

**Ohio Mental Health and Addiction Services (OhioMHAS)
Community Plan Update for SFY 2021-2022**

Needs Assessment Update

1. Please update the needs assessment submitted with the SFY 2021-2022 Community Plan, as required by ORC 340.03, with any new information that significantly affects the Board's priorities, goals or strategies. New evaluation process information is of particular interest and importance to the Department regarding: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils (ORC § 340.03(A)(1)(c)); (2) outpatient service needs of persons receiving treatment in state Regional Psychiatric Hospitals (ORC § 340.03(A)(1)(c)); and (3) consequences of opiate use, e.g., overdoses and/or deaths. If the evaluation process section submitted with the SFY 2021-2022 Community Plan remains current, please indicate as such.

Board's Evaluating the Need for Services and Supports Update/Response (if any):

There are currently no updates to the report.

Current Status of SFY 2021-2022 Community Plan Priorities

2. Please list the Board, Block Grant and State priorities identified in the SFY 2021-2022 Community Plan. Briefly describe any progress in achieving the related goals and strategies in Column 4 and indicate in the last column if the Priority is "Continued," "Modified", or "Discontinued" for SFY 2022.

If the SFY 2021-2022 Community Plan addressed any activities in the identified RecoveryOhio priority areas, OhioMHAS is particularly interested in an update or status report of these areas.

(NOTE: This section only applies to previously submitted SFY 2021-2022 priorities. Any new priorities are to be listed in item #3, if applicable). Please add as many rows in the matrix below as are necessary.

COMMUNITY PRIORITIES, GOALS AND STRATEGIES ARE TO BE CUT AND PASTED FROM THE SFY 2021-2022 COMMUNITY PLAN

Priority	Goal	Strategy	Progress	Barriers/Need for TA?	Priority Continued, Modified, or Discontinued in SFY 2022?
Crisis Services	To have longitudinal utilization data and monitor patterns for system adjustments and interventions.	<p>Evaluation of crisis services utilization data.</p> <p>Evaluate crisis system for strengths, weaknesses, opportunities, and threats based on data.</p>	<p>Measurement indicator: The number of individuals discharged from CSU that follow up with outpatient services. Baseline data: One-year look back of those discharged who have followed through with OP services. Target: To collect baseline data and monitor improvement in follow-up over time. Outcome: Baseline data began to be collected in July 2020.</p> <p>Measurement indicator: The number of people calling the support hotline. Baseline data: The 10-year average of the number of people calling the support hotline. Target: There will be more than 6,000 calls to support the hotline. Outcome: There were 7,004 calls to the support hotline in CY2020.</p> <p>Measurement indicator: The number of CSU bed days. Baseline data: The 2-year average of the number of CSU bed days. Target: To use less than 3,434 bed days in CY2020. Outcome: There were 2,314 CSU bed days used in CY2020.</p>	Outcomes may be impacted by the COVID-19 pandemic	Continued
Expanded Access to Integrated SUD and MH Services	To have evidence-based dual diagnosis services from youth to older adult.	<p>Ensure agencies that serve dually diagnosed clients have training in evidence-based practices.</p> <p>Continue to support agencies in the development and implementation of a full continuum of services.</p> <p>Support agencies in developing staff who have the credentials and</p>	<p>Measurement indicator: System staff trained in evidence-based practices. Baseline data: ADM Board sponsored 6 evidence-based & best practices training in the previous fiscal year with 112 participants. Target: At least 6 trainings and 120 participants in ADM sponsored trainings in FY21. Outcome: 8 trainings with 129 participants in FY21</p>	Outcomes may be impacted by the COVID-19 pandemic	Continued

		experience in working with dually diagnosed clients.			
Maintain a full continuum of care for SUD & MH services.	To ensure that there is a full continuum of care for mental health and substance use disorder services across the lifespan.	Continue to monitor and evaluate the availability and accessibility of services as agencies safely adjust and adapt to the new service provision model in a COVID-19 environment as business under behavioral health redesign continues to evolve.	<p>Measurement indicator: The number of service providers contracted with ADM.</p> <p>Baseline data: ADM currently contracts with 22 community providers for services.</p> <p>Target: Maintenance of current continuum of care and providers.</p> <p>Outcome: ADM has maintained its current 22 contracted community providers, and has added two new providers:</p> <ul style="list-style-type: none"> • Victim Assistance • Shelter Care 	Outcomes may be impacted by the COVID-19 pandemic	Continued
Cultural and Linguistic Competency.	To ensure equitable access to effective behavioral health services to all Summit County residents.	Continue to implement ROSC initiatives and recommendations.	<p>Measurement indicator: System training supporting cultural and linguistic competency.</p> <p>Baseline data: Parity training has never been hosted within our Board system.</p> <p>Target: Host parity training within first quarter of FY21.</p> <p>Outcome: A parity training was not hosted within our Board system in the first quarter of FY21, but several trainings were hosted in subsequent quarters:</p> <ul style="list-style-type: none"> • LGBTQ+ Training (September 2020) • Ohio Department of Insurance Parity Training (October 2020) • Groundwater Training (January 2021) 	Outcomes may be impacted by the COVID-19 pandemic	Continued

ALIGNED PRIORITIES, GOALS AND STRATEGIES ARE TO BE CUT AND PASTED FROM THE SFY 2021-2022 COMMUNITY PLAN					
Priority	Goal	Strategy	Progress	Barriers/Need for TA?	Priority Continued, Modified, or Discontinued in SFY 2022?
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	To decrease the number of IV drug users, overdoses, and occurrence of related communicable disease.	Support local public health initiatives through funding and promotion: Local needle exchange, Naloxone and fentanyl test strip distribution clinic, expanded distribution of Naloxone Kits through first responders.	<p>Measurement indicator: The average wait time for someone to receive detox treatment.</p> <p>Baseline data: The 3-year average for the wait time to receive detox treatment.</p> <p>Target: To keep the average wait time below 1 day.</p> <p>Outcome: The average wait time for detox treatment is 0 days.</p>	Outcomes may be impacted by the COVID-19 pandemic	Continued

		Monitor and ensure priority access to detox and residential services, expanded access to MAT, outpatient services and recovery supports through the Addiction Help Line (AHL), biweekly residential access meetings and utilization data monitoring	<p>Measurement indicator: The average wait time for someone to receive residential treatment.</p> <p>Baseline data: The 3-year average for the wait time to receive residential treatment.</p> <p>Target: To keep the average wait time below 18.5 days.</p> <p>Outcome: The average wait time for someone to receive residential treatment was 2.8 days in CY2020.</p> <p>Measurement indicator: The average wait time for an Addiction Helpline caller to receive an appointment.</p> <p>Baseline data: The 3-year average wait time for an Addiction Helpline caller to receive an appointment is 6.4 days.</p> <p>Target: To reduce time between call and appts. The wait time should not exceed 1 week (7 days).</p> <p>Outcome: The average wait time for an Addiction Helpline caller to receive an appointment was 4.8 days in CY2020.</p>		
SAPT-BG: Mandatory for boards: Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority).	Improve pre and postnatal outcomes for women who are pregnant and have a substance use disorder. To evaluate and strengthen the referral and treatment of women who are pregnant and have a substance use disorder.	Maternal Depression Network Pre/Postnatal Coaching Bi-weekly Access List meetings	<p>Measurement indicator: # of referrals for pregnant women to SUD residential treatment services.</p> <p>Baseline data: Two-year average of referrals and time to SUD placement is 8.5 days.</p> <p>Target: Prioritize placement of this population and maintain stable or improve access times for bed availability.</p> <p>Outcome: There were 4 referrals of pregnant women to SUD residential. Two of the four did not receive medical clearance. The wait time for women to receive SUD residential treatment is 1 day.</p>	Outcomes may be impacted by the COVID-19 pandemic	Continued
SAPT-BG: Mandatory for boards: Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15)	Improved utilization and coordination of systems and services for multisystem youth, with a focus on early	Wraparound Service Coordination Case Consultation with Service Review Collaborative (SRC), a cross system, multi-agency service review committee	<p>Measurement indicator: Number of referrals to SRC, Family Engagement and residential treatment placements.</p> <p>Baseline data: 2019 family engagement = 84; 2019 residential treatment placements = 21.</p> <p>*The previous plan incorrectly stated that the numbers averaged out over 2 years when it was only one year of data. Therefore, the baseline data has increased.</p>	Outcomes may be impacted by the COVID-19 pandemic	Modified (corrections to indicator made)

Required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	intervention to reduce out of home placement rates.	Flexible, pooled funding for community-based services and supports funded by shared pool. Participation in Juvenile Court's Family. Reunification Recovery Court advisory committee.	Target: To increase family engagement and decrease out of home placements. Outcome: In CY2020, family engagement = 64 and residential treatment = 28. In CY2021, 2019 and 2020 will be averaged to determine if the target is achieved.		
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g.,AIDS, HIV, Hepatitis C, etc.)	To decrease the incidence of communicable disease related to behavioral health issues.	Provide education to the community about communicable disease and prevention and treatment options. Provide targeted education to the community and treatment providers on the Hepatitis A outbreak, at risk populations and immunization options. Utilize the Syringe Exchange program as an opportunity to screen for communicable diseases.	Measurement indicator: The number of reportable diseases by year. Baseline data: The 3-year average of reportable diseases. Target: To have less than 6,804 reportable diseases. Outcome: There were 35,636 reportable diseases in CY2020. This number includes COVID-19 cases. Excluding COVID-19 cases, there were 6,833 reportable diseases in CY2020.	Outcomes may be impacted by the COVID-19 pandemic	Continued
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Improved utilization and coordination of systems and services for multisystem youth, with a focus on early intervention to reduce out of home placement rates.	Wraparound Service Coordination. Case Consultation with Service Review Collaborative (SRC), a cross system, multi-agency service review committee. Flexible, pooled funding for community-based services and supports funded by shared pool.	Measurement indicator: Number of referrals to SRC, Family Engagement and residential treatment placements. Baseline data: 2019 family engagement = 84; 2019 residential treatment placements = 21. *The previous plan incorrectly stated that the numbers averaged out over 2 years when it was only one year of data. Therefore, the baseline data has increased. Target: To increase family engagement and decrease out of home placements. Outcome: In CY2020, family engagement = 64 and residential treatment = 28. Next year, 2019 and 2020 will be averaged to determine if the target is achieved	Outcomes may be impacted by the COVID-19 pandemic	Modified (corrections to indicator made)
MH-BG: Mandatory (for OhioMHAS):	Provision of services and supports that will	Continued Board investments in the following interventions:	Measurement indicator: The number of state hospital bed days.	Outcomes may be	Continued

Adults with Serious Mental Illness (SMI)	allow those with SMI to live as independently as possible.	<ul style="list-style-type: none"> • Assertive Community Treatment • Forensic Assertive Community Treatment • SAMI PACT • Supported Employment • Residential Programming & Supported Housing • 24/7 Psychiatric Emergency Services • Specialized Docket Courts for Case Management and Support. 	<p>Baseline data: 3-year average of the number of state hospital bed days.</p> <p>Target: Less than 3-year average of 6,068 state hospital bed days in CY2020.</p> <p>Outcome: There were 6,199 state hospital bed days in CY2020.</p>	impacted by the COVID-19 pandemic	
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	<p>To decrease total number of homeless in Summit County</p> <p>To reduce length of time to receive benefits</p> <p>To ensure that the most vulnerable people experiencing homelessness and chronic homelessness receive access to housing, treatment, and recovery support services.</p>	<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 for Homelessness (PATH) • Critical Time Intervention 	<p>Measurement indicator: The number of homeless in Summit County.</p> <p>Baseline data: The 3-year average of the point in time count of sheltered and unsheltered in Summit County.</p> <p>Target: There will be less than 547 sheltered and unsheltered homeless persons in Summit County in CY2020.</p> <p>Outcome: There were 587 sheltered and unsheltered homeless persons in Summit County in CY2020.</p>	Outcomes may be impacted by the COVID-19 pandemic	Continued
MH-Treatment: Older Adults	<p>To restore lost system capacity for older adults.</p> <p>To improve coordination of programs and services for older adults.</p>	<p>I-team meetings</p> <p>Tough Stuff (Community problem solving collaborative)</p> <p>Hoarding Task Force</p> <p>Adult Protective Services Circle of Care</p> <p>Interagency-Interdisciplinary Team</p>	<p>Measurement indicator: Increase programming targeting older adults.</p> <p>Baseline data: There is currently one agency targeting this population and prevention services have been discontinued. For calendar years 2018 and 2019 those 65+ represented 4% and 6% of our overall population served respectively.</p> <p>Target: Identify additional services and/or providers focusing on this population and increase those age 65+ being served.</p>	Outcomes may be impacted by the COVID-19 pandemic	Continued

	To improve the accessibility of appropriate services for older adults		Outcome: The percentage of those 65+ increased from 6.1% in 2019 to 6.9% in CY2020.		
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	To maintain access to mental health and substance use disorder services in the criminal justice system. To ensure appropriate linkage to needed community-based treatment and recovery support resources.	Continue funding for BH services in the County Jail and Juvenile Detention. Continue the support of adult and juvenile specialty docket courts through agency funding for case management and supportive services. Continued support of New Day Court through Summit County Probate (AOT). Continue quarterly Mental Health/Criminal Justice Forum Meeting to collaborate and address barriers within systems. Representation on Jail Operations Advisory Commission and Jail Capacity Subcommittee. Continue collaboration with specialty drug courts, providers and ATP funding.	Measurement indicator: To increase the number of clients engaged with Addiction Treatment Program (ATP) funding initiative. Baseline data: 3-year average of the number of ATP clients is 131. Target: To serve more than 131 ATP clients. Outcome: Total of 228 unduplicated clients served under ATP in FY21. Measurement indicator: The number of discharged individuals that follow up with outpatient services. Baseline data: One-year look-back of those discharged who have followed through with OP services. Target: To collect baseline data and monitor improvement in follow-up over time. Outcome: The process to collect baseline data began in CY2020.	Outcomes may be impacted by the COVID-19 pandemic	Continued
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer	To ensure access to recovery supports that enhance treatment services and support sustained recovery.	Continued Board investment in: <ul style="list-style-type: none"> • Recovery Housing • Permanent Supportive Housing • Peer Recovery Support Staff & training • Quick Response Teams • Crisis outreach support Continued Board involvement in advocacy for access to and utilization of	Measurement indicator: The percentage of QRT clients connected to treatment. Baseline data: The 3-year cumulative percentage of QRT clients connected to treatment. Target: To maintain a cumulative percentage of 60% or more of QRT clients connected to treatment. Outcome: At the end of CY2020, the cumulative percentage of QRT clients connected to treatment was 61.8%.	Outcomes may be impacted by the COVID-19 pandemic	Continued

support, transportation)		mainstream vouchers and Shelter Plus Care vouchers	<p>Measurement indicator: The number of available housing choice vouchers for people with disabilities utilized.</p> <p>Baseline data: Current number of unused housing vouchers. 0 currently</p> <p>Target: To fully utilize vouchers.</p> <p>Outcome: All 179 vouchers have been utilized.</p>		
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Ensure all residents in need have equitable access to effective behavioral health care services.	<p>Monitor and evaluate utilization trends and patterns and implement strategies accordingly.</p> <p>Evaluation & training to enhance intercultural competency:</p> <ul style="list-style-type: none"> • Akron Latino Networking Committee • Change Direction Faith Outreach Subcommittee • Summit County Coalition on Health Initiatives Policy Subcommittee • Transgendered Youth Allied Task Force • Refugee Health Task Force • Diversity on the Board Presentation <p>Track data from new language interpretation platform to better address community interpretation/translation needs, written and spoken.</p>	<p>Measurement indicator: Minority service utilization.</p> <p>Baseline data: Minority service utilization has been decreasing over the past 5 years even though there is no evidence need has decreased.</p> <p>Target: Increase in minority service utilization</p> <p>Outcome: Minority service utilization increased from 27.1% in 2019 to 29.1% in CY2020.</p> <p>Measurement indicator: # of trainings focused on aspects of cultural and linguistic competency.</p> <p>Baseline data: 1 training hosted in 2019.</p> <p>Target: Host 3 trainings focused on cultural and linguistic competency.</p> <p>Outcome: There was one cultural and linguistic competency training in CY2020</p> <ul style="list-style-type: none"> • LGBTQ+ Training (September 2020) <p>Measurement Indicator: # of languages and frequency of utilization</p> <p>Baseline: No historical data due to new service.</p> <p>Target: To collect baseline data for future monitoring.</p> <p>Outcome: Baseline data for CY2020 has been collected. There were 31 languages that utilized translation services with 60.6% of those being translation of Nepali.</p>	Outcomes may be impacted by the COVID-19 pandemic	Continued
Prevention and/or decrease of opiate overdoses and/or deaths	To prevent overdose and/or overdose deaths in Summit County	<p>Targeted Prevention Grants & Annual prevention funding</p> <p>DAWN Clinic/Mobile DAWN Clinics</p> <p>Increase Narcan Availability & distribution</p> <p>Opiate and Addiction Task Force</p>	<p>Measurement indicator: The number of overdose deaths.</p> <p>Baseline data: 3-year average of the number overdose deaths.</p> <p>Target: Less than 209 overdose deaths.</p> <p>Outcome: There were 219 overdose deaths in CY2020, an increase of 2 from 2019.</p> <p>Measurement indicator: The number of emergency department overdose visits.</p> <p>Baseline data: The 3-year average of the number of emergency department</p>	Outcomes may be impacted by the COVID-19 pandemic	Continued

			<p>overdose visits. Target: Less than 1,176 emergency department overdose visits. Outcome: There were 1,075 emergency department overdose visits in CY2020.</p>		
Promote Trauma Informed Care approach	<p>To increase Board expertise in the area of TIC to guide our system.</p> <p>To increase agencies' knowledge about TIC and its use in ongoing patient care.</p> <p>To continue collaboration on the Summit County Trauma Informed Care Coalition</p>	<p>Board staff member consultation as a Certified Trauma Specialist.</p> <p>Summit County Trauma Informed Care Coalition launched April, 2017 Speakers Bureau developed.</p> <p>Website Developed.</p> <p>Annual Symposium continued.</p>	<p>Measurement indicator: The number of training participants in the Summit County Trauma Informed Care Speaker's Bureau. Baseline data: The 2-year average of the number of participants trained. Target: More than 191 participants will be trained. Outcome: There were 170 participants trained. Many trainings were postponed due to COVID-19.</p>	Outcomes may be impacted by the COVID-19 pandemic	Continued
Prevention: Ensure prevention services are available across the lifespan	To ensure prevention services are available across the lifespan.	<p>Continued Board funding of provider agency focusing on strategies to address medication misuse and identify stressors and support.</p> <p>Continue funding school based and community-based prevention services for youth.</p>	<p>Measurement indicator: The number of Deterra pouches distributed annually. Baseline data: The 3-year average of Deterra pouches distributed. Target: More than 35,667 Deterra pouches to be distributed in Summit County annually. Outcome: There were 21,162 Deterra pouches distributed in CY2020.</p>	Outcomes may be impacted by the COVID-19 pandemic	Continued
Prevention: Increase access to evidence-based prevention	To increase access to evidence-based prevention.	<p>Continue support of PAX GBG expansion implementation across the county.</p> <p>Continue to take advantage of funding opportunities made available to expand existing services.</p> <p>Sponsor and support participation in</p>	<p>Measurement indicator: The number of teachers trained in PAX Good Behavior Game annually. Baseline data: The 3-year average of the number of teachers trained in PAX Good Behavior Game. Target: More than 70 teachers will be trained in the PAX Good Behavior Game. Outcome: There were 61 teachers trained and 16 partners trained for a total of 77 individuals trained in CY2020.</p>	Outcomes may be impacted by the COVID-19 pandemic	Continued

		<p>local and state and national prevention training to build capacity.</p> <p>Collaborate with districts for the state's K-12 Prevention funding Initiative</p> <p>Utilized YRBS data to inform funding and targeted evidence-based activities.</p>	<p>Measurement indicator: The number of school district participating in the K-12 funding initiative</p> <p>Baseline data: No baseline data available, new funding initiative for FY21</p> <p>Target: 17 districts with full participation</p> <p>Outcome: In CY2020, 16 school districts participated.</p>		
<p>Recovery Ohio and Prevention: Suicide prevention</p>	<p>Prioritize suicide prevention resource allocations and program actions toward target groups.</p> <p>To reorganize the Summit County Suicide Prevention Coalition to address areas of increased risk, including Youth Suicide prevention</p>	<p>Concentrate prevention efforts on groups that current data has identified as being high risk for suicide.</p> <p>In partnership with Akron Children's Hospital, engage and implement strategic planning for youth suicide prevention.</p> <p>Expand Zero Suicide Initiative</p>	<p>Measurement indicator: The number of suicide deaths.</p> <p>Baseline data: 3-year average of the number of suicide deaths.</p> <p>Target: Less than *89 suicide deaths</p> <p>Outcome: There were 92 suicide deaths in CY2020, an increase of 1 from 2019. *The 3-year average was previously listed as 84 which was a typo. The 3-year average is 89.</p>	<p>Outcomes may be impacted by the COVID-19 pandemic</p>	<p>Continued</p>
<p>Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations</p>	<p>To provide community wide education and awareness of the risks, signs, and symptoms of problem gambling behavior.</p>	<p>Continue to direct problem gambling funds in support of environmental strategies.</p> <p>Continue to collaborate with treatment providers to screen for problem gambling.</p>	<p>Measurement indicator: The number of individuals screened by treatment providers for problem gambling.</p> <p>Baseline data: 3-year average of the number of individuals screened for problem gambling.</p> <p>Target: More than 2,030 individuals will be screened.</p> <p>Outcome: There were 1,968 individuals screened in CY2020.</p>	<p>Outcomes may be impacted by the COVID-19 pandemic</p>	<p>Continued</p>

New Priorities for SFY 2022 (if applicable)

3. **If applicable**, please add new Block Grant, State or Board priorities for SFY 2022 that were not reflected in the previous Community Plan for SFY 2021-2022. [The Department is especially interested in new priorities related to the following areas identified as priorities for RecoveryOhio priority areas, including: (1) access and capacity changes for mental health and addiction services for both adults and children/youth; (2) health equity concerns for racial and ethnic minorities and people living in Appalachia or rural Ohio; (3) distinctive challenges for multisystem youth, families involved in child welfare, and for criminal justice-involved Ohioans; (4) prevention and/or decrease of opiate overdoses and/or deaths; and/or (5) suicide prevention]. Please add the priority to the matrix below and complete the appropriate cells. If no new priorities are planned, please state that the Board is not adding new priorities beyond those identified in item 2 above.

We do not have any new priorities moving into 2022. All priorities will remain the same.

SIGNATURE PAGE
Community Plan Report for the Provision of
Mental Health and Addiction Services
SFY 2021-2022

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) 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

ADAMH Board Name (Please print or type)



ADAMH Board Executive Director

8/12/2021

Date

Will be presented for Board review and Board Chair signature at 9/21/2021 Board Meeting and resubmitted fully executed.

ADAMH Board Chair

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.)].

SIGNATURE PAGE

Community Plan for the Provision of
Mental Health and Addiction Services
SFY 2021-2022

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 Board Name (Please print or type)

Den Wase 8/12/2021
ADAMHS Board Executive Director Date

John M. Williams 9/21/2021
ADAMHS Board Chair 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.)].