



COMMUNITY PLAN

FOR STATE FISCAL YEARS 2019-2020

The Mental Health, Addiction and Recovery Services (MHARS) Board of Lorain County is a special purpose governmental agency charged with assessing, planning, evaluating, coordinating, funding and contracting for the delivery of publicly-financed mental health and alcohol and drug addiction education, prevention and treatment and recovery services for the benefit of the residents of Lorain County, pursuant to the Ohio Revised Code (Title 3 – chapter 40).

MHARS is governed by an 18 member volunteer board, all of whom are Lorain County residents appointed by the Lorain County Commissioners or the Director of the Ohio Department of Mental Health and Addiction Services. Pursuant to ORC, all members must reside in Lorain County (service district) and at least one member of the board is a clinician with experience in the delivery of addiction services, at least one member is a clinician with experience in the delivery of mental health services, at least one member of the board is a person who has received or is receiving addiction services, at least one member of the board is a parent or other relative of such a person at least one member is a person who has received or is receiving mental health services, at least one member of the board is a parent or other relative of such a person.

The primary sources of support are through the Ohio Mental Health and Addiction Services (OMHAS) and local levy currently for Mental Health Services. The Board also applies for state and federal grants aligning with our statutory purpose and participates in numerous collaborative partnerships both locally and statewide to assist in designing a comprehensive continuum of care from Prevention, Early Intervention, Treatment and Recovery Supports for individuals and families in Lorain County.

The **mission** of the Mental Health, Addiction and Recovery Services Board of Lorain County is to improve the well-being of our community by establishing and maintaining an effective, efficient, and quality system of addiction and mental health services in Lorain County.

Vision Statement:

Lorain County residents will have access to the most progressive mental health and substance use disorder treatment, prevention and recovery support services available. Based on our core values:

- We believe that mental illness and substance use disorders are treatable diseases.
- We believe treatment works and people can recover from mental illness and substance use disorders.
- We work to build a system of care that has the best services, is recipient-driven and encourages people to participate in their own care.
- We fund services based on performance measures and outcomes.
- We promote cooperation between the Board, the community and provider agencies.
- We advocate for consumers and support service accountability.

As the MHARS Board merged effective July 2019, holistically this Community Plan represents responses for an integrated Board system. However, some responses may either specifically mention the work of the one or both of the two previous Boards (Alcohol and Drug Addiction Services Board of Lorain County (ADAS) and Lorain County Board of Mental Health (LCBMH).

Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the board area that influence service delivery. Note: With regard to current environmental context, boards may describe the impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.

According to the U.S. Census Bureau, with an estimated 309,461 people living in Lorain County as of 2018, Lorain County has grown in population rate by 2.7% since the 2010 census. The majority of the growth has been in cities on the eastern border of the county including North Ridgeville, Avon and Avon Lake wherein the median income exceeds that of Lorain County (\$54,934) as a whole. Lorain County is a blend of urban, suburban and rural communities including cities and townships and working farms. The overall poverty rate for Lorain County is 13.5%. According to the Community Health Assessment (2018) females in Lorain County are disproportionately impacted by poverty. The largest demographic living in poverty is females 25-34, followed by females 18-24, followed by females 35-44. The largest industries in Lorain County are manufacturing, health care and social assistance and retail trade.

Racially and ethnically, Lorain County residents are 86.2% White, 9% Black or African American, 1.3% Asian, and 3% of residents are two or more races. 10.2 % of Lorain County residents are of Hispanic or Latino ethnicity.

One force that will certainly have implications in Lorain County in 2020 is the merger of the two Boards. As of July 1, 2019, Lorain County joined all other counties in merging the Alcohol and Drug Addiction Services Board of Lorain County and The Lorain County Board of Mental Health – creating the Mental Health, Addiction and Recovery Services Board of Lorain County. As a result of this merger the new Board will have the option to utilize flexible state funds for prevention and treatment of substance use disorders. The merger will also reduce the bureaucratic obstacles that have interfered with the provision of integrated MH and SUD treatment for those who are dually diagnosed. The merging of both Boards brings the ability for stronger blending and braiding of appropriate resources for prevention, treatment and recovery services in collaboration with service providers and community partners.

According to the 2019 Lorain County Health Assessment, 10% of adults were without healthcare coverage. This has dropped only slightly (from 11%) since 2015. Those most likely to be uninsured continue to be those under age 30 (26%) and those with an income level below \$25,000 (17%). Uninsured rates are higher in our urban cities (13%). In 2018, almost half (49%) of Lorain County adults rated their health status as excellent or very good. Conversely, 11% of adults described their health as fair or poor, increasing to 16% of those over the age of 65. Despite only a small increase in the number of Lorain County residents who have medical insurance, the behavioral health system has seen the impact of Medicaid expansion. In FY2018, 1,203 clients accessed substance use disorder treatment services that would otherwise not have had access to care. An additional 2,222 clients covered by Medicaid expansion received mental health services in the same year. Medicaid expansion

has allowed for a significant increase in access to Substance Use Disorder (SUD) services in Lorain County

FY19 Managed Medicaid has brought significant challenges to the clinical agencies in Lorain County. Agencies reported cash flow concerns, claims that were held in pending status for extensive amounts of time and much higher administrative expenses connected to the number of staff that were needed due to the complexity of the code structure (relative to the codes that were formerly used by clinical agencies when billing Medicaid). Many of the administrative burdens associated with managed care seem to be abating over time. However, the low reimbursement rate for crisis services continues to have a negative impact on our Board and on the agency providing crisis care for Lorain County. The Lorain County Board of Mental Health had to dramatically increase the Board investment in crisis services as a result of the decreased reimbursement for crisis services available under BH redesign. Furthermore, despite a strategic objective of improving crisis services, the Board of Mental Health has been unable to adopt best practices in crisis care that would reduce unnecessary hospitalizations, because Medicaid does not allow for the reimbursement that would be necessary to conduct 23 hour assessments at a receiving center. Lorain County and other counties would be able to serve clients experiencing psychiatric crisis much more effectively if Medicaid would allow for a per diem associated with a 23-hour assessment. We strongly believe that a systemic change to the way that people are treated when in psychiatric crisis, as well as improved coordination of care between hospitals and community mental health centers is essential for reducing suicide rates in Ohio.

Treatment providers have spent time in reconfiguring staffing and budgets to align with the reimbursement rates as a result. This year providers spent a great deal of time working to ensure the administrative side of Managed Care billings were accurate which delayed payments for a period of time. It appears that this is gradually being remedied.

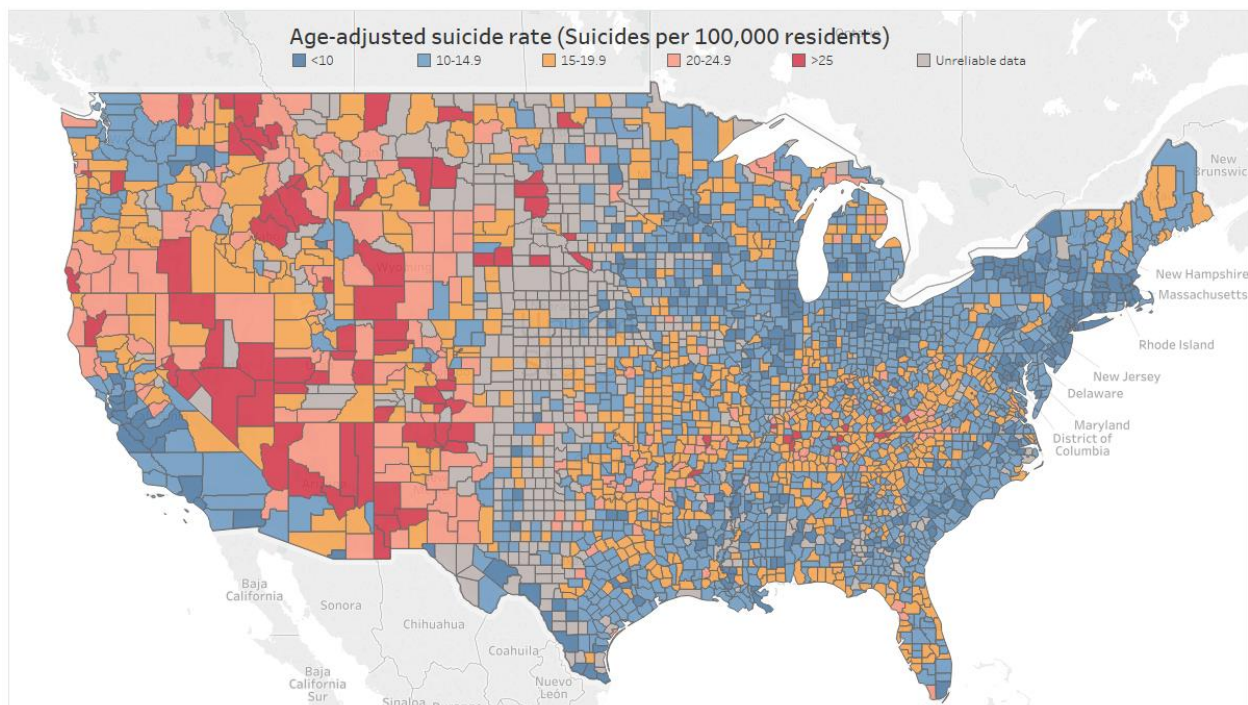
During late spring, 2019, local substance use treatment providers were polled regarding behavioral health (BH) redesign issues they are facing. These issues were collated and shared with the new director of Ohio Mental Health and Addiction Services at a retreat held through Ohio Association of County Behavioral Health Authorities. The issues identified by providers include:

- a. Economic impacts: cash flow, accessing line of credit, projected 10-20% increase in denied claims from Medicaid Managed Care organizations, timing of payments for staff due to license numbers changing), delays in reimbursement – MCO part and the need for resubmission, staff in residential and partial hospitalization are spending about an hour per prior authorization, hence reducing the available time for face to face treatment, the administrative expense of dealing with MCO's and additional billing processes were not built into the rates, one to three months for payment, vendors and staff expecting timely payment which warrants pulling from reserves and/or lines of credit, all-inclusive residential rates do not consider other services necessary (medical, mental health).. Providers are seeking financial relief from the Board via non-Medicaid service rate increases to make up the impact of the reduction due to increase of Medicaid claims' rejections.

- b. Programming impacts: limiting lengths of stay – particularly for residential care (roughly 40% of the length of time that was deemed necessary to stabilize a customer under American Society of Addiction Medicine (ASAM) is not acceptable. This is particularly impactful for opioid addicted customers who may be physically stable during this limited time, but not emotionally nor neurologically stable which then requires movement to a lower level of care than ASAM indicates.
- c. Staffing impact: some providers are actually expanding as demand continues to exceed capacity and providers are trying to meet the need so those seeking care, providers are increasing their fundraising and other sources of revenue. Some providers are finding it difficult to recruit and hire qualified counselors who are higher than Chemical Dependency Counselor Assistant, the increased administrative burden has resulted in the need to hire additional administrative staff for changes in billing and receivable tracking and nursing not being able to perform additional services has hindered continuity of care. Medical service costs are in need of supplemental funding to support the provision of services.

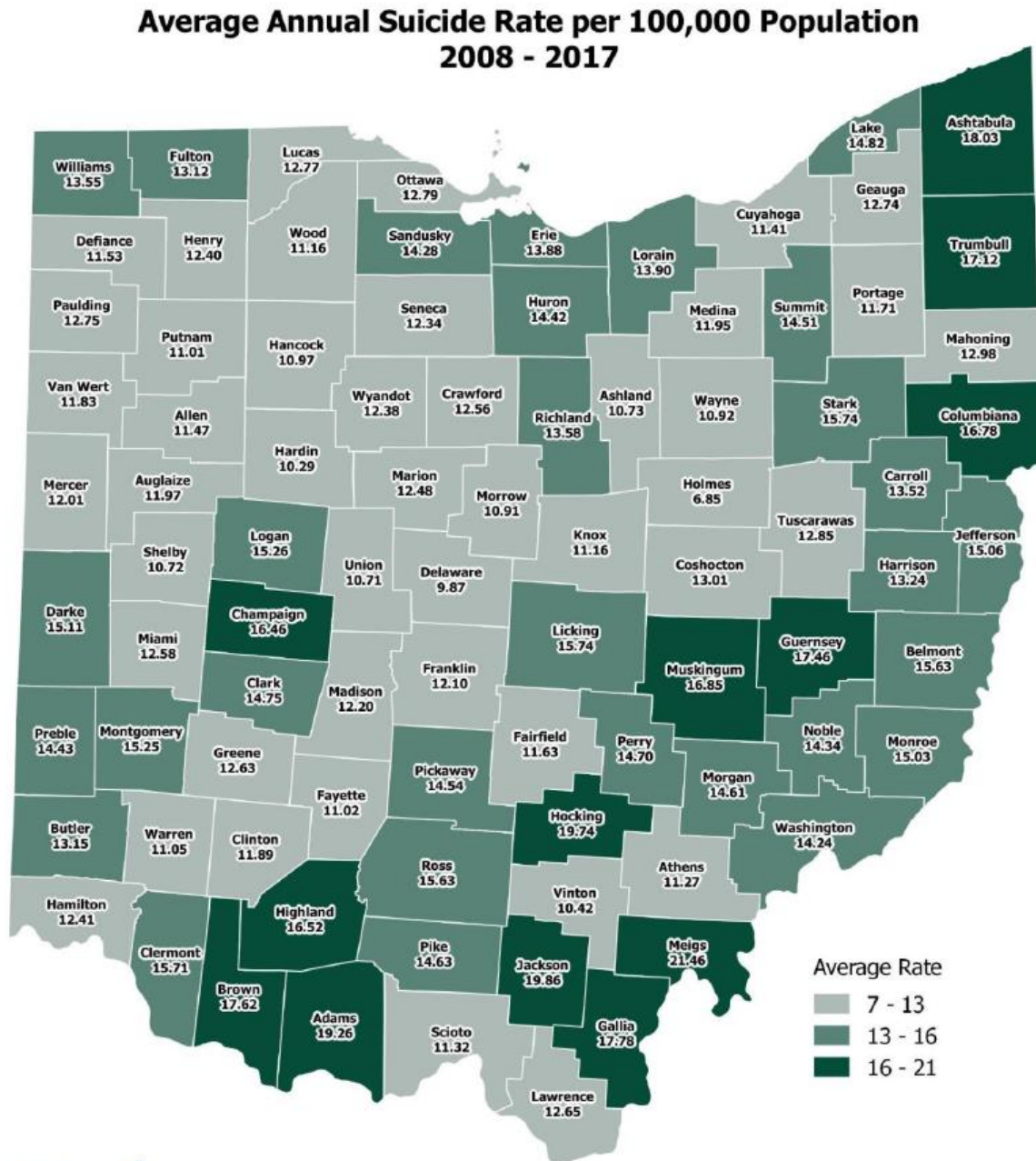
Suicide and Overdose Deaths:

Data from 2017 identifies Lorain County within 10-14.9% age adjusted suicide rates (per 100,000 residents).



The Ohio Alliance for Innovation in Population Health has recently reported that Lorain county ranks 36th of all counties in the Average rate of Suicides for the years 2008-2019 at 13.90 (per 100,000).

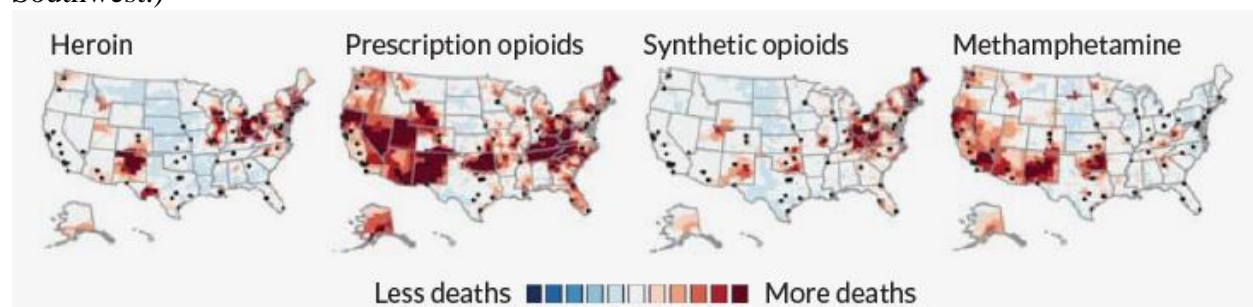
Figure 2



Source: Ohio Department of Health, Bureau of Vital Statistics, Ohio Death Certificate File. These data were provided by the Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.

According to the Center for Disease Control, Ohio remained in the top five states of deaths due to drug overdoses in 2016. Ohio was ranked 2nd with 39.1 deaths per 100,000 population behind West Virginia (52.0) and followed by New Hampshire (39.0), District of Columbia (38.8) and Pennsylvania (37.9). According to the Robert Wood Johnson Foundation, Lorain County was 8th in the state of Ohio with 358 Drug Poisoning Deaths rates for 2015-2017 (source: 2019 County Health Rankings) the top 8 included Cuyahoga (1,487), Hamilton (1,152), Montgomery (1,114), Franklin (1,102), Summit (754), Butler (686) Lucas (462).

For the years 2012-2016, deaths due to Prescription opioids were spread pretty much from coast to coast, while heroin and synthetic opioids (other than methadone), overdose were largely concentrated in the Northeast with the Midwest (including Ohio and Lorain county being included). (Hotspots for methamphetamine overdoses popped up predominantly in the Southwest.)



In 2018, Lorain County saw its first decrease in accidental overdose deaths, reported by the Lorain county coroners' office to be 88, down from the two previous years where data reported 132 and 131 deaths. According to the data log for accidental overdoses from the Lorain county Coroner in 2018, , 68% were residents from either the cities of Lorain or Elyria – our county's 2 most populous cities). The remaining areas reports included a variety of cities and townships including: Amherst, Avon, Avon Lake, Carlisle Township, Columbia Township, Eaton Township, Grafton, LaGrange, New Russia Township, North Ridgeville, Sheffield Lake, Vermilion and Wellington. This information shows a trend that has been steady since 2015 that every area of Lorain County has been impacted by the opioid epidemic.

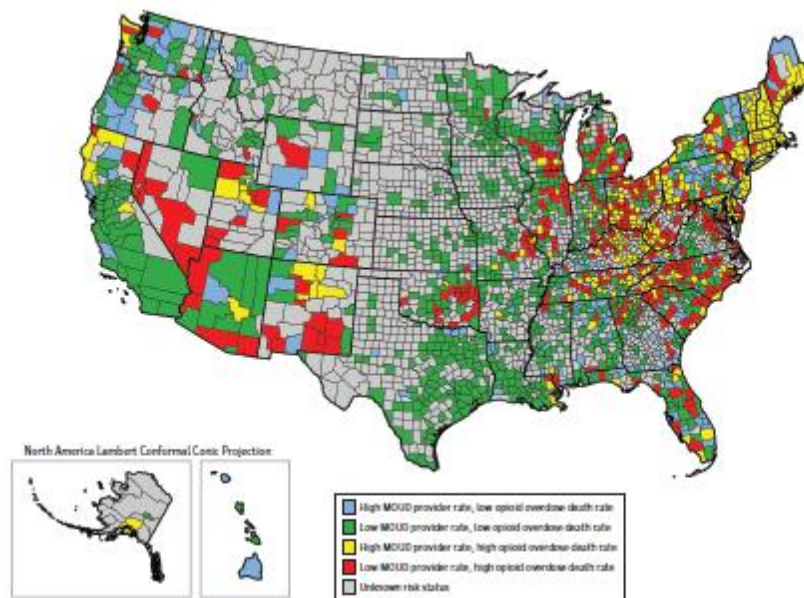
Lorain County has received significant increased funding from the State Targeted Response and State Opioid Response in SFY 2018-2019. This has allowed an expansion in necessary services for persons with opioid use disorder and/or who have survived and accidental overdose including: Peer Supports, Recovery Housing for adults receiving Medication Assisted Treatment, coordination of care for residents who access local emergency rooms, coordination of treatment for inmates at the Lorain County Jail and Community Based Correctional Facility and assessment and coordination of treatment for families at Children Services, Treatment Capacity increases for Withdrawal Management, Residential Treatment and Partial Hospitalization treatment services. In State Fiscal Years 2018 and 2019 the \$1 million annual investment in the Northeast Collaborative for Withdrawal Management service expansion has also allowed access beds for Lorain County residents through Windsor Laurelwood and Stella Maris.

In 2018 Lorain County received a grant from the Substance Abuse and Mental Health Services Administration which allowed for the implementation of Quick Response teams made up of local

police personnel and a clinician to visit overdose survivors for the purpose of engaging them to receive treatment. This four-year grant (FR-CARA, grant SP 80284) has also increase the work of Lorain County Public Health to provide Naloxone training and kits to first responders, other community sectors (i.e. service entities) and residents.

A newly released report “Characteristics of US Counties with High Opioid Overdose Mortality and Low Capacity to Deliver Medications for Opioid Use Disorder (JAMA Network June 28, 2019), includes Lorain County as a community with a high rate of opioid overdose mortality and lacked publicly available Opioid Use Disorder (OUD) medication providers in 2017.

Figure 3. Opioid High-Risk Counties With Low Rates of Medication for Opioid Use Disorder (MOUD) Treatment Providers and High Rates of Opioid Overdose Death



In 2017, the Nord Family Foundation engaged Altarum to evaluate the resource available in Lorain County to address the opioid crisis and offer recommendations on how services could be better coordinated and additional services considered for greater impact on the local opioid crisis. The quantitative finding in this report “Community Assessment of the Opioid Crisis in Lorain County (November 27, 2017), identified that the annual economic burden of the opioid epidemic in Lorain County reached nearly \$200 million in 2016. The most significant impacts are lost wages, productivity and tax revenues; increase healthcare costs resulting from overdoses and indirect healthcare complications; and additional criminal justice (police, judicial and corrections) expenditures.

Category	Estimate (in millions)
Lost Earnings/Productivity	\$139.8
Healthcare	\$42.9
Criminal Justice	\$7.2
Child and Family Assistance	\$4.5
Treatment and Prevention	\$5.4
TOTAL	\$199.8

The report cites individuals, the private sector, and the Federal Government bear the greatest burden of the crisis, with fewer economic costs falling on State and local governments. Despite the significant costs of preventable and untreated opioid-related substance use disorders, comparatively little is spent on treatment and prevention efforts to date. This report indicates that the most significant impact of the opioid epidemic defines a cost estimate of over \$139 million in lost earnings and productivity. In June, 2019, Lorain County's Unemployment rate (not seasonally adjusted) was 4.9% which is just above Ohio's unemployment rate (4.0%). These details align with a priority that developed through two initiatives – Sequential Intercept Mapping (held in April, 2018) and the work of the Lorain County Opioid Action Team, both which identified the following. First, through the Sequential Intercept Mapping the findings noted that while there are adequate work opportunities, there is a defined gap to ensure that individuals who are connected to reentry, probation/parole and/or with local specialty dockets and have been diagnosed with opioid use disorder are in need of obtaining a sustainable living wage. And the second alignment through the work of Lorain County's Opioid Action Team identifying the goal: "Increase and promote economic opportunities among people in recovery by : addressing stigma for those in recovery as they enter or reenter the workforce, create trauma informed employers and increase economic opportunities by securing partnerships to develop stable employment" These priorities have elevated the value of benefits that treatment and recovery can bring to economic development.

Assessing Needs and Identifying Gaps

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 people living with or recovering from mental illness and addiction in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention in SFY 2019. [ORC 340.03 (A)(1)(a)]. Describe the board's plan for on-going needs assessment in SFY 2020 if they differ from this current fiscal year.

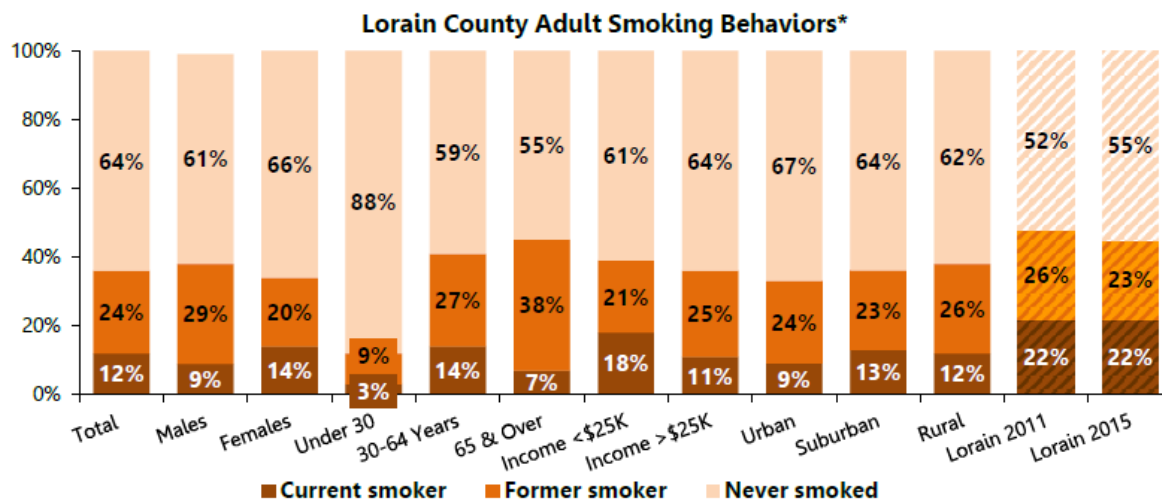
Adults

The Adult component of the 2018 Lorain County Health Assessment (CHA) was commissioned by: Alcohol and Drug Addiction Services Board of Lorain County, Cleveland Clinic Avon Hospital, Lorain County Board of Mental Health, Lorain County Health and Dentistry, Lorain County Public Health, Mercy Health Lorain Hospital, University Hospitals Elyria Medical Center. This assessment was facilitated by the Hospital Council of Northwest Ohio through direct mail surveys to Lorain County Residents. The sampling frame for the adult survey consisted of adults ages 19 and over living in Lorain County. There were 224,935 persons ages 19 and over living in Lorain County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error of the survey findings). A sample size of at least 384 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Lorain County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California. The County Health Assessment included questions regarding mental health and addiction (alcohol consumption, drug, marijuana and tobacco use, opiate and overdose information, quality of life, depression, anxiety and suicide).

The findings relevant to behavioral health from the assessment can be found below:

ADULT TOBACCO USE

In 2018, 12% of Lorain County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). Almost one-fourth (24%) were considered former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). Eight percent (8%) of adults had used e-cigarettes/vape pens in the past year.

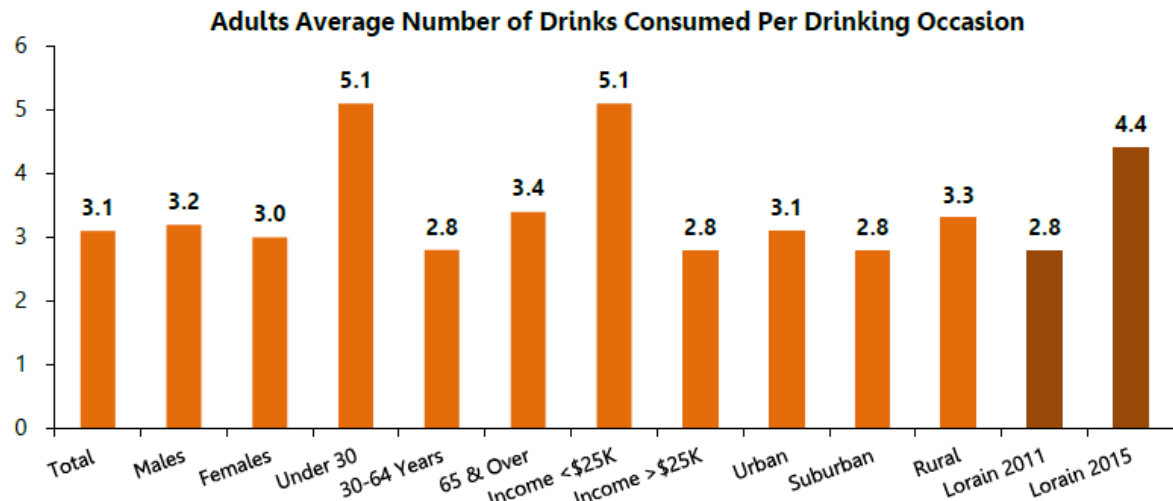


**Note: Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"*

Adult Comparisons	Lorain County 2011	Lorain County 2015	Lorain County 2018	Ohio 2017	U.S. 2017
Current smoker	22%	22%	12%	21%	17%
Former smoker	26%	23%	24%	24%	25%

ADULT ALCOHOL CONSUMPTION

In 2018, 62% of Lorain County adults had at least one alcoholic drink in the past month. More than one-fifth (21%) of Lorain County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition.



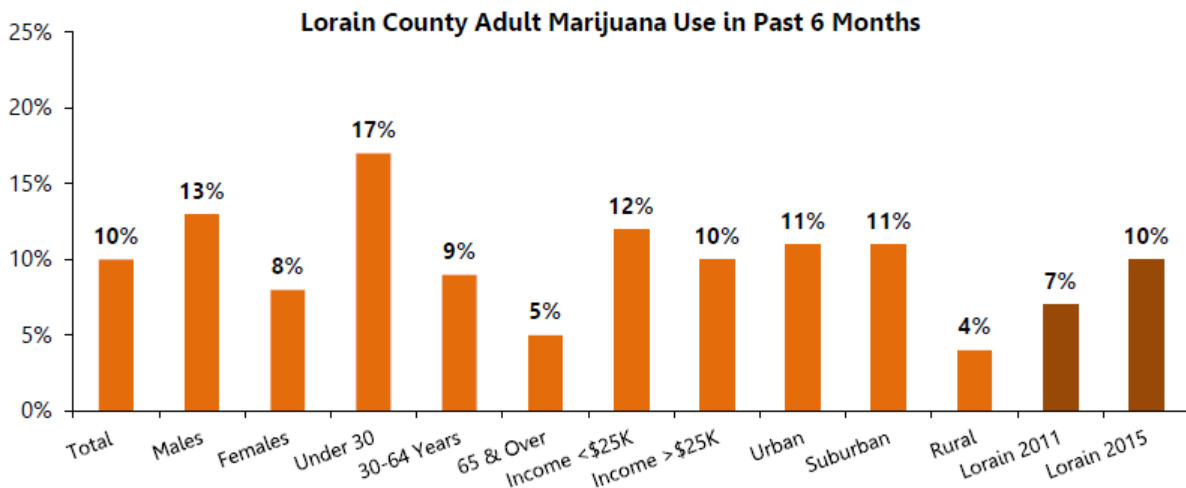
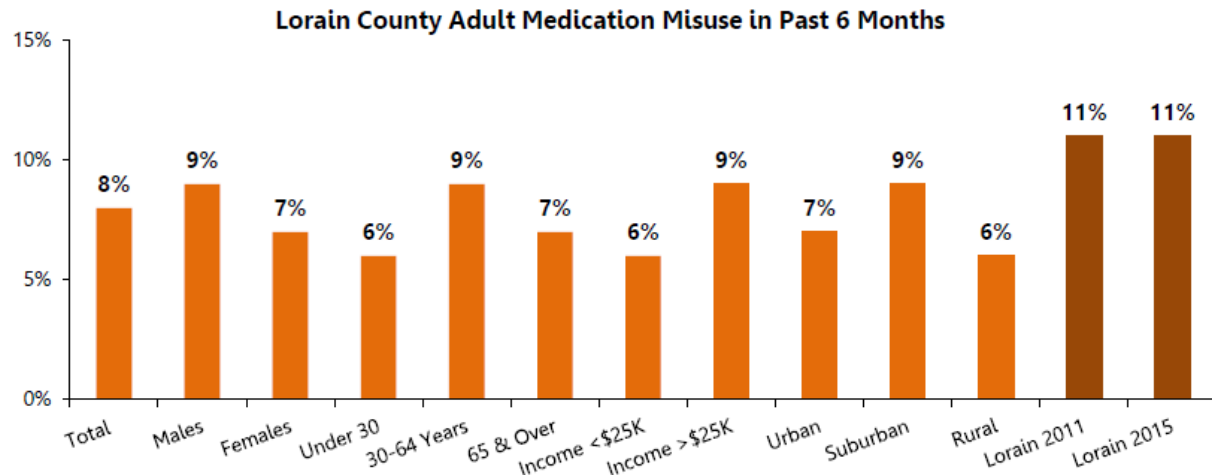
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Lorain County 2011	Lorain County 2015	Lorain County 2018	Ohio 2017	U.S. 2017
Current drinker (drank alcohol at least once in the past month)	59%	61%	62%	54%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	23%	11%	21%	19%	17%
Drinking and driving in the past month (had driven after drinking too much)	4%	1%	8%	4%*	4%*

*2016 BRFSS

ADULT DRUG USE

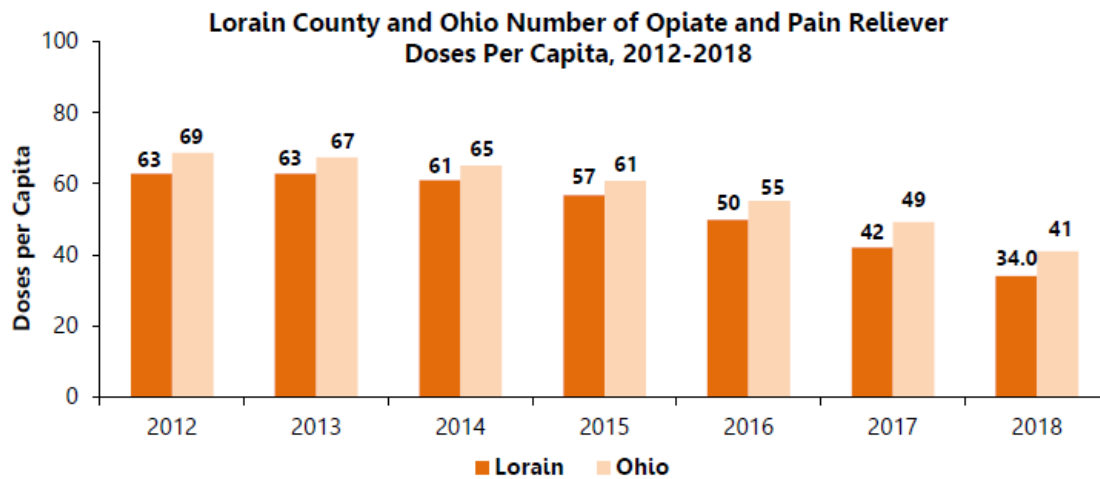
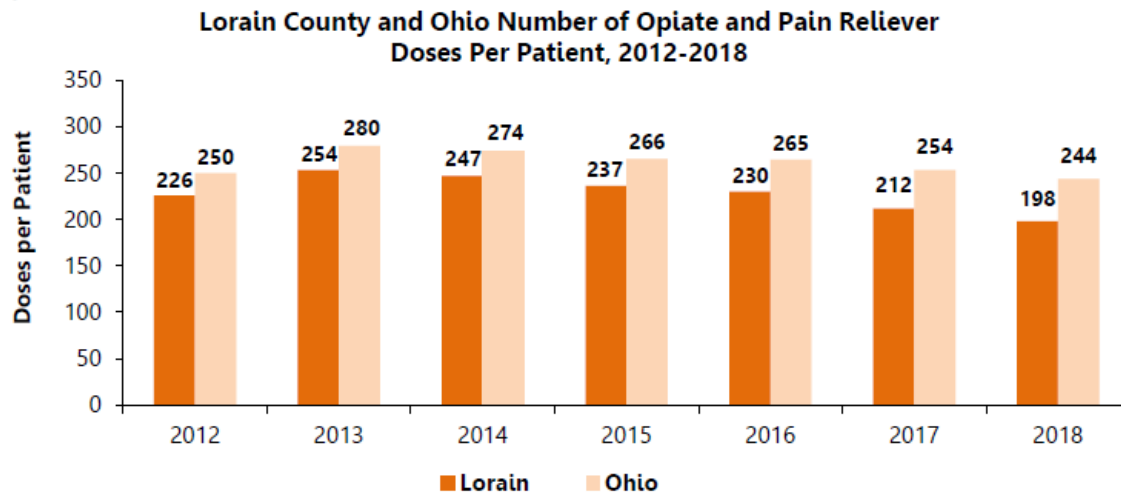
In 2018, 10% of Lorain County adults had used recreational marijuana during the past 6 months. Eight percent (8%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.



Adult Comparisons	Lorain County 2011	Lorain County 2015	Lorain County 2018	Ohio 2017	U.S. 2017
Adults who used marijuana in the past 6 months	7%	10%	10%	N/A	N/A
Adults who used heroin in the past 6 months	1%	<1%	<1%	N/A	N/A
Adults who misused medications in the past 6 months	11%	11%	8%	N/A	N/A

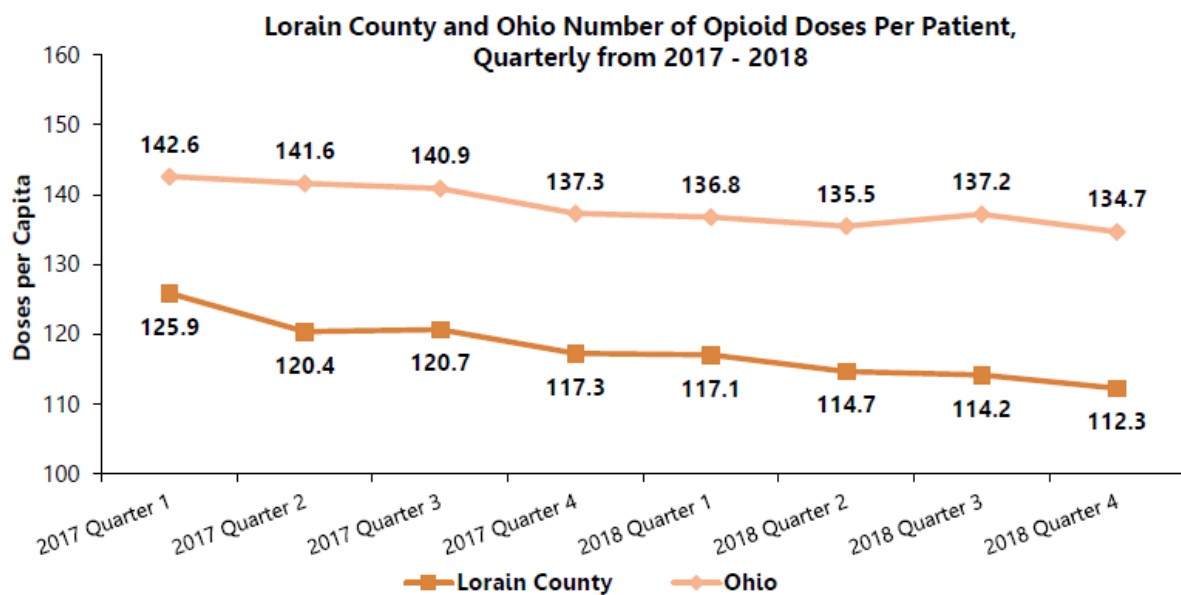
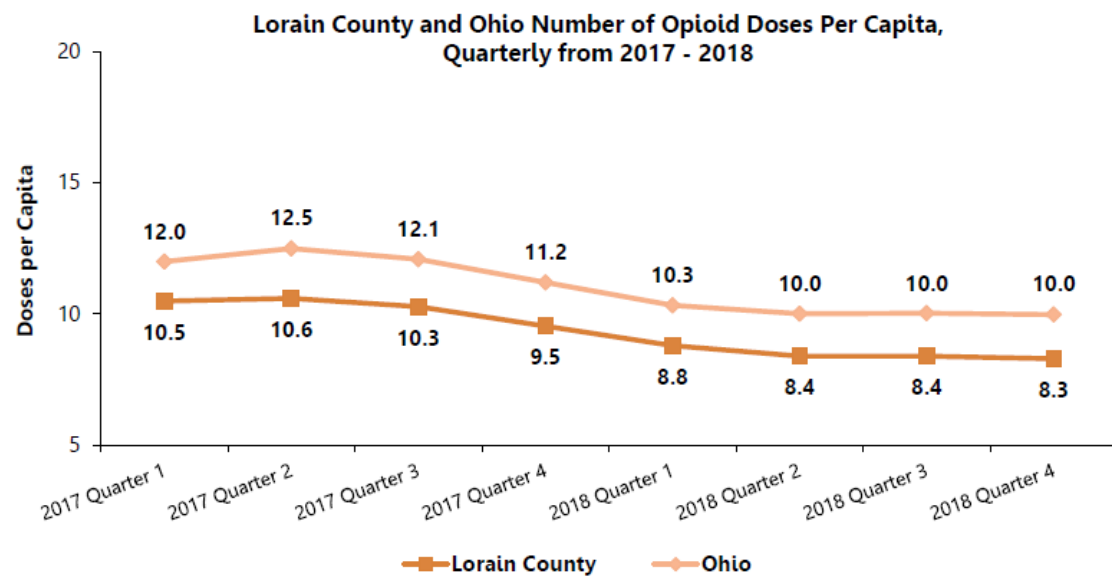
N/A- Not Available

The following graphs show Lorain County and Ohio opiate and pain reliever doses per patient and doses per capita.



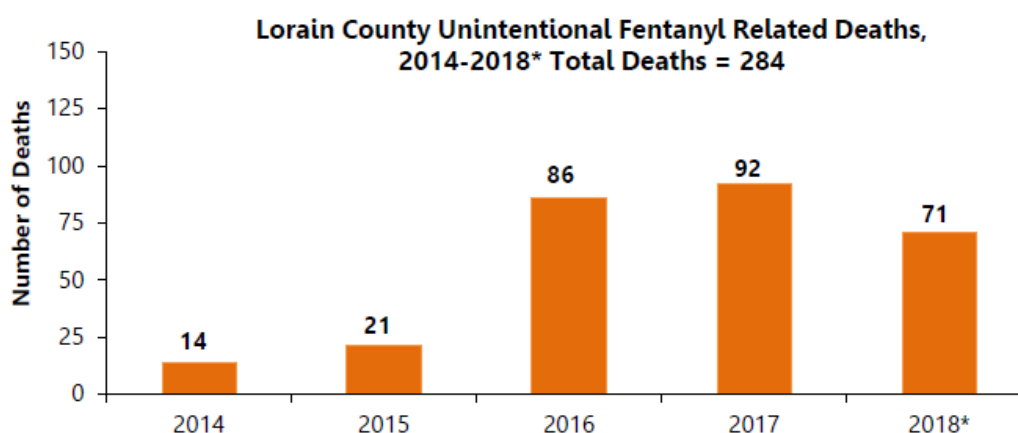
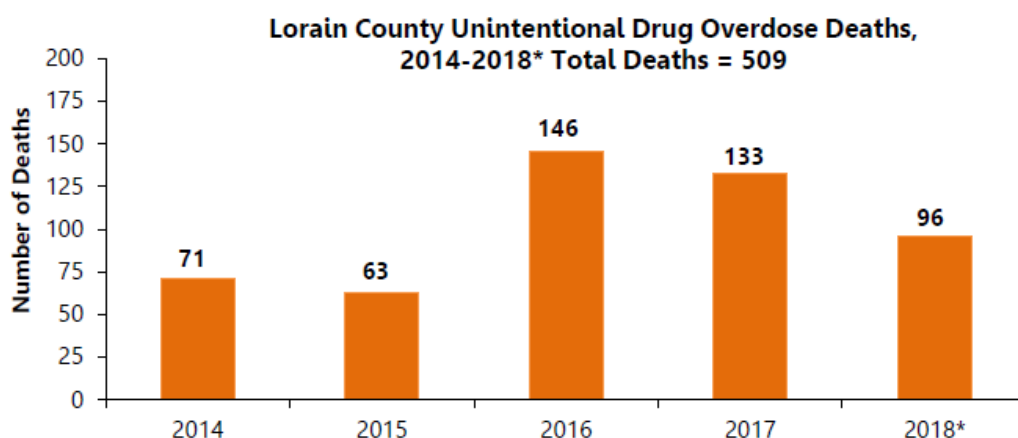
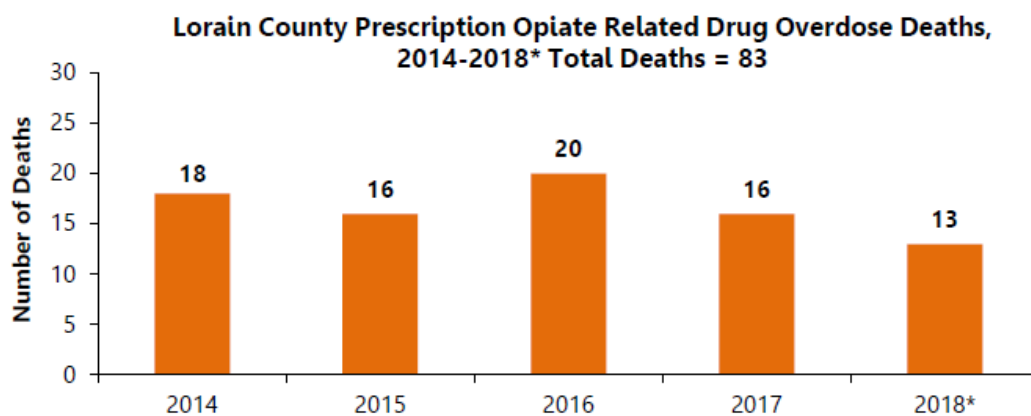
(Source for graphs: Ohio's Automated Rx Reporting System, 2012-2017, retrieved on 7/30/18)

The following graph shows Lorain County and Ohio quarterly opioid doses per capita and opioid doses per patient.



(Source for graphs: Ohio's Automated Rx Reporting System, 2017-2018, retrieved on 3/22/19)

The first two graphs show the prescription opiate related drug overdose deaths in Lorain County and the number of unintentional drug overdose deaths in Lorain County from 2014 to 2018. The third graph indicates unintentional fentanyl related deaths in Lorain County during the same time period.



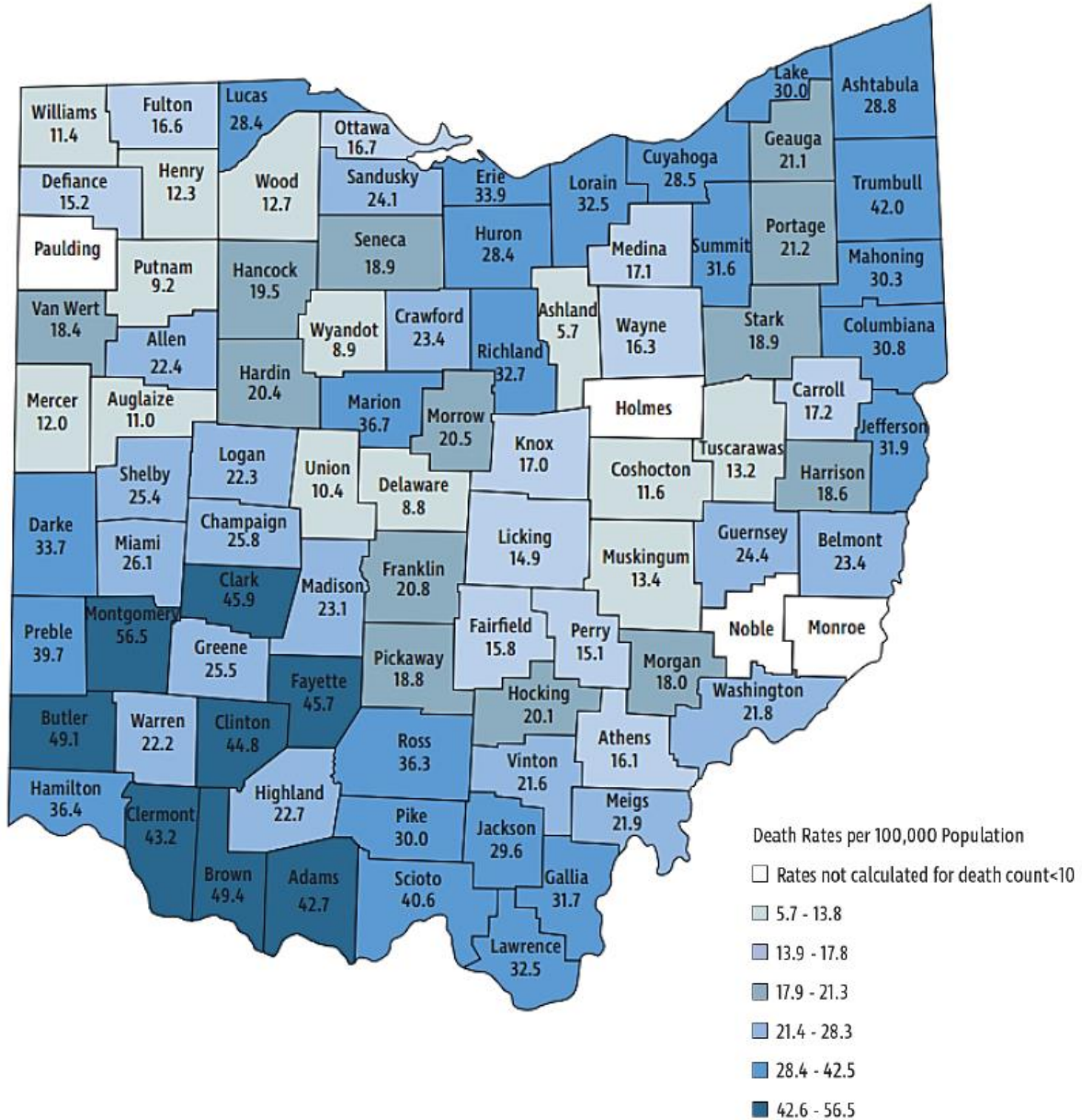
**Years with * are considered partial and may be incomplete*

(Source for graphs: Ohio Public Health Data Warehouse, 2014-2018)

Note: Resident deaths include individuals that resided in Lorain at the time of death regardless of where the death occurred

Average Age-Adjusted Unintentional Drug Overdose Death Rate Per 100,000 Population, by County, 2012-2017

- Lorain County's age-adjusted unintentional drug overdose death rate for 2012-2017 was 32.5 deaths per 100,000 population.



(Source: Ohio Department of Health, 2017 Ohio Drug Overdose Data: General Findings)

Health Behaviors: Adult Drug Use

Key Findings

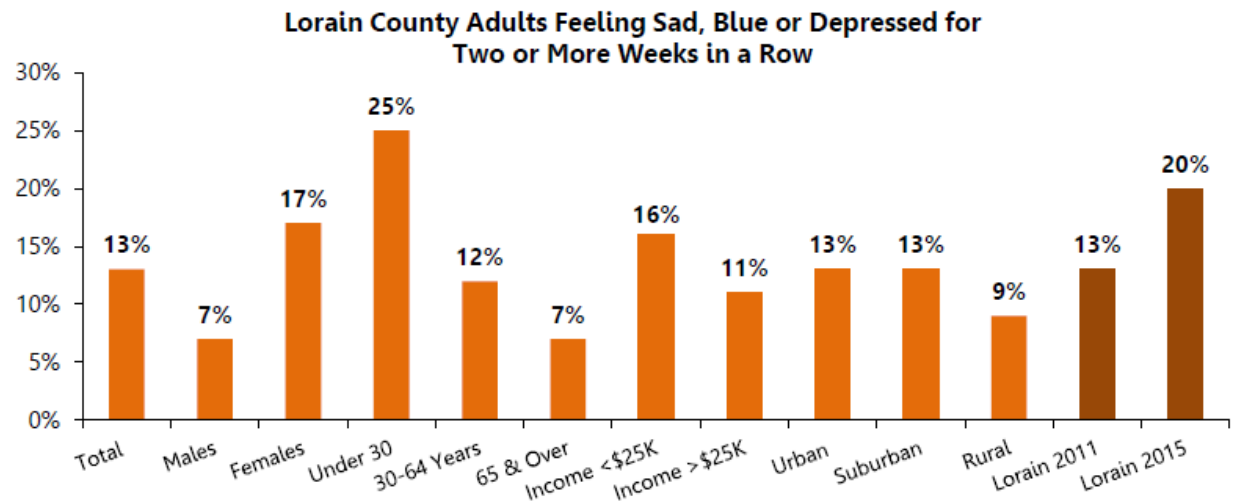
In 2018, 10% of Lorain County adults had used recreational marijuana during the past 6 months. Eight percent (8%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Adult Drug Use

- Ten percent (10%) of Lorain County adults had used recreational marijuana in the past 6 months, increasing to 17% of those under the age of 30.
- Eight percent (8%) of Lorain County adults reported using other recreational drugs such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- Eight percent (8%) of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 12% of males.
- Lorain County adults indicated they did the following with their unused prescription medication:
 - Took as prescribed (23%)
 - Took it to the medication collection program (22%)
 - Threw it in the trash (16%)
 - Kept it (16%)
 - Flushed it down the toilet (10%)
 - Took it in on drug take back days (7%)
 - Took it to the sheriff's office (6%)
 - Kept it in a locked cabinet (2%)
 - Gave it away (2%)
 - Trade it (1%)
 - Sold it (1%)
 - Drugs were stolen (<1%)
 - Mailed to ship back to pharmacy (<1%)
 - Used drug deactivation pouches (<1%)
 - Some other destruction method (2%)
- Two percent (2%) of Lorain County adults have used a program or service to help with alcohol or drug problems for either themselves or a loved one. Reasons for not using such a program included the following: had not thought of it (3%), could not afford to go (3%), stigma of seeking drug or alcohol services (1%), did not want to miss work (1%), did not know how to find a program (1%), did not have any openings (1%), fear (1%), insurance won't cover it (1%), did not want to get in trouble (<1%), transportation (<1%), and other reasons (3%). Ninety-three percent (93%) of adults indicated they did not need a program or service to help with drug problems.

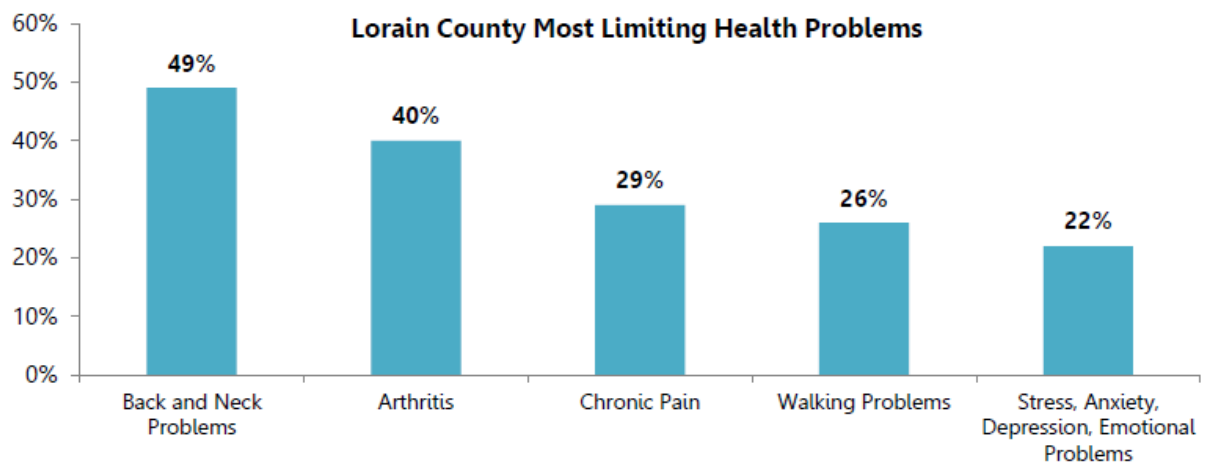
ADULT MENTAL HEALTH

In 2018, 4% of Lorain County adults considered attempting suicide. Thirteen percent (13%) of Lorain County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems.



QUALITY OF LIFE

In 2018, 38% of Lorain County adults were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were back or neck problems (49%), arthritis/rheumatism (40%), chronic pain (29%), and walking problems (26%).



According to the 2018 County Health Assessment:

- In 2018 29% of Lorain County adults rated their mental health as not good on four or more days in the previous month
- Lorain County adults reported their mental health as not good on an average of 4.7 days in the previous month
- Lorain County adults were most likely to rate their mental health as not good if they:
 - Had an annual household income under \$25,000 (65%)
 - Lived in a suburban area (51%)

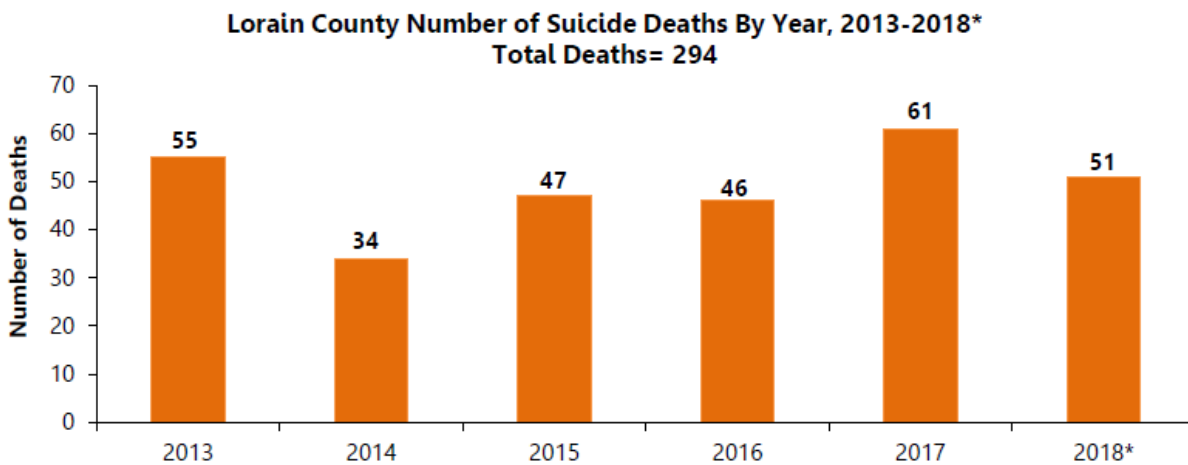
- Were female (48%)

Adult Comparisons	Lorain County 2011	Lorain County 2015	Lorain County 2018	Ohio 2017	U.S. 2017
Considered attempting suicide (in the past 12 months)	4%	3%	4%	N/A	N/A
Attempted suicide (in the past 12 months)	<1%	1%	1%	N/A	N/A
Two or more weeks in a row felt sad, blue or depressed	13%	20%	13%	N/A	N/A

N/A- Not Available

The graph below shows the Lorain County suicide counts by year. The graph shows:

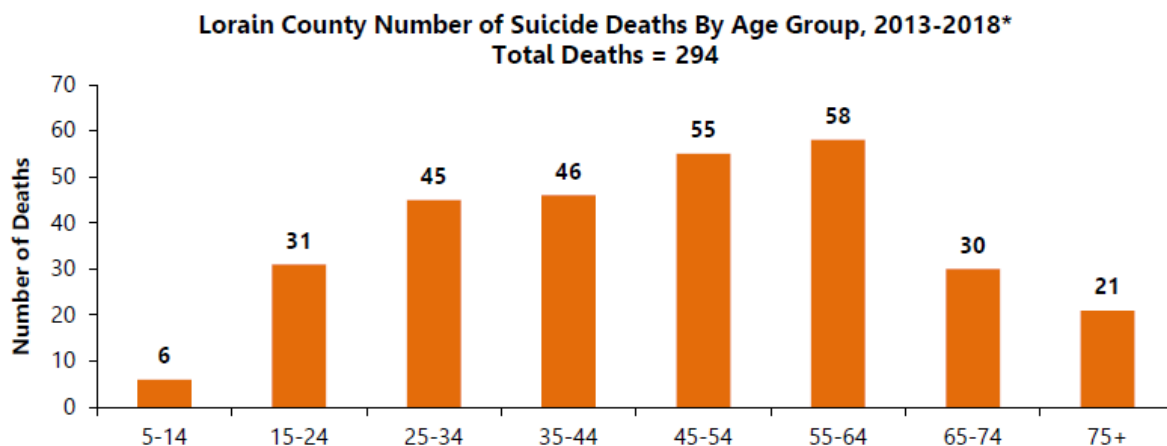
- From 2013 to 2018, there was an average of 49 suicides per year in Lorain County.



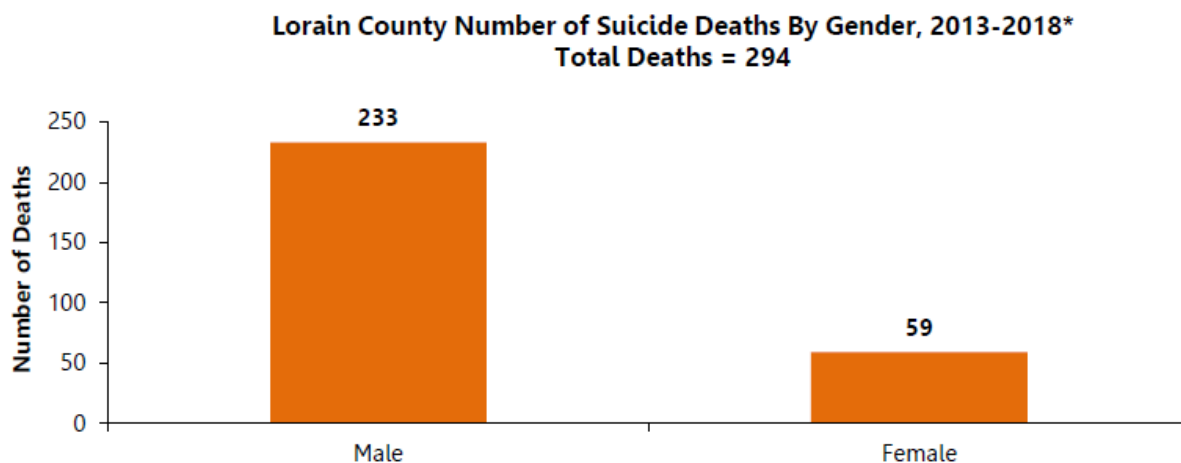
** Data for 2018 is partial and incomplete, and should be used with caution
(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 1/9/19)*

The graphs below show the Lorain County suicide counts by age group and gender. The graphs show:

- From 2013 to 2018, 38% of all suicide deaths occurred in those ages 45 to 64 years old.
- From 2013 to 2018, the number of male suicide deaths in Lorain County was nearly four times higher than females.



** Data for 2018 are partial and incomplete, and should be used with caution*



**Data for 2018 are partial and incomplete, and should be used with caution
(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 1/9/19)*

Health Behaviors: Adult Mental Health

Key Findings

In 2018, 4% of Lorain County adults considered attempting suicide. Thirteen percent (13%) of Lorain County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems.

Adult Mental Health

- In the past year, 13% of Lorain County adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.
- Four percent (4%) of Lorain County adults considered attempting suicide in the past year.
- One percent (1%) of adults reported attempting suicide in the past year.
- Lorain County adults indicated that if they knew someone who was suicidal they would do the following: talk to them (71%), try to calm them down (58%), call 911 (52%), call a crisis line (HOPE Line or HELP Line) (50%), take them to the ER (25%), call their spiritual leader (16%), call a friend (14%), and text a crisis line (8%). Two percent (2%) of adults said they would do nothing.
- Lorain County adults indicated the following caused them anxiety, stress or depression: job stress (40%), financial stress (37%), poverty/no money (22%), marital/dating relationship (18%), death of close family member or friend (18%), other stress at home (16%), sick family member (15%), fighting at home (11%), caring for parents (10%), family member with a mental illness (9%), unemployment (7%), not having enough to eat (5%), not feeling safe in the community (3%), not having a place to live (2%), sexual orientation/gender identity (2%), divorce/separation (2%), not feeling safe at home (2%), and other (15%).
- Lorain County adults dealt with their stress in the following ways: talking to someone they trust (52%), listening to music (40%), prayer/meditation (36%), exercising (35%), eating more or less than normal (33%), sleeping (29%), working (25%), working on a hobby (23%), drinking alcohol (16%), smoking tobacco (8%), taking it out on others (7%), use prescription drugs as prescribed (5%), call a professional (3%), using illegal drugs (3%), misuse prescription drugs (1%), self-harm (<1%), and others ways (10%).
- Thirteen percent (13%) of Lorain County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included the following: other priorities (7%), stigma of seeking mental health services (5%), did not know how to find a program (5%), fear (5%), co-pay/deductible too high (5%), had not thought of it (4%), could not afford to go (3%), took too long to get in to see a doctor (2%), transportation (1%), could not get to the office (1%), and other reasons (4%). Eighty-one percent (81%) of adults indicated they did not need such a program.

National Suicide Statistics

- 47,173 people in the U.S. died from suicide, and 1,179,325 people attempted suicide in 2017.
- An average of one person killed themselves every 11.1 minutes.
- Suicide is the 10th ranking cause of death in the U.S.
- For every female death by suicide, there are 3.5 male deaths.
- In 2017, there were 1,740 suicide deaths in Ohio.
- The leading suicide methods included:
 - Firearm suicides (50.6%)
 - Suffocation/Hanging (27.7%)
 - Poisoning (13.9%)
 - Cutting/Piercing (1.8%)
 - Drowning (1.0%)

(Source: American Association of Suicidology, Facts & Statistics, 2017, Updated December 2018)

Youth

During the fall, 2018, Communities That Care of Lorain County (inclusive of partners: Alcohol and Drug Addiction Services Board of Lorain County, Lorain County Board of Mental Health and Lorain County Public Health) anonymously surveyed youth in grades 6, 8, 10 and 12 at Lorain County's public schools as required by the Drug Free Communities and Support Program. The PRIDE Surveys questionnaire (grades 6-12) included questions on past 30-day drug use, student's perception of risk, students' perception of parental disapproval, age of first use,

perception of availability, where and when students use cigarettes, alcohol, marijuana, and prescription drugs. The survey gathered data about other drugs (e.g. e-cigarettes, heroin), suicide, depression, anxiety, healthy eating, physical activity and screen time violence indicators, school safety and risk and protective factors. The survey was given to 2,765 students in these grades Key findings from the survey regarding substance use and mental health are found here (data is in percentage (%)) and Compared to national data (Monitoring the Future, 2018), Rates in **BOLD** for Lorain County are HIGHER than the national data)

Substance Use

Past 30-Day Use Alcohol		
	2018	2016
6 th grade	3.6	1.4
8 th grade	9.3	5.3
10 th grade	17.0	17.8
12 th grade	32.4	30.7 (survey in 2017)

Past 30-Day Use Tobacco		
	2018	2016
6 th grade	1.1	0.7
8 th grade	4.6	3.1
10 th grade	3.3	7.0
12 th grade	8.2	Not surveyed

Past 30- Day Use Marijuana		
	2018	2016
6 th grade	0.8	0.2
8 th grade	5.5	3.5
10 th grade	13.3	13.0
12 th grade	30.6	Not surveyed

Past 30-Day Use E-Cigarettes		
	2018	2016
6 th grade	4.0	0.6
8 th grade	13.2	4.0
10 th grade	22.6	8.2
12 th grade	36.9	Not surveyed

Past 30- Day Use Prescription Medications		
	2018	2016
6 th grade	1.1	0.6
8 th grade	1.6	1.0
10 th grade	1.7	2.9
12 th grade	6.0	Not surveyed

Past 30 Day Use Heroin		
	2018	2016
6 th grade	0.0	0.0
8 th grade	0.1	0.1
10 th grade	0.0	0.1
12 th grade	0.5	0.2

Findings from the Survey show that as students get older, their perception of all substances as being of moderate or great risk to themselves decreases, their perception of their parents feel it is wrong or very wrong to use substances decreases, their perception of their friends' use as wrong or very wrong decreases and that they perceive tobacco, alcohol, marijuana and prescription drugs as easier to get.

<i>Perception of Risk (Moderate or Great Risk)</i>					
	Tobacco	Alcohol*	Marijuana	Prescription Drugs	E-Cigarettes
6th grade	81.3	69.4	72.3	83.8	69.3
8th grade	81.3	71.6	61.5	84.0	58.0
10th grade	85.2	70.7	47.1	86.7	53.9
12th grade	84.8	62.3	31.0	85.6	50.3

* Alcohol - five or more drinks 1-2/week

<i>Parental Disapproval (Parents feeling wrong/very wrong)</i>				
	Tobacco	Alcohol	Marijuana	Prescription Drugs
6th grade	96.7	95.2	96.3	96.9
8th grade	93.2	91.1	89.9	95.5
10th grade	92.6	92.9	82.9	95.7
12th grade	85.4	87.5	71.5	95.3

<i>Friends Disapproval (Wrong/Very Wrong)</i>				
	Tobacco	Alcohol	Marijuana	Prescription Drugs
6th grade	89.6	88.9	90.3	91.5
8th grade	75.8	77.2	73.8	86.5
10th grade	70.6	70.6	49.7	84.3
12th grade	55.1	61	31.3	80.5

<i>Perception of Availability (fairly easy or easy to get)</i>				
	Tobacco	Alcohol	Marijuana	Prescription Drugs
6th grade	12.4	16.7	5.1	10.0
8th grade	17.4	25.4	12.7	13.0
10th grade	30.3	40.9	36.2	18.6
12th grade	54.0	55.2	59.7	24.7

Mental Health

(Compared to national data (Youth Risk Behavior Surveillance System, 2017), Rates in **BOLD** for Lorain County are **HIGHER** than the national data):

21.5% reported ever seriously consider attempting suicide (past 12 months)				
	<i>6th</i>	<i>8th</i>	<i>10th</i>	12th
Lorain County, 2018	18.5	20.5	21.6	27.5
Lorain County, 2016	13.0	14.4	18.3	n/r
YRBSS 2017	n/a	n/a	17.3	17.4
Of the 60.2% of students who indicated they were dealing with feelings of depression, suicide, they reported talking to (top 3 answers)				
	Friend	No One	Parents	
Lorain County, 2018	22.1	16.9	11.6	
Lorain County, 2016	19.6	14.4	11.7	
35.3% reported feeling sad or hopeless almost every day for two weeks or more in a row				
	<i>6th</i>	<i>8th</i>	<i>10th</i>	12th
Lorain County, 2018	26	32.8	37.6	47.8
Lorain County, 2016	23.0	21.1	35.6	n/r
YRBSS 2017	n/a	n/a	32.5	31
10.8% reported actually attempting suicide during the past 12 months				
	<i>6th</i>	<i>8th</i>	<i>10th</i>	12th
Lorain County, 2018	9.4	12.4	9.6	11.6
Lorain County, 2016	9.0	6.9	10.0	n/r
Top 3 responses: how do you deal with anxiety, stress or depression?				
	Talk to someone	Sleep	Exercise Hobby/Journal	
Lorain County, 2018	41.5	37.6	32.5	

Top 3 responses: what would keep you from seeking help if you were dealing with anxiety, stress, depression or thoughts of suicide?			
	Would seek help	Handle it myself	Worried others might think
Lorain County, 2018	35.1	24.1	18.1

Top 4 responses: are you currently concerned about fellow students who may be experiencing one or more of the following?				
	Depression Anxiety/stress	Alcohol/ Drugs	Bullying (being tar/get of)	Thoughts of suicide
Lorain County, 2018	49.6	22.3	29.3	26.3

Communities That Care of Lorain County is Lorain County's Drug Free Community Coalition. This coalition is made up of representatives from schools, law enforcement (including police, juvenile court), service providers, media, faith, parents, youth, youth serving organizations, provider with substance abuse expertise, county entity for behavioral health (MHARS), health, civic/volunteer and others). Members are currently reviewing the Youth Survey findings at their regular Executive Committee meetings. Key themes have already been identified including: Any use for teens can be pathway for addiction, the cross connections between substance use, depression and isolation, Increase in E-Cigarette use, Low Perception of Risk, Parental Disapproval and Friends Disapproval of Marijuana use, Alcohol access, Suicide and Depression trends, promotion of Physical Activity and Healthy eating, and ensuring that we are addressing "Healthy Body, Healthy Brain, Healthy Student".

The Lorain County Board of Mental Health has used four sources to determine community needs: (1) the weekly waitlist report (2) the ROSC survey (also used by the ADAS Board), (3) a formal needs assessment related to crisis services that was conducted by an outside consultant and (4) the Community Health Improvement Plan (discussed under 2b – also used by the ADAS Board.)

Waitlist Data: The first is the weekly waitlist information. Mental Health contracted services Providers are required by contract to share information with the Board each week related to the wait time for every clinical service that the agency provides (PDE, counseling, psychiatry, IHBT, TBS) as well as for the specific evidence based practices that are appropriate for clients experiencing trauma (EMDR, TF-CBT, CPT). Each week the Board publishes information that indicates which agencies can offer access to the particular types of treatment within two weeks. This information is posted on the Board website and shared with the organization that provides a navigator service, linking callers with the most appropriate mental health service in or out of the network. Waitlist information changes weekly. However, when there are trends such as excessive waits for psychiatry, the Board has successfully intervened to create incentive plans for clinical agencies to assist these agencies in making access to psychiatry more readily available in Lorain County.

Areas where there continue to be waits beyond two weeks include: IHBT services and all but TBS services for clients who require or prefer a Spanish speaking clinician. In response to the lack of Spanish speaking clinicians, the Board initiated an incentive in FY20 that will incentivize Spanish speaking clinicians to accept positions with our network agencies.

ROSC: The second source for the Board's needs assessment was the Recovery Oriented System of Care (ROSC) Survey. In FY2019 the Ohio Association of County Behavioral Health Authorities'-facilitated ROSC survey was completed by 224 participants in Lorain County representing 7.9% of the total respondents for Ohio (2,822). For the Lorain County respondents, 26 participants were Board Members, 28 were people in recovery, 20 were family members, 32 were stakeholders and 118 were providers. 137 of the 224 respondents indicated that their survey results were reflective of the mental health system and 87 respondents indicated that their survey results were reflective of the alcohol and drug addiction system. For mental health data in FY2019, ratings were higher in Lorain than for the state in all categories. Across all respondents with valid data, the Board was rated highest on its focus on clients and families. The lowest rating across the majority of stakeholders related to the system of care. Specific areas that were rated low included

- Primary and behavioral health follow ups are integrated
- Peer-run leisure activities are available and supported throughout the community and
- Partnerships exist with local businesses for individuals in recovery to reduce stigma and gain employment.

The relatively lower ratings on these items seem valid and point to areas for improvement for the system. While the Board does fund a peer run organization and a supported employment program it is possible that either these programs have not been sufficiently publicized to the community OR they need to expand to meet the need.

Assessment of the continuum of crisis services for adults: In addition to the ROSC, the LCBMH also funded a comprehensive assessment of the crisis needs in our community. Representation from NAMI, law enforcement, local hospitals, foundations and community mental health agencies contributed to discussion regarding crisis care needs and RI International conducted a formal analysis that has been used to drive planning for a crisis receiving center. Per this analysis, a crisis receiving center with 16 chairs and 12 subacute (short-stay rooms) could dramatically reduce the number of clients who are hospitalized while increasing the number of clients who receive seamless connection to the most appropriate clinical services after a crisis assessment. The Lorain County Board of Mental Health committed to funding up to one million dollars in capital costs for the development for such a receiving center but to ensure that the treatment within this center could be sustainably funded, a Medicaid rate for a 23 hour assessment will be necessary.

- b. Describe how the board collaborated with local health departments and their 2019 State Health Improvement Process. In your response, please include, if applicable, the following: 1) collaborative efforts specific to assessing needs and gaps and setting priorities. 2) barriers or challenges the board believes will have to be overcome moving forward that will result in complimentary public health and behavioral health plans, 3)

advantages, if any, realized to date with collaborative planning efforts, 4) next steps your board plans on undertaking to further alignment of public health and behavioral health community planning.

The Lorain County Board of Mental Health and the Alcohol and Drug Addiction Services Board of Lorain County have participated in the steering committee of the Community Health Improvement Plan (CHIP) since 2011. This past year the Steering Committee partners invested in the second Community Health Assessment (CHA). Also the members participate as coordinating partners to prioritize findings from the CHA, develop strategic plans and convene partners for implementation of strategies. Both Boards collaborate with the three hospital systems (Mercy, Cleveland Clinic and University Hospitals, our Public Health Department, Lorain County Health and Dentistry (our Federally Qualified Health Center) and the Lorain County Metro Parks to ensure that the CHIP reflects goals and interventions related to both mental health and substance use disorders. Both Boards work with the steering committee as well as stakeholders to determine what questions will be asked on the survey of adult health that is mailed to Lorain County Residents. As fiscal agent for Communities That Care of Lorain County, the ADAS Board has led the data collection of substance use, mental health, health and risk and protective factors for youth which are also integrated into the community health assessment results. Both Boards have been responsible for sharing relevant data from the CHA with the Community and working with stakeholders to revise goals and set new targets.

Since the first CHIP was developed, the Lorain County Board of Mental Health and the Alcohol and Drug Addiction Services Board of Lorain County each coordinated a key priority goal: The Lorain County Board of Mental Health coordinated the goal: reduce suicide, and the ADAS board coordinated the goal: reduce accidental overdose deaths, (ADAS also participated on a workgroup to address the goal to reduce tobacco use among adults). Both boards also participated on a goal to increase access to healthcare services, which was coordinated by other partners of the CHIP Steering Committee.

The groups that coalesce to address the mental health goal of suicide prevention includes a cross section of the CHIP partners and of other community partners. The multidisciplinary team has allowed for a more robust set of solutions to be generated to address mental health problems including suicide. These have included: youth led programs in nine middle schools that focus on creating a culture of belongingness and reducing the risk factor of alienation that is so relevant for youth, an older adult buddy program to address loneliness in seniors, the creation of a speakers bureau to provide community training including: QPR, MHFA, MHFA-Y, ASIST, Working Minds and a Loss Team. Local data reflects the same trends seen in the state and national data, indicating that middle aged white men are at greatest risk for suicide. We also see that many people who die by suicide have had contact with a physical healthcare provider in the ninety days prior to death. Based on this data, we believe that it is essential to work with local hospitals, and medical providers to increase screening and referral and to introduce a common understanding of risk levels and resources that are available. Our Board would like to bring the Zero Suicide Academy training to northeast Ohio so that CHIP members from each hospital system and the FQHC can move forward on the process of screening and coordination of care for those who may be suicidal.

The groups that coalesce to address the goal to reduce accidental overdose deaths have coordinated their work through the Lorain County Opioid Action Team (LCOAT). Additionally, Lorain County Public Health has begun an overdose death review committee which includes members of ADAS and LCBMH. As the LCOAT members continue to meet, a common barrier that is continuously raised is the access of real time data for overdose, overdose death and naloxone usage. This is due to the fact that a variety of entities each have unique data systems and there is limited clarity about data sharing including issues of protected health information. Also, overdose response includes police, fire, and emergency responders – each having their own data system. Accidental overdose death data continues to be reported by the Lorain County Coroner’s office but due to the burden of accidental deaths (overdose, suicide, other) the ability to retrieve this on a real-time basis is not possible. We have determined that first responder reporting systems do not have consistent procedures for reporting Naloxone use, location and result. We are currently assessing the feasibility of bringing ODMAPS to our first responders to allow real-time input into a system that allows our Board and Lorain County Public Health the ability to identify areas for community education and support where overdoses occur. Lorain County Public Health is the primary provider of Naloxone to community members and service entities but residents may also access Naloxone at local pharmacies. Only if a resident comes back to LCPH for a Naloxone kit and indicates they are seeking to replace a kit that has been used, it is difficult to obtain data on Naloxone use by individuals. The limits on having these data components on a real time basis makes it difficult to address immediate community responses for overdose which could include pop-up Naloxone clinics, targeted (geographic) information and education about overdose.

Our county’s most recent Community Health Assessment(CHA) was shared with the community in May of 2019 and the Steering Committee (which includes staff from the Board) is now meeting regularly with multiple community stakeholders from the community to review the data and to establish the goals for the next three years. A series of meetings started in June, 2019 to prioritize the findings, find alignment with the State Health Improvement Plan’s Priorities and/or Strategies, determine goals, objectives resources and action steps. At the initial partner meeting, members identified five priorities: Chronic Disease, Maternal and Infant Health, Mental Health, Substance Abuse and Cancer. Subsequent meetings have continued with expanded participation from providers, community members to identify gaps for each priority potential strategies (continued or new), potential resources.

Initial Gaps identified for the Mental Health Priority include:

1. Lack of coordination of care between providers (ex: lack of common language between outpatient providers, hospitals, ADAS, etc.)
2. Those dying by suicide seeing medical providers prior
3. Lack of pipeline programs for careers in mental health field
4. Stigma in seeking mental health services
5. Increase in loneliness and social isolation
6. Lack of intentional engagement and communication approaches
7. Lack of mental health counselors in schools
8. Lack of resiliency skills (social and emotional health standards are lacking in schools)
9. Difficult to reach a large number of youth in county regarding programming (may be only reaching public schools)

10. Costly for families/children to engage in extracurricular activities (good place to learn social/emotional skills)

Initial Gaps identified for the Substance Abuse Priority include:

1. Substance abuse (vaping, alcohol use, marijuana use, etc.) has become normalized
2. Easy access to substances (ex: vaping, alcohol, etc.)
3. Lack of provider education regarding safe prescribing practices
4. Difficult to easily access safe disposal for unused medications
5. Lack of cross-sector collaboration (ex: educate businesses, workforce, etc.)
6. Lack of early substance abuse identification and referral
7. Stigma of seeking substance abuse services
8. Access to services difficult for those with immigration status
9. Misinformation regarding substances (what is safe and what is not)
10. Lack of healthy coping mechanisms
11. Lack of peer support programs (ex: peer support for recovery path)

To date, the LCBMH and ADAS Boards have found collaboration with partners in the CHA nothing but helpful. As a result of the connections formed via the CHIP, the LCBMH was able to work with the Metroparks on a suicide prevention campaign, and was able to have staff at local hospitals trained as QPR trainers. ADAS has been able to secure funding to assist in the development of Quick Response Teams with local police departments and clinicians to visit overdose survivors, and have peer supporters connecting on call with local emergency rooms to respond to overdose survivor. Both of these initiatives have the goal of engaging overdose survivors into treatment and other recovery supports.

Our newly merged board looks forward to continuing the partnership as a member of the CHIP Steering Committee to ensure this is an efficient venue to coordinate and integrate behavioral health and primary health solutions for our residents.

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

The Board is a mandated member of the Lorain County Children and Family Council. CFC has adopted a dispute resolution plan that has been shared with all members. Included in the plan is notice that the Board will be brought into the dispute resolution process should there be a need specific to mental health and/or substance use disorder. There have been no children involved with either prior board (LCBMH or ADAS) that have had disputes elevated through the Family or Children First Council.

In Lorain County, the Integrated Services Partnership (ISP) utilizes funds pooled from Juvenile Court, Children's Services, The Board of Developmental Disabilities, the Board of Mental Health and the Alcohol and Drug Addiction Services Board of Lorain County to create individualized treatment options for multi-system youth. The ISP will continue and our newly merged MHARS Board will remain a partner. While there have been no disputes recorded in the last year, the ISP has recognized the gaps in the resources available for effective treatment of: youth with co-occurring Mental Health/Substance Use Disorder symptoms, youth with co-

occurring Mental Health/Developmental Disability symptoms, youth who are of transitional age, and youth in foster care who require IHBT.

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

Providers from two agencies that serve adults have a regular presence at the State Regional Psychiatric Hospitals and are there on a weekly basis. There is a monthly meeting with providers, LCBMH staff, and forensic liaison held at Northcoast Behavioral Healthcare to discuss patient needs. This group developed a Coordinated Care Plan that focused on transitioning the patients into the community. The LCBMH Community Services Director also maintains regular contact with and receives updates from identified staff member at each adult agency. There is a continued need for improved coordination of care between the regional psychiatric hospitals and community mental health centers for some cases. It would be helpful to have planned discharges that allow for immediate entry into services and housing (if applicable).

- e. Service and support needs determined by Board Recovery Oriented System of Care (ROSC) assessments.

As evident from the ROSC assessment in 2018, key themes have been identified:

1. The need to improve capacity of and ability for peer supporters to provide services across the continuum for individuals in our systems
2. Enhancements for crisis services that can be used as an alternative to incarceration for those experiencing psychiatric crisis.
3. The system also lacks a workforce that reflects the community served and has to work toward integrated medical, mental health and SUD care.

A priority for the new Board will be to review the current ROSC assessment findings further and meet with key stakeholders to identify gaps and solutions.

- f. 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)].

The Ohio Revised Code includes the requirement for Boards to establish, to the extent resources are available, a community-based continuum of care that includes all of the following as essential elements:

- (1) Prevention and wellness management services;
- (2) At least both of the following outreach and engagement activities:
 - (a) Locating persons in need of addiction services and persons in need of mental health services to inform them of available addiction services, mental health services, and recovery supports;
 - (b) Helping persons who receive addiction services and persons who receive mental health services obtain services necessary to meet basic human needs for food, clothing, shelter, medical care, personal safety, and income.
- (3) Assessment services;

- (4) Care coordination;
- (5) Residential services;
- (6) At least the following outpatient services:
 - (a) Nonintensive;
 - (b) Intensive, such as partial hospitalization and assertive community treatment;
 - (c) Withdrawal management;
 - (d) Emergency and crisis.
- (7) Where appropriate, at least the following inpatient services:
 - (a) Psychiatric care;
 - (b) Medically managed alcohol or drug treatment.
- (8) At least all of the following recovery supports:
 - (a) Peer support;
 - (b) A wide range of housing and support services, including recovery housing;
 - (c) Employment, vocational, and educational opportunities;
 - (d) Assistance with social, personal, and living skills;
 - (e) Multiple paths to recovery such as twelve-step approaches and parent advocacy connection;
 - (f) Support, assistance, consultation, and education for families, friends, and persons receiving addiction services, mental health services, and recovery supports.

The newly merged Board will begin to review the elements of the continuum of care and update the services within our jurisdiction including determination of scope, duration and intensity of each service described to meet the needs of the residents within the resource available.

Like most communities, Lorain County does not have access to a crisis receiving center that could provide a 23 hour assessment and referral to the most appropriate level of care. There is also a gap in services to Spanish speaking clients and a lack of integrated and coordinated MH/SUD care. In response to the lack of housing in Lorain County, the Board has been working with partners to support a 62-unit permanent supportive housing project in the county.

Just recently a local (in-county) provider received certification for the provision of Withdrawal Management and men's short term residential treatment for Lorain County adults which has received funding from ADAS via the State Opioid Response funding allocation. This level of care is also available within the Northeast Collaborative's investment in regional withdrawal management services in Cuyahoga and Lake Counties. Priorities for these referrals include overdose survivors who are engaged with peers at local emergency rooms and overdose survivors who engage with local Quick Response Teams.

Lorain County has seen an increased capacity of Recovery Housing due to Ohio's Capital Improvement and Operational funding allocations specifically for this purpose. The Board continues to work with local partners to increase the capacity of safe and affordable recovery housing in levels 2 and 3 and also to assist local Recovery Housing providers towards securing Ohio Recovery Housing certification, which is in line with Ohio's Quality Housing Criteria. This will assist in ensuring consistency with recovery housing service provision. The recent State Opioid Response and Ohio Capital Budgets have been generous to assist Lorain County to expand Recovery Housing - particularly for levels 2 and 3, there are gaps in the number of

recovery housing beds for men and individuals with other substance use disorders (non-opioid) including emphasis on Family (women with children) Recovery Housing and a Women's Medication Assisted Treatment Recovery House as well as ORH certified facilities for Level 1 Recovery Housing. Currently there is only one entity in Lorain County that has achieved Ohio Recovery Housing Certification. This will be a priority for the Board - to increase the capacity of ORH-certified providers.

- g. Needs and gaps associated with priorities of the Executive Budget for 2020-2021 including crisis services, criminal justice-involved populations, families involved with child welfare, and prevention/early intervention across the lifespan.

Lorain County participates in the Stepping Up Initiative that has highlighted the various areas wherein our system could better meet the needs of those with mental illness who have contact with Law enforcement. The Board is working with Lorain County Court Probate Court Judge James Walther on the Assisted Outpatient Treatment (AOT) court and Common Pleas Judge James Miraldi on the development a mental health court (i.e., "Wellness Court"). However, there remains a need for a mental health court at the municipal level wherein it may be possible to intervene earlier when those with mental illness are misdemeanants. Additionally, the county's mental health crisis services are ill equipped to connect those in a mental health crisis with the resource that is clinically most appropriate. As a result of the bulk of those experiencing psychiatric crisis being seen in an ER, there are more hospitalizations and more incarcerations than would occur if the county had a crisis receiving center that allowed for a 23 hour assessment of needs and a matching of these needs to the most appropriate community resource. Lorain County commissioned a study of crisis services that indicated that the care to clients in psychiatric crisis could be improved, while reducing hospitalizations and incarcerations if a receiving center were added to the continuum of care. The Executive Budget for 2020-2021 includes a dedicated funding line specific to Lorain County for a private-public partnership for a crisis stabilization center.

The Sequential Intercept Mapping for Opioid Individuals held in April, 2018 has highlighted key priorities which include: Increase services including Withdrawal Management and Medication Assisted Treatment, Jail Linkages, Workforce Development- ensuring recovery ready employees who can maintain a stable living wage, enhancements for Peer Supporters to work with justice involved individuals, Enhancements for Recovery Housing – particularly for individuals on all forms of Medication Assisted Treatment.

Lorain County is aligned with the Northeast Collaborative for the Executive Budget's continuation of Withdrawal Management and Crisis Services' investment for our region. Along with our partner boards (Ashtabula, Cuyahoga, Geauga, Lake, and Summit), we have agreed to continue the care coordination for residents who may be referred to another county for these services across our region.

The Board continues to serve in advisory capacity on the newly developed Adult Mental Health Court, and the existing Veterans Treatment Court under the Judge Walther, and other specialized dockets (described below) to provide technical support (including cross training, grant support and other funding opportunities). The other specialized dockets include: Lorain County

Recovery Court – Common Pleas Judge John Miraldi, Family Drug Court – Domestic Relations Judge Sherry Glass, Juvenile Drug Court – Domestic Relations Judge Frank Janik and Juvenile Mental Health Court – Domestic Relations Judge Lisa Swenski. Elyria Municipal Court, under the leadership of Judge Robert White has recently received its Supreme Court Certification to create a muni-level recovery court for misdemeanants with substance use disorders and Lorain Municipal Court, under the leadership of Judge Thomas Elwell is within months of having their muni-level recovery court starting (estimated late August, 2019). The Executive Budget for 2020-2021 includes expanded funding for the Specialized Docket Subsidy and the Addiction Treatment Program (ATP) – which can benefit most of the dockets in our jurisdiction. The Board is working with each court to determine their capacity and an effective formula for the ATP allocation to ensure that the court’s participants can benefit from these funds. The Lorain County Recovery Court is soon to complete a three-year grant from the Substance Abuse and Mental Health Services Administration of which the (former ADAS) Board provided fiscal agent and evaluative services to under the grant.

Lorain County Children Services has recently received funding from the Ohio START (sobriety, treatment and reducing trauma) in partnership with a local treatment provider. The Board has also invested a portion of the State Opioid Response funding to increase capacity for a clinical staff to provide assessment and peer supporters onsite for families involved in the child welfare system.

Our Board also recognized that there is a gap in prevention/early intervention, particularly with regard to those addressing their physical healthcare needs. Increasing screening and referral in the primary care setting would not only reduce suicides, it would also allow for mental health services to be implemented for those who have mental health symptoms secondary to physical conditions (e.g., post-surgical depression). Recently, we have begun a pilot for Screening, Brief Intervention and Referral to Treatment for substance use issues, in partnership with the food pantries through Second Harvest – our local food bank. This pilot will provide an opportunity to reach individuals in a non-traditional setting with potential for expansion into other venues across Lorain County.

Finally, it is clear that to impact people in crisis, the criminal justice involved and child welfare involved families, we must address the dearth in housing options available for those who have a combination of poverty and behavioral health conditions that compromise one’s ability to remain housed. Currently, Lorain is working (with the support of OhioMHAS) to support a 62-unit permanent supportive housing project in Elyria, Ohio. This is scheduled to be ready for occupancy in the spring of 2021. While the Permanent Supportive Housing project will make impact, it is likely that it will not fully address the demand for housing for those with behavioral health conditions and low income.

Our county youth survey data indicates the need to comprehensive prevention across the span of students, which has also been identified with the current Executive Budget’s investment for students in grades K-12 – inclusive of substance abuse prevention, social and emotional services and mental health counselors. The Board continues to serve on a partnership inclusive of members from Lorain County Educational Services, Lorain County Public Health to identify professional development opportunities inclusion (MHFA, ASIST, and QPR), curriculum

development and implementation, program enhancements and referral processes towards a whole health approach for students. The Executive Budget for 2020-2021 includes dedicated funding to support K12 prevention education initiatives (OhioMHAS) and the Student Wellness and Success funding (Ohio Department of Education) will provide resources to districts and schools. Through the Healthy Kids Achieve More network the Board is a partner with Educational Services Center of Lorain county and Lorain County Public Health to assist districts with coordination efforts for these funding components. This will include professional development, student services and policy and program enhancements for substance abuse prevention and social and emotional supports. Additionally this partnership will align evidence based prevention programs that are funded by the Board with school capacity. This will also be done in conjunction with Communities That Care (CTC) of Lorain County (drug-free community coalition). CTC assists in development of comprehensive data-driven individual and community prevention programs, practices and policies inclusive of substance abuse and mental health for teens and young adults.

Schools are continuously being recruited to train staff to use PAX Good Behavior Game. The Board has invested in PAX Tools to provide this supplement to parents to reinforce what the students learn in the classroom settings.

3. 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.)

Priorities

4. 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? Please be specific about strategies for adults; children, youth, and families; and populations with health equity and diversity needs in your community.

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.

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 undertaken in SFY 2019 that the board is continuing into 2020 as well as new priority areas identified for SFY 2020 may be included.

Priorities for (enter name of 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)	Ensure that persons who are intravenous/injection drug users receive treatment and access to harm reduction	Board contract language to ensure providers' compliance with Block Grant mandate Outreach to persons who are IVDU for harm reduction and treatment engagement	Reports of IVDU' access beyond minimum timeframe % of IVDU persons accessing harm reduction clinic	<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): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Ensure that women who are pregnant and have a substance use disorder receive treatment	Partnership with OB/GYN providers for screening and referral	# of Pregnant women accessing treatment	<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 Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Ensure that parents with substance use disorder who have dependent children receive treatment	Assessment and referral staff onsite at Lorain County Children Services Continue Family Drug court (FDC) Peer Supports for families engaged with child welfare	# of parents screened, assessed and referred to treatment # of participants accepted and graduated from FDC # of individuals connected to peer supporters	<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 OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Ensure that medical services for individuals with tuberculosis and other communicable diseases receive proper medical care	Continue to offer medical screening and referral services upon assessment	# of individuals referred to medical services for tuberculosis and other communicable diseases	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Increase the number of children with SED with demonstrated benefits from treatment.	Continue to offer incentive to IHBT staff to address workforce issues. Continue funding IHBT using alternative model based up demonstrated thresholds of changes in outcomes on the Ohio Scales.	# of IHBT staff receiving the incentive retained in the system in FY19 % of children receiving IHBT discharged have clinically reliable changes in the desired direction.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		<p>CWRU providing consultation and training for all IHBT clinicians to ensure outcomes completed in a consistent and reliable manner.</p> <p>Funded transportation assistance for non-Medicaid clients needing assistance to clinical appointments</p> <p>Funded youth serving agencies an option to use Blessing House for a short-term emergency respite for youth under age 12 in place of hospitalization or to step down from a hospitalization.</p> <p>Funded youth serving agencies the option to use local licensed respite foster homes for short-term respite</p> <p>Funded internship stipends to Masters level students providing community based or crisis services as part of their internships and sponsored quarterly internship meetings.</p>	<p># of youth completing IHBT</p> <p># of clients transported through Board assistance. # of trips funded by Board</p> <p># of youth referred to Blessing House by Network agencies</p> <p># of youth referred to respite services by Network agencies</p> <p># of interns hired by Network agencies</p>	
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Increase the number of Adults with SMI with demonstrated benefits from treatment	<p>Collaborate with CCOE to have a team that meets ACT Fidelity</p> <p>Provide incentive based funding related to the completion of CPST outcomes for initial and subsequent administration comparisons.</p>	<p>Fidelity review scores of at least 3 on DACT.</p> <p>Increase # of consumers completing CPST outcomes (matched comparisons).</p>	<p>___ No assessed local need</p> <p>___ Lack of funds</p> <p>___ Workforce shortage</p> <p>___ Other (describe):</p>

		<p>Majority of incentive is to be used for staff retention initiatives.</p> <p>Continue meetings with local hospital/crisis services to plan for high utilizers of crisis and emergency services.</p> <p>Funded transportation assistance for Non-Medicaid clients needing assistance to clinical appointments.</p> <p>Network providers to offer evidence-based and best practices (e.g., DBT, CBT, MI)</p> <p>Funded internship stipends to Masters level students providing community based or crisis services as part of their internships and sponsored quarterly internship meetings.</p>	<p>Quarterly reporting of number of crisis service contacts for clients discussed.</p> <p># of clients transported through Board assistance.</p> <p># of trips funded by the Board.</p> <p># therapists trained and implementing</p> <p># clients receiving the EBP</p> <p># of interns hired by Network agencies.</p>	
<p>MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>	<p>Expand options for housing of those with Mental Illness and work to ensure that clients have resources and supports that match their clinical needs and preferences.</p>	<p>LCBMH (with the support of OhioMHAS) is working to support a 62-unit PSH project in Elyria, Ohio.</p> <p>LCBMH funds housing retention specialists and housing support staff to assist clients in maintaining their homes.</p>	<p># of clients housed</p> <p># of clients working with HRS and HSS evicted from their apartments related to the condition of the apartment or # related to behaviors involving social conflicts</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

		<p>S+C grant was transferred to LCBMH as applicant with NSP as provider</p> <p>PATH grant to Neighborhood Alliance with LCBMH as applicant</p> <p>Actively participate in the COC and Coordinated Entry</p>	<p># of clients housed through grant. # of unites funded through grant</p> <p># of clients served # of clients housed</p>	
MH-Treatment: Older Adults	<p>Increase access to care for clients with Medicare and improve collaboration with primary care to increase education and screening for depression in older adults. Increase knowledge about behavioral health needs and decrease the number of suicides by elderly</p>	Initiate a “Buddy Project” to decrease isolation and increase education about signs of behavioral health problems	# of suicides by those 65+	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe)</p>
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, assisted outpatient treatment	<p>Continue to work toward development of a receiving center that will accept and manage anyone in a psychiatric crisis, including those brought to the center by Law enforcement.</p> <p>Reduce the number of persons with mental illness who keep revolving in and out of the correctional system</p> <p>Ensure linkage for persons with substance uses disorder receive</p>	<p>Training program for Peer support specialists</p> <p>Advocate to have Lorain a pilot for per diem funding of 23 hour assessment</p> <p>Continue offering CIT</p> <p>OhioMHAS reentry grant and funding from LCBMH to create a re-entry to prisons.</p>	<p># trained</p> <p>#of clients seen, #of clients hospitalized, #of clients jailed</p> <p>#trained</p> <p># of individuals identified</p> <p># of individuals served</p> <p># of individuals who received housing assistance, transportation, life skills assistance</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe)</p>

	<p>treatment (including Medication Assisted Treatment) and recovery supports while in and discharged from the jails and prisons</p>	<p>Fund an agency staff member to work at the jail part time and provide CPST outreach for persons with SMI</p> <p>Fund Risk Assessments in the Juvenile Detention Center</p> <p>Fund Consultant for the Mental Health Court (“Wellness Court”)</p> <p>Fund Consultant for the Juvenile Mental Health Court</p> <p>Assist with the implementation of the AOT Court</p> <p>Participate in Citizens Circle, Reentry Coalition, and Stepping Up initiative</p> <p>Coordinated programing for MAT induction, treatment and recovery supports</p> <p>Fund Opioid Case Managers</p> <p>Continued partnership with specialty docket courts (Mental Health Court (Adult and Juvenile), Juvenile Drug Court, Veterans Treatment Court, Recovery Court, Municipal Misdemeanant Courts (Lorain, Elyria)</p>	<p>#of clients in reached</p> <p>#of clients who recidivate</p> <p># of jail days saved</p> <p># of assessments completed</p> <p># of individuals access peer supporters</p> <p>Prepare requirement documentation.</p> <p>Initiation of the Wellness Court</p> <p># of individuals receiving MAT in jail</p> <p># of individuals who connect to treatment upon release</p>	
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		<p>Continue Quick Response teams with local police departments and clinical teams</p> <p>Continue Peer Supports to work with Police Assisted Programs</p>		
Integration of behavioral health and primary care services	<p>Facilitate persons with behavioral health issues accessing quality primary care services and developing healthy lifestyles</p> <p>Engage three medical systems and FQHC in Zero suicide academy.</p>	<p>Gathering Hope House health initiatives included encouraging members to stop smoking, increase physical activity and lost weight, including the involvement of LCCC student nurses</p> <p>Buprenorphine induction in emergency rooms and direct handoff to outpatient opioid treatment</p> <p>Fund Opioid Case Managers and</p> <p>Continue to fund Peer Supporters to continue Warm Handoff and within other medical systems</p> <p>Expand tele-medicine opportunities</p> <p>Engage medical partners to utilize Screening Brief Intervention and Referral to Treatment</p>	<p># members increasing physical activity as demonstrated on pedometer used while at the center.</p> <p># members stopping or reducing tobacco use</p> <p># pounds lost by members with this goal</p> <p># of individuals receiving treatment including MAT</p> <p># of individuals connected to treatment through Warm Handoff</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Improve the quality of life for persons with SMI, SUD.	<p>Peer specialist responding to Warmline calls were hired in November 2015 and began taking calls in January 2016.</p> <p>Continue funding GHH to operate consumer operated services</p> <p>Continued funding of Peer Supporters at Let's Get Real</p> <p>Fund Supported Employment program at Network Provider</p> <p>Service Expansion for Sustainable Living Wage opportunities</p> <p>Board funded Housing Assistance Program temporary subsidy</p> <p>Increase capacity for all levels of Recovery Housing under Quality Housing Criteria; increase capacity of ORH certified providers</p> <p>Treatment programs address individual's recovery capital opportunities (individual, family, community)</p> <p>Continue to expand the opportunities for individuals to share their recovery journey</p>	<p># calls answered by warm line staff.</p> <p>Daily average # of members participating in day programming</p> <p># clients enrolled</p> <p># clients actively working</p> <p># clients receiving funds</p> <p># clients permanently housed</p> <p># of clients in recovery housing – Level 1, 2 and 3</p> <p># of individuals participating in prosocial activities</p> <p># of persons in recovery involved in advocacy efforts (board, providers)</p> <p># of recovery stories</p> <p># of ORH certified providers</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
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		Increase recovery support opportunities for teens and young adults		
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	<p>Have the Network provide culturally appropriate services in an environment that reflects diversity in services providers and Boards of Directors for the system</p> <p>Integrate CLAS (Culturally and Linguistic Appropriate Standards) within policy and contract language</p> <p>Utilize ROSC assessment to develop priorities to address gaps and strengthen opportunities</p>	<p>Provide LGBTQ supervision and ethics trainings</p> <p>Provide diversity training focused on cultural competency in mental health settings and substance use disorder</p> <p>Health Fair developed by members from various health and civic organizations to increase outreach and mental health education designed for African American and minority communities</p> <p>Funded Spanish interpretation services for the county through El Centro</p> <p>Bilingual (i.e., Spanish) staff incentive</p> <p>Offering professionally led support groups</p> <p>Expand Navigator investment to include SUD</p>	<p># of attendees</p> <p># of attendees</p> <p># of attendees</p> <p># of clients utilizing interpretation services and % of clients and agencies satisfied with the services</p> <p># of staff eligible for incentive</p> <p># support groups for LGBT community</p> <p># of calls to Navigator Line</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

Prevention and/or decrease of opiate overdoses and/or deaths	Continue to implement strategies to reduce overdoses and overdose deaths	<p>Partner with Lorain County Public Health for Naloxone training and education</p> <p>Ensure service provider integrate overdose prevention through service continuum</p> <p>Continue to partner on Harm Reduction clinic (i.e. Syringe Exchange program) implementation</p> <p>Continue to educate and disseminate medication safes and medication disposal pouches, information on 24/7 drug drop boxes and take-back days</p> <p>Create education plan regarding options for pain management and provide support</p> <p>Work with partners including faith communities to educate and support individuals and families who struggle with opioid issues.</p> <p>Increase data sharing opportunities for real time data regarding Naloxone, Overdose and Overdose Death (with first responders, medical and other partners) for community outreach, engagement and overdose prevention</p> <p>Continue partnership with Overdose Death Review Committee</p>	<p># of individuals and first responders trained and receiving Naloxone Kits</p> <p># of Naloxone doses used</p> <p>Detail of location for Naloxone and result of use</p> <p># of medication safes and pouches distributed</p> <p># of pills at take-back day</p> <p># of individuals with opioid use disorder who receive treatment and recovery supports (including Medication Assisted Treatment)</p> <p># of family members who engage in family supports</p> <p># of accidental overdose deaths</p> <p># of parents receiving information and education about adolescent brain development</p> <p># of individuals receiving information and education about stigma</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe)</p>
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		<p>Continued education on adolescent brain development and its link to addiction</p> <p>Expand capacity for Medication Assisted Treatment</p> <p>Create and implement Stigma Education plan</p> <p>Determine feasibility of integrating with LOSS team to coordinate supportive services for survivors of overdose</p> <p>Continue Warm Handoff, Quick Response Teams and Police Assisted Programs in Lorain County</p>		
Promote Trauma Informed Care approach	Continue to provide access to local Trauma Informed Care trainings to agencies and system partners.	<p>Organize, fund and support network agency attendance at local Trauma Informed Care trainings.</p> <p>Continued monthly consultation calls with Dr. Barbara Boat for Network clinicians treating adults utilizing Cognitive Processing Therapy</p> <p>EMDR training and consultation for clinicians across the network agencies</p> <p>Continue to work with partners regarding Trauma Informed Care</p>	<p># of network agency staff attendees</p> <p># clinicians trained</p> <p># clients treated using the model</p> <p># of network agency clinicians trained</p> <p># of partner entities trained</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe</p>

		Determine feasibility of bringing in Handle with Care		
Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Enhance prevention, early awareness and intervention efforts	<p>Funding of mentoring services with BBBS</p> <p>Facilitate MHFA and MHFA-Y trainings</p> <p>Ensure consultation, education and prevention programs remain available in schools</p> <p>Expansion of the youth-led prevention activities within six middle schools that was begun in FY2016 to the full school year. Schools were given mini grants to support initiatives aimed at reducing isolation (a risk factor for youth suicide) within the schools.</p> <p>Continue to invest in evidence based, age appropriate prevention programs, practices and policies</p> <p>Continue to collaborate across systems (schools, courts, health,</p>	<p># of youth receiving mentoring services</p> <p># trainings held # participants trained</p> <p># schools receiving CEP services # school districts</p> <p>Pre- and post-assessments of school culture after implementation of the student led initiatives for each school</p> <p># schools receiving prevention services</p> <p>Details Prevention models used</p> <p># of partnerships identified focused on Whole Health programs, practices and policies</p> <p># of teens and young adults participating in prosocial activities</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

		<p>etc.) to ensure a whole health focus for children and adolescents</p> <p>Coordinate Young Adult mentoring with non-traditional partners</p>		
Prevention: Increase access to evidence-based prevention	Use data to prioritize investment in evidence-based, age appropriate prevention programs, practices and policies	<p>Sponsored training of clinicians to be PAX partners so that they would be equipped to assist first-grade teachers in the implementation of PAX</p> <p>Align PAX tools with parents whose children receive PAX in schools</p> <p>Increase capacity for K-12 evidence-based prevention</p> <p>Ensure Strategic Prevention Framework guides prevention, program, practices and policy development for community base prevention</p>	<p># of students benefitting from PAX</p> <p># of parents receiving PAX tools</p> <p># of students receiving evidence-based prevention</p> <p># of community-based prevention initiatives</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
Prevention: Suicide prevention	Decrease the number of Lorain County residents who die by suicide	<p>Encourage through marketing involvement of community in Suicide Prevention Coalition</p> <p>Continue Youth Led Initiative aimed at reducing social alienation, a risk factor associated with youth suicide.</p> <p>Provide ASIST, QPR, and Working Minds trainings for the community</p>	<p># active participants in the Coalition and subcommittees (e.g., Elderly Suicide Coalition, Zero Suicide Coalition)</p> <p>Comparison of survey results of school culture with regard to social isolation before the project began and after at the end of the school year</p> <p># of community members trained</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

		Develop a volunteer buddy system for at risk seniors with limited social supports Increase awareness of behavioral health illnesses and resources Provide funding to support a LOSS team coordinator to work with police departments to coordinate supportive services for survivors of suicide	# of volunteers matched with an at-risk senior # of screenings completed online and at community events # of survivors receiving support and information about resources available to them # of survivors reporting connection to services during follow up calls.	
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Coordinate Lorain County’s Problem Gambling plan for prevention and screening	Partner with prevention agency for a comprehensive problem gambling prevention approach	# of partners receiving education and information about problem gambling # of persons screened for problem gambling	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Full systemic and cultural integration of MH and SUD in Lorain County	MHARS to become a coordinated and integrated system	Cross train staff and board members about MH and SUD Integrate social and other media from the former boards Educate the community about the progress of MHARS	# of individuals reached

5. Describe the board's accomplishments achieved through collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, 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?)

Integrated Services Partnership (ISP) -- a collaboration formed between Board, Lorain County Developmental Disabilities Children Services, and Lorain County Domestic Relations Court – Juvenile Division. All entities sign a MOU and pool funds to support various multi-system youth programs. The largest of these programs is the Children's Continuum of Care Committee (4C). This committee makes treatment recommendations regarding youth who have exhausted community based care within Lorain County. The ISP funds and authorizes decisions regarding out of home placements into residential or foster home settings. The Board serves as the fiscal agent for the ISP. The total annual FY19 budget was \$1,833,436. The following programs are a part of the ISP:

- **Children's Continuum of Care Committee (4C)**—as referenced above, a committee of representatives meets the 2nd and 4th Wednesday of each month to make recommendations regarding placement of children in residential settings and to monitor treatment. In FY19, eleven (11) children were in residential programs and four (4) were in therapeutic foster homes.
- **Family Stability Committee**—manages a pooled wraparound fund that agencies of the ISP systems mentioned above can request on behalf of children and families to make it possible for them to meet their goals. In FY19, the program helped 358 youth and 125 families.
- **Mentoring Program**—a program that employs mentors to work with children, typically ages 12 to 17 to expose them to prosocial recreational activities, increase use of appropriate social skills, and provide opportunities for children to have supervised times apart from their caregivers. The mentoring program offers a "Parent Mentoring" program to parents of children involved in the mentoring program. The goal of the parent mentor program is to support the parent in those life functioning domains that impact their ability to effectively parent. (i.e., budgeting, meal planning, organizing the home, creating a daily schedule, support in the linkage to appropriate MH/SUD services, etc.)
- **Behavioral Health/Juvenile Justice** – This grant allows juvenile justice involved youth with a co-occurring MH/SUD diagnosis access to Integrated Co-Occurring Treatment (ICT). ICT is an intensive home and community based behavioral health model that integrates mental health and substance use treatment, at a frequency of 3-5 contact hours per week. The goal of the grant is to reduce unnecessary out of home placement and to reduce deeper system involvement.
- **Juvenile Offender Project Evaluation**- Pooled funds provide access to comprehensive psychological evaluation and assessment services, which includes extensive collateral record review and collateral interviews. Comprehensive psychological evaluations are used to assist the court, children's continuum of care committee, treatment providers and parents in making placement, treatment, service delivery and care coordination decisions.

Suicide Prevention Coalition—a coalition formed in 2009 to increase awareness and knowledge of risk factors associated with suicides and resources available in the community for those at risk. The coalition currently consists of survivors, health department nurses, school personnel, hospital staff, LOSS team volunteers, ADAS staff, contract Mental Health staff and LCBMH staff. The Community is welcome to participate. Additionally, there are other community representatives who are involved in 3

subcommittees: one focusing on decreasing youth suicides, one focusing on Zero Suicide, and one focusing on decreasing elderly suicides.

As a result of the Coalition, collaboration with the Ohio Suicide Prevention Foundation and the Board, the following have occurred:

- **Youth Led Initiative (You Belong)** -- “You Belong” was developed to reduce social isolation, a risk factor for youth suicide, by catalyzing school staff and students to improve the school climate. Each of the nine middle schools awarded the Board mini grant developed a team and assessed the degree to which current students felt safe from threats and protected by their fellow peers with a ten question survey. Following review of the survey results, each team implemented a range of activities aimed at reducing social alienation.
- **Elderly Suicide Prevention Subcommittee Training**—the committee is using the 2015 Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers as a guide for developing activities. The Committee members include a mental health agency, the LC General Health Department, 3 social service agencies (Oberlin Community Services, Neighborhood Alliance, and Next Step Ministries).. Thus far, the Committee has worked on developing protocol recommendations for working with elderly identified as possibly having behavioral health concerns, piloted a training to educate on behavior health and suicide among the elder. This training will be expanded to the entire community after incorporating the feedback from the evaluations. FY 17 planning will also include supporting the development of social connections.
- **Livebinder of Behavioral Health Resources for School Staff**---Following the creation and dissemination of resources encouraging screening and referral for behavioral health services by medical providers, a workgroup of the suicide prevention coalition create a Livebinder resource for middle and high schools. The web-based resource includes an assessment of preparedness to avert or manage a behavioral health crisis followed by links to resources that schools may need to address any gap areas identified in the assessment. Links to resources for parents and students include free training on suicide prevention. Additionally there is information regarding policies for school, screening tools, information for parents and postvention information. The Livebinder includes information about nationally recognized best practices as well as local resources that can be accessed by the school at no cost.
- **Local Outreach to Suicide Survivors (LOSS) Team**—volunteers consisting of survivors, mental health professionals, faith- based community and other social service agencies have been trained to respond to survivors of those dying by suicide as a form of postvention. The Board funded a LOSS coordinator position, and the LOSS team has had success in their work with Lorain County law enforcement.

Lorain County Opioid Action Team

The Lorain County Opioid Action Team (LCOAT) team began initially when Lorain County received the status pursuant to Senate Bill 57 in 2012 – to allow first responders to carry and use Nasal Naloxone. (The team was initially called Project DAWN (Deaths Avoided with Naloxone)). Through the early stages of the Community Health Improvement Plan development in 2012 – this action team coordinated efforts to support the CHIP goal: reduced deaths due to overdose. In 2017, the state legislated the crating of the county hub program to combat opioid addiction and in 2018 the Board became part of Ohio’s Learning Community- Community Collective Impact Model for Change bringing together the Strategic Prevention Framework, Collective Impact, Tool for Health & Resilience in Vulnerable Environments (THRIVE) and Adverse Community Experiences and Resilience Framework (ACE-R) as tools. The Deloitte Center for Government Insights has identified that we can fight the opioid crisis using an ecosystem approach to this “wicked problem”. Both the hub language and the CCIM4C provided guidance to focus the action team to prioritize two key goals: to reduce death due to overdose and increase access to treatment and recovery supports. The Objectives supporting these goals include: reducing the supply for opioids, reducing the

demand for opioids, overdose prevention, increasing access to treatment with emphasis on increasing Medication Assisted Treatment and increasing access to recovery supports including recovery housing and peer supports. Also a significant goal was developed to increase and promote economic opportunities among people in recovery by addressing stigma for those in recovery as they enter or reenter the workforce, create trauma informed employers and increase economic opportunities by securing partnerships to develop stable employment. The task force uses data to drive strategic interventions. A community engagement workgroup connects with community partners to provide education regarding safe medication storage and disposal (which includes the provision of medication safe bags and disposal pouches). A faith leader roundtable has been implemented to assist local faith congregations to address the issue “when addiction comes to church”.

First Response Partnerships and Overdose Prevention - through a four-year First Response – Comprehensive Addiction and Recovery Act Cooperative Agreement (FR-CARA), the board has created Quick Response Teams with local police/sheriff and clinicians. These teams are currently active in Avon, Avon Lake, Elyria, Lorain Police Departments and the Lorain County Sheriff’s office. A treatment clinician is paired up with each of these teams and weekly they visit the homes of overdose survivors with the goal of engaging them into treatment, supporting family members and overdose prevention (Naloxone/Narcan kits). Data from the Quick Response teams reports that in 2018, 100 individuals were contacted by a QRT and in 2019 (January- April), 76 individuals were contacted. The clinicians on the teams provide follow-up for up to 30 days following the initial visit.

Through a partnership with Lorain County Public Health, this grant supports LCPH to train and disseminate Naloxone to first responders, service entities and community members.

Another component of this project is safe medication storage and disposal. Through grant, we have secured med-safe bags for residents to safely secure their medications. Intended recipients for med safes include those who: have been prescribed any controlled substances, medical marijuana or any medication with the potential for abuse, lives with someone who has a substance use disorder, has many different people coming into their home, have children or teens in the home, receive Medication Assisted Treatment and need to protect these from those at risk for access. Additionally we have received a generous donation of medication disposal pouches which we make available to residents. Data for dispensing these items reports 398 (safes and pouches) were distributed in 2018 and through May, 2019 an additional 183 safes and pouches have been distributed. We have a partnership with the 11 local Discount Drug Mart Pharmacies and the Lorain Public Library System entities who also distribute these to members. Each product is equipped with a mailer that we collect data and over 80% of respondents indicate that these products have assisted them in increased knowledge of the importance of safe medication practices (storage and disposal).

Trainings and Screenings

- **Mental Health Screenings**
- Online screenings and screenings at community events—the vendor for this resource has transitioned, and some functionality was lost for a period of time. We are exploring options that will meet our needs in the future, and have not been promoting this at the same level as in past years. In FY18, we had 855 participants, and in FY19, we had 555.
- **Ongoing Trainings**
- **Applied Suicide Intervention Skills Training (ASIST) training**—In FY18, 96 community members learned to confidently and competently respond to those at risk for suicide by participating in a two-day ASIST training session; in FY19, 65 people participated in ASIST. At

16 hours of education, ASIST is our most intensive suicide prevention and mental health course that is offered to members of the public.

- **Mental Health First Aid (MHFA)** —We offer various formats of Mental Health First Aid, including for Fire/EMS or first responders, faculty for higher education, and people who work or live with youth. The Adult and Youth courses are open to the public, providing 8 hours of training. Across all formats of MHFA, we trained 187 people in FY18 and 245 in FY19.
- **Signs of Suicide (SOS)** —Though we offer multiple supports for schools and adapt to their needs, SOS is always available. In FY19, SOS was provided to 74 people.
- **Question Persuade Refer (QPR)** —To reach more people in various locations in the community, with a flexible but well-researched curriculum, we implemented the QPR basic suicide prevention class in February of 2018. Its popularity led us to sponsor a train-the-trainer session November 2018 that prepared 17 community members to provide the class. In the first fiscal year, trainers reached 381 people. In FY19, we reached 875 people.

- **Specialized Trainings**

Each year, the Board provides trainings based on emerging data or research, best practices, or community need. Some highlights from the FY19 reporting period include:

From Cultural Diversity to Cultural Competency, Theories of Substance Use Disorder and Drugs of Abuse, Cognitive Behavioral Therapy (CBT) for Anxiety in Youth (beginning, intermediate and advanced levels), **Working Minds Suicide Prevention in the Workplace, Self-care Urban Zen, Non-Abusive Psychological and Physical Intervention (NAPPI) training, LGBTQ Ethics and Supervision trainings, The Impact of Trauma on Parenting, Motivational Interviewing training series, Words Matter – Addressing Stigma, When Addiction Comes to Church, Helping Men Recover – Trauma, Men, Addiction, Opioids 101, Motivational Interviewing in the Field, A Place to Heal – Recovery Housing, Restored Citizens Summit, PAX Tools – Simple Strategies for Teaching Kids Behavior, Why Prevention Matters, Drug Testing and Implications, Harm Reduction, Screening, Brief Intervention and Referral to Treatment.**

Criminal Justice— Several initiatives have continued since the prior reports, including the following:

- **Juvenile Mental Health Court**--From April 2010 to May 2015, the program has graduated 34 participants, with only a 2% recidivism rate post-graduation. During that time, the program received 250 referrals. Of those persons referred, 80 youth were denied acceptance. Reasons for denial included: (1) parent/guardians unwillingness or inability to participate in the program, (2) the Prosecutor's Office declining to approve the youth's placement in the program (3) the youth needing other services within the Court, (4) *the youth* having a diagnosis that did not meet the program criteria). Forty-three (43) of the 170 youth accepted into the program were terminated for non-compliance, new charges, and violations of the court orders, etc. after having been accepted into the program. Staff from the Board has participated in quality assurance meetings related to the mental health court. As a result of the most recent meeting, some changes will be made that will allow for improved communication between mental health providers and the mental health court staff.

Other specialized dockets include: Lorain County Veteran's Treatment Court, Lorain County Recovery Court, Lorain County Juvenile Drug Court, Lorain County Family Drug Court. There are specialized dockets currently being finalized including: Adult Mental Health (Wellness Court), Elyria Municipal Recovery Court and Lorain County Recovery Court.

- **Reentry Coalition and Citizens Circle**— The Reentry Coalition's vehicle to connect with returning citizens upon release from incarceration is through its monthly Citizen Circle meetings

where representatives from county based service providers, governmental agencies, and faith based organizations inform and connect participants to services and programs within the community that can assist them with successful reentry. The Board's Director of Program Services, Forensic Monitor and Special Projects Coordinator remain an active participants in the Citizens Circle meetings. Additionally a Re-entry coordinator from the Nord Center provides in reach assessments to offenders while in prison and helps them develop a formal reentry plan to help them address their needs upon release and to connect them with needed services and supports. In 2019, the ADAS Board and the Reentry Coalition sponsored the county's first Restored Citizen Summit. Attendees were able to receive training on Narcan and receive kits, learn about expungement opportunities and meet with employers via a job fair.

- **The County Jail** - has a special pod unit for persons with SPMI. At the request of the jail staff, the Nord staff person assists with CPST activities for individuals diagnosed with a severe and persistent mental illness. Activities are focused on connecting persons with SPMI to services when released (e.g., mental health treatment, housing) and, at times, provides gap services. Nord's Crisis Stabilization Unit (CSU) may be used for individuals with SPMI at release for further stabilization if warranted. There is a contract detailing the services to be provided that is signed annually. The Lorain County Jail will soon contract with two treatment providers to begin induction of Medication Assisted Treatment for individuals with opioid use disorder. The jail has allowed Peer Supporters to engage with inmates and does not track this engagement against their regularly limited visits. The jail has recently employed an in-house case manager which is easing the connection for inmates to behavioral health providers pre-release. Through a grant from Lorain County Public Health, Naloxone education and kits are offered at intake and are given to inmates upon release.
- **Detention Home consultation, informal training and risk assessment**-- Applewood Centers, Inc. provides this service within the Detention Home at minimum three times per week.
- **Crisis Intervention Team (CIT)**—Advanced CIT trainings occurred in the fall with 40 participants and a wait list. Participants included police and sheriff's departments, probation departments, park rangers, a Domestic Relations judge, and the community college security department.
- **Quick Response Teams** – Police departments and clinical staff participate on QRT to visit overdose survivors. Engagement includes assistance to access treatment and recovery supports, Naloxone Kits and family support connections.
- **Police Assisted Programs** – Let's Get Real works with local police departments when individuals walk in who are ready to access treatment for substance use disorders.

NE Regional Public-Private Behavioral Health BH Work Group—The Board participates in the work group and a Board representative is a member of the **Peer Support** in Public and Private Sectors workgroup.

NE Collaborative - the Board participates with representative of the Northeast boards (Ashtabula, Cuyahoga, Geauga, Lake, and Summit) regarding withdrawal management and crisis improvements.

Collaboration with Lorain County Community College (LCCC) and other colleges—Board staff and selected agency staff developed two courses (both are for 3 credits each) that would prepare an Associates Level graduate from LCCC for entry-level mental health work as CPST staff. The first course began during the summer of 2019.

Additionally, the Board offers stipends to selected students who spend at least half of their internship time in either community-based services or crisis. All interns from the agencies were welcome to participate in quarterly meetings addressing a variety of issues pertaining to the Network.

LCCC also offers The Addiction Counselor Short-Term Technical Certificate which has been designed to meet the needs of those persons who wish to help prevent substance abuse, counsel individuals and families with drug and alcohol problems, and perform intervention and therapeutic services for person suffering from addiction. The courses include instruction in individual and group counseling skills, psychology of addiction, sociology, substance abuse identification methodologies, substance abuse treatment modalities, substance abuse prevention and treatment resources, pharmacology and behavioral aspects of abused substances, treatment evaluation, group dynamics, professional standards and ethics, and applicable law and regulations. A specialized practicum experience in the field of substance abuse is a part of this program. The courses in this program meet the education requirements of the state of Ohio for certification as a chemical dependency counselor assistant and may also be applied towards the associate of applied science in human services degree.

The Board also offers opportunities for internships both at the Board and within the network of providers.

Housing/Homelessness

- The Board is contracting with Firelands to provide consultation to staff at the local shelters and at a day social service program where the residents of one of the shelters spend a majority of their time during the day.
- The Board is an active participant on the Housing Task Force and Continuum of Care for the Balance of state meetings.
- The Board monitors compliance with the requirements of the SAMHSA PATH grant and provides the local match funds that include additional funding to support housing needs.
- The Board monitors compliance with the requirements of the S+C program that is managed by New Sunrise Properties and also provides local match funds.
- The Board provides funding to the Nord Center for a Housing Assistance Program which can be accessed by other Network providers.
- The Board has been an active partner and is providing gap funding for the 62 unit apartment complex that should be ready for occupancy by May 2021 assuming ideal conditions.
- The Board aligns its Recovery Housing operational allocation with providers pursuant to Ohio's Quality Housing Criteria.
- The State Opioid Response funding has allowed expansion of Peer Supporters to outreach to homeless individuals who are also intravenous drug users.
- The State Opioid Response funding has expanded Recovery Housing to individuals on all forms of Medication Assisted Treatment and also for women with children.

Drug Free Communities Coalition – since 2003, Communities That Care of Lorain County (CTC) has been Lorain County's Drug Free Communities Coalition. This included initial support from Ohio Department of Alcohol and Drug Addiction Services, a ten year grant from the Office of National Drug Control Policy – Drug Free Communities and Support and two 4-year grants from the Substance Abuse and Mental Health Services Administration – Sober Truth on Preventing Underage Drinking. CTC activates a coalition of diverse stakeholders in the community and trains coalition members to collaborate and cooperate in selecting and implementing tested and effective prevention policies and programs in the community. The CTC system is expected to improve the community's prevention service system by increasing the adoption of a science-based approach to prevention and the use of

tested and effective programs. These changes in the prevention service system are expected to reduce risks and strengthen protective factors among the community's youth and, in turn, to change youth behaviors. Coalitions in CTC communities are trained to assess levels of community risks using epidemiological data. Based on the assessment of the community-specific profile of risk, CTC communities are encouraged to target two to five elevated risk factors in the community using evidence-based policies and programs. The Board continues to serve as fiscal agent of this coalition that convenes a variety of partners working together and addressing youth and young adult's risky behaviors that may attribute to alcohol, tobacco, marijuana, and prescription drug use, community norms, depression and anxiety, suicide, health eating, physical activity

Inpatient Hospital Management

6. 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.

Adults--Since 2005 LCBMH has had a contract with Mercy Hospital, the largest local inpatient facility in the county. This collaboration has resulted in more consumers being admitted locally with closer proximity to families and significant others, reduced wait to get admitted to NBH, and reduced transportation costs, although a number of clients with Medicaid are probated to NBH. Firelands and the Nord Center have identified staff to be present at Mercy Hospital each week day. Firelands works with homeless clients being discharged from local hospitals that are not already connected to outpatient services and also provides engagement services with clients that do not have a provider while in the hospital.

Staff members from the Board, the two local hospitals, and Nord Emergency Services met monthly to discuss issues pertaining to high utilizers of crisis/intensive services to develop a plan for treating them and addressing barriers. When relevant, DD and ADAS and MH providers are invited to attend the meetings.

As was previously indicated in Question 2 above, Board and Nord staff are actively involved in treatment planning with NBH staff.

Children and Youth—LCBMH has continued since FY08 to fund a youth crisis liaison position, previously provided by Beech Brook, but has been provided by Applewood Centers, Inc. since FY 17. The responsibilities of this position include consultation with ESS staff for any youth client who is assessed, outreach to parents of youth clients that are not hospitalized within 24 hours, and participation in discharge planning for youth who are assessed and in need of a hospitalization but are not connected with local mental health supports. The result of this collaboration has been a more seamless transition to post hospital care for Lorain County youth who are hospitalized.

Additionally, because the liaison service can connect clients with needed services on a timely basis, the number of hospitalizations of youth has been dramatically reduced. Currently, 9% to 11% of the youth assessed by ESS are hospitalized, marking a significant reduction from the number of hospitalizations that had occurred before this program was created. The Board also has a contract with one private inpatient facility to pay for indigent patients for a maximum of 5 days.

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	Identifier Number	ALLOCATION
Not applicable		

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.

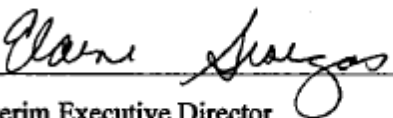
B. AGENCY	Identifier Number	SERVICE	ALLOCATION
Not applicable			

SIGNATURE PAGE

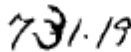
Community Plan for the Provision of Mental Health and Addiction Services SFY 2019-2020

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.

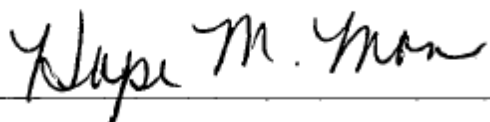
The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.



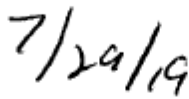
Interim Executive Director



Date



Chair Pro Tem



Date

SFY 2019-2020 CONTINUUM OF CARE: CROSSWALK FROM ESSENTIAL SERVICE CATEGORIES TO INDIVIDUAL SERVICES

ESSENTIAL SERVICE CATEGORIES	TREATMENT FOCUS	SERVICE LOCATION	MEDICAID & NON-MEDICAID PAYABLE SERVICES	SERVICE CHOICE INDICATED BY A PROVIDER NAME & ADDRESS IN THIS COLUMN	BOARD CONTRACT (Y/N)
‡ Ambulatory Detox	Opiate Treatment	Must be in Board area Unless Waived per ORC 5119.221	[Choose At Least 1 of 2 Service] SUD Withdrawal Management with Extended On Site Monitoring, RN and LPN Services (ASAM LOC 2 WM) SUD Withdrawal Management with Extended On Site Monitoring, 23 hour observation per diem (ASAM LOC 2 WM)	The LCADA Way 2115 Westpark Dr Lorain, 44053	Y
‡ Sub-Acute Detox	Opiate Treatment	May be in another Board area	[Choose 1 of 1 Service] SUD Clinically Managed Residential Withdrawl Management (ASAM Level 3.2-WM) SUD Clinically Managed Residential Withdrawl Management (ASAM Level 3.2-WM)	Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053 Stella Maris 1320 Washington Ave Cleveland, 44124	Y Y
			[Outpatient Services for Persons Treated for Opiate SUDs] BH Evaluation & Management (E/M) BH Electrocardiogram, with at least 12 leads SUD RN Services SUD LPN Services BH Psychiatric Diagnostic Evaluation (w/o or w medical) SUD Urine Drug Screening Medication Administered by Medical Personnel (J-Codes) Laboratory Services Vaccine Administration Code Vaccine CPT BH Psychotherapy BH Family Psychotherapy BH Multiple-Family Group Psychotherapy. BH Group Psychotherapy BH Screening, Brief Intervention, Referral to Treatment (SBIRT) SUD Assessment Psychological Testing Developmental Testing Neurobehavioral Status Exam Neuropsychological Testing BH Counseling and Therapy, Individual SUD group counseling SUD Intensive Outpatient Program (IOP) and SUD Partial Hospitalization (PH) Group Counseling SUD Case Management		
‡ Non-Intensive Outpatient Service	Opiate Treatment	Must be in Board area	Essential Service Category fulfilled by a Provider within the Board area that has the ability to provide any of the above Outpatient services (within the constraints specified in the <i>Provider Requirements & Reimbursement Manual</i> for each of the individual services) the following treatment levels: [Choose At Least 1 of 2 Services] Adult (age 18 years and older) up to 9 contact hours/week Adult (age 18 years and older) up to 9 contact hours/week Adolescent (age 13 through 17) up to 6 contact hours/week Adolescent (age 13 through 17) up to 6 contact hours/week	The LCADA Way, 2115 Westpark Dr, Lorain 44053 Firelands Counseling 6150 S. Park Drive Lorain, 44053 The LCADA Way, 2115 Westpark Dr, Lorain 44053 Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y Y Y Y
‡ Intensive Outpatient Service]	Opiate Treatment	Must be in Board area	Essential Service Category fulfilled by a Provider within the Board area that has the ability to provide any of the above Outpatient services (within the constraints specified in the <i>Provider Requirements & Reimbursement Manual</i> for each of the individual services) the following treatment levels: [Choose At Least 1 of 4 Services] SUD IOP Adult (age 18 years and older) 9 or more contact hours/week with a minimum of contact 3 days/week Adult (age 18 years and older) 9 or more contact hours/week with a minimum of contact 3 days/week Adolescent (age 13 through 17) 6 or more contact hours/week with a minimum of contact 3 days/week and/or SUD Partial Hospitalization: Adult (age 18 years and older) 20 or more contact hours/week with a minimum of contact 3 days/week Adult (age 18 years and older) 20 or more contact hours/week with a minimum of contact 3 days/week Adolescent (age 13 through 17) 20 or more contact hours/week with a minimum of contact 3 days/week	The LCADA Way, 2115 Westpark Dr, Lorain 44053 Firelands Counseling 6150 S. Park Drive Lorain, 44053 The LCADA Way The LCADA Way, 2115 Westpark Dr, Lorain 44053 Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y Y Y Y Y Y Y
‡ Medication assisted treatment (MAT)	Opiate Treatment	Must be in Board area Unless Waived per ORC 5119.221	[Choose At Least 1 of 3 Services] Buprenorphine, Buprenorphine/Naloxone administration Buprenorphine, Buprenorphine/Naloxone administration Injection, naltrexone (Vivitrol) Injection, naltrexone (Vivitrol) Methadone administration	The LCADA Way, 2115 Westpark Dr, Lorain 44053 Firelands Counseling 6150 S. Park Drive Lorain, 44053 The LCADA Way, 2115 Westpark Dr, Lorain 44053 Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y Y Y Y
‡ Peer Mentoring	Opiate Treatment	Must be in Board area	[Choose At Least 1 of 2 Services] SUD Peer Recovery Support (Peer Certification required) SUD Peer Recovery Support (No Peer Certification required) [Non-Medicaid Payable Service]	Let's Get Real, Inc. 1939 Oberlin Avenue Lorain 44052	Y
‡ Residential Treatment	Opiate Treatment	May be in another Board area	[Choose At Least 1 of 6 Service] Level 4 Recovery Housing SUD Clinically Managed Low-Intensity Residential Treatment-Halfway House (ASAM LOC 3.1) SUD Clinically Managed Low-Intensity Residential Treatment-Halfway House (ASAM LOC 3.1) SUD Clinically Managed Low-Intensity Residential Treatment-Halfway House (ASAM LOC 3.1) SUD Clinically Managed Population-Specific High Intensity Residential Treatment (ASAM LOC 3.3) SUD Clinically Managed Population-Specific High Intensity Residential Treatment (ASAM LOC 3.3) SUD Clinically Managed Population-Specific High Intensity Residential Treatment (ASAM LOC 3.3) SUD Medically Monitored Intensive IP Treatment [Adults] & Medically Monitored High-Intensity IP Services [Adolescent] (ASAM LOCs 3.7) SUD Clinically Managed High Intensity Residential Treatment (ASAM LOC 3.5-WM) SUD Clinically Managed High Intensity Residential Treatment (ASAM LOC 3.5-WM)	The LCADA Way, 2115 Westpark Dr, Lorain 44053 Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053 New Directions 30800 Chagrin Blvd Cleveland 44124 The LCADA Way, 2115 Westpark Dr, Lorain 44053 Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053 New Directions 30800 Chagrin Blvd Cleveland 44124	Y Y Y Y Y Y Y Y Y Y

			SUD Clinically Managed High Intensity Residential Treatment (ASAM LOC 3.5-WM)	New Directions 30800 Chagrin Blvd Cleveland 44124	Y
			SUD Medically Monitored Inpatient Withdrawal Management (ASAM LOC 3.7-WM)		
‡ Recovery Housing	Opiate Treatment	Must be in area Board	[Choose At Least 1 of 4 Service]		
			Level 1 Recovery Housing		
			Level 2 Recovery Housing	Road to Hope House, 158 Irondale St, Elyria, OH 44035	Y
			Level 2 Recovery Housing	Primary Purpose Center 3222 N. Ridge Road, Elyria 44035	N
			Level 3 Recovery Housing (IOP Required)	Road to Hope House, 158 Irondale St, Elyria, OH 44035	Y
			Level 3 Recovery Housing (IOP Required)	Primary Purpose Center 3222 N. Ridge Road, Elyria 44035	N
			Level 3 Recovery Housing (IOP Required)	Alpha house 14868 St. Rt. 58 Oberlin 44074	N
			Level 3 Recovery Housing (IOP Not Required)	Road to Hope House, 158 Irondale St, Elyria, OH 44035	Y
			Level 3 Recovery Housing (IOP Not Required)	Primary Purpose Center 3222 N. Ridge Road, Elyria 44035	N
			Level 3 Recovery Housing (IOP Not Required)	Alpha house 14868 St. Rt. 58 Oberlin 44074	N
‡ 12 Step Approaches	Opiate Treatment	Must be in area Board	[Choose 1 of 1 Service]		
			Existence of 12 Step Programs in Board Area	Yes	

BOARD: MHARS Board of Lorain County

ORC 340.032 Mid-Biennial Review (MBR) [Sub.S.B. No. 319, December 2016]

ESSENTIAL SERVICE CATEGORIES	TREATMENT FOCUS	SERVICE LOCATION	MEDICAID & NON-MEDICAID PAYABLE SERVICES	SERVICE CHOICE INDICATED BY A PROVIDER NAME & ADDRESS IN THIS COLUMN	BOARD CONTRACT (Y/N)			
Prevention & Wellness Management	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 1 of 6 Services]					
			SUD Alternatives	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y			
			SUD Alternatives	UMADAOP, 2314 Kelly Place, Lorain 44052	Y			
			SUD Alternatives	Big Brothers Big Sisters 1917 N Ridge Road, Lorain 44055	Y			
			SUD Community Based Process	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y			
			SUD Community Based Process	Communities That Care, 4950 Oberlin Avenue Lorain, 44053	Y			
			SUD Education	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y			
			SUD Education	UMADAOP, 2314 Kelly Place, Lorain 44052	Y			
			SUD Environmental	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y			
			SUD Environmental	Communities That Care, 4950 Oberlin Avenue Lorain, 44053	Y			
			SUD Information Dissemination	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y			
			SUD Information Dissemination	UMADAOP, 2314 Kelly Place, Lorain 44052	Y			
			SUD Problem Identification and Referral	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y			
			SUD Problem Identification and Referral	UMADAOP, 2314 Kelly Place, Lorain 44052	Y			
			[Choose At Least 1 of 6 Services]					
			MH Alternatives					
			MH Education	Applewood Centers, 3518 W. 25th St., Cleveland, OH 44109	Y			
			MH Education	Beech Brook, 3737 Lander Rd, Cleveland, OH 44124	Y			
			MH Education	Bellefaire JCB, 22001 Fairmount Blvd, Shaker Hts, OH 44118	Y			
			MH Education	Firelands Counseling & Recovery Services, 6150 Park Square Dr., Lorain, OH 44053	Y			
			MH Education	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y			
			MH Education	OhioGuidestone, 202 East Bagley Rd., Berea, OH 44017	Y			
			MH Environmental					
			MH Information Dissemination	OhioGuidestone, 202 East Bagley Rd., Berea, OH 44017	Y			
			MH Information Dissemination	Applewood Centers, 3518 W. 25th St., Cleveland, OH 44109	Y			
			MH Information Dissemination	Beech Brook, 3737 Lander Rd, Cleveland, OH 44124	Y			
			MH Information Dissemination	Bellefaire JCB, 22001 Fairmount Blvd, Shaker Hts, OH 44118	Y			
			MH Information Dissemination	Firelands Counseling & Recovery Services, 6150 Park Square Dr., Lorain, OH 44053	Y			
			MH Information Dissemination	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y			
			MH Problem Identification and Referral	Applewood Centers, 3518 W. 25th St., Cleveland, OH 44109	Y			
			MH Problem Identification and Referral	Beech Brook, 3737 Lander Rd., Cleveland, OH 44124	Y			
			MH Problem Identification and Referral	Bellefaire JCB, 22001 Fairmount Blvd., Shaker Hts, OH 44118	Y			
			MH Problem Identification and Referral	Firelands Counseling & Recovery Services, 6150 Park Square Dr., Lorain, OH 44053	Y			
			MH Problem Identification and Referral	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y			
			MH Problem Identification and Referral	OhioGuidestone, 202 East Bagley Rd., Berea, OH 44017	Y			
			Locate & Inform Persons Needing Services	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 1 of 1 Service]		
						BH Referral and Information	Bellefaire JCB, 22001 Fairmount Blvd., Shaker Hts, OH 44118	Y
						BH Referral and Information	Firelands Counseling & Recovery Services, 6150 Park Square Dr., Lorain, OH 44053	Y
						BH Referral and Information	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y
						BH Referral and Information	Ohio Guidestone, 202 East Bagley Rd., Berea, OH 44017	Y
Recovery Supports, including helping persons in AOD and/or MH services necessary to:			BH Referral and Information	Let's Get Real, Inc.1939 Oberlin Ave Lorain, 44052	Y			
+meet basic human needs; +care coordination; +obtain assistance with social, personal & living skills; obtain multiple paths to recovery, e.g., 12 step approaches, parent advocacy connection, etc.; + obtain support, assistance, consultation & education for families, friends & & MH services & supports;	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose 1 of 1 Service]					
			SUD Case management	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y			
			SUD Case management	Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y			
			[Choose At Least 2 of 2 Service]					
			MH Community Psychiatric Supportive Treatment (CPST)	Applewood Centers, 3518 W. 25th St., Cleveland, OH 44109	Y			
			MH Community Psychiatric Supportive Treatment (CPST)	Beech Brook, 3737 Lander Rd., Cleveland, OH 44124	Y			
			MH Community Psychiatric Supportive Treatment (CPST)	Bellefaire JCB, 22001 Fairmount Blvd., Shaker Hts, OH 44118	Y			
			MH Community Psychiatric Supportive Treatment (CPST)	Far West Center 29133 Health Campus Dr, Westlake, OH 44145	Y			
			MH Community Psychiatric Supportive Treatment (CPST)	Firelands Counseling & Recovery Services, 6150 Park Square Dr., Lorain, OH 44053	Y			
			MH Community Psychiatric Supportive Treatment (CPST)	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y			
			MH Community Psychiatric Supportive Treatment (CPST)	OhioGuidestone, 202 East Bagley Rd., Berea, OH 44017	Y			
+ participate in peer supports;	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 1 of 3 Services]					
			MH Peer Recovery Support (Peer Certification required) [Specialized Recovery Services (SRS 1915(i)) Only] BH Peer Recovery Support (No Peer Certification required) [Non-Medicaid Payable Service]	Gathering Hope House, 1173 N. Ridge Road,Suite 102, Lorain, OH 44055	Y			

			MH-Consumer Operated Service [Choose At Least 1 of 2 Services]		
			SUD Peer Recovery Support (Peer Certification required) [Specialized Recovery Services (SRS 1915(i)) Only]		
			SUD Peer Recovery Support (No Peer Certification required) [Non-Medicaid Payable Service]	Let's Get Real, Inc.1939 Oberlin Ave Lorain, 44052	Y
+ obtain employment, vocation & educational opportunities;	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 1 of 2 Services] BH Individualized Placement and Support-Supported Employment (IPS-SE) [Specialized Recovery Services (SRS 1915(i)) Only] BH Employment/Vocational [Non-Medicaid Payable Service]	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y
+ obtain housing & support from a wide range of options;	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 1 of 3 Services] SUD Housing - Residential Care SUD Housing - Permanent SUD Time Limited/Temporary [Choose At Least 1 of 3 Services] MH Housing - Residential Care MH Housing - Permanent MH Time Limited/Temporary	The LCADA Way, 2115 Westpark Dr, Lorain 44053 The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y Y
Assessment Services	MH & Non-Opiate AOD Treatment	May be in another Board area	[Choose At Least 1 of 1 Services] BH Psychiatric Diagnostic Evaluation (w/o or w medical) [Choose At Least 1 of 6 Services] BH Screening, Brief Intervention, Referral to Treatment (SBIRT) SUD Assessment SUD Assessment Psychological Testing Developmental Testing Neurobehavioral Status Exam Neuropsychological Testing	The Nord Center, 6140 S. Broadway, Lorain, OH 44053 Ohio Guidestone, 202 East Bagley Rd., Berea, OH 44017 The LCADA Way, 2115 Westpark Dr, Lorain 44053 Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y Y Y Y
Residential Services	MH & Non-Opiate AOD Treatment	May be in another Board area	[Choose At Least 1 of 3 Services] SUD Clinically Managed Low-Intensity Residential Treatment-Halfway House (ASAM LOC 3.1) SUD Clinically Managed Low-Intensity Residential Treatment-Halfway House (ASAM LOC 3.1) SUD Clinically Managed Population-Specific High Intensity Residential Treatment (ASAM LOC 3.3) SUD Clinically Managed Population-Specific High Intensity Residential Treatment (ASAM LOC 3.3) SUD Medically Monitored Intensive IP Treatment (Adults) & Medically Monitored High-Intensity IP Services (Adolescent) (ASAM LOCs 3.7) [Choose At Least 1 of 1 Services] MH Housing - Residential Treatment Room & Board: Type 1 Licensed Facility	The LCADA Way 2115 Westpark Dr Lorain, 44053 Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053 The LCADA Way 2115 Westpark Dr Lorain, 44053 Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053	Y Y Y Y
Outpatient services, including:				The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y
+Non-Intensive;	MH & Treatment	May be in another Board area	[Choose At Least 2 of 8 Services] BH Psychotherapy BH Psychotherapy BH Psychotherapy BH Psychotherapy BH Psychotherapy BH Psychotherapy BH Psychotherapy BH Family Psychotherapy BH Multiple-Family Group Psychotherapy. BH Group Psychotherapy BH Counseling & Therapy, individual MH Therapeutic Behavioral Services (TBS) MH Therapeutic Behavioral Services (TBS) MH Therapeutic Behavioral Services (TBS) MH Therapeutic Behavioral Services (TBS) MH Therapeutic Behavioral Services (TBS) MH Therapeutic Behavioral Services (TBS) MH Psychosocial Rehabilitation (PSR) MH Psychosocial Rehabilitation (PSR)	Applewood Centers, 3518 W. 25th St., Cleveland, OH 44109 Bellefaire JCB, 22001 Fairmount Blvd., Shaker Hts, OH 44118 Far West Center 29133 Health Campus Dr, Westlake, OH 44145 Firelands Counseling & Recovery Services, 6150 Park Square Dr., Lorain, OH 44053 The Nord Center, 6140 S. Broadway, Lorain, OH 44053 OhioGuidestone, 202 East Bagley Rd., Berea, OH 44017 Pathways 312 3rd St, Elyria, OH 44035	Y Y Y Y Y Y Y
	AOD Treatment, Non-Opiate	May be in another area Board	Essential Service Category fulfilled by a Provider within the Board area that has the ability to provide any of the above Outpatient services (within the constraints specified in the Provider Requirements & Reimbursement Manual for each of the individual services) the following treatment levels: [Choose At Least 1 of 2 Services] Adult (age 18 years and older) up to 9 contact hours/week Adult (age 18 years and older) up to 9 contact hours/week Adolescent (age 13 through 17) up to 6 contact hours/week Adolescent (age 13 through 17) up to 6 contact hours/week	The LCADA Way, 2115 Westpark Dr, Lorain 44053 Firelands Counseling 6150 S. Park Drive Lorain, 44053 The LCADA Way, 2115 Westpark Dr, Lorain 44053 Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y Y Y Y
+Intensive Outpatient Services	MH & Non-Opiate AOD Treatment	May be in another Board area	[Choose At Least 1 if 1 Service] BH Evaluation & Management (E/M) [Choose At Least 1 of 4 Services] SUD IOP Adult (age 18 years and older) 9 or more contact hours/week with a minimum of contact 3 days/week Adult (age 18 years and older) 9 or more contact hours/week with a minimum of contact 3 days/week Adolescent (age 13 through 17) 6 or more contact hours/week with a minimum of contact 3 days/week and/or SUD Partial Hospitalization: Adult (age 18 years and older) 20 or more contact hours/week with a minimum of contact 3 days/week Adult (age 18 years and older) 20 or more contact hours/week with a minimum of contact 3 days/week Adolescent (age 13 through 17) 20 or more contact hours/week with a minimum of contact 3 days/week [Choose At Least 1 of 13 Services] BH Electrocardiogram, with at least 12 leads SUD RN Services SUD LPN Services	Ohio Guidestone, 202 East Bagley Rd., Berea, OH 44017 The LCADA Way, 2115 Westpark Dr, Lorain 44053 Firelands Counseling 6150 S. Park Drive Lorain, 44053 The LCADA Way, 2115 Westpark Dr, Lorain 44053 The LCADA Way, 2115 Westpark Dr, Lorain 44053 Firelands Counseling 6150 S. Park Drive Lorain, 44053 The LCADA Way	Y Y Y Y Y Y Y

			MH LPN Nursing Services		
			MH RN Nursing Services		
			Urine Drug Screening		
			Medication Administered by Medical Personnel (J-Codes)		
			Laboratory Services		
			Vaccine Administration Code		
			Vaccine CPT		
			MH Day Treatment	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y
			MH Assertive Community Treatment (ACT)	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y
			MH Intensive Home-based Therapy (IBHT)	Applewood Centers, 3518 W. 25th St., Cleveland, OH 44109	Y
			MH Intensive Home-based Therapy (IBHT)	Bellefaire JCB, 22001 Fairmount Blvd., Shaker Hts, OH 44118	Y
			MH Intensive Home-based Therapy (IBHT)	OhioGuidestone, 202 East Bagley Rd., Berea, OH 44017	Y
+Withdrawal Management;	Non-Opiate AOD Treatment	May be in another Board area	[Choose At Least 1 of 5 Services]		
			SUD Withdrawal Management with Extended On Site Monitoring, RN and LPN Services (ASAM LOC 2 WM)		
			SUD Withdrawal Management with Extended On Site Monitoring, 23 hour observation per diem (ASAM LOC 2 WM)		
			SUD Clinically Managed Residential Withdrawal Management (ASAM Level 3.2-WM)	Silver Maple Recovery 2101 Silver Maple Way, Lorain, 44053	Y
			SUD Clinically Managed Residential Withdrawal Management (ASAM Level 3.2-WM)	Stella Maris 1320 Washington Ave Cleveland, 44124	Y
			SUD Clinically Managed High Intensity Residential Treatment (ASAM LOC 3.5-WM)		
			SUD Medically Monitored Inpatient Withdrawal Management (ASAM LOC 3.7-WM)		
+Emergency & Crisis.	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 1 of 1 Services]		
			BH Psychotherapy For Crisis	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y
			[Choose At Least 1 of 4 Services]		
			BH Counseling & Therapy, individual (MH)	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y
			BH Counseling & Therapy, individual (SUD)	The LCADA Way, 2115 Westpark Dr, Lorain 44053	Y
			BH Counseling & Therapy, individual (SUD)	Firelands Counseling 6150 S. Park Drive Lorain, 44053	Y
			MH Therapeutic Behavioral Services (TBS) (determined by rendering provider, not nursing)		
			MH Psychosocial Rehabilitation (PSR) (determined by rendering provider, not nursing)		
			BH Hotline	Firelands Counseling 6150 S. Park Drive Lorain, 44053	N
			BH Hotline	The Nord Center, 6140 S. Broadway, Lorain, OH 44053	Y
Inpatient Care	MH & AOD Treatment Including Opiates	May be in another Board area	[Choose At Least 2 of 2 Services]		
			SUD Acute Hospital Detoxification	St. Vincent Charity, 2351 E. 22nd St, Cleveland 44115	N
			MH Private Inpatient psychiatric	Mercy Hospital , 3600 Kobe Road, Lorain, OH 44053	Y