NAMI) Greater Cleveland - \$10,000

The Community Collective Impact Model for Change (CCIM4C) 2.0: Addressing Social Determinants of Health in Minority and Underserved Communities Initiative the ADAMHS Board selected the National Alliance on Mental Illness (NAMI) Greater Cleveland to implement a local YouthMOVE chapter due to NAMI's national affiliation with YouthMOVE. This action is to continue funding for this vital program. YouthMOVE is a national youth-led, youth-driven, chapter-based organization dedicated to improving services and systems that support positive growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare. NAMI and YouthMOVE are connected at both the state and national level to organize and coordinate state-wide and national youth initiatives and projects.

NAMI Greater Cleveland will work in partnership with YouthMOVE Ohio to create a local cross systems youth-led leadership advisory group, YouthMOVE Cuyahoga. The advisory group will consist of youth ages 14-18 years old with lived experience, that will come together to address the behavioral health needs of their peers in Cuyahoga County. NAMI Greater Cleveland will work with YouthMOVE Ohio to recruit, train, and support disconnected youth with multi-

system involvement in Cuyahoga County as peer leaders and system advocates for the YouthMOVE Cuyahoga program. Youth voice and choice will be incorporated in every aspect of the YouthMOVE Cuyahoga program including marketing via their website and social media accounts, implementing local initiatives for their communities, and maintaining the ongoing promotion of the activities they have completed.

YouthMOVE Cuyahoga seeks to amplify the voices of youth and to have them be equal partners in the discussion regarding the needs of their peers and their community. As such, YouthMOVE Cuyahoga will present to the ADAMHS Board of Cuyahoga County recommendations made by youth on what to prioritize addressing the behavioral health needs of their peers and provide updates on YouthMOVE Cuyahoga's activities and projects. All youth will be empowered to become involved in the areas that interest and impact them at whatever level of engagement they would like. There will also be an opportunity to become a regional leader to advocate for Cuyahoga youth on a state and/or national level. Approximately 20 – 30 youth are needed for the advisory board. Funding will be used for youth-led projects, speakers, activities, initiatives, marketing, recruitment, and stipends for the youth to be involved. Board staff recommend the Board Directors approve funding for NAMI Greater Cleveland in the amount of \$10,000 to continue support of the youth-led advisory group YouthMOVE Cuyahoga for the term of April 1, 2023 through December 31, 2023.

4. Administrative Costs for the Diversion Center
 - Oriana House, Inc. - \$654,339.81

The ADAMHS Board entered into a one-year contract extension for 2023 with Cuyahoga County for the operation of the Diversion Center in the amount of \$4,363,012, including Crisis Intervention Team (CIT) training. In turn, the ADAMHS Board contracted with FrontLine Service for the operation of the 24/7 Screening Hotline in the amount of \$278,336 and Oriana House for the operation of the Diversion Center in the amount of \$3,828,338. The total administrative costs for Oriana House to operate the Diversion Center for 2023 is \$863,912 of which Cuyahoga County agreed to pay \$209,572.19. The ADAMHS Board agreed to pay the remainder in the amount of \$654,339.81. Board staff recommend the Board Directors approve funding to Oriana House for administrative costs for the operation of the Diversion Center in the amount of \$654,339.81 for the term of January 1, 2023 through December 31, 2023.

5. Chief Clinical Officer Consultant
 - Leslie M. Koblentz, M.D., J.D., M.S. - \$154.35 per hour

The Chief Clinical Officer function is required under the Ohio Revised Code (ORC) for the mental health component of the funds rendered to the Board by OhioMHAS. The Board transformed the position of Chief Clinical Officer from a staff position to an independent contractor position in January 2009. Dr. Koblentz is a psychiatrist with extensive experience in clinical and administrative areas. She brings a unique perspective to the Board, being both a physician and a lawyer. With over 24 years of experience, Dr. Koblentz has dedicated her career to the public mental health system and has collaborated with various systems to ensure that people living with mental illness and substance use disorders receive the best treatment and recovery supports available. Dr. Koblentz has been the Chief Clinical Officer Consultant since May 1, 2019. Dr. Koblentz will provide up to twenty hours of service to the ADAMHS Board each week. Board staff is recommending the Board Directors to approve a contract with Leslie M. Koblentz, M.D., J.D., M.S., to serve as Chief Clinical Officer Consultant of the ADAMHS Board for the term of May 1, 2023 through April 30, 2024 at \$154.35 per hour, up to twenty hours per week.

• **RESOLUTION NO. 23-04-03 – APPROVAL OF CONTRACT AMENDMENTS:**

1. Amendment to Resolution No. 23-02-02, Sponsorship of *The Impact of Police Use of Force on the Mental Health of the Black Community* – No New Funding
 - Cleveland Community Police Commission (Fiscal Agent: Black Lives Matter)
 - Mental & Emotional Wellness Centers of Ohio
 - Project LIFT Behavioral Health Services
 - Serenity Health & Wellness Corporation
 - Murtis Taylor Human Services System
 - Parker Counseling & Consulting Studio, LLC

The Cleveland Community Police Commission (CPC) was established to provide community input on police policies to help strengthen relationships between officers and the communities they serve. Better policies will help ensure policing in Cleveland is safe, effective, and that people's civil rights are upheld. The CPC was established in 2015 as part of the terms of the Consent Decree between the City of Cleveland and the U.S. Department of Justice (DOJ). Following an investigation, the DOJ determined there was a pattern of excessive force used by the Cleveland Division of Police (CDP). These findings were documented in the DOJ's findings letter. The Consent Decree outlined the work that needed to be done so CDP policies, practices and procedures comply with Constitutional law.

The American Psychiatric Association (APA) recognizes the profoundly negative impact that police brutality on Black males has on their mental health, as well as the mental health of the Black community [and] encourages initiatives that foster direct collaboration between law enforcement and Black communities in order to engender trust, cooperation, and understanding. The CPC is dedicated to bringing information and education on the status of Black mental well-being and establish access to treatment and care for the mental health, bodies and souls of the Black community before, during and after traumatic police encounters. Community partners that support the event include: Cleveland City Council; National Congress of Black Women; Greater Cleveland Pastor's Association; Fatherhood Initiative; Cleveland Municipal School District; Akron University; Cleveland State University; National Center for Urban Solutions; Spread the Love Foundation; CEO 360; Angelo Miller Foundation; African American Men's Wellness Agency; Alpha Phi Alpha Fraternity, Delta Alpha Lambda Chapter; Project Lift; Black Lives Matter; Cuyahoga Community College; Murtis Taylor Human Services System; WOJU 95.9 Radio; Omega Fraternity; YWCA; Ghetto Therapy; Citizens for a Safer Cleveland, and Serenity Health & Wellness Corporation.

Funding is also being requested from: St. Luke's Foundation; HealthComp; Woodruff Foundation; MetroHealth; Cleveland Foundation and the Fowler Foundation. Sponsorship of *The Impact of Police Use of Force on the Mental Health of the Black Community* aligns with the ADAMHS Board's faith-based and Diversity, Equity and Inclusion (DEI) initiatives and continued work with the Mental Health Response Advisory Committee (MHRAC) and law enforcement to reimagine and reshape our mental health, addiction and recovery network into an equity-based system of inclusion. Board staff is recommending the Board Directors amend Resolution No. 23-02-02 to ratify contracts for \$50,000 of pooled funding to provide mental health services for attendees to the series of conversations with Mental & Emotional Wellness Centers of Ohio, Project LIFT Behavioral Health Services, Serenity Health & Wellness Corporation, Murtis Taylor Human Services System, and Parker Counseling & Consulting Studio, LLC for the term of March 1, 2023 through August 31, 2024.

2. Amendment to Resolution No. 22-07-02, US DHHS SAMHSA Center for Mental Health Services (CMHS) Jail Diversion Grant – \$75,596 (Approved Carryover Funding)
 - FrontLine Service - \$70,317.53
 - Case Western Reserve University - \$5,278.47

SAMHSA funding is intended to divert adults with SMI from jail by providing an alternative. The project received federal approval to carry over funding from Year 4 (ending September, 29, 2022), to be spent in Year 5 (ending September 29, 2023). Crisis Intervention Team (CIT) P.L.U.S. provides law enforcement officers a consistent diversion point for a warm handoff to behavioral health providers who can provide a secure environment that is less restrictive than a hospital and/or jail.

In this project, direct services are delivered by FrontLine Service. The Board contracts with Case Western Reserve University's (CWRU) Begun Center for Violence Prevention, Research and Education for federally required evaluation and performance assessment services. Clients are to be provided immediate stabilization, linkage to treatment/case management and ongoing Peer Support in the community. Board staff is recommending the Board Directors amend Resolution No. 22-07-02 to accept \$75,596 in carryover funding from SAMHSA and approve contract amendments with FrontLine Service for \$70,317.53 and CWRU for \$5,278.47 for the term of September 30, 2022 through September 29, 2023.

3. Amendment to Resolution No. 22-11-08, Transfer of the Early Childhood Mental Health (ECMH) Program from The Centers for Families and Children to Circle Health Services – No New Funding (ECMH Pooled Funding)

- The Centers for Families and Children (The Centers)
- Circle Health Services

In September of 2021, the ADAMHS Board in collaboration with the Cuyahoga County Office of Early Childhood, Invest In Children (IIC), issued a Request for Proposal (RFP) for ECMH services for Calendar Years 2022 and 2023, and The Centers was one of nine providers selected as an ECMH provider. The ECMH program serves children ages birth through six using evidence-based and family-centered prevention and early intervention strategies to promote positive social emotional development and improve resiliency of children from diverse and high-risk populations to minimize the impact of adverse childhood experiences like abuse and neglect. ECMH services address social, emotional, and behavioral problems from a strengths-based, trauma informed, and culturally relevant perspective. Parents and caregivers learn skills and strategies to encourage their child's development of emotional regulation, social skills and protective factors to prevent more serious mental health challenges and ensure Cuyahoga County's youngest children are prepared for a successful start socially and academically. The Centers and Circle Health Services operate under a shared leadership structure as one, unified front, moving towards a common goal: creating life changing solution for people in Northeast Ohio to lead healthier and more successful lives.

The ECMH Program will be transferred from The Centers to Circle Health Services due to operational requirements of The Centers and Circle Health. The following services will be transferred from The Centers to Circle Health:

- Service Description
- Consultation - Office Based
- Consultation - Community Based
- Prevention - Office Based
- Prevention - Community Based

Board staff is recommending the Board Directors amend Resolution No. 22-11-08 to transfer the ECMH Program from The Centers to Circle Health Services for the term of March 15, 2023 through December 31, 2023.

4. Amendment to Resolution No. 22-09-05, Harm Reduction Pilot Program – Not to exceed \$83,700
 - The MetroHealth System - \$51,300
 - Circle Health Services - \$24,300
 - Murtis Taylor Human Services System - \$8,100

The ADAMHS Board is implementing a nearly \$1.2 million harm reduction pilot program using State Opioid Response (SOR) 2.0 fund. The grant did not include program administration/maintenance fees to ensure restocking and tracking of kits for the following:

- Naloxone emergency cabinets to be placed in the community for rapid access and bystander rescue
- 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 MTHSS will administer services for one vending machine. In the Agenda Process Sheet in September of 2022, there was a clerical error in the amount of the contract for Circle Health Services. This contract amount should have been \$24,300, instead of \$23,400. As a result, the total amount of the Harm Reduction Pilot Program will increase to \$83,700. Board staff is recommending the Board Directors amend program administration fees for the Harm Reduction Pilot Program in the amount not to exceed \$83,700 and the contract for Circle Health Services to \$24,300 for the term of October 1, 2022 to September 30, 2023.

5. Amendment to Resolution No. 22-07-03, Access to Wellness Program (formerly Multisystem Adult Program – MSA)
 - The Centers - \$600,000

Funding was provided by OhioMHAS to develop a strategic approach (individualized by community) to strengthen system collaboration to support long-term wellness for adults with frequent psychiatric hospitalizations touching multiple human services and/or criminal justice systems. Program utilization increased during SFY2023, and The Centers informed the ADAMHS Board that additional funding would be needed to continue the program until the end of the fiscal year. OhioMHAS awarded an additional \$600,000 for the Access to Wellness program for SFY2023 bringing the total program amount to \$1,622,031 through the end of the state fiscal year.

The Centers uses this funding to support the stabilization of high utilizers of the behavioral health system. This program services clients with two or more psychiatric hospitalizations or Crisis Stabilization Unit (CSU) stays in the past year, who have touched one or more other systems, including criminal justice, developmental disabilities, aging (over 65), homeless, or veteran systems. This program also supports clients currently incarcerated in jail and diagnosed with a serious mental illness by a licensed clinician and clients involved in the Outpatient Competency Restoration Program (without having to meet the psychiatric hospitalization/CSU stay criteria). It is estimated that approximately 175 clients will be served by the program in SFY2023. Board staff is recommending the Board Directors amend Resolution No. 22-07-03 to increase funding to the Centers for the Access to Wellness Program (formerly MSA) through June 30, 2023. The total project amount will not exceed \$1,622,031.

6. Amendment to Resolution No. 22-06-06, Outpatient Competency Restoration Allocation
 - Murtis Taylor Human Services System - \$30,000

Outpatient Competency Restoration is designed for people with a mental health disorder or co-occurring psychiatric and substance use disorder, who are found incompetent to stand trial and are court ordered to participate in competency restoration treatment. Senate Bill 2, which was signed into law by Governor DeWine on April 27, 2021, aims to improve access to and increase the quality of mental health care in Ohio by making reforms to Ohio's competency restoration procedure to allow nonviolent offenders to receive competency restoration treatment in outpatient settings, rather than the state psychiatric hospital. Allowing outpatient restoration and treatment helps to ensure that state psychiatric hospital beds remain available for Ohioans suffering from serious mental illness. OhioMHAS informed the ADAMHS Board that the SFY2023 allocation for Outpatient Competency Restoration was increased by \$30,000, bringing the total funding to \$104,000.

MTHSS provides legal education to individuals involved in nonviolent offenses found incompetent to stand trial by the court, as part of the Outpatient Competency Restoration process. While collaborating with the individual's primary behavioral health provider, MTHSS meets with each individual for one to two hours each week, to ensure understanding of their charges, legal representation and actions of the court. Competency to stand trial is reassessed at the end of educational programming and individuals are referred back to the courts to continue the legal process, while receiving their primary behavioral health care in the community. It is estimated that approximately 35 individuals would be eligible for Outpatient Competency Restoration each year. Board staff is recommending the Board Directors amend Resolution No. 22-06-06 to increase funding to MTHSS for the Outpatient Competency Restoration Program in the amount of \$30,000 for the term of July 1, 2022 through June 30, 2023.

7. Amendment to Resolution No. 22-01-04, SAMHSA COVID-19 Relief, Substance Abuse Prevention & Treatment (SAPT) Block Grant for Alcohol Use Disorder (AUD) Treatment
 - Thrive Behavioral Health Care, Inc. (Thrive) - \$70,352.98

As a result of the COVID-19 pandemic, behavioral health problems have significantly increased in the United States and Ohio, resulting in an increase in alcohol consumption and other drugs to cope with the many stressors brought on by the pandemic. Social isolation is a risk factor for relapse from alcohol and drug use, and social connection is crucial for persons recovering from substance use disorder. With the initial funding for AUD treatment, the ADAMHS Board awarded \$200,000 to Thrive for its Thrive+ Digital Peer Support Platform and \$102,596.66 to I'm In Transition Ministries for Medication-assisted Treatment (MAT).

OhioMHAS has granted the ADAMHS Board an additional of \$70,352.98 as part of the COVID-19 SAPT Block Grant funding from SAMHSA for COVID-19 relief to focus on AUD treatment and the ADAMHS Board will award this additional funding to Thrive to continue its Thrive+ Digital Peer Support Platform. The initial COVID-19 SAPT Block Grant funding expired on March 15, 2023, but OhioMHAS has made the additional funding available through June 30, 2023. Thrive+ Digital coaches work with clients to identify early signs of relapse, assist with health and wellness goals, obtain and maintain stable housing, pursue educational goals or employment, educate clients on self-care such as good nutrition, meditation, relaxation, and exercise, developing natural supports, and help to coordinate referrals and supportive services. The Platform's structure also includes a six-week coaching course with small cohorts of clients, targeting emotional wellness through a cognitive behavioral approach and group peer support model. The number of individuals

anticipated to be served through Thrive+ Digital is approximately 20 for the term of March 16, 2023 through June 30, 2023. Board staff is recommending the Board Directors amend Resolution No. 22-01-04 to accept additional funding in the amount of \$70,352.98 in SAMHSA COVID-19 SAPT Block Grant funding from OhioMHAS, in addition to extending the term of November 22, 2021 through June 30, 2023, and approve a contract amendment with Thrive for an increase of \$70,352.98 through June 30, 2023.

8. Amendment to Resolution No. 23-02-03, State Opioid & Stimulant Response (SOS) Grant, Year 1, Increase in Funding – \$1,004,458.90
 - 12 Step Life/Ethel Hardy House - \$56,680
 - Ascent Powered by Sober Grid - \$34,000
 - B. Riley Homes - \$46,761
 - Briermost Foundation - \$42,500
 - Griffin Homes Sober Living, Inc. - \$42,500
 - I'm In Transition Ministries - \$45,344
 - The MetroHealth System - \$79,352
 - Mommy and Me, Too! - \$42,500
 - Northern Ohio Recovery Association (NORA) (Peer Support) - \$42,500
 - NORA (Recovery Housing) - \$77,935
 - Point of Freedom (Peer Support) - \$61,929.95
 - Recovery First-A Better Way - \$48,178
 - Thrive for Change - \$29,757
 - White Butterfly Peer Support (Woodrow) - \$19,270
 - Women of Hope - \$40,200
 - Woodrow Project (Peer Support) - \$18,420.10
 - Woodrow Project (Recovery Housing) - \$39,959
 - Ohio Department of Health - \$236,672.85

OhioMHAS has received a biannual SOR award from SAMHSA. OhioMHAS now refers to this as the SOS grant. The Ohio SOS Project focuses on building a community system of care (prevention, early intervention, treatment, and recovery support) that emphasizes service integration between physical health, emergency health care, behavioral health care, criminal justice, and child welfare for persons with Opioid Use Disorder (OUD) and stimulant use disorders.

OhioMHAS has received a No Cost Extension from SAMHSA, enabling the Department to expend its remaining SOR 2.0 funding for the term of September 30, 2022 through September 29, 2023. SOR is now called SOS. This amount represents the second installment of funding for the federal fiscal year ending September 29, 2023 and provides funding equivalent to the previous year's level. A portion of the carryover funds will be used for the existing Harm Reduction Program to purchase overdose reversal kits (including Narcan and Kloxxado). SOS funding is used to expand access to Medication-assisted Treatment (MAT) and recovery support services to persons with OUD and stimulant use disorders in addition to harm reduction efforts. Providers are required to report client-level data using the SAMHSA Government Performance Reporting Act (GPRA) Tool; data collection is monitored by the OhioMHAS evaluation contractor. Board staff is recommending the Board Directors accept additional funding from OhioMHAS in the amount of \$1,004,458.90 and amend Resolution No. 23-02-03 to approve contract amendments as indicated above for the term of September 30, 2022 through September 29, 2023.

Motion to approve the Consent Agenda (Resolution Nos. 23-04-01 through 23-04-03). MOTION: S. Galloway / SECOND: K. Kern-Pilch / AYES: B. Addison, R. Blue, G. Boehm, S. Galloway, P. James-Stewart, K. Kern-Pilch, S. Rosenbaum, H. Snider / NAYS: None / ABSTAIN: None / **Motion passed.**

12. EXECUTIVE SESSION

Dr. Fowler announced the need to enter into Executive Session for the purpose of discussing a Personnel Matter.

- **Motion to ENTER into Executive Session.** MOTION: K. Kern-Pilch / SECOND: S. Rosenbaum / A roll call vote was taken. / AYES: B. Addison, R. Blue, G. Boehm, R. Fowler, S. Galloway, P. James-Stewart, K. Kern-Pilch, S. Rosenbaum, H. Snider / NAYS: None / ABSTAIN: None / **Motion passed.**

- **Motion to EXIT the Executive Session and resume the business of the General Meeting Agenda.** MOTION: K. Kern-Pilch / SECOND: R. Blue / A roll call vote was taken. / AYES: B. Addison, R. Blue, G. Boehm, R. Fowler, S. Galloway, P. James-Stewart, K. Kern-Pilch, S. Rosenbaum, H. Snider / NAYS: None / ABSTAIN: None / Motion passed.

- **RESOLUTION NO. 23-04-04 AMENDING RESOLUTION 22-06-11
APPROVAL OF COMPLETED ANNUAL PERFORMANCE REVIEW & SALARY ADJUSTMENT FOR CHIEF EXECUTIVE OFFICER SCOTT S. OSIECKI**

Motion to approve Resolution No. 23-04-04. MOTION: S. Galloway / SECOND: K. Kern-Pilch / AYES: B. Addison, R. Blue, G. Boehm, S. Galloway, P. James-Stewart, K. Kern-Pilch, S. Rosenbaum, H. Snider / NAYS: None / ABSTAIN: None / **Motion passed.**

13. 5-YEAR STRATEGIC PLAN AND DIVERSITY, EQUITY AND INCLUSION (DEI) IN BEHAVIORAL HEALTH CARE UPDATE

Mr. Osiecki stated that the ADAMHS Board's 2021-2025 Strategic Plan positions the Board and its service delivery system for success in a continually changing and increasingly demanding behavioral healthcare environment and includes the following six goals: 1) Strengthening Service Delivery System, 2) Measuring Impact, 3) Maximizing Available Funding, 4) Maintaining a High Performing Organization, 5) Strengthening Behavioral Health Workforce, and 6) Sharing Information. This plan is a living document that will be modified with the ever-changing environment, reviewed and updated as needed with periodic updates provided to the ADAMHS Board of Directors on the goals achieved and progress made on the plan.

Mr. Osiecki provided a detailed review of each of the six goals outlined in the Board's 5-Year Strategic Plan by sharing a few of the activities and progress made on each of the identified goals, in addition to DEI achievements, during the last quarter, which includes Sunday, January 1, 2023, through Friday, March 31, 2023. In total, 26 pages of accomplishments were made during the last quarter. (The 5-Year Strategic Plan and DEI in Behavioral Health Care Quarterly Update is attached to the original minutes stored in the Executive Unit and can be found on the Board's website.)

14. CHIEF EXECUTIVE OFFICER'S REPORT

Mr. Osiecki shared information regarding the following items of discussion:

- **Ohio Association of County Behavioral Health Authorities (OACBHA) Legislative Advocacy Day:**
 - Dr. Fowler, Ms. Bishara Addison, Ms. Clare Rosser, Chief of Strategic Initiatives, and Mr. Osiecki participated in the combined OACBHA, NAMI Ohio and the Ohio Suicide Prevention Foundation Advocacy Day on Wednesday, March 29, 2023.
 - Everyone had the chance to meet with several legislators and/or their aides: Senator Matt Dolan, Senator Kent Smith, Senator Nickie Antonio and Representatives Brennan, Brewer and Forhan as Dell'Aquila, Patton, and Skindell.
- **State Finance Committee Panel and House Bill (HB) 33 Update:**
 - On Thursday, March 30, 2023, Mr. Osiecki presented testimony on HB 33 – the SFY2024/2025 Budget, along with a few other Board Directors and Ms. Cheri Walter, Chief Executive Officer at OACBHA.
 - Mr. Osiecki testified that we fully supported the budget introduced by the Governor as it made essential investments in services for mental health and addiction care and asked for a 10% additional increase in Medicaid Rates for behavioral health services.
 - Last week, we learned that the substitute budget bill introduced in the House Finance Committee makes cuts in the Governor's proposed budget and Mr. Osiecki issued letters to our Representatives that included the following requests:
 - Return to the Executive Budget as-introduced allocation for the OhioMHAS 336-421-line item at \$106,214,846 each year that supports the local continuum of care.
 - The proposed changes in Sub-HB 33 decreases the total line item and increases the number of earmarks in the line item – which does not collectively benefit the people we serve. This will effectively result in a cut to allocations to local ADAMHS Boards.
 - Return to the Executive Budget as-introduced allocation amounts for the 336-510 Residential State Supplement line at \$24,000,000 per year, the OhioMHAS 336-406 Prevention and Wellness line at \$13,868,659 per year, and the 336-422 Criminal Justice line at \$30,044,829 per year.

- The proposed cuts in each of these line items will result in diminished housing, prevention, and criminal justice services for individuals throughout Ohio.
 - Increase community behavioral health Medicaid rates by an additional 10% to what was proposed - for a total of 20%. This increased investment is necessary to help stabilize and strengthen the behavioral health workforce.
- **Senate Bill (SB) 105:**
 - SB 105: ORC 340 Modernization was introduced by Senators Terry Johnson and Vernon Sykes and was referred to the Community Revitalization Committee.
 - OACBHA agrees with the bill, and it reflects the changes that we have been advocating for since last year: 120-day notice; contracting and data. The only thing added to the bill was certification and operation of recovery housing.
 - There has not been any official testimony regarding the bill.
 - Ms. Lori Criss, Director of OhioMHAS, provided an overview of the OhioMHAS 340 report and the partnership with the Boards.
 - Next steps – once the sponsors provide testimony OACBHA will arrange testimony. Addition of recovery housing. Certification strengthened – but a date in on data.
 - **Cleveland City Council Presentation:**
 - Ms. Zietlow-DeJesus and Mr. Osiecki presented to the Cleveland City Health, Human Services and The Arts Committee on Monday, April 10, 2023.
 - They talked about the Board's services that are provided to residents of Cleveland, focusing on youth, as well as statistics regarding suicide, overdoses and co-occurring disorders.
 - They also touched on the risk of marijuana for youth, the child serving systems, services in the schools and prevention services.
 - **Surgeon General Discussion on Youth Mental Health:**
 - On Wednesday, April 5, 2023, Ms. Rosser represented the ADAMHS Board during a roundtable discussion organized by Cleveland Mayor Justin Bibb; with the US Surgeon General Dr. Vivek H. Murthy. Local mental health providers and advocates, Cleveland schools and universities, The Cleveland Foundation, and other leaders took part in the discussion about bringing attention to the behavioral health needs of children and youth.
 - **"Adam-Amanda" Center:**
 - Board staff are working with the other five Boards in our Collaborative on a plan for the development of step down/step up centers in our collaborative.
 - There is a total of \$7.5 million available to the entire collaborative in one-time American Rescue Plan Act (ARPA) funding that can be used for capital and start-up costs.
 - A joint proposal must be submitted to OhioMHAS with our plans by Friday, May 19, 2023.
 - Ms. Maggie Tolbert, Assistant Chief Clinical Officer, Ms. Felicia Harrison, Chief Financial Officer, and Mr. Osiecki are working with Signature Health as the provider of the center in Cuyahoga County.
 - Signature Health has 16 beds available in the location that they are preparing to replace ORCA House, which is located at East 30th and Prospect.
 - A more informative presentation will be provided during the May Planning & Oversight Committee meeting.
 - **Sponsorships:**
 - Sunday, June 11, 2023: Colors+ Family Pride Day - \$500
 - Saturday, June 17, 2023: Life Skills Summit for Young Men - \$1,000

15. NEW BUSINESS

Ms. Zietlow-DeJesus reminded all in attendance that the Board's Annual Meeting Brunch, Awards Ceremony and Client Art Show is scheduled for Monday, May 15, 2023, 9:00 A.M. at the Holiday Inn Cleveland South, 6001 Rockside Road, Independence, Ohio 44131. Approximately 400 individuals are expected to attend.

Dr. Gregory Boehm inquired with Mr. Osiecki regarding the Opiate Settlement funds. Mr. Osiecki reported that Cuyahoga County received a total of \$179 million from a larger settlement that was split with Summit County; and lawyer fees took a large portion of the settlement. Once the funds were divided among a number of organizations, with \$5 million set aside for innovative solutions and technologies for the opiate crisis, \$3 million remains of the total \$179 million that is not encumbered for other things.

16. FOLLOW-UP

No follow-up was received.

17. AUDIENCE INPUT

No audience input was received.

18. UPCOMING MAY AND JUNE BOARD MEETINGS:

- Community Relations & Advocacy Committee Meeting: May 3, 2023
- Nominating Committee Meeting: May 10, 2023
- Planning & Oversight Committee Meeting: May 10, 2023
- Finance & Operations Committee Meeting: May 17, 2023
- General Meeting: May 24, 2023
- Faith-based Outreach Committee Meeting: June 7, 2023
- Planning & Oversight Committee Meeting: June 14, 2023
- Finance & Operations Committee Meeting: June 21, 2023
- General Meeting: June 28, 2023

There being no further business, the meeting adjourned at 5:36 p.m.

Submitted by: *Linda Lamp, Executive Assistant*




Approved by:

J. Robert Fowler, Ph.D., Chairperson, ADAMHS Board of Cuyahoga County



1

Background

-  Cuyahoga County ADAMHS Board continuously evaluates the community for ways to better meet the community's behavioral health needs
-  Behavioral health crisis services are being strengthened throughout the United States
-  Based upon discussion with and in consultation with ADAMHS, R Strategy Group (RSG) evaluated the feasibility of "Care Response" to build upon existing the crisis response services in the county

2

Research funding was generously provided by



3

Our charge

Make recommendations that can be used in development of an RFP that will lead to a Care Response pilot project in a specified area or areas of Cuyahoga County that can become the path for further expansion in the county



4

Our process



Convened workgroup of local stakeholders and outside consultants to advise process



Interviews with local leaders and advocates



Discussion with Care Response programs in Ohio and nationally



Research of professional literature






Review of media reports



Focus groups and community surveys

5

Care Response Is Part of the Crisis Care Continuum (SAMSHA, 2020)

	Someone to talk to	Essential Characteristics of All Crisis Care Components: <ul style="list-style-type: none"> • Address recovery needs • Significant role for peers • Trauma-informed care • Safety and security for staff and those in crisis • Law enforcement and emergency medical services collaboration
 CARE RESPONSE	Someone to respond	
	A place to go	

6

Care Response: What is it?

- Consists of a team of individuals with specific behavioral health and crisis stabilization expertise responding to mental health or addiction crises in the community setting
 - Team members
 - Licensed behavioral health professional and a peer support person with lived experience in the behavioral health system
 - Unarmed
 - Have skill and training to assess specific needs and frequently meet those needs in the community
 - Work with dispatch and other responders (such as police/CIT officers) to assure that the needs of people are met and safety of the person being served and responders is maintained
 - Can frequently avoid police response to behavioral health issues, permitting more focus on other public safety issues

7

Service Overview (CMS, 2021)



Help individuals experiencing a crisis event experience relief quickly and resolve the crisis situation when possible



Meets individuals in an environment where they are comfortable and/or at the site where the crisis is occurring



Provides appropriate care/support while avoiding unnecessary law enforcement involvement, ED use and hospitalization



Connect individuals with facility-based care, if needed
Warm Hand-offs
Coordinate transportation



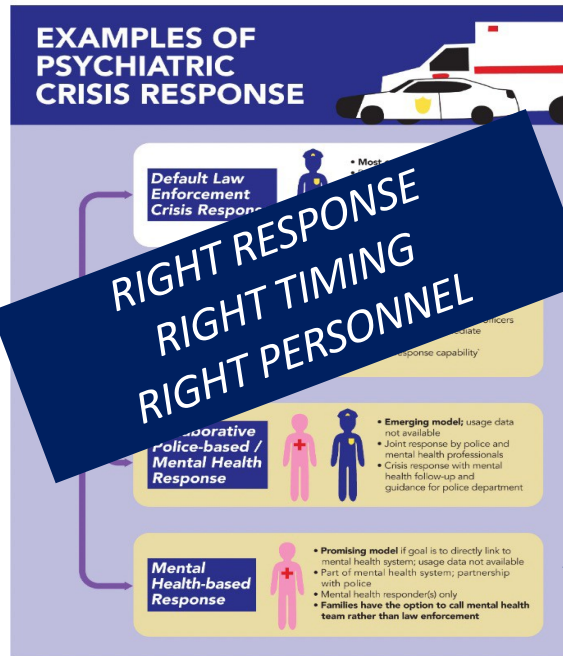
24/7 availability



Rapid response

8

Examples of
Community Crisis
Response:
Someone to
Respond
(Pinals, 2020)



9

Why Care
Response?

- Reduced need for police involvement
- More situations resolved in community (less hospitalizations)
- Improved safety
- Less crime in areas covered by Care Response
- Increased involvement in treatment after crisis
- Well-received
- Preferred by community
- Cost effective

10

Recommendations on Care Response

Based upon existing research, experience of communities across the nation, and preferences of individuals surveyed in Cuyahoga County, **we recommend that Cuyahoga County implement a community-based, unarmed Care Response program that will be rapidly available and staffed by behavioral health professionals and peers.**

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Specific Recommendations

- Care Response services should commence with a *pilot program* in one or more geographic regions of the county, with plan to expand based upon the learnings of the pilot program.
- Entity or entities implementing Care Response should be selected through a competitive process by responding to a Request for Proposals (RFP) to find the vendor(s) with the greatest likelihood of success in addressing the complexities of Care Response.
- The specific pilot region(s) chosen to better meet needs of underserved

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Suggestions for Pilot Area

- Demographics reflect significant population of underserved individuals by virtue of:
 - Race
 - Ethnicity
 - Socioeconomic status
 - Sexual orientation
- Area of high need
 - High volume of calls relating to MH/SUD issues
 - Disproportionately low calls and service utilization in view of demographics
- Area with more adverse outcomes in interactions between served individuals and current responders
- Interest and support of proposed pilot community

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Suggestions for Pilot Area (continued)

- Support of partner agencies:
 - Social service agencies
 - Behavioral health agencies
 - Behavioral health crisis facilities
 - Hospitals
 - Law enforcement
 - Dispatch services
 - Other community behavioral health crisis responders, if present (e.g., co-response programs)
- Uncomplicated dispatch landscape (single 911)
- Sufficient population size to generate meaningful number of encounters to assess program effectiveness and inform future expansion

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Specific Recommendations

- The Care Response program should meet the basic criteria for mobile crisis
- The pilot period
 - Six months of “lead-in”
 - Twelve months of service provision/program assessment
- Engage the pilot community as a full partner in the development, implementation, and assessment of the pilot
- Staffing of the Care Response team should reflect the characteristics of the community
- Staff safety and wellness must be a priority

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Specific Recommendations

- A training curriculum should be developed from currently available resources adapted to meet Cuyahoga County and pilot area needs, with input from:
 - Local experts
 - Pilot area residents
 - Consumers of services
 - Family members.
 - Consider outside vendor to assist
- Staff will utilize standardized tools for assessment and assistance in determining disposition of clients
- Dispatch processes should be agreed upon before implementing to services
- Clarity should be provided about most appropriate location of care for clients who require facility-based crisis interventions (“A place to go”)

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Specific Recommendations

- The Care Response pilot should be data-driven.
 - An outside vendor may be considered for data expertise and management
- A data dashboard which is available to anyone should be created and posted online.
- Quality measures should be selected to determine compliance in executing the pilot and success of pilot.

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Specific Recommendations

- Care Response sponsor(s) should seek multiple funding streams to support the pilot project and promote long-term viability.
- Applicants proposed budget should meet promising practice standards and include a plan for billing for services as a source of revenue beyond grant funding.
- The funder(s) should consider budgeting as much as \$1.65M for an 18-month pilot program.
- The system should begin planning for expansion of services early in the pilot period based upon knowledge gained from the pilot.

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Budget Assumptions for 2 Teams

Expense type	Amount		Notes
	6-month lead-in	12-month implementation	
Clinical Director/lead trainer (1)	\$87,500	\$175,000	Licensed Independent Practitioner—supervises and trains staff, liaisons with partners and community
Licensed BH professional (2)	\$57,500 (3 months)	\$230,000	Provides direct service 40 hrs/week
Peer support Specialist (2)	\$50,000 (3 mo)	\$200,000	Provides direct service 40 hrs/week
Advisory panel (8)	\$9,600 2meetings/mo	\$9600 1 meeting/month	\$25/hour
Community research assistants (2)	\$20,000	\$80,000	\$30/hour 20 hours/week
Community Training	\$4000	\$4000	Mental Health First Aid training for 100 community members each year
Travel	\$20,000	\$5,000	To existing MCT programs for observation and training
Vehicles (2)	\$100,000	0	
Equipment	\$50,000	\$25,000	Radios, phones, computers
Fuel and vehicle maintenance	\$2500	\$10,000	
Supplies	\$10,000 (initial procurement)	\$20,000	Naloxone, Harm reduction kits, medical supplies, bus passes, housing vouchers, food, water, clothing
Development of training plan	\$100,000 (includes payment to community trainers)	\$30,000	May be separate RFP to different vendor. Includes development of plan for 911/988 interface and dispatch
Data plan and analysis	\$100,000	\$100,000	May be separate RFP. To different vendor
Communications and outreach	\$30,000	\$20,000	
Sign-on bonus	\$10,000	\$4,000	\$2000/employee hired
Retention bonus	\$6,000	\$20,000	\$1000 at 3 and 6 months of employment \$2000 at 12 months
Contingency	\$70,000	\$100,000	
TOTAL	\$727,100	\$932,600	

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Budget Assumptions for 1 team

Expense type	Amount		Notes
	6-month lead-in	12-month implementation	
Clinical Director/lead trainer (1)	\$87,500	\$175,000	Licensed Independent Practitioner—supervises and trains staff, liaisons with partners and community
Licensed BH professional (1)	\$28,750 (3 months)	\$115,000	Provides direct service 40 hrs/week
Peer support Specialist (1)	\$25,000 (3 mo)	\$100,000	Provides direct service 40 hrs/week
Advisory panel (8)	\$9,600 2meetings/mo	\$9600 1 meeting/month	\$25/hour
Community research assistants (2)	\$20,000	\$80,000	\$30/hour 20 hours/week
Community Training	\$4000	\$4000	Mental Health First Aid training for 100 community members each year
Travel	\$15,000	\$3,500	To existing MCT programs for observation and training
Vehicles (1)	\$50,000	0	
Equipment	\$50,000	\$15,000	Radios, phones, computers
Fuel and vehicle maintenance	\$2500	\$5,000	
Supplies	\$10,000 (initial procurement)	\$20,000	Naloxone, Harm reduction kits, medical supplies, bus passes, housing vouchers, food, water, clothing
Development of training plan	\$100,000 (includes payment to community trainers)	\$30,000	May be separate RFP to different vendor. Includes development of plan for 911/988 interface and dispatch
Data plan and analysis	\$100,000	\$100,000	May be separate RFP. To different vendor
Communications and outreach	\$30,000	\$20,000	
Sign-on bonus	\$6,000	\$2,000	\$2000/employee hired
Retention bonus	\$6,000	\$8,000	\$1000 at 3 and 6 months of employment \$2000 at 12 months
Contingency	\$50,000	\$70,000	
TOTAL	\$544,350	\$748,100	

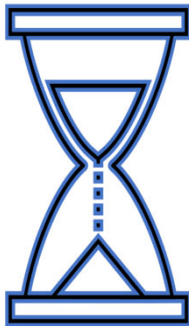
20

Care Response— Potential Cost Offset

<i>Crisis Now</i> Crisis System Calculator (Basic)		
	No Crisis Care	Crisis Now
# of Crisis Episodes Annually (200/100,000 Monthly)	30,000	30,000
# Initially Served by Acute Inpatient	20,400	4,200
# Referred to Acute Inpatient From Crisis Facility	-	1,670
Total # of Episodes in Acute Inpatient	20,400	5,870
# of Acute Inpatient Beds Needed	497	143
Total Cost of Acute Inpatient Beds	\$ 145,066,667	\$ 41,738,667
# Referred to Crisis Bed From Stabilization Chair	-	6,678
# of Crisis Beds Needed	-	51
Total Cost of Crisis Facility Beds / Chairs	\$ -	\$ 14,840,000
# Initially Served by Crisis Stabilization Facility	-	16,200
# Referred to Crisis Facility by Mobile Team	-	2,880
Total # of Episodes in Crisis Facility	-	19,080
# of Crisis Observation Chairs Needed	-	60
Total Cost of Crisis Facility Beds / Chairs	\$ -	\$ 21,805,714
# Served Per Mobile Team Daily	4	4
# of Mobile Teams Needed	-	9
Total # of Episodes with Mobile Team	-	9,600
Total Cost of Mobile Teams	\$ -	\$ 3,682,192
# of Unique Individuals Served	20,400	30,000
TOTAL Inpatient and Crisis Cost	\$ 145,066,667	\$ 82,066,573
ED Costs (\$1,233 Per Acute Admit)	\$ 25,153,200	\$ 7,237,094
TOTAL Cost	\$ 170,219,867	\$ 89,303,666
TOTAL Change in Cost	\$ (80,916,200)	-48%

Population Census	1,250,000
ALOS of Acute Inpatient	8
Avg. Cost of Acute Bed/Day	\$ 800

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Not-so final word

- Much to be done—whole process is years long, not months long
- Great information locally, in Ohio, and nationally—don't need to re-invent the wheel
- Starting a pilot is good way to move down the path
- Community engagement is essential, valued and responded to
- Diverse viewpoints bring strength

This can be accomplished!

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POLICY STATEMENT RENEWAL

2nd Reading & Official Vote – May 24, 2023

- **GUIDELINES FOR DETOXIFICATION SERVICES FUNDED WITH NON-MEDICAID DOLLARS**

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

POLICY STATEMENT

SUBJECT: GUIDELINES FOR WITHDRAWAL MANAGEMENT SERVICES
DETOXIFICATION SERVICES FUNDED WITH NON-MEDICAID DOLLARS

EFFECTIVE DATE: May 24, 2023 (tentative) – 2nd Reading & Official Vote October 24, 2018

PURPOSE

To ensure that residents of Cuyahoga County in need of withdrawal management services funded by the ADAMHS Board have sufficient aftercare planning as recommended by the American Society of Addiction Medicine (ASAM) criteria, and to expand access of withdrawal management to those afflicted with substance use disorder (SUD).

The Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS Board) is establishing guidelines for the use of non-Medicaid ambulatory and inpatient detoxification services funding, as the initial process for the recovery and aftercare planning, to expand access to persons in Cuyahoga County. All detox requests will require prior authorization with aftercare plan in place for both first and second detoxification requests. The expectation is for the aftercare planning for residential, half-way housing, outpatient or intensive outpatient to be made after the assessment in the form of a signed commitment by the client.

BACKGROUND

Withdrawal management is the initial process towards recovery from a substance use disorder and is designed to manage the acute and potentially dangerous physiological side effects of withdrawal from alcohol, opiates, and other substances. However, withdrawal management alone does not address the psychological, social, and behavioral problems associated with addiction, and therefore, does not produce lasting behavioral changes necessary for recovery. Withdrawal management services includes a formal assessment with recommendations for further treatment per ASAM criteria. The ASAM criteria is the most widely used and comprehensive set of guidelines for placement, continued stay, and transfer or discharge of patients with addiction and co-occurring conditions. Detoxification services are most effective when followed by ongoing treatment in an intensive outpatient or a residential setting. Receiving repeated withdrawal management services detoxification in the absence of ongoing treatment is not effective for long-term success. Given the current economic climate and anticipated decreases in funding, the ADAMHS Board has an obligation to establish a process by which individuals without insurance for this service can access non-Medicaid dollars for detoxification services.

The ADAMHS Board recognizes that withdrawal management detoxification is not treatment. Given the reluctance of some clients to accept ongoing treatment following withdrawal management detoxification, the ADAMHS Board has been utilizing a continuum of best practices to overcome both client and system barriers. Thus, this Policy represents a continuation of, and an expansion of the best practices already utilized by providers. Such practices may include but are not limited to:

- SUD case management,
- Recovery coaches/peer support services,
- Developing treatment goals,
- Relapse prevention,

- Contingency management,
- Withdrawal management practice protocols,
- Motivational interviewing,
- Mindfulness mediation,
- Cognitive behavioral therapy,
- Art/music therapy,
- Linkage to the next level of care per ASAM criteria or given a list of referral sources,
- Holding clients until a bed is available for the next level of care,
- Verification of linkage,
- Assistance with transportation,
- Referral to 12 Steps, and
- Distribution of NARCAN and fentanyl test strips.

~~(1) specialized case management, (2) recovery coaches, (3) setting expectations for treatment, (4) motivational interviewing, (5) holding clients over in detoxification until treatment is available, (6) phone verification of linkage, (7) assistance with transportation, and (8) case conferences between providers and the Board.~~

Lastly, Finally and most importantly, the service provider contract language stipulates that providers must prioritize SUD treatment for those clients being discharged from withdrawal management detoxification. The detoxification guidelines in this policy are designed to work when these strategies have been unsuccessful.

POLICY and PROCESS:

It is the policy of the ADAMHS Board not to limit the number of times a client may receive withdrawal management services at any ADAMHS Board funded withdrawal management provider. Additionally, since withdrawal management is of a brief duration, providers shall provide discharge planning by linking clients to the next level of care per ASAM or provide harm reduction tools. A client receiving withdrawal management services shall not exceed a length of stay of five (5) days without prior authorization from the ADAMHS Board. For any such request, the provider shall submit clinical documentation for justification and authorization via the ADAMHS Board's secure fax line at (216) 241-3928.

- ~~A. Individuals presenting at any ADAMHS Board funded detoxification agency for detoxification services shall be required to get prior approval for any detoxification services greater than one episode of detoxification services in a twelve (12) month period.~~
- ~~B. Sub-acute detoxification services are of a brief duration and linkage to other formal and informal services shall be made.~~
- ~~C. Length of stay (LOS) not to exceed five (5) days without prior authorization from the ADAMHS Board.~~
- ~~D. In case of a prolonged stay exceeding five (5) days, the provider shall submit clinical documentation to the board for review and authorization.~~
- ~~E. Clients who request additional episodes of detoxification within a 12 month period shall utilize alternative funding sources other than Non-Medicaid.~~
- ~~F. Providers shall work on a discharge plan with clients to establish the next level of care following detoxification services (e.g. outpatient or residential).~~
- ~~G. All current and future clients will be informed of this policy in writing.~~
- ~~H. Exceptions to this policy will require written approval by the ADAMHS Board designated~~

staff.

- ~~1. This policy excludes pregnant women and medical emergencies (i.e., individuals who are in active or impending withdrawal from alcohol and/or other drugs).~~

RESPONSIBILITIES AND PROCEDURES:

~~When a client presents at any ADAMHS Board funded withdrawal management provider, the screening information will be taken and sent to the ADAMHS Board to be entered into a database. The screening information will include, but is not limited to the client's name, date of birth, and social security number, and sent to the ADAMHS Board's secure fax line at (216) 241-3928. ADAMHS Board staff will follow-up with a verification email to the provider approving the withdrawal management services.~~

~~Additionally, ADAMHS Board staff will evaluate the effectiveness each provider's withdrawal management services and aftercare planning by reviewing the frequency of a client returning for withdrawal management services by having regular meetings and reviewing GOSH claims data of clients frequently returning withdrawal management. With the findings, ADAMHS Board staff will work with providers to ensure that each provider is following the best practices for withdrawal management services and aftercare planning.~~

- ~~1. When a client presents at any ADAMHS Board funded detoxification agency the screening information will be taken and sent to the ADAMHS Board to be entered into a database. The screening form will include but is limited to the client's name, birth date, social security number, and client ID number, if available.~~
- ~~2. The Board designated staff will query the database to determine if the client has had services within a twelve (12) month period. This information will be returned to the agency within twenty-four hours or the next business day.~~
- ~~3. If the client has not had service within a twelve (12) month period, the agency will admit the client according to Detoxification Protocol.~~
- ~~4. If the client has had services within a twelve (12) month period, the agency will inform the client that he/she is not eligible for services, why, and make the appropriate referrals for the client.~~
- ~~5. If a client returns for a second detoxification and the agency supports this request, the agency must submit justification why the Board should fund a second detoxification episode along with the screening information. It will be reviewed by the designated board staff for the final decision.~~
- ~~6. Agencies have the discretion to provide detoxification beyond the first episode at their own cost.~~
- ~~7. Enforcement:
 - ~~a. Board Staff will collaborate on the enforcement of this Policy.~~
 - ~~b. Enforcement of this policy will consist of regular review of billings and regular meetings with the agencies that currently provide detoxification services.~~~~

THE REVIEW PANEL

- ~~1. The Review Panel will be a standing committee that consists of the Chief Clinical Officer and two ADAMHS Board staff members.~~
- ~~2. The Review Panel will be used when:
 - ~~a. A client files an appeal of a decision, which cannot be resolved internally.~~
 - ~~b. A family member files a grievance or appeals a decision which cannot be resolved internally.~~~~

- ~~c. The referring provider files an appeal of a decision, which cannot be resolved internally.~~
- ~~d. The detoxification provider agency files an appeal of a decision, which cannot be resolved through conversation with the Board.~~
- ~~e. The Board makes a formal call to question a decision and strongly suggest the Review Process be initiated.~~

Supersedes and retires: Guidelines for Detoxification Services Funded with Non-Medicaid Dollars, effective **October 24, 2018** September 17, 2014.

Reference: Ohio Revised Code 340.033

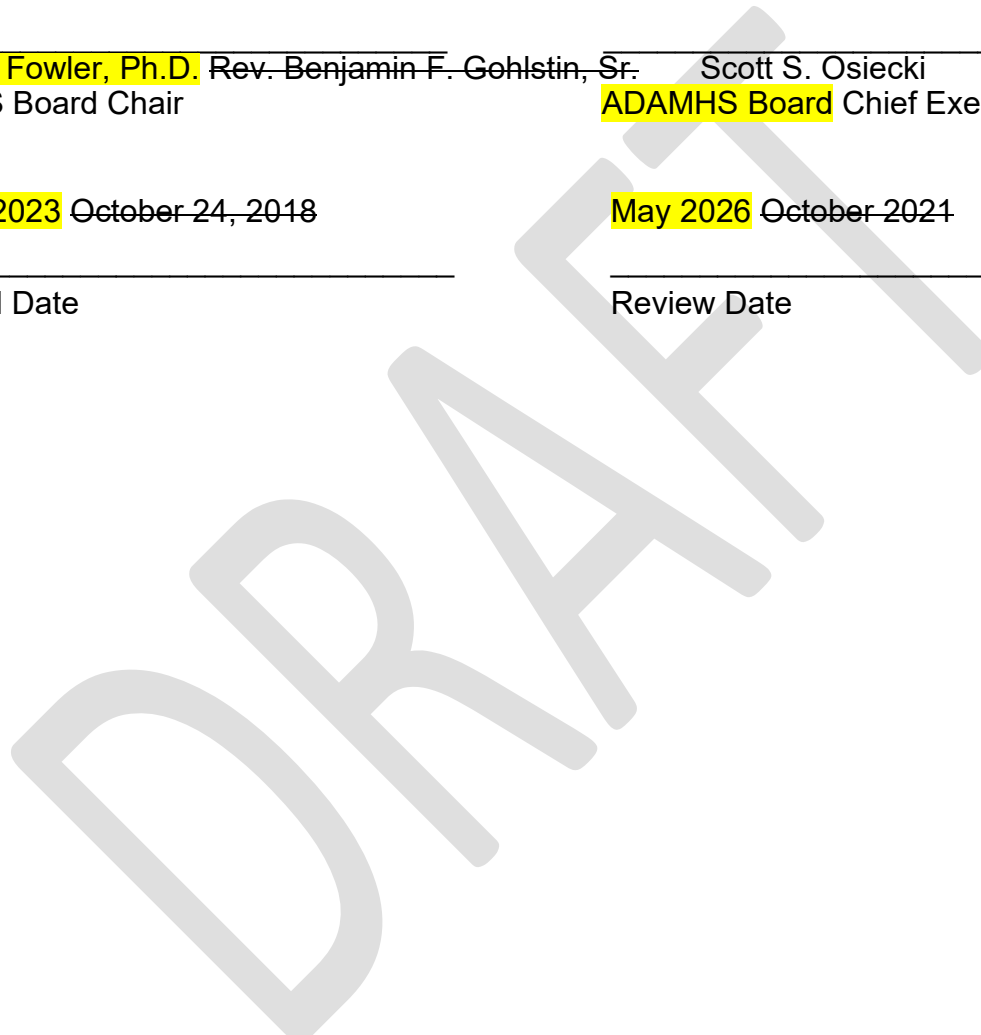
J. Robert Fowler, Ph.D. Rev. Benjamin F. Gohlstin, Sr. ADAMHS Board Chair	Scott S. Osiecki ADAMHS Board Chief Executive Officer
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May 24, 2023 October 24, 2018

May 2026 October 2021

Approval Date

Review Date



**ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES
BOARD OF CUYAHOGA COUNTY (ADAMHS BOARD)**

POLICY STATEMENT

SUBJECT: GUIDELINES FOR WITHDRAWAL MANAGEMENT SERVICES

EFFECTIVE DATE: May 24, 2023 (*tentative*) – 2nd Reading & Official Vote

PURPOSE

To ensure that residents of Cuyahoga County in need of withdrawal management services funded by the ADAMHS Board have sufficient aftercare planning as recommended by the American Society of Addiction Medicine (ASAM) criteria, and to expand access of withdrawal management to those afflicted with substance use disorder (SUD).

BACKGROUND

Withdrawal management is the initial process towards recovery from a substance use disorder and is designed to manage the acute and potentially dangerous physiological side effects of withdrawal from alcohol, opiates, and other substances. However, withdrawal management alone does not address the psychological, social, and behavioral problems associated with addiction, and therefore, does not produce lasting behavioral changes necessary for recovery. Withdrawal management services includes a formal assessment with recommendations for further treatment per ASAM criteria. The ASAM criteria is the most widely used and comprehensive set of guidelines for placement, continued stay, and transfer or discharge of patients with addiction and co-occurring conditions. Receiving repeated withdrawal management services in the absence of ongoing treatment is not effective for long-term success.

The ADAMHS Board recognizes that withdrawal management is not treatment. Given the reluctance of some clients to accept ongoing treatment following withdrawal management, the ADAMHS Board has been utilizing a continuum of best practices to overcome both client and system barriers. Thus, this Policy represents a *continuation* of, and an *expansion* of the best practices already utilized by providers. Such practices may include but are not limited to:

- SUD case management,
- Recovery coaches/peer support services,
- Developing treatment goals,
- Relapse prevention,
- Contingency management,
- Withdrawal management practice protocols,
- Motivational interviewing,
- Mindfulness mediation,
- Cognitive behavioral therapy,
- Art/music therapy,
- Linkage to the next level of care per ASAM criteria or given a list of referral sources,
- Holding clients until a bed is available for the next level of care,
- Verification of linkage,
- Assistance with transportation,
- Referral to 12 Steps, and
- Distribution of NARCAN and fentanyl test strips.

Lasty, the service provider contract language stipulates that providers must prioritize SUD treatment for those clients being discharged from withdrawal management.

POLICY

It is the policy of the ADAMHS Board not to limit the number of times a client may receive withdrawal management services at any ADAMHS Board funded withdrawal management provider. Additionally, since withdrawal management is of a brief duration, providers shall provide discharge planning by linking clients to the next level of care per ASAM or provide harm reduction tools. A client receiving withdrawal management services shall not exceed a length of stay of five (5) days without prior authorization from the ADAMHS Board. For any such request, the provider shall submit clinical documentation for justification and authorization via the ADAMHS Board's secure fax line at (216) 241-3928.

RESPONSIBILITIES

When a client presents at any ADAMHS Board funded withdrawal management provider, the screening information will be taken and sent to the ADAMHS Board to be entered into a database. The screening information will include, but is not limited to the client's name, date of birth, and social security number, and sent to the ADAMHS Board's secure fax line at (216) 241-3928. ADAMHS Board staff will follow-up with a verification email to the provider approving the withdrawal management services.

Additionally, ADAMHS Board staff will evaluate the effectiveness each provider's withdrawal management services and aftercare planning by reviewing the frequency of a client returning for withdrawal management by having regular meetings and reviewing GOSH claims data of clients frequently returning withdrawal management services. With the findings, ADAMHS Board staff will work with providers to ensure that each provider is following the best practices for withdrawal management services and aftercare planning.

Supersedes and retires: Guidelines for Detoxification Services Funded with Non-Medicaid Dollars, effective October 24, 2018

Reference: Ohio Revised Code 340.033

J. Robert Fowler, Ph.D.
ADAMHS Board Chair

May 24, 2023

Approval Date

Scott S. Osiecki
ADAMHS Board Chief Executive Officer

May 2026

Review Date



NEW POLICY STATEMENT REVIEW

2nd Reading & Official Vote – May 24, 2023

- **SUBRECIPIENT MONITORING FOR FEDERAL GRANTS POLICY**

**ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES
BOARD OF CUYAHOGA COUNTY (ADAMHS BOARD)**

POLICY STATEMENT

SUBJECT: SUBRECIPIENT MONITORING FOR FEDERAL GRANTS POLICY

EFFECTIVE DATE: May 24, 2023 (tentative) – 2nd Reading & Official Vote

PURPOSE

To ensure that the ADAMHS Board monitors programmatic and financial activities of its subrecipients in order to assure proper stewardship of Federal awards.

BACKGROUND

The Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR 200 (Uniform Guidance), sets forth standards for obtaining consistency and uniformity in organizations expending Federal awards. In instances where the award recipient subcontracts with another organization to perform duties required or necessitated by the award, the award recipient is considered to be a pass-through entity. As a pass-through entity, the award recipient has monitoring obligations to ensure that a subrecipient uses the subaward for authorized purposes and that the goals of the award are achieved.

POLICY

It is the policy of the ADAMHS Board that it will adhere to regulations set forth in Uniform Guidance, sections 2 CFR 200.331 and 200.332, by performing a risk assessment prior to issuing a subaward and implementing risk-based monitoring activities accordingly to provide reasonable assurance that a subrecipient will administer the subaward for authorized purposes only and achieve the programmatic goals.

PROCEDURE

Subrecipient vs. Contractor: The ADAMHS Board will make a determination as to whether the entity that receives a subaward is a subrecipient or contractor.

- A subrecipient is a non-Federal entity that received a subaward from a pass-through entity to carry out a part of a Federal award and subject to compliance requirements under Uniform Guidance.
- A contractor is a non-Federal entity that provides goods and services ancillary to the Federal award and not subject to compliance requirements under Uniform Guidance.

Pre-award Risk Assessment of a Subrecipient: Before making a subaward to a subrecipient, the ADAMHS Board will evaluate the subrecipient's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring, which may include consideration of such factors as:

- The total amount of the award;
- The type of organization (i.e. government, nonprofit, or for-profit);
- The subrecipient's prior experience with the same or similar subawards with the ADAMHS Board;
- Whether the subrecipient has an exclusionary record that identifies it being excluded from receiving Federal contracts or any other issues identified in the System for Award Management (SAM.gov);

- The results of previous audits, including whether or not the subrecipient receives a Single Audit, and the extent to which the same or similar subaward has been audited; and
- Whether the subrecipient has new personnel, or new or substantially changed systems.

Ongoing Risk-Based Monitoring: Based on the pre-award risk assessment of the subrecipient, the ADAMHS Board will implement a risk-based monitoring plan which may include the following:

- Review of invoices and supporting documents to show that costs are supported by adequate documentation such as detailed transaction reports, vendor invoices, canceled checks, time and attendance records, and etc. to ensure:
 - Invoices are submitted in a timely manner, generally within 90 days;
 - Invoices are within the budgeted time period;
 - Expenses on invoices are within the awarded budget and are reasonable, allocable, and allowable;
 - Current and cumulative expenses invoiced to date are correct, including the indirect cost rate; and
 - Cost sharing requirements are met and accurate, if applicable;
- Review of program reports to ensure that programmatic goals of the Federal award are being met;
- Periodic meetings to discuss implementation of programmatic goals;
- Impose specific subaward conditions;
- Provide training and technical assistance on program related and invoice related matters;
- Perform on-site review(s);
- Issue a Corrective Action Plan (CAP) for any substantial programmatic and financial issues;
- Follow-up and ensure the subrecipient takes action to address deficiencies found through audits, onsite reviews, and other means; and
- If substantial programmatic and financial issues remain in implementation of the programmatic goals, the ADAMHS Board may recommend termination of the contract to its Board of Directors.

Supersedes and retires: Not Applicable

Reference: 2 CFR 200.331 - 332

J. Robert Fowler, Ph.D.
ADAMHS Board Chair

Scott S. Osiecki
ADAMHS Board Chief Executive Officer

Approval Date

Review Date



Agenda Process Sheet
Date: May 24, 2023

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

Topic: Discussion/Vote: Support Letter for Flavored Tobacco Ban in Cleveland

Contractual Parties: N/A

Term: N/A

Funding Sources: N/A

Amount: N/A

- New Program** **Continuing Program** **Expanding Program** **Other:** Discussion/Vote

Service Description:

- In February of 2023, Cleveland Council President Blaine Griffin and Councilman Kevin Conwell introduced legislation to ban flavored tobacco in Cleveland at the request of the Director of the Cleveland Department of Public Health, Dr. David Margolius.
- Statistics and information outlined in the legislation include:
 - 95% of adult smoker began smoking before age 21, which leads to greater levels of nicotine dependences and persistence of smoking beyond adolescence and through adulthood.
 - Nationally, 11% of US middle and high school students reported current e-cigarette (vape) use, where almost 85% of e-cigarette users reported using flavored products.
 - Locally, 7.8% of Cleveland high school students reported smoking e-cigarettes.
 - Menthol cigarettes have been historically heavily marketed toward African Americans and the Food and Drug Administration (FDA) notes that a ban on menthol cigarettes would save the lives of 92,000 to 238,000 African Americans.
 - Over 70% of African American smokers prefer menthol cigarettes, compared with 30% of white smokers, which attributed to the tobacco industry’s targeted advertising to the Black urban community.
- The statistics show that flavored tobacco is a health equity issue and leads to increased disparities for the health of the local Black community and our youth, who are targeted to use flavored tobacco.

Background Information:

- A local coalition of leading health care organizations has signed a letter of support in favor of the flavored tobacco ban in Cleveland. The ADAMHS Board has been asked to sign the letter, which you can find in the packet and become a member of the coalition supporting the ban.

Funding Use: N/A

Client & System Impact:

- Signing the letter of support and joining the coalition will help bring awareness to the dangers of flavored tobacco and help pass the legislation banning flavored tobacco, which is harmful and creates increased health disparities in the Black community.

Metrics <i>(How will goals be measured)</i>	<ul style="list-style-type: none">• N/A
Evaluation/ Outcome Data <i>(Actual results from program)</i>	<ul style="list-style-type: none">• N/A

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

- Scott Osiecki and staff request the Board review the letter of support in the packet and determine if the Board would like to add its name to the letter to ban flavored tobacco use in Cleveland.
- Approved by the Community Relations & Advocacy Committee on May 3, 2023.



Mayor Bibb and Cleveland City Council Members,

We, the undersigned organizations, ask for your support for an ordinance that ends the sale of all flavored tobacco products including menthol and establishes a Tobacco Retail License (TRL) in the City of Cleveland.

For decades, the tobacco industry has targeted communities of color with flavored tobacco products. Products such as menthol cigarettes and flavored cigars were intentionally developed to mask the harsh taste of tobacco, allowing more frequent use, and resulting in higher addiction rates. The industry's predatory behavior has had a devastating impact. Black communities suffer the greatest burden of tobacco-related death, with black adults 32% more likely to die from heart disease and 45% more likely to die from stroke.

Now the tobacco industry is using the same tactics to addict our children. Kid-friendly flavors like gummy bear, grape crush and cotton candy, often used in non-combustible "e-cigarettes," are designed to hook a new generation of tobacco users. Nearly all (97%) youth e-cigarette users report using flavored products, and the overwhelming majority point to flavored products as their starting point.

In addition to ending the sale of flavored products, the City of Cleveland needs better tools to enforce existing tobacco laws. While the minimum age for tobacco sales was raised to 21 in 2015, enforcement efforts continue to be inadequate in deterring sales to underage youth. In 2019, only 28% (176) of Cleveland's 618 tobacco retailers received a compliance check. Of the 176 inspections performed, 66 or 38% failed inspection. And of the tobacco retailers that failed inspection, 78% received only a warning letter.

A comprehensive Flavored Tobacco and Tobacco Retail License ordinance is needed to:

- End the sale of all flavored tobacco products, including but not limited to menthol cigarettes, flavored cigars/cigarillos, flavored e-cigarettes, flavored smokeless tobacco, flavored shisha/hookah, etc.
- Require every tobacco retailer in Cleveland to get a license and renew annually so the city can know how many tobacco retailers are operating in the city and more effectively enforce local, state, and federal tobacco laws.
- Use the annual tobacco retail license fee to fund robust enforcement efforts, including at a minimum one compliance check per retailer per year.

- Hold retailers accountable for unlawful sales to youth through graduated penalties and license suspension or revocation for repeated violations.

Ending the sale of flavored products addresses decades of predatory marketing on behalf of the tobacco industry directed towards communities of color, as well as recent efforts to hook a generation of youth users with flavored e-cigarettes. Establishing a Tobacco Retail License will allow the City to better enforce laws that keep tobacco products out of the hands of youth. Taken together, these policies give the City the tools needed to lower Cleveland’s startling high smoking rate of 35% (a rate significantly higher than the state and national averages), prevent future tobacco addiction and tobacco-related health outcomes including heart disease, lung cancer and stroke, and reduce the health disparities that confront Cleveland’s Black and Brown communities as a result of decades of racial targeting.

Please put the health of our kids and community first by passing a comprehensive Flavored Tobacco and Tobacco Retail license ordinance that ends the sale of ALL flavored tobacco products in Cleveland and ensures tobacco retailers aren’t selling to underage customers. This policy will go a long way toward addressing racism as a public health crisis in the City of Cleveland.

Sincerely,

Academy of Medicine of Cleveland & Northern Ohio
 American Cancer Society - Cancer Action Network
 American Heart Association
 American Lung Association
 ASIA, Inc.
 A Vision of Change
 Better Health Partnership
 Birthing Beautiful Communities
 Campaign for Tobacco Free Kids
 Care Alliance Health Center
 Case Western Reserve University
 Center for Black Health and Equity
 Center for Health Affairs
 Center for Community Solutions
 Cleveland Clinic
 Cleveland Office of Minority Health
 Cuyahoga Metropolitan Housing Authority
 First Year Cleveland
 Healthy Cleveland BreatheFree Committee
 Hospice of the Western Reserve
 LGBT Community Center Greater Cleveland
 MetroHealth
 Midtown Cleveland Inc.
 Mt. Sinai Health Foundation

National Association for the Advancement of Colored People (NAACP) – Cleveland Branch
 National Coalition of 100 Black Women, Inc. Greater Cleveland Chapter
 Northeast Ohio Black Health Coalition
 Northeast Ohio Neighborhood Health Services, Inc.
 Ohio Public Health Association
 Old Brooklyn Community Development Corporation
 Parents Against Vaping E-Cigarettes
 PFLAG Cleveland
 Preventing Tobacco Addiction Foundation
 See You at the Top (SYATT)
 Signature Health
 Slavic Village Community Development Corporation
 The African American Tobacco Control Leadership Council
 The Gathering Place
 University Hospitals Rainbow Babies & Children's Hospital
 University Hospitals Seidman Cancer Center
 Urban League of Greater Cleveland
 Young Latino Network
 YWCA Greater Cleveland

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**By Council Members Conwell and Griffin
(by departmental request)**

AN EMERGENCY ORDINANCE

To supplement the Codified Ordinances of Cleveland, Ohio, 1976, by enacting new Sections 235A.01 through 235A.11, relating to tobacco retail licensing and to amend Section 607.15 relating to the illegal distribution of cigarettes, other tobacco products or alternative nicotine products.

WHEREAS, it is estimated that 95% of all adult smokers began smoking before age twenty-one (21); and

WHEREAS, an earlier age of initiation is associated with greater levels of nicotine dependence and greater intensity and persistence of smoking beyond adolescence and through adulthood; and

WHEREAS, the parts of the brain most responsible for decision making, impulse control, sensation seeking, and susceptibility to peer pressure continue to develop and change through young adulthood, and adolescent brains are uniquely vulnerable to the effects of nicotine and nicotine addiction; and

WHEREAS, data from the 2021 National Youth Tobacco Survey on the use of e-cigarettes show that over 11% of, or more than two (2) million, U.S. middle and high school students reported current e-cigarette use, where almost 40% used e-cigarettes on a frequent basis and almost 85% of e-cigarette users reported using flavored products; and

WHEREAS, in 2019, 7.8% of Cleveland high school students reported smoking e-cigarettes; and

WHEREAS, menthol cigarettes have been historically heavily marketed toward Black Americans, and the Food and Drug Administration (FDA) notes that a ban on menthol cigarettes would save the lives of 92,000 to 238,000 African Americans; and

WHEREAS, as acknowledged by the Tobacco Free Ohio Alliance, the City also acknowledges racism as a force in determining how these social determinants are distributed, which have an undeniable effect on tobacco use and other factors that influence health at the individual and population level; and

WHEREAS, African American communities suffer health disparities disproportionately from the cigarette industry's aggressive multi-decade targeting

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saturation of urban communities with the health, social, cultural, and environmental ill-effects of menthol and other flavored products; and

WHEREAS, heart disease and cancer, both tobacco-related diseases, are the top two leading causes of death among African Americans. African Americans, and particularly males, have experienced lung cancer at higher rates than Whites for many years; and

WHEREAS, over 70% of African American smokers prefer menthol cigarettes, compared with 30% of White smokers attributed to the tobacco industry's targeted advertising of the Black urban community; and

WHEREAS, a local licensing system for tobacco retailers to help combat the sale of tobacco products to those underage is necessary to protect the public health, safety, and welfare of our residents. A licensing system allows for local enforcement of tobacco-related laws. Licensing laws, when actively enforced, have been effective in reducing the number of illegal tobacco sales to underage persons; and

WHEREAS, this ordinance constitutes an emergency measure providing for the usual daily operation of a municipal department; now, therefore,

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF CLEVELAND:

Section 1. That the Codified Ordinances of Cleveland, Ohio, 1976, are supplemented by enacting new Sections 235A.01 through 235A.11 to read as follows:

CHAPTER 235A TOBACCO PRODUCT SALES LICENSING

Section 235A.01 Definitions

For the purpose of this chapter, the following definitions shall apply:

(a) “*Authorized Agent*” means an entity with which the Director has contracted for the community outreach and education provisions contained in this chapter.

(b) “*City*” means the City of Cleveland, Ohio.

(c) “*Department*” means the Department of Public Health of the City or its Authorized Agent.

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(d) “*Director*” means the Director of the Department of Public Health or his or her designee.

(e) “*Distribute*” means giving, providing, or delivering Tobacco Products as defined in this section.

(f) “*Electronic Smoking Device*” means any device that may be used to deliver any aerosolized or vaporized nicotine or any other substance to the person inhaling from the device, including, but not limited to, an e-cigarette, e-cigar, e-pipe, vape pen or e-hookah. Electronic Smoking Device includes any component, part, or accessory of such a device, whether or not sold separately, and also includes any substance intended to be aerosolized or vaporized by such device, whether or not the substance contains nicotine. Electronic Smoking Device does not include drugs, devices, or combination products authorized for sale by the U.S. Food and Drug Administration, as those terms are defined in the Federal Food, Drug and Cosmetic Act.

(g) “*Flavored Shisha Tobacco Product*” means a Flavored Tobacco Product smoked or intended to be smoked in a Hookah. “*Flavored Shisha Tobacco Product*” includes, and may be referred to as, Hookah tobacco, waterpipe tobacco, maassel, narghile, and argileh.

(h) “*Flavored Tobacco Product*” means any Tobacco Product that imparts a taste or smell, other than the taste or smell of tobacco, that is distinguishable by an ordinary consumer either prior to, or during the consumption of, a Tobacco Product, including, but not limited to, any taste or smell relating to fruit, menthol, mint, wintergreen, chocolate, cocoa, vanilla, honey, or any candy, dessert, alcoholic beverage, herb, or spice.

(i) “*Hookah*” means a type of water pipe that is used to smoke Flavored Shisha Tobacco Products, which has a long, flexible tube to draw aerosol through water. This device has components that may include heads, stems, bowls, and hoses.

(j) “*Hookah Bar*” means a restaurant, tavern, brew pub, club, nightclub, bar, or any food service operation or retail food establishment that generates revenue from the sale for on-site consumption of Shisha Flavored Tobacco Products or Tobacco Products used with a Hookah; provided, that the restaurant, tavern, brew pub, club, nightclub, bar, or food service operation or retail food establishment has a valid smoking exemption from the Ohio Department of Health pursuant to section 3794.03 of the Revised Code and rule 3701-52-05 of the Ohio Administrative Code.

(k) “*Purchaser*” means any person who obtains or attempts to obtain a Tobacco Product.

(l) “*Sale*” or “*sell*” means transferring, or offering or attempting to transfer, Tobacco Product, as defined in the section, for money, trade, barter, exchange, or other consideration.

(m) “*Self-Service Display*” means the open display or storage of Tobacco Products in a manner that is physically accessible in any way to the general public without the assistance of the Tobacco Retailer, as defined in this section, or its agent,

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employee, or representative and a direct person-to-person transfer between the purchaser and the Tobacco Retailer or its agent, employee, or representative.

(n) “*Tobacco Product(s)*” means: (1) any product containing, made of, or derived from tobacco or containing any form of nicotine that is intended for human consumption or is likely to be consumed, whether smoked, heated, chewed, dissolved, inhaled, absorbed, or ingested by any other means, including, but not limited to, a cigarette, a cigar, pipe tobacco, chewing tobacco, snuff, or snus; (2) any Electronic Smoking Device as defined in this section and any substances that may be aerosolized or vaporized by such device, whether the substance contains nicotine; or (3) any component, part, or accessory of (1) or (2), whether any of these contains tobacco or nicotine, including, but not limited to, filters, rolling papers, blunt or hemp wraps, or pipes. Tobacco Product does not include drugs, devices, or combination products authorized for sale by the U.S. Food and Drug Administration, as those terms are defined in the Federal Food, Drug and Cosmetic Act

(o) “*Tobacco Retailer*” means any individual, firm, partnership, joint venture, association, joint stock company, corporation, unincorporated business entity, or any other group acting as a unit that owns a business where Tobacco Products are available for sale to the general public. Tobacco Retailer does not mean the employees or agents of an owner of a business where Tobacco Products are available for sale to the general public.

Section 235A.02 Tobacco Retail Sales License Required

(a) Each Tobacco Retailer engaging in the sale of Tobacco Products shall secure a tobacco retail sales license from the Commissioner of Assessments and Licenses for each location where it sells Tobacco Products in the City before engaging or continuing to engage in such business. An application for a tobacco retail sales license shall be made to the Commissioner of Assessments and Licenses and shall contain the full name of the applicant, the applicant’s business and personal address and telephone number, the name of the business for which the tobacco retail sales license is sought, a copy of the applicant’s valid vendor’s license from the Ohio Department of Taxation, if applicable, the signed form described in division (f) below, and any additional information the Commissioner of Environmental Health or the Director deems necessary, such as a certificate of occupancy issued by the City.

The Commissioner of Assessments and Licenses shall transmit the application to the Director for review, investigation, and a determination of compliance after which the Director shall return the application to the Commissioner with a recommendation for approval or disapproval. If such application is approved, the Commissioner shall issue a tobacco retail sales license. If the application is denied, a notice of denial shall be given to the applicant with the reasons for denial and the right to appeal under Section 201.03 of these Codified Ordinances.

(b) An application for a tobacco retail sales license may also be denied for the reasons set forth in division (c) of Section 235A.07.

(c) No Tobacco Retailer shall sell or distribute Tobacco Products without a valid tobacco retail sales license.

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(d) A tobacco retail sales license may be renewed annually upon application made prior to the expiration of the previous license and shall remain valid for a period beginning with the date of issuance of the tobacco retail sales license and ending on the thirty-first day of December following the date of the issuance of the tobacco retail sales license unless sooner revoked under this chapter, unless the Tobacco Retailer has outstanding fines imposed under this chapter, or unless the Tobacco Retailer to whom it was issued discontinues business, in either of which case the holder of the tobacco retail sales license shall immediately return it to the Commissioner of Assessments and Licenses. A tobacco retail sales license shall not be transferred from one Tobacco Retailer to another or from one location to another.

(e) The Tobacco Retailer shall conspicuously display the tobacco retail sales license at all times and shall provide it to any person upon request. In the event of mutilation or destruction of the tobacco retail sales license, a duplicate copy, marked as such, shall be issued by the Commissioner of Assessments and Licenses upon application accompanied by a fee set by the City's Board of Control and updated from time-to-time as necessary.

(f) No tobacco retail sales license shall be issued or renewed to a Tobacco Retailer unless the Tobacco Retailer provides a signed form stating that the Tobacco Retailer has read this chapter and has provided training to all employees regarding the sale of Tobacco Products and restrictions thereto. Such training shall inform employees that the sale of Tobacco Products to persons under twenty-one (21) years of age is illegal, identify the types of identification legally acceptable for proof of age, and explain that sales of Tobacco Products to persons under twenty-one (21) years of age may subject the Tobacco Retailer to penalties as provided in this chapter.

(g) No tobacco retail sales license shall be issued to a person under twenty-one (21) years of age.

Section 235A.03 Tobacco Retail Sales License Fee

(a) The fee for a tobacco retail sales license shall be used to cover the administrative cost for licensing, community outreach, education and training, retail inspections, and compliance checks. The tobacco retail sales license fee should not exceed the cost of the license administration, community outreach, education and training, and enforcement program authorized by this chapter.

(b) The fee for a tobacco retail sales license shall be set by the City's Board of Control and updated from time-to-time as necessary. The fee is due at the time of application and is not refundable.

Section 235A.04 Restrictions on the Sale of Tobacco Products

(a) *Age Restriction.* No Tobacco Retailer or its agent, employee, or representative shall sell or distribute any Tobacco Product to any person under twenty-one (21) years of age, except if a person is participating in a research protocol described in division (e) of Section 607.15 of these Codified Ordinances and meets the requirements therein.

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(b) *Age Verification.* Tobacco Retailers or their agents, employees, or representatives shall verify by means of government-issued photographic identification that the purchaser is at least twenty-one (21) years of age. Verification is not required for a person over thirty (30) years of age; provided however, that the purchaser appeared to be thirty (30) years of age or older shall not constitute a defense to a violation of this section.

(c) *Signage.* Signs reading, "THE SALE OF TOBACCO PRODUCTS TO PERSONS UNDER 21 IS PROHIBITED BY LAW" shall be legibly printed in letters at least one-inch-high and shall be posted clearly and conspicuously in every location where Tobacco Products are sold. Selling Tobacco Products in any place that does not have a sign consistent with this division is prohibited by law and punishable under this chapter.

(d) *Flavored Tobacco Product Sales Prohibition.* It shall be unlawful for a Tobacco Retailer or its agent, employee, or representative to sell or distribute any Flavored Tobacco Product. There shall be a rebuttable presumption that a Tobacco Product is a Flavored Tobacco Product if a Tobacco Retailer, manufacturer, or any employee or agent of a Tobacco Retailer or manufacturer (1) makes a public statement or claim that a Tobacco Product imparts a taste or smell other than the taste or smell of tobacco; or (2) uses text, images, or coloring on the Tobacco Product's labeling or packaging to explicitly or implicitly indicate that the Tobacco Product imparts a taste or smell other than the taste or smell of tobacco; or (3) takes action directed to consumers that would reasonably be expected to cause consumers to believe that the Tobacco Product imparts a taste or smell other than the taste or smell of tobacco.

(e) *Exception for Flavored Shisha Tobacco Products.* The prohibition under division (d) does not apply to Flavored Shisha Tobacco Products when consumed on-site in a Hookah Bar.

Section 235A.05 Self-Service Display Restrictions

(a) No Tobacco Retailer or its agent, employee, or representative shall sell or distribute Tobacco Products by or from a Self-Service Display except in places where persons under the age of twenty-one (21) are not permitted access.

(b) The Commissioner of Assessments and Licenses, upon the recommendation and order of the Commissioner of Environmental Health, shall suspend the applicable license of a Tobacco Retailer in violation of division (a) until the Tobacco Products have been placed behind a counter or locked doors.

Section 235A.06 Enforcement

(a) This chapter shall be enforced by the Commissioner of Environmental Health and any other officer or employee designated for that purpose by the enforcement of this Health Code.

(b) All Tobacco Retailers must be open to inspection by the Department or its Authorized Agent during regular business hours.

(c) All Tobacco Retailers may be subject to at least two (2) compliance checks

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annually. The Commissioner of Environmental Health, or his or her designee, shall conduct compliance checks by engaging persons between the ages of eighteen (18) and twenty (20) to enter the premises of Tobacco Retailers to attempt to purchase Tobacco Products. Follow-up compliance check(s) of all non-compliant Tobacco Retailers are required within three (3) months of any violation of this chapter.

(d) The results of all compliance checks and inspections are to be published on the Department's web page at least annually.

(e) Any person who desires to register a complaint of an alleged violation of this chapter or Section 607.15 of these Codified Ordinances may do so by contacting the Commissioner of Environmental Health, and the Commissioner shall investigate the alleged violation.

Section 235A.07 Violations and Penalties

(a) The Commissioner of Environmental Health, and any authorized City officer or employee, who upon information or observation ascertains a violation of this chapter or Section 607.15 of these Codified Ordinances, may impose the following civil fines on the Tobacco Retailer:

(1) For a first violation, a fine of \$500.

(2) For a second violation within a thirty-six (36) month period, a fine of \$750 and a seven (7) day suspension of the applicable tobacco retail sales license.

(3) For a third violation within a thirty-six (36) month period, a fine of \$1,000 and a thirty (30) day suspension of the applicable tobacco retail sales license.

(4) For a fourth violation and each violation thereafter within a thirty-six (36) month period, a fine of \$1,000 and the applicable tobacco retail sales license of the Tobacco Retailer shall be revoked.

(b) Each violation, and every day in which a violation occurs or continues, shall constitute a separate offense. The determination that a violation has occurred shall be in writing and mailed to the Tobacco Retailer by the Commissioner of Environmental Health, no later than thirty (30) days from the date of the violation. The written notice shall specify the chapter and section that the Tobacco Retailer violated. A civil penalty imposed under division (a) above may be appealed to the Director in writing within twenty (20) days from the date of the civil penalty. The Director shall have jurisdiction to affirm or reverse. A person aggrieved by a final decision of the Director may further appeal to the Board of Zoning Appeals within thirty (30) days after the Director's written decision.

(c) A tobacco retail sales license issued under this chapter may also be denied, suspended, or revoked by the Commissioner of Assessments and Licenses, upon the recommendation and order of the Commissioner of Environmental Health and through written notice, should the Tobacco Retailer or Tobacco Retailer's agent, employee, or representative directly or indirectly:

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- (1) Sell Tobacco Products without a valid tobacco retail sales license;
- (2) Fail to pay fines issued in accordance with this chapter;
- (3) Have a tobacco retail sales license revoked within the preceding twelve (12) months of the date of application for a tobacco retail sales license;
- (4) Fail to provide required information or provide false or misleading information on the application for a tobacco retail sales license; or
- (5) Violate any federal, state, or local tobacco laws.

(d) All Tobacco Products shall be removed from the premises upon suspension or revocation of a tobacco retail sales license. Failure to remove all Tobacco Products shall constitute a separate violation punishable by a fine of \$500.00 for each and every day of noncompliance.

(e) A Tobacco Retailer that engages in the sale of Tobacco Products without a valid tobacco retail sales license issued pursuant to this chapter shall be guilty of distribution of Tobacco Products without a tobacco retail sales license, a misdemeanor of the first degree and shall be fined not less than one hundred dollars (\$100.00) and not more than one thousand dollars (\$1,000.00). If the offender previously has been convicted of a violation of this section, then the Tobacco Retailer shall be denied a tobacco retail sales license for a period of five (5) years.

(f) A violation of Section 235A.04 is hereby declared to be a nuisance which affects and endangers the public health. The Commissioner of Environmental Health and any authorized City officer or employee who, upon information or by observation ascertains a violation of Section 235A.04, may impose the penalties set forth in this chapter and in Section 201.99 of these Codified Ordinances. Enforcement of this section is in addition to any other method of enforcement provided in these Codified Ordinances and state law.

Section 235A.08 Public Education

The Director, or his or her Authorized Agent, shall engage in a continuing public health education program to explain and clarify the purposes and requirements of this chapter to Tobacco Retailers and the public. The program may include publication of a brochure in writing and online for Tobacco Retailers to explain the requirements of this chapter.

Section 235A.09 Rulemaking Authority

The Director is hereby authorized to promulgate rules and regulations to carry out the purpose and intent of this chapter in order to protect the public health, safety and welfare which shall be effective thirty (30) days after their publication in the *City Record*.

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Section 235A.10 Tobacco Enforcement and Education Fund

All fees and fines collected from licensing and infractions of this chapter are to be deposited into the "Tobacco Enforcement and Education Fund" administered by the Department to cover the administrative costs for licensing, community outreach, education and training, retail inspections, and compliance checks.

Section 235A.11 Severability

The provisions of this chapter are severable, and if any provision, clause, sentence, or paragraph of this chapter or the application thereof to any person or circumstances are held by a court of competent jurisdiction to be unconstitutional or otherwise invalid, such a ruling shall not affect the other parts of this chapter that can be given effect.

Section 2. That Section 607.15 of the Codified Ordinances of Cleveland, Ohio, 1976, as amended by Ordinance No. 737-15, passed December 7, 2015, is amended to read as follows:

Section 607.15 Illegal Distribution of Cigarettes; and Other Tobacco Products or Alternative Nicotine Products

(a) As used in this section:

(1) "Distribute" has the same meaning as in division (e) of Section 235A.01 of these Codified Ordinances.

(2) "Electronic smoking device" has the same meaning as in division (f) of Section 235A.01 of these Codified Ordinances.

(3) "Sale" or "Sell" has the same meaning as in division (l) of Section 235A.01 of these Codified Ordinances.

(4) "Tobacco" or "tobacco product" has the same meaning as in division (n) of Section 235A.01 of these Codified Ordinances.

(5) "Vending machine" has the same meaning as "coin machine" in RC 2913.01.

(1) ~~A. "Alternative nicotine product" means, subject to division (a)(1)B. of this section, an electronic cigarette or any other product or device that consists of or contains nicotine that can be ingested into the body by any means, including, but not limited to, chewing, smoking, absorbing, dissolving, or inhaling.~~

~~B. "Alternative nicotine product" does not include any of the following:~~

~~(i) Any cigarette or other tobacco product;~~

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(ii) — Any product that is a "drug" as that term is defined in 21 U.S.C. 321(g)(1);

(iii) — Any product that is a "device" as that term is defined in 21 U.S.C. 321(h).

(iv) — Any product that is a "combination product" as described in 21 U.S.C. 353(g).

(2) — "Child" has the same meaning as in RC 2151.011.

(3) — "Cigarette" includes clove cigarettes and hand-rolled cigarettes.

(4) — "Distribute" means to furnish, give, or provide cigarettes, other tobacco products, alternative nicotine products, or papers used to roll cigarettes to the ultimate consumer of the cigarettes, other tobacco products, alternative nicotine products, or papers used to roll cigarettes.

(5) — A. — "Electronic cigarette" means, subject to division (a)(5)B. of this section, any electronic product or device that produces a vapor that delivers nicotine or any other substance to the person inhaling from the device to simulate smoking and that is likely to be offered to or purchased by consumers as an electronic cigarette, electronic cigar, electronic cigarillo, or electronic pipe.

B. — "Electronic cigarette" does not include any item, product, or device described in division (a)(1)B. of this section.

(6) — "Tobacco product" means any product that is made from tobacco, including, but not limited to, a cigarette, a cigar, pipe tobacco, chewing tobacco, or snuff.

(7) — "Vending machine" has the same meaning as "coin machine" in RC 2913.01.

(8) — "Young adult" means a person who is eighteen (18) years of age or older, but under twenty one (21) years of age.

(b) No manufacturer, producer, distributor, wholesaler or retailer of cigarettes, or other tobacco products, or papers used to roll cigarettes, and no agent, employee or representative of a manufacturer, producer, distributor, wholesaler or retailer of cigarettes, or other tobacco products, alternative nicotine products, or papers used to roll cigarettes, and no other person shall do any of the following:

(1) Give, sell or otherwise Sell or distribute cigarettes, or other tobacco products, alternative nicotine products, or papers used to roll cigarettes to any child person under the age of twenty-one (21);

(2) Give, sell or otherwise distribute cigarettes, other Sell or distribute cigarettes or other tobacco products, alternative nicotine products, or papers used to roll cigarettes to any individual who does not demonstrate, through a driver's license or other photographic identification card issued by a government entity or educational institution that the individual is at least eighteen (18) twenty-one (21) years of age, unless the individual reasonably appears to be is at

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least thirty (30) years of age, provided however, that ~~such appearance~~ the individual appeared to be at least thirty (30) years of age shall not constitute a defense in any proceeding alleging the sale of cigarettes, ~~or~~ tobacco products ~~or~~ electronic cigarettes to an individual under ~~eighteen (18)~~ twenty-one (21) years of age;

~~(3)~~ (3) — Sell cigarettes, other tobacco products, alternative nicotine products, or papers used to roll cigarettes to any young adult;

~~(4)~~ (4) — Sell cigarettes, other tobacco products, alternative nicotine products, or papers used to roll cigarettes to any individual who does not demonstrate, through a driver's license or other photographic identification card issued by a government entity or educational institution that the individual is at least twenty-one (21) years of age, unless the individual reasonably appears to be at least thirty (30) years of age, provided however, that such appearance shall not constitute a defense in any proceeding alleging the sale of cigarettes, tobacco products or electronic cigarettes to an individual under twenty-one (21) years of age;

~~(5)~~ (3) ~~Give away, sell~~ Sell or distribute cigarettes, ~~or~~ other tobacco products, alternative nicotine products, or papers used to roll cigarettes in any business that does not have posted in a conspicuous place a sign, in accordance with division (c) of Section 235A.04 of these Codified Ordinances, rules of the Department of Public Health stating that giving, selling or otherwise distributing cigarettes ~~or~~ other tobacco products, alternative nicotine products or papers used to roll cigarettes to a person under twenty-one (21) years of age is prohibited by law;

~~(6)~~ (4) Knowingly furnish any false information regarding the name, age, or other identification of any person under twenty-one years of age ~~child or young adult~~ with purpose to obtain cigarettes ~~or~~ other tobacco products, alternative nicotine products, or papers used to roll cigarettes ~~for that child or young adult for that person under the age of twenty-one (21)~~;

~~(7)~~ (5) Manufacture, sell, or distribute in this City any pack or other container of cigarettes ~~or~~ alternative nicotine products containing fewer than twenty (20) cigarettes or any package of roll-your-own tobacco containing less than six-tenths (0.6) of one (1) ounce of tobacco;

~~(8)~~ (6) ~~Sell cigarettes or alternative nicotine~~ Sell or distribute cigarettes or other tobacco products in a smaller quantity than that placed in the pack or other container by the manufacturer; or

~~(9)~~ (7) Sell or distribute other tobacco products in a smaller quantity than was intended for retail when the product was packaged by the manufacturer.

~~(c)~~ (c) — No manufacturer, producer, distributor, wholesaler or retailer of cigarettes, other tobacco products, or papers used to roll cigarettes, and no agent, employee or representative of a manufacturer, producer, distributor, wholesaler or retailer of cigarettes, other tobacco products, alternative nicotine products, or papers used to roll cigarettes, shall give or otherwise distribute cigarettes, other tobacco products, alternative nicotine products, or papers used to roll cigarettes to any young adult.

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~~(d)~~ (c) No person shall sell or offer to sell cigarettes or other tobacco products, ~~or alternative nicotine products~~ by or from a vending machine except in the following locations:

(1) An area either:

A. Within a factory, business, office, or other place not open to the general public; or

B. To which persons under the age of twenty-one (21) years are not generally generally permitted access;

(2) In any other place not identified in division (c)(1) of this section, upon all of the following conditions:

A. The vending machine is located within the immediate vicinity, plain view, and control of the person who owns or operates the place, or an employee of such person, so that all cigarettes or other ~~other~~ tobacco ~~product, and alternative nicotine product purchases~~ products sold from the vending machine will be readily observed by the person who owns or operates the place or an employee of such person. For the purpose of this section, a vending machine located in any unmonitored area, including an unmonitored coatroom, restroom, hallway, or outer waiting area, shall not be considered located within the immediate vicinity, plain view, and control of the person who owns or operates the place, or an employee of such person.

B. The vending machine is inaccessible to the public when the place is closed.

C. A clearly visible notice is posted in the area where the vending machine is located that states the following in letters that are legibly printed and at least one-half inch high: "It is illegal for any person under the age of 21 to purchase tobacco products or alternative nicotine products".

~~(e)~~ (d) The following are affirmative defenses to a charge under division (b)(1) of this section:

(1) The parent, guardian, or legal custodian of ~~the child~~ a person under the age of eighteen (18) has consented in writing to ~~the child~~ a person under the age of eighteen (18) participating in the research protocol, or ~~the young adult~~ a person over the age of eighteen (18), but under the age of twenty-one (21), has consented in writing, on his or her own behalf, to participate in the research protocol.

(2) The person who gave, sold, or distributed cigarettes, other tobacco products, alternative nicotine products, or papers used to roll cigarettes to a child or young adult under division (b)(1) of this section is a parent, spouse who is twenty-one (21) years of age or older, or legal guardian of the child or young adult.

Ordinance No. 184-2023

~~(f)~~ (e) It is not a violation of division (b)(1) or (2) of this section for a person to ~~give or otherwise sell~~ or distribute to ~~a child or young adult~~ cigarettes, other tobacco products, alternative nicotine products, or papers used to roll cigarettes while the child or young adult a person under the age of twenty-one (21) cigarettes or tobacco products while the person under the age of twenty-one (21) is participating in a research protocol if all of the following apply:

(1) The parent, guardian, or legal custodian of ~~the child~~ a person under the age of eighteen (18) has consented in writing to ~~the child~~ a person under the age of eighteen (18) participating in the research protocol, or ~~the young adult~~ a person the age of eighteen (18) or older, but under the age of twenty-one (21) has consented in writing, on his or her own behalf, to participate in the research protocol.

(2) An institutional human subjects protection review board, or equivalent entity, has approved the research protocol.

(3) ~~The child or young adult~~ The person under the age of twenty-one (21) is participating in the research protocol at the facility or location specified in the research protocol.

~~(g)~~ (f) (1) Whoever violates division (b)(1), (3), (5), ~~(6) or (7), (8), or (9)~~ or ~~divisions~~ division (c) ~~or (d)~~ is guilty of illegal distribution of cigarettes, ~~other or~~ tobacco products, ~~or alternative nicotine products~~. Except as otherwise provided in this division, illegal distribution of cigarettes, ~~other or~~ other tobacco products, ~~or alternative nicotine products~~ is a misdemeanor of the fourth degree. If the offender has previously been convicted of a violation of division (b)(1), (3), (5), ~~(6) or (7), (8), or (9)~~ or ~~divisions~~ division (c) ~~or (d)~~ of this section or divisions (B)(1), (2), (4), or (5) or (C) of RC 2927.02, then illegal distribution of cigarettes, ~~other or~~ other tobacco products, ~~or alternative nicotine products~~ is a misdemeanor of the third degree.

(2) Whoever violates division ~~(b)(6)~~ (b)(4) of this section is guilty of permitting a person under twenty-one years of age to use cigarettes, ~~other tobacco products, or alternative nicotine products~~ or tobacco products. Except as otherwise provided in this division, permitting a person under twenty-one years of age to use cigarettes, ~~other or~~ tobacco products, ~~or alternative nicotine products~~ is a misdemeanor of the fourth degree. If the offender previously has been convicted of a violation of division ~~(4)~~ (b)(4) of this section or division (B)(3) of RC 2927.02, permitting a person under twenty-one years of age to use cigarettes, ~~other or~~ other tobacco products, ~~or alternative nicotine products~~ is a misdemeanor of the third degree.

~~(h)~~ (g) Any cigarettes, ~~other tobacco products, alternative nicotine products,~~ or papers used to roll cigarettes that are sold or distributed to a person under twenty-one years of age in violation of this section and that are used, possessed, purchased, or received by a person under twenty-one years of age in violation of RC 2151.87 are subject to seizure and forfeiture as contraband under RC Chapter 2981.

Ordinance No. 184-2023

Section 3. That existing Section 607.15 of the Codified Ordinances of Cleveland, Ohio, 1976, as amended by Ordinance No. 737-15, passed December 7, 2015, is repealed.

Section 4. That the amendment and repeal of existing Section 607.15 of the Codified Ordinances of Cleveland, Ohio, 1976, as amended by Ordinance No. 737-15, passed December 7, 2015, and the enactment of new Sections 235A.01 through 235A.11, shall be effective one hundred and eighty (180) days after the effective date of this ordinance.

Section 5. That this ordinance is declared to be an emergency measure and, provided it receives the affirmative vote of two-thirds of all the members elected to Council, it shall take effect and be in force immediately upon its passage and approval by the Mayor; otherwise it shall take effect and be in force from and after the earliest period allowed by law.

KR:nl
2-6-2023
FOR: Director Margolius

Ord. No. 184-2023

**REPORT
after second Reading**

By Council Members Conwell and Griffin (by departmental request)

AN EMERGENCY ORDINANCE

To supplement the Codified Ordinances of Cleveland, Ohio, 1976, by enacting new Sections 235A.01 through 235A.11, relating to tobacco retail licensing and to amend Section 607.15 relating to the illegal distribution of cigarettes, other tobacco products or alternative nicotine products.

READ FIRST TIME on FEBRUARY 6, 2023

**and referred to DIRECTORS of Public Health, Finance, Law;
COMMITTEES on Health Human Services and the Arts,
Finance Diversity Equity and Inclusion**

REPORTS

CITY CLERK

READ SECOND TIME

CITY CLERK

READ THIRD TIME

PRESIDENT

CITY CLERK

APPROVED

MAYOR

Recorded Vol. **110** Page _____

Published in the City Record _____

**PASSAGE RECOMMENDED BY
COMMITTEE ON
HEALTH, HUMAN SERVICES
and the ARTS**

FILED WITH COMMITTEE

**PASSAGE RECOMMENDED BY
COMMITTEE ON
FINANCE, DIVERSITY, EQUITY
and INCLUSION**

FILED WITH COMMITTEE

The truth about how

MENTHOL HARMS THE BLACK COMMUNITY



American Heart Association.



Menthol: The Basics

- ✓ **Menthol** masks the harshness of inhaling tobacco smoke, which makes it easier to start smoking and develop an addiction to nicotine.
- ✓ In the 1950s, only 5% of Black smokers used **menthols**. After 4 generations of industry targeting, almost 90% of Black smokers use **menthols**.
- ✓ Hundreds of cities have taken most flavored tobacco off the shelves, but few restrict **menthol**, which harms the Black community most.

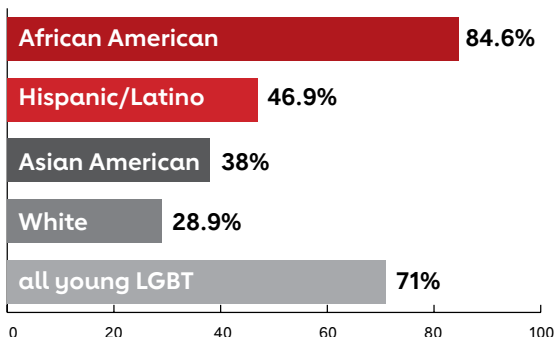
Disparities

TOBACCO use is an independent risk factor for heart disease, linked to **1/3 of all heart disease deaths**.

BLACK COMMUNITIES suffer the greatest burden of tobacco-related death of any racial or ethnic group in the United States.

BLACK ADULTS are **32%** more likely to die from heart disease, and **45%** more likely from stroke.

Use of Menthol Tobacco Products



Big Tobacco's shameful record includes targeting youth and adults in black communities with **menthol products resulting in the disproportionately higher use rates by minority smokers:**



Menthol brands spend millions of dollars to keep their highly addictive cigarettes cheap and visible in **Black communities**.

Menthol & Youth

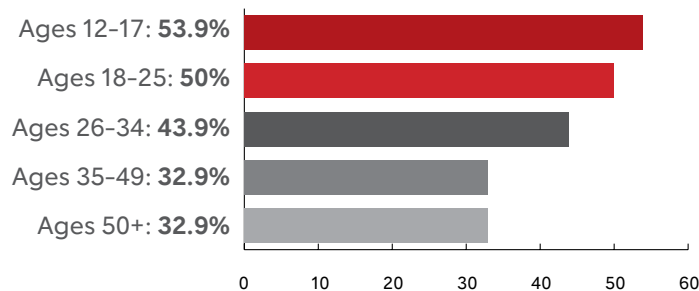
The more **Black children** who live near a store, the more likely it is that **menthol** tobacco products will be advertised near candy displays.

Nearly **65%** of young **menthol** smokers say they would quit if **menthol** cigarettes were banned.

Nearly **60%** of high school students who use e-cigarettes use **mint** or **menthol** flavored products.

With **menthol** e-cigarettes remaining on the market, more kids will gravitate towards them, even as other flavored products come off.

Menthol cigarette use among current smokers in the US by age, 2012-2014:



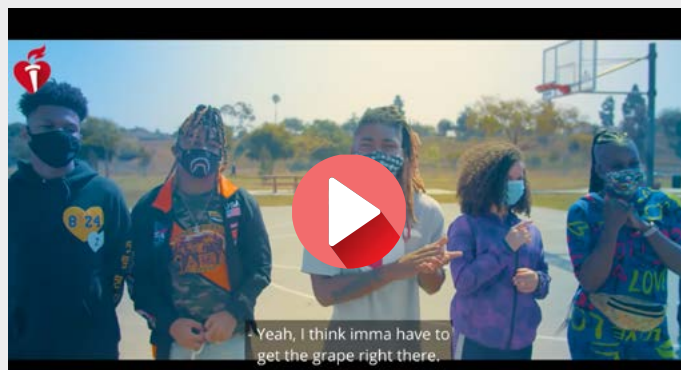
Eliminating Menthol and Flavored Tobacco Products

This policy is only **one** part of a much larger movement to advance justice in health. Other flavored cigarettes were banned in 2011, but the **flavor** that causes the most harm in the Black community was left out. It's time to **act now**.



How Long Will you Target Me?

<https://www.youtube.com/watch?v=gwwH-3Bjaqc>



You Don't Want to Smoke

<https://www.youtube.com/watch?v=4VXVjnJrsS8>

Help us eliminate menthol from all tobacco products.

Text **FLAVORS** to 46839



CONSENT AGENDA

Resolution Nos. 23-05-02 through No. 23-05-04

- **RESOLUTION NO. 23-05-02**
ACCEPTING THE REPORT OF THE C.E.O. ON EXPENDITURES AND VOUCHERS FOR PAYMENT DURING APRIL 2023

- **RESOLUTION NO. 23-05-03**
APPROVAL AND RATIFICATION OF CONTRACTS
(As listed on the General Meeting Agenda)

- **RESOLUTION NO. 23-05-04**
APPROVAL OF CONTRACT AMENDMENTS
(As listed on the General Meeting Agenda)

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

RESOLUTION NO. 23-05-02

**ACCEPTING THE REPORT OF THE CHIEF EXECUTIVE OFFICER
ON EXPENDITURES AND VOUCHERS PROCESSED FOR
PAYMENT DURING APRIL 2023**

WHEREAS, the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County (ADAMHS Board) in Resolution No. 22-11-07 appropriated funds for ADAMHS Board operations on a calendar year cycle; and,

WHEREAS, the ADAMHS Board has authorized the Chief Executive Officer to disburse funds for the purpose specified in the appropriation; and,

WHEREAS, the Chief Executive Officer certified that the vouchers on the attached list which were submitted to the County Fiscal Office for payment during April 2023 are in conformance with the Board appropriations for CY2023.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. The report of the Chief Executive Officer be accepted and recorded in the minutes.
2. The Chief Executive Officer acted within the authority of the Board Appropriation Resolution in processing the subject vouchers.

On the motion of _____, seconded by _____, the foregoing resolution was adopted.

AYES:

NAYS:

ABSTAIN:

DATE ADOPTED:

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Administrative Budget YTD
April 2023 YTD

	2023 Budget	April Actual YTD	Remaining Balance	% of Budget
ADMINISTRATIVE EXPENSES				
SALARIES				
SALARIES - REGULAR	\$ 1,963,512.00	\$ 610,669.17	\$ 1,352,842.83	31%
SALARIES - PART-TIME	\$ 20,000.00	\$ -	\$ 20,000.00	0%
SALARIES - UNION	\$ 2,238,334.00	\$ 737,977.84	\$ 1,500,356.16	33%
Total SALARIES	\$ 4,221,846.00	\$ 1,348,647.01	\$ 2,873,198.99	32%
FRINGE BENEFITS				
MEDICARE	\$ 61,217.00	\$ 19,021.54	\$ 42,195.46	31%
RETIRE-OPERS - REGULAR	\$ 612,168.00	\$ 176,718.07	\$ 435,449.93	29%
UNEMPLOYMENT	\$ -	\$ 696.43	\$ (696.43)	
HOSPITALIZATION	\$ 832,000.00	\$ 270,881.26	\$ 561,118.74	33%
FLEX BENEFITS	\$ -	\$ 3,493.44	\$ (3,493.44)	
LIFE INSURANCE	\$ -	\$ 90.93	\$ (90.93)	
HEALTH BENEFIT ALLOWANCE	\$ -	\$ 387.00	\$ (387.00)	
SPECIAL FRINGE	\$ -	\$ 2,000.00	\$ (2,000.00)	
Total FRINGE BENEFITS	\$ 1,505,385.00	\$ 473,288.67	\$ 1,032,096.33	31%
COMMODITIES				
OFFICE SUPPLIES	\$ 17,500.00	\$ 606.78	\$ 16,893.22	3%
COPIER SUPPLIES	\$ 20,000.00	\$ 1,083.85	\$ 18,916.15	5%
FOOD SUPPLIES	\$ 12,500.00	\$ 679.76	\$ 11,820.24	5%
HOUSEKEEPING SUPPLIES	\$ 5,000.00	\$ -	\$ 5,000.00	0%
COMPUTER SUPPLIES	\$ 20,000.00	\$ -	\$ 20,000.00	0%
ELECTRICITY	\$ 72,500.00	\$ 23,140.47	\$ 49,359.53	32%
Total COMMODITIES	\$ 147,500.00	\$ 25,510.86	\$ 121,989.14	17%
CONTRACTS & PROFESSIONAL				
LS/RENT - BUILDING	\$ 450,000.00	\$ 173,869.65	\$ 276,130.35	39%
TUITION REIMBURSEMENT	\$ 7,000.00	\$ -	\$ 7,000.00	0%
CONSULTANT SERVICES	\$ 414,000.00	\$ 93,384.92	\$ 320,615.08	23%
ASGN COUN - PSYCHOLOGICAL	\$ 110,000.00	\$ 39,375.00	\$ 70,625.00	36%
RSK MGMT - LIABILITY	\$ 100,000.00	\$ -	\$ 100,000.00	0%
CONTRACTUAL SERVICES	\$ 252,000.00	\$ 191,058.24	\$ 60,941.76	76%
MAINTENANCE/REPAIR SERVICES	\$ 39,700.00	\$ 1,312.29	\$ 38,387.71	3%
Total CONTRACTS & PROFESSIONAL	\$ 1,372,700.00	\$ 499,000.10	\$ 873,699.90	36%
EQUIPMENT EXPENSE				
NON-CAP EQ - IT SOFTWARE	\$ 70,000.00	\$ 51,517.17	\$ 18,482.83	74%
LEASE/RENTAL FEES	\$ 12,000.00	\$ 4,063.41	\$ 7,936.59	34%
LS/RENT - EQUIPMENT	\$ 30,000.00	\$ 3,519.90	\$ 26,480.10	12%
EQUIPMENT PURCHASE	\$ 38,000.00	\$ 10,388.84	\$ 27,611.16	27%
EQUIP PURCH - IT	\$ 30,000.00	\$ 12,221.76	\$ 17,778.24	41%
Total EQUIPMENT EXPENSE	\$ 180,000.00	\$ 81,711.08	\$ 98,288.92	45%
OTHER OPERATING				
TRAINING/CONFERENCES	\$ 12,500.00	\$ 485.11	\$ 12,014.89	4%
MEETINGS	\$ 3,000.00	\$ 490.24	\$ 2,509.76	16%
MEMBERSHIPS/LICENSES	\$ 15,500.00	\$ 1,579.00	\$ 13,921.00	10%
MILEAGE/PARKING	\$ 30,000.00	\$ 4,947.38	\$ 25,052.62	16%
PUBLICATIONS/SUBSCRIPTIONS	\$ 6,000.00	\$ -	\$ 6,000.00	0%
ADVERTISING	\$ 33,800.00	\$ -	\$ 33,800.00	0%
DEPARTMENTAL PARKING	\$ 4,500.00	\$ 2,260.00	\$ 2,240.00	50%
POSTAGE/MAIL SERVICES	\$ 14,000.00	\$ 109.43	\$ 13,890.57	1%
NON-COUNTY PRINTING	\$ 5,000.00	\$ 656.00	\$ 4,344.00	13%
INDIRECT COSTS	\$ 337,483.00	\$ -	\$ 337,483.00	0%
NON-CONTRACTUAL SERVICES	\$ 1,200.00	\$ 1,200.00	\$ -	100%
TELEPHONE	\$ 33,000.00	\$ 12,874.59	\$ 20,125.41	39%
TELE - MOBILITY	\$ 12,000.00	\$ 2,876.69	\$ 9,123.31	24%
DATA COMMUNICATIONS	\$ 25,000.00	\$ 11,278.07	\$ 13,721.93	45%
FISCAL USE ONLY MISC EXPENSE	\$ 120,000.00	\$ 44,373.83	\$ 75,626.17	37%
Total OTHER OPERATING	\$ 652,983.00	\$ 83,130.34	\$ 569,852.66	13%
Total ADMINISTRATIVE EXPENSES	\$ 8,080,414.00	\$ 2,511,288.06	\$ 5,569,125.94	31%

BOARD VOUCHER REPORT
4/1/2023 THROUGH 4/30/2023

<u>Description</u>	<u>Vendor Name</u>	<u>Amount</u>
OFFICE SUPPLIES	W B MASON CO INC	\$ 164.18
COPIER SUPPLIES	DEX IMAGING LLC	\$ 9.00
COPIER SUPPLIES	DEX IMAGING LLC	\$ 10.00
COPIER SUPPLIES	DEX IMAGING LLC	\$ 7.00
FOOD SUPPLIES	DAVE'S SUPERMARKET INC	\$ 92.59
FOOD SUPPLIES	QUENCH USA INC	\$ 119.90
ELECTRICITY	UNITED TWENTY FIFTH BLDG	\$ 4,435.12
Commodities		\$ 4,837.79
LS/RENT - BUILDING	UNITED TWENTY FIFTH BLDG	\$ 34,773.93
CONSULTANT SERVICES	LESLIE M KOBLENTZ	\$ 2,940.00
CONSULTANT SERVICES	HAYNES KESSLER MYERS	\$ 650.00
CONSULTANT SERVICES	LESLIE M KOBLENTZ	\$ 2,940.00
CONSULTANT SERVICES	LESLIE M KOBLENTZ	\$ 2,940.00
CONSULTANT SERVICES	LESLIE M KOBLENTZ	\$ 2,940.00
ASGN COUN - PSYCHOLOGICAL	TED S FRIEDMAN	\$ 1,000.00
ASGN COUN - PSYCHOLOGICAL	RONALD C BALBIER	\$ 700.00
ASGN COUN - PSYCHOLOGICAL	PAUL M FRIEDMAN	\$ 2,100.00
ASGN COUN - PSYCHOLOGICAL	TED S FRIEDMAN	\$ 1,200.00
ASGN COUN - PSYCHOLOGICAL	RONALD C BALBIER	\$ 600.00
ASGN COUN - PSYCHOLOGICAL	RONALD C BALBIER	\$ 500.00
ASGN COUN - PSYCHOLOGICAL	SCOTT JOSEPH FRIEDMAN	\$ 500.00
ASGN COUN - PSYCHOLOGICAL	SCOTT JOSEPH FRIEDMAN	\$ 500.00
ASGN COUN - PSYCHOLOGICAL	GREGORY S DUPONT	\$ 225.00
CONTRACTUAL SERVICES	WILLO SECURITY INC	\$ 2,890.50
CONTRACTUAL SERVICES	WILLO SECURITY INC	\$ 3,592.00
CONTRACTUAL SERVICES	IRON MOUNTAIN INFORMATION	\$ 1,100.13
CONTRACTUAL SERVICES	IRON MOUNTAIN INFORMATION	\$ 11,828.43
CONTRACTUAL SERVICES	IRON MOUNTAIN INFORMATION	\$ 3,029.86
CONTRACTUAL SERVICES	WILLO SECURITY INC	\$ 3,601.38
CONTRACTUAL SERVICES	IRON MOUNTAIN INFORMATION	\$ 142.08
CONTRACTUAL SERVICES	IMPACT SOLUTIONS EAP	\$ 300.00
CONTRACTUAL SERVICES	RICE EDUCATION CONSULTING	\$ 18,075.00
CONTRACTUAL SERVICES	WILLO SECURITY INC	\$ 2,796.50
CONTRACTUAL SERVICES	WILLO SECURITY INC	\$ 3,768.25
CONTRACTUAL SERVICES	WILLO SECURITY INC	\$ 2,796.50
CONTRACTUAL SERVICES	MOOD MEDIA	\$ 71.79
MAINTENANCE/REPAIR SERVICES	UNIFIRST CORPORATION	\$ 268.40
Contracts & Professional Services		\$ 108,769.75

BOARD VOUCHER REPORT
4/1/2023 THROUGH 4/30/2023

<u>Description</u>	<u>Vendor Name</u>	<u>Amount</u>
NON-CAP EQ - IT SOFTWARE	WIZEHIVE INC	\$ 27,850.00
NON-CAP EQ - IT SOFTWARE	NET ACTIVITY INC	\$ 4,268.75
LEASE/RENTAL FEES	PITNEY BOWES GLOBAL FINANCIAL	\$ 1,354.47
EQUIPMENT PURCHASE	CTR SYSTEMS EMPLOYEE	\$ 178.88
EQUIPMENT PURCHASE	DEX IMAGING LLC	\$ 1,551.26
EQUIPMENT PURCHASE	CTR SYSTEMS EMPLOYEE	\$ 178.88
EQUIP PURCH - IT	CDW GOVERNMENT INC	\$ 2,657.52
Equipment Purchase		\$ 38,039.76
MILEAGE/PARKING	DOUGLAS P NICHOLS	\$ 223.85
MILEAGE/PARKING	ESTHER L HAZLETT	\$ 25.15
MILEAGE/PARKING	BENJAMIN GOODWIN	\$ 56.94
MILEAGE/PARKING	BRITANY KING	\$ 35.74
MILEAGE/PARKING	CARMEN GANDARILLA	\$ 102.18
MILEAGE/PARKING	BETH A ZIETLOW-DEJESUS	\$ 6.09
MILEAGE/PARKING	JOHN F COLEMAN	\$ 442.78
MILEAGE/PARKING	JOHN F COLEMAN	\$ 350.69
MILEAGE/PARKING	RICHANDA JACKSON-BIRKS	\$ 74.67
MILEAGE/PARKING	JOICELYN RENEE WEEMS	\$ 210.26
MILEAGE/PARKING	JAMES ROBERT FOWLER JR	\$ 191.85
MILEAGE/PARKING	DOUGLAS P NICHOLS	\$ 143.45
MILEAGE/PARKING	REGINA R SPICER	\$ 304.38
POSTAGE/MAIL SERVICES	BONNIE SPEED DELIVERY	\$ 19.83
NON-COUNTY PRINTING	SETTA TROPHY INC	\$ 32.00
TELEPHONE	DAVISSA TELEPHONE SYSTEM	\$ 2,740.03
TELE - MOBILITY	VERIZON WIRELESS SERVICE	\$ 710.92
DATA COMMUNICATIONS	GRANICUS	\$ 4,977.79
DATA COMMUNICATIONS	OHIO STATE UNIVERSITY	\$ 725.00
DATA COMMUNICATIONS	CHARTER COMMUNICATION	\$ 107.98
DATA COMMUNICATIONS	AGILE NETWORK BUILDER	\$ 586.00
FISCAL USE ONLY MISC EXPENSE	FIFTH THIRD BANK NEO	\$ 8,010.98
FISCAL USE ONLY MISC EXPENSE	JEFFRY S LOTTER	\$ 150.00
Other Operating		\$ 20,228.56
April Voucher Total		\$ 171,875.86

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Funding Source Budget to Actual YTD
April 2023 YTD

	2023 Budget	April YTD Actuals	Remaining Balance	% of Budget
ADAMHS ADMINISTRATION	\$ -	\$ 282,756.59	\$ (282,756.59)	
AOD Continuum of Care	\$ 586,004.00	\$ 293,002.00	\$ 293,002.00	50%
AOD Per Capita Prevention	\$ 119,995.00	\$ 47,597.50	\$ 72,397.50	40%
AOD Recovery Housing	\$ 45,900.00	\$ 22,950.00	\$ 22,950.00	50%
ATP	\$ 300,000.00	\$ 250,000.00	\$ 50,000.00	83%
Casino Gambling Prevention	\$ 207,607.00	\$ 207,607.50	\$ (0.50)	100%
Casino Gambling Treatment	\$ 207,608.00	\$ -	\$ 207,608.00	0%
Community Investments	\$ 1,825,781.00	\$ 736,600.50	\$ 1,089,180.50	40%
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	\$ 750,000.00	\$ 375,000.00	\$ 375,000.00	50%
Corrections Planning Board	\$ 1,500,000.00	\$ 499,512.68	\$ 1,000,487.32	33%
County Subsidy	\$ 43,463,659.00	\$ -	\$ 43,463,659.00	0%
Criminal Justice Forensic Center & Monitoring	\$ 259,608.00	\$ 129,804.00	\$ 129,804.00	50%
Crisis Funds	\$ 512,641.00	\$ -	\$ 512,641.00	0%
Early Childhood (Invest in Children)	\$ 821,241.00	\$ -	\$ 821,241.00	0%
Early Childhood Mental Health Counseling	\$ 441,906.00	\$ 113,320.03	\$ 328,585.97	26%
Mental Health Block Grant	\$ 848,814.00	\$ 419,907.00	\$ 428,907.00	49%
Miscellaneous	\$ 1,000,000.00	\$ 891,932.81	\$ 108,067.19	89%
Multi-System Adult (MSA) Program	\$ 340,677.00	\$ 640,677.00	\$ (300,000.00)	188%
Northeast Ohio Collaborative Funding	\$ 1,541,738.00	\$ 231,320.50	\$ 1,310,417.50	15%
ODRC (ACT)	\$ 275,000.00	\$ 38,047.70	\$ 236,952.30	14%
Overdose to Action Grant (Board of Health)	\$ 84,782.00	\$ 23,083.28	\$ 61,698.72	27%
PATH	\$ 338,339.00	\$ 118,352.60	\$ 219,986.40	35%
SAMHSA Emergency COVID-19	\$ 438,212.00	\$ -	\$ 438,212.00	0%
SAPT Direct Grants - Gambling (Recovery Res.)	\$ 75,000.00	\$ 25,000.00	\$ 50,000.00	33%
SAPT Direct Grants - TASC (Court of Common Pleas.)	\$ 137,910.00	\$ 68,955.00	\$ 68,955.00	50%
SAPT Direct Grants - Therapeutic Comm (CATS)	\$ 98,551.00	\$ 49,275.50	\$ 49,275.50	50%
SAPT Pass Through	\$ 2,071,868.00	\$ 898,877.45	\$ 1,172,990.55	43%
SAPT Prevention	\$ 1,382,871.00	\$ 691,435.50	\$ 691,435.50	50%
SAPT System of Care/DYS Aftercare	\$ 215,796.00	\$ 78,995.62	\$ 136,800.38	37%
SAPT Treatment	\$ 3,509,071.00	\$ 1,754,535.50	\$ 1,754,535.50	50%
Specialized Docket Support-Drug Courts	\$ 535,000.00	\$ -	\$ 535,000.00	0%
System of Care State Funds	\$ 405,524.00	\$ 202,762.00	\$ 202,762.00	50%
Title XX	\$ 804,265.00	\$ -	\$ 804,265.00	0%
Total ADAMHS ADMINISTRATION	\$ 65,230,133.00	\$ 9,091,308.26	\$ 56,138,824.74	14%
ADAMHS DOJ GRANTS				
CIP Grant	\$ 283,047.00	\$ 77,375.19	\$ 205,671.81	27%
COSSAP Grant	\$ 486,703.00	\$ 62,039.73	\$ 424,663.27	13%
COSSAP-ENHANCED DATA Grant	\$ 520,091.00	\$ 71,111.90	\$ 448,979.10	14%
Total ADAMHS DOJ GRANTS	\$ 1,289,841.00	\$ 210,526.82	\$ 1,079,314.18	16%
DIVERSION CENTER	\$ 4,363,012.00	\$ 1,122,078.21	\$ 3,240,933.79	26%
OOD GRANT	\$ 443,303.00	\$ 110,825.64	\$ 332,477.36	25%
OTHER GRANTS				
SAMHSA Early Diversion Grant	\$ 330,000.00	\$ 64,422.05	\$ 265,577.95	20%
Total OTHER GRANTS	\$ 330,000.00	\$ 64,422.05	\$ 265,577.95	20%
SOR GRANT	\$ 2,709,000.00	\$ 1,095,197.36	\$ 1,613,802.64	40%
TOTAL	\$ 74,365,289.00	\$ 11,694,358.34	\$ 62,670,930.66	16%

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Revenues By Source By Month
 January - April 2023

	Jan 2023	Feb 2023	Mar 2023	Apr 2023	Total
ADAMHS ADMINISTRATION	\$ 26,533.25	\$ 50,000.00	\$ 121,910.29	\$ 84,313.05	\$ 282,756.59
AOD Continuum of Care	\$ 146,501.00	\$ -	\$ -	\$ 146,501.00	\$ 293,002.00
AOD Per Capita Prevention	\$ 23,798.75	\$ -	\$ -	\$ 23,798.75	\$ 47,597.50
AOD Recovery Housing	\$ -	\$ 22,950.00	\$ -	\$ -	\$ 22,950.00
ATP	\$ 75,000.00	\$ -	\$ 175,000.00	\$ -	\$ 250,000.00
Casino Gambling Prevention	\$ 103,803.75	\$ -	\$ -	\$ 103,803.75	\$ 207,607.50
Community Investments	\$ 368,300.25	\$ -	\$ -	\$ 368,300.25	\$ 736,600.50
Community Transition Program	\$ 187,500.00	\$ -	\$ -	\$ 187,500.00	\$ 375,000.00
Corrections Planning Board	\$ 36,899.27	\$ 173,433.68	\$ 217,774.52	\$ 71,405.21	\$ 499,512.68
Criminal Justice Forensic Center & Monitoring	\$ 64,902.00	\$ -	\$ -	\$ 64,902.00	\$ 129,804.00
Early Childhood Mental Health Counseling	\$ -	\$ 113,320.03	\$ -	\$ -	\$ 113,320.03
Mental Health Block Grant	\$ 209,953.50	\$ -	\$ -	\$ 209,953.50	\$ 419,907.00
Miscellaneous	\$ 69,878.25	\$ 43,924.09	\$ 355,710.89	\$ 422,419.58	\$ 891,932.81
Multi-System Adult (MSA) Program	\$ -	\$ 340,677.00	\$ -	\$ 300,000.00	\$ 640,677.00
Northeast Ohio Collaborative Funding	\$ -	\$ 231,320.50	\$ -	\$ -	\$ 231,320.50
ODRC (ACT)	\$ 38,047.70	\$ -	\$ -	\$ -	\$ 38,047.70
Overdose to Action Grant (Board of Health)	\$ -	\$ -	\$ -	\$ 23,083.28	\$ 23,083.28
PATH	\$ -	\$ 118,352.60	\$ -	\$ -	\$ 118,352.60
SAPT Direct Grants - Gambling (Recovery Res.)	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 25,000.00
SAPT Direct Grants - TASC (Court of Common Pleas.)	\$ 34,477.50	\$ -	\$ -	\$ 34,477.50	\$ 68,955.00
SAPT Direct Grants - Therapeutic Comm (CATS)	\$ -	\$ -	\$ -	\$ 49,275.50	\$ 49,275.50
SAPT Pass Through	\$ 155,373.17	\$ 317,267.19	\$ 5,060.84	\$ 421,176.25	\$ 898,877.45
SAPT Prevention	\$ 345,717.75	\$ -	\$ -	\$ 345,717.75	\$ 691,435.50
SAPT System of Care/DYS Aftercare	\$ 34,636.83	\$ -	\$ 11,501.46	\$ 32,857.33	\$ 78,995.62
SAPT Treatment	\$ 877,267.75	\$ -	\$ -	\$ 877,267.75	\$ 1,754,535.50
System of Care State Funds	\$ 101,381.00	\$ -	\$ -	\$ 101,381.00	\$ 202,762.00
Total ADAMHS ADMINISTRATION	\$ 2,906,221.72	\$ 1,417,495.09	\$ 893,208.00	\$ 3,874,383.45	\$ 9,091,308.26
ADAMHS DOJ GRANTS					
CIP Grant	\$ 10,658.40	\$ -	\$ -	\$ 66,716.79	\$ 77,375.19
COSSAP Grant	\$ 19,236.06	\$ -	\$ -	\$ 42,803.67	\$ 62,039.73
COSSAP-ENHANCED DATA Grant	\$ -	\$ 19,736.15	\$ -	\$ 51,375.75	\$ 71,111.90
Total ADAMHS DOJ GRANTS	\$ 29,894.46	\$ 19,736.15	\$ -	\$ 160,896.21	\$ 210,526.82
DIVERSION CENTER	\$ -	\$ -	\$ 574,292.65	\$ 547,785.56	\$ 1,122,078.21
OOD GRANT	\$ -	\$ 73,883.76	\$ 36,941.88	\$ -	\$ 110,825.64
OTHER GRANTS					
SAMHSA Early Diversion Grant	\$ -	\$ 64,422.05	\$ -	\$ -	\$ 64,422.05
Total OTHER GRANTS	\$ -	\$ 64,422.05	\$ -	\$ -	\$ 64,422.05
SOR GRANT	\$ -	\$ -	\$ 719,063.65	\$ 376,133.71	\$ 1,095,197.36
TOTAL	\$ 2,936,116.18	\$ 1,575,537.05	\$ 2,223,506.18	\$ 4,959,198.93	\$ 11,694,358.34

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Budget vs. Actual Expenses 2023 YTD
April 2023 YTD

	2023 Budget	April YTD Actuals	Remaining Balance	% of Budget
JAIL DIVERSION GRANT	\$ 330,000.00	\$ 144,980.00	\$ 185,020.00	44%
CIP GRANT	\$ 283,047.00	\$ 77,375.19	\$ 205,671.81	27%
COSSAP GRANT	\$ 486,703.00	\$ 62,039.73	\$ 424,663.27	13%
ENHANCED DATA GRANT	\$ 520,091.00	\$ 71,111.90	\$ 448,979.10	14%
DIVERSION CENTER	\$ 4,363,012.00	\$ 1,135,553.47	\$ 3,227,458.53	26%
OOD - CASE SVCS CONTRACT	\$ 443,303.00	\$ 173,290.50	\$ 270,012.50	39%
SOR GRANT	\$ 2,709,000.00	\$ 1,232,417.17	\$ 1,476,582.83	45%
ADMINISTRATIVE EXPENSES	\$ 8,080,414.00	\$ 2,511,288.06	\$ 5,569,125.94	31%
ADULT & FAMILY CARE SERVICES	\$ 562,241.00	\$ 148,470.59	\$ 413,770.41	26%
COORDINATION/EVALUATION SERVICES	\$ 1,163,692.00	\$ 74,418.15	\$ 1,089,273.85	6%
CRISIS CARE/INTERVENTION	\$ 17,757,846.00	\$ 5,500,411.73	\$ 12,257,434.27	31%
DETOXIFICATION	\$ 1,886,400.00	\$ 150,620.51	\$ 1,735,779.49	8%
EARLY CHILDHOOD MENTAL HEALTH	\$ 2,084,388.00	\$ 658,781.05	\$ 1,425,606.95	32%
EMPLOYMENT SERVICES	\$ 1,647,306.00	\$ 445,980.66	\$ 1,201,325.34	27%
FAITH-BASED SERVICES	\$ 463,897.00	\$ 101,236.83	\$ 362,660.17	22%
HEALTH MGT INFORMATION SYS	\$ 175,000.00	\$ 4,451.00	\$ 170,549.00	3%
JUSTICE RELATED SERVICES	\$ 5,156,602.00	\$ 1,682,615.03	\$ 3,473,986.97	33%
MH - OUTPATIENT TREATMENT	\$ 4,051,516.00	\$ 964,122.09	\$ 3,087,393.91	24%
OTHER OBLIGATED FUNDS	\$ 5,001,017.00	\$ -	\$ 5,001,017.00	0%
OTHER SERVICES	\$ 2,830,068.00	\$ 1,333,467.74	\$ 1,496,600.26	47%
PASS-THRU PROGRAMS	\$ 3,019,240.00	\$ 1,015,815.39	\$ 2,003,424.61	34%
PREVENTION SERVICES - MH	\$ 760,813.00	\$ 398,103.40	\$ 362,709.60	52%
PREVENTION SERVICES - SUD	\$ 2,121,166.00	\$ 709,195.67	\$ 1,411,970.33	33%
BOARD PROPERTY EXPENSES	\$ 250,000.00	\$ 86,560.55	\$ 163,439.45	35%
PSYCHIATRIC SERVICES	\$ 914,290.00	\$ 212,499.99	\$ 701,790.01	23%
RECOVERY SUPPORTS	\$ 835,317.00	\$ 221,473.18	\$ 613,843.82	27%
RECOVERY SUPPORTS - ART THERAPY	\$ 207,520.00	\$ 56,105.03	\$ 151,414.97	27%
RECOVERY SUPPORTS - PEER SUPPORT	\$ 2,903,232.00	\$ 1,303,632.06	\$ 1,599,599.94	45%
RESIDENTIAL ASST PROG (RAP)	\$ 2,500,000.00	\$ 395,947.54	\$ 2,104,052.46	16%
RESIDENTIAL TREATMENT HOUSING-MH	\$ 8,734,312.00	\$ 3,349,003.50	\$ 5,385,308.50	38%
RESIDENTIAL TREATMENT HOUSING-SUD	\$ 3,678,692.00	\$ 706,221.20	\$ 2,972,470.80	19%
SCHOOL BASED SERVICES	\$ 869,151.00	\$ 232,723.24	\$ 636,427.76	27%
SOBER RECOVERY BEDS	\$ 2,228,925.00	\$ 871,345.66	\$ 1,357,579.34	39%
SOR CRISIS GRANT	\$ 818,626.00	\$ 106,530.64	\$ 712,095.36	13%
SUD - OUTPATIENT TREATMENT	\$ 2,960,274.00	\$ 822,703.32	\$ 2,137,570.68	28%
TOTAL	\$ 92,797,101.00	\$ 26,960,491.77	\$ 65,836,609.23	29%

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Revenue and Expenditures All Accounting Units By Month
 January - April 2023

	Jan 2023	Feb 2023	Mar 2023	Apr 2023	Total
Revenue					
OFFICE/CONF ROOM RENTAL	\$ 1,671.38	\$ 1,671.38	\$ 1,671.38	\$ 1,671.38	\$ 6,685.52
FEDERAL GRANT REVENUE	\$ 1,694,443.46	\$ 736,936.59	\$ 802,967.83	\$ 2,494,355.48	\$ 5,728,703.36
STATE GRANT REVENUE	\$ 1,170,795.20	\$ 601,197.50	\$ 335,030.29	\$ 1,782,023.00	\$ 3,889,045.99
LOCAL GOV'T REVENUE	\$ -	\$ -	\$ 574,292.65	\$ -	\$ 574,292.65
LOCAL MUNI NON-GRANT REVENUE	\$ 62,570.39	\$ 215,087.73	\$ 217,774.52	\$ 659,346.15	\$ 1,154,778.79
REFUNDS & REIMBURSEMENT REV	\$ 6,635.75	\$ 20,643.85	\$ 291,769.51	\$ 21,802.92	\$ 340,852.03
Total Revenue	\$ 2,936,116.18	\$ 1,575,537.05	\$ 2,223,506.18	\$ 4,959,198.93	\$ 11,694,358.34
Expenditures					
OPERATING EXPENSES					
SALARIES					
SALARIES - REGULAR	\$ 155,777.80	\$ 158,663.86	\$ 252,454.51	\$ 127,252.44	\$ 694,148.61
SALARIES - UNION	\$ 168,756.08	\$ 167,694.56	\$ 241,416.32	\$ 160,110.88	\$ 737,977.84
Total SALARIES	\$ 324,533.88	\$ 326,358.42	\$ 493,870.83	\$ 287,363.32	\$ 1,432,126.45
FRINGE BENEFITS					
MEDICARE	\$ 4,516.69	\$ 4,583.77	\$ 6,951.94	\$ 4,113.81	\$ 20,166.21
RETIRE-OPERS - REGULAR	\$ 40,256.60	\$ 44,948.41	\$ 61,540.26	\$ 41,046.02	\$ 187,791.29
UNEMPLOYMENT	\$ -	\$ -	\$ 696.43	\$ -	\$ 696.43
HOSPITALIZATION	\$ 66,333.33	\$ 65,234.49	\$ 97,519.38	\$ 65,342.20	\$ 294,429.40
FLEX BENEFITS	\$ -	\$ 3,493.44	\$ -	\$ -	\$ 3,493.44
LIFE INSURANCE	\$ 20.39	\$ 20.26	\$ 30.09	\$ 20.19	\$ 90.93
HEALTH BENEFIT ALLOWANCE	\$ 86.00	\$ 86.00	\$ 129.00	\$ 86.00	\$ 387.00
SPECIAL FRINGE	\$ -	\$ 1,000.00	\$ 500.00	\$ 500.00	\$ 2,000.00
Total FRINGE BENEFITS	\$ 111,213.01	\$ 119,366.37	\$ 167,367.10	\$ 111,108.22	\$ 509,054.70
COMMODITIES					
OFFICE SUPPLIES	\$ 7.25	\$ 21.90	\$ 413.45	\$ 164.18	\$ 606.78
COPIER SUPPLIES	\$ 16.00	\$ 15.12	\$ 1,026.73	\$ 26.00	\$ 1,083.85
FOOD SUPPLIES	\$ 217.49	\$ 129.88	\$ 119.90	\$ 212.49	\$ 679.76
WATER	\$ 2,493.64	\$ 1,130.06	\$ 1,169.22	\$ 1,828.89	\$ 6,621.81
SEWER	\$ 5,055.31	\$ 1,964.06	\$ 2,260.70	\$ 2,686.45	\$ 11,966.52
ELECTRICITY	\$ 11,031.70	\$ 8,771.14	\$ 5,017.85	\$ 6,443.13	\$ 31,263.82
NATURAL GAS	\$ 4,429.62	\$ 2,666.25	\$ 1,364.89	\$ 2,224.06	\$ 10,684.82
REFUSE COLLECTION	\$ 4,146.92	\$ 7,486.33	\$ 4,027.41	\$ 861.29	\$ 16,521.95
Total COMMODITIES	\$ 27,397.93	\$ 22,184.74	\$ 15,400.15	\$ 14,446.49	\$ 79,429.31
CONTRACTS & PROFESSIONAL					
LS/RENT - BUILDING	\$ 69,547.86	\$ 34,773.93	\$ 34,773.93	\$ 34,773.93	\$ 173,869.65
CONSULTANT SERVICES	\$ 22,744.92	\$ 16,320.00	\$ 41,910.00	\$ 12,410.00	\$ 93,384.92
ASGN COUN - PSYCHOLOGICAL	\$ 15,425.00	\$ 10,725.00	\$ 5,900.00	\$ 7,325.00	\$ 39,375.00
JUDICIAL SERVICES	\$ 22,350.00	\$ 2,225.00	\$ 150.00	\$ 7,350.00	\$ 32,075.00
CONTRACTUAL SERVICES	\$ 281,066.91	\$ 615,552.06	\$ 315,320.02	\$ 751,037.04	\$ 1,962,976.03
MAINTENANCE/REPAIR SERVICES	\$ 14,100.11	\$ 4,629.76	\$ 6,588.75	\$ 4,299.67	\$ 29,618.29
Total CONTRACTS & PROFESSIONAL	\$ 425,234.80	\$ 684,225.75	\$ 404,642.70	\$ 817,195.64	\$ 2,331,298.89
EQUIPMENT EXPENSE					
NON-CAP EQ - IT SOFTWARE	\$ 9,410.92	\$ 9,087.40	\$ 5,351.10	\$ 32,118.75	\$ 55,968.17
LEASE/RENTAL FEES	\$ 1,354.47	\$ 1,354.47	\$ -	\$ 1,354.47	\$ 4,063.41
LS/RENT - EQUIPMENT	\$ 1,173.30	\$ 1,173.30	\$ 1,173.30	\$ -	\$ 3,519.90
EQUIPMENT PURCHASE	\$ 4,582.28	\$ 2,852.48	\$ 1,045.06	\$ 1,909.02	\$ 10,388.84
EQUIP PURCH - IT	\$ -	\$ 9,564.24	\$ -	\$ 2,657.52	\$ 12,221.76
Total EQUIPMENT EXPENSE	\$ 16,520.97	\$ 24,031.89	\$ 7,569.46	\$ 38,039.76	\$ 86,162.08

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Revenue and Expenditures All Accounting Units By Month
 January - April 2023

	Jan 2023	Feb 2023	Mar 2023	Apr 2023	Total
OTHER OPERATING					
TRAINING/CONFERENCES	\$ -	\$ 485.11	\$ -	\$ -	\$ 485.11
MEETINGS	\$ -	\$ 253.58	\$ 236.66	\$ -	\$ 490.24
MEMBERSHIPS/LICENSES	\$ 1,155.00	\$ 174.00	\$ 250.00	\$ -	\$ 1,579.00
MILEAGE/PARKING	\$ 846.57	\$ 1,381.40	\$ 551.38	\$ 2,168.03	\$ 4,947.38
ADVERTISING	\$ 124,621.21	\$ 54,190.74	\$ 47,496.98	\$ 74,038.11	\$ 300,347.04
DEPARTMENTAL PARKING	\$ 2,260.00	\$ -	\$ -	\$ -	\$ 2,260.00
OSTAGE/MAIL SERVICES	\$ -	\$ 29.10	\$ 60.50	\$ 19.83	\$ 109.43
NON-COUNTY PRINTING	\$ 8,147.28	\$ 47.00	\$ 545.00	\$ 75,241.74	\$ 83,981.02
PRINTING CHARGEBACK	\$ -	\$ 240.00	\$ (240.00)	\$ -	\$ -
NON-CONTRACTUAL SERVICES	\$ 450.00	\$ 150,000.00	\$ 750.00	\$ -	\$ 151,200.00
TELEPHONE	\$ 5,688.60	\$ 3,642.85	\$ 3,482.49	\$ 4,396.75	\$ 17,210.69
TELE - MOBILITY	\$ 1,012.06	\$ 1,287.25	\$ -	\$ 799.92	\$ 3,099.23
DATA COMMUNICATIONS	\$ 2,036.00	\$ 1,426.32	\$ 1,418.98	\$ 6,396.77	\$ 11,278.07
FISCAL USE ONLY MISC EXPENSE	\$ 15,364.95	\$ 36,523.83	\$ 49,545.07	\$ 9,160.98	\$ 110,594.83
Total OTHER OPERATING	\$ 161,581.67	\$ 249,681.18	\$ 104,097.06	\$ 172,222.13	\$ 687,582.04
Total ADMINISTRATIVE EXPENSES	\$ 1,066,482.26	\$ 1,425,848.35	\$ 1,192,947.30	\$ 1,440,375.56	\$ 5,125,653.47
PROVIDER DIRECT SERVICES					
BEHAVIORAL HEALTH	\$ 2,368,099.86	\$ 2,320,690.37	\$ 3,351,009.39	\$ 2,627,197.63	\$ 10,666,997.25
BEH HLTH - MEDICAL	\$ -	\$ -	\$ 6,422.63	\$ -	\$ 6,422.63
BEH HLTH - RESIDENTIAL	\$ 1,355,371.96	\$ 1,121,679.25	\$ 1,043,509.39	\$ 960,090.86	\$ 4,480,651.46
BEH HLTH - FAMILY SUPPORT	\$ 233,040.02	\$ 341,625.72	\$ 426,017.82	\$ 320,954.86	\$ 1,321,638.42
CLIENT EDUCATION SERVICES	\$ -	\$ -	\$ 500.00	\$ 225.00	\$ 725.00
CLIENT PREVENTION SERVICES	\$ 152,191.32	\$ 106,914.79	\$ 182,485.70	\$ 177,762.30	\$ 619,354.11
CLIENT TREATMENT SERVICES	\$ 748,108.69	\$ 1,233,229.84	\$ 1,335,610.97	\$ 1,018,772.45	\$ 4,335,721.95
Total PROVIDER DIRECT SERVICES	\$ 4,856,811.85	\$ 5,124,139.97	\$ 6,345,555.90	\$ 5,105,003.10	\$ 21,431,510.82
OTHER SERVICES					
HOUSING ASSISTANCE	\$ 80,563.89	\$ 113,175.81	\$ 100,181.66	\$ 109,406.12	\$ 403,327.48
Total OTHER SERVICES	\$ 80,563.89	\$ 113,175.81	\$ 100,181.66	\$ 109,406.12	\$ 403,327.48
Total Expenditures	\$ 6,003,858.00	\$ 6,663,164.13	\$ 7,638,684.86	\$ 6,654,784.78	\$ 26,960,491.77

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
Revenues and Expenditures Grants YTD
April 2023 YTD

	Total ADAMHS DOJ GRANTS	OOD GRANT	Total OTHER GRANTS	SOR GRANT	TOTAL
Revenue					
FEDERAL GRANT REVENUE	\$ 210,526.82	\$ 110,825.64	\$ 64,422.05	\$ 1,095,197.36	\$ 1,480,971.87
Total Revenue	\$ 210,526.82	\$ 110,825.64	\$ 64,422.05	\$ 1,095,197.36	\$ 1,480,971.87
Expenditures					
OPERATING EXPENSES					
SALARIES					
SALARIES - REGULAR	\$ 27,318.21	\$ -	\$ -	\$ -	\$ 27,318.21
Total SALARIES	\$ 27,318.21	\$ -	\$ -	\$ -	\$ 27,318.21
FRINGE BENEFITS					
MEDICARE	\$ 388.88	\$ -	\$ -	\$ -	\$ 388.88
RETIRE-OPERS - REGULAR	\$ 3,362.79	\$ -	\$ -	\$ -	\$ 3,362.79
HOSPITALIZATION	\$ 5,556.16	\$ -	\$ -	\$ -	\$ 5,556.16
Total FRINGE BENEFITS	\$ 9,307.83	\$ -	\$ -	\$ -	\$ 9,307.83
CONTRACTS & PROFESSIONAL					
CONTRACTUAL SERVICES	\$ 167,864.83	\$ 173,290.50	\$ 144,980.00	\$ 68,274.00	\$ 554,409.33
Total CONTRACTS & PROFESSIONAL	\$ 167,864.83	\$ 173,290.50	\$ 144,980.00	\$ 68,274.00	\$ 554,409.33
Total OPERATING EXPENSES	\$ 204,490.87	\$ 173,290.50	\$ 144,980.00	\$ 68,274.00	\$ 591,035.37
PROVIDER DIRECT SERVICES					
CLIENT TREATMENT SERVICES	\$ 6,035.95	\$ -	\$ -	\$ 1,270,673.81	\$ 1,276,709.76
Total PROVIDER DIRECT SERVICES	\$ 6,035.95	\$ -	\$ -	\$ 1,270,673.81	\$ 1,276,709.76
Total Expenditures	\$ 210,526.82	\$ 173,290.50	\$ 144,980.00	\$ 1,338,947.81	\$ 1,867,745.13

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

January - April 2023

	Jan 2023	Feb 2023	Mar 2023	Apr 2023	Total
REVENUE					
LOCAL GOV'T REVENUE	\$ -	\$ -	\$ 574,292.65	\$ -	\$ 574,292.65
LOCAL MUNI NON-GRANT REVENUE	\$ -	\$ -	\$ -	\$ 547,785.56	\$ 547,785.56
Total Revenue	\$ -	\$ -	\$ 574,292.65	\$ 547,785.56	\$ 1,122,078.21
OPERATING EXPENSES					
SALARIES					
SALARIES - REGULAR	\$ -	\$ -	\$ 43,857.31	\$ 12,303.92	\$ 56,161.23
Total SALARIES	\$ -	\$ -	\$ 43,857.31	\$ 12,303.92	\$ 56,161.23
FRINGE BENEFITS					
MEDICARE	\$ -	\$ -	\$ 590.41	\$ 165.38	\$ 755.79
RETIRE-OPERS - REGULAR	\$ -	\$ -	\$ 5,987.89	\$ 1,722.54	\$ 7,710.43
HOSPITALIZATION	\$ -	\$ -	\$ 13,993.96	\$ 3,998.02	\$ 17,991.98
Total FRINGE BENEFITS	\$ -	\$ -	\$ 20,572.26	\$ 5,885.94	\$ 26,458.20
CONTRACTS & PROFESSIONAL					
CONTRACTUAL SERVICES	\$ -	\$ 395,660.48	\$ 157,010.31	\$ 500,263.25	\$ 1,052,934.04
Total CONTRACTS & PROFESSIONAL	\$ -	\$ 395,660.48	\$ 157,010.31	\$ 500,263.25	\$ 1,052,934.04
Total OPERATING EXPENSES	\$ -	\$ 395,660.48	\$ 221,439.88	\$ 518,453.11	\$ 1,135,553.47

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County
2023 Cash Flow Report
APRIL 2023

	2021 Actual	2022 Actual	YTD thru April 2023
AVAILABLE BEGINNING BALANCE	\$ 29,174,459.62	\$ 41,590,113.22	\$ 43,175,702.58
REVENUES			
Office/Conf Room Rental	\$ 20,056.56	\$ 20,056.56	\$ 6,685.51
Federal Grant revenue	\$ 15,142,265.32	\$ 15,772,095.84	\$ 5,728,703.36
State Grant Revenue	\$ 9,462,828.56	\$ 8,519,893.41	\$ 3,889,045.99
Local Gov't Revenue	\$ 3,344,158.99	\$ 5,227,402.87	\$ 574,292.65
Local Muni Non-Grant Revenue	\$ 2,788,599.12	\$ 2,656,987.76	\$ 1,154,778.80
Refunds & Reimbursement Revenue	\$ 114,789.30	\$ 467,141.85	\$ 340,852.03
Fiscal Use Only - Misc Revenue	\$ -	\$ 30,000.00	\$ -
Trans In - Transfer	\$ -	\$ 60,191.42	\$ -
Trans In - Subsidy	\$ 43,463,659.00	\$ 43,463,659.00	\$ -
TOTAL REVENUE	\$ 74,336,356.85	\$ 76,217,428.71	\$ 11,694,358.34
TOTAL AVAILABLE RESOURCES	\$ 103,510,816.47	\$ 117,807,541.93	\$ 54,870,060.92
EXPENDITURES			
Operating Expenses	\$ 6,731,663.06	\$ 8,083,883.39	\$ 3,399,064.63
Diversion Center	\$ -	\$ 5,225,373.16	\$ 1,135,553.47
ADAMHS Board Grants	\$ -	\$ 4,484,530.77	\$ 1,867,745.13
Provider Direct Services	\$ 53,885,506.24	\$ 55,528,939.30	\$ 20,154,801.06
Other Services	\$ 1,303,533.95	\$ 1,309,112.73	\$ 403,327.48
TOTAL EXPENDITURES	\$ 61,920,703.25	\$ 74,631,839.35	\$ 26,960,491.77
AVAILABLE ENDING BALANCE	\$ 41,590,113.22	\$ 43,175,702.58	\$ 27,909,569.15

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

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

RESOLUTION NO. 23-05-03

APPROVAL AND RATIFICATION OF CONTRACTS

1. A Community Conversation: Suicide Prevention and Intervention Summit
2. Agreement for Shared Costs with the Cuyahoga County Board of Developmental Disabilities (CCBDD)
3. Public Relations Independent Contractor
4. Mobile Response and Stabilization Services (MRSS) Pass-through Funding
5. Ohio Association of County Behavioral Health Authorities (OACBHA) FY2024 Membership Dues

WHEREAS, funding has been made available to the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County (ADAMHS Board) for the following programs:

1. A Community Conversation: Suicide Prevention and Intervention Summit for the time period June 1, 2023 to September 30, 2022 in the amount of \$6,500.00 to cover costs to host the event; and,
2. Agreement for Shared Costs with the Cuyahoga County Board of Developmental Disabilities (CCBDD) for the time period June 1, 2023 to May 31, 2025 to authorize the following agreement with CCBDD to share costs not to exceed \$600,000.00 for youth involved in both systems:
 - a. Cuyahoga County Board of Developmental Disabilities (CCBDD); and,
3. Public Relations Independent Contractor to ratify the contract for the time period May 8, 2023 to November 7, 2023 in the amount of \$30.00 per hour, not to exceed \$27,720.00 for the following contract:
 - a. Jorge Ramos Pantoja; and,
4. Mobile Response and Stabilization Services (MRSS) Pass-through funding for the time period January 1, 2023 to June 30, 2023 in the amount of \$250,000.00 for the following contract:
 - a. First Alliance Healthcare; and,
5. Ohio Association of County Behavioral Health Authorities (OACBHA) FY2024 Membership Dues for the time period July 1, 2023 to June 30, 2024 in the amount of \$19,000.00; and,

WHEREAS, the Planning & Oversight Committee and the Finance & Operations Committee have reviewed the ADAMHS Board staff's recommendation and recommend that the Board of Directors accept the funding and authorize the ADAMHS Board to pay any required local match and enter into any necessary contractual agreements.

NOW, THEREFORE, BE IT RESOLVED:

- A. The ADAMHS Board of Directors accepts the funds and authorizes payment of any required local match for the following:
 1. A Community Conversation: Suicide Prevention and Intervention Summit for the time period June 1, 2023 to September 30, 2022 in the amount of \$6,500.00 to cover costs to host the event; and,
 2. Agreement for Shared Costs with the Cuyahoga County Board of Developmental Disabilities (CCBDD) for the time period June 1, 2023 to May 31, 2025 to authorize the following agreement with CCBDD to share costs not to exceed \$600,000.00 for youth involved in both systems:
 - a. Cuyahoga County Board of Developmental Disabilities (CCBDD); and,

3. Public Relations Independent Contractor to ratify the contract for the time period May 8, 2023 to November 7, 2023 in the amount of \$30.00 per hour, not to exceed \$27,720.00 for the following contract:
 - a. Jorge Ramos Pantoja; and,
4. Mobile Response and Stabilization Services (MRSS) Pass-through funding for the time period January 1, 2023 to June 30, 2023 in the amount of \$250,000.00 for the following contract:
 - a. First Alliance Healthcare; and,
Ohio Association of County Behavioral Health Authorities (OACBHA) FY2024 Membership Dues for the time period July 1, 2023 to June 30, 2024 in the amount of \$19,000.00.

B. The ADAMHS Board Chief Executive Officer is authorized to execute any necessary contractual agreements.

On the motion of _____, seconded by _____, the foregoing resolution was adopted.

AYES:

NAYS:

ABSTAIN:

DATE ADOPTED:



Agenda Process Sheet

Date: May 24, 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 checked="" type="checkbox"/> General Meeting |

Topic: A Community Conversation: Suicide Prevention and Intervention Summit

Contractual Parties: To Be Determined (TBD)

Term: June 1, 2023 – September 30, 2023

Funding Sources: ADAMHS Board Funding

Amount: Not to exceed \$6,500 in food, beverages, honorarium for presenters

- New Program** **Continuing Program** **Expanding Program** **Other Educational Event**

Service Description:

- Host a Community Conversation: Suicide Prevention and Intervention Summit, September 25, 2023.

Background Information:

- Every day we lose 5 people to suicide.
- Suicide devastates families, friends, and communities. Substance use disorder and mental illness profoundly impact Ohio's growing suicide rate, and it is time to direct our focus, energy, and resources toward suicide prevention.
- In 2021 Cuyahoga County lost 157 people due to suicide. We are continuing to see an increase in marginalized populations who die by suicide in our community. Across the county this trend is particularly troublesome when we see statistics about the high incidence of youth who died by suicide. The ADAMHS Board along with its providers and partners throughout the county have been working hard on getting the message out to the community on suicide prevention but we can do more.
- The ADAMHS Board will host a Suicide Prevention and Intervention Summit with leaders from the African American, Hispanic, Asian, as well as the LGBTQ+ community, who will talk with the community about talking with a loved one about suicide prevention. We want to reach our families, significant others, faith-based, schools, community groups, etc., to talk about the stigma, suicide and intervention strategies. The summit will consist of a keynote speaker, panelist representing marginalized populations and breakout sessions. We want to create a strategy to keep the conversation going. This is the beginning of an ongoing dialogue.
- The Summit will be held on September 25, 2023 from 8:30 a.m. to 2:00 p.m. at the Educational Service Center of Northeast Ohio, 6393 Oak Tree Boulevard, in Independence. The facility is free to the ADAMHS Board.

Number of Individuals to be served:

- Approximately 100 people.

Funding Use:

- To pay for food for a light breakfast and boxed lunches, beverages and an honorarium for presenters.

Client & System Impact:

- To provide the community with information about how to talk about suicide with loved ones, especially individuals within marginalized populations.
- To provide information about resources for help and support.

Metrics <i>(How will goals be measured)</i>	<ul style="list-style-type: none">• Number of people in attendance at the Suicide Prevention and Intervention Summit.• Pre and post surveys will be completed by participants in order to determine increase in knowledge and awareness related to suicide prevention.
Evaluation/ Outcome Data <i>(Actual results from program)</i>	<ul style="list-style-type: none">• N/A

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

- ADAMHS Board staff request approval to host a Community Conversation: Suicide Prevention and Intervention Summit on September 25, 2023, at the Educational Service Center of Northeast Ohio, 6393 Oak Tree Boulevard, in Independence, in an amount not to exceed \$6,500 for food, beverages and an honorarium for presenters.
- Approved by the Community Relations & Advocacy Committee on May 3, 2023.
- Approved by the Finance & Operations Committee on May 17, 2023.



Agenda Process Sheet

Date: May 24, 2023

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

Topic: Agreement with Cuyahoga County Board of Developmental Disabilities (CCBDD) for Shared Costs

Contractual Parties: Cuyahoga County Board of Developmental Disabilities

Term: June 01, 2023 – May 31, 2025

Funding Source(s): ADAMHS Board & CCBDD Local Funds

Amount: Not to exceed \$600,000 for Contract Period
Varies due to utilization; 50% of amount will be reimbursed by CCBDD

- New Program
- Continuing Program
- Expanding Program
- Other Shared Costs

Service Description:

- This agreement between the ADAMHS Board and CCBDD for shared costs allows the CCBDD to reimburse the ADAMHS Board the cost of residential treatment services for youth with multisystem involvement, including, but not limited to, both CCBDD and the ADAMHS Board, to prevent deeper system involvement.
- CCBDD will reimburse the ADAMHS Board the amount of CCBDD’s portion of shared costs for residential treatment services, including, but not limited to mental health crisis beds, and other supplemental services such as additional supervision (1:1) of a client, etc., for youth with co-occurring mental health and developmental disabilities diagnoses.

Background Information:

- Youth with multisystem involvement who require shared costs are identified through Family and Children First Council’s (FCFC) Service Coordination Team which is comprised of the Cuyahoga County Department of Children and Family Services (CCDCFS), Cuyahoga County Juvenile Court (CCJC), CCBDD, and ADAMHS Board.
- CCBDD can only contract with and directly pay organizations licensed as Intermittent Care Facilities (ICF). Behavioral health organizations are not considered an ICF, so the shared cost agreement was created in 2010 to allow CCBDD to participate in sharing the cost of residential placements for youth with developmental disabilities in need of residential treatment services.

Number of Individuals to be served:

- 7 to 8 youths per year

Funding Use:

- The funding will allow youth involved in both CCBDD and the ADAMHS Board systems to receive residential treatment, including mental health crisis beds, and other supplemental services.

Client & System Impact:

- Reduced hospitalization
- Community retention
- Enhanced cross-system partnerships

Metrics <i>(How will goals be measured)</i>	<ul style="list-style-type: none">• Total number of youths who were served through shared funding
Evaluation/ Outcome Data <i>(Actual results from program)</i>	<p><u>CY2021</u></p> <ul style="list-style-type: none">• 8 total youths were served through shared funding <p><u>CY2022</u></p> <ul style="list-style-type: none">• 7 total youths were served though shared funding

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

- To authorize the Shared Cost Agreement between the ADAMHS Board and CCBDD for the ADAMHS Board to remain the fiscal agent on behalf of CCBDD to fund shared cost agreements for youth with both MH/DD needs who require residential treatment and crisis stabilization services.
- Approved by the Planning & Oversight Committee on May 10, 2023.
- Approved by the Finance & Operations Committee on May 17, 2023.



Agenda Process Sheet
Date: May 24, 2023

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|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input 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 checked="" type="checkbox"/> General Meeting |

Topic: Public Relations Independent Contractor
Contractual Parties: Jorge Ramos Pantoja
Term: May 8, 2023 – November 7, 2023
Funding Source(s): ADAMHS Board
Amount: \$30 per hour not to exceed \$27,720

- New Program** **Continuing Program** **Expanding Program** **Other Independent Contractor**

Service Description:

- The ADAMHS Board has selected Jorge Ramos Pantoja as the Public Relations Independent Contractor to assist with the daily operations of the ADAMHS Board External Affairs team at \$30 per hour up to 35 hours per week for a six-month term.
- Mr. Pantoja duties shall include:
 - Designing, writing, proofreading, copyediting, and distributing public information in both written and electronic format
 - Developing, posting, and maintaining the content of the ADAMHS Board’s website and social media platforms
 - Assisting as directed with public awareness campaigns
 - Assisting in coordinating, promoting, and staffing internal and external awareness activities, as well as other public relations events, such as health fairs, town hall meetings, and community outreach
 - Attending internal and external meetings as directed
 - Performing special projects as needed and other related duties as assigned

Background Information:

- There is an immediate need for assistance with the ADAMHS Board External Affairs team to assist with public relations matters, due to personal staffing issues.
- Mr. Pantoja is an Emmy and PROMAX award winning communicator with cultural sensitivity trusted by members of the press, public officials, and private organizations. He has experience as a journalist in local television and has communication and public relations experience in local government.

Number of Individuals to be served:

- Not applicable

Funding Use:

- Funding will be used to disseminate vital communications and information about the ADAMHS Board.

Client & System Impact:

- Cuyahoga County residents and Providers will be able to stay current with various communications from the ADAMHS Board regarding mental health, addiction, prevention, treatment and recovery support services.

Metrics <i>(How will goals be measured)</i>	<ul style="list-style-type: none">• Not applicable
Evaluation/ Outcome Data <i>(Actual results from program)</i>	<ul style="list-style-type: none">• Not applicable

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

- To ratify the six-month contract with Jorge Ramos Pantoja to serve as a Public Relations Independent Contractor for \$30 per hour, not to exceed \$27,720.
- Approved by the Finance & Operations Committee on May 17, 2023.



Agenda Process Sheet
Date: May 24, 2023

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

Topic: Mobile Response and Stabilization Services (MRSS) Pass-through Funding

Contractual Parties: First Alliance Healthcare

Term: January 1, 2023 – June 30, 2023

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

Amount: \$250,000

- New Program**
- Continuing Program**
- Expanding Program**
- Other Pass-through Funds**

Service Description:

- The ADAMHS Board will serve as the fiscal agent for pass-through funds for MRSS to First Alliance Healthcare in the amount of \$250,000 for State Fiscal Year (SFY) 2023.

Background Information:

- MRSS is a 24/7 crisis service where a team of two providers responds in person within sixty minutes for youth up to age 21.
- MRSS can provide up to four to six weeks of in-home de-escalation and stabilization. The MRSS team works within the family system to create safety plans, teach skills, provide peer support and link to ongoing services to prevent future crises and reduce the need for out-of-home treatment.
- MRSS is an evidence-based and trauma informed statewide service, included in Ohio Resilience through Integrated Systems and Excellence (OhioRISE). It has a statewide, centralized call center to triage and dispatch calls to local certified MRSS providers.
- OhioMHAS is leading the selection and certification of MRSS providers and oversees the implementation and coordination of the statewide call center and MRSS provider network.
- The crisis is defined by the youth and/or family according to the MRSS model.
- A team of two MRSS providers responds in person to calls in the community. The MRSS team is comprised of licensed supervisors, licensed therapists, certified peer supporters and has access to a nurse practitioner or psychiatrist.

Number of Individuals to be served:

- Number of individuals to be served is unknown at this time as OhioMHAS will be monitoring the First Alliance Healthcare MRSS team.

Funding Use:

- Funds will support initial expenses required for infrastructure related to MRSS services in the community.

Client & System Impact:

- Provide de-escalation and stabilization for families experiencing a self-defined crisis that occurs within the home or community environment.
- Provide a systematic, trauma informed, evidenced based model to support children and families in crisis.
- Provide diversion from system involvement with DCFS and Juvenile Justice.
- Reduce the need for out-of-home treatment for crisis stabilization.

Metrics <i>(How will goals be measured)</i>	OhioMHAS will be monitoring the First Alliance Healthcare MRSS team.
Evaluation/ Outcome Data <i>(Actual results from program)</i>	N/A-New

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

- To accept \$250,000 of pass-through funding from OhioMHAS for MRSS and contract with First Alliance Healthcare from January 1, 2023 through June 30, 2023 in the amount of \$250,000.
- Approved by the Finance & Operations Committee on May 17, 2023.



Agenda Process Sheet
Date: May 24, 2023

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|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input 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 checked="" type="checkbox"/> General Meeting |

Topic: Ohio Association of County Behavioral Health Authorities (OACBHA) FY2024 Membership Dues

Contractual Parties: OACBHA

Term: July 1, 2023 – June 30, 2024

Funding Source(s): ADAMHS Board

Amount: \$19,000

- New Program** **Continuing Program** **Expanding Program** **Other** Membership Dues

Service Description:

- Membership dues to OACBHA, the statewide organization that represents the interests of Ohio’s ADAMHS Boards at the state level. Each member ADAMHS Board pays annual membership dues to OACBHA to support its operations, advocacy and educational efforts.

Background Information:

- OACBHA works to provide education, develop policies and seek support for initiatives that will expand and enhance mental health and substance abuse prevention, treatment and recovery support services.
- OACBHA provides a forum to address statewide issues and provides Boards with a single voice to communicate with a variety of governmental bodies to promote a Recovery Oriented System of Care.
- OACBHA has been a vital source of information, resources and advocacy with the Ohio Department of Mental Health and Addiction Services (OhioMHAS) during the COVID-19 pandemic.
- The dues remain the same as the previous fiscal year.

Number of Individuals to be served: N/A

Funding Use:

- Funds will be used to pay annual OACBHA membership dues for FY2024 (July 1, 2023 – June 30, 2024).

Client & System Impact:

- OACBHA decisions and actions are guided by compassion and the needs and experiences of people living with mental illness and/or addictions, as well as the desire to improve their quality of life.
- Advocating for system funding to provide mental health and addiction treatment and recovery services to clients.

- Influencing legislation for the best interest of clients.
- Providing educational opportunities for clients, providers and ADAMHS Board Directors and staff.
- Offers Culture of Quality Board certification to ensure best practices at the Board level.

Metrics <i>(How will goals be measured)</i>	<ul style="list-style-type: none"> • Continued updates and discussions about legislation impacting mental health and/or addiction treatment and recovery services. • Continued advocacy efforts before the legislature.
Evaluation/ Outcome Data <i>(Actual results from program)</i>	<ul style="list-style-type: none"> • OACBHA has been a vital source of information, resources and advocacy with OhioMHAS. • Supported items in the State Budget that positively impacted funding for mental health and/or addiction treatment and recovery services. • Continued successful hosting of Opioid and Recovery Conferences. • OACBHA has been successful in fulfilling its mission to provide leadership as the unifying voice promoting local Recovery Oriented Systems of Care that provide mental health and addiction prevention, treatment, and supports services for all Ohioans. • OACBHA continues to provide excellent services to Boards, such as one-on-one consultation, answering questions, providing information and education to all involved with the behavioral health system and the legislature, advocacy, new CEO and Board orientation, representing Board and clients interests to the state departments, legislative testimony preparation, providing legislative updates, organizing statewide conferences, etc.

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

- Approval of payment to the Ohio Association of County Behavioral Health Authorities (OACBHA) for annual membership dues for FY2024 (July 1, 2023 – June 30, 2024) in the amount of \$19,000.
- Approved by the Finance & Operations Committee on May 17, 2023.

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

RESOLUTION NO. 23-05-04

APPROVAL OF CONTRACT AMENDMENTS

1. Amendment to Resolution 22-11-05 Agreements with Attorneys for Civil Commitment Hearings
2. Amendment to Resolution 23-02-03 Cleveland Division of Police, Department of Justice, Bureau of Justice Assistance (BJA) Co-Responder Project Gap Funding

WHEREAS, the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County (ADAMHS Board) Chief Executive Officer (CEO) has determined it necessary and within the administrative and operational budget to amend the contracts with the following entities:

1. Amendment to Resolution 22-11-05 Agreements with Attorneys for Civil Commitment Hearings to increase the rate of payment for civil commitment hearings to \$200.00 per hour per hearing. All other terms remain the same for contracts with the following attorneys:
 - a. Ronald Balbier
 - b. Paul Friedman
 - c. Scott Friedman
 - d. Ted Friedman; and,
2. Amendment to Resolution 23-02-03 Cleveland Division of Police, Department of Justice, Bureau of Justice Assistance (BJA) Co-Responder Project Gap Funding to reflect that the City of Cleveland will be contributing \$49,985.00 toward the previously identified gap funding. All other terms remain the same; and,

WHEREAS, the Planning & Oversight and Finance & Operations Committees reviewed the ADAMHS Board staff's recommendations and recommends that the Board of Directors approve or ratify said contract amendments.

NOW, THEREFORE, BE IT RESOLVED:

A. The ADAMHS Board of Directors authorizes amending the ADAMHS Board resolutions listed below:

1. Amendment to Resolution 22-11-05 Agreements with Attorneys for Civil Commitment Hearings to increase the rate of payment for civil commitment hearings to \$200.00 per hour per hearing. All other terms remain the same for contracts with the following attorneys:
 - a. Ronald Balbier
 - b. Paul Friedman
 - c. Scott Friedman
 - d. Ted Friedman; and,

Amendment to Resolution 23-02-03 Cleveland Division of Police, Department of Justice, Bureau of Justice Assistance (BJA) Co-Responder Project Gap Funding to reflect that the City of Cleveland will be contributing \$49,985.00 toward the previously identified gap funding. All other terms remain the same.

B. The ADAMHS Board Chief Executive Officer is authorized to execute any necessary contractual agreements.

On the motion of _____, seconded by _____, the foregoing resolution was adopted.

AYES:

NAYS:

ABSTAIN:

DATE ADOPTED:



Agenda Process Sheet

Date: May 24, 2023

- | | |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input 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 checked="" type="checkbox"/> General Meeting |

Topic: Amendment to Resolution No. 22-11-05, Agreements with Attorneys for Civil Commitment Hearings

Contractual Parties: Attorneys: Ronald Balbier, Paul Friedman, Scott Friedman, and Ted Friedman

Term: June 1, 2023 – December 31, 2023

Funding Sources: ADAMHS Board Funding

Amount: \$200 per hearing

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

Service Description:

- Attorneys will be compensated \$200 per hearing for all hearings. Attorneys were previously compensated \$100 per hearing for most hearings.
- Attorneys will still be compensated \$100 per motion, and \$100 per hour for additional services, so long as additional services receive prior approval from the ADAMHS Board.
 - Attorney Paul Friedman files motions on behalf of the ADAMHS Board.
- Attorneys represent the ADAMHS Board at involuntary civil commitment hearings.

Background Information

- By law (Ohio Revised Code 5122), the ADAMHS Board is required to ensure that persons temporarily detained for involuntary hospitalization actually meet the legal criteria for civil commitment.
- Probate court shall refer to ADAMHS Boards an affidavit to assist the court in determining whether persons temporarily detained for involuntary hospitalization are subject to court-ordered treatment and whether alternatives to hospitalization are available.
- Attorneys represent the Board at civil commitment hearings to ensure that persons subject to court-ordered treatment have due process.

Number of Individuals to be Served:

- Attorneys represent the Board at over 1,000 hearings per year.

Funding Use:

- Attorneys represent the ADAMHS Board at civil commitment hearings.

Metrics <i>(How will goals be measured)</i>	1. Attorneys – Competent and professional legal representation.
Evaluation/ Outcome Data <i>(Actual results from program)</i>	YTD Attorney Probate Court Hearings (January 1 – May 12): 468 1. 100% were considered to be competent and professional representation.

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

- To approve contract amendments with Attorneys Ronald Balbier, Paul Friedman, Scott Friedman, and Ted Friedman for \$200 per hearing.
- Approved by the Finance & Operations Committee on May 17, 2023.

Agenda Process Sheet
Date: May 24, 2023

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|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input 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 checked="" type="checkbox"/> General Meeting |

Topic: Amendment to Resolution No. 23-02-03, Cleveland Division of Police, Department of Justice, Bureau of Justice Assistance (BJA) Co-Responder Project Gap Funding

Contractual Parties: FrontLine Service – \$45,000
Murtis Taylor Human Services System – \$75,000

Term: October 1, 2019 – June 30, 2023

Funding Source(s): ADAMHS Board and City of Cleveland

Amount: \$120,000 (**\$49,985 from the City of Cleveland**)

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

Service Description:

- The City of Cleveland will be contributing \$49,985 for gap funding for the Co-Responder Project through June 30, 2023 as it goes through its internal process to continue and expand the Co-Responder Project with American Rescue Plan Act (ARPA) funding.
- In February 2023, this Board approved gap funding for the Co-Responder Project for FrontLine Service (\$45,000) and Murtis Taylor Human Services System (\$75,000) through June 30, 2023.
- In September 2022, this Board approved a no cost extension through March 31, 2023 to allow the providers to spend the remaining funds in the Bureau of Justice Assistance (BJA) grant.
- In May 2020, the ADAMHS 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.
 - The Co-Responder Teams operate 40 hours per week, second shift.
 - The Crisis Specialist is paired with a Crisis Intervention Team (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 3. Murtis Taylor Human Services System is assigned to Districts 2 and 4.
 - Crisis Specialists along with CIT Officers work collaboratively with other aspects of public safety such as EMS and dispatch in order to reduce the high utilizers of service by providing ongoing monitoring and support.

Background Information:

- Cleveland Police indicated through their data collection that more than half of the clients at St. Vincent Psychiatric 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, and most are not a result of criminal behavior but an emotional crisis in the community.
- Across the country, police departments report that jails and prisons are the largest de facto mental health facilities in the country.

Number of Individuals to be served:

- Up to 800 per year

Funding Use:

- The funding will allow the Co-Responder Project to continue while the City of Cleveland goes through its legal and legislative process to allocate ARPA fund to this project.

Client & System Impact:

- To reduce the use of emergency rooms and jails and link people to services.
- To increase collaboration and problem solving with behavioral health.
- To reduce the number of calls for service to public safety.

Metrics <i>(How will goals be measured)</i>	<ul style="list-style-type: none">• The number of calls per district assigned to the Co-Responder Team,• The number of CIT calls diverted from jail,• The number of CIT calls referred and linked to services.
Evaluation/ Outcome Data <i>(Actual results from program)</i>	<ul style="list-style-type: none">• Between December 2020 -June 30, 2022, 3,045 behavioral health crisis incidents were logged across all five Cleveland Police Districts.• Over 40% of clients were able to be contacted by the co-responder team following an incident.• No clients were arrested/taken to jail.• Nearly 19% of clients were re-linked with their behavioral health provider.

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

- To amend Resolution No. 23-02-03, Cleveland Division of Police Co Responder Project, to accept funding in the amount of \$49,985 from the City of Cleveland for gap funding for the Co-Responder Project.
- Approved by the Finance & Operations Committee on May 17, 2023.