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***CY 2014  
Budget***

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## **Process for Recommendation of 2014 Base Funding**

The ADAMHS Board of Cuyahoga County has a policy for the awarding of contracts for Non-Medicaid Services. The CEO, staff and the Board of Directors follow this policy when establishing its budget and awarding service contracts, when a community mental health, alcohol and/or other addiction need is identified, and when funding is available. Basically, the process for the 2014 Base Funding is as follows:

- Board staff identifies the need to issue a Request for Information (RFI), Request for Proposal (RFP) or Request for Qualifications (RFQ) seeking providers to fulfill the community's service needs. *The 2014 RFI was issued on August 22, 2013.*
- CEO requests approval from the Board to issue the RFI, RFP or RFQ. Approval may be granted from the Executive Committee, or the Board Committee that is most closely related to the subject of the RFI, RFP or RFQ. *The issuing of the 2014 RFI was ratified with Resolution #13-09-02 during a Special General Meeting on August 28, 2013. The timing of the release was related to the budget information needed for a presentation to the County Finance Department.*
- Board staff receives and spends a great deal of time reviewing the submissions that may include ranking of the responses and meeting personally with the responder to further discuss the proposal. *Responses to the RFI were due to the Board on September 11, 2013. A Review Team of Board Staff was appointed that included the Chief Operating Officer, Chief Financial Officer, Director of Quality Improvement, Adult Services Administrator, Youth Services Administrator, Claims & Membership Administrator, Financial Systems Administrator and multiple program staff. This team met consistently from September 12, 2013 through January 21, 2014 to thoroughly review and discuss each RFI response.*
- Executive Staff makes a recommendation to the CEO to review and approve for recommendation to the Board. *The Executive Staff presented the initial funding to the CEO on December 10, 2013.*
- The CEO presents the funding and contract recommendations to the Board of Directors seeking additional input through the extensive committee process. *The CEO is presenting the 2014 Base Funding Recommendations to the Board during the Committee of the Whole Meeting on January 22, 2014.*
- When the recommendations have been vetted through the committee process, the recommendations are presented to the Full Board during the General Meeting for approval, and sometimes ratification, if timing of the contract does not permit for the month-long committee process, however, before any contract is in need of ratification it has been thoroughly reviewed by at least one Board committee. *The CEO will present the 2014 Base Funding Recommendations to the Full Board for approval during the January 29, 2014 General Meeting.*

The aggregate Calendar Year 2014 Base Budget was approved by the Board of Directors during the November 20, 2013, Committee of the Whole meeting. This base budget was for a total of \$73,745,729. This budget included \$34,363,656 in county health and human services levy funding and what amounted to a \$5 million increase in state funding and federal funding.

Individual provider allocations were not specified at that time, because staff was still in the process of reviewing RFIs and meeting with provider agencies.



## **Setting of Priorities**

The ADAMHS Board of Cuyahoga County has a policy for the prioritization of services and resources that the CEO, staff and Board of Directors follow. This policy is implemented during the planning and funding process and may utilize various resources, such as the needs assessments, surveys, polling, focus groups, stakeholders and the Ohio Department of Mental Health and Addiction Services practices. Typically, the priorities for the ADAMHS Board of Cuyahoga County were set in the following ways:

- Use of data in the Community Needs Assessment completed by the Center for Community Solutions in April of 2011.
- Input from the community, consumers/clients, providers, partner systems, volunteer Board of Directors, CEO and the staff of the ADAMHS received through the strategic planning process and funding priority meetings.
- The Executive Staff compile and rank the input based on the importance to the system and available funding.
- The CEO presents a recommendation of the priorities to the Board of Directors through the appropriate committee, usually the Planning & Oversight and/or Finance for further discussion.
- The Planning & Oversight and/or Finance Committee recommend adoption of the priorities to the General Meeting for full Board approval. Vetting of the priorities has been completed prior to being presented at the General Meeting.

## **Extended Fiscal Year 2012 & Calendar Year 2013 Priorities**

In the spring and summer of 2011 in preparation of the Extended Fiscal Year 2012 and the Calendar year 2013 budget, the Board set priorities for mental health and addiction treatment services to ensure that limited Non-Medicaid dollars were used for the best and most needed services. The priorities were set as:

1. Residential programs
2. Employment/vocational services
3. Crisis Services
4. Peer Support Services
5. Children's services not funded by Medicaid.
6. Continued implementation of Central Intake for adults with mental illness through the SCALE Program.

## **Calendar Year 2014 Base Budget Priorities & New Funding Priorities**

Priorities that were approved by the Board for the Extended Fiscal Year 2012 and Calendar Year 2013 budgets were also used in developing the aggregate Calendar Year 2014 Base Budget.

Last fall, in anticipation of increased funding from the Cuyahoga County Health and Human Services levy, the CEO and Executive Staff began the process of setting 2014 priorities for new funding. Input from all Board staff was provided during an October 23, 2013, All Staff Meeting, and from Board Members, providers, partner agencies and the community during an October 30, 2013 "strategic goal

setting” meeting facilitated by the BVU Center for Nonprofit Excellence. *Attached is a summary of key issues by category that were identified in these meetings.*

The CEO and Executive Staff compiled the results of these meetings and developed the following draft priorities that are being officially presented to the Board of Directors during the Committee of the Whole Meeting on January 22, 2014 for discussion and approval during the General Meeting on January 29, 2014:

### **Adults**

1. Prevention
2. Housing
3. Crisis
4. Criminal Justice
5. Recovery Support Services, including:
  - a. Employment/Vocational
  - b. Self-Help/Peer Support and Consumer-Operated Services
6. Detoxification/Medication Assisted
7. System Coordination Enhancement
8. Training
9. Capital Operations

### **Children**

1. Prevention
2. Crisis
3. Criminal Justice
4. Child/Adolescent Detoxification
5. Young Adults & Special Population

The Health & Human Services Levy passed in November 2013 and the Cuyahoga County Council officially voted on December 10, 2013 for an increase of \$5 million to the ADAMHS Board in 2014 and \$5 million in 2015. The County Executive has indicated this funding as a reserve and stipulated that this additional funding to the ADAMHS Board (and additional funding to MetroHealth) “is contingent on the provision of written report including a budget narrative to the County by February 15, 2014.”

Anticipating that the County Executive will release the new funding, disbursement by the ADAMHS Board of the funding will be subject to the Board’s establishment and approval of service priorities through Board committee deliberations that will begin on January 22, 2014. Any new service contracts and/or amendments will be brought to the Board for approval through the committee process in February, March and/or April.

Funding for the potential allocations will be based on the priorities, services that were unfunded through the Calendar Year 2014 RFI process, potential RFI’s for new services, and review of new provider funding requests received over the past 60 days that were not included in the Calendar Year 2014 RFI review process.

## WHAT ARE THE KEY ISSUES ON WHICH TO FOCUS TO ENSURE SUCCESS FOR THE MENTAL HEALTH & ADDICTION SERVICE SYSTEM?

### October 30, 2013 Strategic Plan Brainstorming Session

(Note: List includes input from All Staff Meeting of October 23, 2013.)

**COMMUNITY INPUT = black print**

**BOARD STAFF INPUT = red print**

#### ADOLESCENTS/YOUTH

1. Adolescents need suboxone to wean off opiates early in treatment - detox on site
2. Prevention services to ensure good mental health for youth & adults
3. Funding for prevention services for children
4. Increase availability of school-based counseling; youth prevention services and availability of children's psychiatric services
5. Provide group homes for transitional youth (ages 19-20) for both mental health & AOD to reduce existing barriers
6. Develop better coordinated care for children; youth programs now are in silos
7. Develop Drop-In Center for transitional youth; teens in recovery can inspire other teens who are struggling

#### COLLABORATION/ADVOCACY

1. Broaden geographic availability of services
2. Support integrated healthcare
3. Increase capacity to conduct evaluation of impacts & outcomes for cost/benefit analyses
4. Build a good continuum of care by collaborating to improve effectiveness, thereby driving down costs
5. Focus on messaging to the community; emphasize "what we do well"
6. Address unfunded mandates for agencies – infrastructure, regulations, etc.
7. Encourage a more compassionate society
8. Look into impact of Affordable Care Act coverage – its implementation may result in state and federal subsidies being reduced
9. Work together on Medicaid carve-in on behalf of clients
10. Citizen involvement and engagement is needed to make these changes
11. Pooled funding is needed for multi-system individuals
12. Advocacy/coordination is needed to increase relax legislation to create special half-way houses in the city of Cleveland
13. Incentivize Community Psychiatric Support Team (CPST) workers to see forensic clients in jail
14. Provide reimbursement for family therapy
15. Focus on tracking progress with outcomes to assure effectiveness of programs

## CONSUMER CARE/SERVICE PROVISION

1. Provide AOD assessments upon demand
2. Improve trauma services for MH/AoD consumers to reduce recidivism
3. Ensure that treatment also includes instruction in personal responsibility with Peer Support Organizations like Living Miracles, i.e., ROAR - Respect others & accept responsibility
4. Full restoration of prior level of clinical & treatment services for MH and AOD providers
5. Increase availability of innovative and family and peer support programs for MH/AOD
6. Expand criteria to treat lower level MH consumers (level 2's) with funding
7. Expand daycare/crisis intervention to avoid use of Emergency Rooms
8. Clarification of consumer rights; provide Peer Support and jobs
9. Ensure access to medications and develop a short-term, emergency system to address when coverage is dropped
10. Address MH/AOD as a chronic condition beyond acute episodes, providing a continuum of care into recovery
11. Integration of medical and residential care – the absence of medical care in residential treatment too often leads to ER visits and hospital stays
12. Transportation!
13. More access for Spanish-speaking individuals
14. Improve evidence-based training – dual diagnosis
15. Support integrated healthcare
16. Increase availability of innovative and family and peer support programs for MH/AOD
17. Increase residential housing for SA/MI Program – decrease wait time to intake and wait times to see a doctor & receive meds
18. Focus on socialization & wellness activities – move beyond maintenance
19. Work together on Medicaid carve-in on behalf of clients
20. Operate more dual disorder integrated programs instead of running them parallel
21. Transportation needed for consumers
22. Expand detox to eliminate wait list
23. Increase suboxone program

## CRIMINAL JUSTICE

1. Funding to add a 2<sup>nd</sup> and --even a 3<sup>rd</sup> --felony-level drug court judge
2. Screen arrestees for AOD/MH & follow them into prison/jail with continued treatment.
3. Funds for additional Drug Courts, half-way housing, treatment & medication assistance
4. Better screening upon entry into the criminal justice system; provide crisis stabilization, assessment and detox services
5. Increased funding for mental health & addiction treatment upon release from jail

## **CRIMINAL JUSTICE** *(Continued)*

6. Dedicated staff in prison/jail to start the Medicaid process
7. Increase availability of psychiatric nurses in the jails
8. Provide telemedicine for prisoners prior to release
9. Expansion of specialized dockets; increase housing options for sex offenders
10. Increase funding for county jails for crisis stabilization and assessment; continue CIT training
11. Provide psychiatric services in houses of correction
12. Provide family advocate for sons & daughters in criminal justice system

## **EMPLOYMENT**

1. Improve the of continuum of employment: obtain job, retain, improve compensation/create career paths
2. Provide real employment (not vocational training) as an integral part of recovery process.
3. Expand incentives for employment services for both mental health and AOD

## **HOUSING**

1. Improve environmental housing conditions, location & affordability
2. Re-entry clients need more transitional housing & permanent affordable housing
3. Half-way houses don't have capacity to carry out certain functions; perhaps outsource this to certified agencies with more infrastructure, share services, etc.
4. Programming for sex offenders with housing & employment
5. "Hopewell in the city" - Cleveland
6. Additional funds for housing
7. Maintain and increase housing options & case management
8. More investment in mental health for eldercare & housing needs for this population
9. Increase residential housing for SA/MI Program – decrease wait time to intake and wait times to see a doctor & receive meds
10. Increase sober housing
11. Provide more half-way houses and supportive housing options; conduct more long-term (5-10 years) analysis to guide better decision making
12. Expand Drug Courts, housing & sober housing to the suburbs
13. Expansion of sex offender housing
14. Advocacy/coordination is needed to increase relax legislation to create special half- way houses in the city of Cleveland
15. Develop a moving company for system clients/consumers who need help in moving to a new residence; concept: hire consumers in new venture
16. Provide supportive housing for dual diagnosis, youth, adults and persons with developmental disabilities
17. Provide housing for sex offenders

## **HOUSING** (Continued)

18. Re-evaluate Adult Care Facilities (ACF) contracts; require ACF's to accept transitional youth & AOD clients
19. Fund visiting nurses and medical doctors for Adult Care Facilities
20. Increase rental subsidies and renovations for community-based housing
21. Increase number of AOD residential beds

## **PREVENTION**

1. Prevention services to ensure good mental health for both youth & adults
2. Increase availability of school-based counseling; youth prevention services and availability of children's psychiatric services
3. Invest in early childhood mental health as prevention of more costly interventions later ("0- 3 is the place to be")
4. Full restoration of prior level of clinical & treatment services for providers – MH/AOD
5. Provide training on evidence-based practices for youth prevention agencies to attain better outcomes
6. Increase services for mental health prevention

## **SPECIAL PROGRAMS**

1. More investment in mental health for eldercare & housing needs for this population.
2. Fire starters/Arsonists
3. Address Human Trafficking
4. Screening, identification, education and support for incarcerated victims of Human Trafficking
5. Emphasis needed on treatment for hoarders
6. Leverage other funding sources to assist returning veterans
7. Provide programming for families of returning veterans, which are not served by the VA system
8. Identify new agency to manage Payee Program before the present one closes
9. Provide GBLT programming
10. Provide services for victims of sexual violence
11. Initiate "Seasons of Hope House" on Cleveland's West Side

## **TRAINING**

1. Improve evidence-based training – particularly for dual diagnosis models
2. Expand evidence-based practices in peer support activities
3. Board to serve as organizer for evidence-based best practice training
4. Reduce stigma; more teaching & awareness training needed community-wide
5. Maintain training for police and first responders
6. Increase funds for Mental Health First Aid Training--successful & well received



### **TRAINING** *(Continued)*

7. Expand work force development for provider staff RE Mental Health 101
8. Provide safety training for case managers to enter residences in the community
9. Provide training for case managers on system, benefits and employment
10. Provide agency staff with Motivational Interview Training to assist in motivating and engaging AOD clients
11. Provide training on older adults and hoarding
12. Provide training about bed bug issues
13. Provide secondary CPST and hygiene training for clients and necessity of annual inspection of residences.
14. Education and training on geriatrics for line staff

### **WORK FORCE DEVELOPMENT**

1. Investment in work force development for psychiatric services, nursing, etc.
2. Expanding psychiatry services, with an emphasis on cultural diversity – PAL Program; building pipeline, workforce development, integrated care
3. Supported Independent Living Specialists in anticipation of case management being a non-fundable service
4. Expand and better compensate social work profession for work force development
5. Recruit new workers in the MH/AOD fields
6. Invest in training behavioral health professionals to operate in an integrated care environment
7. Create Incentive Programs for case managers to see clients/consumers in their residences and/or group homes
8. Improve case managers participation with clients when hospitalized
9. Expand work force development for provider staff RE Mental Health 101



## Reserves

The ADAMHS Board of Cuyahoga County has identified an unallocated balance of approximately \$1.5 million as of December 31, 2013. This \$1.5 million represents over 25% of the ADAMHS Board approved Administrative Budget – over 3 months of administrative expenses.

This unallocated balance was derived by taking our December 31, 2013 cash balance and subtracting any accrued costs (costs incurred but not paid) and funding received in advance; and then adding any funds due to the ADAMHS Board.

The \$1.5 million unallocated balance was calculated as follows:

- Present cash balance as of December 31, 2013 of \$11.2 million.
- Less: Accruals of \$5.4 million (costs actually incurred but not paid at the present date – i.e. Service Provider Contracts, VRP3 Match).
- Less: \$5.5 million in funds received in advance (72- Hour Crisis unit and new State Continuum of Care funding).
- Add: \$1.2 million in funds from other sources (federal and state allocations that we spent before receiving the actual funds).
- Result = \$1.5 million unallocated balance.

The purpose of maintaining an unallocated balance is to provide funding for unexpected events, losses of income, and large unbudgeted expenses. It is anticipated that the unallocated balance would be used to solve temporary ADAMHS Board needs, not structural financial problems such as long term or permanent cuts in funding.



### **Calendar Year 2014 New Funding Priorities**

In anticipation of increased funding from the Cuyahoga County Health and Human Services levy, William M. Denihan, CEO, and Executive Staff began the process of developing recommended priorities for CY 2014 new funding, in compliance with the Board's policy for the prioritization of services and resources. Input from all Board staff was provided during an October 23, 2013, All Staff Meeting, and from Board Members, providers, partner agencies and the community during an October 30, 2013 "strategic goal setting" meeting facilitated by the BVU Center for Nonprofit Excellence.

The CEO and Executive Staff compiled the results of these meetings and developed draft priorities that were officially presented to the Board of Directors during the Committee of the Whole Meeting on January 22, 2014.

The CEO has recommended that the following priorities for CY2014 new funding be adopted by the Board during the Committee of the Whole Meeting on February 19, 2014:

#### **Adults**

1. Prevention
2. Housing
3. Crisis
4. Criminal Justice
5. Recovery Support Services, including:
  - a. Employment/Vocational
  - b. Self-Help/Peer Support and Consumer-Operated Services
6. Detoxification/Medication Assisted
7. System Coordination Enhancement
8. Training
9. Capital Operations

#### **Children**

1. Prevention
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The Health & Human Services Levy passed in November 2013 and the Cuyahoga County Council officially voted on December 10, 2013 for an increase of \$5 million to the ADAMHS Board in 2014 and \$5 million in 2015. The County Executive has indicated this funding as a reserve and stipulated that this additional funding to the ADAMHS Board (and additional funding to MetroHealth) "is contingent on the provision of written report including a budget narrative to the County by February 15, 2014" which the CEO has fulfilled.

Recommendations for 2014 New Funding: Phase 1, were based on the above priorities. *It will be made clear to providers receiving this new funding that it is a one-time allocation and is not guaranteed in future years.*

	PROGRAM AREA	AGENCY	TOTAL 2014 CONTRACT
	<b>AOD SERVICES</b>		
	TOTAL AOD DETOX		\$ 2,322,000
	TOTAL AOD OUTPATIENT TREATMENT		4,755,383
	TOTAL AOD PREVENTION		2,050,996
	TOTAL AOD RESIDENTIAL TREATMENT / HOUSING		3,375,427
	TOTAL DRUG COURT SUSTAINABILITY		566,746
	<b>TOTAL AOD SERVICES</b>		<b>13,070,553</b>
	<b>MH SERVICES</b>		
	TOTAL EARLY CHILDHOOD MENTAL HEALTH (ECMH)		\$ 1,044,054
	TOTAL OTHER MH PROGRAMS		\$ 956,489
	TOTAL MH COORDINATION/EVALUATION SERVICES		\$ 160,229
	TOTAL EMPLOYMENT SERVICES		\$ 1,915,133
	TOTAL ADULT AND FAMILY CARE SERVICES		\$ 524,695
	TOTAL SCHOOL BASED SERVICES		\$ 539,498
	TOTAL MH JUSTICE RELATED SERVICES		\$ 778,821
	TOTAL CRISIS CARE/INTERVENTION		\$ 5,278,958
	TOTAL PEER SUPPORT		\$ 1,260,751
	TOTAL PSYCHIATRIC SERVICES		\$ 2,530,445
	TOTAL MH RESIDENTIAL TREATMENT		\$ 2,031,456
	TOTAL MH HOUSING		\$ 6,457,743
	TOTAL MH TREATMENT		\$ 9,953,151
	<b>TOTAL MH SERVICES</b>		<b>\$ 33,431,423</b>
	<b>GRAND TOTALS</b>		<b>\$ 46,501,976</b>

<b>AOD SERVICES</b>			
AoD Detox	Salvation Army	\$	800,000
AoD Detox	St. Vincent Charity	\$	872,000
AoD Detox	Stella Maris	\$	650,000
<b>TOTAL AOD DETOX</b>		<b>\$</b>	<b>2,322,000</b>
AoD Adolescent Out Patient Treatment	Bellefaire JCB	\$	28,701
AoD Out Patient Treatment	Catholic Charities	\$	355,000
AoD Out Patient Treatment	CATS	\$	185,690
AoD Out Patient Treatment	Cleveland Department of Health	\$	215,970
AoD Out Patient Treatment	Community Action Against Addiction (CAAA)	\$	1,200,000
AoD Out Patient Treatment	Connections	\$	87,022
AoD Out Patient Treatment	Court of Common Pleas	\$	168,104
AoD Out Patient Treatment	Free Clinic	\$	364,460
AoD Out Patient Treatment	FrontLine	\$	25,000
AoD Out Patient Treatment	Hispanic UMADAOP	\$	241,152
AoD Out Patient Treatment	Murtis H. Taylor	\$	24,064
AoD Out Patient Treatment	New Directions	\$	144,108
AoD Adolescents Pharmacological Management	New Directions	\$	46,800
Boys and Girls Empowerment (BaGE - youth treatment)	New Directions	\$	142,800
AoD Out Patient Treatment	Northern Ohio Recovery Assoc.	\$	60,000
AoD Out Patient Treatment	Ohio Guidestone	\$	5,183
AoD Out Patient Treatment	ORCA	\$	143,367
AoD Out Patient Treatment	Recovery Resources	\$	389,361
AoD Out Patient Treatment	Salvation Army	\$	153,787
AoD Out Patient Treatment	St. Vincent Charity	\$	353,274
AoD Suboxone (Rosary Hall)	St. Vincent Charity	\$	150,000
AoD Out Patient Treatment	Stella Maris	\$	179,775
AoD Out Patient Treatment	Women's Recovery Center	\$	91,765
<b>TOTAL AOD OUTPATIENT TREATMENT</b>		<b>\$</b>	<b>4,755,383</b>
AOD Prevention	Asian Services in Action, Inc.	\$	55,984
AoD Prevention	Bellefaire JCB	\$	47,146
AoD Prevention	Catholic Charities	\$	298,196
AoD Prevention	Center for Families & Children	\$	515,000
AoD Prevention	Cleveland Department of Health	\$	50,000
AoD Prevention	East Cleveland Neighborhood Ctr	\$	125,858
AoD Prevention	Golden Ciphers	\$	60,000
AoD Prevention	Hispanic UMADAOP	\$	86,520
AoD Prevention	Lutheran Metro Ministries	\$	92,000
AoD Prevention	Recovery Resources	\$	370,000
AoD Prevention	Shaker Heights Youth Center	\$	199,470
AoD Prevention (Information & Referral)	United Way Services	\$	75,000
AoD Prevention	University Settlement House	\$	75,822
<b>TOTAL AOD PREVENTION</b>		<b>\$</b>	<b>2,050,996</b>

AoD Residential Treatment	Catholic Charities	\$	664,079
AoD Room & Board (Matt Talbott & Parmadale)	Catholic Charities	\$	136,667
AoD Residential Treatment	CATS	\$	104,581
AoD Modified Therapeutic Community	CATS	\$	75,000
AoD Room and Board	Hispanic UMADAOP	\$	185,000
AoD Residential Treatment	Hitchcock	\$	1,217,586
AoD Seasons of Hope	Hitchcock	\$	180,000
AoD Residential Treatment	New Directions	\$	300,000
AoD Residential Treatment	ORCA	\$	497,514
AOD 3/4 Way Services for Recovering Women	Scarborough House	\$	15,000
<b>TOTAL AOD RESIDENTIAL TREATMENT / HOUSING</b>		<b>\$</b>	<b>3,375,427</b>
Drug Court Sustainability	CATS	\$	332,134
Drug Court Sustainability	Court of Common Pleas	\$	234,612
<b>TOTAL DRUG COURT SUSTAINABILITY</b>		<b>\$</b>	<b>566,746</b>
<b>GRAND TOTAL AOD SERVICES</b>		<b>\$</b>	<b>13,070,553</b>
<b>MH SERVICES</b>			
ECMH	Achievement Centers	\$	370,000
ECMH	Applewood Centers, Inc	\$	74,031
ECMH	Beechbrook	\$	125,000
ECMH	Ohio Guidestone	\$	125,023
ECMH	Positive Education Program (PEP)	\$	290,000
ECMH	Pool of Funds	\$	60,000
<b>TOTAL ECMH</b>		<b>\$</b>	<b>1,044,054</b>
MH Representative Payee	Consumer Protection Agency	\$	233,260
Cognitive Enhancement Therapy	Beechbrook	\$	86,000
MH Connections Program System Integration	Positive Education Program (PEP)	\$	637,229
<b>TOTAL OTHER MH PROGRAMS</b>		<b>\$</b>	<b>956,489</b>
Refugee Mental Health Assessment	Asian Services in Action	\$	35,000
S.C.A.L.E. (System Coordination)	Connections	\$	125,229
<b>TOTAL MH COORDINATION/EVALUATION SERVICES</b>		<b>\$</b>	<b>160,229</b>
Employment (formerly VRP3)	Catholic Charities	\$	260,000
Employment	Cuyahoga Employment Partnership	\$	20,000
MH Employment	Jewish Family Services	\$	144,045
MH Employment	Jewish Family Services	\$	80,000
MH Employment Clubhouse Model	Magnolia Clubhouse	\$	536,054
MH Employment	Recovery Resources	\$	875,034
<b>TOTAL EMPLOYMENT SERVICES</b>		<b>\$</b>	<b>1,915,133</b>
Domestic Violence Hotline	Bellflower	\$	10,000
Hoarding Training	Eldercare	\$	21,500
MH Family Care Giver	Far West Center	\$	19,670
MH Family Care Givers	NAMI	\$	143,304
MH Adult Care Homes (SACH) 1/14 - 3/14	Lutheran Metro Ministries	\$	27,653
MH Adult Care Homes (SACH) 4/14 - 12/14 Forensic	Lutheran Metro Ministries	\$	80,000
MH Adult Guardianship	Lutheran Metro Ministries	\$	212,568
MH Prevention	United Way	\$	10,000

	<b>TOTAL ADULT AND FAMILY CARE SERVICES</b>		<b>\$ 524,695</b>
MH In Schools	Applewood Centers, Inc	\$	89,362
MH In Schools	Beechbrook	\$	150,000
MH In Schools	Bellefaire JCB	\$	98,908
MH In Schools	Catholic Charities	\$	27,201
MH In Schools	Cleveland Christian Home	\$	15,000
MH In Schools	Murtis H. Taylor	\$	70,965
MH In Schools	Ohio Guidestone	\$	88,062
	<b>TOTAL SCHOOL BASED SERVICES</b>	<b>\$</b>	<b>539,498</b>
MH Jail Liaison	Connections	\$	62,712
MH Jail Liaison	FrontLine Services	\$	52,000
MH Jail Liaison	Murtis H. Taylor	\$	51,000
MH Jail Liaison	Recovery Resources	\$	44,072
MH Jail Liaison Suburban	Recovery Resources	\$	50,000
MH Suburban Jail Liaison	Murtis H. Taylor	\$	50,000
MH Community Based Correction Facility	Recovery Resources	\$	69,750
MH Prison Outreach	Murtis H. Taylor	\$	139,287
MH Juvenile Detention	Catholic Charities	\$	260,000
	<b>TOTAL MH JUSTICE RELATED SERVICES</b>	<b>\$</b>	<b>778,821</b>
Crisis Care Residential Treatment	Bellefaire JCB	\$	269,251
MH Mobile Crisis Chat Line	FrontLine Services	\$	82,668
MH Mobile Crisis Community Shelters	FrontLine Services	\$	145,074
MH Mobile Crisis Grant	FrontLine Services	\$	2,273,937
MH Mobile Crisis Text	FrontLine Services	\$	79,000
MH Traumatic Loss response	FrontLine Services	\$	100,000
MH 23 Hour Observation Bed	St. Vincent Charity	\$	1,243,773
MH Strickland Crisis Stabilization	FrontLine Services	\$	1,085,255
MH Crisis Bed (2)	Catholic Charities	\$	-
	<b>TOTAL CRISIS CARE/INTERVENTION</b>	<b>\$</b>	<b>5,278,958</b>
MH Urban Goodness (Peer Support)	Connections	\$	75,000
MH Consumer Operated Services	Future Directions	\$	188,761
MH Self Help Programs	Links Cleveland	\$	6,796
MH Peer Support	Connections	\$	107,198
MH Peer Support North Ridge Commons	Connections	\$	110,000
MH Peer Support	Far West Center	\$	26,330
MH Peer Support Compeer	Far West Center	\$	33,462
MH Peer Support	Life Exchange Center	\$	251,170
MH Peer Empowerment	Living Miracles	\$	240,263
MH Tanaka House	Murtis H. Taylor	\$	86,352
MH Peer Support	Recovery Resources	\$	135,419
	<b>TOTAL PEER SUPPORT</b>	<b>\$</b>	<b>1,260,751</b>
Psychiatric Services	Applewood Centers, Inc	\$	-
MH Psychiatric ER	St. Vincent Charity	\$	1,312,773
MH Psychiatrist (PAL Program)	University Hospital PAL Program	\$	785,463
MH Psychiatric Bridge Program	Visiting Nurses Association	\$	235,992
MH Psychiatric Bridge Program Hot Spot	Visiting Nurses Association	\$	196,217
	<b>TOTAL PSYCHIATRIC SERVICES</b>	<b>\$</b>	<b>2,530,445</b>
MH Residential Care	Jewish Family Services	\$	117,522
MH Residential Treatment	Murtis H. Taylor	\$	1,913,934
	<b>TOTAL MH RESIDENTIAL TREATMENT</b>	<b>\$</b>	<b>2,031,456</b>
Residential	EDEN	\$	2,457,471

MH Housing First	FrontLine Services	\$	100,000
Residential Treatment (Flores Home)	FrontLine Services	\$	480,577
MH Respite Care	Northcoast Behavioral Health	\$	425,000
MH Subsidized Housing	Northcoast Behavioral Health	\$	2,075,000
MH Children's WRAP	Positive Education Program (PEP)	\$	519,696
MH Community Residence (Spectrum Subsidized Housing)	Recovery Resources	\$	400,000
<b>MH Housing</b>		<b>\$</b>	<b>6,457,743</b>
MH Treatment	Applewood Centers, Inc	\$	70,000
ACT (Adolescent mental health treatment)	Beechbrook	\$	226,409
MH Treatment	CATS	\$	37,000
MH Treatment	CAAA	\$	50,000
MH Treatment	Center for Families & Children	\$	1,788,335
MH Treatment	Connections	\$	2,750,000
MH Treatment	Eldercare	\$	340,000
MH Treatment	Epilepsy	\$	68,076
MH Treatment	Far West Center	\$	421,172
MH Treatment	FrontLine Services	\$	622,504
MH Treatment	Jewish Family Services	\$	195,192
MH Treatment	May Dugan	\$	75,000
MH Treatment	New Directions	\$	25,000
MH Treatment	Murtis H. Taylor	\$	1,902,261
MH Outpatient Treatment	Northcoast Behavioral Health	\$	80,000
MH Treatment	Ohio Guidestone	\$	86,831
MH Child Outpatient Treatment	Positive Education Program (PEP)	\$	244,782
MH Treatment	Recovery Resources	\$	970,589
<b>TOTAL MH TREATMENT</b>			<b>\$9,953,151</b>
<b>GRAND TOTAL MH RELATED SERVICES</b>		<b>\$</b>	<b>33,431,423</b>