

December 30, 2013

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William M. Denihan

Ms. Debbie Hughes  
OhioMHAS  
Office of Planning, Quality & Research  
30 East Broad Street, 8<sup>th</sup> Floor  
Columbus, Ohio 43215

Dear Ms. Hughes:

The Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County is pleased to submit the original "Signature Page", which is a requested component of the Community Plan Guidelines SFY 2014. Furthermore, the entire ADAMHS Board's Community Plan Guidelines SFY 2014 will be submitted electronically to [Debbie.Hughes@mha.ohio.gov](mailto:Debbie.Hughes@mha.ohio.gov) per Mr. Roy Pierson's request.

Should you have any questions and/or require additional information related to the Community Plan Guidelines SFY 2014, please feel free to contact Ms. Valeria A. Harper, Chief Operating Officer, at (216) 241-3400, Extension 705. Ms Harper's electronic address is [harper@adamhsc.org](mailto:harper@adamhsc.org).

Sincerely,



WILLIAM M. DENIHAN  
Chief Executive Officer

WMD:layl

Enclosure: One (1)

Copy to: Valeria A. Harper, Chief Operating Officer, ADAMHS Board of  
Cuyahoga County  
Executive Team, ADAMHS Board of Cuyahoga County



SIGNATURE PAGE

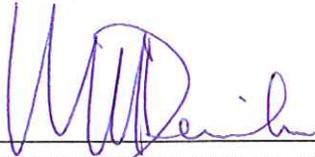
Community Plan for the Provision of  
Mental Health and Addiction Services  
SFY 2014

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

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

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

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



ADAMHS, ADAS or CMH Board Executive Director  
**William M. Denihan, Chief Executive Officer**

11-6-13

Date



ADAMHS, ADAS or CMH Board Chair  
**Harvey A. Snider, Esq., Board Chair**

11-6-13

Date

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



**Ohio Mental Health and Addiction Services (OhioMHAS)  
Community Plan Guidelines SFY 2014**

**Environmental Context of the Plan/Current Status**

Describe the economic, social, and demographic factors in the Board area that will influence service delivery. (NOTE: There will be an opportunity to discuss the possible effects of Medicaid expansion upon your local system in question #12.) Cuyahoga County remains the most populous county in the state with nearly 1.3 million residents, with just fewer than 400,000 persons residing in the city of Cleveland (U.S. Census Bureau, 2010 Census). Representative figures contrast the population of the city and county:

	<b>Cuyahoga County</b>	<b>City of Cleveland</b>
<b>White</b>	64%	37%
<b>African American</b>	30%	53%
<b>Other Races</b>	6%	10%
<b>Hispanic</b>	5%	10%
<b>Poverty Rate</b>	15%	29%
<b>Unemployment Rate</b>	8%	10%

Poverty, unemployment, and a culturally diverse population pose challenges in the delivery of all health and social services, particularly in the city of Cleveland and the inner ring suburbs. In the area of behavioral health, this is reflected by the fact that the ADAMHSBCC’s recent Community Needs Assessment indicated that *over one third of low income persons in the county estimated to be in need of mental health treatment were not served*. The need is particularly great among those consumers who are ineligible for Medicaid and for the provision of recovery-related services which are not covered by Medicaid such as employment training and stable housing. Additionally, the delivery of behavioral health services to Cuyahoga’s County’s reentry population -- the largest in the state at 19% of all returning state prisoners – is particularly difficult and resource-intensive. In addition to state funding reductions, there has been a decrease in revenues from the Cuyahoga County Health & Human Services Levy as a result of local economic conditions, further limiting available resources for behavioral health services.

1. At the same time, the current economic crisis has increased risk factors for individuals and families including stress on the family system resulting from high, long term unemployment and the ensuing poverty and erosion in the standard of living for many. High demand and reduced funding levels have diminished the capacity of the network to meet the needs of increasingly high-risk populations. The ADAMHSCC also projects an additional need for services among its addiction providers as problem gambling is expected to increase locally.

**Assessment of Need and Identification of Gaps and Disparities**

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gap issues and disparities, if any. (NOTE: ORC 340.03 requires service needs review of: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils; and (2) outpatient service needs of persons currently receiving treatment in state Regional Psychiatric Hospitals)

Published in April 2011, the ADAMHSCC undertook a comprehensive community needs assessment to determine the prevalence of behavioral health disorders in Cuyahoga County, particularly among the low income population. The services of the Center for Community Solutions were retained to carry out the data analysis. In brief, the findings of the comprehensive study revealed findings below. The Board will begin planning its updated Needs Assessment in 2014.

**Demographic and Risk Profile:** Compared to the average of similar Ohio counties and cities:

- Cuyahoga had a higher proportion of African Americans and Hispanics.
- Cuyahoga had higher poverty rates for both children and seniors, and Cleveland had higher poverty rates for all age groups.
- A higher proportion of Cuyahoga and Cleveland families with children were headed by a single female.

**Estimated Prevalence of Mental Disorders:**

- Of the population with incomes fewer than 200 percent of the federal poverty level (FPL), an estimated prevalence of 19,566 children, 34,271 working-age adults, and 10,497 seniors, or a total of 64,335 low-income persons in the county have mental disorders.

**Estimated Prevalence of Substance Disorders:**

- An estimated 99,205 persons of all income levels and 29,895 persons below 200 percent of the FPL abuse or are dependent on alcohol or drugs.
- Young adults 18 to 25 have twice the prevalence rate of substance (AOD) disorders as those younger or older, and are represented disproportionately in the county prevalence estimates, 25,408 at all income levels, and 9,419 at low incomes.
- Whites and African Americans have similar AOD prevalence rates, but since African Americans are more likely to be poor or near-poor, almost equal numbers of both races are represented among low-income persons in need.
- A report issued by the Cuyahoga County Medical examiner noted that, over the past five years, the increase in accidental deaths from heroin has increased by 79% in the City of Cleveland and by 175% in the county's suburbs.

**Co-Occurring Mental and Substance Disorders:**

- An estimated 27,516 persons over 18 in the county had both moderate or serious mental disorders and a co-occurring substance disorder; an estimated 7,984 of these had incomes below 200% of poverty.

**Profile of ADAMHS Consumers**

- Fifty-nine percent (59%) of mental health consumers were between 18 and 64, 37 percent were under 18, and 4 percent were 65 or over.
- Racially, African Americans made up slightly more than half of all mental health consumers but 62 percent of those under 18.
- Whites comprised 29 percent of mental health consumers under 18, 44 percent of those 18 to 64, but 61 percent of seniors.
- Ten percent of mental health consumers were of Hispanic origin.

**Low-Income Persons with Unmet Mental Health Needs:**

- 57 percent of low-income persons with mental disorders were served
- For all low-income people needing mental health services, Cuyahoga's 57 percent rate of consumers served was the second lowest among the six comparison counties.

**Low-Income Persons with Unmet AOD Service Needs:**

- An average of 9,700 consumers received AOD services, about one-third of those in need who were below 200 percent of the FPL,
- Cuyahoga had the second-lowest percentage of low-income people in need who received AOD services (32 percent), compared to an average of 46 percent for the other six counties and 41 percent for Ohio as a whole.
- There was a particular unmet need among adolescents and young adults.

**Unmet Need for Treatment of Co-Occurring Mental and Substance Disorders:**

- An average of 2,470 consumers per year received both mental health and substance treatment, (about 31 percent of those in need).

### **SMD and SED Consumers**

- Almost one-third (6,600 or 30.3 percent) of adult consumers were diagnosed with schizophrenia. *The rate of schizophrenia among adult consumers was twice as large in Cuyahoga County as in the average of comparison counties (16.5 percent) and for all boards in the state (14.6 percent).*

### **Heroin Epidemic**

Cuyahoga County is currently in the throes of a rising heroin epidemic. A preliminary 2013 mid-year statistical report on heroin-related deaths in Cuyahoga County, released by the County Medical Examiner in September indicates:

- 97 ruled cases in Cuyahoga County. Expect to exceed 190 deaths this year which will be the number one killer of accidental deaths over motor vehicle accidents, suicides, homicides, and accidental falls.
- 27 ruled cases were female, 70 ruled cases were male.
- 27.84% of heroin-related deaths in Cuyahoga County are female.
- 86.6% of heroin-related deaths in Cuyahoga County are white.
- 47 heroin-related deaths were residents of the City of Cleveland, or 48.43%, and 46 heroin-related deaths were residents of suburban communities, or 47.42%.
- Projections for 2013 are between 190-199 heroin-related deaths.

### **Child service needs resulting from finalized dispute resolution with Family & Children First Councils**

Since its inception in the early nineties, the Ohio Family & Children First Initiative has been a catalyst for bringing communities together to coordinate and streamline services for families and children needing or seeking assistance. As the planning entity for Cuyahoga County, the Family & Children First Council (FCFC) promotes a collaborative system of care emphasizing a continuum of family-centered, neighborhood based, culturally-competent services to ensure the well-being of every child to preserve and strengthen families in their communities. The state mandated each county to develop a service coordination plan that will drive the development of protocols and procedures for serving multi-system children. The current standard is to coordinate services influenced by the Wraparound Philosophy. This approach assists families in identifying their needs and strengths in effort to obtain goals with an individualized strategy within a team. The family is known as the spearhead of decisions while additional team members provide their expertise and knowledge. This is often achieved by intervening with intensity and frequency to divert a potential placement, prevent involvement in a mandated system, or to reduce the length of stay if a placement is sought. The aforementioned process has not been employed since the inception of FCFC initiative.

The process for resolving inter-system challenges is initiated with communication at the direct service level. If an agreement is not determined, the situation will progress to the supervisory level progressing up to Juvenile Court involvement. The goal is to resolve conflicts at the earliest level of intervention. For crisis level cases, the goal for resolution is within **7 working days**. If no crisis exists, resolution needs to be achieved within **30 days**. Each system must include a letter regarding the process relative to the dispute resolution within their intake package for their families to review. In some cases, there are situations are not relative to service coordination. In those cases, parents/guardians must contact the agency in which services are rendered to address disputes. This process is in addition to and does not replace other rights or procedures parents/guardians may have under other sections of the Ohio Revised Code. Each agency represented through FCFC, providing services or funding for services subject of a dispute initiated by a parent, shall continue to provide those services or funding during the dispute process.

The dispute resolution sequence is as follows:

- Worker to Worker - (if not resolved within 24 hours, engage Supervisors)
- Supervisor to Supervisor - (if not resolved within 24 hours, engage Liaisons)
- Liaison to Liaison - (if not resolved within 24 hours, contact FCFC to engage the System Executives)
- Executive to Executive - (if not resolved within 24 hours, contact FCFC to engage the full Executive Committee)
- FCFC Executive Committee - (if not resolved within 24 hours, contact FCFC to engage the County Executive or the Health and Human Services Director to convene the Mediation Committee)
- Role of the Mediation Committee - (if not resolved within 24 hours, file with Juvenile Court)

- Final arbitration - Juvenile Court Administrative Judge

### **Outpatient service needs of persons currently receiving treatment in state Regional Psychiatric Hospitals)**

The ADAMHS Board has implemented Central Intake and Assessment program to ensure that services are accessed in a timely manner and are tailored to meet the recovery needs of the consumer. Currently, the Alcohol and Drug Addiction Services board of Cuyahoga County contracts with a provider to serve as Central Assessment entity to assist individuals seeking mental services by providing screening, an assessment of their treatment needs and linkage/referral to an agency for ongoing services. The ADAMHS Board is considering implementing a similar process for individuals with a primary substance use disorder to access services upon discharge into the community. The ADAMHS Board has a strong interest to replicate the various operational components of the centralized process that has proven to be effective for the hospital and community system(s).

### **Strengths and Challenges in Addressing Needs of the Local System of Care**

In addressing questions 3, 4, and 5, consider service delivery, planning efforts, and business operations when discussing your local system. Please address client access to services and workforce development. (see definitions of “service delivery,” “planning efforts” and “business operations” in Appendix 2).

3. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment? (see definition “local system strengths” in Appendix 2).

Data from the Board’s most recent needs assessment indicates Cuyahoga County having a higher infant mortality rate and a higher percentage of low-weight births in comparison to other counties. In contrast, Cuyahoga County’s most recent child fatality annual report reflects that the infant mortality rate (IMR) is the lowest since 2003. The 2012 IMR estimate of 8.7 deaths per 1,000 births is based upon 129 infant deaths among 14,757 live births according to preliminary data received from the Ohio Department of Health. Our local IMR of 8.7 remains significantly higher than the Ohio rate of 7.5 in 2012 and the estimated US rate of 6.1 for 2011. As such, Interagency communication remains key in addressing the infant mortality issue locally and county wide. As mentioned, the Board participates on the Child Fatality Review Committee coordinated by the Cuyahoga County Office of Health & Human Services chaired by the Cuyahoga County Board of Health. The committee is comprised of various child-serving systems, hospitals, the Cuyahoga County Coroner’s Office to address child/infant deaths.

#### **Workforce Development:**

In the area of employment and vocational services, the Board is committed to Recovery and consumer employment; therefore, provides funding to Catholic Charities Services Corporation, Jewish Family Services Association, Recovery Resources, and Magnolia Clubhouse for the delivery of employment/vocational services. Such services have helped many people living with mental illness and addictions obtain and sustain competitive employment in the community.

Since 2009, the Board has contracted with Opportunities for Ohioans with Disabilities Agency (formerly Ohio Rehabilitation Services Commission) through the Vocational, Rehabilitation, Public and Private Partnerships Contract (VRP3) and Recovery to Work (RTW) Contract. The VRP3 and RTW contracts enabled over 800 people living with mental illness and addictions to receive employment/vocational rehabilitation and treatment services.

The Board provides funding to three Consumer Operated Services agencies: Future Directions, Life Exchange Center and Living Miracles. These agencies employ many people living with mental illness and addictions as Peer Support Specialists and in other positions that are essential to the agency’s mission and behavioral health system.

The Board contracted with the Ohio Department of Mental Health and Addictions Services, in partnership with Opportunities for Ohioans with Disabilities Agency, to provide employment/vocational rehabilitation services and Certified Peer Specialist Training (CPS). Through this workforce initiative, eight people living with mental illness and addictions will become Certified Peer Specialists, which will increase their employability. The CPS training was provided by the Ohio Empowerment Coalition.

The Board provides funding to several contract agencies that provide peer support services. These contract agencies employ many people living with mental illness and addictions to help others on their road to recovery.

**Crisis Services:**

The ADAMHS Board funds a dedicated Psychiatric Emergency Department (PED), a 24/7 Mobile Crisis Team (MCT), and a 12 bed Crisis Stabilization Unit (CSU) as a part of the Cuyahoga crisis continuum. The PED services an average 332 clients every month utilizing a diverse staff of all RN nursing staff, Psychiatrists, Social Worker, Mental Health Technicians and a Security guard. Services include crisis intervention, pharmacological management, 23 hour, linkage and referral. The MCT teams are composed of Social Workers with access to nurses and a Psychiatrist. The teams provide services to more than 3,500 Adult Consumers and 455 Children per quarter. The ADAMHS facilities a bimonthly meeting with the local Emergency Departments and other Crisis Providers to address system issues and when need be address specific clinical issues.

**Inpatient Services:**

Board staff participates in a weekly and monthly interdisciplinary team meeting at Northcoast Behavioral Healthcare (NBH) to identify barriers to discharge and assist with resources to help the Clients transition back to the community. Board staff has developed a strong relationship with NBH leadership team which allows successful collaboration. Consumers who are in need of a Community Mental Health Provider are assigned an Agency upon admission to NBH.

The Board funds Local Providers to have designated Agency staff (Hospital Liaison) whose primary duties are to coordinate discharge plan with the inpatient Social Workers and to provide the follow up care if the client does not have a CPST worker.

The Board also funds the Bridge Program which consists of a Psychiatrist and Behavioral Health RN. This program will provide short term (up to 6-8 weeks) pharmacological management to a Consumer discharged from NBH who may not be able to obtain an appointment with a Prescriber post two weeks discharge. This has help with the recidivism as continuity of care.

The Board also participates in a monthly meeting that is conducted by Mike S. from ODMHAS to address complex patients in the hospital.

**Criminal Justice:**

Cuyahoga County has a strong relationship with criminal justice agencies throughout the county. We presently have programming engaging mentally ill offenders at various intercept points within the criminal justice system. We offer ongoing training, i.e. Crisis Intervention Team Training with various law enforcement agencies across the county. We continue to house Mental Health Jail Liaisons at the Cuyahoga County Corrections Center as well as liaisons for the municipal courts and the local Community Behavioral Corrections Facility. Cuyahoga County has a wide range of programming for offenders coming out of prison and or placed on probation. Our challenges are many...lack of housing for sex offenders, lack of centralization coordination of referrals for people coming out of prison, lack of funding to reduce the case load size of specialized criminal justice programming and lack of coordinated dual disorder services.

We had a (CJ/BJ) Criminal Justice/Behavioral Health group meeting monthly. Members are decision makers in the Court of Common Pleas, Prosecutor's office, Sheriff, Probation Department, Developmental Disabilities, Re-entry office, CBCF, Employment connections and TASC, and Housing Network. We have met with the state Directors of Prisons, Mental Health and Addiction Services, and state and local legislators. An agenda includes:

- Jail reduction

- Behavioral health in jail
- Behavioral health exit jail
- CBCF Mental Health
- Mental Health and Drug Court issues
- Forensic beds in state or in jail
- Diversion programs

**Housing and Residential Services:**

The Board participates in the local Continuum of Care (CoC) process and contracts with a number of CoC funded agencies providing a variety of housing related activities. The local system has been able to develop a continuum of care to meet the needs of the chronic homeless population, including individuals suffering from SPMI.

The Board has developed a coordinated referral process for the system’s access to adult residential treatment facility beds. The Board is reviewing and directly working with its providers to access referrals that are generated by, CPST staff, state hospital, and other contract agencies. This process is managed by Board staff in partnership with four (4) adult residential treatment provider agencies. In addition, the Board has created step-down options for those consumers discharge ready from the state psychiatric hospital system. These options include residential treatment environments for special need populations (i.e., deaf, developmental disability, older adult, SAMI, young adult, forensic, etc.), subsidies for consumers residing in Adult Care Facilities and independent living environments. Due to the population needs in the County, the challenge for the local system is capacity management, maintaining access, and the ability to provide the appropriate level of housing support for ALL of the eligible consumers in the system. The growing population needs are those aging out of foster care, the young adult exiting youth facilities and re-entry population. Board staff continues to collaborate at the local and state level to promote and support the continued development of various housing options for the community.

One example in addressing the aforementioned challenges is the partnerships identified in the “collaboration” section identifying the Board, Help Me Grow (HMG), Cuyahoga County Board of Developmental Disabilities, Invest In Children, the Educational Services Center (ESC), CJ/BH Executive Group (referred in Criminal Justice), and the Cuyahoga County Division of Children and Family Services (DCFS) to fund the Early Childhood Mental Health Coordinator position. The position was viewed as fundamental to improve the ECMH referral process for children and their families across systems. The coordinator position serves as the single point of entry for children birth to 6 years old, experiencing emotional, behavioral, and social distress.

Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to state departments.

4. What are the challenges within your local system in addressing the findings of the needs assessment? (see definition of “local system challenges” in Appendix 2).

The Alcohol and Other Drug (AOD) Prevention Services Needs Assessment concluded, although the AOD prevention service delivery system has numerous strengths and favored among consumers, systemic adjustments will need to occur to effectively address the increased AOD prevention service needs due to imposed funding reductions.

- a. What are the current and/or potential impacts to the system as a result of those challenges?  
 In response to the question above, the prescription drug and heroine epidemic has significantly impacted Cuyahoga County and other adjacent counties. Our current needs assessment indicated during 2008, 6.1% of children 12 years or older was estimated using prescription psychotherapeutic drugs non-medically in the past year, and 2.9% of the same age youth was estimated to have used psychotherapeutic drugs non-medically illustrating an increase from the previous year. In 2009, the Ohio Department of Health Prevention Program reported that heroine and other opiates, including illegal pain relievers such as OxyContin and Vicodin contributed to 54% of all unintentional overdose deaths in 2009 reflecting an

increase up to 8% from 2008.

The alarming statics, which have increased since that time frame have caused a major gap within the system specifically for the adolescent population, as the system is without a detox program for children. As such, there is an increased need to educate the community about the inclusion of prescription drugs that are considered an “opiate”. Prevention services within the school are key to decrease the number of accidental deaths within our community relative to AOD issues. To address the aforementioned, the Board has met with the Superintendent of Cleveland Metropolitan School District to determine necessary steps to address the opiate/heroin epidemic to middle and high school students. As such, AOD prevention providers were requested to increase prevention programming relative to the opiate/heroin epidemic

- b. Identify those areas, if any, in which you would like to, receive assistance from other boards and/or state departments.
5. Describe the Board’s vision to establish a culturally competent system of care in the Board area and how the Board is working to achieve that vision (see definitions of “cultural competence” and “culturally competent system of care” in Appendix 2).

ADAMHSCC Board’s commitment to create a culturally competent system of care is an ongoing process that involves the Board of Directors, Board staff, consumers/clients and partner agencies. Currently, the minority composition of the 18 member Board of Directors is seven (7) African Americans (3 males and 4 females) and one Hispanic female. The highly active board members participate in planning and system development discussion to ensure that services embrace the richness of the culture of the clients and their families and community norms. In addition, the Board’s F non-denominational Faith Based Committee continues to outreach into the community to acknowledge the importance of spirituality in the recovery process while providing resource information regarding behavioral health services.

As part of the Request for Information process to award provider contracts and allocations, Board staff examines the composition of the providers Board, management and direct services staff in tandem with the population that they serve. This remains a serious challenge for the majority of the providers especially among their Board and management team.

Finally, through the Board’s work in the schools, behavioral health services are desperately needed for the LGBTQ youths and efforts are in process to enhance the safety net for this vulnerable and often time victimized population by developing a model that includes both prevention and treatment services.

### Priorities

6. Considering the Board’s understanding of local needs, the strengths and challenges of your local system, what has the Board set as its priorities for service delivery including treatment and prevention and for populations? Below is a table that provides federal and state priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board’s priorities, and add the Board’s unique priorities in the space provided. For those federal priorities that are mandatory for the OhioMHAS and not selected by the Board, please check one of the reasons provided (e.g., no assessed local need, lack of funds to meet need, lack of necessary professional staff) or briefly describe the applicable reason.

#### Priorities:

From 100 plus stakeholders meeting priorities were discussed, presented, and established.

- Residential programs
- Employment/vocational services
- Crisis Services
- Peer Support Services
- Children’s services not funded by Medicaid.

Priorities for (enter name of Board)				
Substance Abuse & Mental Health Block Grant Priorities *Priorities Consistent OHIOMAS Strategic Plan				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG:</b> Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Continue treatment services for pregnant women with a substance use disorder	Enhance system awareness of treatment resources for women who are pregnant	Identify the number of females accessing treatment services  Decrease the number of babies born addicted	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG:</b> Mandatory: Parents with substance abuse disorders who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Access for consumers identified as discharge ready from state psychiatric hospital to less restrictive community setting (i.e. Adult Care Facility)	Provide direct subsidy to those consumers that access a licensed Adult Care Facility bed	Identify the number of consumers accessing bed  Decrease state psychiatric hospital bed days	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	Explore the development of recovery supportive services to meet the needs of residents of Cuyahoga County for sustainability due to the success of the current model through ATR.	<p>Develop a service continuum to sustain recovery supportive services such as housing, peer support, employment, etc.</p> <p>Sustain post survey outcomes to determine program success</p>	<p>Number of providers certified to provide supportive services</p> <p>Number of clients accessing supportive services</p> <p>Number of successful outcomes per survey</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant</b>				
<b>*Priorities Consistent OHIOMAS Strategic Plan</b>				
<b>Treatment:</b> Veterans	Convene meeting with the Executive Management team members of the local Veterans Administration.	Develop a collaborative relation with the local Veteran's Administration to develop programs and recovery support programs for mutually served clients.	<p>Initial meeting scheduled</p> <p>Establish meeting purpose, frequency and agenda</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Individuals with disabilities	Maintain collaborative working agreement with the Board of Developmental Disabilities	Enhance the local service continuum to include recovery supportive services such as peer support for dually diagnosed consumers	Identification of a viable peer support model	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	Expand local partnerships and resources to combat the heroin and opiate epidemic.	Solicit involvement from school districts, hospitals and the Faith-Based community.	<p>Number of community forums to provide information and resource materials</p> <p>Monitor access to treatment services and waiting lists</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<b>Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	Maintain current service continuum for the homeless population	Continue collaborative efforts with the Cuyahoga County Office of Homeless Service advisory board for strategic planning and system advisement	Meeting attendance	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Underserved racial and ethnic minorities and LGBTQ populations	Create services specific to the LGBTQ population.	Provide funding to a new provider with a primary focus on the LGBTQ population.	Number of persons served  Identification of best practice treatment approaches	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>Treatment:</b> Youth/young adults in transition/adolescents and young adults	Expand services specific to the transitional youth population	Incorporate supportive housing, employment, and educational supports to the service continuum for transitional youth.  Implement the SPF to identify and prioritize additional needs of transitional youth specific to Cuyahoga County	Identify the number of properties and available services  Convene transitional youth workgroup to implement the SPF process	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Early childhood mental health (ages 0 through 6)*	Sustain the provision of regionalized center-based consultation to support early child care providers and educators	Maintain system collaboration with key early childhood mental stakeholders to continue pertinent services in the community	Capture the number of children served regionally and specifically in Cuyahoga County receiving early childhood services.  Review outcome data demonstrating efficacy	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<p><b>Prevention:</b> Adopt a public health approach (SPF) into all levels of the prevention infrastructure</p>	<p>Develop a Strategic Planning Framework (SPF) coalition to train providers and community partners to identify and prioritize the needs of Cuyahoga County.</p>	<p>Implement a media campaign based upon the priorities identified through the SPF process.</p> <p>Incorporate the SPF process within Board funded projects such as AOD Prevention, Early Childhood Mental Health, and School Based Mental Health.</p>	<p>Evaluation plan to be developed by workgroup.</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>
<p><b>Prevention:</b> Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*</p>	<p>Sustain prevention services across life spans and populations with a focus on families with children/adolescents.</p>	<p>Enhance prevention service continuum to increase services for children and families, such as parenting programs, kinship care, transitional youth in foster care, and etc.</p>	<p>Increase the percentage of agency providers within the prevention continuum to provide services to children &amp; adolescents.</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>
<p><b>Prevention:</b> Empower pregnant women and women of child-bearing age to engage in healthy life choices</p>				<p>No assessed local need  <input checked="" type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>
<p><b>Prevention:</b> Promote wellness in Ohio's workforce</p>				<p>No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>
<p><b>Prevention:</b> Integrate Problem Gambling Prevention &amp; Screening Strategies in Community and Healthcare Organizations*</p>	<p>Continue strategies to increase community awareness of problem gambling as well as increase the number of screenings and referrals to treatment.</p>	<p>Maintain alliance with college campus' and social norming awareness campaign</p> <p>Identify consumers via gambling screening requiring additional behavioral health interventions to further avert subsequent gambling behaviors</p> <p>Develop and implement a communications plan regarding problem gambling prevention and</p>	<p>Number of colleges identified for awareness and social norming</p> <p>Report number of college students in ADAMHS Prevention Workbook and the State reporting system</p> <p>Report number of consumers receiving gambling prevention and treatment services in ADAMHS Prevention Workbook and State reporting system</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>

		<p>awareness</p> <p>Provide information of problem gambling and available resources through existing network of stakeholders</p>	<p>Report number of media materials distributed through ADAMHS Prevention Workbook</p>	
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Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Transitional Youth	Enhance the service continuum to include supportive housing incorporated with evidence based programming, employment/vocation, consumer operated services, and education specific to the transitional youth population cross systems.	<p>Explore funding opportunities to develop and support a continuum of housing support services.</p> <p>Engage the local Continuum of Care (CoC) to determine its priorities for this service population</p> <p>Create a variety of supportive living options to meet the needs of this population, ensuring the services available meets the needs of this population.</p> <p>Identify evidenced based programing to maintain youth in the community</p> <p>Continue planning efforts through community work group to identify and prioritize needs</p> <p>Collaborate and coordinate service delivery efforts with adult system providers for seamless transition of services</p> <p>Educate system partners of adult service transition in addition to systemic limitations</p>	Data identifying the multiple needs of transitional youth cross systems

<p><b>Prevention:</b> Juvenile Re-entry</p>	<p>Enhance the provision of services that promote successful re-entry, deeper court involvement to reduce the recidivism rate within the court system and to juvenile correctional facilities.</p>	<p>Identify evidence based screening tools and services that support youth involved in the juvenile justice system and reintegration into the community</p> <p>Coordinate &amp; streamline services for Board funded projects within the juvenile court continuum to ensure the behavioral health needs of youth are efficiently and effectively managed</p> <p>Provide cross-system training for integrated planning for youth involved in the juvenile justice system</p> <p>Maintain key partnerships with the juvenile justice system inclusive of local and statewide offices to provide integrated care for youth with behavioral health needs</p>	<p>Outcome data illustrating the reduction of detention center re-admissions and admissions into juvenile correctional facilities</p> <p>Data supporting the success of utilizing evidenced based programming</p>
<p><b>Treatment/Prevention:</b> Early Childhood Mental Health Services</p>	<p>Expand the service continuum for children birth to six (6) years old</p> <p>Continue to demonstrate the relevance of services for children birth to six (6)</p>	<p>Increase evidenced based programming to meet the needs of children with developmental needs, etc.</p> <p>Review and analyze the current service mechanism with key stakeholders to determine additional service needs through the strategic planning process.</p> <p>Maintain and increase support from the community and system partners to support the early childhood initiative.</p>	<p>Identify the number of successful outcomes supporting the need of specific services for the early childhood population</p> <p>Number of children and families served</p> <p>Identify the percentage of children maintained in child welfare placements</p>

<b>Treatment/Prevention:</b> School Based Services	Sustain and increase school based services beyond the current demographic range	Expand evidence based programming to meet the needs of youth  Continue cross system collaboration with major school districts and agency providers to determine additional service needs through the strategic prevention framework.	Number of children receiving services in various school districts  Number of children requiring services in adjoining school districts
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**Priorities (continued)**

7. What priority areas would your system have chosen had there not been resource limitations, and why? If you provide multiple priority areas, please prioritize.

Priority if resources were available	Why this priority would be chosen
(1)Integrated Care	Coordination of behavioral health services and primary care will result in improved overall health and quality of life.
(2)Re-Entry Services	The cost for recovery support services, i.e. housing assistance, transportation and tools/uniforms to assist formerly incarcerated individuals.
(3)Sober Housing Units	Congregate sober housing units are essential for recovery yet growth is inhibited by IMD exclusion.
(4) Traumatic Loss Response Team	Critical resource that partners with law enforcement when traumatic events occur in the community and schools with expertise in the provision of trauma informed care.
(5)Cognitive Enhancement Therapy	Board interested in providing funding to proven evidence based practice, CET in particularly persons of color with severe and persistent mental illness.
(6)Funding in support of the Domestic Violence Hotline	Trauma, depression and substance abuse has been reported by the users of the Domestic Violence Hotline. ADAMHS Board should contribute funds to support the quality work provided on behalf of the victims of domestic violence.
(7)Reimbursement for uncompensated care	Longstanding request from contract providers in the wake of diminishing funding supports from local foundations and the philanthropic community to be compensated for services provided in excess o f their Non-Medicaid allocations.
(8) Art Therapy	Art Therapy has been proven to greatly improve and sustain recovery, yet not covered by Medicaid.
<b>See Attached Documents for Priorities</b>	

## Collaboration

8. Describe the Board's accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years.

The Board staff continues to collaborate with Cuyahoga County Board of Developmental Disabilities (CCBDD) staff to plan and monitor services for consumers with co-occurring disorders who present significant challenges for children and adults. Both Boards have actively worked with community providers in both systems to identify and support the treatment needs of consumers who have spent lengthy periods of time in the state hospital or other institutional settings. Shared funding arrangements have allowed the Boards to split the costs of these often costly community treatment, support and residential programs. Hospital bed days have been significantly reduced, allowing more funds to be used for community-based services. As a result of the successful collaboration in the adult system, an agreement between both Boards was developed to assist CCBDD with shared cost placements for children. This aforementioned arrangement has afforded greater efficiency in accessing residential placements when appropriate for children for joint cases. In September 2010, the National Association for the Dually Diagnosed recognized the CCBDD and the ADAMHS Board of Cuyahoga County for their Dual Diagnosis Intensive Treatment (DDIT) Team as a model for other systems in the State of Ohio.

Board staff is also involved in collaborations related to young adult/transitional youth services planning and delivery. These collaborations ensure inter- and intra-system coordination, information-sharing, and stronger advocacy to meet the needs of this target population. The various partnerships and stakeholder committees afford the coordination and shared commitment needed at multiple levels to develop responsive services and to jointly approach funding opportunities. Most importantly, these collaborations are essential to ensuring that young adult/transitional youth and their families receive the most effective and well-coordinated array of mental health services and supports. The Board actively collaborates with the Ohio Department Youth Services (ODYS) and the Cuyahoga County Department of Children & Family Services (DCFS).

Due to the unique needs in transitioning youth from the children's system to the adult system concluded from the aforementioned work group, the Transitional Aged Community Treatment (TACT) Team was developed. The goal of the TACT team is to assist youth aging out of the foster care system, transitioning from residential and correctional facilities in to transition and be maintained in the community. The provision of TACT services fills a necessary gap, as the only intensive team available for transitional youth was through the Assertive Community Treatment (ACT) Team.

The Board is an active collaborator with several advocacy groups supporting fair housing and the need for the development of safe, decent, affordable and accessible housing in the community. These groups include the City of Cleveland Fair Housing Board, HUD Continuum of Care Committee, Shelter Plus Care Committee, Homeless Prevention Rapid Re-Housing Program Committee (HPRP), Housing First Funders Collaborative, Cuyahoga Alliance Affordable Housing and the Greater Cleveland Reentry Strategy.

Other successful accomplishments include the **Early Childhood Mental Health /Child Welfare Demonstration Project**. As outlined through project guidelines, children birth to age 6 and their families were identified based upon an individualized assessment to determine if ECMH treatment and/or consultation services were warranted. The target population included children involved with the Division of Children and Family Services (DCFS) with substantiated cases of child abuse, neglect, at risk of removal from their homes, entering foster care, or at risk of placement disruption due to behavioral issues.

Due to the overwhelming success of the project, with local consensus Board staff, key stake holders and agency participants agreed to continue the model by centralizing early childhood mental health services. The design intent was to

decrease the risk factors of child abuse and neglect by developing a single point of entry to assess the appropriate level of care, decrease the waiting list for children need of services, decrease the number of children and families entering into the child-welfare system, as well as prevent deeper system involvement. The single entry point is by way of an Early Childhood Mental Health Coordinator jointly funded by the majority of our child-serving system partners.

Cuyahoga County has a strong collaboration with Family & Children First Council (FCFC). As the primary convener of children's services and initiatives in the county, system-wide services/supports are coordinated by the Board and funded by FCFC, which place a strong emphasis on community-based, natural supports for children and youth. An excellent example of these services is Family Centered Supportive Services (FCSS), which was formerly known as Families And Systems Teams (FAST). FCSS and other system-wide endeavors adhere to principles derived from "system of care" values which promote resilience and asset building, and include service components such as respite, mentoring, summer programming, and adjunct "non-clinical" services (e.g. art, music, sports memberships, etc.).

By far, the most comprehensive collaboration which illustrates the aforementioned community partnership with FCFC is the Service Coordination Process and the use of a standardized Service Coordination Mechanism. County wide training ensures that all system partners work together collaboratively and utilize supportive mechanisms that are firmly grounded in system of care values. The Service Coordination Mechanism, developed by FCFC in consultation with all community partners, is the force which drives and monitors access to children's services and support through the County. The Board, along with other child-serving system partners (Juvenile Court, Board of Developmental Disabilities, the Department of Children and Family Services, etc.), work together to ensure that families are linked to the systems that meet their needs. The Service Coordination Mechanism promotes the concept that each system identifying a child or family in need is considered the expert in their area and further supports a cohesive community response to address complex needs.

While the Service Coordination mechanism provides a strong backdrop, several other partnerships exist that support children and families in Cuyahoga County, the Juvenile Justice System and the Board partner on three collaborations that focus on maintaining Cuyahoga County youth in the community:

**The Mental Health Services within the Detention Center Project** is a locally funded collaboration between the Cuyahoga County Department of Juvenile Court, Catholic Charities Services, and the Board. The aim of the project is to provide assessment and crisis management for youth who have been placed within the Detention Center. The goal is to ensure that youth, upon discharge, have received the proper referrals to maintain treatment in the community. The coordination between the children's provider and Juvenile Court ensures that youth are properly referred for treatment or are linked to their previous treatment provider to prevent readmission into the detention center. Many of the youth are identified as having mental health, drug/alcohol symptoms or both.

**The Behavioral Health/ Juvenile Justice (BH/JJ) Project** is an Ohio Department of Mental Health & Addiction Services (OMHAS)/Ohio Department of Youth Services (ODYS) initiative, which is jointly funded. The overarching goal of the project is to prevent youth from being placed into ODYS facilities by offering a continuum of evidence based services to targeted youth in the community. This partnership helped reduce the number of youth committed by Cuyahoga County to ODYS institutions by 33% in FY 2012 alone.

**The ODYS Aftercare Project**, funded by the former Ohio Department of Alcohol & Addiction Services, currently funded under the combined State office of Ohio Mental Health & Addiction Services focuses on youth who are exiting from ODYS facilities and are in need of services for community re-entry. The project is geared for assisting youth with a "seamless" transition back into the community.

Other examples of intersystem collaboration include:

**School-based Mental Health Services:** The Board has taken the lead, in collaboration with school districts and community mental health agencies, to deliver publicly funded mental health and substance abuse prevention services to students within schools (and, as required, to youth and families in their homes). The School-based Mental Health Services Program provides prevention and consultation services, early intervention and intensive treatment by on-site clinicians, when needed, to enhance social/emotional development and remove barriers to academic achievement. In addition, strong inter-system collaboration increases opportunities to prevent more serious difficulties, including educational failure, abuse of alcohol and other drugs and suicide.

**Early Childhood Mental Health (ECMH) Services:** The Board, in collaboration with Cuyahoga County's Office of Early Childhood/Invest in Children, created a community-wide, public-private partnership working to increase the development, funding, visibility and impact of early childhood services in Cuyahoga County. Six community mental health agencies provide a continuum of mental health treatment services that address early emotional, social and behavioral development and help ensure that our community's children start school ready to learn and succeed. Through funding support and program evaluation from ODMH, the Board also coordinates the provision of consultation services to local child care centers in order to prevent expulsion of children with problem behaviors and enhance the professional development and effectiveness of center staff.

**Transitional Youth:** Since 2002, the ADAMHS Board has convened an ongoing 16-22 Workgroup that addresses issues and needs of transitional youth and young adults with mental health diagnoses. The workgroup includes representatives from child and adult-serving mental health agencies as well as other public systems. This collaborative venture has been responsible for the development of Cuyahoga County's only Transition Age ACT Team. In 2005, the Team successfully advocated for enhanced housing support opportunities (including the set aside of public housing vouchers for young adults) and a unique transitional housing pilot program involving multiple public and private partners. This led to the recent development of an 8 unit apartment building with on-site supportive services for young adults with mental illness. Efforts continue to strengthen working relationships with the County Board of Developmental Disabilities, Department of Employment and Family Services and the Department of Children and Family Services to help ensure that transition aged youth make more seamless transitions to adulthood.

**Suicide Prevention:** The Cuyahoga County Suicide Prevention Task Force continues to implement the county's Suicide Prevention Plan. The plan is patterned after the national and state plans, with goals and activities in three main areas: awareness, intervention, and methodology. The Task Force includes a broad mix of public systems (including the Board), private agencies, hospitals, faith-based organizations, and suicide survivors. With an overarching goal of reducing suicides, the Task Force has focused on three main goals: 1) increasing public awareness of the signs and symptoms of mental illness and the signs of suicide risk through media campaigns; 2) increasing the knowledge of mental health professionals who work with those at risk for suicide by offering gatekeeper training sessions; and 3) increasing support opportunities for suicide survivors. In addition, a proposed suicide review process has been developed and awaits piloting, should funding be secured.

The Board is actively involved in HIV services planning with the City of Cleveland, the Ryan White Regional Planning Council and the AIDS Funding Collaborative. A Board staff member acts as a Co-Chair of the Ryan White Quality Management Committee and is a member of the Ryan White Executive Council. Additionally, Board staff work with contracted Ryan White providers to improve client access to behavioral health care services and to maximize the utilization of funds. This collaboration strengthens the behavioral health care system's ability to provide services to individuals diagnosed with HIV. By utilizing the Ryan White funds for the appropriate client base, the system can maximize

non-Medicaid funds to serve more individuals. Additionally, the collaboration strengthens the Board's HIV educational focus in the AOD treatment facilities. As documented, substance users are at risk to contract HIV and the educational component at the AOD agencies gives them tools to minimize their exposure to the virus.

The Board collaborates with the Cuyahoga County Board of Health and is an active participant in the All Hazards Preparedness for Special Needs Populations (SNAP) Taskforce to increase the overall preparedness levels of our community and help to protect persons most in need. The Board provides updated sites of all adult care facilities to be mapped into the county's GIS system for easier access by first responders during an emergency coordinate transportation for SMD consumers to access the H1N1 vaccine and participates in the Regional Cities Readiness Initiative (CRI) Stakeholders Conference. This collaboration is critical for the well-being of some of Cuyahoga County's most vulnerable citizens.

Board staff also participates on the Child Fatality Review Committee coordinated by the Cuyahoga County Office of Health & Human Services chaired by the Cuyahoga County Board of Health. The committee is comprised of various child-serving systems, hospitals, the Cuyahoga County Coroner's Office,

The Hoarding Connection Taskforce is comprised of Board staff, agency staff as well as community leaders representing cities' Building Departments, professional organizers, the Office of Aging, Legal Aid and consumers. The Hoarding Taskforce focuses on inviting representatives from the municipalities with the greatest number of persons over age 60. County agencies and social service agencies which encounter individuals who may have hoarding issues were invited as well. The purpose is to support a coordinated effort to address the issue in an efficient, respectful and sensitive manner.

The Board is an active participant in statewide efforts to improve service accessibility to deaf and hard of hearing clients and participates in the ODMH Deaf and Hard of Hearing Advocacy Taskforce. This active partnership helps create awareness of the issues facing the hearing impaired when accessing services. It also heightens the awareness of the need for additional funding to create programs that not only accommodate the hearing impairment but create an environment that is culturally sensitive to the deaf community.

The Board has been an active participant with the North East Regional Evidence Based Practice – Supported Employment Stakeholder Quarterly Meeting. The Ohio Rehabilitation Service Commission awarded the ADAMHS Board an \$815,703 grant for the VRP3 (formerly Pathways) project. The VRP3 project provides vocational/employment services for adult consumers in Cuyahoga County.

The Board partners with the Supported Employment Coordinating Center Of Excellence (SE CCOE) – ODMH Peer Employment Partnership to increase employment for people diagnosed with severe mental illness. Nicole Clevenger, peer consultant, SE CCOE, participated in SHAPE Meetings and provided consultation and training to consumer operated services (COS) programs. This resulted in Links East and The Exchange Center developing Job Clubs to assist consumers who are thinking about, or working toward, employment goals.

The Board has maintained a collaborative relationship with the Division of Children and Family Services (DCFS) to coordinate services to families engaged in protective custody that are identified as needing alcohol/drug treatment services. The Board coordinates onsite assessment and referral services. Additionally, the Board funds the Women & Children's Intensive Outpatient Program and the Women's Residential programs. The Board actively participates in the Cuyahoga County Perinatal Depression Network taskforce and Ad-Hoc committees. Several contract service providers (Berea Children's Home, Connections, Far West Center, and Center for Families & Children & MHS, Inc's Mobile Crisis

Team) provide specific programs for pregnant and postpartum women who suffer from depression.

Additionally, the Board is collaboratively working with DCFS in their agency's Team Decision Making (TDM) meeting process. The meetings are part of the DCFS planning continuum which plays an integral part in determining the safety of a child relative to removal, placement, and permanency. Clinical input and expertise from the Board's contract providers was identified as a necessary component within the meeting process while making critical life decisions on behalf of children and their families. Although clinical input is considered essential to the decision making process, barriers were identified relative to meeting attendance. Medicaid billing constraints, while attending a TDM meeting was recognized as the primary concern, as the full meeting content is not billable to Medicaid. Thus, Board's CEO agreed to designate funding to contract agencies to reduce the aforementioned systemic obstacle. DCFS identified that a large percentage of the parents of children in care are challenged with mental health and/or alcohol drug concerns. Thus, the agencies targeted for funding are the adult behavioral health agencies. The over-arching goal, according to DCFS is to rehabilitate parents and families to resume their parenting responsibilities.

The Board's Chief Executive Officer serves as the Co-Chair of the Cuyahoga County Reentry Leadership Coalition. This committee is a collaborative effort of multiple systems to serve as a task force that delegates responsibility, shares information, and passes motions in support of ex-offender initiatives. Over the past three years the Board has shown its commitment to the re-entry community by co-facilitating the implementation of ODADAS' federal Access To Recovery Grant (ATR) throughout Cuyahoga County. The Board will continue to support this initiative as ODADAS was awarded a four year grant to continue the program in five Ohio counties including Cuyahoga. The Board also works closely with the Cuyahoga County's Department of Justice Affairs, Correction Planning Board, Sheriff's Department and agencies that receive ODRC funds to provide services to the offender population.

### Inpatient Hospital Management

9. Describe the interaction between the local system's utilization of the State Hospital, Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that you expect/foresee

The Board allocate staff to provide onsite (as well as offsite) utilization activities at the State Hospital which includes weekly and monthly reviews of inpatient clients of Cuyahoga county. Board requested the State hospital Director of Social Work to attend monthly access (SCALE) meetings with the Community Providers. Board staff also facilitates ongoing meetings with State Hospital staff, agency providers (outpatient) as well as local hospital systems. The UR staff provides consultation to community providers including Crisis, Adult Guardianship, ACT teams, etc.

**Potential Changes:**

- Homeliness Grant
- Forensic Utilization – working on a system of collaboration and reviewing current process and developing

- effective tools to facilitate communication, address barriers and successful transition back to the community.
- Housing is a major barrier to discharge for dual Consumers – Board will be reviewing current and developing process to address this barrier

### Innovative Initiatives (Optional)

10. Many boards have implemented innovative programs to meet local needs. Please describe strategies, policy, or programs implemented during the past two years that **increase** efficiency and effectiveness that you believe could benefit other Ohio communities in one or more of the following areas?

- a. Service delivery - **Please see attached - 72 Hours Crisis Stabilization Unit Proposal**
- b. Planning efforts
- c. Business operations
- d. Process and/or quality improvement

Please provide any relevant information about your innovations that might be useful, such as: how long it has been in place; any outcomes or results achieved; partnerships that are involved or support it; costs; and expertise utilized for planning, implementation, or evaluation.

### Advocacy (Optional)

11. Please share a story (or stories) that illustrate the vital/essential elements you have reported on in one or more of the previous sections.

**Fourth Friday Speaker Series:** Every fourth Friday we have a state legislator speak at the Board. The general public attends with providers, Board members, and staff. Most of subject matter deals with the issue of the day. Last year, Medicaid Expansion played a prominent role.

**Advocacy Agenda:** Each year the Board produces our “Advocacy Agenda” with goals achieved the previous year and goals for the year (see attached).

**Medicaid Expansion:** Providers, consumers, Board members and staff played a huge role in this effort. Both in Columbus, locally, personal visits, public testimony, editorials, emails, phone calls, and mailing.

**Levy:** An early effort to make a dedicated mental health levy fell short by one vote (needed 8 of 11 County Council votes – received 7). The County levy was a one mill increase to the current levy with an emphasis on mental health and

addiction. After an extraordinary effort of campaigning, which included raising campaign funds, canvassing, polling, speakers bureau, telephone phone bank, and hard work, our levy passed 55 to 45%. This resulted in an extra 5 million dollars to our 34 million dollar county levy subsidy.

**ACAC:** The Action Committee Advocating Change (ACAC) is composed of a group of consumers/clients that have a mental health illness or an addiction who assists the administration and the Board of Directors of the Alcohol, Drug Addiction and Mental Health Services board of Cuyahoga County in accomplishing the goal of planning and providing for quality publicly funded behavioral health services. The ACAC provides a forum for consumer input and a concerted voice to the community in respect to new programs, legislation, and policy directly impacting clients in Cuyahoga County. The ACAC serves as a voice for the consumers of Cuyahoga County and has been involved with numerous advocacy activities in 2013. Including but not limited to the following:

- Post Card Campaigns urging the legislature of Ohio to pass Medicaid Expansion;
- The ACAC participated in several trips to Columbus where we attempted to lobby the Ohio Legislature in respect to passing Medicaid Expansion;
- Several ACAC members participated in a Lobby Day with Noble where we met with our State Representatives and Senators and urged to expand funding for social services including AOD and Mental Health treatment;
- The ACAC now has a newsletter that goes out quarterly to assist in ensuring that consumers are aware of pending issues and ways that they can participate in Advocacy efforts;
- The ACAC membership attended several County Council meetings in an effort to advocate for increased funding from Cuyahoga Council.

Meetings are held the fourth Thursday of every month at the ADAMHS Bd. immediately following the Brown Bag Lunch.

### Open Forum (Optional)

12. Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues, including the effects of Medicaid Expansion, which you believe are important for your local system to share with the Departments or other relevant Ohio Communities.

**ODMAS:** With merger comes the challenge of common language on similar policies for mental health and addiction services. We urge continuation of this effort.

## Appendix 1: Alcohol & Other Drugs Waivers

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

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

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

A. HOSPITAL	ODADAS UPID #	ALLOCATION

**ADAMHSCC not able to respond to this question because the language is unclear.**

### B. Request for Generic Services

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

B.AGENCY	ODADAS UPID #	SERVICE	ALLOCATION
Tentative: Frontline Services, Inc	10097	Mobile Crisis Team Expansion to create capacity to respond to AOD related crisis and emergencies	To be determined

## Appendix 2: Definitions

**Business Operations:** Shared Resources, QI Business Plan, Financial Challenges, Pooled funding, Efficiencies, Strategic Planning, Contracts, Personnel Policies, etc.

**Cultural Competence:** (Ohio's State Inter-Departmental Definition) Cultural competence is a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services.

**Culturally Competent System of Care:** The degree to which cultural competence is implemented as evidenced by the answers to these questions:

- Is leadership committed to the cultural competence effort?
- Are policies and procedures in place to support cultural competence within the system, including policies and procedures to collect, maintain and review caseload cultural demographics for comparison to the entire community?
- Are the recommended services responsive to each adult, child and family's culture?
- Is the client and family's cultural background taken into account in determining when, how, and where services will be offered?
- Is staff reflective of the community's racial and ethnic diversity?
- Is staff training regularly offered on the theory and practice of cultural competence?
- Are clients and families involved in developing the system's cultural competence efforts?
- Does Behavioral Health staff interact with adults, children and families in culturally and linguistically competent ways?
- Is staff culturally sensitive to the place and type of services made available to the adult, child and family?
- Does the system of care reach out to the diverse racial, ethnic, and cultural groups in the community?

**Local System Strengths:** Resources, knowledge and experience that is readily available to a local system of care.

**Local System Challenges:** Resources, knowledge and experience that is not readily available to a local system of care.

**Planning Efforts:** Collaborations, Grant opportunities, Leveraging Funds, Data Collection (e.g., Key Performance Indicators, Outcomes), Trainings

**Service Delivery:** Criminal Justice, School Based or Outreach, Crisis Services, Employment, Inpatient/Residential Services, Housing, Faith Communities, etc.



**WILLIAM M. DENIHAN  
CHIEF EXECUTIVE OFFICER**

**MONDAY JULY 15, 2013**

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# **72 HOUR CRISIS STABILIZATION UNIT PROPOSAL**

**MetroHealth**

**FrontLine Service**  
(Formerly: Mental Health Services, Inc.)

## **72 Hour Stabilization Program Description**

### **Executive Summary**

This proposed program represents a new level of service in Cuyahoga County that fills a gap in the current crisis continuum of care for persons with mental health and addiction needs. This level of care will serve as an alternative disposition option for the Emergency Departments and Hospital medical units, in that this provides an appropriate alternative to inpatient psychiatry or high risk discharge. The scope of service provided will be primarily psychiatric stabilization and acute detox, integrated with necessary medical services to improve the quality of care for individuals with mental illness.

The purpose of this program is to address a current service gap that exists for uninsured individuals with serious mental illness and co-occurring disorders in Cuyahoga County. The service needed is that of brief, intensive stabilization of the presenting crisis and behavioral health symptoms. Currently, these individuals experience unnecessary illness deterioration or avoidable psychiatric hospital inpatient stays. In addition, there is an increase in the numbers of psychiatric/substance abuse with mental illness patients ending up on medical inpatient units as a result of no other appropriate options. In that case, they do not receive aggressive and

integrated psychiatric and medical care. The person is most often discharged without adequate linkage to a community-based mental health and/or alcohol and drug provider. The outcome is chronic use of emergency rooms, recurring avoidable admissions, and poor clinical outcomes for this client population.

### **Program Goals**

**The goals of a 72 Hour Stabilization Program are the following:**

- To decrease the inappropriate use of the hospital Emergency Departments (ED) thru reduction of ED visits and reduced time spent in the ED
- Bridge the gap in the current crisis continuum by creating a 72 hour stabilization crisis capacity with integrated care to include psychiatric services, physical health care and acute detox for uninsured adults with co-occurring disorders
- Increase the appropriate use of inpatient psychiatric beds in public and private hospitals
- To improve clinical outcomes by assuring treatment by specialized clinicians
- Enhance linkage to community-based providers at the point of admission into the 72-hour unit

## **Crisis System and Program Description:**

### **Current Crisis System Continuum:**

Frontline Service's (formerly known as Mental Health Services, Inc.) Mobile Crisis Team (MCT) has been identified by the ADAMHS Board as the entity responsible for authorization of admission for inpatient services of Cuyahoga County residents at Northcoast Behavioral Healthcare (NBH). Frontline Service is also responsible for the operations of the Crisis Stabilization Unit (CSU) which is the least restrictive option within the crisis continuum for individuals experiencing an acute mental health crisis. The Crisis Stabilization Unit (CSU) offers a 12-bed intensive, short-term treatment alternative to an inpatient psychiatric hospitalization. The program is designed to serve Cuyahoga County residents who are 18 years or older, have symptoms of a serious mental illness and are currently experiencing an acute mental health crisis which cannot be effectively treated in a less restrictive treatment setting. Expected length of stay at the CSU is 5-7 days. Individuals must be willing to participate in the treatment planning process and implementation to be considered for admission. The goals of the CSU treatment program are to reduce the symptoms that are contributing to the person's mental health crisis, to facilitate the person's rapid reintegration back into the community and to assist with linkage to an on-going service provider when appropriate. In addition, the MCT is able to authorize transfers from private hospital emergency departments to the Board-funded emergency services of the Saint Vincent Charity Medical Center's Psychiatric Emergency Room. While this treatment modality is used for only the most critical of cases, it is a critical component to the continuum of crisis services that the MCT provides as the "appointed gatekeeper" for accessing crisis services.

The St. Vincent Charity Medical Center Psychiatric Emergency Department (PED) provides a two-pronged approach to mental health care: Crisis Intervention and 23 hour Observation. The PED provides a multi-disciplinary team approach to preventing in-patient hospitalization. If consumers met criteria, they may enter observation status for up to 23 hours. During this time, they may receive medication, crisis intervention and stabilization. For some patients, a maximum stay in the 23 hours observation bed within the PED is an insufficient amount of time to provide for stabilization of their mental health symptoms and substance use. The ADAMHS Board and partners in our crisis system have identified the resource needed to “bridge the gap” in the current crisis care continuum and the reported overutilization in various hospital emergency rooms as being the creation of a **72 Hour Crisis Stabilization Unit**.

**Proposed 72 Hour Crisis Stabilization Unit Description:**

The 72 Hour Crisis Stabilization Unit will be integrated within The MetroHealth System hospital which is located at 2500 MetroHealth Drive in Cleveland, Ohio. MetroHealth will repurpose one of the hospital’s current inpatient floors that will require a minimum cost for renovations of approximately \$20,000. The unit will be available and the 72 Hour Crisis Stabilization Unit will be operational no later than Monday, January 6, 2014. The 72 Hour Unit will be comprised of twelve (12) beds with 24/7 staff and access to psychiatry, hospital social workers and nursing support.

**Criteria for admission** (one of the following must be met):

1. There is evidence of an imminent or current behavioral health crisis, but the patient does not meet the criteria for an inpatient admission.
2. There is evidence of acute and serious deterioration in the patient’s psychosocial functioning, but the member’s history suggests that the patient is likely to adequately respond within 72 hours to medications, medical services, intensive intervention, a structured environment, or brief detoxification.

*(adapted from United Behavioral Health, 2011)*

And, the patient must be medically stable, or there must be appropriate medical services to monitor and treat any medical conditions.

*(Magellan, 2011)*

**Exclusion Criteria:**

- The patient needs an alternative level of care that for example, may require the use of seclusions and/or restraints
- The patient requires a higher level of medical care

**Intensity of Service: 72 Hour Stabilization Program**

The 72 Hour Stabilization Program intensity of service is based upon the “2010 Interqual Criteria” for “observation status”, United Behavioral Health 2011 Level of Care Guidelines, and Magellan 2011 Level of Care Guidelines.

The criteria listed below must be met to meet the scope of service for this level of care:

- Acute care nursing, medication management, and monitoring are available, and all appropriate drug screens, laboratory studies, and medical testing are considered in accordance with accepted medical practice and clinical guidelines.
- A comprehensive psychiatric and medical evaluation is completed by a Psychiatrist or Nurse Practitioner, which includes a biopsychosocial assessment, mental status examination, physical examination, and screening for a history of physical, sexual or emotional abuse, and appropriate treatment and disposition recommendations are developed.
- Clinical interventions emphasize crisis intervention, relapse prevention and motivational strategies with the intent to stabilize the patient and enhance motivation for change, utilizing medication management, individual therapy and/or family or other support system involvement with focus on proximal events in a crisis management and stabilization focused model.
- Consultation services are available for general medical and standard medical specialty services.
- Community-based treatment providers and/or primary care physicians are consulted. If the patient is not linked to a provider, these linkages will be coordinated through the County's centralized intake process, known as S.C.A.L.E. (Screening, Centralized Assessment, Levels of Care Assignment & Engagement).

## Standard Care Protocols:

### **0-24 hours**

- Re-Assessment/Monitoring **q4h**, with one or more of the following:
  - Psychotic behavior
  - Vital signs
  - Clinical Institute Withdrawal Assessment (CIWA)/COWS – Clinical Opiate Withdrawal Scale
  - Psychosocial assessment
  - History and Physical
- Medication(s)  $\geq 2$  doses, and one or more of the following:
  - Antipsychotics
  - Sedatives/Anti-anxiety agents
  - Detox protocol

Psychiatric/SA crisis intervention/stabilization **with** observation at least **q15 min**

### **24 hours to 72hours:**

Re-Assessment/Monitoring **q8h**, with one or more of the following:

- Psychotic behavior
- Vital signs
- CIWA/COWS

Medication(s)  $\geq 2$  doses, and one or more of the following:

- Antipsychotics
- Sedatives/Anti-anxiety agents
- Detox protocol

Psychiatric/SA crisis intervention/stabilization **with** observation at least **q15** min

### **Discharge Criteria:**

The 72 Hour Stabilization Program discharge criteria are based upon the “2010 Interqual Criteria” for “observation status”.

#### **Discharge Criteria, Both:**

- Level of care appropriateness, **Both:**
  - Clinical stability, **All:**
    - Neurologic stability  $\geq 12$ **h**

- PO fluids tolerated/Nutritional route established
  - Vital signs stable/return to baseline last **8h**
- Support systems available
- Skilled treatment,  $\geq$  **One**:
  - Clinical assessment
  - Individual/Group/Family counseling
  - Psychiatric/Substance/Medication evaluation
- A discharge plan is formulated by members of the 72 hour crisis team, the patient and/or guardian that will directly link the patient to their previous mental health and/or AOD and primary care providers.

If or when, at any point within the 72 hours, it is evident to the team that the patient will not be able to be stabilized for discharge to a less intensive level of care and does need acute inpatient level of care (psychiatric, detox, or medical), the patient is transferred to the appropriate facility and this transfer is coordinated by the Mobile Crisis Team in tandem with the Stabilization Program Team in accordance with the receiving facility program and/or authorization for admission into NBH.

**ACCOUNTABILITY and OUTCOME MEASURES:**

- Consumer/patient satisfaction survey results
- Reduction of 30 days re-admission into an inpatient psychiatric hospital
- Track and monitor the consumer's link with the designated behavioral health provider
- Reduce the inappropriate use of the emergency room departments for behavioral health crisis

**72 Hour Crisis Unit and Integrated Stabilization Physical Health Care Budget  
BUDGET & NARRATIVE  
Budget Period 7/1/13 - 6/30/14**

<b>No. of Beds</b>	<b>Per Diem Cost Per Bed</b>	<b>Total Cost Per Day</b>	<b>Total Annual Cost</b>	<b>Less Insurance &amp; Unoccupied Beds</b>	<b>Total Annual Cost</b>
12	\$ 631.00	\$ 7,572.00	\$ 2,763,780.00	\$ 963,780.00	\$ 1,800,000.00
<b>TOTAL BUDGET REQUEST</b>			<b><u>\$ 2,763,780.00</u></b>	<b><u>\$ 963,780.00</u></b>	<b><u>\$ 1,800,000.00</u></b>

**Budget Narrative**

The budget was computed with a cost per bed day of \$631. With a 12 bed unit, there are a potential of 4,380 patient days per year. This budget assumes an occupancy rate of 80% useage of the total beds. This computes to 3,504 patient days of useage. Additionally it is anticipated that only 18.5% of the patients would have insurance, leaving the remaining 81.5% to be served with these funds.

The budget supports the funding of a complete crisis unit with the following staffing:

Nursing	7 FTE's
Social Workers	2.1 FTE's
Behavioral Tech.	3.5 FTE's
Psychiatrist	1.05 FTE's
Clerical & Management	3.1 FTE's
<b>TOTAL STAFF</b>	<b>16.75 FTE's</b>

**Leveraged Costs - Additional Costs to be Paid By the ADAMHS BOARD to Benefit Program**

<b>No. of FTE's</b>	<b>FTE Title</b>	<b>Cost Per FTE</b>	<b>Total Annual Cost</b>
2	Crisis Intervention Specialist	\$ 54,912.00	\$ 109,824.00

## Stay Informed About Advocacy Efforts

The Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County offers Cuyahoga County residents an opportunity to stay informed and become involved as advocates for mental health and alcohol and other drug addiction issues.

Consumers, family members, providers and the public may request placement on the ADAMHS Board's e-mail distribution list.

Being on our distribution list allows you to stay informed by receiving the latest news and action alerts about legislation and other issues impacting mental health and alcohol and other drug addiction in Cuyahoga County, the state of Ohio and the United States.

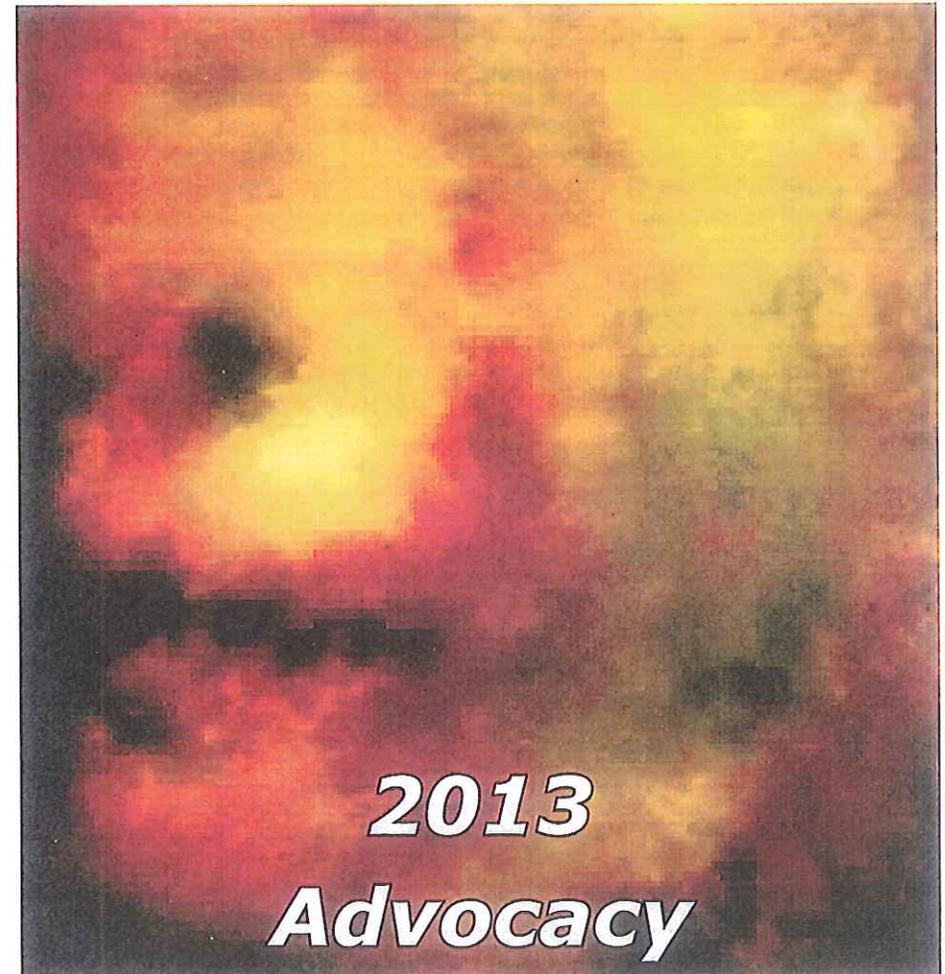
To have your name placed on our e-mail distribution list, or to obtain more information about the Advocacy Action Agenda, contact Scott S. Osiecki, Director of External Affairs, at [osiecki@adamhsc.org](mailto:osiecki@adamhsc.org), or at 216-241-3400, ext. 814.

Another way to stay informed is to visit the ADAMHS Board's Web site at [www.adamhsc.org](http://www.adamhsc.org). You can find consumer and family information, service providers, facts about mental health and alcohol and other drug addiction, news and legislation, Board publications and general information about the Board.

The cover artwork was created by Rickey Lewis, an artist, addiction prevention specialist and is in recovery from addiction. His art reflects his personal and professional experiences and his impressions of the psycho-induced world associated with drugs and mental health issues.



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**2013**  
**Advocacy**  
**Action**  
**Agenda**

## Background:

The Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County has developed this **Advocacy Action Agenda** to guide its advocacy efforts for 2013. This agenda was developed with the over-arching goal of promoting personal recovery from mental illness and dependency on alcohol and other drugs. Recovery is a process unique to each individual that is measured by reaching small and continuous goals built on partnership, trust, hope, choice, dignity, respect and excellent care.

The ADAMHS Board uses the Advocacy Action Agenda to develop messages to legislators, state agencies, policy makers, consumers, clients, providers and the general public to advance important behavioral health issues.

Items on this agenda are in addition to the advocacy that the Board provides on a daily basis through its work of ensuring that behavioral health services and supports are available to help children and adults reach personal recovery.

The Board also collaborates with other groups, such as the Mental Health Advocacy Coalition, NAMI and the Ohio Association of County Behavioral Health Authorities in promoting other advocacy efforts. Some items on the Advocacy Action Agenda may take higher priority at different times throughout the year.

## Overarching Advocacy Goal for 2013:

- Support **mental health; alcohol and other drug, opiate and gambling addiction treatment programming in the schools and the community; employment and vocational opportunities; prevention**, and **increased funding** to support Non-Medicaid services.

## Funding Goals:

- Support the **Ohio Association of County Behavioral Health Authorities (OACBHA) FY14-15 State Budget Platform & Business Model**:
  - Expand alcohol, drug addiction and mental health funding for non-Medicaid individuals and services, while ensuring safety and stability in our communities.
- Support **efforts to achieve appropriate State funding for community behavioral health services**, and to **obtain parity in Board funding throughout the State**.

- Support **efforts to achieve appropriate local funding** for behavioral health services from County Government:
  - Receive an increased and adequate share of the existing Health & Human Services levies.
  - Examine opportunities for a dedicated Behavioral Health levy.
- Support efforts to **ensure that the new consolidated State Department of Alcohol, Drug Addiction and Mental Health Services meets the needs of consumers and clients of Cuyahoga County and the entire State of Ohio**.
- Support **participation in the Three C Recovery & Health Network** and the development and implementation of the **SHARES billing and data collection system** to ensure that the ADAMHS Board tracks and reports accurate data on Non-Medicaid funding and services.

## System of Care Goals:

- Continue **Public Awareness and other Efforts to Increase Board Knowledge and Educate Providers and the Community about**:
  - Suicide Prevention
  - Alcohol and Other Drug Awareness & Prevention
  - Opiate/Heroin Addiction Prevention and Treatments
  - Gambling Addiction and Treatments
- **Recognize and advocate for spirituality in the recovery process**.
- **Convene the community for a discussion to develop recommendations to address the role of mental health in preventing tragedies such as that occurred at Sandy Hook Elementary School in Connecticut**.
- Support efforts for **the development and implementation of a 72-hour Crisis Unit**.
- **Develop a formal position on the medical use of marijuana and its legalization** in the State of Ohio.
- **Develop a formal position on providing treatment and housing to clients in recovery from addictions who relapse**.
- Support implementation of the **Federal Affordable Healthcare Act to benefit the consumers** of mental health and **clients** of alcohol and other drug addiction treatment services.

## *Stay Informed About Advocacy Efforts*

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The cover artwork was created by



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*Harvey A. Snider, Esq*  
Board Chair

*William M. Denihan*  
Chief Executive Officer

*2014 Advocacy  
Action Agenda  
Discussion DRAFT*

*2014  
Advocacy  
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## Background:

The Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County has developed this Advocacy Action Agenda to guide its advocacy efforts for 2014. This agenda will have an over-arching goal of promoting recovery from mental illness, alcohol and other drugs. Recovery is a process that is measured by reaching small and core goals such as membership, trust, hope, choice, dignity, respect and recovery.

The ADAMHS Board uses the Advocacy Action Agenda to develop messages to legislators, state agencies, clients, providers and the general public to address health issues.

Items on this agenda are available on a daily basis through treatment and prevention services that the Board provides to children and adults reach recovery goals.

The Board also collaborates with groups, such as the Mental Health Advocacy Coalition, NAMI and the Association of County Behavioral Health Authorities in promoting advocacy efforts. Some items on the Advocacy Action Agenda may take higher priority at different times throughout the year.

## Overarching Advocacy Goal for 2014:

- Support **mental health; alcohol and other drug, opiate and gambling addiction treatment programming in the schools and the community; employment and vocational opportunities; prevention**, and **increased funding** to support Non-Medicaid services.

## Funding Goals:

- Support **efforts to achieve appropriate State funding for community behavioral health services**, and to **obtain parity in Board funding throughout the State**.
- Support **efforts to allocate the increased \$5 million in Health & Human Services levy funding** for mental health and addiction treatment services in accordance with the Board service priorities.
- Support **participation in the Three C Recovery & Health Network** to ensure the timely implementation of the **SHARES billing and data collection system** so that the ADAMHS Board can track and provide accurate data to make Non-Medicaid funding decisions.

## System of Care Goals:

- Support statewide and national efforts to **stop using the term "consumers" when referring to people living with a mental illness**.
- Support efforts to **eradicate the heroin/opiate epidemic in Cuyahoga County and the State of Ohio**.
- Continue **Public Awareness and other Efforts to Increase Board Knowledge and Educate Providers and the Community about:**
  - Suicide Prevention
  - Alcohol and Other Drug Awareness & Prevention
  - Opiate/Heroin Addiction Prevention and Treatments
  - Gambling Addiction and Treatments
- Recognize and advocate for spirituality in the recovery process and support efforts of the Faith-based Outreach Committee**
- Support efforts for **the timely implementation and promotion of the 72-hour Crisis Unit**.
- Develop a formal position on the medical use of marijuana and its legalization** in the State of Ohio.
- Develop a formal position on providing treatment and housing to clients in recovery from addictions who relapse**.
- Support **state and federal legislation that benefit people living with mental illness and/or addictions**.
- Support **prevention activities and efforts to reduce mental illness and/or addictions**.
- Support **the expansion of crisis services to include both mental illness and addictions, and new technologies to serve people in crisis**.
- Support efforts to **expand mental health and alcohol and other drug services to individuals returning to the community after incarceration**.
- Support implementation of the **Federal Affordable Healthcare Act to benefit the consumers** of mental health and **clients** of alcohol and other drug addiction treatment services.