### Recovery Resources

### **CY2021 PROVIDER FUNDING RECOMMENDATIONS**

Agency/Program		2020 CONTRACT AMOUNT		2021 CONTRACT ECOMMENDATIONS	PRIORITY
Recovery Resources					
SUD Prevention	\$	333,000	\$	333,000	Prevention
MH Housing	\$	483,767	\$	483,767	Housing
MH Employment	\$	700,000	\$	897,933	Employment
MH Peer Support	\$	222,000	\$	222,000	Peer Support
MH Community Based Correction Facility	<b>\$</b>	-	\$		
Jail Liaison Program	\$	75,000	\$	75,000	
MH Jail Liaison Suburban	\$	48,000	\$	48,000	
MH/SUD Prevention for Transitional Aged Adults	\$	60,000	\$	60,000	Prevention
Total	\$	1,921,767	\$	2,119,700	
Pooled Funding:					
Non-Medicaid Treatment	\$	-	\$	-	

### **Recovery Resources**

Recovery Resources is a comprehensive Outpatient Behavioral Health Organization which provides services to children, adolescents and adults using evidence-based practice and client centered strategies. ADAMHS Board funding supports:

### **SUD Prevention:**

This service provides SUD prevention services throughout the lifespan to prevent substance use/abuse and illicit drug use. The agency serves individuals through a comprehensive blend of educational and alternative prevention programs.

### First Six Months of 2020:

- Served 487 clients.
- 267 DESSA pre-tests received.
- Expanded partnerships to include Parma and Bay Village City School Districts through the K-12 Prevention initiative
- Due to the emergence and continuation of the COVID-19 Pandemic that gained increased notoriety in mid-March 2020, many, if not all agency programs and services began providing the majority of services through some method of tele-health/tele-medicine or limited face to face services.

### CY 2019:

- Anticipated serving 480 individuals, served 1,041.
- 671 individuals have successfully completed this service; 350 are currently receiving services.
- Average caseload is 260 individuals.

### **Goals Met:**

- Over 92 of the goals for milestone completion were met for the prevention education programs.
- Exceeded the anticipated number of consumers served.
- Achieved 106% overall program enrollment.
- Achieved an 82% engagement rate for Devereux Student Strengths Assessment (DESSA) pre/post data completion.
- The agency anticipates meeting all the program goals.

### **Metrics used to Measure Success:**

- The success of youth services is measured using a pre-post survey for each of the prevention education curriculum provided, and the DESSA for students in gradesK-8.
- The success of adult services is measured using a pre-post survey for each of the prevention education curriculum provided, and the Devereux Adult Resilience Survey (DARS).

### **Program Success:**

- 91% of students who completed programs identified the harmful effects of substance use.
- According to DESSA data, there was a 28% increase (96 to 123) of students in the "strength" category. There was a 42% decrease (114 to 66) of students in the "need" category.

- 87% of adults who completed programs identified the harmful effects of substance use.
- 56% of adults who completed programs demonstrated an increase in social- emotional competency.

### **Average Cost Per Client:**

• \$186.26 per client.

### **Additional Information:**

- We are proud of our efforts to expand our services this year and are excited to report we are currently providing services in 17 schools across Cuyahoga County.
- In our popular HALO and Life Skills programs, we have been able to address risk and protective
  factors for substance abuse and other health behaviors by providing children preK-12th grade
  with information on healthy choices and social emotional learning through developmentally
  appropriate, and fun, hands-on activities. Many of the schools where we provide services have
  requested additional programming for multiple grade levels.
- Due to the nature of prevention, we do not collect individual data related to our consumers (question 1d). Thus, we are unable to provide information on their interaction with other service providers (question 1f).

### **Mental Health Supportive Housing:**

Recovery Resources' Supportive Housing program provides rental assistance, supportive services, and treatment services to clients who have a mental health and/or substance disorder diagnosis along with an established period of sobriety (6 months for single/shared housing). Intervention and services defined in this program are designed to emphasize a self-sufficiency and relapse prevention approach. Recovery Resources has 47 housing units available for rent on a sliding fee scale for clients who meet the eligibility criteria. Peer Support staff who interact with residents in Recovery Resources single/shared housing reach out to residents regularly to help assess needs they may have, such as accessing supplies/resources to help facilitate their ability to function well in the community.

### First Six Months of 2020:

- Served 50 clients.
- Completed 5 new admissions.
- 2 clients transitioned to independent housing because of self-sufficiency.
- The average occupancy rate was 95.4%.
- COVID-19 Response: Recovery Resources continued to provide services to current residents and accept new residents throughout the pandemic. Safety protocols were put in place. Resident peer services moved to a telehealth platform. Resident education around COVID-19 and best practices was implemented.

### CY2019:

- Served 53 clients.
- Completed 7 new admissions.
- 8 clients transitioned to independent housing because of self-sufficiency.

The average occupancy rate was 97.8%

### **Goals Met:**

- Goal: 90% of the overall residents receiving services will maintain occupancy. Outcome: 77.7% of overall residents received services and maintained occupancy.
- Goal: 25% of the overall residents will move into independent housing as a result of selfsufficiency. Outcome: 11.1% of the overall residents have moved into independent housing as of result of self-sufficiency

### **Metrics used to Measure Success:**

- Percentage of residents who maintain residency or achieve self-sufficiency.
- Percentage of unemployed residents who acquired employment.
- Percentage of residents who obtained or maintained SSI, SSDI or VA benefits.

### **Program Success:**

- Percent of residents who maintained residency: 77.7%
- Percent of residents who achieved self-sufficiency: 11.1%
- Percent of unemployed residents who acquired employment: 13.8%
- Percent of residents who obtained or maintained SSI, SSDI, or VA benefits: 70.2%

### **Average Cost Per Client:**

\$2,724.06 per client.

### **Additional Information:**

- Agency's housing has maintained a high occupancy rate between 95 96% with an average turnaround time of 5-7 days after a move out.
- Peer support staff meet with residents to conduct relapse prevention plans in sober housing and meet as needed to discuss concerns or issues.
- Residents are linked as needed with vouchers for birth certificates, state identifications and/or driver licenses. The agency is a member of the ID Crisis Collaborative of Cuyahoga County.
- Peer Support staff transport residents as needed to and from medical appointments, provide linkage to community resources such as food, identifications, furniture, mental health, physical health and recovery related programming.

### **Mental Health Employment:**

Provides two employment programs: Employment Alliance (EA) and Recovery Works (RW), which are transitional employment and systematic job development and retention services.

### First Six Months of 2020:

- 161 referrals received.
- 129 new clients.
- 53 clients employed.

- Total served 229 (unduplicated).
- Total served 302 (duplicated).

### CY2019:

- 343 referrals received.
- 299 new clients.
- 148 clients employed.
- Total served 278 (unduplicated).
- Total served 492 (duplicated).

### **Goals Met:**

- Employment Alliance (EA) Program:
  - o Goal to serve 520 clients annually was 50% achieved
  - o Goal to have 175 clients placed in competitive employment annually was 42% achieved
  - Goal to have 65% to 70% of clients retain a position for a minimum of 90 days was 91% achieved
  - o 74% of clients achieved Work Incentive Plans
  - 88% of clients received ongoing peer support
  - o The following goals were 100% achieved:
    - Average length of time from referral to assignment was 5 business days.
    - Average time from intake to placement was 10 weeks.
    - Average wage was \$9.75/per hour.
    - Average hours worked per week was 28 hours.
    - Program is on track to meet its 2019 goals.
- Recovery Works (RW):
  - o 130 clients were served (30% of the goal)
  - 65 clients graduated to competitive employment (100% of the goal)
  - Goals were met for average referral times and graduation rates
  - 80% Work Incentive Plan goal achieved
  - o 50% of clients served received peer support
  - Recovery Works program will not meet its goal number of individuals served due to the change in programming from a supportive model to a transitional model in January 2019. Two vocational businesses were discontinued to encourage a move toward permanent, non-seasonal work, which reduced the number of available slots in the program.
  - Percentage of Funding
  - Placements: 88% Retention: 100% Average Wage: 100% Average Number of Hours:
     100%

### **Metrics used to Measure Success:**

• **Employment Alliance:** Number served, number of placements, retention rate, time from referral to assignment, time from intake to placement, average hourly wage, average number of

hours per week, number of Work Incentive Plans completed, and number of clients receiving ongoing peer support.

• **Recovery Works**: number served, placements, time from referral to assignment, time from intake to graduation, number of Work Incentive Plans completed, number of clients receiving ongoing peer support.

### **Program Success:**

- Employment Alliance:
  - o 260 clients served.
  - o 74 placements made.
  - o 91 % retention rate achieved.
  - 5 business days from referral to intake.
  - o 10 weeks from intake to placement.
  - o Average hourly wage of \$9.75.
  - o Average hours worked per week is 28 hours.
  - Workplace Incentive Plans completed for 74% of clients.
  - 88% of individuals are receiving ongoing peer support.
- Recovery Works:
  - 492 individuals served.
  - o 148 placements.
  - o 66% retention rate.
  - o 9 weeks was average time from intake to placement.
  - o Average wage was \$11.13/hour.
  - Average hours worked per week were 28.

### **Average Cost Per Client:**

• \$1,350.67 per client

### **Additional Information:**

- 50% of program participants have significant criminal justice involvement.
- 32% of program participants have been diagnosed with Schizophrenia, 30% with Major Depressive Disorder, 20% with Bipolar Disorder, 10% with SUD and 8% with other mental health disorders.
- All services are individualized and based on a person's interests, abilities and goals.
- Clients are encouraged to envision a future beyond entry level jobs and grow into their full potential as workers and successful members of the community.
- The agency has developed strong working relationships with local employers, and positions obtained by program participants include Home Health Aid, Videographer, Library Page, Cook, Concierge, Social Worker and Peer Supporter.
- The Employment Alliance has provided services to individuals with mental illness and addiction for over 20 years. The program has two certified Work Incentives Practitioners on its team as well as a Certified Peer Supporter. The team has an average of 11 years of experience in this field. All services are individualized, and service plans are developed based on clients' goals and

strengths. Staff believe that there is a job for every person who expresses the desire to work and are committed to assisting clients achieve their goals.

- Peer Support positions offer opportunities for meaningful and competitive employment that support the on-going recovery.
- Peers interact daily with clients throughout the agency, including clinical, integrated healthcare, recovery housing and employment programs.
- Peers serve as role models to clients who are transitioning through the stages of recovery.
- Peer support is an essential element of a recovery-oriented systems of care (ROSC).
- Research shows that peer support reduces hospitalizations, increases participation in treatment and helps sustain recovery.

### **County Jail Liaison Program:**

Identifies incarcerated individuals who are mentally ill as soon as possible and engages them in mental health treatment and community support services to reduce jail time and promote successful community reintegration. Cuyahoga County Court of Common Pleas works with agencies to provide diagnostic assessments, coordination, and linkage for individuals in the County Jail living with mental illness and/or who are dually diagnosed, as well as communicate regularly with Judges overseeing the Mental Health and Developmental Disabilities (MHDD) Court Docket.

### First Six Months of 2020:

- 73 clients served.
- 27 referrals were received, and all received assessments.
- The jail liaison had 237 face-to-face contacts with clients and 1,443 collateral contacts.
- 24 MHDD Docket Reintegration Plans were completed.
- 14 MHDD Court sessions have been attended, discussing 33 clients.
- 39 clients have been released from the Cuyahoga County Jail in 2020:
  - o 7 clients were linked with housing.
  - o 35 clients received CPST services.
  - 40 clients received Psychiatric Services.
- 15 clients were referred to substance use treatment.

### CY2019:

- 151 clients served.
- 96 referrals were received, and 75 received assessments.
- The jail liaison had 380 face-to-face contacts with clients and 2,302 collateral contacts.
- 66 MHDD Docket Reintegration Plans were completed.
- 51 MHDD Court sessions were attended, discussing 123 clients.
- 187 clients have been released from the Cuyahoga County Jail in 2019:
  - 2 clients were linked with housing.
  - o 125 clients received CPST services.
  - 99 clients received Psychiatric Services.
  - o 26 clients were referred to substance use treatment.

### **Program Success:**

• All clients received face-to-face assessments and had at least two face-to-face contacts from the jail liaison.

### Additional Information:

- Jail staff is not always available to accompany the inmate for assessments/visits. Jail staff is looking into use of teleconference.
- Inmates are released without proper paperwork.
- Due to Covid-19, jail liaisons were not permitted to enter the Cuyahoga County Jail.
   Programming was affected while the role of the liaisons focused heavily on releasing clients and reintegration planning during the onset of the pandemic. All essential elements of the jail liaison program intakes, assessments, linkage, advocacy for and clients continued thereafter and remained via video visitation with clients and regular communication with the Courts.

### MH Jail Liaison Suburban:

Identifies individuals who are mentally ill as soon as possible and engage them in mental health treatment and community support services to reduce jail time and promote successful community reintegration.

### First Six Months of 2020:

- 32 clients served.
- 77 total interactions with clients.
- 32 reports completed for courts.
- 7 referrals made to services.
- 16 linkages to services.
- 69 follow-up contacts performed.

### CY2019:

- 138 clients served.
- 398 total interactions with clients.
- 138 reports completed for courts.
- 52 referrals made to services.
- 59 linkages to services.
- 279 follow-up contacts performed.

### **Goals Met:**

- Met goal to screen 100% of clients referred.
- Exceeded goal to link 95% of clients to community services (100% linked).
- Program is on track to meet 2019 goals.

### Metrics used to Measure Success:

Total interactions.

- Number of reports.
- Number of referrals.
- Number of linkages.
- Number of follow ups.

### **Program Success:**

- 271 total interactions.
- 78 reports.
- 42 referrals.
- 40 linkages.
- 171 follow-ups.

### **Average Cost Per Client:**

\$394.37 per client.

### **Additional Information:**

 This position was transitioned from an unlicensed staff to a licensed staff person who began in February 2019. This has resulted in more clinically focused screenings and diagnostic assessments and allows for faster linkage to community treatment services.

### MH/SUD Prevention for Transitional Aged Adults:

This prevention programming for transitional aged adults addresses risk behaviors of college-aged students, provides information about mental health and substance use and uses Mental Health First Aid and InShape Prevention Plus Wellness curricula.

### First Six Months of 2020:

- Served 487 clients.
- 267 DESSA Pre-tests received.
- Facilitated Campus Coalition meetings.
- Provided resources to campus staff for students.
- Serving 8 college campuses.

### CY2019:

- Anticipated serving 1,170 clients, served 1,300.
- Served 8 college campuses, which include 22 coalition members.
- 80 clients completed ADAMHS funded program.
- Casey's Kids peer-led group hosted its first Youth Summit with over 80 young people in attendance.
- Provided services to 17 schools across Cuyahoga County.
- 668 DESSA pre-tests received.
- 65% completed a pre- and post-tests.

### **Goals Met:**

- The goals for this project align with the Campus Mental Health Coalition (CMHC), the Prevention Education Programs Mental Health First AID (MHFA) and the InShape PPW.
- All the goals in relation to the CMHC were met, including a 45% (from 10 to 22) increase in participation from the college campuses. Enrollment in the prevention education programs were low due to the initial start-up of the program.
- Of those who completed the MHFA program, 99% demonstrated an increased knowledge on mental illness and strategies to assist someone with a mental health issue.

### **Metrics used to Measure Success:**

- The project-specific evaluation tool for InShape PPW is the Fitness & Health Survey. This 7-item Fitness & Health Survey is designed to help examine what InShape participants are thinking and doing about their fitness, alcohol and drug use, and other health habits after the program has been implemented.
- The project-specific evaluation tool for MHFA is pre- and post-surveys with a Likert scale to
  evaluate the degree to which program participants have gained knowledge on mental health
  and substance use issues.

### **Program Success:**

- Of the 80 participants who received Mental Health First Aid training, 79 participants completed the pre/post surveys (99% of surveys completed).
- A majority demonstrated an increased knowledge of mental illness and strategies to assist someone with a mental health issue..

### **Average Cost Per Client:**

• \$149.15 per client.

### **Additional Information:**

- Due to the emergence and continuation of the COVID-19 many, if not all, agency programs and services have been provided through some method of tele-health/tele-medicine or limited face to face services.
- During this reporting period the Campus Mental Health Coalition was established and started
  active recruitment to increase participation among the various campuses. Prevention staff and
  coalition members worked together to establish a regular meeting schedule and to identify the
  mental health and substance use needs that are most prevalent on their campuses and in the
  surrounding communities.
- Through the coalition, prevention staff were able to assist members with planning and
  implementing campus-wide presentations and information dissemination events on various
  mental health and substance use topics. Several of the campuses implemented social marketing
  strategies to address stigma related to mental health and established committees on their
  campuses to review polices that impact mental health and substance use on their campus.

### **Treatment Services Mental Health and SUD Services (Pooled Funding):**

Recovery Resources offers a variety of mental health treatment programs for individuals with chronic mental illness.

### First Six Months of 2020:

85 clients served.

### CY2019:

• 140 clients served.

### **Goals Met:**

- Data reflects percentages of all clients served regardless of funder:
  - o 78% engagement rate.
  - Unable to report discharge rates due to a transition to a new EHR, reports pending.
  - o 69% of CPST services have been delivered in the community.
  - Decrease in initial psychiatric assessments.
  - 438 clients received pharmacological IPA.
  - 1,380 clients engaged and received BHC.
  - o 62 BHC discharges.

### Metrics used to Measure Success:

- # of clients who are engaged and retained in addiction treatment.
- # of uninsured individuals who receive addiction treatment services.
- # of clients who successfully discharge from addiction treatment services.
- CPST: 70% of Adult CPST is delivered in the community.
- Pharmacological: Increase the number of clients who receive an IPA each reporting period by a statistically significant percentage.
- Number of clients who are engaged and retained in BHC.
- # of uninsured individuals who receive BHC services.
- # of clients who successfully discharge from BHC services.

### **Program Success:**

- 1,907 clients were engaged and retained in addiction treatment.
- 91 uninsured individuals received addiction treatment services.
- 657 clients successfully discharged from addiction treatment services.
- 69% of 70% goal was met for Adult CPST services delivered in the community.
- 438 clients received pharmacological IPA each reporting period.
- 1,380 clients were engaged and retained in BHC.
- 91 uninsured individuals received BHC services.
- 62 clients were successfully discharged from BHC services.

### Additional Information:

- With diligent efforts and investments in a dedicated financial counselor, Recovery Resources has significantly increased the number of individuals receiving care with insurance.
- Due to the emergence and continuation of the COVID-19 many, if not all, agency programs and services were provided through some method of tele-health/tele-medicine or limited face to face services.

### **Recovery Housing:**

Monarch House is a Level II Sober Living Home for women in recovery from a Substance Use Disorder (SUD). A key focus of the program is to help residents strengthen sober supports and other areas of life to put themselves in the best position to thrive upon their eventual transition back into the community. In addition to maintaining continued abstinence while in the Monarch House, residents are expected to attend at least 3 AA/NA/CA meetings per week, and adhere to the resident/agency agreement (such as following curfew, no overnight guests, completing house chores). There are 9 beds in the facility and each resident has their own room. Residents must follow through with Relapse Prevention Plans. Seeking alternative housing is coordinated by Recovery Resources staff for all Monarch Residents. The house features 1st and 2nd shift female peer support staff. Residents in a Suboxone, Methadone or Vivitrol maintenance programs are also eligible.

### First 6 months of 2020:

Served 9 clients.

### CY2019:

Served 19 clients.

### **Goals Met:**

Not Reported

### **Metrics Used to Measure Success**

Not Reported

### **Program Success:**

Not Reported

### **Average Cost Per Client**

Not Reported

### **Additional Information:**

- Peer support staff meet with residents to conduct relapse prevention plans in sober housing and meet as needed to discuss concerns or issues.
- Residents are linked as needed with vouchers for birth certificates, state identifications and/or driver licenses. The agency is a member of the ID Crisis Collaborative of Cuyahoga County.

• Peer Support staff transports residents as needed to and from medical appointments, provides linkage to community resources such as food, identification, furniture, mental health, physical health and recovery related programming.

Provider: **Recovery Resources** 2020 First Outcome Count: 2019 First Outcome Count: 121 42 Instrument: **Brief Addiction Monitor** 2019 Final Outcome Count: 13 2020 Final Outcome Count: 9 **Substance Use Disorder Treatment** 2019 % of Final: 2020 % of Final: Program: 10.74% 21.43%

The Brief Addiction Monitor (BAM) is a measurement instrument originally designed for the Veterans Administration to provide an assessment of substance use disorder among adults (18+ years). The instrument is used to monitor progress and help guide treatment.

When the data contains both an initial (first) and follow-up (final) instrument administration, a paired t-test was used for comparing individual scores at those two different points in time. It is the most powerful test for showing changes in individuals. The green highlighted rows suggest that changes from the First Assessment to the Final Assessment did not happen by chance and that the change can be attributed to the program intervention.

			First	Final		
	Evaluation		Outcome	Outcome	Average	
Population	Year	SubScale	Average	Average	Difference	Significance
Adults (18+ years)	2019	Drug_Use	2.23	0.46	-1.77	Not Significant
Adults (18+ years)	2019	Protective	12.54	14.77	2.23	Not Significant
Adults (18+ years)	2019	Risk	9.67	7.25	-2.42	Not Significant
Adults (18+ years)	2020	Drug_Use	0.44	0.56	0.11	Not Significant
Adults (18+ years)	2020	Protective	12.89	15.33	2.44	Not Significant
Adults (18+ years)	2020	Risk	6.67	6	-0.67	Not Significant

Provider:	<b>Recovery Resources</b>	2019 First Outcome Count:	66	2020 First Outcome Count:	0
Instrument:	DARS	2019 Final Outcome Count:	66	2020 Final Outcome Count:	0
Program:	<b>Adult Prevention</b>	2019 % of Final:	100%	2020 % of Final:	0

The Devereux Adult Resilience Scale (DARS) is a measurement instrument designed by the Devereux Advanced Behavioral Health organization for adults (18+ years). The instrument is utilized to identify an individual's personal strengths in four domains.

Providers currently report aggregated data for programs utilizing the DARS instrument. Results reflect the percentage of individuals for whom there was an increased score from the initial (first) and follow-up (final) instrument administration.

	Evaluation		% Who	
Population	Year	SubScale	Improved	
Adults (18+ years)	2019	Initiative	55%	
Adults (18+ years)	2019	Internal Beliefs	18%	
Adults (18+ years)	2019	Overall	42%	
Adults (18+ years)	2019	Relationships	33%	
Adults (18+ years)	2019	Self Control	27%	
Adults (18+ years)	2020	Initiative		
Adults (18+ years)	2020	Internal Beliefs		
Adults (18+ years)	2020	Overall		
Adults (18+ years)	2020	Relationships		
Adults (18+ years)	2020	Self Control		

Provider:	Recovery Resources	2019 First Outcome Count:	495	2020 First Outcome Count:	499
Instrument:	DESSA MINI	2019 Final Outcome Count:	397	2020 Final Outcome Count:	2
Program:	<b>Youth Prevention</b>	2019 % of Final:	80.20%	2020 % of Final:	0.40%

The Devereux Student Strength Assessment (DESSA) is an abbreviated assessment designed by the Devereux Advanced Behavioral Health organization for school age children. This instrument is used as a screening tool to identify children who are in need for additional social or emotional education. There are measurement instruments specific for children in Grades K - 8 and for children in Grades 9 - 12.

When the data contains both an initial (first) and follow-up (final) instrument administration, a paired t-test was used for comparing individual scores at those two different points in time. It is the most powerful test for showing changes in individuals. The green highlighted rows suggest that changes from the First Assessment to the Final Assessment did not happen by chance and that the change can be attributed to the program intervention.

			First	Final		
	Evaluation		Outcome	Outcome	Average	
Population	Year	SubScale	Average	Average	Difference	Significance
Grades K - 8	2019	No Scale	49.03	51.86	2.83	Significant at p<.05
Grades 9 - 12	2019	No Scale				
Grades K - 8	2020	No Scale	44.5	50.5	6	Not Significant
Grades 9 - 12	2020	No Scale				

Provider:	Recovery Resources	2019 First Outcome Count:	66	2020 First Outcome Count:	0
Instrument:	Ohio Scales Adult	2019 Final Outcome Count:	66	2020 Final Outcome Count:	0
Program:	<b>Mental Health Treatment for Adults</b>	2019 % of Final:	100%	2020 % of Final:	0

The Ohio Scales Adult version is an assessment instrument for measuring the progress for Adults (18+ years) in the treatment process for mental health. The instrument was a collaboratively designed instrument for use by Ohio Department of Mental Health funded providers.

When the data contains both an initial (first) and follow-up (final) instrument administration, a paired t-test was used for comparing individual scores at those two different points in time. It is the most powerful test for showing changes in individuals. The green highlighted rows suggest that changes from the First Assessment to the Final Assessment did not happen by chance and that the change can be attributed to the program intervention.

			First	Final		
	Evaluation		Outcome	Outcome	Average	
Population	Year	SubScale	Average	Average	Difference	Significance
Adults (18+ years)	2019	Financial Quality of Life	3	3.11	0.11	Not Significant
Adults (18+ years)	2019	Housing Quality of Life	4.89	4.67	-0.22	Not Significant
Adults (18+ years)	2019	Overall Empowerment				
Adults (18+ years)	2019	Overall Quality of Life	3.89	3.97	0.08	Not Significant
Adults (18+ years)	2019	Overall Symptom Distress	15	17	2	Not Significant
Adults (18+ years)	2019	Social Connectedness	3.75	4.08	0.33	Not Significant
Adults (18+ years)	2020	Financial Quality of Life				
Adults (18+ years)	2020	Housing Quality of Life				
Adults (18+ years)	2020	Overall Empowerment				
Adults (18+ years)	2020	Overall Quality of Life				
Adults (18+ years)	2020	Overall Symptom Distress				
Adults (18+ years)	2020	Social Connectedness				

## **Recovery Solutions**

### **CY2021 PROVIDER FUNDING RECOMMENDATIONS**

Agency/Program		20 CONTRACT AMOUNT	2021 CONTRACT RECOMMENDATIONS		PRIORITY
Recovery Solutions of Northeast Ohio					
Recovery Housing	\$	80,500	\$	80,500	Housing
Total	\$	80,500	\$	80,500	

### **Recovery Solutions of Northeast Ohio**

Recovery Solutions of Northeast Ohio (RSNO) provides recovery housing to adult men engaged in treatment or recovering from substance use disorders. ADAMHS Board funding supports the following initiative:

### **Recovery Housing**

### First Six months of CY2020:

• 11 clients served.

### CY2019:

• 31 clients served.

### **Goals Met:**

• The goal of the program is to provide a safe and healthy living environment to initiate and sustain recovery from alcohol and other non-prescribed drug use and improvement in one 's physical, mental, spiritual, and social wellbeing. Individuals build resources while living in the recovery residence that will continue to support their recovery as they transition to living independently and productively in the community. Seventy percent of the project goal was achieved by serving 28 or 40 anticipated residents. Forty three percent of residents were successfully discharged.

### **Metrics used to Measure Success:**

- Number of residents that are abstinent from alcohol and illegal drugs.
- Number of residents that have a permanent place to live; are employed.
- Number of residents that have no new arrests within 30 days; experience no new health/behavioral or social consequences in the past 30 days (i.e., stress, anxiety, missed family events etc., due to AOD use).
- Number of residents that are connected to the recovering community including 12-step programs.

### **Program Success:**

- 75% of residents are abstinent from alcohol and illegal drugs.
- 83% of residents have permanent housing.
- 89% of residents are employed.
- 94% of residents have no new arrests within 30 days.
- 86% of residents have experienced no new health/behavioral or social consequences in the past 30 days.

### **Average Cost Per Client:**

• \$ 2,175.00 per client.

### Additional Information:

• Intakes remained open during COVID-19 although referrals from jails and courts decreased.

The application and admission process support the full disclosure of information to potential residents about their rights and obligations and establishes a mutual understanding of the recovery goals of the residence.

- All Level II recovery service care compliant with the National Alliance for Recovery Residences.
- Services are time limited and not based on a fixed or arbitrary or fixed length of stay.
- Resident managers are on-site 24 hours a day and 7 days a week.
- 46% of residents received MAT during their stay at RSNEO. They typically found employment
  in restaurants, as day laborers and as factory and construction workers. These are part-time
  jobs with no benefits. Residents mostly left recovery housing to reside with family and
  friends.

# Salvation Army Harbor Light Complex

### **CY2021 PROVIDER FUNDING RECOMMENDATIONS**

Agency/Program	2020 CONTRACT AMOUNT	2021 CONTRACT RECOMMENDATIONS	PRIORITY
The Salvation Army			
Pooled Funding:			
Detoxification & Intensive Outpatient	\$ -	\$ -	

### **Salvation Army**

The Salvation Amy is an international movement, is an evangelical part of the universal Christian Church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.

### **Detoxification & Intensive Outpatient (Pooled Funding):**

The program provides alcohol and other drug treatment for adult men and women who are residents of Cuyahoga County and who have been assessed and found eligible for the Outpatient level of care, with a substance use diagnosis or stepping down from a more intensive level of care. Salvation Army's Substance Use Disorder Outpatient treatment includes the following services: Assessment, Sub Acute Detoxification, group counseling, individual counseling, case management, crisis intervention and urinalysis.

### First Six months of CY2020:

241 clients served.

### CY2019:

373 clients served.

### **Goals Met:**

- Provide services to 650 individuals over a 12-month period.
  - o 54% of that goal met in 2019.
- Overall, the amount of Detox Services funded by Cuyahoga County ADAMHS Board is approximately 12%.
- Overall, the amount of IOPT Services funded by Cuyahoga County ADAMHS Board is approximately 8%.

### **Metrics used to Measure Success:**

- Success is measured by an individual entering in the Residential Sub-Acute Detox program, achieving abstinence with improved health status at discharge. Success is measured by:
  - Completing basic case management.
  - Completing an assessment.
  - o Completing an individualized treatment plan.
  - Completing medical-somatic services.
  - o Completing a referral to the next appropriate level of care.

### **Program Success:**

- Agency served 373 clients of which 214 successfully completed the program.
- Provided interim housing and transportation to the next treatment program.
- Upon discharge, provided clients with a specific plan for continued abstinence, including referrals, if needed.
- Followed up with the clients for 30 days.
- There were 70% of the clients who exited Detox successfully.
- There were 43% of the clients who exited IOPT successfully.

### **Average Cost Per Client:**

- For Detox, average cost is about \$475/day. Since the average length of stay is 3.9 days the average cost per client is \$1,852.50.
- For IOP, the average cost is about \$148/day. Since the average length of stay is 8 days of service \$1,184.

### Additional Information:

- The detox program has seen a decline in admissions due to COVID-19. They also had to reduce their number of beds to accommodate for social distancing.
- The program uses the following components of service provision:
  - o Sub-Acute Detoxification, Interim Housing, and the Intensive Outpatient Program.
- The Salvation Army appreciates the reimbursement of services for those who do not have insurance. The program over the last few year transitioned to an evaluation of whether or not the client comprehends the program and their own needs to maintain sobriety (rather than just completing a length of time) which has lowered the overall success rate.

Provider:	The Salvation Army	2019 First Outcome Count:	0	2020 First Outcome Count:	0
Instrument:	<b>Brief Addiction Monitor</b>	2019 Final Outcome Count:	0	2020 Final Outcome Count:	0
Program:	<b>Substance Use Disorder Treatment</b>	2019 % of Final:	0	2020 % of Final:	0

The Brief Addiction Monitor (BAM) is a measurement instrument originally designed for the Veterans Administration to provide an assessment of substance use disorder among adults (18+ years). The instrument is used to monitor progress and help guide treatment.

### Scarborough House

### **CY2021 PROVIDER FUNDING RECOMMENDATIONS**

Agency/Program		20 CONTRACT AMOUNT	CONTRACT MENDATIONS	PRIORITY
Scarborough House				
Recovery Housing for Women	\$	14,400	\$ 14,400	Housing
Total	\$	14,400	\$ 14,400	

### **Scarborough House**

Scarborough House is a recovery house that has capacity for eight women and accepts drug and alcohol addicted women over the age of 18, who are chemically dependent but have already embarked upon a sober lifestyle through treatment. ADAMHS Board funding supports the following initiative:

### First Six months of CY2020:

4 women served.

### CY2019:

18 women served.

### **Metrics used to Measure Success:**

- Wait time is 2-7 days.
- Initiation is 14 days.
- Engagement rate is 80%.
- Retention Rate (based on successful completion of program) is 45%.
- Abstinence rate is 50%.
- Stable Housing Rate is 60%.
- Criminal Justice Rate is 60%.
- Employment/Education Rate is 70%.
- Consumer Satisfaction Rate is 70%.

### **Program Success:**

- Wait Time (100%).
- Initiation (100%).
- Retention Rate (33%).
- Abstinence Rate (75%).
- Stable Housing Rate (78%).
- Criminal Justice Rate (100%).
- Employment/Education Rate (69%).
- Consumer Satisfaction Rate (65%).

### **Average Cost Per Client:**

• \$ 24.65/day.

### Additional Information:

- For over 30 years Scarborough House has successfully served chemically dependent adult
  women by providing transitional housing and sober support. Scarborough has a long history
  of success with a hard-to-serve female population who present with multiple challenges
  including dual diagnosis, homelessness, incarceration, marginal employment and strained
  family relations.
- Women in recovery from alcohol or drug addiction can stay for up to one year as they make the difficult transition from treatment to self-sufficiency. Residents contractually agree to participate in outpatient treatment, in-house and group meetings and 12-step recovery

groups. Clients are subject to random drug screens and develop a recovery goal plan relative to individual recovery goals.

Scarborough meets the criteria for Level II under the levels defined by the National
Association of Recovery Residences (NARR) and adheres to the standards of care defined by
ODMHAS and NARR and provides recovery housing to special populations that is critically
deficient.

## Shaker Hts. Youth Center

### **CY2021 PROVIDER FUNDING RECOMMENDATIONS**

Agency/Program		2020 CONTRACT AMOUNT		021 CONTRACT DMMENDATIONS	PRIORITY
Shaker Heights Youth Center					
SUD Prevention	\$	250,000	\$	250,000	Prevention
Total	\$	250,000	\$	250,000	

### **Shaker Heights Youth Center (SHYC)**

The Shaker Heights Youth Center (SHYC) is a community based social service agency that provides prevention and wellness services to Shaker Heights Residents and their families. By utilizing a variety of strategies and resources, including collaborative projects with other community agencies, the center seeks to inspire youth to lead a productive, drug-free life. ADAMHS Board funding supports the following initiative:

### **AOD Prevention**

### First Six months of CY2020:

- Staff received 111 DESSA pre-tests.
- 99% of clients completed and pre and post-tests.
- Served approximately 75 students during COVID-19.

### CY2019:

- Anticipated serving 230 students, but served 191.
- Staff received 112 DESSA pre-tests.
- 41% of clients completed a pre and post-test.

### **Goals Met:**

 The goal was to serve 225 youth. This was surpassed we served 268 youth with 213 or 79% reaching the performance target.

### **Metrics used to Measure Success:**

• We are using the DESSA to measure outcomes and the Prevention Workbook to measure process and outcomes.

### **Program Success:**

- 30 students in the Impact Program.
- 17 in Youth Leadership.
- 51 in the Student Assistance Program.
- 12 in PEERS program.
- 28 in MyCom Shaker.

### **Average Cost Per Client:**

• \$783.58

Provider:	<b>Shaker Heights Youth Center</b>	2019 First Outcome Count:	54	2020 First Outcome Count:	119
Instrument:	DESSA MINI	2019 Final Outcome Count:	47	2020 Final Outcome Count:	113
Program:	<b>Youth Prevention</b>	2019 % of Final:	87.04%	2020 % of Final:	94.96%

The Devereux Student Strength Assessment (DESSA) is an abbreviated assessment designed by the Devereux Advanced Behavioral Health organization for school age children. This instrument is used as a screening tool to identify children who are in need for additional social or emotional education. There are measurement instruments specific for children in Grades K - 8 and for children in Grades 9 - 12.

When the data contains both an initial (first) and follow-up (final) instrument administration, a paired t-test was used for comparing individual scores at those two different points in time. It is the most powerful test for showing changes in individuals. The green highlighted rows suggest that changes from the First Assessment to the Final Assessment did not happen by chance and that the change can be attributed to the program intervention.

			First	Final		
	Evaluation		Outcome	Outcome	Average	
Population	Year	SubScale	Average	Average	Difference	Significance
Grades K - 8	2019	No Scale	42.87	50.38	7.51	Significant at p<.05
Grades 9 - 12	2019	No Scale				
Grades K - 8	2020	No Scale	42.24	49.31	7.07	Significant at p<.05
Grades 9 - 12	2020	No Scale	49.8	52.9	3.1	Significant at p<.05

# Signature Health, Inc.

## **CY2021 PROVIDER FUNDING RECOMMENDATIONS**

Agency/Program	2020 CONTRACT AMOUNT	2021 CONTRACT RECOMMENDATIONS	PRIORITY
Signature Health	ć 40.000	ć 40.000	24/7 4
24/7 Access	\$ 40,000	\$ 40,000	24/7 Access
Jail Liaison Program	\$ 75,000	\$ 75,000	Dog of the second
Art Therapy	\$ 40,000	\$ -	Prevention
MAT Peer Support	\$ 50,000	\$ 50,000	MAT
North Ridge Commons	\$ 140,000	\$ 140,000	Peer Support
Peer Support	\$ 174,300	\$ 174,300	Peer Support
Recovery Housing	\$ 25,000	\$ -	Housing
Transportation	\$ 10,000	\$ 10,000	Transportation
Wellness	\$ -	\$ -	
Total	\$ 554,300	\$ 489,300	
Pooled Funding:			
SUD Case Management	\$ -	\$ -	
SUD Group Counseling	\$ -	\$ -	
SUD Intensive Outpatient	\$ -	\$ -	
SUD Lab Urinalysis	\$ -	\$ -	
Community Psychiatric Supportive Treatment (CPST)-	-		
Individual	\$ -	-	
Evaluation & Management	\$ -	\$ -	
Group Psychotherapy	\$ -	\$ -	
Individual Psychotherapy	\$ -	\$ -	
CPST Group	\$ -	\$ -	
MH Nursing (LPN)	\$ -	\$ -	
Partial Hospitalization	\$ -	\$ -	
Psychosocial Rehabilitation (PSR)	\$ -	\$ -	
Therapeutic Behavioral Services (TBS)	\$ -	\$ -	
Psychiatric Diagnostic Evaluation	\$ -	\$ -	
ORCA House - SUD Residential Treatment	\$ -	\$ -	

#### **Signature Health**

Signature Health provides a spectrum of behavioral health and recovery support services allowing for seamless care for children, adults and their families. ADAMHS Board funding supports the following initiatives:

#### 24/7 Access:

Provide 24-hour/7-day access to MH and SUD treatment services by streamlining access to care and linkage of clients to appropriate levels of care. The central point of contact will assess clients for immediate harm or crisis and link clients to the appropriate provider for care needed. They will also verify that the provider with which they are connecting the client accepts the client's form of insurance, payment or funding.

#### First Six Months of 2020:

- 2 clients were served both linked to mental health services.
- **NOTE:** Due to staff turnover data from January to April is unavailable. Additionally, the closing of the ORCA House and the effects of Covid-19 greatly impacted services.

#### 2019 Reports Outcomes:

- 779 clients were served.
- 662 were successfully linked to services:
  - 55 were linked to mental health services.
  - o 607 were linked to Substance Use Treatment.
- 72 clients were referred to a Hospital/Emergency Department.

#### **Goals Met:**

- All goals have been met.
- The goals originally set included: Improve access to care; Improve customer service; Manage patient demand; Remove barriers; Eliminates delays for appointments; Provides access to MH and AOD care after normal business hours

#### **Metrics used to Measure Success:**

- Number of clients who call for access line.
- Utilize emails, texting, and voice messages to respond to client needs.
- Provide direct contact info for referral.
- Offer patients the first available appointment with available providers.

#### **Program Success:**

• The number of calls far exceeded the goal. For 2019 the goal was 250 calls and the actual number was 799. With 662 total linkages being made.

#### **Average Cost Per Client:**

Approximately \$50.00 per call

#### Additional Information:

- 100% of the services provided through this program were funded by the ADAMHS Board.
- This program is necessary to streamline the current process of access to SUD and MH treatment in the area.
- People seeking help are faced with navigating a complex system of care. They do not know
  what agencies to call, how they will access the service, how will they get there the list goes
  on.
- Rapid access to service is paramount as research has shown that people who get access to treatment in 7 days or less or most successful in treatment. The 24/7 access line fits this need.
- Funding will be used for staff salaries and transportation to first appointments to referral sites.

#### Jail Liaison Program:

Identifies individuals who are mentally ill as soon as possible and engages them in mental health treatment and community support services to reduce jail time and promote successful community reintegration. Cuyahoga County Court of Common Pleas works with agencies to provide diagnostic assessments, coordination, and linkage for individuals in the County Jail living with mental illness and/or who are dually diagnosed, as well as communicate regularly with Judges overseeing the Mental Health and Developmental Disabilities (MHDD) Court Docket.

#### First Six months of CY2020 Reports:

- An average of 74 clients per month were monitored.
- 42 referrals were received, and 34 clients were assessed.
- The jail liaison had 347 face-to-face contacts with clients and 1797 collateral contacts.
- 34 MHDD Docket Reintegration Plans were completed.
- 23 MHDD Court Staffings have been attended discussing 48 clients in total.
- 128 clients have been released from the Cuyahoga County Jail in 2020:
  - o 87 clients were linked with housing.
  - 100 clients received CPST services.
  - o 95 clients received Psychiatric Services.
  - 13 clients were referred to Substance Use Treatment.
  - o 3 clients received other services.

#### CY2019:

- An average of 92 clients per month were monitored.
- 84 referrals were received, and 105 clients received assessments.
- The jail liaison had 1001 face-to-face contacts with clients and 2,748 collateral contacts.
- 83 MHDD Docket Reintegration Plans were completed.
- 82 MHDD Court Staffings were attended discussing 194 clients in total.
- 321 clients were released from the Cuyahoga County Jail in 2019:
  - 22 clients were linked with housing.
  - 138 clients received CPST services.
  - o 119 clients received Psychiatric Services.
  - 20 clients were referred to Substance Use Treatment.

3 received other services.

#### **Goals Met:**

- 113% Signature Health served 170 clients, 20 more than the projected 150.
- The agency has worked to reduce the amount of jail days that these clients utilize.
- In conjunction with the mental health courts, the agency executes release plans in a timely manner so that clients do not spend an unnecessary amount of time in jail.
- The agency has increased the program's capacity for new referrals, as the Jail Liaison is completing the assessments and there are case management staff attending to other related duties at the jail.
- The agency anticipates exceeding projected numbers, as the original goal has already been surpassed. Additionally, the agency will continue to complete all assessments for which referrals are received.
- Supplementing the Jail Liaison with case management support is also helpful.

#### Metrics used to Measure Success:

- Communication of treatment history, current medications, and diagnosis
- Assessment and Intake process for patients needing linkage

#### **Program Success:**

- All clients received face-to-face assessments and had a minimal contact of 2 face- to-face meeting with the jail liaison.
- All patients identified have been discussed with the court to provide treatment information as needed.
- All patients requiring assessment and intake process have been able to receive this through the liaison or, when that is not possible, through the intake department either scheduled or walk-in.

#### **Average Cost Per Client:**

• \$97.48 per client.

#### **Additional Information:**

- Jail staff is not always available to accompany the inmate to assessments/visits; jail staff is looking into the use of teleconferencing
- Inmates are often released without proper paperwork.

#### **Art Therapy:**

Provides opportunities for clients to explore new interests, heal from trauma, express themselves and stay connected to others while increasing self-sufficiency, improving quality of life, self-expression and recovery.

#### First Six months of CY2020:

- Art Therapy was not provided during the first six months of 2020 due to lack of art therapist.
- Agency anticipates providing art therapy in 2021 after an art therapist is hired.

• Agency is collaborating with Ursuline College for art therapy interns.

#### CY2019:

Served 49 clients.

#### Goals Met:

• The ADAMHS Board funds 50% of the program, supporting one of two full-time Art Therapists.

#### Metrics used to Measure Success:

- Number of patients who participate in the program
- Growth in number of patients who are referred to the program as treatment across provider types becomes more trauma-informed and open to alternative therapies.

#### **Program Success:**

Groups Over 400 patients participated in the program in 2019, exceeding our expectations.
 The patient feedback is very positive. There is a patient art show/sale at each location, which is very popular and allows patients some rare public recognition of their talent.

#### **Average Cost Per Client:**

• \$373.00 per patient.

#### **Additional Information:**

Patients have participated and done very well in the ADAMHS Board Art Show since its
inception. Additionally, some have been able to sell their work, while others are not
interested in showing or selling, as it is very personal and therapeutically valuable to them.

#### **MAT Peer Support:**

Peer support is an essential element of a recovery oriented systems of care. Research shows that peer support reduces hospitalizations, increases participation in treatment, and helps sustain recovery. Peer supports have proved to be helpful for clients to connect to, relate to, and provide life changing encouragement to stay engaged in vital services that helps keep them safe. Signature Health has been providing MAT since 2012. MAT is most successful when combined with comprehensive treatment services. Signature Health will be adding two peer supporters as part of the comprehensive plan of care to increase sustained recovery for clients on MAT.

#### First Six months of CY2020:

- Served 151 clients (Unduplicated).
- Served 716 clients (Duplicated).

#### CY2019:

Served 22 clients.

#### **Goals Met:**

No program goals were met in 2019 due to inadequate staffing.

- Original goals set included:
  - o Increased client engagement and retention, as evidenced by the increase in the number of unique clients served in the MAT program.
  - o Decrease or eliminate substance abuse, as evidenced by urine drug screen results
  - Eliminate opioid use
  - The ADAMHS Board funds 100% of the MAT Peer Support program.

#### Metrics used to Measure Success:

- Increased client engagement, as evidenced by the increase in the number of unique clients served in the MAT program.
- Increased retention, as evidenced by an increase in the number of days clients remain in the program.
- The number of patient's who receive Peer Support Services, particularly those individuals coming out of the jail system, who are at particular risk of relapse and even death.

#### **Program Success:**

• 397 at-risk individuals received supportive services. Patients report that talking with someone who has "been there" is very helpful, that they feel more understood.

#### **Average Cost Per Client:**

• \$264.00 per patient

#### **Additional Information:**

• This program is really a win/win- patients new in their recovery have support from a peer, and the Peer Recovery Specialists get the benefit of meaningful work in their own maintenance of recovery.

#### Peer Support at North Ridge Commons:

Provides supportive peer support services to Northridge Commons, which is a 30-unit permanent housing environment, owned by EDEN, Inc., and operated by Signature Health for clients who are 50 years of age and older and have a mental illness.

#### First Six months of CY2020:

• Served 11 clients

#### CY2019:

Served 29 clients

#### **Goals Met:**

• 100% - NRG fully funds the Service Coordinator and Peer Support and Nurse positions

#### Metrics used to Measure Success:

 Track the number of residents who successfully maintain their housing at North Ridge Commons.

#### **Program Success:**

- NRC served 33 clients this year; the goal was to serve 30.
  - One tenant was evicted,
  - o One successfully moved on to independent living, and
  - One tenant passed away.

#### **Average Cost Per Client:**

N/A

#### **Additional Information:**

- The Peer Support Specialist and Service Coordinator facilitate weekly groups and outings to encourage socialization. They also facilitate trips to necessities such as the bank and food pantries.
- They focused on psychoeducation regarding substance abuse this year because one tenant passed away from alcohol abuse.
- NRC participates in CIT trainings by hosting local police officers to explain the permanent supportive housing model.

#### Peer Support:

An essential element of a recovery-oriented systems of care. Research shows that peer support reduces hospitalizations, increases participation in treatment, and helps sustain recovery. Peer supports have proved helpful for clients to connect to, relate to, and provide life changing encouragement to stay engaged in services that helps keep them safe.

#### First Six Months of 2020:

- Planned to serve 100 per month.
- Served 768 clients (unduplicated).
- Served 1,232 clients (duplicated).
- Received 142 referrals.

#### CY 2019:

- Planned to serve 600 clients.
- Served 768 clients (Unduplicated).
- Served 1,232 clients (Duplicated).
- Received 142 referrals.

#### **Metrics used to Measure Success:**

- Signature Health keeps a count of the number of unique clients served.
- Increased capacity/volume of patients able to participate in Peer Support services.

#### **Program Success:**

 Anticipated expansion completed in 2019; 6 Peer Support Specialists hired and trained in Motivational Interviewing technique. Exceeded number of anticipated patients by 80%.

#### **Average Cost Per Client:**

• \$264.00 per patient.

#### **Crawford House Recovery Housing:**

# NOTE: Crawford House was transferred from Signature Health to I'm In Transition effective July 2020

Crawford House for men is a safe and healthy living environment that promotes abstinence from alcohol and other drugs. It enhances participation and retention in traditional clinical treatment, benefit from peer support and accountability. Residents gain valuable relapse prevention, case management and employment skills training as they transition to living independently and productively in the community.

#### First Six Months of 2020:

7 clients served.

#### CY19:

14 clients served.

#### **Goals Met:**

 Provided a stable, supportive, and sober housing environment for men leaving residential treatment.

#### **Metrics used to Measure Success:**

- Number of clients who reside in Crawford House
- Signature Health does not provide any services to residents of Crawford House, so specific data is not collected.

#### **Program Success:**

• An average of 6 out of 7 rooms were filled each month during CY 2019.

#### **Average Cost Per Client:**

\$300/Month or \$10 per day

#### **Additional Information:**

- Crawford House is a 7 be room sober living home.
- Space is available to men who have, at minimum, 30 days of sobriety.
- To remain at Crawford House, the residents pay \$300 per month rent and attend a minimum of five 12-Step meetings.
- There are no staff members employed at Crawford House, but there is a resident manager who assists in collecting rent and managing any resident issues that may arise.
- Resident Manager will remain under I'm in Transition.
- Planning on applying for certification with the state this year and adding additional social programming such as employment and educational services.

#### **Transportation:**

Provided to remove barriers to treatment and health maintenance. This program ensures that clients that have issues with transportation get to necessary behavioral health and primary care appointments.

#### First Six Months of 2020:

- 1,798 (duplicated) clients were served via peer support specialists, Lyft, bus passes, Case Managers, and contracting with DCFS/NET Transportation.
- Prior to the suspending administration of the assessment tool due to Covid-19, the program
  was found to demonstrate an 0.15 improvement in BH symptoms and management for all
  clients and an 0.33 improvement for clients new to treatment.
- Overall patient satisfaction was 98%.
- Due to the emergence and continuation of the COVID-19 Pandemic that gained increased notoriety in mid-March 2020, many, if not all agency programs and services began providing the majority of services through some method of tele-health/tele-medicine or limited face to face services.

#### 2019 Reports

- 3,857 (duplicated) clients were served via peer support specialists, Lyft, bus passes, Case Managers, and contracting with DCFS/NET Transportation.
- Kept appointment percentage was 72% (no prior baseline for comparison, however)

#### **Goals Met:**

- 100% of patients involved with transportation received transportation.
- The main goal set for this project's first year was to increase client attendance for appointments.
- Each patient utilizing transportation attended the service they had scheduled, making the show rate 100%. The agency is compiling data to attempt to capture this 100% show rate in comparison with this patient population cancellation/no show rate. A cancel/no show rate seen as "typical" is between 30% and 60%, depending on the service.
- The ADAMHS Board funded 50% of the 2 FT Transportation Coordinators who run the program, and approximately 10% of the non-personnel cost.

#### Metrics used to Measure Success:

- Percentage of kept appointments (>72% in 2019- no 2018 data for comparison, but now have 2019 as baseline).
- Patient usage/volume.
- Patient satisfaction.

#### **Program Success:**

• The transportation program is even more popular with patients than anticipated. Added Lyft services to supplement Uber to meet the demand. Speculate that fewer missed appointments will result in better treatment outcomes, fewer hospitalizations, etc., although there are too many variables to draw direct conclusions.

#### **Average Cost Per Client:**

\$230.00 per patient

#### **Additional Information:**

• The popularity and success of this program has surprised even us! We are unclear, however, what the future holds for this program in the post-Covid-19 world, as we have transitioned so many of our appointments to telehealth.

#### **Signature Health Treatment Services Offered (Pooled Funding)**

- SUD Case Management
- SUD Group Counseling
- SUD Intensive Outpatient
- SUD Lab Urinalysis
- Evaluation and Management
- Group Psychotherapy
- Individual Psychotherapy
- CPST Group
- MH Nursing (LPN)
- Partial Hospitalization
- Psychosocial Rehabilitation (PSR)
- Therapeutic Behavioral Services (TBS)
- Psychiatric Diagnostic Evaluation
- ORCA House SUD Residential Treatment NOTE: ORCA House was closed because the building was sold to Cleveland Clinic and is moving to a new location in the summer of 2021.
- Community Psychiatric Supportive Treatment (CPST) Individual (Pooled Funding)

#### First Six Months of 2020 Program

• 345 Clients received a wide variety of treatment services.

#### CY 2019

• 440 clients served.

#### Metrics used to Measure Success:

- Success is measured through achievement of goals as outlined in the Individual Service Plans, which vary for each client.
- Signature Health utilizes Ohio Scales and BAM.

#### **Program Success:**

• Clients who could otherwise not afford treatment services are provided treatment.

#### **Average Cost Per Client:**

Treatment costs range from \$137.00 to \$4,625.13

#### **Additional Information:**

The AoD group Counseling is one spoke in the comprehensive AoD services the agency tries

to provide to give patients the best possible chance of succeeding.

- Implemented the BASIS-24 assessment tool for AoD Counseling, to allow measurement of treatment outcomes. Agency is excited about being able to measure treatment efficacy for this program and others when they have the EHR support to do so (Epic in 2021).
- Orca House implemented a new evidenced based curriculum called "Living in Balance." Both
  the clients and staff have reported that it works well, and they are learning a lot from it. It
  has been so well received that it is being implemented in our new residential center in
  Mentor and in IOP at our Lakewood office.
- CPST plays such a vital role in improving the lives of our patients, helping them manage so many of the challenges that poverty and mental illness brings.

Provider:	Signature Health	2019 First Outcome Count:	0	2020 First Outcome Count:	0
Instrument:	<b>Brief Addiction Monitor</b>	2019 Final Outcome Count:	0	2020 Final Outcome Count:	0
Program:	Substance Use Disorder Treatment	2019 % of Final:	0	2020 % of Final:	0

The Brief Addiction Monitor (BAM) is a measurement instrument originally designed for the Veterans Administration to provide an assessment of substance use disorder among adults (18+ years). The instrument is used to monitor progress and help guide treatment.

Provider:	Signature Health	2019 First Outcome Count:	0	2020 First Outcome Count:	0
Instrument:	Ohio Scales Adult	2019 Final Outcome Count:	0	2020 Final Outcome Count:	0
Program:	Mental Health Treatment for Adults	2019 % of Final:	0	2020 % of Final:	0

The Ohio Scales Adult version is an assessment instrument for measuring the progress for Adults (18+ years) in the treatment process for mental health. The instrument was a collaboratively designed instrument for use by Ohio Department of Mental Health funded providers.

Provider:	Signature Health	2019 First Outcome Count:	0	2020 First Outcome Count:	0
Instrument:	<b>Ohio Scales Youth Parent</b>	2019 Final Outcome Count:	0	2020 Final Outcome Count:	0
Program:	Mental Health Treatment for Youth	2019 % of Final:	0	2020 % of Final:	0

The Ohio Scales Youth - Parent instrument is an assessment of progress for Youth (less than 18 years) in the treatment process for mental health. The instrument was a collaboratively designed instrument for use by Ohio Department of Mental Health funded providers. The assessment is completed by the child's parent(s).

Provider:	Signature Health	2019 First Outcome Count:	0	2020 First Outcome Count:	0
Instrument:	<b>Ohio Scales Youth Worker</b>	2019 Final Outcome Count:	0	2020 Final Outcome Count:	0
Program:	Mental Health Treatment for Youth	2019 % of Final:	0	2020 % of Final:	0

The Ohio Scales Youth - Worker instrument is an assessment of progress for Youth (less than 18 years) in the treatment process for mental health. The instrument was a collaboratively designed instrument for use by Ohio Department of Mental Health funded providers. The assessment is completed by the child's mental health worker.

# St. Vincent Charity Medical Center

## **CY2021 PROVIDER FUNDING RECOMMENDATIONS**

Agency/Program 2		020 CONTRACT AMOUNT	R	2021 CONTRACT ECOMMENDATIONS	PRIORITY
St. Vincent Charity					
Transportation	\$	40,000	\$	40,000	Transportation
Psychiatric Emergency Department	\$	3,000,000	\$	3,000,000	Crisis
Total	\$	3,040,000	\$	3,040,000	
Pooled Funding:					
Inpatient Detoxification	\$	-	\$	-	
Medication Assisted Treatment (MAT): Buprenorphine and	Ļ		۲		
Vivitrol	\$	-	\$	-	
Rosary Hall - Chemical Dependency Outpatient	\$	-	\$	-	

#### St. Vincent Charity Medical Center

St. Vincent (St. V's) Charity Medical Center's Rosary Hall offers a continuum of care, capable seamlessly transitioning patients through a process of in-patient medical withdrawal/detoxification to outpatient rehabilitation and into community-based support networks. The ADAMHS Board funding supports the following initiatives:

#### **Transportation:**

Rosary Hall clients have access to free Lyft transportation services that provide round trip transportation from their residence to treatment. All rides are coordinated by Rosary Hall staff and clients can attend IOP worry-free and avoid temptations that may arise on public transportation.

#### First Six Months of 2020:

• 150 clients served.

#### CY2019:

366 clients served

#### **Goals Met:**

- In 2019, 366 clients benefited from the Intensive Outpatient Program Transportation (IOPT) program. This included clients that received assessments, participated in IOP, or patients leaving detoxification needing transportation to a residential facility.
- 212 clients engaged in IOP treatment.
- This translated to 7,224 rides over 64,640 miles.

#### **Metrics used to Measure Success:**

- SVCMC tracks and collects client information from the Circulation Platform and Milestone
  Performance Target Tracking, which measures successful program completion. This enables
  staff to analyze the success of ADAMHS Board funded clients on a quarterly basis.
- Circulation provides data analytics for patients and clients participating in the transportation program, which includes total rides, total distance, total cost, number of rides per day, average distance per ride, average cost per ride, and average time per ride.
- Analytics also show the number of successful versus unsuccessful rides (rides not accepted or cancelled), as well as individuals that successfully completed treatment.
- Bus tickets are tracked in a detailed activity log by a staff member from Behavioral Health.

#### **Program Success:**

- Transportation services: Customer engaged in IOP treatment: 212
- Customer willingness to follow treatment recommendation: 212 (100%)
- Customer develops a plan to address recovery needs: 212 (100%)
- Customer Identifies and modifies addictive/abusive behaviors: 136 (64%)
- Customer initiates and sustains involvement in sober support community: 136 (64%)
- Consumers achieves abstinence and maintains positive and supportive relationships and at discharge: 136 (64%)

#### **Average Cost Per Client:**

- Expenses for the project varied month-to-month depending on the number of clients and rides that were utilized.
- Average cost per ride was slightly lower than anticipated at \$16.74.
- Funds spent each month include all there and back rides, as well as any fees for using the Circulation software.

#### **Additional Information:**

• Numbers served are lower than anticipated because the team at SVCMC works diligently to get all clients signed up for Medicaid. Even though many clients arrived without insurance, many clients were signed up for Medicaid after working with SVCMC staff. As a result, numbers were significantly lower than anticipated. The ADAMHS Board provided low-income clients of Rosary Hall transportation through Lyft at no cost to the client. Many low-income clients of Rosary Hall had limited access to transportation, and as a result, funding enabled them to participate in treatment. In fact, in 2019, approximately 70% of Rosary Hall IOP clients were low-income. SVCMC thanks the ADAMHS Board of Cuyahoga County for their partnership in providing evidenced-based Chemical Dependency Outpatient Programs to uninsured clients.

#### **Psychiatric Emergency Department:**

Provides assessments, observations, treatment and referrals for individuals experiencing a mental health and/or alcohol and other drug crisis.

#### First Six Months of 2020:

- Anticipated serving 2,095 clients, but actually served 1,696.
- 2,115 clients have successfully completed treatment.
- Clients saw a:
- Psychiatrist, Social Worker, Nurse and other staff members at least once daily.

#### CY 2019:

4,190 clients served

#### **Goals Met:**

- 100% of the 3 identified goals for the PED were met as outlined below:
  - Provided patients with patient centered integrated care which included a comprehensive discharge plan to reduce readmissions to the PED to less than 20% annually.
  - Provided 23-hour observation and assessment to reduce unnecessary admissions to North Coast Behavioral Healthcare.
  - o Partnered with emergency response teams to obtain 50% or more of referrals from these sources.

#### **Metrics used to Measure Success:**

• The PED continues to track and collect patient information regarding referral sources, discharge disposition, patient linkage to follow-up, primary complaints and diagnoses as these data sources are utilized to evaluate stated goals.

#### **Program Success:**

- The three goals were met as evidenced by:
  - o For CY2019, readmissions to the PED were 8%.
  - 23-hour Observations and assessments reduced unnecessary admissions to NCBH from 2% in 2017 to 1% in 2019.
  - Partnership with emergency response teams (EMS, Police, MCT) yielded 61% of referrals to PED.

#### **Average Cost Per Client:**

• \$1,187.00 per visit

#### **Additional Information:**

- SVCMC continues to believe in the importance of the emergency acute stabilization as an absolute necessity in the continuum of psychiatric care in Cuyahoga County. Without this resource the most extreme cases would be without access to treatment needed.
- The addition of another Crisis Intervention Specialist this past year allowed for increased linkage of patients to follow-up care and resources. SVCMC thanks the ADAMHS Board for their continued partnership in responding to the most extreme psychiatric needs of the community.

#### **Inpatient Detoxification (Pooled Funding):**

Medical treatment in an inpatient setting to help clients withdraw from drugs and alcohol.

#### First Six Months of 2020:

• 5 clients served.

#### **CY2019**:

- 121 clients served.
- Clients saw a Counselor, Social Worker, Nurse and other staff member at least once daily while in treatment.
- Average caseload is 4 patients per registered nurse.

#### Goals Met:

- Success of the program is measured by the number of clients that can complete the program and commit to the next level of care.
- SVCMC Rosary Hall anticipated that 70% of ADAMHS Board funded clients for the Detoxification program would complete the program and commit to the next level of care. 71% of the clients completed the program.

#### **Metrics used to Measure Success:**

• SVCMC tracks and collects client information with Milestone Performance Target Tracking, which measures successful program completion. This enables staff to analyze the success of ADAMHS Board funded clients on a quarterly basis.

#### **Program Success:**

• Sub-Acute/Acute Detox: Customer engages in detoxification treatment: 120

- Demonstration and verbalizes understanding of addiction: 120 (100%)
- Customer commits to next level of care: 85 (71%)
- Customer Demonstrates improved physical health at discharge: 85 (71.0%)

#### **Average Cost Per Client:**

\$2,616.20 Per Client (For Total Treatment Routine)

#### Additional Information:

Numbers served are lower than anticipated because the team at SVCMC works diligently
to get all clients signed up for Medicaid. Even though many clients arrived without
insurance, many clients were signed up for Medicaid after working with SVCMC staff. As
a result, numbers were significantly lower than anticipated. SVCMC thanks the ADAMHS
Board of Cuyahoga County for their partnership in providing evidenced-based Chemical
Dependency Detoxification Programs to uninsured clients.

#### Medication Assisted Treatment (MAT): Buprenorphine and Vivitrol (Pooled Funding):

Utilizes medication (Buprenorphine and Vivitrol) for the treatment of opioid use disorder; all clients receiving MAT must attend individual and/or group therapies.

#### First Six Months of 2020:

• 0 clients served.

#### **CY2019**:

Number served: 3

#### **Goals Met:**

- Success of the program is measured by the number of patients that can complete the
  program and commit to the next level of care. Specifically, SVCMC anticipates that 60% of
  ADAMHS Board funded patients participating in buprenorphine MAT will complete the
  program, achieve and maintain abstinence, and engage in supportive relationships.
- SVCMC also anticipates that 70% of ADAMHS Board funded patients participating in Vivitrol MAT will complete the program, achieve and maintain abstinence, and engage in supportive relationships.

#### **Metrics used to Measure Success:**

 SVCMC tracks and collects client information with Milestone Performance Target Tracking, which measures successful program completion. This enables staff to analyze the success of ADAMHS Board funded clients on a quarterly basis.

#### **Program Success:**

 Since no patients have been uninsured and funded by the ADAMHS Board of Cuyahoga County, there are no actual outcomes to report at this time.

#### **Average Cost Per Client:**

n/a

#### Additional Information:

- The buprenorphine MAT program has not served any ADAMHS Board funded patients since staff was able to sign up all patients for Medicaid.
- As for the Vivitrol MAT, there has been some delays related to implementation. Vivtrol MAT requires specialty training to be completed for nursing and pharmacy. Additionally, it took some time to obtain agreements, in writing, from the vendor regarding payment for the drug. Even so, the biggest challenge is ensuring patients safely receive the challenge dose and first dose of Vivitrol MAT without extending the length of their stay in Inpatient Detoxification.
- Currently, physicians are finalizing the order set for Vivitrol MAT use. As soon as the order set is complete, SVCMC will open the clinic.
- Numbers served are lower than anticipated because the team at SVCMC works diligently to get all clients signed up for Medicaid. Even though many clients arrived without insurance, many clients were signed up for Medicaid after working with SVCMC staff. As a result, numbers were significantly lower than anticipated. SVCMC thanks the ADAMHS Board of Cuyahoga County for their partnership in providing evidenced-based Chemical Dependency Outpatient Programs to uninsured clients

#### **Rosary Hall Chemical Dependency Outpatient (Pooled Funding):**

Provides treatment services to a person and allows the client to keep going to work or school during the day.

#### First Six Months of 2020:

13 clients served.

#### CY2019:

64 clients served.

#### **Goals Met:**

- Success of the program is measured by the number of clients that can complete the program and commit to the next level of care. Specifically, SVCMC anticipates that 70% of ADAMHS Board funded clients from the Intensive Outpatient Program (IOP), as well as an IOP step-down, including the Outpatient Program (OP), and Non-Intensive Outpatient Program (NIOP) will complete the program and commit to the next level of care.
- Numbers served are lower than anticipated because the team at SVCMC works diligently to get all clients signed up for Medicaid.

#### **Metrics used to Measure Success:**

- SVCMC tracks and collects client information with Milestone Performance Target Tracking, which measures successful program completion. This enables staff to
- analyze the success of ADAMHS Board funded clients on a quarterly basis

#### **Program Success:**

- 69% success rate, as 13 clients participated in treatment and 9 completed.
- An additional 7 clients received and completed an assessment but did not engage in treatment. Those individuals are factored in the total number served, but not the achievement total.

#### **Average Cost Per Client:**

• \$3,840.05 per client (for total treatment routine)

#### Additional Information:

- Ohio's Medicaid insurance precludes low-income patients from entering most residential programs in Cuyahoga County.
- Some area residential treatments centers do not accept Medicaid while other local treatment programs are designated for clients with a primary diagnosis of a mental health disorders.
- When low-income SUD clients are discharged from detoxification, generally their only option is to enter outpatient programming even though a higher level of care, such as a Partial Hospitalization Program (PHP), is needed. In fact, SVCMC has noticed many IOP clients need a higher level of care.
- PHPs provide a level of care higher than IOPs, but lower than detoxification or residential treatment.

Provider: St. Vincent Charity Hospital 2019 First Outcome Count: 35 2020 First Outcome Count: 7 Instrument: **Brief Addiction Monitor** 2019 Final Outcome Count: 11 2020 Final Outcome Count: 3 **Substance Use Disorder Treatment** 2020 % of Final: Program: 2019 % of Final: 31.43% 42.86%

The Brief Addiction Monitor (BAM) is a measurement instrument originally designed for the Veterans Administration to provide an assessment of substance use disorder among adults (18+ years). The instrument is used to monitor progress and help guide treatment.

When the data contains both an initial (first) and follow-up (final) instrument administration, a paired t-test was used for comparing individual scores at those two different points in time. It is the most powerful test for showing changes in individuals. The green highlighted rows suggest that changes from the First Assessment to the Final Assessment did not happen by chance and that the change can be attributed to the program intervention.

			First	Final		
	Evaluation		Outcome	Outcome	Average	
Population	Year	SubScale	Average	Average	Difference	Significance
Adults (18+ years)	2019	Drug_Use	3.36	0.27	-3.09	Significant at p<.05
Adults (18+ years)	2019	Protective	12	16	4	Significant at p<.05
Adults (18+ years)	2019	Risk	8.9	6.1	-2.8	Not Significant
Adults (18+ years)	2020	Drug_Use	6		-6	Significant at p<.05
Adults (18+ years)	2020	Protective	10	18.33	8.33	Not Significant
Adults (18+ years)	2020	Risk	14.33	9.67	-4.67	Not Significant

# **Stella Maris**

## **CY2021 PROVIDER FUNDING RECOMMENDATIONS**

Agency/Program 20		020 CONTRACT AMOUNT	R	2021 CONTRACT ECOMMENDATIONS	PRIORITY
Stella Maris					
Sober Housing	\$	200,000	\$	200,000	Housing
Supportive Housing	\$	125,706	\$	125,706	Housing
Total	\$	325,706	\$	325,706	
Pooled Funding:					
Detoxification	\$	-	\$	-	
Outpatient Treatment Services	\$	-	\$	-	

#### Stella Maris, Inc.

Stella Maris has provided drug and alcohol treatment services to the people of Greater Cleveland since 1948. The ADAMHS Board funding supports the following initiatives:

#### **Sober Housing:**

provide sober living environments, which will ensure continuity of care beyond traditional treatment.

#### First Six Months of 2020:

• 109 clients served.

#### CY2019:

• 207 clients served.

#### **Goals Met:**

- The program goals were as follows: (YTD Comparisons)
  - o Increase the # of referrals. Referrals increased by 63% (136 in CY18 and 222 in CY19).
  - o Increase the # ORH certified houses. No additional houses opted for ORH.
  - Increase the # of bed days paid. Bed days paid increased by 156% (3,985 in CY18 and 10,090 in CY19)
  - o Increase the # of clients staying 0-30, 31-59, and 60 days. 139%, 125%, and 1,100% respectively (28 vs 67 0-30 days, 99 vs 44 31-59 days, and 9 vs 108 60+ days).

#### **Metrics used to Measure Success:**

 Stella Maris uses the sober housing program responsibilities and procedures form/participating house information form, partner agency clients referral form, and invoices submitted by network houses to calculate the total dollars paid out to each house, calculate the number of bed days utilized at the end of every month and calculate the length of stay for each client.

#### **Program Success:**

- Number of referring agencies: 7
- Number of sober houses: 20
- Number of referrals: 222
- Number of bed days paid January 1, 2019-December 31, 2019: 10,090.
- Length of stay:
  - o 0-30 days-67
  - o 31-59 days-44
  - o 60+ days- 108

#### **Average Cost Per Client:**

• \$12.00 per day, per client.

#### Additional Information:

• Stella Maris Recovery Housing Network has provided housing for 207 clients in 2019. The clients successfully completed treatment at varying levels of care or are currently in treatment.

- The funding received for housing allowed clients to look for work and/or continue treatment
- With the advent of the Ohio Recovery Housing (ORH) certification, many of the 12-step informed sober houses are resistant to becoming certified to receive that funding. The Recovery Housing Network has allowed these houses to participate. These 12 step-based houses are an important asset to our community and the provider agencies rely on these beds to complete the county continuum of care. It is important that this resource continue for the county and provider agencies.

#### **Supportive Housing:**

Refers clients, who have completed detox or residential treatment and are in need of housing, to non-profit sober houses that are certified for AOD treatment services. Some of these homes are operated by Stella Maris.

#### First Six Months of 2020:

18 clients served.

#### CY2019:

37 clients served.

#### **Goals Met:**

- 100% of the goals for the program are being met. Stella Maris goals for Supportive Housing are that:
  - 85% of all clients admitted to Supportive Housing will be satisfied with the services that were provided.
  - 90% of all clients admitted will engage in treatment and participate in the development of their individualized service plan.
  - o 70% of all clients admitted will show an understanding of addiction.
  - 60% of all clients will successfully complete all levels of care in Supportive Housing and commit to the next level of care and follow through with referrals in the community.

#### **Metrics used to Measure Success:**

Stella Maris measures satisfaction for provided services with an exit survey and measures
client engagement in treatment, participation in the development of their individualized
service plan, and understanding of addiction with a monthly assessment during the client's
stay. Success is measured by clients successfully completing all levels of care during the
client's stay in Supportive Housing, including committing to the next level of care, if needed,
and following through with referrals in the community.

#### **Program Success:**

98% of clients were satisfied, 100% of clients engaged in treatment and participated in the
development of their individualized service plan, 80% of clients showed an understanding of
addiction, and 66% of clients successfully completed. Program goals were exceeded.

#### **Average Cost Per Client:**

\$44.53 per client, per day.

#### **Additional Information:**

- Stella Maris has over 70 years of experience working with people who have a Substance Use Disorder diagnosis and now offers a complete continuum of care to clients.
- All programs are Joint Commission Accredited, and Stella Maris is an Ohio Recovery Housing (ORH) certified sober housing provider.
- Housing services, together with ancillary services such as art therapy, anger management, job readiness programs, transportation assistance, nursing services, and family education groups are offered and are designed to remove barriers to recovery and assist clients in maintaining motivation for recovery maintenance and sober coping skills.
- Clients who entered Stella Maris supportive housing were homeless upon entry and many left Stella Maris with either a job and/or enrolled in an educational program. Due to the overwhelming need, Stella Maris is expanding capacity through a capital campaign to provide Cuyahoga County residents, and Northeast Ohio, with greater access to treatment.

#### **Detoxification (Pooled Funding):**

Medical treatment to help clients withdraw from opiates and opioids (such as heroin and fentanyl), alcohol, benzos, suboxone, barbiturates and amphetamines and other substances.

#### First Six Months of 2020:

• 126 clients served.

#### CY2019:

• 288 clients served.

#### **Goals Met:**

- 100% of the goals for the program are being met. Stella Maris goals are to ensure a safe detoxification in a supervised setting with 24-hour nursing care and to engage the client in further treatment.
- The projected goal of 63% completion was achieved with 64% completed.
- The NIDA benchmark for clients leaving Against Medical Advice (AMA) is 37% overall, with opioid detox between 60% and 80% leaving AMA. In 2019 the rate of clients leaving AMA was 33.6%. Of the clients that completed detox, 76.2% went on to the next level of care.

#### Metrics used to Measure Success:

Stella Maris measures the success of the program by the completion rate, the number of
clients that remain engaged in treatment, and the number of clients that move on to the
next appropriate ASAM level of care following the completion of detox. In addition, success
is measured by satisfaction surveys and performance target tracking through an electronic
medical record system. The SAMSHA standards of completion of treatment are utilized.

#### **Program Success:**

- Stella Maris detoxification program had a 64% successful completion rate for all clients with ADAMHS funding.
- 276 grant funded clients and 638 room and board clients for a total of 914 clients.
- 170 of the grant funded clients completed detoxification (62%) and 414 room and board

clients completed (64.9%) for an overall 63.5% completion rate.

 7 clients remained active in treatment. Over 85% of those clients had a primary diagnosis of Opioid Use Disorder.

#### **Average Cost Per Client:**

• \$453.58 cost per client, per day of service with an average length of stay of 5.7 days.

#### Additional Information:

- Stella Maris has over 70 years of experience working with people who have a primary Substance Use Disorder diagnosis. The program is ASAM 3.7 inpatient withdrawal management. It has 20 beds for people 18 years of age and over. Four beds are maintained for the Northeast Ohio Regional Collaborative and serve Cuyahoga, Geauga, Summit, Lorain, Ashtabula, and Lake Counties. Stella Maris accepts Medicaid, commercial insurance, as well as self-pay clients.
- The Stella Maris detox is one of only two standalone ASAM 3.7 withdrawal management facilities in Cuyahoga County. Cuyahoga County is one of the most nationally recognized epicenters for the Opiate Epidemic with over 700 overdoses in 2017 alone.
- Stella Maris opened a new detox facility in September 2020 to better serve our clients. The
  new facility has 20 detox beds, a central intake department for all Stella Maris levels of care,
  and a new kitchen and cafeteria. There is considerably more room to enhance programming
  and increase client engagement. This renovation also created space for additional detox
  beds and for wrap around services such as trauma specific therapies, mental health services,
  peer recovery coaching, and a wellness center.

#### **Outpatient Treatment Services (Pooled Funding):**

Provides treatment services to a person and allows the client to keep going to work or school during the day.

#### First Six Months of 2020:

57 clients served.

#### CY2019:

• 144 clients served.

#### Goals Met/Program Success:

- 87% of PHP clients funded by the ADAMHS board successfully completed PHP and 90% of those clients moved on to the next level of care.
- 51% of IOP clients completed IOP and 100% of those clients successfully moved to the next level of care.
- Of clients funded by the ADAMHS Board, 100% participated in the development of their treatment plans, 100% of clients demonstrated good self-disclosure in groups and individual sessions, and 96% demonstrated an understanding of the disease concept of addiction.

#### **Metrics used to Measure Success:**

Stella Maris measures the client's participation and engagement in treatment, participation
in treatment planning, client self-disclosure, and understanding of the disease of addiction
with an assessment every 3 weeks during the client's outpatient care.

 Success is measured by clients successfully completing the PHP and IOP programs and moving on to the next level of care, if needed. Stella Maris uses intake and admission data, satisfaction surveys, treatment plans and progress notes, discharge summaries, and the SAMSHA national standards for completion of treatment to evaluate the success of programming.

#### **Average Cost Per Client:**

\$233.69 for PHP/\$102.67 for IOP per client, per day.

#### **Additional Information:**

- Stella Maris's services include Medical Detoxification, Partial Hospitalization (PHP), Intensive
  Outpatient Program (IOP), and Non-Intensive Outpatient (NIOP). In addition, Stella Maris is
  an Ohio Recovery Housing (ORH) certified sober housing provider. These services have the
  potential to engage clients in treatment for well over a year and evidence supports that the
  longer a client is engaged in treatment, the greater likelihood they will be successful in
  recovery.
- The PHP program was started to help bridge the gap between Detoxification and IOP in an
  effort to reduce the number of clients who leave Detoxification and relapse while waiting to
  start IOP and in 2020 Stella Maris will launch a Residential Treatment program to further
  engage clients in recovery and increase positive outcomes.
- Even with the Stella Maris's multi-faceted approach to Medicaid enrollment, there are clients that continue to need ADAMHS funding. Stella Maris accepts all clients regardless of their ability to pay.
- Outpatient Services, together with ancillary services such as art therapy, anger management, job readiness programs, transportation assistance, nursing services, and family education groups are offered at all outpatient levels of care and are designed to remove barriers to recovery and assist clients in maintaining motivation for recovery maintenance and sober coping skills.

Provider:	Stella Maris	2019 First Outcome Count:	0	2020 First Outcome Count:	0
Instrument:	<b>Brief Addiction Monitor</b>	2019 Final Outcome Count:	0	2020 Final Outcome Count:	0
Program:	<b>Substance Use Disorder Treatment</b>	2019 % of Final:	0	2020 % of Final:	0

The Brief Addiction Monitor (BAM) is a measurement instrument originally designed for the Veterans Administration to provide an assessment of substance use disorder among adults (18+ years). The instrument is used to monitor progress and help guide treatment.

# Thrive Behavioral Health

## **CY2021 PROVIDER FUNDING RECOMMENDATIONS**

Agency/Program		020 CONTRACT AMOUNT	021 CONTRACT OMMENDATIONS	PRIORITY
Thrive Behavioral Health Center				
Peer Support	\$	25,000	\$ 127,791	Peer Support
Warmline	\$	230,000	\$ 355,000	
Total	\$	255,000	\$ 482,791	

#### **Thrive Behavioral Health Care**

Thrive Behavioral Health Care partners with individuals in recovery from mental illness and/or substance abuse disorders through the delivery of integrated recovery support services. The ADAMHS Board funding supports the following initiatives:

#### Peer Support:

Partners with individuals in recovery from mental illness and or substance abuse disorders through the delivery of integrated recovery support services.

#### First Six Months of 2020:

- Planned to serve 35 individuals per month.
- 22 client referrals received.
- 23 clients served (Unduplicated).
- 44 clients served (Duplicated).

#### CY2019:

- 1,127 client referrals received.
- 824 clients served via face-to-face (Unduplicated)
- 2,719 clients served via face-to-face (Duplicated)
- 5,537 telephone contacts with clients.
- Client ages ranged from 18 to 84.

#### **Goals Met:**

- The RFP written by Thrive for CY2019 was much larger than what was awarded. Thrive provided approximately 942 hours of face to face peer support to individuals who were uninsured and/or SRS ineligible.
- 1,019 hours were spent providing telephonic peer support, a non-billable service.
- The combined total was 1,961 hours, or roughly \$121,660. The ADAMHS Board award covered approximately 20% of that cost.

#### **Metrics used to Measure Success:**

 Demographics, number of client visits, duration of client visits, and length of time a client utilizes peer support.

#### **Program Success:**

- 2019 funding supported phone peer support, a non-billable service that is crucial to relationship building and maintenance.
- There were 5,537 phone calls documented within the electronic health record totaling 61,159 minutes (approximately 1,019 hours) of peer support provided telephonically. ADAMHS Board funding supported \$25,000 of these phone supports, which translates to approximately 403 of the 1,019 hours.
- Peer supporters provided an additional 942 hours of peer support services to 96 individuals who were uninsured or insured but SRS ineligible. The average case length for these individuals was 152 days.

#### **Average Cost Per Client:**

• Of the peers who were uninsured and/or SRS ineligible and engaged with services, the average amount that would have been reimbursed if eligible for peer support was \$608.77. This does not include telephonic peer support, which is not a reimbursable service.

#### **Additional Information:**

 The 2019 funding from the ADAMHS Board was used to support peer support provided via telephone. Due to the way this funding was used to support programming, it is not possible to produce a full report outlining details about the exact clients that the funding provided by the ADAMHS board supported.

#### **Warmline:**

Is a peer-run call center to prevent isolation and provide understanding and a listening ear to people living with mental illness.

#### First Six Months of 2020:

• 29,078 callers served.

#### CY2019:

66,722 callers served from mid-May to December 2019.

#### **Goals Met:**

- Thrive took over services for the Warmline in mid-May 2019. Living Miracles staff transitioned to Thrive policies and procedures. The agency also increased coverage during peak times and added new employees to the program.
- Thrive only ran the Warmline for approximately 6 weeks of the 6-month period.
- Currently, the agency is meeting 100% of goals outlined for this program.
- Thrive will continue to improve Warmline services by offering continuing training to the staff, education of other staff on the services the Warmline provides and marketing of the Warmline.
- With streamlining some of the data collection, Thrive anticipates being able to capture data effectively and efficiently.

#### **Metrics used to Measure Success:**

- Total number of calls per shift.
- Total calls by type of call to include: Information & Referral, Peer Support, Crisis & Problems accessing services.
- Number of new callers.
- Number of comments/complaints and how complaints were resolved.
- Number of trainings held during the quarter for Warmline staff and topics presented on.

#### Additional Information:

- Thrive welcomed the Warmline as part of its service delivery. The Warmline staff has become a part of the Thrive family. They are caring, supporting and enthusiastic about helping callers.
- The Warmline gets a lot of calls that go unanswered even with adding an extra person during some shifts. Currently, staff does not return all calls, as infrastructure is not in place.

- Staff listens to voicemails and administrative staff reaches out if there is a serious need.
- A time limit of 10 minutes per call is sometimes unattainable as individuals want to talk, this
  results in the peer calling back multiple times and can pose as frustrating for some peers our
  staff interact with.
- The program serves over 4,000 calls each month.
- With additional training of staff in programs like Mental Health First Aid, Motivational Interviewing, Trauma Informed Care and QPR, Thrive believes that the Warmline can serve a larger population in Cuyahoga County.
- Thrive implemented the use of tablets to work to compile data in a more effective and efficient way the 2<sup>nd</sup> half of the year, and the Warmline manager will continue to participate in weekly meetings and the development/expansion of the Warmline.

# Trinity Outreach Ministries

Agency/Program		20	020 CONTRACT AMOUNT	CONTRACT SENDATIONS	PRIORITY
Trinity Outreach Ministries					
Inner City Youth and Families Cultural Arts Program		\$	60,000	\$ 60,000	Prevention
	Total	\$	60,000	\$ 60,000	

## **Trinity Outreach Ministries Faith-based Program**

Trinity Outreach Ministries promotes balance and health through diversity and the arts in a way that affects both the Church and Community. The ADAMHS Board funding supports the following initiative:

## **Inner-city Youth and Families Cultural Arts:**

After school and weekend prevention programs that uses a holistic, culturally sensitive faith-based approach.

## **First Six Months of CY2020:**

- Anticipated serving 150 clients, actually served 161.
- 89 youth and 72 adults were served.
- 171% Expectation served.

## **Goals Met:**

- Exceeded the projected number to be served.
- An overall average of 100% of the adult participates demonstrated progress in the areas of relationships, self-worth toward internal beliefs, motivation, and abstinence attitudes.
- Able to demonstrate per the Devereux Student Strength Pre and Post-Assessment (DESSAmini) data that at least 90% of the youth participants gained in their socio-emotional skills.

## **Metrics used to Measure Success:**

- Devereux Adult Resilience Survey.
- DESSA-mini.

## **Program Success:**

- Of the 72 adults served, 72 completed a DARS 1 and DARS 2. 100% of the adults demonstrated progress in the areas of relationships, 97% in self-worth toward internal beliefs, 100% in motivation and 99% abstinence attitudes.
- Of the 73, K-8 served, received a pre and post- assessment for 61 youth. Pre-assessments score average was 47.68 and post-assessments score averaged was 52.36, showing significant change.
- Of the 16 youth in grades 9-12 served, received a pre and post-assessment for 13. Pre-assessment average score was 51.07 and post-assessments score average score was 57.61, showing significant change.

## **Average Cost Per Client:**

\$253 per client.

## Additional Information:

- Kept children and family members encouraged and engaged during the Pandemic and participants assisted in making masks for others.
- Development of a six-episode children's segment that assisted parents and children in gaining strategies on enhancing socio-emotional growth to include academics, fitness and health, and effective communication.

- Able to provide access to virtual programming and services to over 6,000 Facebook viewers and to families globally (Australia, Ghana, Kenya, India). Thousands of comments and views of the services and the families have expressed how helpful the programs have been in getting them through the Pandemic.
- Programming included zoom fitness classes, character development sessions, youth game night, daily prayer and hope lines, and the development of positive mural painting.

## CY2019:

- Anticipated serving 150 clients, but actually served 124.
- 124 youth and 0 adults were served.
- 82% expectation served.

## **Goals Met:**

- Exceeded the projected number to be served.
- The showcases for fashion, oratorical skills, voice, instruments, and dances were successful.
- Met projection that at least 60% of the children would demonstrate social-emotional enhancements utilizing the resiliency Devereux Student Strength Pre and Post-Assessment (DESSA- mini) tool.

## **Metrics used to Measure Success:**

- DESSA-mini.
- Devereux Adult Resilience Survey (DARS).

## **Program Success:**

- Of the 118, K-8 served, received a pre and post-DESSA assessments for 110, preassessments score average was 43.70, post-assessments score average was 49.45, showing significant change.
- Of the 6 youth grades 9-12 served, received a pre and post-DESSA assessment for 4, preassessment average score was 43.00, post-assessments average score was 54.25, showing significant change.

## **Average Cost Per Client:**

\$297 per client.

## **Additional Information:**

- Youth Leadership camp was very impactful, and the participants are on good track for assisting their peers in making better choices.
- Showcases for fashion, oratorical skills, voice, instruments, and dances were successful.
- Youth expressed and demonstrated commitments to be clean and sober and the ability to say NO to drugs.
- A documentary of the 2019 Providers was developed: *Does Faith Work*.

Provider:	<b>Trinity Outreach Ministries</b>	2019 First Outcome Count:	0	2020 First Outcome Count:	72
Instrument:	DARS	2019 Final Outcome Count:	0	2020 Final Outcome Count:	72
Program:	Adult Prevention	2019 % of Final:	0	2020 % of Final:	100%

The Devereux Adult Resilience Scale (DARS) is a measurement instrument designed by the Devereux Advanced Behavioral Health organization for adults (18+ years). The instrument is utilized to identify an individual's personal strengths in four domains.

Providers currently report aggregated data for programs utilizing the DARS instrument. Results reflect the percentage of individuals for whom there was an increased score from the initial (first) and follow-up (final) instrument administration.

	Evaluation		% Who	
Population	Year	SubScale	Improved	
Adults (18+ years)	2019	Initiative		
Adults (18+ years)	2019	Internal Beliefs		
Adults (18+ years)	2019	Overall		
Adults (18+ years)	2019	Relationships		
Adults (18+ years)	2019	Self Control		
Adults (18+ years)	2020	Initiative	100%	
Adults (18+ years)	2020	Internal Beliefs	97%	
Adults (18+ years)	2020	Overall	100%	
Adults (18+ years)	2020	Relationships	100%	
Adults (18+ years)	2020	Self Control	99%	

Provider:	Trinity Outreach Ministries	2019 First Outcome Count:	124	2020 First Outcome Count:	89
Instrument:	DESSA MINI	2019 Final Outcome Count:	114	2020 Final Outcome Count:	74
Program:	Youth Prevention	2019 % of Final:	91.93%	2020 % of Final:	83.15%

The Devereux Student Strength Assessment (DESSA) is an abbreviated assessment designed by the Devereux Advanced Behavioral Health organization for school age children. This instrument is used as a screening tool to identify children who are in need for additional social or emotional education. There are measurement instruments specific for children in Grades K-8 and for children in Grades 9-12.

When the data contains both an initial (first) and follow-up (final) instrument administration, a paired t-test was used for comparing individual scores at those two different points in time. It is the most powerful test for showing changes in individuals. The green highlighted rows suggest that changes from the First Assessment to the Final Assessment did not happen by chance and that the change can be attributed to the program intervention.

			First	Final		
	Evaluation		Outcome	Outcome	Average	
Population	Year	SubScale	Average	Average	Difference	Significance
Grades K – 8	2019	No Scale	43.7	49.35	5.65	Significant at p<.05
Grades 9 – 12	2019	No Scale	43	54.25	11.25	Significant at p<.05
Grades K – 8	2020	No Scale	47.69	52.36	4.67	Significant at p<.05
Grades 9 – 12	2020	No Scale	51.08	57.62	6.54	Significant at p<.05

# **United Way**

Agency/Program		2020 CONTRACT AMOUNT		2021 CONTRACT COMMENDATIONS	PRIORITY
United Way Services					
First Call for Help (Information & Referral)	\$	85,000	\$	85,000	Prevention
Total	\$	85,000	\$	85,000	

## **United Way of Greater Cleveland**

United Way of Greater Cleveland's 2-1-1 connects individuals challenged by personal, health and economic struggles to social, health and government resources 24 hours a day, every day of the year. The ADAMHS Board funding supports the following initiative:

## First Call for Help (Information & Referral):

2-1-1 HelpLink provides individuals receive free, professional and confidential information and service navigation to help them understand their options, resolve problems and improve their lives. There is also a chat center available for online assistance.

## First Six Months of 2020:

- Anticipated serving 3,000 clients, but actually served 1,515.
- 1,515 clients received resources and referrals through the HelpLink.
- Clients spoke with a Navigation Specialist 3,374 times.
- Navigation Specialists do not carry caseload.

## **CY2019**:

- Anticipated serving 6,000 clients, but actually served 5,895.
- 5,895 clients received resources and referrals through the HelpLink.
- Clients spoke with a Navigation Specialist 12,451 times.
- Navigation Specialists do not carry caseload

## **Goals Met:**

- Recommended and provided appropriate service options to 5,895 Cuyahoga County residents with addiction and/or mental health issues.
- HelpLink met 98% of its 12-month goal of assisting 6,000 residents.

## **Metrics used to Measure Success:**

- AIRS: Alliance of Information and Referral Systems, a classification system.
- The total number of referrals offered by 2-1-1's Navigation Specialists for addiction and/or mental health treatment services and the length of the calls.
- Caller information obtained during the call to assist in generating data are: caller zip code, city and county of residence, age, gender, callers relationship to client, reason for seeking help, length of the problem, how the caller heard about HelpLink, they type of problem(s) the client is having and the referrals that were made.

## **Program Success:**

- Navigation Specialists worked with 5,895 Cuyahoga County Clients and provided 12,451 total referrals to those clients.
- An average of two referrals per call were made. The most common requests were for mental health counseling services, crisis intervention, substance abuse treatment and detoxification.

## **Average Cost Per** Client:

The average cost per client is \$18.82.

## **Additional Information:**

- 2-1-1 HelpLink is an anonymous, confidential referral service that provides service options to those that are facing a range of personal, health and/or economic issues.
- This service provides resources to clients seeking help with resource information and a plan to help resolve the assessed needs when possible
- The Navigation Specialist's role is to identify the event that initiated the call from the client through questioning. The questioning may uncover the underlying issues such as chemical addition or a mental health issue that needs to be addressed. This holistic approach to assisting clients result in longer call times but reduces the need for clients to call back for other issues.

# University Hospitals Dept. of Psychaiatry

Agency/Program		2020 CONTRACT AMOUNT		2021 CONTRACT ECOMMENDATIONS	PRIORITY
University Hospital Dept. of Psychiatry					
Acupuncture Based Support for Recovery	\$	-	\$	-	
Addiction Psychiatry Fellowship	\$	164,290	\$	164,290	
Public Academic Liaison (PAL)	\$	750,000	\$	750,000	
Total	\$	914,290	\$	914,290	

## **University Hospitals Cleveland Medical Center Department of Psychiatry**

University Hospitals Cleveland Medical Center Department of Psychiatry partners with the ADAMHS Board for the provision of clinical services, education and research in community mental health. The ADAMHS Board funding supports the following initiatives:

## Addiction Psychiatry Fellowship:

An Addiction Fellow (currently two nurse practitioners one psychiatrist) rotates through ADAMHS Board-funded agencies (including Rosary Hall, Matt Talbot, and New Directions) and provides behavioral health services (including MAT) to patients with mental illness and substance use disorders under the supervision of attending physicians.

## First Six Months of 2020:

• 870 clients served.

## CY2019 Program:

• 506 clients served.

## **Goals Met/Program Success:**

- Two Addiction Psychiatry Physician Fellows and two Nurse Practitioners were hired as of July 1, 2019.
- Per the funding parameters both Nurse Practitioners and one of the original psychiatrists
  have made a commitment to remain in Cuyahoga County and work in community agencies
  starting at the end of their current academic year July 2021.

## **Metrics used to Measure Success:**

- Number of Addiction Psychiatry Physicians and Nurse Practitioners recruited for the program.
- Number of Addiction Psychiatry Physicians and Nurse Practitioners who complete the program and make a commitment to remain working in the public system.
- Successful training and administration of MAT.

## **Average Cost per Client:**

• \$41,072.50 per fellow or \$324.69 per client served by program.

## Public Academic Liaison (PAL) Program

This is a joint venture of the Department of Psychiatry at University Hospital Case Medical Center and the ADAMHS Board for the provision of clinical services, education and research in community mental health. PAL residents provide Medical/Somatic services to several of the contract agencies of the Board at no cost, while supervision of resident services is provided by clinical faculty. Advance psychiatry residents spend one day per week providing medical/somatic services in community mental health agencies.

## First Six Months of 2020:

PAL is not an agency and does not have clients of its own, rather the program provides an
opportunity for physicians and physicians-in-training to learn and deliver services in a
community agency. Therefore, PAL does not track the number of clients served by a fellow

since each agency keeps that information.

- PAL tracks the number of Clinical Service Hours:
  - o Residents/Fellows: 3,64 hours.
  - o PAL Faculty: 6,156 hours.
  - o Other UH Faculty/Fellows: 1,548 hours

## CY2019:

- Resident/Fellows: 4,992 hours.
- PAL Faculty: 8,880 hours
- Other UH Faculty/Fellows: 9,240

## **Goals Met:**

- 100% of the Program Goals were met.
- Required Education/Training in Community Mental Health Services and interdisciplinary community care.
- Direct clinical service provision at agencies funded by the ADAMHS Board.
- Positive training experiences to encourage continuing participation in community mental health as providers post-graduation.
- Leadership development to better prepare physicians for significant roles in community mental health.
- Retention of graduates in Cuyahoga County public agencies.

## Metrics used to Measure Success:

- Performance of residents on in-service and summative annual evaluations.
- Confirmation of hours and agencies served.
- Trainee feedback on training experiences on quarterly evaluations.
- Number/percent of trainees participating in community mental health post- graduation.
- Number/percent of graduates assuming leadership roles post-graduation.
- Number/percent of graduated remaining in Cuyahoga County agencies post-
- graduation.
- Clinical outcome measures are primarily the purview of the agencies where clinical services are provided.

## **Program Success:**

- 9 PGY-3 & 4 adult psychiatry residents provided services at:
  - o Circle Health/Centers East & West.
  - Signature Beachwood & West Offices.
  - o Recovery Resources.
  - o Frontline Service.
- 5 PGY-3 child psychiatry residents and 2 pediatric residents provide services at:
  - o Bellefaire.
  - o Applewood.
  - o Carrington Youth.
  - o Circle Health /Centers.
  - o Cleveland Public Schools.
  - o Juvenile Court.

- o New Directions.
- o Signature Health.

## **Average Cost per Client:**

• \$53,571 per fellow.

# **University Settlement**

Agency/Program	2020 CONTRACT AMOUNT	2021 CONTRACT RECOMMENDATIONS	PRIORITY
University Settlement House			
SUD Prevention	\$ 35,000	\$ 35,000	Prevention
Total	\$ 35,000	\$ 35,000	

## **University Settlement, Inc.**

University Settlement is a neighborhood center that aims to empower youth, families and seniors in the Broadway/Slavic Village Neighborhood. A broad range of services are delivered through a variety of social, educational, and health programs that transform the lives of children, families and seniors. The ADAMHS Board funding supports the following initiative:

## **SUD Prevention:**

University Settlement conducts a needs assessment at participating schools, as well as in University Settlement's Wellness Programs, to determine risk factors of the youth population.

The agency also utilizes the Lion's Quest curriculum to help older adults enhance social and emotional competencies to manage personal stressors that influence the use of drugs and alcohol and to address the physical, mental, and personal issues faced by seniors in the Broadway-Slavic Village community.

Alternative Community activities are planned with partner agencies to assist in prevention education for both youth and seniors.

## First Six Months of 2020:

- Received 25 DESSA pre-tests.
- Facilitated weekly prevention groups.
- Served over 40 youth and distributed 457 prevention packets to families during COVID-19 pandemic.

## 2019 Reports:

- Anticipated serving 44 youth, but actually served 99.
- 93 clients successfully completed the program; 5 left the program or moved out of the program area.
- The average caseload for Prevention staff is 10 youth per group.

## **Goals Met:**

- The main goal for the Prevention Program was 85% of youth participating in the program will maintain a typical or higher rating and/or show improvement in their social emotional competencies as measured by the Devereux Student Strengths Assessment- Mini (DESSA).
- 100% of the youth enrolled in the program remained at or above a typical rating and maintained or a showed improvement on their DESSA.

## **Metrics used to Measure Success:**

• University Settlement Prevention program currently uses the ADAMHS Board required metric, Devereux Student Strengths Assessment- Mini (DESSA) to measure success.

## **Program Success:**

- DESSA-Mini: 100% of the youth reported through DESSA remained at or above a typical rating and maintained or showed improvement.
- Increase in staff for prevention, so can provide prevention services for 3 different

afterschool programs.

- Increase in trainings, and conferences attended by prevention staff.
- Increase in awareness for youth prevention services, with better quality and more time spent providing services.

## **Average Cost Per Client:**

• \$6.34 per child per day.

## **Additional Information:**

- Through the agency's 93 years in existence, services for youth have been a cornerstone of those provided at the Settlement. The Prevention program has a rich history of successfully implementing and coordinating high-quality services. The program is committed to implementing educational, and social and emotional strategies that support positive behavioral changes in its participants that live and attend school in the Slavic Village neighborhood.
- The program includes a youth development component that supports improved behavior, homework completion, class participation, and school attendance by enhancing students' protective factors and reducing risk factors.
- Program staff utilize Lions Quest, which integrates social emotional learning, character development, and drug and bullying prevention.
- 82 youth were served during the out-of-school time hours at the Settlement and at Mound STEM School. Mound STEM programming began in October 2019.

Provider:	University Settlement	2019 First Outcome Count:	13	2020 First Outcome Count:	27
Instrument:	DESSA MINI	2019 Final Outcome Count:	13	2020 Final Outcome Count:	0
Program:	Youth Prevention	2019 % of Final:	100%	2020 % of Final:	0

The Devereux Student Strength Assessment (DESSA) is an abbreviated assessment designed by the Devereux Advanced Behavioral Health organization for school age children. This instrument is used as a screening tool to identify children who are in need for additional social or emotional education. There are measurement instruments specific for children in Grades K - 8 and for children in Grades 9 - 12.

When the data contains both an initial (first) and follow-up (final) instrument administration, a paired t-test was used for comparing individual scores at those two different points in time. It is the most powerful test for showing changes in individuals. The green highlighted rows suggest that changes from the First Assessment to the Final Assessment did not happen by chance and that the change can be attributed to the program intervention.

			First	Final		
	Evaluation		Outcome	Outcome	Average	
Population	Year	SubScale	Average	Average	Difference	Significance
Grades K - 8	2019	No Scale	53.92	58.38	4.46	Not Significant
Grades 9 - 12	2019	No Scale				
Grades K - 8	2020	No Scale				
Grades 9 - 12	2020	No Scale				

# Westside Catholic Center

Agency/Program	2020 CONTRACT AMOUNT		2021 CONTRACT RECOMMENDATIONS		PRIORITY
West Side Catholic Center					
Identification Crisis Collaborative (IDCC)	\$	80,000	\$	80,000	
	\$	80,000	\$	80,000	

## West Side Catholic Center

Since 1977, the West Side Catholic Center has offered hot meals, hospitality, clothing and household goods, emergency services, advocacy, a family shelter, housing solutions, and workforce development training to those in need at no charge, regardless of religious affiliation. The West Side Catholic Center was established by several area churches that saw a critical need within the community due to extreme poverty. The ADAMHS Board funding supports the following initiative:

## <u>Identification Crisis Collaborative (IDCC):</u>

ID Crisis Collaborative (IDCC) assist in obtaining personal identification documents such as certified Birth and Marriage Certificates, residency documents, Social Security Number Proof as well as State IDs and renewal Driver's Licenses in order to access housing, medical care, education, employment, register to vote and other vital services and programs.

## First Six Months of CY2020:

Anticipated providing 2,200 documents, actually provided 353 documents.

## **Goals Met:**

- 16% of goal was met with the anticipation that goal will be met the second half of the calendar year.
- 50% of trainings provided.
- No bus tickets purchased due to Governor's shutdown.

## **Metrics used to Measure Success:**

- Number of documents obtained.
- Number of bus tickets purchased.
- Number of trainings.

## **Program Success:**

- 3 of 6 expected trainings completed.
- Will meet 100% of goal in the second half of the calendar year.

## Average Cost Per Client:

• \$19.51 per client.

## **Additional Information:**

- IDCC vouchers are distributed to eligible individuals at 28 area social service agencies (IDCC member sites), outreach centers, rehab providers, homeless shelters, and transitional housing programs.
- The IDCC also takes referrals from at least 33 other area courts, legal clinics, rehab providers, homeless service providers, case management agencies, etc. and United Way's First Call for Help.
- This is a one-time service.
- Provides training for new staff delivering IDCC services and for newly added member sites.
- Bus tickets were not purchased during the Governor's shutdown of the BMVs and the Mayor's shutdown of City Hall, where documents are located. Bus tickets were purchased on September 11, 2020.

- COVID19 shutdowns of most provider agencies, as well as the BMVs and Vital Statistics Agencies prevented the full use of the IDCC services well through June.
- Data was compiled from information received from actual purchases at the BMV, Cleveland Vital Statistics and other states' Vital Statistics agencies that were paid for through the IDCC funds.

## CY2019:

• Anticipated providing 1,400 documents, actually provided 4,637 documents.

## **Goals Met:**

• 100% of goal was met and the ADAMHS contract was fulfilled by the end of the Third Quarter, 2019.

## **Metrics used to Measure Success:**

- · Number of documents obtained
- Number of trainings.

## **Program Success:**

• 100% of goal was met with the anticipation of meeting 100% of goal in the second half of the calendar year.

## **Average Cost Per Client:**

• \$19.05 per client.

## Women's Recovery Center

Agency/Program	2020 CONTRACT AMOUNT	2021 CONTRACT RECOMMENDATIONS	PRIORITY
Women's Recovery Center			
Outpatient Services	\$ -	\$ 77,300	
	\$ -	\$ 77,300	
Pooled Funding:			
Outpatient Treatment Services	\$ -	\$ -	

## **Women's Recovery Center**

Since 1986, Women's Recovery Center provides a safe, non-judgmental space for women on the near Westside of Cleveland to find support and assistance. The Center provides Outpatient Treatment services that will be funded through pooled funding. The treatment curriculum is a minimum of 17 weeks and is comprised of Phase One - Intensive Outpatient (IOP), Phase Two - Relapse Prevention-Non-Intensive Outpatient (NIOP) and Phase Three - Aftercare. Therapeutic modalities include cognitive behavioral therapy, motivational interviewing, mindfulness and brief theory interventions.

Since outpatient services were not provided in 2019, or in the first half of 2020, it was decided in June 2020 to provide a grant to the agency to hire a full-time Clinical Director/Group Counselor. The agency felt it would be a great help as the organization grows under its new leadership. As more of the increased staffing needs are addressed, Women's Recovery Center anticipates increased referrals, increased group sizes and increased assessments.

## CY2020:

Served 23 women from June through August.

Provider:	Women's Recovery Center	2019 First Outcome Count:	0	2020 First Outcome Count:	0
Instrument:	<b>Brief Addiction Monitor</b>	2019 Final Outcome Count:	0	2020 Final Outcome Count:	0
Program:	Substance Use Disorder Treatment	2019 % of Final:	0	2020 % of Final:	0

The Brief Addiction Monitor (BAM) is a measurement instrument originally designed for the Veterans Administration to provide an assessment of substance use disorder among adults (18+ years). The instrument is used to monitor progress and help guide treatment.

# YMCA of Greater Cleveland

Agency/Program		CONTRACT	2021 CONTRACT	PRI	ORITY
YMCA of Greater Cleveland (Y-Haven)					
Rising Hope Recovery Housing	\$	75,000	\$ 400,	000 Housing	
	\$	75,000	\$ 400,0	000	
Pooled Funding:					
Y-Haven Transitional Housing and Treatment		-	\$	-	
	\$	-	\$	-	

## YMCA of Greater Cleveland/ Y-Haven

Since 1993, Y-Haven has provided transitional housing, recovery services, treatment for mental illness, educational training, vocational services and permanent housing placement to men who are homeless. Thousands have found sobriety and re-built their lives at Y-Haven. The ADAMHS Board funding supports the following initiative:

## **Rising Hope Recovery Housing:**

Rising Hope targets men and women, ages 21 and older, in Cuyahoga County who are opioid dependent and have been in intensive outpatient treatment for at least one week, or have completed residential treatment. Phase I is IOP; Phase II is Relapse Prevention and Phase III is Aftercare.

## First Six Months of 220:

• 144 clients served.

## CY2019 Program

• 151 clients served.

## **Goals Met:**

- Provided Recovery Housing to Men & Women with Opioid Use Disorder: 114% of goal.
- Secured Permanent Housing Upon Exit: 103% of goal.
- Improved Supports from Family/Friends: 70% of goal.
- Of those able to work secured employment or training: 102% of goal.
- Offered MAT (through Care Alliance): 61% of goal.

## **Metrics used to Measure Success:**

- Provide recovery housing to 120 men & women with Opioid Use Disorder.
- Percent offered MAT: 90%.
- Percent securing permanent housing upon exit: 70%.
- Percent improving family and friend support: 90%.
- Percent of those able to work securing employment or training: 65%.

## **Program Success:**

- Participants in Recovery Housing: 137.
- Rising Hope clients offered MAT: 66.
- Rising Hope clients securing permanent housing upon exit: 96.
- Rising Hope clients improving family and friend support: 86.
- Rising Hope clients able to work securing employment or training: 76.

## **Average Cost Per Client:**

• \$5,734 per client for Level III Recovery Housing services. The ADAMHS Board covered 25.4% of the costs for these services.

## Additional Information:

- Y-Haven began providing IOP services in the later part of 2019 for Rising Hope Recovery Housing residents.
- 55% of Rising Hope residents were women who resided on a different floor from the men.
- Y-Haven has created a Continuing Recovery program to follow-up with residents once they exit the facility.
- The program has a harm reduction approach serving individuals who remain in recovery and those who do not.

## Y-Haven Transitional Housing and Treatment (Pooled Funding):

Y-Haven Transitional Housing and Treatment provides housing and support to adult men who are homeless, coming from shelters or the streets, the criminal justice system, or SUD treatment programs without a safe, sober place to live.

Y-Haven seeks to address SUD and other barriers to permanent housing: mental illness, criminal history, unemployment, and other educational and social issues. Y-Haven addresses these barriers by providing transitional housing, SUD treatment, mental health referrals and support, educational and vocational opportunities, daily living skills training and case management.

## First Six Months of 2020:

• 241 men served.

## CY2019:

• 373 men served.

## **Goals Met:**

- Homeless Men provided Transitional Sober Residence: 102% of goal.
- Homeless Men receiving IOP: 132% of goal.
- Homeless men who exited in 2019 completed IOP: 92% of goal.
- Homeless Men exiting to permanent housing: 106% of goal.
- Homeless men able to work securing employment: 90% of goal.
- Homeless men offered MAT through Care Alliance or other provider: 64% of goal.

## Metrics used to Measure Success:

- 260 Homeless men will have a sober Transitional residence.
- 160 Homeless men will receive IOP treatment.
- 96 (60%) for those who exit in 2019 will have completed IOT.
- 128 (80%) of those who exit will secure permanent housing.
- 48 (30%) of those who exit will secure employment.
- 260 (100%) will be offered MAT through Care Alliance Health Center or other.

## **Program Success:**

- Homeless Men provided Transitional Sober Residence: 266.
- Homeless Men receiving IOP in 2019: 211.
- Homeless men exiting in 2019 who completed IOP: 88.
- Homeless Men exiting to permanent housing: 136.

- Homeless men able to work securing employment: 43.
- Homeless men offered MAT through Care Alliance or another provider: 169.

## **Average Cost Per Client:**

• \$4,659 per person for Transitional Housing and SUD Treatment for Homeless Men.

## **Additional Information:**

- In 2019, Y-Haven created new partnerships with Vocational Service providers including VGS, OOD, Ohio Means Jobs, Towards Employment and Catholic Charities to assist residents in securing employment and training.
- Y-Haven has created a Continuing Recovery program to follow-up with Y-Haven residents once they exit the facility.
- The program has a harm reduction approach serving those who remain in recovery and those who do not.