

Community Plan Instructions SFY 2017

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

NOTE: OhioMHAS is particularly interested in update or status of the following areas: (1) Trauma informed care; (2) Prevention and/or decrease of opiate overdoses and/or deaths; and/or (3) Suicide prevention.

Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the board area that will influence service delivery. Note: With regard to current environmental context, boards may speak to the impact of Medicaid redesign, Medicaid expansion, and new legislative requirements such as Continuum of Care.

Medicaid Redesign: There is a lot of uncertainty regarding Medicaid redesign as iterations of rates and rules are still being discussed and debated. From a board perspective, we will monitor agencies to insure that care is not compromised as they adjust operating practices to minimize feared losses from rate revisions. Organizations will need to look at the make-up and credentials of clinicians so that they are able to cover costs while providing services to vulnerable populations. From a board perspective, we are examining how to help agencies ease into these changes in a way that will not impact access to services. We are considering modifying our contracting period from calendar to state fiscal year. This will allow agencies to be paid the same way through the contract year, and won't change mid-year, making it easier to assess the impact of rates. Aligning requirements for credentialing for certain services to Medicare will create a demand for independently licensed social workers, potentially driving salaries up. It is feared that paying premiums for high demand social workers to allow for Medicare billing will be cost prohibitive. The rates, which do not compare favorably with historical Medicaid rates will in turn result in less revenue to off-set salaries and other operating expenses. We are told that this is also true with nursing and psychiatry due to difficulty recruiting, higher salaries due to demand, and reimbursement that does not cover costs.

Medicaid Expansion: Medicaid expansion has allowed the Board to invest in more preventative services that help to reduce the likelihood or delay the onset of behavioral health problems. The Board has also invested in more recovery support services that impact the effectiveness and efficiency of our treatment programming, such as recovery housing, peer supporters and recovery coaches.

Opiate Epidemic: The opiate epidemic has been taxing the resources in Summit County and the ADM Board has embarked on several initiatives to help address this plague on our community including: facilitating the Summit County Opiate Task Force, increased investments in Medication Assisted Treatment, support of 54 recovery housing beds, and expansion of adult sub-acute and ambulatory detox beds. In addition, we funded the creation of an adolescent ambulatory detox center, which is one of the first in the state. However, even with our vast array of services and programming we continue to have an ever increasing demand for services and waitlist for programming. There are more details on how we are addressing this epidemic in coming sections.

Marijuana as Medicine: The ADM Board took a position against approving marijuana used as medication via voter

or legislative initiative without going through the approved FDA process as all other medication is required. This position was taken based on the known correlation between decreased perception of risk and the increase likelihood of use for our youth. Based on the 2013 Summit County Youth Risk Behavior Survey, marijuana is the most prevalent drug used by our youth and it is the most common diagnosis of youth receiving treatment within our system. This is problematic within our local workforce due to the complaint from employers that potential employees cannot pass drug tests. There are many implications regarding the expanded access to marijuana in our community with the passage of HB523.

Demographics: Per the US Census estimates from 2015, the population of Summit County 541,968. The city of Akron is the County Seat and also the home of International Institute, which is a refugee resettlement agency. Akron, specifically North Akron, has seen a significant influx of refugee resettlement of the Karen, Burmese and Nepali. There are over 40 different languages spoken within our largest school district, Akron Public Schools. We are currently in the stage where the older and less healthy refugees are relocating to Akron. Our social service agencies have had to adjust to provide more culturally competent services. The needs of our growing refugee population are being addressed on several different fronts, with a community-wide focus on interpreting. The ADM Board funds interpreter services for our contract agencies and we are involved in broader county-wide discussions on how to address this need collectively. The ADM Board also participates in the Summit County Refugee Task Force, which works with International Institute, Summit County Public Health and local hospitals and social service agencies in an effort to ensure the needs of this population are being addressed. County-wide cultural competency training will occur in July 2016 that will seek to increase awareness of frontline staff and increase skills in serving clients from various cultural backgrounds.

Suicide Prevention: Summit County experienced a significant increase in deaths by suicide in 2015. Between 2010 and 2014 our average annual suicide rate was 75 and in 2015 our total was 108. We have started an analysis with our Medical Examiner's office to take a closer look at the demographics, trends and interactions with the healthcare system of those who died during the past five years. While the analysis continues, the researcher working with the Medical Examiner's office has shared some preliminary findings:

- Over the 2012-2015 time span, 75% of the deaths were men, the majority white, middle-aged, ages 41-65
- 11% of those who died had an emergency room (ER) visit within the last month of their life and 30% had an ER visit within six months of their death.
- 35% had seen a physician for an outpatient visit within six months of their death
- Stressors identified included:
 - mental health diagnosis / family report of depressive symptoms – 78%
 - Alcohol use at time of death – 33%
 - Relationship / family problems – 31%
 - Chronic pain / use of narcotic pain medicine – 31%

Another source of relevant data is the 2013 Summit County Youth Risk Behavior Survey, where 16.9% of our high school students reported having considered attempting suicide and 10.4% reported having actually attempted suicide.

Based on this information there are several initiatives taking place in Summit County with the ADM Board and

community partners including:

- The implementation of the [Man Therapy](#) awareness campaign in an attempt to engage this high risk, middle-age male population
- The promotion of [Crisis Text Line](#) and funding of school-based prevention programs for youth that increases the protective factor and resiliency of our youth.
- Provide leadership and coordination for the county wide implementation of the [Change Direction Campaign](#) designed to raise awareness about signs of mental illnesses, and encourage help-seeking.
- Continued implementation of the [Zero Suicide Initiative](#) with emphasis on improving clinical care, establishing suicide specific clinical pathways and transitions in care.
- Finally, the [Suicide Prevention Coalition](#), which was established in 2005 in an effort to coordinate local resources, increase awareness of suicide as a public health problem, and educate our community to better recognize when someone they know may be suicidal, is still active. The Coalition offers free training and consultation for community groups to raise awareness of suicide as a public health issue and to educate the public about how to recognize and respond to someone who needs help.

Trauma Informed Care:

The ADM Board has launched an initiative to enhance the use of Trauma-Informed Care (TIC) within the broader clinical system. After discussions with agency clinical leaders, each agency was asked to complete the Creating Cultures of Trauma-Informed Care (CCTIC) self-assessment and planning protocol. Some have completed and others are currently completing that instrument. The resultant data will be analyzed, discussed with the clinical leaders and executive directors, and desired evidence-based improvement plans will be promoted across the county. Since trauma is pervasive in both the staff providing care and the consumers receiving care, has broad impact on multiple life domains, and affects the way people approach potentially helpful relationships, understanding this and incorporating TIC into all aspects of the system is key to further improving the high quality care available in Summit County.

We also have a clinical staff member completing The Ohio Childhood Trauma Institute training series led by the National Institute for Trauma and Loss in Children (TLC). All trainings are conducted by certified trainers of the TLC and are supported by published evidence based research. After receiving the thirty hours of required training and passing an exam, our staff member will be a certified Childhood Trauma Specialist. This will assist with planning and implementation as the ADM Board moves forward to make our schools, agencies and community trauma informed.

Access to Inpatient Psychiatric Beds (State & Local):

The ADM Board continues to successfully use a long-standing crisis model for appropriate triage, quick access by patients and use of inpatient hospitalization only when it is the least restrictive environment. Any individual with potential mental illness may go to a Summa or Cleveland Clinic Akron General (CCAGMC) emergency room or Psychiatric Emergency Services (PES) for evaluation, emergency treatment, and referral to services. PES and any of the emergency departments may arrange for admission to an inpatient unit at Summa or CCAGMC, while only PES may authorize the arrangement of admission to Northcoast Behavioral Healthcare. The ADM CCO and the ADM MH Treatment & Clients' Rights Coordinator work directly with PES when questions or concerns arise so that they can

be resolved as quickly as possible. Separately, Dr. Orlando at the Summit County Jail is authorized to make arrangements for admission from the jail to Northcoast Behavioral Healthcare without involving PES. He also involves the ADM Board CCO and the ADM Board MH Treatment & Clients' Rights Coordinator when questions or concerns arise in order to resolve any issues as quickly as possible. No changes in current hospital utilization are foreseen.

Clinical Recruitment and Retention Challenges:

There is a local, state, and national shortage of psychiatrists. Locally this can decrease access to needed care. The ADM Board is partnering with NEOMED to create a program whereby psychiatrists working at PPBH, CSS, and CGFS could be hired by NEOMED while continuing to work at their chosen agency for the same salaries. The program will provide an enhanced benefits package through NEOMED, add an academic appointment to each psychiatrist, and encourage teaching and scholarly activity. Each of these should make working in the Summit County System more attractive, increasing retention and recruitment.

Recruitment and turnover of other clinical staff is a challenge reported by agencies as well. Salaries within our system are not competitive with many other local systems and employers which contribute to attrition within our system.

These factors impact access, consistency and continuity of care within our system.

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, gaps in services and disparities, if any.
 - a. Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and consumers in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention [ORC 340.03 (A)(1)(a)].

As mentioned previously, there is a recognized need for more culturally competent services for our burgeoning refugee population. The ADM Board is a participant in the Summit County Summit 2020 Quality of Life Project, which seeks to improve and strengthen collaboration between major public systems and smaller community partnership agencies and improve effectiveness of services. The result is improved population health and better coordination among our social services. As mentioned previously, a new initiative of this group is a county-wide approach to meet the burgeoning demand for interpreter services.

In February 2016, the Summit County ADM Board and the Ohio Attorney Generals Office's hosted a facilitated community discussion on the opiate epidemic. The focus was on what is working and what else is needed in our community. Attended by approximately 250 community participants, this discussion resulted in recommendations in five areas of need for Support/Resources: Community Awareness; Law Enforcement; Legislation; Treatment and Recovery Support Services, and Funding.

The ADM Board also engaged in the Sequential Intercept Mapping (SIM) process to update the system mapping completed in 2009. The SIM was conducted by NEOMED's Criminal Justice Coordinating Center of Excellence (CJCCoE) and engaged a cross-system representation of over 35 community stakeholders. Per the CJCCoE (2016), the SIM "...outlines sequential points at which a person with mental illness can be 'intercepted' and kept from going further into the criminal justice system. Over time, as systems mature, it is expected that people will be intercepted earlier in the process, leading to fewer people entering the criminal justice system.

As a result of the 2009 system mapping, committees were developed based on the five intercept levels and were tasked with accomplishing goals to improve the flow of our system. This most recent process followed up on the progress of those committees and will help address outstanding issues and new ones that have arisen over time. The committees will be rejuvenated and include new representation to address issues identified moving forward. This, along with the Stepping Up Initiative, will allow us to address inappropriate incarceration of individuals with mental illnesses.

The [2013 Summit County Youth Risk Behavior Survey](#) was a collaboration between the ADM Board and Summit County Public Health that netted the response of over 19,000 middle school and high school students, which represents over 80% of the middle school and high school population in Summit County. This data is serving as baseline data for our county that helps to inform where Board funding should be targeted to address identified risk factors and build upon protective factors. This survey will be duplicated during the 2018-2019 academic year to measure the impact of the programming put into place by both sponsoring entities. The survey also allows us to benchmark our data against the national and statewide YRBS surveys as well. Some of the findings of concern include:

- 15.6% of high school students reported taking prescription pain medication without a prescription.
- 21% of high school student reported use of marijuana in the last 30 days.
- 19% of high school students reported engaging in intentional self-harm in the past 12 months.
- 29.4% of high school students reported symptoms of depressive sadness in the past 12 months.
- 16.9% of high school students reported serious considering suicide and 10.4% reported an attempt in the past 12 months.

In 2015 the Summit County ADM Board completed a [Recovery Oriented Systems of Care \(ROSC\) assessment](#). This process was completed via a stakeholder survey and focus groups. As a result of this process, areas of strength and opportunities for improvement were identified. Using ROSC principles, all decisions made about our system are ROSC-informed. Details of the findings are in section d.

You will also find details of other collaborative under #3, Strengths in Addressing Needs of the Local System of Care.

All of these processes include the voice of families, consumers, social service agencies and other community stakeholders.

- b. Child service needs resulting from finalized dispute resolution with Family and Children First Council [340.03(A)(1)(c)].

N/A

- c. Outpatient service needs of persons currently receiving treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)].

AoD Residential Treatment Services

The Board has implemented a 90 day preauthorization process for AoD Residential services in an effort to ensure efficiency and efficacy of treatment services. With the ongoing opiate epidemic, access to these services is particularly important. Residential Services have therefore been limited to stays of up to 90 days, unless the providers of these services complete a prior authorization process to demonstrate clinical need for a more extended stay. This allows the ADM Board to not only monitor the front door to these services, but the back door as well.

- d. Service and support needs determined by Board Recovery Oriented System of Care (ROSC) assessments. The specific areas of service and support needs identified through our local [ROSC assessment](#) process include:
- Interim Services
 - Assertive Linkages
 - Employment Opportunities
 - Age Appropriate Peer Activities
 - Early Intervention Programs
- e. Needs and gaps in facilities, services and supports given the Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

Some gaps in facilities and services in our community include:

There are no youth focused residential treatment facilities located in Summit County for those with MH or AoD issues. Youth in need of this level of care can be referred to a Cuyahoga County Agency through a board managed utilization process or through a multi-system (Child Protective Services, DD, Juvenile Court and ADM) County Cluster pooled funds process.

There is also a need to develop more family and individual programs such as Heroin Anonymous and family support and educational groups to address an ever-increasing demand for such services due to the opiate crisis. There has been some ideological debate locally about the inclusion of individuals with opiate addictions in Alcoholics Anonymous groups. For this reason, we are working to develop and publish some additional resources for self-help, family education, and awareness.

There continues to be a high demand for treatment services, including AoD residential treatment, Assessment, and Detoxification resources, largely due to the opiate epidemic.

- 2A. Complete Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. (Table 1 is an Excel spreadsheet accompanying this document)

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.

3. Strengths:

- a. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment?

Local levy-We are fortunate in Summit County to have the strong support and investment of our community through a local levy. These funds allow us to ensure that we have a continuum of care in place that works to prevent and/or delay the onset of behavioral health issues and provide supportive services that help enhance the effectiveness of treatment and recovery services that exist in our community.

Outpatient Commitment-Outpatient commitment continues to be used as a less restrictive alternative to continued involuntary hospitalization for individuals who meet the clinical criteria, and may be used to prevent the need for hospitalization. Consideration for outpatient commitment will be given as part of the continuing assessment after initiation of commitment to a hospital. Once discharged, individuals on outpatient commitment will be closely monitored by their case manager, psychiatrist, and other members of the multidisciplinary treatment team. The case manager and psychiatrist will regularly review the case together and will consult others involved in the individual's treatment. They will report on the individual's condition monthly to the case management agency's Clinical Director and to the Chief Clinical Officer of the

ADM Board. The monthly review will include a determination of the appropriateness of continuing the commitment to the ADM Board. If at any point it is determined that the individual no longer meets commitment criteria, the commitment will be terminated and probate court will be notified. If it is believed that continuing commitment is indicated, application for continued commitment will be made by the treating psychiatrist. While under outpatient commitment an individual may be required by the Summit County Probate Court to appear in court as often as every other week for Recovery Court hearings as another method of monitoring progress and stability.

Use of Hospital Database-The ADM Board along with Summit County Public Health, have made a joint investment for access to Explorys, a hospital database of electronic medical records allowing access to anonymous patient data permitting large-scale population studies.

Collaboration-As mentioned in previous sections, we sit at many tables within our community and are recognized as a needed resource in many traditional and non-traditional venues. There is a recognition in our community that the collective impact is stronger than working in silos and this is evidenced by our representation on several committees that cross systems:

- Young Adult Transition Team: This group is represented by our child welfare system, our developmental disabilities system and adolescent and adult serving providers to help facilitate a smooth transition of Summit County youth into the adult substance abuse and mental treatment system.
- Waitlist Meetings: These bi-weekly meetings bring together representatives for outpatient and residential treatment providers, waitlist managers, jail, court and probations to address access to residential treatment, priority populations and available interim services.
- Circle of Care: This is a unique partnership between 11 agencies to ensure that the needs of our elderly population who are reported to Adult Protective Services as abused, neglected or exploited are met in a timely manner. In addition to the ADM Board, those at the table include agencies such as local metropolitan housing authority, law enforcement, area agency on aging, local fire departments, public health and the prosecutor's office.
- Opiate Task Force: The opiate task force boasts over 200 members and representation across all twelve community sectors. This task force meets quarterly and has four committees that work in the interim to carry out identified goals. The committees are: Criminal Justice, Advocacy, Public Awareness/Families & Youth, and Healthcare.
- Mobile Responder: The development of this position was in response to the opiate epidemic and in collaboration with our local emergency responders and hospitals. When someone is taken to the hospital due to an opiate overdose, the emergency responder can contact a centralized number to have the mobile responder dispersed to the hospital to offer resources and treatment at the most critical time.
- Medical Technical Assistance and Policy Program (MEDTAPP): The MEDTAPP grant is awarded to the Northeast Ohio Medical University and was designed to align with established, successful programs and leverage existing resources to attract, train, and retain health care practitioners to serve Medicaid beneficiaries in the following areas: child and adolescent psychiatry, community psychiatry with a geriatric and/or integrated behavioral health/primary care focus, pediatrics, family practice, advanced practice nursing, and dentistry. The ADM Board is a sub-recipient of this grant which has spearheaded initiatives such as: a system-wide evidence based practice training and sustainability plan; post- residency integrated community psychiatry and primary care fellowship training program; and partnerships with the University of Akron Counseling and Social Work Departments to infuse evidence based practices into their curriculums and connect students with trained supervisors for placements.
- Mental Health/Criminal Justice Forum: This group was a follow-up to the 2009 system mapping process to continue the open communication between systems and to address recommendations to

divert people into treatment, decrease the mental health population within the jails and to make sure there is reasonable access to treatment resources at each intercept.

- Crisis Services: The ADM Crisis Center provides 24/7/365 crisis service coverage. This includes direct admission capacity from local law enforcement, client self-admission, or agency transfer. The drop-in center offers a safe 23 hour environment for persons under the influence of alcohol or other drugs. This program, in concert with Psychiatric Emergency Services, offers an alternative to jail booking in many cases; a tremendous resource for local law enforcement. Our system's Crisis Center is adjacent to a local hospital, and includes the following services under one roof: Psychiatric Emergency Services (PES); 23 Hour Observation; a 16 bed Mental Health Crisis Stabilization Unit (CSU); an 18 bed Detoxification Unit; and a Drop-in program for intoxicated individuals.
- Cluster: Cluster is a community collaborative between the ADM Board, Summit County Children Services, Summit County Board of Developmental Disabilities and Summit County Juvenile Court to pool funding to ensure youth connected to these systems have access to all available resources to maintain them in the community. All interested parties, including the youth, family, school representatives, treatment providers and others are brought to the table to help formulate solutions. If the youth cannot be maintained in the community, pooled resources can be utilized to ensure they receive the treatment services necessary.
- The Change Direction Campaign was mentioned above and is a county-wide launch of a national initiative to engage all sectors of the community to change the conversation around mental illness and identify the signs of mental illness so more people seek and have access to resources. There is a professional development component of the launch in Summit County, which is targeted to Human Resource Professionals, Faith Leaders, Emergency Services and other helping professions. There is recognition that these groups need additional tools and resources to identify and help those that they encounter as well as making sure to take care of themselves and their counterparts in the community.
- The ADM Board is also part of the state wide Stepping Up Initiative, which is based on the national initiative to reduce the number of people with mental illnesses and co-occurring substance use disorders in jails. In July 2015, the Summit County Council approved a resolution expressing support for the campaign, acknowledging that nationally, inmates with a serious mental illness are three to six times more prevalent in jails than in the general population. Involvement in this initiative directly aligns with the Sequential Intercept Mapping process that was conducted.
- Summit County Maternal Depression Network-The ADM Board is part of The First Things First initiative, pioneered by our County Executive in 2009. The Summit County ADM Board chairs one of the sub-committees under First Things First called the Summit County Maternal Depression Network (SCMDN). Over forty community partners are now involved with the SCMDN. The mission of the SCMDN is to increase awareness about maternal stress and depression, increase the capacity of the maternal health support system and increase the number of mothers receiving screening, prevention and treatment by a workforce with specialized knowledge about maternal health.
- The Summit County ADM Board collaborates with Summit County Children Services (SCCS), Summit County Juvenile Court and Community Drug Treatment and Mental Health Providers in The Summit County Collaborative on Trauma, Alcohol & Other Drug, & Resiliency-building Services for Children & Families (STARS) program through a federal grant. STARS builds upon a well-established collaboration among 14 child-serving agencies in Ohio. The STARS program is an extension of this collaboration and expanded its reach to include a much broader range of children and families. The goals are to increase well-being, improve permanency outcomes, and enhance the safety of children who are in out-of-home care. Out-of-home care includes children in custody of SCCS or those at risk of removal (children under court-ordered protective supervision with SCCS) from their family home due to parental or primary caregiver's substance abuse.

Despite having a service-rich behavioral health system within the county, child welfare-involved

parents with alcohol and other drug (AOD) service needs have engaged in services at a much lower rate than other areas of service. The STARS program provides rapid in-home AOD assessments for all court involved caregivers (and youth as appropriate) reported for abuse or neglect. A STARS service coordinator partners with the child welfare caseworker and a Recovery Coach to offer a coordinated system of care which supports entry into AOD treatment. This program has resulted in an increase in the number of caregivers assessed for substance abuse and receiving services. Some other results of the grant include training of all Children Service's social workers in Motivational Interviewing, a change in policy to incorporate AoD screening for all families during the Intake process, an improved perception by clients and caseworkers about AoD intervention and trauma assessments and referrals on children involved with the program.

- [Zero Suicide Initiative](#) - The Summit County community has a strong history of collaboration in order to find solutions to community issues. We are proud to have sustained an active suicide prevention coalition consisting of ADM system representatives, social service, healthcare, and a variety of other community stakeholders who strive to educate our community through gatekeeper and other specialized trainings.

While we believe we have made consistent positive efforts, we also acknowledge that our focus has been primarily in the areas of education and enhancing clinical capacity. The organizational assessment completed last year helped us realize that we have opportunities for improvement in each of the 7 elements of the model. We particularly scored low in these areas:

- The involvement of suicide attempt and loss survivors in leadership and planning roles
- Systematic identification of risk
- Assessment of staff perception of their confidence, skills and perceived support to care for individuals at risk for suicide
- Collaborative safety planning and specific suicide care treatment / interventions
- Continuing contact and support to engage hard to reach individuals or those transitioning in care

Because of our initial work over the past year to educate both our providers and local healthcare organizations, we feel we are uniquely positioned to implement change in our system of care that aligns with the zero suicide model.

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

All of the above

4. Challenges:

- a. What are the challenges within your local system in addressing the findings of the needs assessment, including the Board meeting the Ohio Revised Code requirements of the Continuum of Care?

Access/Capacity: Lack of sufficient resources to expand service levels to address current/emerging needs: Wait lists for assessment, detox, residential services, psychiatric services, specialized groups, and psychiatric beds continue to be an issue. This exacerbates access/capacity/placement issues for specific populations.

Penetration of those with mental illnesses into the criminal justice system: Even with all of the collaboration and

our community investment in jail treatment services, there are still areas for improvement. We continue to have forums for open dialogue and continuous workgroups involving all stakeholders to help address this issue at every intercept.

Opiate Epidemic: Limitations in our system capacity for treatment, as evidenced by the substantial increase of opiate overdoses, has underscored the need to be responsive to those seeking treatment. We have facilitated and supported several initiatives over the past two years in an effort to help address those in need and curb the epidemic. We are continuing to pursue and utilize evidence-based and promising practices that help impact the stronghold in our county. Some of the initiatives include: Expanded Suboxone services; Formation of our Opiate Task Force, Access to long acting injectable within the jail and the community; weekly and mobile Deaths Avoided with Naloxone (D.A.W.N) Clinics; Mobile Crisis Responder; Adult and Adolescent Ambulatory Detox; Recovery Housing; Expansion of Sub-Acute Detox beds and increased public awareness, prevention activities and programming.

Access and Retention of Professional Staff: There is a far-reaching need for psychiatrists, and Summit County has not been spared from the impact of this lacking resource. We have lost several psychiatrists to other systems and have found it difficult to recruit and attract them to our system. Recruitment and turnover of clinical staff is a challenge reported by agencies as well. Salaries within our system are not competitive with many other local systems and employers which contribute to attrition within our system.

- b. What are the current and/or potential impacts to the system as a result of those challenges?

The impact of these challenges is potential bottleneck at various access points if all points of engagement are not addressed simultaneously. This creates collateral consequences in our jails and prisons, homelessness, and crime. We also risk delayed access to services and potential increase in loss of life for those who are not able to access care when they are ready and willing to accept care.

- c. Identify those areas, if any, in which you would like to receive assistance from other boards and/or state departments.

Opiate Task Force strategic planning, Outcome Measurement Systems, Centralized/Decentralized Service Intake, Common/System Wide Releases of Information, ENGAGE Implementation, Zero Suicide implementation.

5. Cultural Competency

- a. 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.

According to the Center for Disease Control, the seven common barriers that make it extremely difficult or even impossible for people with disabilities to function include: Attitudinal; Communication; Physical; Policy; Programmatic; Social; and Transportation. These are consistent with the barriers that are identified by our stakeholders based on several surveys taken of Summit County Stakeholders, the results of which have driven the Board's funding priorities and activities to strengthen collaboration and remove system barriers.

With sufficient cultural awareness we recognize that many of these barriers can be minimized and/or

eliminated. Evidence of some of our efforts has already been mentioned, such as participating on the Refugee Task Force, the Change Direction Campaign, Suicide Prevention Coalition and Stepping up Initiative. All of these groups work to bring awareness regarding the population we serve and special needs and considerations.

As mentioned previously, we fund interpreter services, but what was not mentioned is that this also included deaf interpreter services and one of our agencies just recently hired a deaf social worker to specifically work with that population.

As mentioned earlier, the ADM Board is co-sponsoring a county wide cultural competency training in July. This training seeks to: Define the general characteristics of cultural competence; Discuss the challenges facing immigrant and refugee populations; Explain how cultural backgrounds shape client/professional encounters; Demonstrate effective techniques for serving clients from various cultural backgrounds. This training will be duplicated if community need and capacity necessitates.

Priorities

6. Considering the board's understanding of local needs, the strengths and challenges of the local system, what has the board set as its priorities for service delivery including treatment and prevention 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 section provided. For those federal and state priorities that are not selected by the board, please check one of the reasons provided, or briefly describe the applicable reason, in the last column.

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

Priorities for the County of Summit Alcohol, Drug Addiction and Mental Health Services Board

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): See Board Priority for Opiates
SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	<p>Pregnant women who reside in Summit County shall be screened, assessed and treated for alcohol and other drug abuse.</p> <p>To improve outcomes in Summit County for Opiate dependent pregnant women and their neonates through enhanced care referral processes, consistent assessment and treatment protocols, and education on the risks of Opiate use based on the best evidence/standards available (from Maternal Fetal/Neonatal Quality Improvement Committee)</p>	<ul style="list-style-type: none"> Continuation of referral process in place to assist system transfer of pregnant women needing alcohol and other drug abuse services Implementing hospital and physician office practice protocols that support early assessment of opiate use in obstetrical care and referral for treatment Evidence based assessment of the neonate, identified as at risk, with ongoing assessment and care guided by an appropriate scoring tool Increasing health care provider awareness of the risks of opiate use during pregnancy and the treatment process, for the mother and the neonate, etc. To increase access to medication replacement therapies Maternal Depression Network 	<p>Number of pregnant women screened annually</p> <p>Number of providers receiving OB Packet with assessment form prepared</p> <p>Awareness of the need for and promotion of pregnancy avoidance to women currently in drug addiction treatment</p> <p>Awareness of the goal to wean from opiate use prior to subsequent pregnancy</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County	To increase the safety and well-being of children by tackling parental substance abuse through the STARS Program* (5-year/\$2.5 million Federal	Utilization of multi-system collaboration, including STARS* program and Family Reunification through Recovery Court to implement:	Percentage of substance abusing families reunified (current estimate is 50% of families are reunified)	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<p>Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)</p>	<p>Grant). Sub goals include: Improved child safety and well-being outcomes Improved child permanency outcomes A coordinated approach to service delivery An increased array of services with easy access</p> <p>*STARS is the Summit County Collaborative on Trauma, Alcohol & Other Drug, & Resiliency-building Services for Children & Families. This is a multi-system collaborative with a coordinator housed at Summit County Public Health. Uses a heightened collaborative approach that brings enhanced services for randomly-selected, eligible families to enable family reunification for those families having parental substance abuse</p>	<ul style="list-style-type: none"> • Safety Assessment • In-home AoD Assessment • Intervention involving referral to STARS Coordinator (done through randomization) • The following strategies are available as required: Drug Court • Strengthening Families Program • Recovery Coaches • Supportive Services 	<p>Percentage of program involved families who become re-involved with Summit County Children Services within 12 months of reunification (current estimate is 85% become re-involved)</p> <p>Standardized instruments to measure child wellbeing, family functioning, recovery and family stability</p>	
<p>SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>				<p>X No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<ul style="list-style-type: none"> • Maintain youth in their home, • Reduce substance use, • Reduce recidivism, • Increase quality of familial relationships, 	<p>Board invests in the following specialized and evidence based programs to address these goals:</p> <ul style="list-style-type: none"> • Integrated co-occurring treatment • Intensive Home Based Treatment • Early Childhood Mental Health, e.g., Devereaux Early Childhood Assessment, Whole Child Matters • Sexual Behavior Problems 	<p>Will measure program impact via the following standardized instruments:</p> <ul style="list-style-type: none"> • Global Assessment of Functioning • CALOCUS • CAFAS • Devereaux Early Childhood Assessment <p>Monitoring or Explorys hospital database for patterns/trends</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

		Program		
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Maintenance in the least restrictive level of care, reduce or stabilize MH symptoms, increase quality of life measures.	Board invests in the following specialized and evidence based programs to address these goals: <ul style="list-style-type: none"> • Assertive community Treatment • Forensic Assertive Community Treatment • SAMI PACT • Vocational Programming • Residential Programming • 24/7 Psychiatric Emergency Services • Special Docket Courts 	Will measure program impact via the following standardized instruments: <ul style="list-style-type: none"> • Reduced psychiatric bed days • Pretest/Post-test • Post discharge vocational survey 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing	<ul style="list-style-type: none"> • Decrease total number of homeless in Summit County • Increase housing options (Madeline Park) • Reduce length of time to receive benefits • Ensure that the most vulnerable people experiencing homelessness and chronic homelessness receive access to housing, treatment, and recovery support services. Including veterans, families, and youth. 	<ul style="list-style-type: none"> • Homeless Outreach • Recovery Housing • Motivational Interviewing • Permanent Supportive Housing • HMIS • SOAR • Continuum of Care (COC) • Projects for Assistance in Transition from Homelessness (PATH) and Cooperative Agreements to Benefit Homeless Individuals (CABHI) • U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) This collaborative program between HUD and VA combines HUD housing vouchers with VA supportive services to help Veterans who are homeless and their families 	<ul style="list-style-type: none"> • Point in Time Count • Occupancy rates and wait lists. • Length of time from enrollment in PATH to entitlements 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		find and sustain permanent housing		
MH-Treatment: Older Adults	<ul style="list-style-type: none"> Identify older adults in need of behavioral health treatment Reduce loss of housing in older adults Collaboration between agencies 	<ul style="list-style-type: none"> SILC Tough Stuff Circle of Care Hoarding Task Force Adult Protective Services 	<ul style="list-style-type: none"> Documentation of ADM staff participation in meetings documented where cases are staffed Monitoring of Explorys hospital database for patterns/trends 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts,	Where possible and appropriate, divert individuals with behavioral health disorders away from the criminal justice system. Continue to provide robust mental health services at the Summit County Jail and enhance provision of AOD services.	System re-mapping was just completed through the CJMH forum and CJ CCOE. 4 key projects will be completed based on the mapping.	Review completion of the 4 key projects and measure the outcomes each creates, over time.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Integration of behavioral health and primary care services	Long-term ultimate goal of co-located primary care and behavioral health services at key clinical locations across Summit County	Continue partnership with the MedTapp TACT Team at NEOMED to help as many agencies as possible achieve the ultimate goal.	Number of agencies with any form of integrated care. Number of agencies with co-located integrated care	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation)	<ul style="list-style-type: none"> Decrease daily living barriers (dlb) Increase peer support human capital Increase community cultural awareness 	<ul style="list-style-type: none"> Collective impact collaborations that address/eliminate dlb's Support local training towards certification of peer support recovery specialist Provide community education and professional development opportunities to increase cultural awareness and resource awareness 	<ul style="list-style-type: none"> Increase and maintaining access to resources such as transportation, housing and employment. Maintain running spreadsheet of training participants and certification recipients Post training program evaluations 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Increase community cultural awareness	<ul style="list-style-type: none"> Collective impact collaborations that address/eliminate dlb's Provide community education and professional development opportunities to increase cultural awareness and resource awareness 	<ul style="list-style-type: none"> Increase and maintaining access to resources such as transportation, housing and employment. Post training program evaluations 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	<ul style="list-style-type: none"> Decrease opiate overdose Decrease opiate overdose deaths Increase access to resources Increase awareness of resources 	<ul style="list-style-type: none"> Project DAWN Clinics Continued engagement of community through Opiate Task Force Continued investment in evidence based and promising practices in prevention, treatment and recovery resources. 	<ul style="list-style-type: none"> Standardized measurement for applicable outcome for all programming OTF Meeting Attendance Accomplishment of annual OTF Committee goals Tracking of community speaking engagements for OTF speaker's bureau Quarterly monitoring of overdose deaths through coroner's office 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Promote Trauma Informed Care approach	<ul style="list-style-type: none"> Increase Board expertise in the area to be able guide our system. Increase agencies' knowledge about TIC and its use in ongoing patient care. 	<ul style="list-style-type: none"> Board staff member will become Certified Trauma Specialist Each agency will complete the Creating Cultures of Trauma-Informed Care (CCTIC) self-assessment and planning protocol 	<ul style="list-style-type: none"> Completion of training and subsequent exam CCTIC data will be analyzed, discussed with the clinical leaders and executive directors, and desired evidence-based improvement plans will be promoted across the county. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents	<ul style="list-style-type: none"> Maintain and/or increase prevention programming from womb to older adults 	<ul style="list-style-type: none"> Continued investment in evidence based and promising practices that demonstrate positive outcomes 	<ul style="list-style-type: none"> Standardized outcome reporting regularly on funding programs for trend comparison Replications of YRBS in 2018 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

			<ul style="list-style-type: none"> Utilization of hospital medical record database for prevalence data of contact relevant to behavioral health 	
Prevention: Increase access to evidence-based prevention	<ul style="list-style-type: none"> Maintain certified prevention programming and staff within our system. Build capacity of school based and out of school time prevention programming Decrease risk and increase protective factor identified within our community 	<ul style="list-style-type: none"> Incentivize use of evidence based and promising practices Use of Summit County YRBS for funding decisions Use of ROSC for funding decisions 	<ul style="list-style-type: none"> Standardized outcome reporting regularly on funding programs for trend comparison 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Suicide prevention	<p>1. To Develop broad-based community support for suicide prevention efforts in Summit County.</p> <p>2. Increase community knowledge of how to intervene with suicidal individuals.</p> <p>3. Increase the ability of local healthcare professionals to assess and intervene with suicidal individuals and to create protective factors in the community.</p>	<p>1. Man Therapy awareness program, media outreach, community outreach programs</p> <p>2a. Provide Gatekeeper trainings to community groups and online QPR training to systems staff</p> <p>3a. Offer Collaborative Assessment and Management of Suicidology (CAMS) training to system clinicians</p> <p>3b. Through clinical leadership, establish specific clinical pathways/ protocols for suicide specific care</p> <p>3.c Implement zero suicide (ZS) strategies regarding transitions in care</p>	<p>1. Google Analytics for website use, numbers of interviews / articles and outreach programs</p> <p>2. Number of individuals trained as Gatekeepers (272 in 2015) or completed online QPR course (21 in 2015)</p> <p>3.a # of clinicians trained</p> <p>3b. score on ADM system agency ZS assessment regarding specific suicide care.</p> <p>3c. score on ADM system agency ZS assessment regarding transitions</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	<p>All persons seeking or being referred to substance abuse treatment should be screened for problem gambling.</p> <p>Train enough clinicians in the Summit County area to be able to create a referral base for clients with gambling</p>	<ul style="list-style-type: none"> Give clinicians a curriculum for their ongoing AoD groups in which they could integrate gambling issues within their current treatment process. Agencies were going to add screening processes during 	<p>The amount of clients identified with gambling issues as well as those who are being treated.</p> <ul style="list-style-type: none"> Research has shown that 2.8% of Ohioans are at risk for problem gambling. We should be able to identify at 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	issues.	<p>intake for gambling issues that would permit them to identify clients more readily.</p> <ul style="list-style-type: none"> • These new procedures would permit not only more accurate identification of gambling issues, but also treatment strategies. • Clinicians are currently being supervised by a led trainer in the state, over 6 months. 	<p>least 2.8% within Summit County coming through agencies in order to deem this process successful</p>	
--	---------	--	---	--

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Successful implementation of new billing system – Great Office Solution Helper (GOSH)	<ul style="list-style-type: none"> • To reduce provider administrative burden related to non Medicaid claims submission • To expand data collection capabilities related to non Medicaid claims submission • To reduce the amount of time between the date of service and the adjudication of claims • To track funds used on a unit of service level 	<ul style="list-style-type: none"> • Create as little change in the providers non Medicaid claim submission as possible • Work with software developers to integrate outcomes reporting into the system • Work with providers to encourage a weekly turn around on claims submission • Work with software developers to link payment for units of service with applicable funding sources per provider contract 	<ul style="list-style-type: none"> • Provider feedback • End user outcome reports • Analysis of time lapse between date of service and adjudication date, trend over time • Remittance Advices by funding source
Implementation of more incentive based and value purchasing for services	<ul style="list-style-type: none"> • Evidence of improved client outcomes • Increased agency motivation for positive outcomes 	<ul style="list-style-type: none"> • Restructure of funding scheme for non-traditional services 	<ul style="list-style-type: none"> • Elimination of M-Codes
Increased efficiency of access and delivery of services	<ul style="list-style-type: none"> • Decrease wait times for services • Decrease in length of stay for residential services • Stable and/or improved client outcomes 	<ul style="list-style-type: none"> • Regular waitlist meetings • 90 Day Pre-authorization for AoD Residential Programming • Agency staff training on EBPs and promising practices 	<ul style="list-style-type: none"> • Quarterly waitlist reports • Pre-authorization request • GOSH reports on length of stay • Program outcome reports • MHSIP Surveys
Increase recruitment and retention of highly skilled and licensed professionals within system	<ul style="list-style-type: none"> • Increase retention of intern/field placement students 	<ul style="list-style-type: none"> • Promote EBP experience and supervision within agencies 	<ul style="list-style-type: none"> • Monitoring of retention of trained students and staff

	<ul style="list-style-type: none"> • Increase retention of staff trained in EBP's and promising practices • To maintain a viable workforce and seamless succession planning 	<ul style="list-style-type: none"> • Facilitate relationship with agencies and University of proper placement alignment • Engage in activities that encourage positive agency morale and compassion fatigue. 	
System-wide/Common Release of Information	<ul style="list-style-type: none"> • To promote continuity of care • To promote positive client outcomes across systems • To foster communication between agencies and systems 	<ul style="list-style-type: none"> • Consult with legal expert on requirements • Convene group of stakeholders for input • Develop agreeable ROI • Training on HIPPA/42CFR and use of ROI 	<ul style="list-style-type: none"> • An incident sheet will be created/altered to capture incidents of improper blockage of communication "in the name of HIPAA." These will be addressed and it is expected that such instances will decrease greatly over time.
Cluster Re-organization	<ul style="list-style-type: none"> • Decrease/prevention of need for residential placements of adolescents • Increase access to community supports • Coordinate local services across systems to support maintenance of family connections 	<ul style="list-style-type: none"> • Continue pooled funded • Fold High Fidelity Wrap Around into process • Engage 	<ul style="list-style-type: none"> • Fewer residential placements for adolescents • Fewer court contacts for system involved adolescents

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) Clinical Staff Recruitment and Retention	In addition to the efforts mentioned above, there is still a struggle to afford highly trained clinical staff when reimbursement levels do not cover their costs.
(2) Mobile Crisis Services	To increase responsiveness to individuals who may be in crisis in our community and also provide support to our emergency responders when their calls are related to mental health crisis situations.
(3) Housing options for older adults who cannot live independently	There are older adults who remain in nursing homes because there is no viable community option.

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. (Note: Highlight collaborative undertakings that support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)
- Prevention & Wellness Promotion Group: In 2015, at the request of prevention providers in Summit County, a series of prevention trainings was held in an effort to engage non-traditional prevention providers and educate on the collective impact of the work being done and the science of prevention. The trainings also offered an opportunity for those seeking prevention certification or a certification upgrade to obtain necessary training hours to move forward. One day-long training was offered once per month from December through May and continuing education credits were provided. Some of the participant included AoD Prevention professionals, public health nurses, peer support specialist and mental health promotion providers.
 - Community Health Improvement Plan (CHIP): Through collaboration with Summit County Public Health and recognition that behavioral health and public health are inter-related and need to coordinate efforts to improve over-all health outcomes, the two organizations presented the first joint [CHIP](#) and will continue to update information and present it to the community annually.
 - Recovery Court: In collaboration with local treatment agencies, in 2016 the Summit County Probate Court launched a Recovery Court, which holds bi-weekly hearings for those placed on outpatient commitment to ensure compliance to outpatient treatment after a hospitalization. The outpatient commitment process in Summit County is unique and the development of the Recovery Court helps to build upon the collaborative approach to keep those in need of services in the least restrictive environment.
 - Opiate Task Force: Through collaboration with various stakeholders involved in the Summit County Opiate Task Force, some of the accomplishment since it 2014 initiation are included [here](#).

Inpatient Hospital Management

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

The ADM Board continues to successfully use a long-standing crisis model to allow for quick access by patients and appropriate triage and use of inpatient hospitalization only when it is the least restrictive environment. Any individual with potential mental illness may go to a Summa or Cleveland Clinic Akron General (CCAGMC) emergency room or Psychiatric Emergency Services (PES) for evaluation, emergency treatment, and referral to services. PES and any of the emergency departments may arrange for admission to an inpatient unit at Summa or CCAGMC, while only PES may authorize the arrangement of admission to Northcoast Behavioral Healthcare. The ADM CCO and the ADM MH Treatment & Clients' Rights Coordinator work directly with PES when questions or concerns arise, such that they can be resolved in real-time, as quickly as possible. Separately, Dr. Orlando at the Summit County Jail is authorized to make arrangements for admission from the jail to Northcoast Behavioral Healthcare without involving PES. He also involves the ADM CCO and the ADM MH Treatment & Clients' Rights Coordinator when questions or concerns arise, such that they can be resolved in real-time, as quickly as possible. No changes in current hospital utilization are foreseen.

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 is believed to benefit other Ohio communities in one or more of the following areas:

- a. Service delivery
- 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.

NOTE: The Board may describe Hot Spot or Community Collaborative Resources (CCR) initiatives in this section, especially those that have been sustained.

90 Day Preauthorization- The Board has implemented a 90 day preauthorization process for AoD Residential services in an effort to ensure efficiency and efficacy of treatment services. With the ongoing opiate epidemic access to these services is particularly important. Residential Services have therefore been limited to stays of up to 90 days, unless the providers of these services complete a prior authorization process to demonstrate clinical need for a more extended stay. This allows the ADM Board to not only monitor the front door to these services, but the back door as well.

Outpatient Commitment/Recovery Court- The Recovery Court was developed in collaboration with the ADM Board, Probate Court and Community Support Services in an effort to support and enhance outcomes for clients on outpatient commitment. In Summit County, a person is committed to the ADM Board after discharge from an involuntary psychiatric hospital admission. During the outpatient commitment process the person is assigned to CSS for treatment and Recovery Court for monitoring, being required to appear before the court for reinforcement of treatment expectations and compliance during their outpatient commitment. Summit County's practice of outpatient commitment and the implementation of Recovery Court in early 2016 will help maintain lower numbers of Summit County residents needing local and/or state psychiatric hospitalization. This local process has already been presented as a national model at two state conferences.

Recruitment and Retention of Psychiatrists- There is a local, state, and national shortage of psychiatrists. Locally this can decrease access to needed care. The ADM Board is partnering with NEOMED to create a program whereby psychiatrists working at PPBH, CSS, and CGFS could be hired by NEOMED while continuing to work at their chosen agency for the same salaries. The program will provide an enhanced benefits package through NEOMED, add an academic appointment to each psychiatrist, and encourage teaching and scholarly activity. Each of these should make working in the Summit County System more attractive, increasing retention and recruitment.

Targeted Prevention Funding- As a result of the 2013 Youth Risk Behavior Survey, in 2015 the Board initiated RFPs for programming that specifically address data points of concern within our community and build upon protective factors. The Board duplicated this process in 2016, targeting areas such as Youth Led Prevention, Emotional Wellness, Out of School Time Programming and mini-grants to school to promote parent engagement and substance abuse prevention education. Over the past two years over \$1.2 million in local dollars has been invested in expanded prevention programming. Two major programs of note that were funded to bolster upstream prevention to younger children include the [PAX Good Behavior Game](#) and [iCARE Mentoring Program](#). To date over 20 teachers have been training in PAX GBG with another 50 in the pipeline and one local elementary school looking to become 100% PAX trained. iCARE Mentoring has been a success during the 2015-2016 school year as well, boasting 289 mentors clocking more than 289 hours of mentoring per week.

Data Access- As mentioned previously in the plan, our Board has partnered with our local health department to gain access to Explorys, which is a large data base with millions of de-identified electronic medical records from 12 major health institutions. With access to this data, we are able to pull nationwide and local prevalence data regarding the populations we serve. Access to this system will help us to further specify how our funding is directed to support wellness within our community.

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.

Health Promotion- In recent years, the Board has substantially increased our investments in prevention, education and wellness promotion which positively impact the health of individuals across the lifespan. With the focus on helping individuals develop the knowledge, attitudes and skills they need to make good choices or change harmful behaviors, these efforts serve to build resilience and lessen the impact and probability of developing a mental health or substance use disorder. We look forward tracking and reporting our progress in this area in our next community plan.

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 is believed to be important for the local system to share with the department or other relevant Ohio communities.

The Board is currently monitoring several emerging topics/issues:

- Implementation of the state's new Grant Funds Management System and implications for agencies and Board programming and fiscal management.
- Impact of new Medicaid Rates on agency sustainability
- Implementation of new 1915i requirements
- Implications for rendering provider requirements
- Implications for ASAM criteria for providers
- Implications of waitlist reporting & continuum of care requirements

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	UPID #	ALLOCATION
N/A		

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	UPID #	SERVICE	ALLOCATION
N/A			

SIGNATURE PAGE

Community Plan for the Provision of
Mental Health and Addiction Services
SFY 2017

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.

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


ADAMHS, ADAS or CMH Board Executive Director

6/28/16
Date


ADAMHS, ADAS or CMH Board Chair

6/28/16
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.)].

ORC Essential Service Elements:
 † = ORC 340.033 Required Opiate Services
 (Column A)

Board = COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD
TABLE 1: INVENTORY OF FACILITIES, SERVICES AND SUPPORTS CURRENTLY AVAILABLE TO RESIDENTS OF THE BOARD AREA

Mandatory Service Directions (Column B)	Treatment Focus (Column C)	Location Requirements (Column D)	Provider Name (Column E)	Mandatory Services [ORC 340.033] Drop Down Menu in Cells (Column F)	Service(s) to Meet Local Need Drop Down Menu in Cells (Column G)	Board Contract Drop Down Menu (Column H)	County(ies) of Provider Location Drop Down Menu (Column I)	Populations Served or Prevention IOM Category (Column J)	(Column K) Board Notes:
† Ambulatory Detox	Board must select all mandatory services if available	AOD Opiates	In Board area required Oriana House- ADM Crisis Center 15 Frederick Ave., Akron, OH 44310 Community Health Center (Adolescent only) 702 E Market St., Akron, OH 44305 Edwin Shaw Tallmadge Cuyahoga Falls, OH 44221	A-Ambulatory detoxification [OAC 3793.2-1-08(Y)]	(This cell is blank)	Yes	Summit	Opiates	
† Sub-Acute Detox	Board must select all mandatory services if available	AOD Opiates	Out-of-Board area allowed Oriana House- ADM Crisis Center 15 Frederick Ave., Akron, OH 44310	A-Sub-acute detoxification [OAC 3793.2-1-08(Y)]	(This cell is blank)	Yes	Summit	Opiates	
† Non-Intensive Outpatient Service	Board must select all mandatory services if available	AOD Opiates	In Board area required Oriana House- ADM Crisis Center 15 Frederick Ave., Akron, OH 44310 Community Health Center E Market St., Akron, OH 44305 Edwin Shaw Tallmadge Cuyahoga Falls, OH 44221 665 W Market St., Akron, OH 44303 IBH Addiction Recover Center 3445 S. Main St., Akron, OH 44319 Mature Services Portage Path, Akron, OH 44320 County Public Health Market St., Akron, OH 44313 Medical Center - Ignatia Hall 444 N Main St., Akron, OH 44310	A-Counseling [OAC 3793.2-1-08(N&O)] , A-Assessment [OAC 3793.2-1-08(K)]	A-Intervention [OAC 3793.2-1-08(G)] , A-Family counseling [OAC 3793.2-1-08(P)] , A-Medical/somatic [OAC 3793.2-1-08(S)]	Yes	Summit	Opiates	
† Intensive Outpatient Service	Board must select at least one mandatory service, if available	AOD Opiates	In Board area required Community Health Center E Market St., Akron, OH 44305 Edwin Shaw Tallmadge Cuyahoga Falls, OH 44221 665 W Market St., Akron, OH 44303 Oriana House, Inc. E. Glenwood Ave., Akron, OH 44304 Mature Services Portage Path, Akron, OH 44320 County Public Health Market St., Akron, OH 44313 Medical Center - Ignatia Hall 444 N Main St., Akron, OH 44310	A-Intensive outpatient bundled [OAC 3793.2-1-08(Q)]	(This cell is blank)	Yes	Summit	Opiates	
† Medically Assisted Treatment (MAT)	Board must select at least one mandatory service, if available	AOD Opiates	In Board area required Community Health Center (Suboxone, Methadone & Vivitrol) Market St., Akron, OH 44305 Edwin Shaw (Suboxone & Vivitrol) 405 Tallmadge Cuyahoga Falls, OH 44221 Oriana House, Inc.-Rigel Program (Vivitrol) 941 Sherman St., Akron Ohio 44311 (females) Crosier St., Akron Ohio 44311 (males) County Jail (Vivitrol) Akron 44311 Medical Center - Ignatia Hall (Vivitrol) 444 N Main St., Akron, OH 44310	A-naltrexone injectable (Vivitrol) [OAC 3793.2-1-08(S)(3)], A-buprenorphine with naloxone (Suboxone) [OAC 3793.2-1-08(S)(3)], A-Methadone [OAC 3793.2-1-08(T)]	(This cell is blank)	Yes	Summit	Opiates	
† Peer Mentoring	Board must select all mandatory services if available	AOD Opiates	In Board area required Oriana House, Inc. W Market St., Akron, OH 44303 Community Support Services Akron, Ohio 44311	A-Peer Mentoring (No OAC or MACSIS Definition)	(This cell is blank)	Yes	Summit	Opiates	A-Peer Mentoring Description: Recovery Coaching is a face-to-face or telephone service that considers a person's stage of recovery and helps to establish a recovery plan to identify and manage relapse warning signs and other issues critical to success in early recovery. Recovery coaches often work with persons after completion of addiction treatment to assist with a positive experience in early recovery and connect persons with additional resources if needed. Recovery coaches or Certified Peer Supporters are persons who have experienced stable recovery from mental illnesses and/or addictions for more than 2 years, and are trained to model a healthy recovery lifestyle.
† Residential Treatment	Board must select at least one mandatory service, if available	AOD Opiates	Out-of-Board area allowed IBH 3445 S. Main St., Akron, OH 44319 Community Health Center E. Market St., Akron, OH 44305	A-BH-MCR-Non-Hospital Bundled [OAC 3793.2-1-08(U)]	(This cell is blank)	Yes	Summit	Opiates	
† Recovery Housing	Board must select all mandatory services if available	AOD Opiates	In Board area required Truly Reaching You Ministries Baird St., Akron, Ohio 44311 Freedom House for Women Akron, Ohio 44306 733 West Market Street, Suite B-5A Akron, OH 44303-1084 Community Housing Johnston St., Akron Ohio 44311 Frederick Avenue Apartments	A-Recovery housing (No OAC or MACSIS Definition)	(This cell is blank)	Yes	Summit	Opiates	A-Recovery Housing Description: It provides a transitional living environment that promotes sobriety and independent living during the early stages of recovery.
† 12 Step Approaches	Board must select all mandatory services if available	AOD Opiates	In Board area required Heroin Anonymous: Messenger of Hope 342 E. South Street, Akron; ABC's of Sobriety 213 Glenwood Ave, Akron; "A Way Out" Big Book Study, FI Community Housing 619 Johnston Street, Akron Narcotics Anonymous: Air Group 414 Pine Street, Akron; How it Works 444 N. Main Street, Akron; Dignity at Noon 754 Kenmore Boulevard, Akron; Rubber city Recovery 320 E. South Street, Akron; Southside Recovery 1480 Eastwood Ave, Akron; Never Alone 3285 S. Cleveland-Massillon Road, Norton; Come as You Are 320 E. South Street, Akron; Our Message is Hope 211 3rd Street, Barberton; Fall's Group 2220 2nd Street, Cuyahoga Falls; Courage to Change 1241 Grant Street, Akron; Friday Night Recovery 525 Vernon Odom, Akron; Start to Live 1480 Eastwood, Akron; Friday Nigh Young Peoples Group 798 Grant St., Akron; Just for Today 1706 S Hawkins, Akron; The Only Requirement 754 Kenmore Blvd, Akron; Saturday Night NA 1480 Eastwood, Akron; No Name Group of NA 219 2nd Street NW, Barberton	A-12 Step approaches (No OAC or MACSIS Definition)	(This cell is blank)			Opiates	A-12 Step Approaches Description: A program that is designed especially to help an individual overcome an addiction, compulsion, serious shortcoming, or traumatic experience by adherence to 12 tenets emphasizing personal growth and dependence on a higher spiritual being

ORC Essential Service Categories:
 ORC 340.03(A)(11) Required AOD & MH Services
 (Column A)

Mandatory Service Directions (Column B)	Treatment Focus (Column C)	Location Requirements (Column D)	Provider Name (Column E)	Mandatory Services [ORC 340.03(A)(11)] Drop Down Menu in Cells (Column F)	Service(s) to Meet Local Need Drop Down Menu in Cells (Column G)	Board Contract Drop Down Menu (Column H)	County(ies) of Service Location Drop Down Menu (Column I)	Populations Served or Prevention IOM Category Drop Down Menu (Column J)	(Column K) Board Notes:
---	----------------------------	----------------------------------	--------------------------	---	--	--	---	---	-------------------------

ORC Essential Service Elements:
 † = ORC 340.033 Required Opiate Services
 (Column A)

Board = COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD
 TABLE 1: INVENTORY OF FACILITIES, SERVICES AND SUPPORTS CURRENTLY AVAILABLE TO RESIDENTS OF THE BOARD AREA

Mandatory Service Directions (Column B)	Treatment Focus (Column C)	Location Requirements (Column D)	Provider Name (Column E)	Mandatory Services [ORC 340.033] Drop Down Menu in Calls (Column F)	Service(s) to Meet Local Need Drop Down Menu in Calls (Column G)	Board Contract Drop Down Menu (Column H)	County(ies) of Provider Location Drop Down Menu (Column I)	Populations Served or Prevention IOM Category (Column J)	(Column K) Board Notes:
Sub-Acute Detox	Board must select all mandatory services if available	AOD non-opiate & MH	Out-of-Board area allowed	Oriana House Crisis Center Frederick Ave., Akron, OH 44310 ADM 15	A-Sub-acute detoxification [OAC 3793.2-1-08(Y)]	(This cell is blank)	Yes	Summit	Adults
Non-Intensive Outpatient Service	Board must select all mandatory services if available	AOD non-opiate & MH	Out-of-Board area allowed	Oriana House Crisis Center Frederick Ave., Akron, OH 44310 ADM 15 Blick Clinic Market St., Akron, OH 44303 640 W. Child Guidance and Family Solutions North Forge St., Akron, OH 44304 18 Coleman Behavioral Health 444 N. Main St. - 4th Floor, Akron, OH 44310 Community Health Center E Market St., Akron, OH 44305 702 Community Support Services 150 Cross St., Akron, Ohio 44311 Edwin Shaw Tallmadge Cuyahoga Falls, OH 44221 405 Akron UMADAOP 665 W Market St., Akron, OH 44303 IBH 415 S 3445 S. Main St., Akron, OH 44319 Mature Services Portage Path, Akron, OH 44320 340 S. Broadway Portage Path Behavioral Health St., Akron, OH 44308 Summit County Public Health 1867 W Market St., Akron, OH 44313 Summit Psychological Associates 37 N. Broadway St., Akron, OH 44305 St. Thomas Medical Center - Ignatia Hall 444 N Main St., Akron, OH 44310	A-Counseling [OAC 3793.2-1-08(N&O)] , A-Assessment [OAC 3793.2-1-08(K)] , M-Assessment: non-medical [OAC 5122-29-04], M-Counseling [OAC 5122-29-03]	A-Family counseling [OAC 3793.2-1-08(P)] , A-Intervention [OAC 3793.2-1-08(G)] , A-Medical/somatic [OAC 3793.2-1-08(S)] , M-Pharmacologic management [OAC 5122-29-05], M-Psychiatric diagnostic Interview [OAC 5122-29-05(B)(1-4)]	Yes	Summit	Opiates, AOD General, SMD, MH General, Children, Transitional Youth, Adults, Older Adults, Female, Male
Intensive Outpatient Service	Board must select at least one service, if available	AOD non-opiate & MH	Out-of-Board area allowed	Community Health Center E Market St., Akron, OH 44305 702 Edwin Shaw Tallmadge Cuyahoga Falls, OH 44221 405 Akron UMADAOP 665 W Market St., Akron, OH 44303 Oriana House, Inc. Glenwood Ave., Akron, OH 44304 40 E. Mature Services 415 S Portage Path, Akron, OH 44320 Portage Path Behavioral Health S. Broadway St., Akron, OH 44308 340 Summit County Public Health Market St., Akron, OH 44313 1867 W Community Support Services Cross St., Akron, Ohio 44311 150 St. Thomas Medical Center - Ignatia Hall 444 N Main St., Akron, OH 44310 Child Guidance and Family Solutions 18 North Forge St., Akron, OH 44304	A-Intensive outpatient bundled [OAC 3793.2-1-08(Q)]	M-Assertive community treatment (ACT) [(OAC 5122-29-29)], M-Intensive home based treatment (IHBT) [(OAC 5122-29-28)]	Yes	Summit	AOD General, SMD, Children, Adults
Medically Assisted Treatment (MAT)	No mandatory services	AOD non-opiate only	Out-of-Board area allowed	Oriana House, Inc. W Market St., Akron, OH 44303 750 Community Health Center E Market St., Akron, OH 44305 702 Edwin Shaw Tallmadge Cuyahoga Falls, OH 44221 405 Summit Psychological Associates N. Broadway St., Akron, OH 44305 37 St. Thomas Medical Center - Ignatia Hall 444 N Main St., Akron, OH 44310	(This cell is blank)	A-naltrexone oral [OAC 3793.2-1-08(S)(3)], A-naltrexone injectable (Vivitrol) [OAC 3793.2-1-08(S)(3)] , A-Antabuse [OAC 3793.2-1-08(S)(3)], A-Campral [OAC 3793.2-1-08(S)(3)], A-Medical/somatic [OAC 3793.2-1-08(S)]			AOD General, Adults
Peer Mentoring	No mandatory services	AOD non-opiate & MH	Out-of-Board area allowed	Oriana House, Inc. W Market St., Akron, OH 44303 750 Community Support Services 150 Cross St., Akron, Ohio 44311 Choices Community Social Center 320 E. South St., Akron, Ohio 44311 NAMI Summit County 150 Cross St, Akron, OH 44311	(This cell is blank)	A-Peer Mentoring (No OAC or MACSIS Definition), M-Self-help/peer support [OAC 5122-29-15]	Yes	Summit	AOD General, MH General, Adults, Older Adults

ORC Essential Service Elements:
 ‡ = ORC 340.033 Required Opiate Services
 (Column A)

Board = COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD
 TABLE 1: INVENTORY OF FACILITIES, SERVICES AND SUPPORTS CURRENTLY AVAILABLE TO RESIDENTS OF THE BOARD AREA

Mandatory Service Directions (Column B)	Treatment Focus (Column C)	Location Requirements (Column D)	Provider Name (Column E)	Mandatory Services [ORC 340.033] Drop Down Menu in Cells (Column F)	Service(s) to Meet Local Need Drop Down Menu in Cells (Column G)	Board Contract Drop Down Menu (Column H)	County(ies) of Provider Location Drop Down Menu (Column I)	Populations Served or Prevention IOM Category (Column J)	(Column K) Board Notes:
Residential Treatment	Board must select at least one AOD and one MH service, if available	AOD non-opiate & MH	Out-of-Board area allowed Portage Path Behavioral Health Crisis Center/ CSU ADM 15 Frederick Ave., Akron, OH 44310 Community Support Services 150 Cross St., Akron, Ohio 44311 Tarry House IBH (AOD only) 564 Diagonal Rd., Akron, OH 44320 3445 S. Main St., Akron, OH 44319 Community Health Center (Ramar - AOD only) 725 E. Market St., Akron, OH 44305 New Directions (Youth) 30800 Chagrin Blvd., Cleveland, Ohio 44124 Belfaire JCB (Youth) 22001 Fairmount Blvd, Cleveland, OH 44118 Belmont Pines Hospital (Youth) 615 Church Hill Hubbard Rd, Youngstown, OH 44505 Ohio Guidestone (Youth) 202 E. Bagley Rd., Berea, Ohio 44017 AbraXas (Youth) 2775 State Rte 39, Shelby, OH 44785 Applewood Centers (Youth) 3518 W 25th St., Cleveland, OH 44109 Buckeye Ranch (Youth) 5665 Hoover Rd., Grove City, Ohio 43123 Christian Children's Home (Youth) 2685 Armstrong Rd., Wooster, OH 44691 Cleveland Christian Home (Youth) 11401 Lorain, Cleveland, OH 44111 Foundations for Living (Youth) 1451 Lucas Rd., Mansfield, OH 44903 Fox Run (Youth) 67670 Traco Dr., St. Clairsville, OH 43950 Mohican Youth Academy (Youth) 1012 O D N R Mohican Rd 51, Perrysville, OH 44864 Village Network (Youth) 3011 Akron Rd., Wooster, OH 44677	A-BH-NMCR Bundled [OAC 3793.2-1-08(V)], A-MCR-Non-Hospital Unbundled [OAC 3793.2-1-08(U)], M-Residential Treatment (No MACSIS Definition) [OAC 5122-30]	(This cell is blank)	Yes	Summit, Cuyahoga, Trumbull, Franklin, Richland, Wayne, Belmont, Ashland	AOD General, MH General, SMD, Children, Transitional Youth, Adults, Older Adults, Female, Male	M-Residential Treatment Description: Residential treatment is staffed by clinical and paraprofessional staff around the clock. All of these programs provide support and training to emphasize development of social skills, independent living skills, and symptom management. Lengths of stay are individualized, based on the participant's needs and continued progress. There are no adolescent residential providers in Summit County, therefore all of the locations where adolescents have been placed are listed.
Locate & Inform Persons Needing Services	Board must select at least one MH or AOD service, if available	AOD including opiates & MH	Out-of-Board area allowed Oriana House Crisis Center/ CSU (Adults) ADM 15 15 Frederick Ave., Akron, OH 44310 Community Support Services (Adults) 150 Cross St., Akron, Ohio 44311 Portage Path Emergency Services (Adults) ADM Crisis Center 10 Penfield, Akron, OH 44310 Psychiatric Intake Response Center (Youth) 1 Perkins Square, Akron, OH 44308 Child Guidance and Family Solutions (Youth) 18 North Forge St., Akron, OH 44304	A-Community Outreach [OAC 3793.2-1-08(U)], M-Referral & information service [OAC 5122-29-22], A-Referral and information [OAC 3793.2-1-08(F)], A-Consultation [OAC 3793.2-1-08(E)]	(This cell is blank)	Yes	Summit	Adults, Children, MH General, SMD	
Inpatient Treatment	No mandatory services	AOD including opiates & MH	Out-of-Board area allowed Akron General Medical Center (Adults) 400 Wabash, Akron, OH 44307 St. Thomas Medical Center (Adults) 444 N. Main St., Akron, OH 44310 Akron Children's Hospital (Youth) 1 Perkins Square, Akron, OH 44308 Northcoast Behavioral Healthcare (Adults) 1756 Sagamore Rd., Northfield, OH 44067 VA (Adults) 10701 East Blvd, Cleveland, OH 44106	(This cell is blank)	A-Acute hospital detoxification [OAC 3793.2-1-08(Z)], M-Private Inpatient psychiatric [OAC 5122-29-18]	Yes	Summit, Cuyahoga	SMD, MH General, Children, Transitional Youth, Adults, Older Adults, Female, Male	
CPST Services	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed Blick Clinic (Adult and Youth) 640 W. Market St., Akron, OH 44303 Child Guidance and Family Solutions (Youth) 18 North Forge St., Akron, OH 44304 Coleman Behavioral Health (Adult) 444 N. Main St. - 4th Floor, Akron, OH 44310 Community Support Services (Adult) 150 Cross St., Akron, Ohio 44311 Portage Path Behavioral Health (Adult) 340 S. Broadway St., Akron, OH 44308 Community Health Center (Adult and Youth) 702 E Market St., Akron, OH 44305 Edwin Shaw (Adult and Youth) 405 Tallmadge Cuyahoga Falls, OH 44221 UMADADOP (Adult) 665 W Market St., Akron, OH 44303 Mature Services (Adult) 415 S Portage Path, Akron, OH 44320 Summit County Public Health (Adult and Youth) 1867 W Market St., Ste. A, Akron, OH 44313	M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17], A-Case management services [OAC 3793.2-1-08(M)]	(This cell is blank)	Yes	Summit	SMD, Adults, MH General, Transitional Youth, Older Adults, Female, Male, Children	
Partial Hospitalization	Board must select all mandatory services if available	MH only	Out-of-Board area allowed Blick Clinic (Adult and Youth) 640 W. Market St., Akron, OH 44303 Community Support Services (Adult) 150 Cross St., Akron, Ohio 44311 Portage Path Behavioral Health (Adult) 340 S. Broadway St., Akron, OH 44308 Akron Children's Hospital (Youth) 1 Perkins Square, Akron, OH 44308	M-Partial hospitalization [OAC 5122-29-06]	(This cell is blank)	Yes	Summit	SMD, MH General, Children, Transitional Youth, Adults, Female, Male	

ORC Essential Service Elements:
 † = ORC 340.033 Required Opiate Services
 (Column A)

Board = COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD
 TABLE 1: INVENTORY OF FACILITIES, SERVICES AND SUPPORTS CURRENTLY AVAILABLE TO RESIDENTS OF THE BOARD AREA

ORC Essential Service Elements: † = ORC 340.033 Required Opiate Services (Column A)	Mandatory Service Directions (Column B)	Treatment Focus (Column C)	Location Requirements (Column D)	Provider Name (Column E)	Mandatory Services [ORC 340.033] Drop Down Menu in Cells (Column F)	Service(s) to Meet Local Need Drop Down Menu in Cells (Column G)	Board Contract Drop Down Menu (Column H)	County(ies) of Provider Location Drop Down Menu (Column I)	Populations Served or Prevention IOM Category (Column J)	(Column K) Board Notes:
Recovery Supports	Board must select at least one AOD or MH Service, if available	AOD non-opiates & MH	Out-of-Board area allowed	<p>For information regarding 12-step meetings, please visit websites below: https://www.akronaa.org/find-a-meeting http://inabudrkeye.org/uploads/Meeting_Schedule_for_W_RASNA.pdf http://www.heroinanonymous.org/HAakron1.html http://emotionsanonymous.org/ http://www.caohio.org/akron/ http://dbsalliance.org/findsupport</p> <p>Oriana House, Inc. 750 W Market St., Akron, OH 44303 Community Support Services 150 Cross St., Akron, Ohio 44311 Choices Community Social Center 320 E. South St., Akron, Ohio 44311 Mature Services 415 S Portage Path, Akron, OH 44320 Bureau of Vocational Rehabilitation 161 S High St #103, Akron, OH 44308 NAMI Summit County 150 Cross St, Akron, OH 44311</p>	A-Recovery support (No OAC or MACSIS Definition), A-12 Step approaches (No OAC or MACSIS Definition), M-Consumer-operated [OAC 5122-29-16], M-Self-help/peer support [OAC 5122-29-15], M-Social & recreational [OAC 5122-29-14], M-Employment/Vocational [OAC 5122-29-11]	(This cell is blank)	Yes	Summit	Opiates, AOD General, MH General, Adults, Older Adults, Female, Male	A-Recovery Support Description, if chosen: Recovery Support is a face-to-face or telephone service that considers a person's stage of recovery and helps to establish a recovery plan to identify and manage relapse warning signs and other issues critical to success in early recovery. Certified Peer Supporters are persons who have experienced stable recovery from mental illnesses and/or addictions for more than 2 years, and are trained to model a healthy recovery lifestyle.
Prevention/Wellness	Board must select at least one AOD and one MH Service, if available	AOD including opiates & MH	Out-of-Board area allowed	<p>Community Health Center (Adult and Youth) 702 E Market St., Akron, OH 44305 UMADAOP (Adult) 665 W Market St., Akron, OH 44303 Mature Services (Adult) 415 S Portage Path, Akron, OH 44320 Summit County Public Health (Adult and Youth) 1867 W Market St., Ste. A, Akron, OH 44313 ASIA (Adults and Youth) 730 Carroll St., Akron, OH 44304 Minority Behavioral Health Group (Adults and Youth) 1293 Copley Rd, Akron, OH 44320 Alliance for Health Youth (Adults and Youth) 1815 W Market St # 107, Akron, OH 44313 Ohio Guidestone (Adults and Youth) 790 S Arlington St, Akron, OH 44306 Pastoral Counseling Services (Adults and Youth) 611 W. Market St., Akron, OH 44313 Catholic Charities (Adults and Youth) 795 Russell Ave, Akron, OH 44307 Greenleaf (Adults and Youth) 580 Grant St, Akron, OH 44311 Summit County Community Partnership 1100 Graham Road, Stow, OH 44224</p>	M-Prevention [OAC 5122-29-20], M-Mental health education [OAC 5122-29-21], A-Info dissemination [OAC 3793.5-02(C)(1)(b)(i)], A-Education [OAC 3793.5-1-02(C)(1)(b)(iii)], A-Problem Identification & Referral [OAC 3793.5-1-02(C)(1)(b)(vii)], A-Gambling Addiction (No OAC or MACSIS Definition), A-Community-Based Process [OAC 3793.5-1-02(C)(1)(b)(iv)], A-Environmental prevention [OAC 3793.5-1-02(C)(1)(b)(v)]	(This cell is blank)	Yes	Summit	AOD General, MH General, Children, Adults, Female, Male	A-Gambling Addiction Description, if chosen: The County of Summit ADM Board is currently in the process of training professionals to gain gambling endorsement to build gambling treatment infrastructure in Summit County. We currently use the gambling treatment dollars to fund substance abuse treatment.
Emergency Services & Crisis Intervention	Board must select all mandatory services if available	MH only	Out-of-Board area allowed	<p>Portage Path Emergency Services (Adults) 10 Penfield, Akron, OH 44310 Psychiatric Intake Response Center (Youth) Perkins Square, Akron, OH 44308</p>	M-Crisis intervention [OAC 5122-29-10]	A-Crisis intervention [OAC 3793.2-1-08(L)], M-Crisis bed [MH Service Definitions, p.34], M-Hotline [OAC 5122-29-08], A-Hotline [OAC 3793.2-1-08(H)], A-23 hour observation bed [OAC 3793.2-1-08(W)]	Yes	Summit	Opiates, AOD General, SMD, MH General, Children, Transitional Youth, Adults, Older Adults	
Assistance to Obtain Necessary Services	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed	<p>Blick Clinic (Adult and Youth) 640 W. Market St., Akron, OH 44303 Child Guidance and Family Solutions (Adult and Youth) 18 North Forge St., Akron, OH 44304 Coleman Behavioral Health (Adult) 444 N. Main St. - 4th Floor, Akron, OH 44310 Community Health Center (Adult and Youth) 702 E Market St., Akron, OH 44305 Community Support Services (Adult) 150 Cross St., Akron, Ohio 44311 Edwin Shaw (Adult and Youth) 405 Tallmadge Cuyahoga Falls, OH 44221 AKRON UMADAOP (Adult) 665 W Market St., Akron, OH 44303 Mature Services (Adult) 415 S Portage Path, Akron, OH 44320 Portage Path Behavioral Health (Adult) 340 S. Broadway St., Akron, OH 44308 Summit County Public Health (Adult and Youth) 1867 W Market St., Ste A, Akron, OH 44313 Oriana House, Inc. 750 W Market St., Akron, OH 4430</p>	A-Case management [OAC 3793.2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	(This cell is blank)	Yes	Summit	Opiates, AOD General, MH General, Children, Transitional Youth, Adults, Older Adults, Female, Male	
Assistance to Obtain Vocational Services	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed	<p>Bureau of Vocational Rehabilitation 161 S High St #103, Akron, OH 44308 Community Support Services 150 Cross St., Akron, Ohio 44311 Mature Services 415 S Portage Path, Akron, OH 44320</p>	A-Case management [OAC 3793.2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	M-Employment/Vocational [OAC 5122-29-11]	Yes	Summit	MH General	
Services to Develop Social, Community & Personal Living Skills	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed	<p>Community Support Services (Adult) 150 Cross St., Akron, Ohio 44311 Portage Path Behavioral Health (Adult) 340 S. Broadway St., Akron, OH 44308 Choices Community Social Center 320 E. South St., Akron, Ohio 44311 Child Guidance and Family Solutions (Adult and Youth) 18 North Forge St., Akron, OH 44304</p>	A-Case management [OAC 3793.2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	M-Social & recreational [OAC 5122-29-14]	Yes	Summit	MH General	

ORC Essential Service Elements:
 † = ORC 340.033 Required Opiate Services
 (Column A)

Board = COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD
 TABLE 1: INVENTORY OF FACILITIES, SERVICES AND SUPPORTS CURRENTLY AVAILABLE TO RESIDENTS OF THE BOARD AREA

Mandatory Service Directions (Column B)	Treatment Focus (Column C)	Location Requirements (Column D)	Provider Name (Column E)	Mandatory Services [ORC 340.033] Drop Down Menu in Calls (Column F)	Service(s) to Meet Local Need Drop Down Menu in Cells (Column G)	Board Contract Drop Down Menu (Column H)	County(ies) of Provider Location Drop Down Menu (Column I)	Populations Served or Prevention IOM Category (Column J)	(Column K) Board Notes:
Wide range of Housing & Provision of Residential Treatment & Supports	Board must select at least one AOD and one MH Service, if available	AOD including opiates & MH	Out-of-Board area allowed IBH 3445 S. Main St., Akron, OH 44319 Community Health Center 725 E. Market St., Akron, OH 44305 Truly Reaching You Ministries 587 Baird St., Akron, Ohio 44311 Freedom House for Women 1101 7th Ave., Akron, Ohio 44306 Legacy III, Inc. 733 West Market Street, Suite B-5A Akron, OH 44303-1084 Community Housing 619 Johnston St., Akron Ohio 44311 Frederick Avenue Apartments ADM Crisis Center/ CSU 15 Frederick Ave., Akron, OH 44310 Community Support Services 150 Cross St., Akron, Ohio 44311 Tarry House 564 Diagonal Rd., Akron, OH 44320 New Directions (Youth) 30800 Chagrin Blvd., Cleveland, Ohio 44124 Belfaire JCB (Youth) 22001 Fairmount Blvd., Cleveland, OH 44118 Belmont Pines Hospital (Youth) 615 Churchill Hubbard Rd., Youngstown, OH 44505 Ohio Guidestone (Youth) 202 E. Bagley Rd., Berea, Ohio 44017 Abraxas (Youth) 2775 State Rte 39, Shelby, OH 44785 Applewood Centers (Youth) 3518 W 25th St., Cleveland, OH 44109 Buckeye Ranch (Youth) 5665 Hoover Rd., Grove City, Ohio 43123 Christian Children's Home (Youth) 2685 Armstrong Rd., Wooster, OH 44691 Cleveland Christian Home (Youth) 11401 Lorain, Cleveland, OH 44111 Foundations for Living (Youth) 1451 Lucas Rd., Mansfield, OH 44903 Fox Run (Youth) 67670 Traco Dr., St. Clairsville, OH 43950	A-BH-NMCR Bundled [OAC 3793:2-1-08(V)], A-BH-MCR-Non-Hospital Bundled [OAC 3793:2-1-08(U)], A-Recovery housing (No OAC or MACSIS Definition), M-Crisis bed [MH Service Definitions, p.34], M-Residential care [MH Service Definitions, p.34], M-Foster care [MH Service Definitions, p.34], M-Respite bed [MH Service Definitions, p.34], M-Temporary housing [MH Service Definitions, p.34], M-Transitional (No OAC or MACSIS Definition)	(This cell is blank)	Yes	Summit	AOD General, MH General, Children, Adults	
Support, Assistance, Consultation, & Education for Persons Receiving Services	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed Blick Clinic 640 W. Market St., Akron, OH 44303	A-Case management [OAC 3793:2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	M-Occupational therapy [OAC 5122-29-24]	Yes	Summit	Children, Older Transitional Youth, Adults	
Recognition & Encouragement of Families, Friends, & Neighborhood Networks	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed Blick Clinic (Adult and Youth) 640 W. Market St., Akron, OH 44303 Child Guidance and Family Solutions (Adult and Youth) 18 North Forge St., Akron, OH 44304 Coleman Behavioral Health (Adult) 444 N. Main St., 4th Floor, Akron, OH 44310 Community Health Center (Adult and Youth) 702 E Market St., Akron, OH 44305 Community Support Services (Adult) 150 Cross St., Akron, Ohio 44311 Edwin Shaw (Adult and Youth) 405 Tallmadge Cuyahoga Falls, OH 44221 Akron UMADAOP (Adult) 665 W Market St., Akron, OH 44303 Mature Services (Adult) 415 S Portage Path, Akron, OH 44320 Portage Path Behavioral Health (Adult) 340 S. Broadway St., Akron, OH 44308 Summit County Public Health (Adult and Youth) 1867 W Market St., Ste A, Akron, OH 44313 Oriana House, Inc. 750 W Market St., Akron, OH 44303	M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17], A-Case management [OAC 3793:2-1-08(M)]	(This cell is blank)	Yes	Summit	AOD General, MH General, Children, Transitional Youth, Adults, Older Adults	