



FAITH-BASED INITIATIVE

2020 Annual Report

Abstract

Summary of Ten Faith-Based Prevention and Treatment Programs Supported by the ADAMHS
Board of Cuyahoga County

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Faith-Based Programs Performance Outcomes 2020 Annual Report

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Introduction

The mission of the ADAMHS Board is to promote and enhance the quality of life for residents of Cuyahoga County through a commitment of excellence in mental health and addiction services. Over the years, Board staff learned that the faith-based community often is contacted early on by individuals/families experiencing difficult circumstances involving mental health or substance abuse issues and realized that spirituality plays an important role in the recovery process.

Recognizing this, the ADAMHS Board formed a Faith-based Outreach Committee and a Faith-based Outreach Subcommittee with the mission to recognize and advocate spirituality in the recovery process; to connect the spiritual perspective with other interventions and best practices; and to promote the concept that treatment works, and people recover.

With great passion and commitment, the Faith-based Outreach Subcommittee created a solid Action Plan with recommendations that required activities/services that consisted of treatment and support services that could only be fully accomplished at the provider level. In addition, the Action Plan emphasized the importance of faith-based prevention and early intervention services to build protective factors in families that may be at risk of exposure to drugs and/or alcohol abuse.

Since the ADAMHS Board does not provide direct services and recognizes the benefits of incorporating spirituality into prevention, treatment, and recovery support services, the ADAMHS Board of Directors approved the issuance of a Request for Information to solicit proposals to develop a pilot project. The Request for Information (RFI) process and review of proposals netted six providers who proposed one or more programs each. The initial pilots began on November 1, 2015. Since that initial pilot project, several new providers have

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been added and one provider has withdrawn. For calendar year 2020 there have been 10 providers including two providers who began several months after the first of the year.

The Board continues to learn more about how faith influences people's responses to the prevention of or recovery from mental health issues and/or substance use disorder. The Board continues to learn that measuring the effects of faith on mental health issues and/or substance use disorder treatment or prevention is challenging. The Board will continue searching for measurement instruments that can show the effectiveness and impact of faith-based programs.

Observations for Year 2020

Due to program differences and ages of program participants, several measurement instruments are used. These measurement instruments are described in greater detail below. Briefly, the DESSA instruments are designed to measure social emotional learning for school age children, children in kindergarten through eighth grade and high school grades. Research has shown that improvement in social emotional learning is associated with lower likelihood of future drug use and mental health issues. The DARS instrument is designed to measure resiliency for adults. Both the DESSA and the DARS require an assessment at the beginning of a program as well as at the end of the program so that a measure of improvement can be shown. The Mental Health First Aid (MHFA) and the Awareness & Education Programs use quizzes to confirm that program participants have substantial knowledge about the program area.

The Brenda Glass Multipurpose Trauma Center and the Faith Community Supportive Services programs, the two most recently added ADAMHS Board funded programs are still developing outcomes measures. For these two programs, counts of the provision of the various types of services are reported.

Number of Clients in Programs

The table below show for the Faith-Based providers the counts of the actual number of clients served in 2020 and the projected/expected client counts for the year 2020. Note that several providers have surpassed their expected client counts and others have come up short of their projection. The below expectation counts may be explained, in part, by the emergence of the COVID-19 pandemic and the ability to modify established programs to fit within Department of Health guidelines to keep people safe from COVID-19. Some of the program participants have been involved with their program for multiple quarters and they are counted once in the first quarter of their program participation.

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Provider	# Individuals First Time Served	Expected Annual Total
99 Treasures	152	75
Brenda Glass Multipurpose Trauma Center	42	20-30*
Faith Community Supportive Services	12	60
Far West Center	36	93
Inner Healing	47	75
Life Recovery Ministry	12	255
Naaleh Cleveland	89	40
NAMI Greater Cleveland	6	300
Ohio Guidestone	84	115
Trinity	164	150
Total	644	1165

* The expected annual total here is adjusted to reflect that this program has operated for only two months in 2020.

Measurement Instruments

Devereux Student Strengths Assessment (DESSA) Outcomes

Faith-Based programming for children in grades K-12th is measured through the Devereux Student Strengths Assessment (DESSA) instrument by comparing a Pre assessment with a Post assessment. The DESSA web-based system is designed to help school and after-school program staff promote the healthy social-emotional development of all children. As there are differences between younger children and high school age children, two separate instruments have been developed for children in grades K – 8 and the high school grades. The DESSA is a thorough assessment of the following social-emotional competencies:

Self-awareness; Social-Awareness; Self-Management; Relationship Skills; Goal Directed Behavior; Personal Responsibility; Decision Making Skills, and Optimistic Thinking.

The scoring of the several competencies can be broken down into three categories:

1. **“Strengths”** showing children doing well
2. **“Typical”** positive behaviors for children
3. **“Need for Instruction”** to further develop social and emotional skills

Presently, the Board is receiving results of the DESSA MINI instrument that screens across the eight social-emotional competencies to identify generally whether children are in need for further social-emotional

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instruction. The expectation is that the programs provided by the four faith-based service providers using the instrument will show growth in social-emotional maturity which may be attributed to their programs. The following charts show a breakdown of various measures collected from DESSA including numbers of DESSA submitted, numbers of clients having both the Pre assessment DESSA and the Post program DESSA assessment, and changes from Pre to Post assessments.

Devereux Adult Resilience Survey (DARS) Outcomes

The Faith-Based Program for adults demonstrate resiliency measured as Always (A), Sometimes (S), or Not Yet (N) through the Devereux Adult Resilience Survey (DARS) instrument that promotes self-awareness regarding personal strengths to enhance creativity and the ability to set limits to cope with adversity and stress measured through the following areas:

- Will gain knowledge to develop healthy relationships.
- Will learn skills to increase self-worth to enhance internal beliefs & values.
- Will learn strategies to develop/enhance self-motivation to increase independence.
- Will learn how to self-regulate & control without the use of substances and negative influences.

Mental Health First Aid Outcomes

Health First Aid is designed to teach individuals how to spot the signs and symptoms of mental illness and provide help on a first aid basis. Individuals who are participating in a Mental Health First Aid training provided by a Faith-Based Program provider is expected to successfully complete the course evaluation/quiz and score at least 60% based on the following topics:

- Helpful Things to Say
- Myths and Facts- Suicide and Self-Injury
- Suicidal Thoughts and Behaviors
- Panic Attacks
- Traumatic Events
- Auditory Hallucinations
- Psychosis
- Substance Use Disorders

None of the programs provided classes in the first two quarters of 2020. Two programs delivered programming in the third quarter. NAMI did not report MHFA for any of the four quarters.

Education and Awareness

The Education and Awareness programs are designed to present a variety of mental health and substance use knowledge to people to raise their level of education and awareness. The program design is like the Mental Health First Aid program in that the program goal is to assure that a threshold proportion of program

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participants leave with a basic level of knowledge as measured by a quiz at the end of a session. Outcomes reported are the percentage of program participants who demonstrate a basic knowledge level by passing the quiz.

Client Services

Some programs cannot be designed to show behavioral changes from one time to another or a level of competence or knowledge at one point in time. For these programs counting the number of people who receive some service or participate in some activity may be all that is possible. As a greater understanding of program effects are developed, measurement instruments may be developed.

Use of Measurement Instruments by Quarter

This next table shows the counts by quarter of the year and the measurement instrument used. The DARS and DESSA instruments are used more frequently than other instruments. The counts for MHFA and Awareness & Education are much lower as these measurement instruments are used for short duration programs which may have required redesign due to the onset of the COVID-19 pandemic in March 2020. Later tables will show specifics on services in which people participate.

Program Outcome Type	# Individuals First Time Served				
	Q1	Q2	Q3	Q4	Total
DESSA	102	49	58	63	272
DARS	111	52	79	22	264
MHFA	0	0	20	5	25
Awareness & Education	23	0	0	6	29
Client Services	0	12	0	42	54
Total	236	113	157	138	644

Provider Results

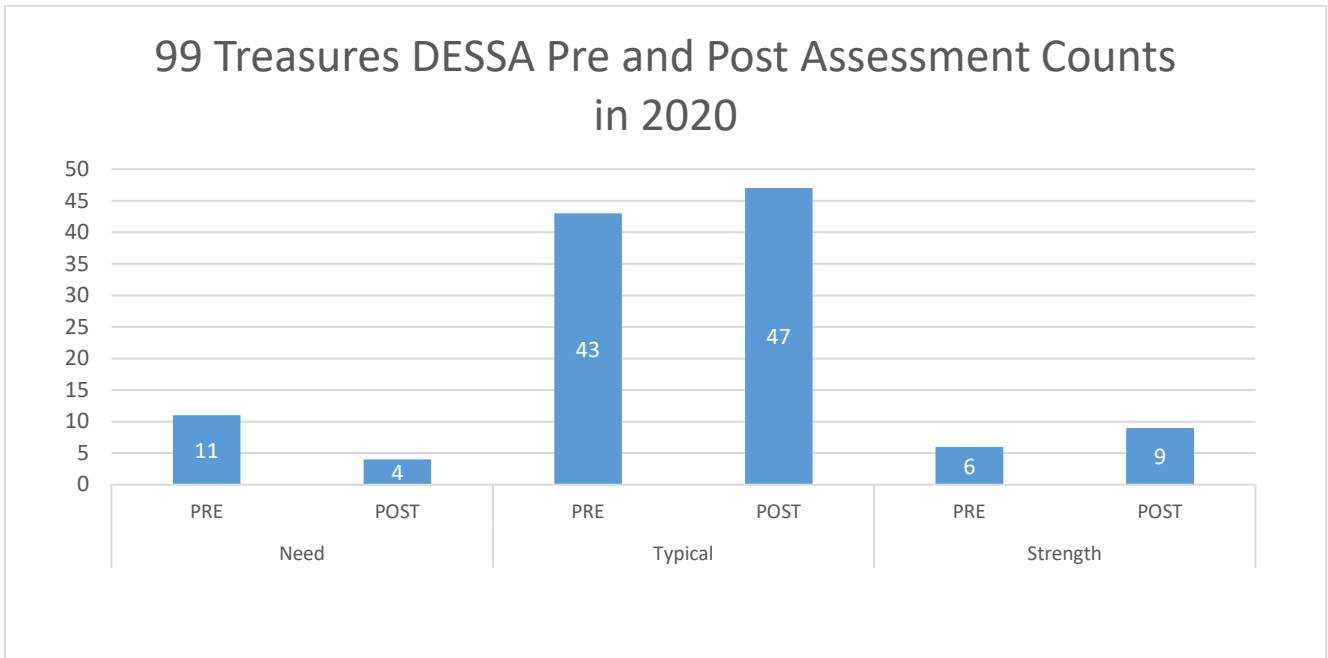
99 Treasures Arts and Culture

As part of their contract proposal, 99 Treasures Arts and Culture stated that they intended to serve 75 clients a year. By year end they have served 152 clients, over double expectation. Clients were assessed initially using the DESSA instrument (91 clients) or the DARS instrument (61 clients).

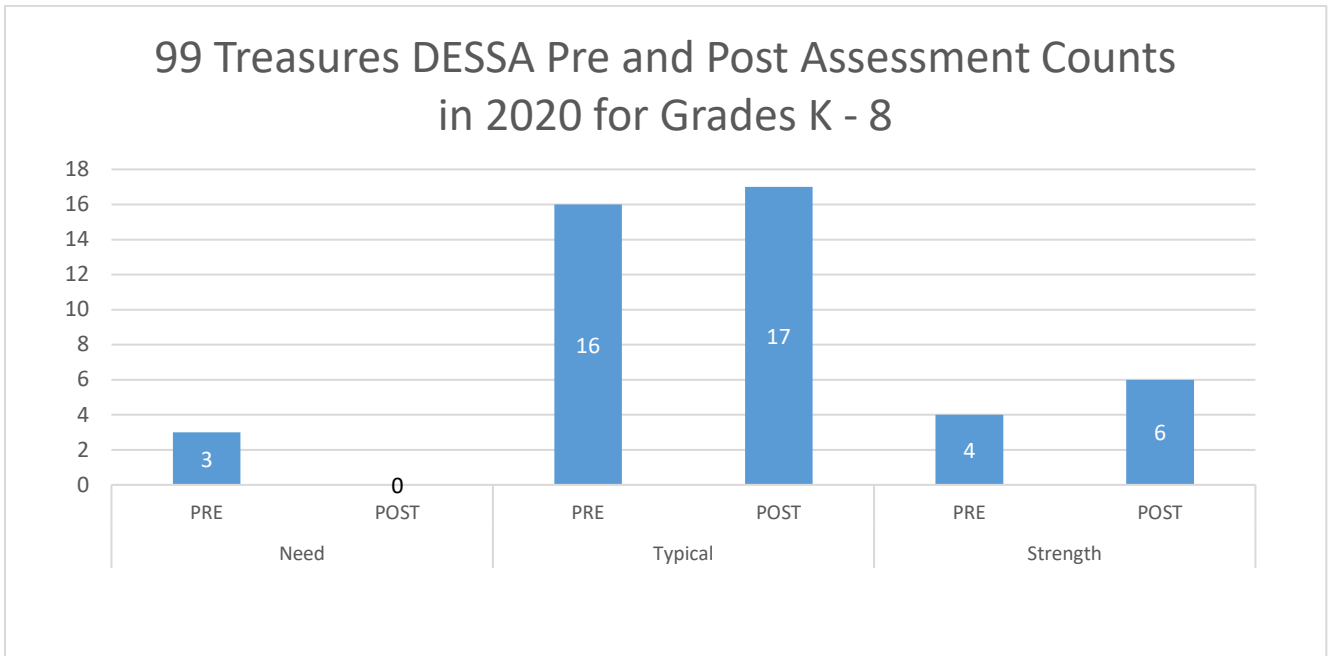
DESSA

The following chart shows the changes in counts of all children at 99 Treasures categorized as in need of social emotional learning from Pre assessment to Post assessment. This chart for all children at 99 Treasures shows a decline in the number of children in need and an increase in the number of children with strength.

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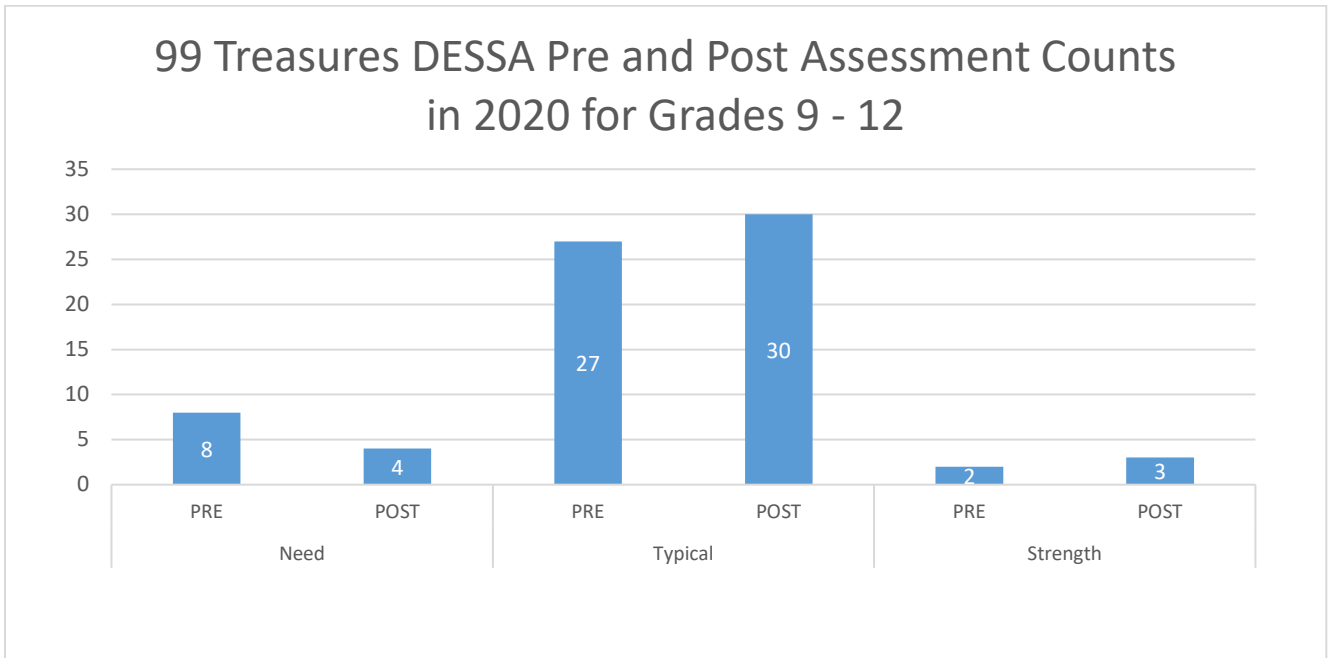


This chart for the younger children shows a similar pattern with a decline in need and an increase in strength.

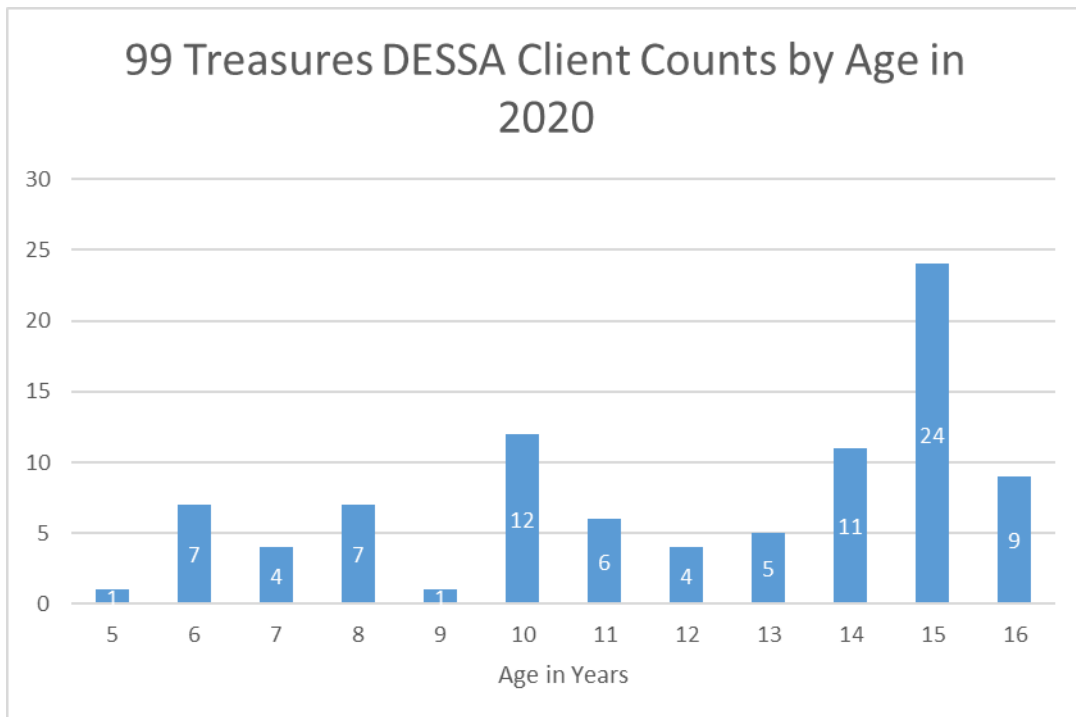


This third chart shows a similar pattern with a decline of high school age children in need and an increase in strength.

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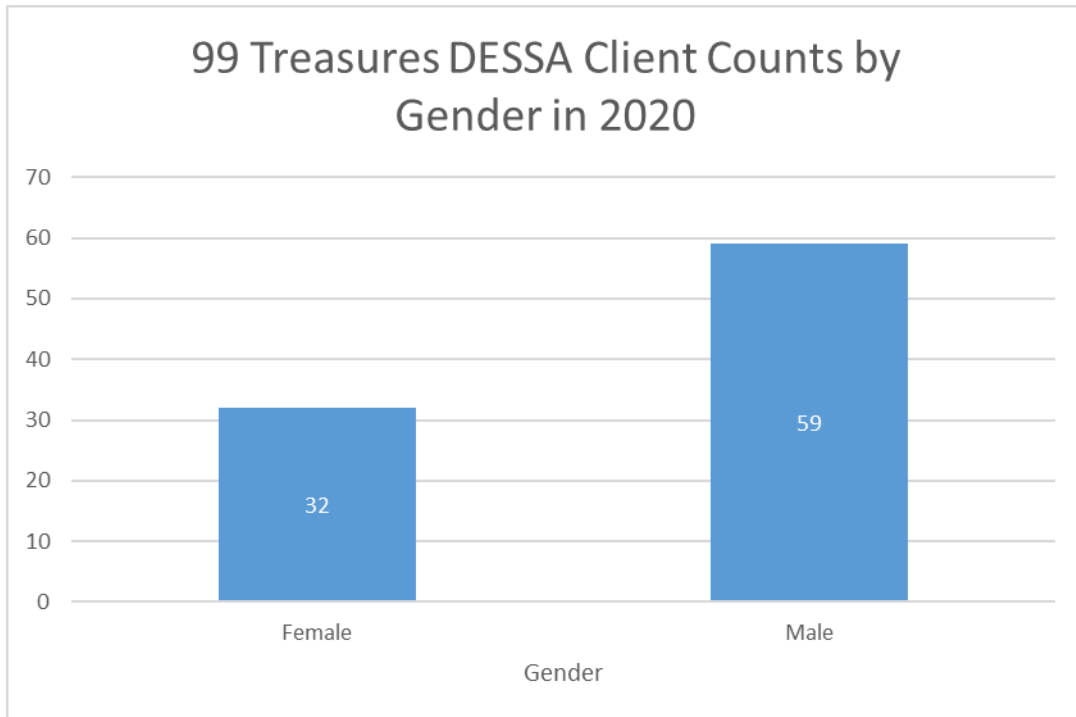


This chart shows that 99 Treasures serves children from kindergarten into high school.



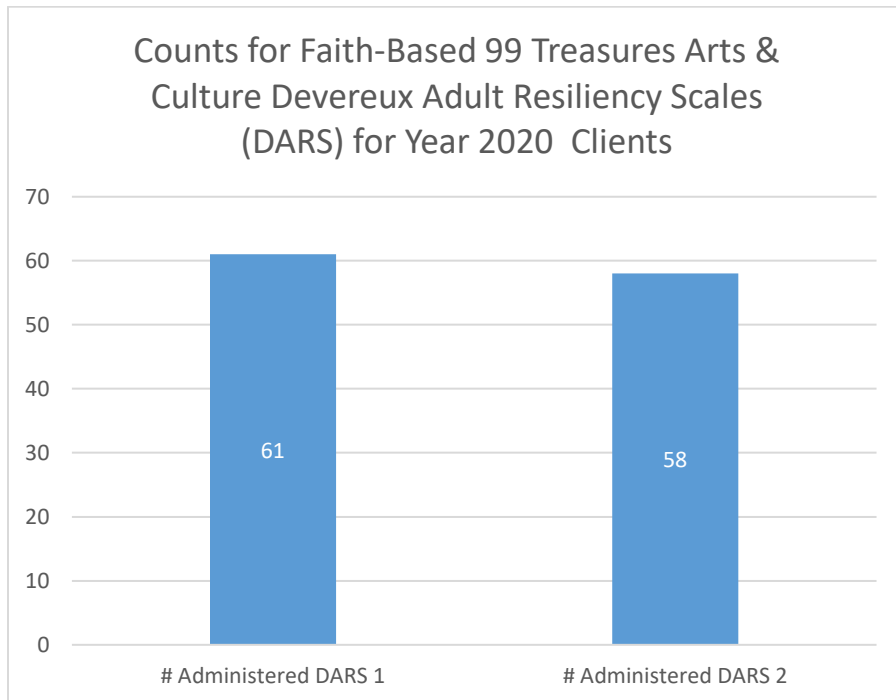
This last chart for 99 Treasures shows that well over half of the children served are males.

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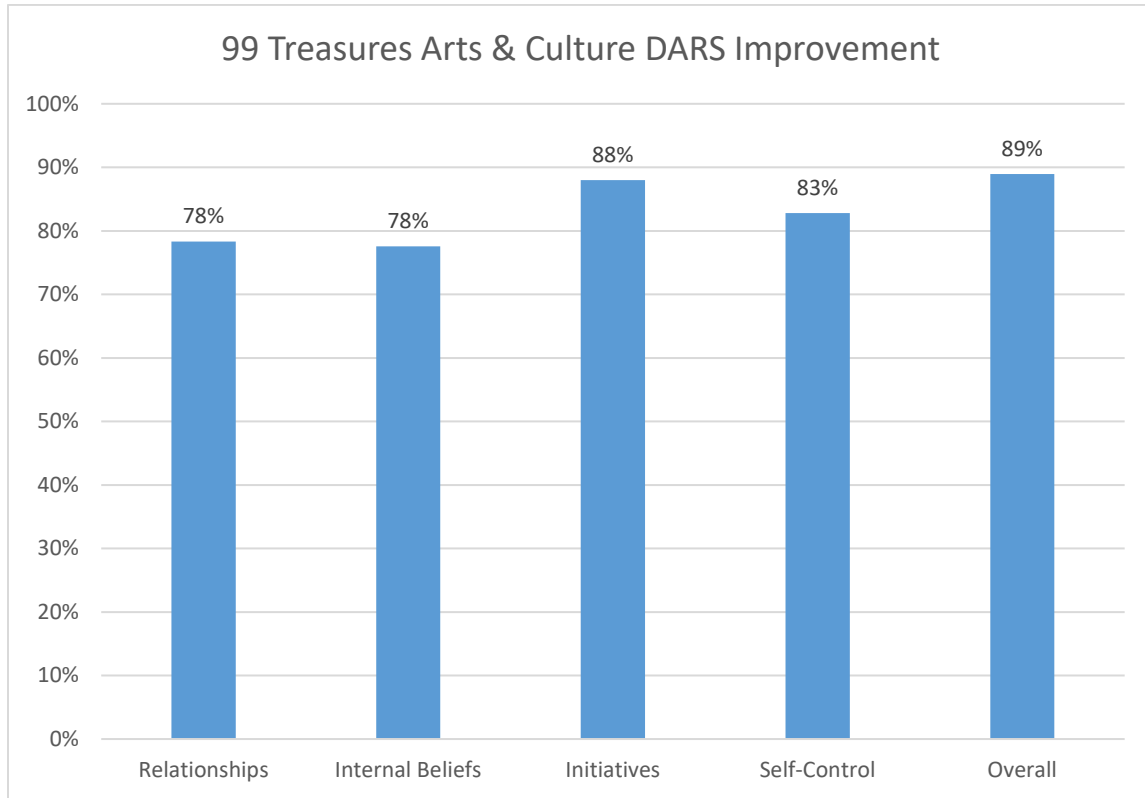
DARS

The chart below shows that 95% of the people assessed at 99 Treasures completed both the first and second assessments.



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The chart below shows that 78% to 88% of people showed improvement on the DARS subscales. Overall, 89% of people showed improvement on one or more subscales.



Brenda Glass Multipurpose Trauma Center

In the Board contract with Brenda Glass Multipurpose Trauma Center the expectation was to serve 60 to 90 clients a year. Translating this expectation to the two months of operation in 2020 is service for a minimum 20 clients. They have served 42 clients, over double the minimum expectation.

Client Services

Brenda Glass Multipurpose Trauma Center has provided services in the fourth quarter of 2020. The following table shows counts for the services provided. Discussion of appropriate outcomes measures for this client population concluded with the agreement to collect the Ohio Scales for Adults beginning in 2021. Summary for outcomes will be included in reports for 2021.

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Status as of Date		November 12th	November 27th	December 11th	December 28th
# Stabilization and Intervention		17	30	38	42
Spiritual Counseling	# Served	17	30	38	38
	# Individual Counseling	0	20	25	38
	# Group Counseling	0	0	8	11
	# Connected to Spiritual Belief	11	13	13	14
	# Re- connected to Spiritual Belief	2	11	11	13
	Engaged but not connected at this time.	4	6	14	15
	Total # Served Unduplicated (New Clients)	17	13	8	4
Trauma Case Coordination/ Shelter Placement	# Served	17	30	38	42
	# Housing Procurement	1	10	13	13
# Served Peer Trauma Support Spiritual/Practical		17	30	38	42
Mental Health Skills Building (16 Weeks initially)	# Participating	17	20	25	38
	# Attended more than 16 Weeks	0	0	0	0
	# Completed Sessions	0	0	0	0
	Total # Served Unduplicated	17	13	8	4

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Faith Community Supportive Services

In the Board contract with Faith Community Supportive Services the expectation was to serve 60 clients a year. They have served 12 clients between April and December of 2020. The COVID-19 pandemic restrictions and response has affected the recruitment of clients into the program.

Client Services

Faith Community Supportive Services provides several services to the faith community but does not collect data from which service effectiveness can be measured. Counts of the number of times individuals were served or were referred or linked to receive services are reported below. As indicated below, 12 clients are being served with a variety of services. Individuals may receive multiple services in the ten service categories.

Total Program Participants	12
Services	# of Services
Training Services	27
Mentoring/Tutoring Services	7
Outreach Support Services	10
Community Service Projects in which individuals participated	10
Concept Art Services	30
Teen/Adult Parenting Training/Support Services	25
Employment Assistance Services	16
Supportive Services/Skill Development Services for Grandparents	17
Referral to Specialized Services/Support	12
Link participants to Behavioral Health Services	0

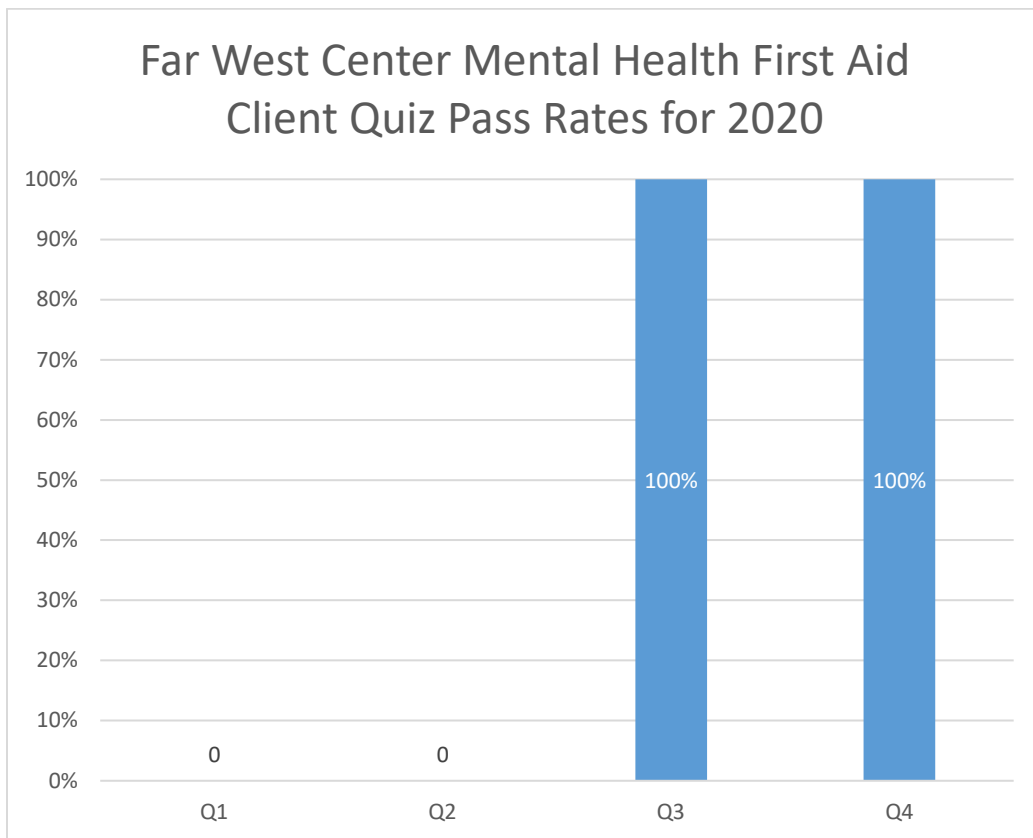
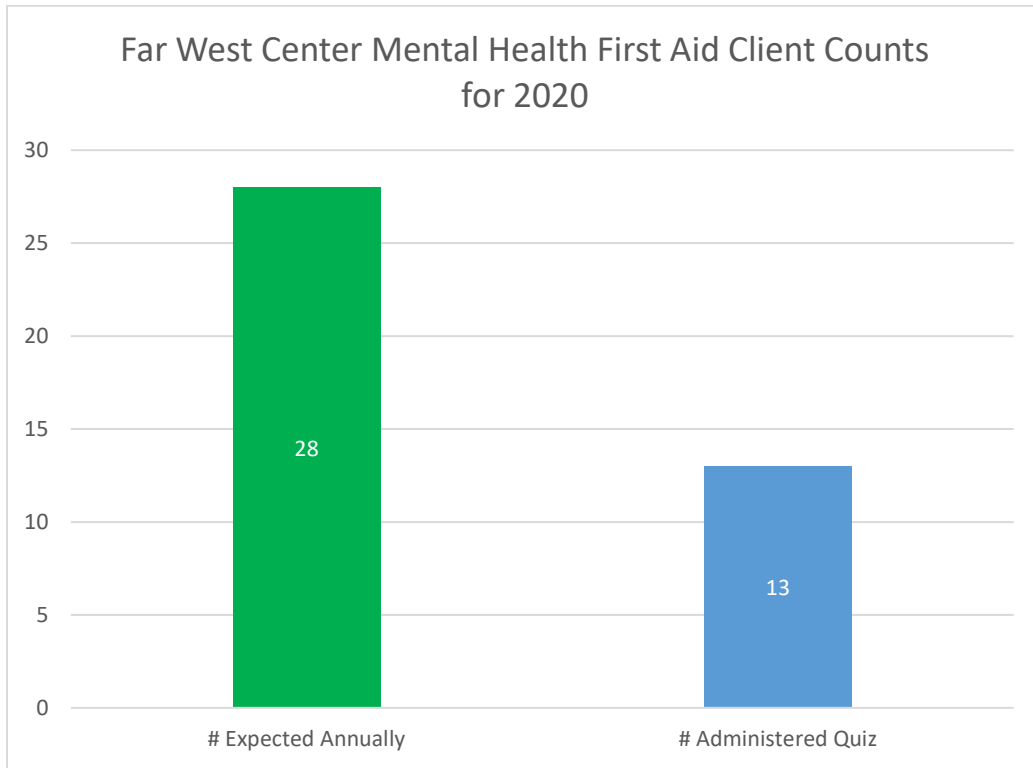
Far West Center

In the Board contract with Far West Center the expectation was to serve 93 clients a year in their several programs. They have served 36 clients in 2020. The COVID-19 pandemic restrictions and response has affected the recruitment of clients into the programs.

Mental Health First Aid

All 13 people (100%) who took the Mental Health First Aid course quiz at Far West Center passed.

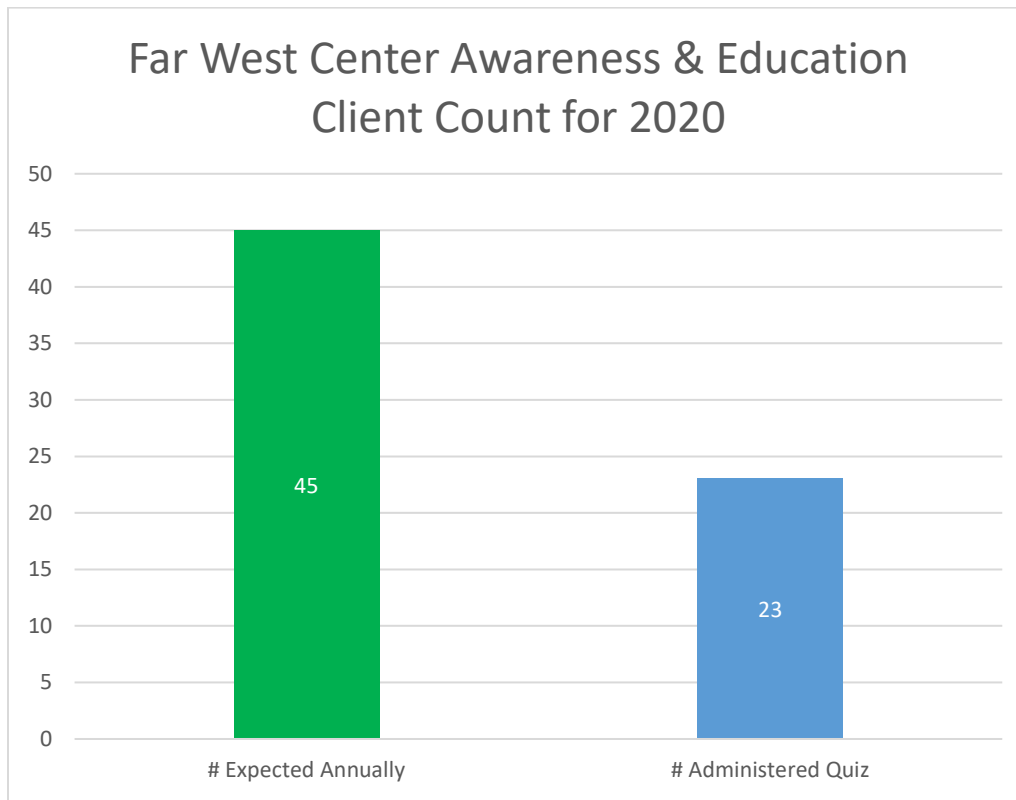
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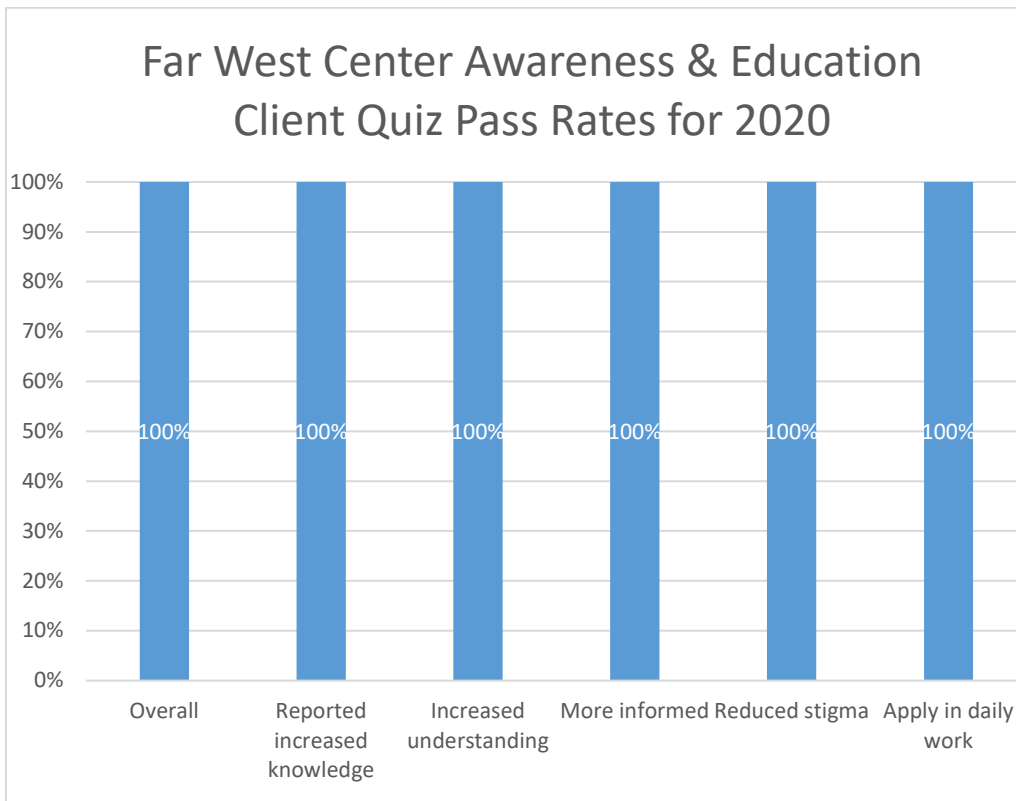
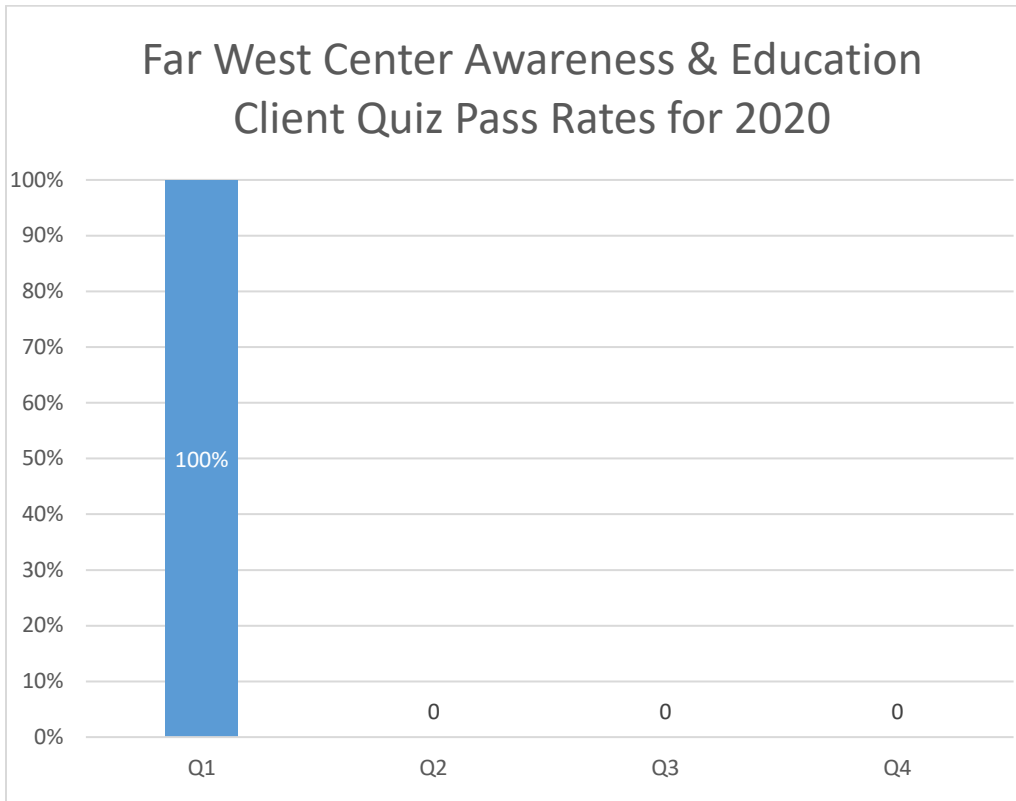
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Awareness and Education

- Far West Center - Building bridges between the faith community and behavioral health providers.
- **Only Far West Center was able to provide a program before COVID – 19 restrictions were instituted in March.** There was not programming in the second or third quarters.
- All 23 people (100%) who took the Education and Awareness quiz at Far West Center passed the quiz.



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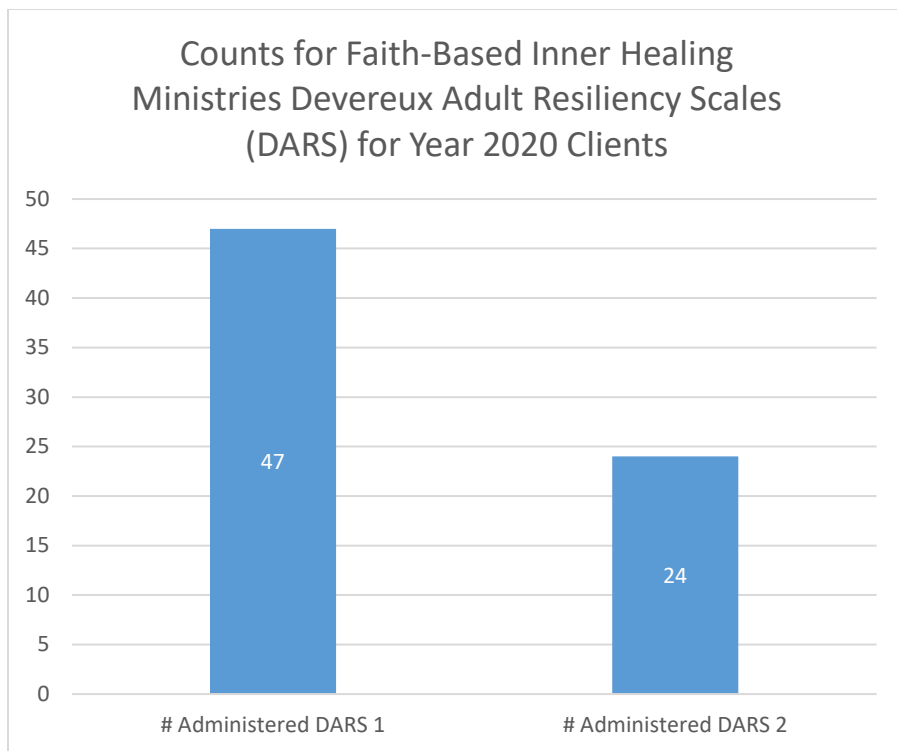
Inner Healing Ministries

In the Board contract with Inner Healing Ministries the expectation was to serve 75 clients a year. They have served 102 clients in 2020. The COVID-19 pandemic restrictions and response has affected the recruitment of clients into the programs.

There was no DESSA data for Inner Healing Ministries, so no charts were prepared.

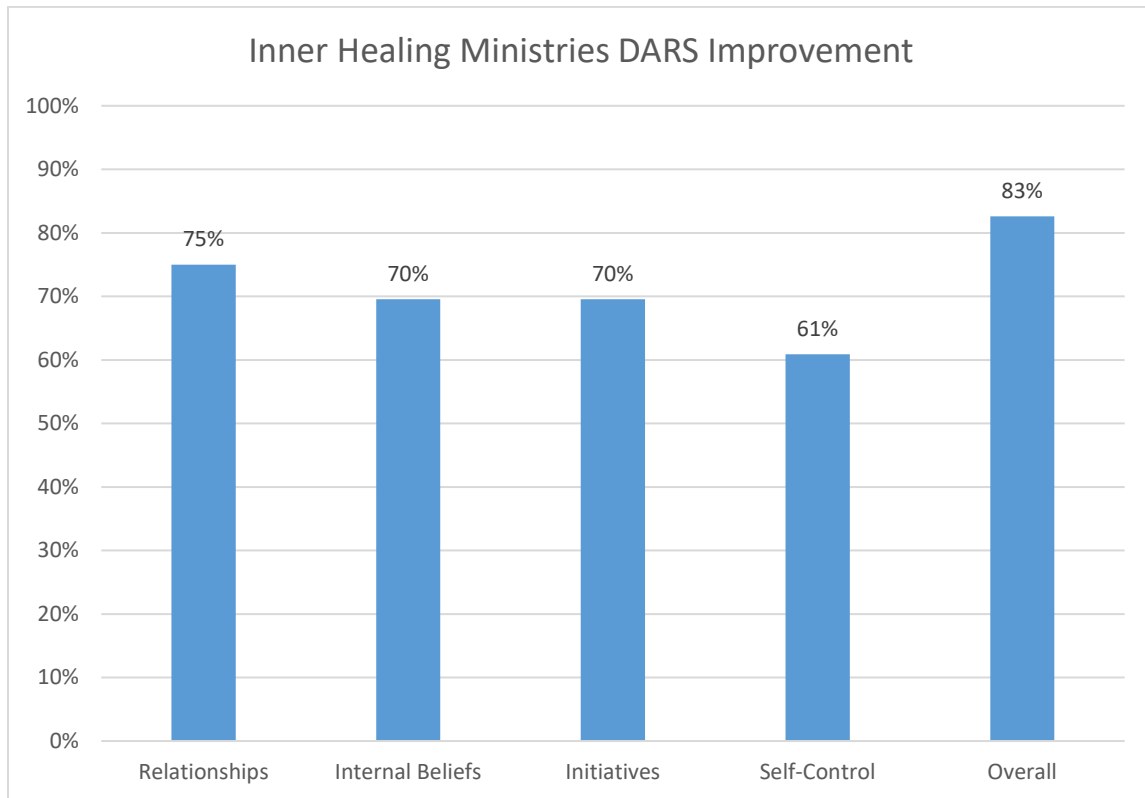
DARS

The chart below shows that 38% of the initial DARS assessments at Inner Healing Ministries had a second DARS administration.



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The chart below shows a range of 61% to 83% of people improving resilience scores on DARS subscales. Overall, 83% of people showed improvement on one or more of the subscales.



Life Recovery Ministries

In the Board contract with Life Recovery Ministries the expectation was to serve 255 clients a year. They have served multiple clients but have outcomes data for 12 clients in 2020. The explanation immediately below and the COVID-19 pandemic restrictions and response has affected the recruitment of clients into the several programs.

The following are reasons for the lack of Data Submissions from Life Recovery Ministries for some programs . The following is the response from Life Recovery Ministries to the query about the lack of DARS data.

Life Recovery Ministries has determined that space, time, and opportunity are not available to provide or perform the DARS evaluation.

Our programs welcome participants from the community who experience "hurts, hang-ups and habits" (mental health & substance use disorders).

These participants are not our clients but rather participants who come seeking a structured support group experience. Performing the DARS was not agreed upon by these attendees. It would push them away. They only expressed a desire to learn to open their hearts after being faced with painful

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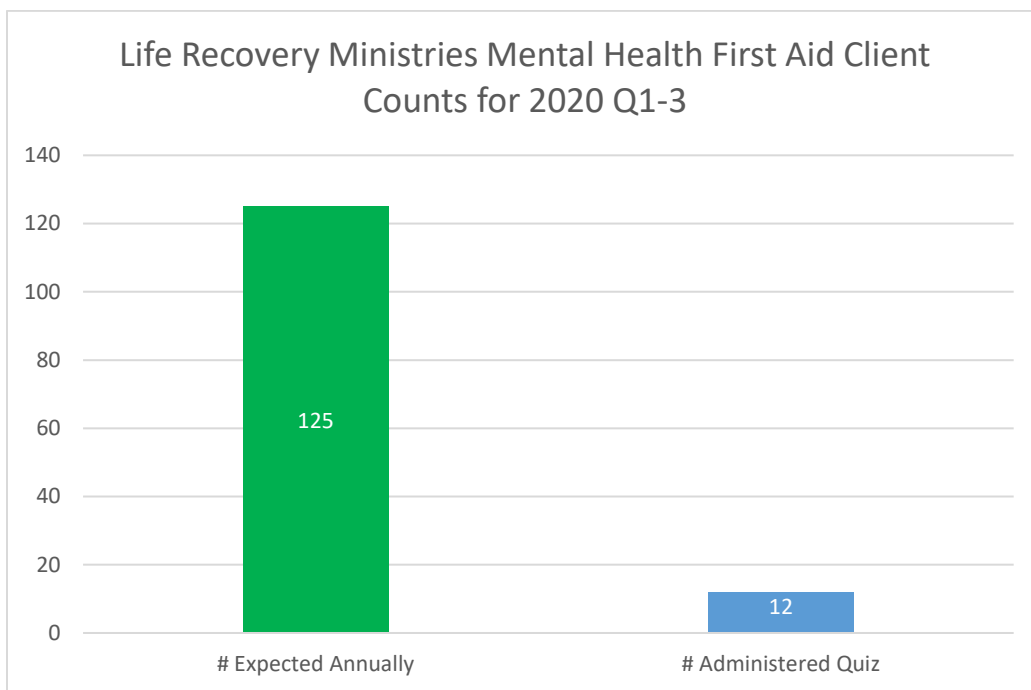
situations and circumstances.

Those who attend Recovery Church are similar although recognizing the support for Recovery, the religious worship environment is also not an appropriate environment.

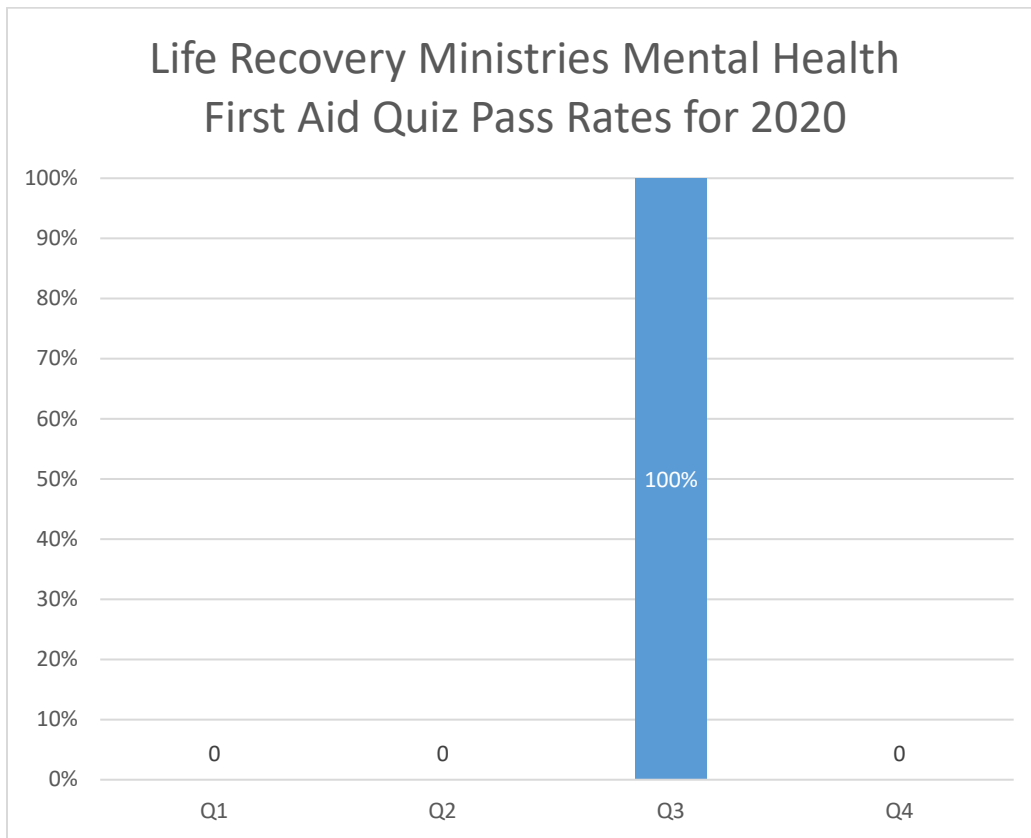
For these programs, we currently measure outcome by their ongoing involuntary participation and involvement.

Mental Health First Aid

- All 12 of the people (100%) who took the Mental Health First Aid course quiz at Life Recovery Ministries passed.



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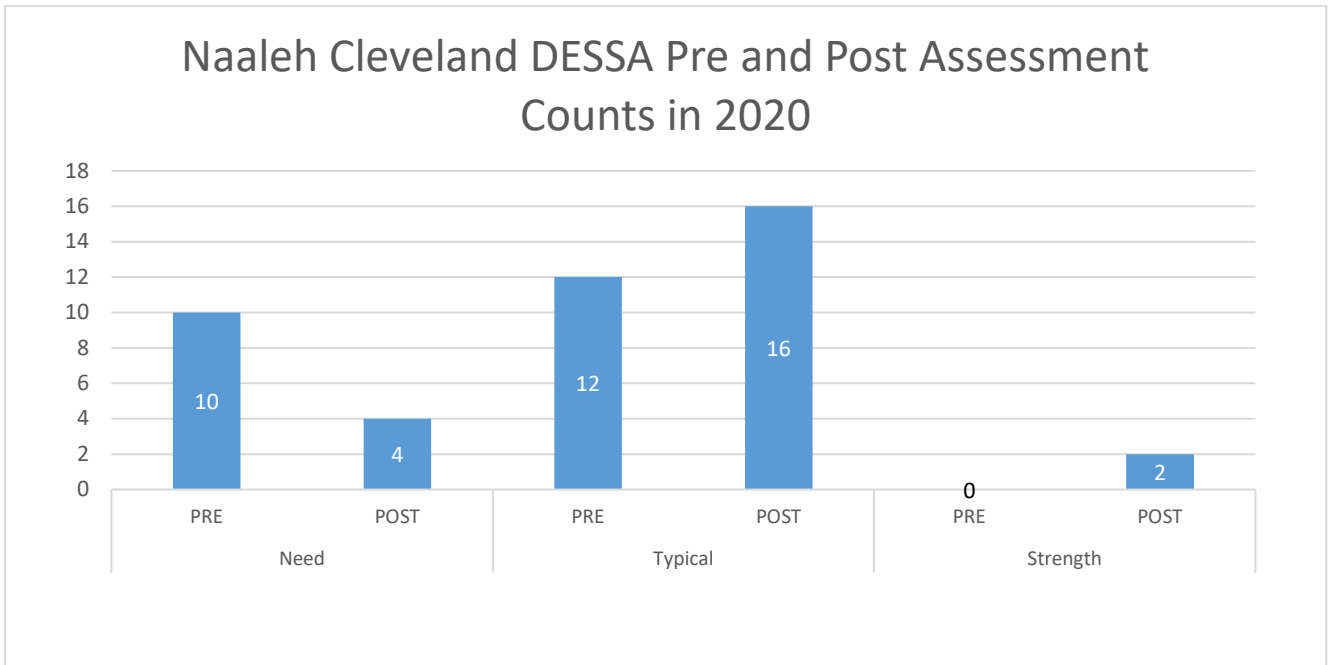
Naaleh Cleveland

In the Board contract with Naaleh Cleveland the expectation was to serve 40 clients a year. They have served 89 clients in 2020. This count is over double the expected number of clients served.

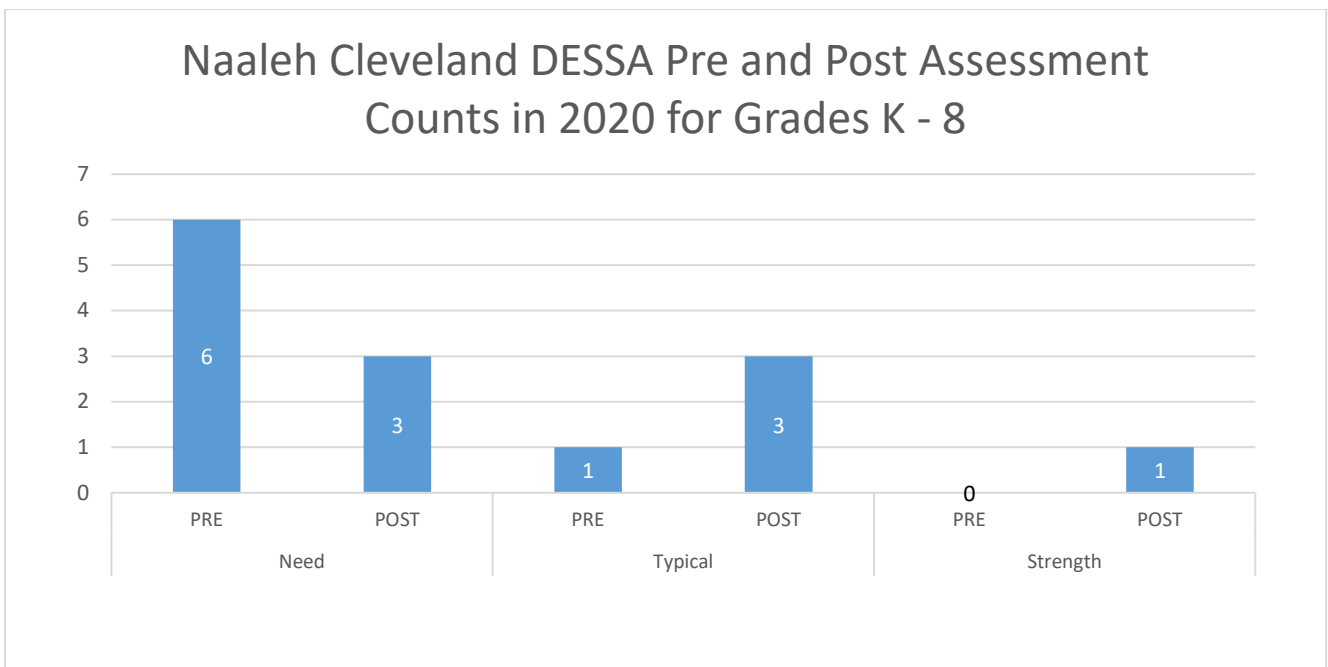
DESSA

In this chart for Naaleh Cleveland there is the same pattern as seen with other providers with a decline in the number of children with a need for social emotional learning and an increase in the number of children with strength.

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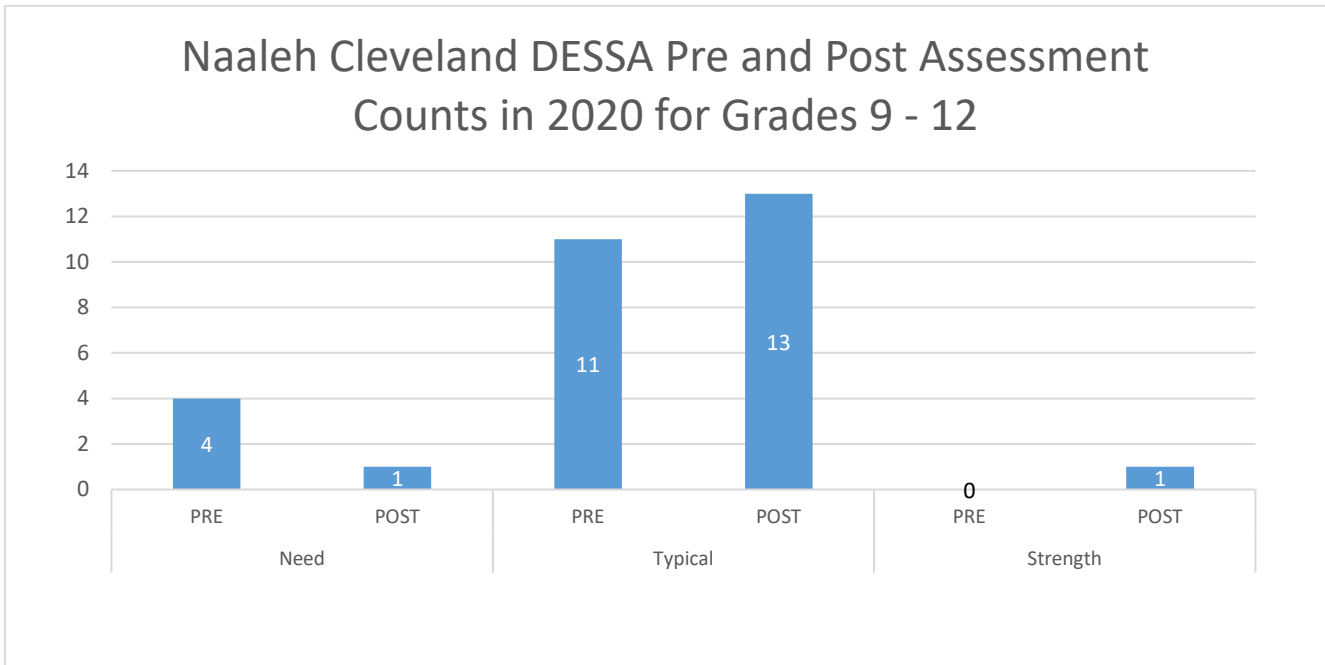


For the younger children at Naaleh Cleveland the same pattern of a decline in need and an increase in strength is seen.

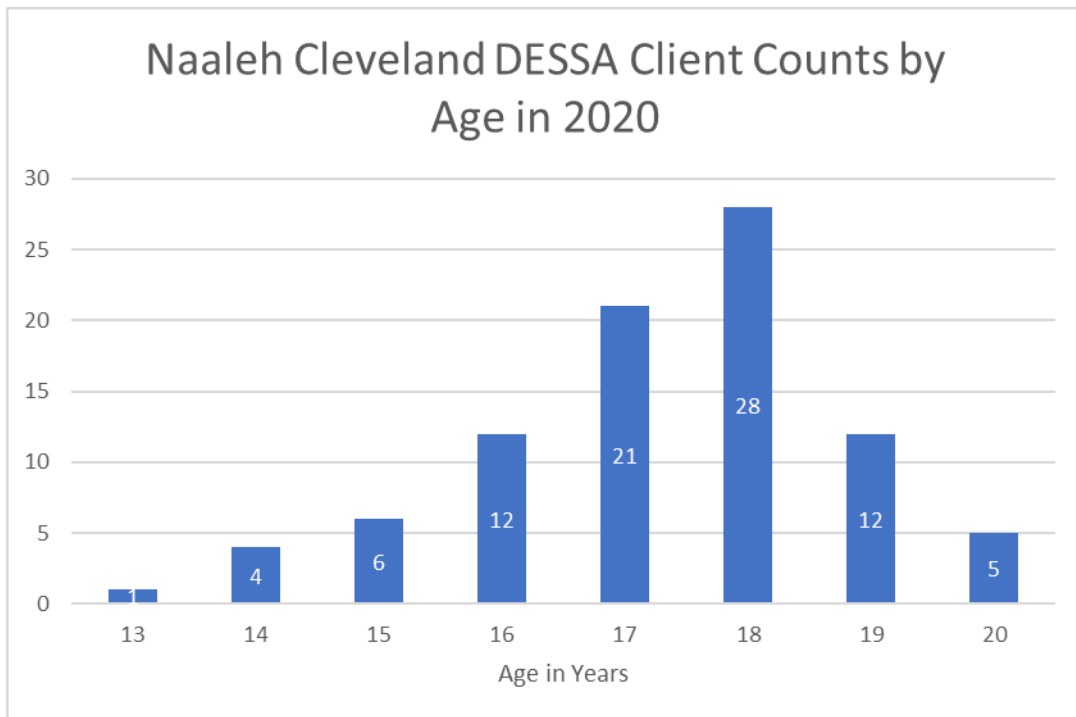


There is a similar pattern seen with high school age children at Naaleh Cleveland compared to younger children. Here is a decline in need and an increase in strength is seen.

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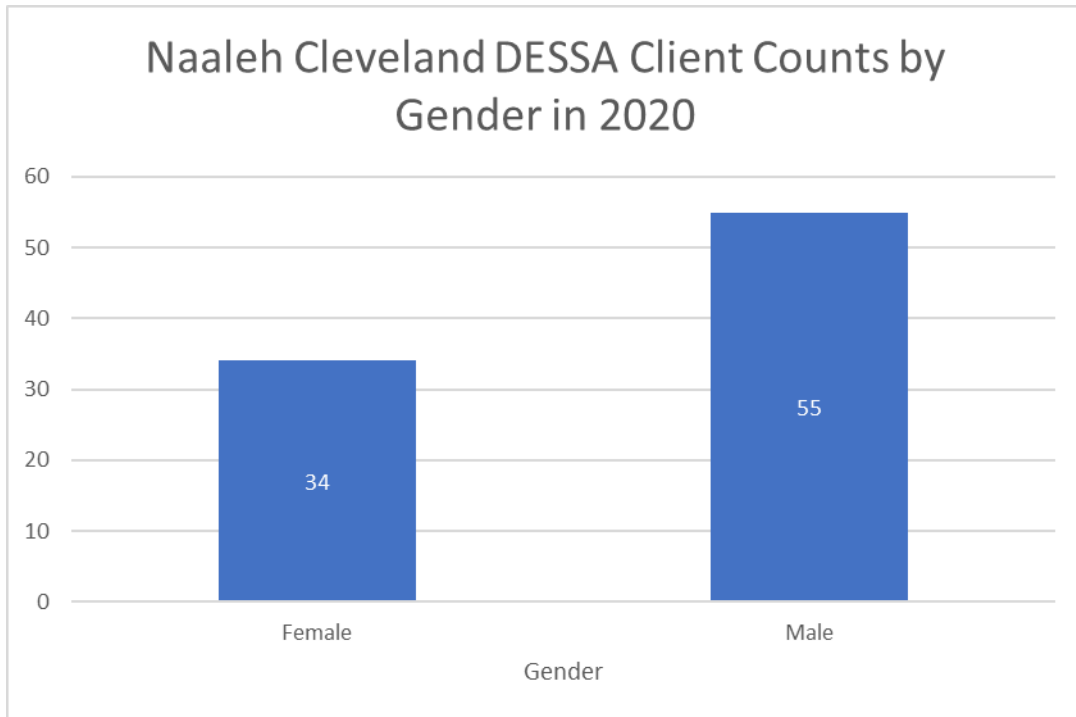


This chart shows the majority of children served at Naaleh Cleveland are in the High School ages.



A majority of the children served at Naaleh Cleveland are male.

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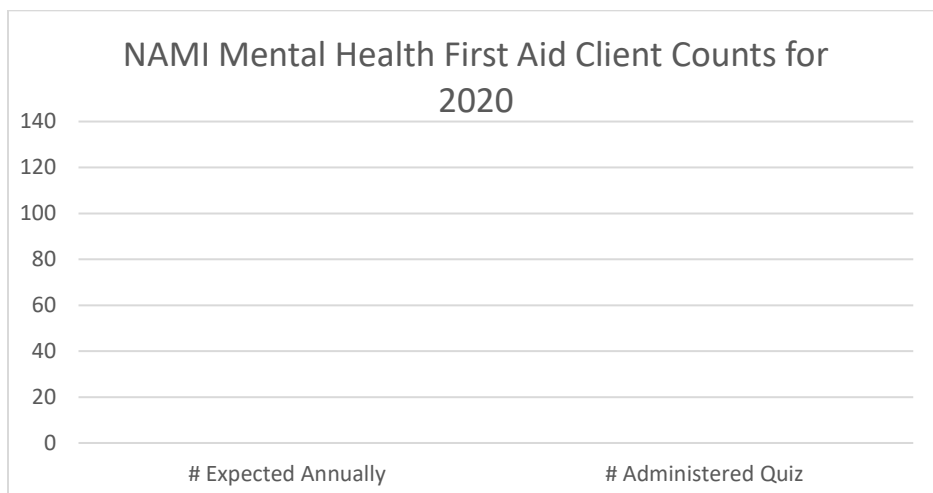


NAMI Greater Cleveland

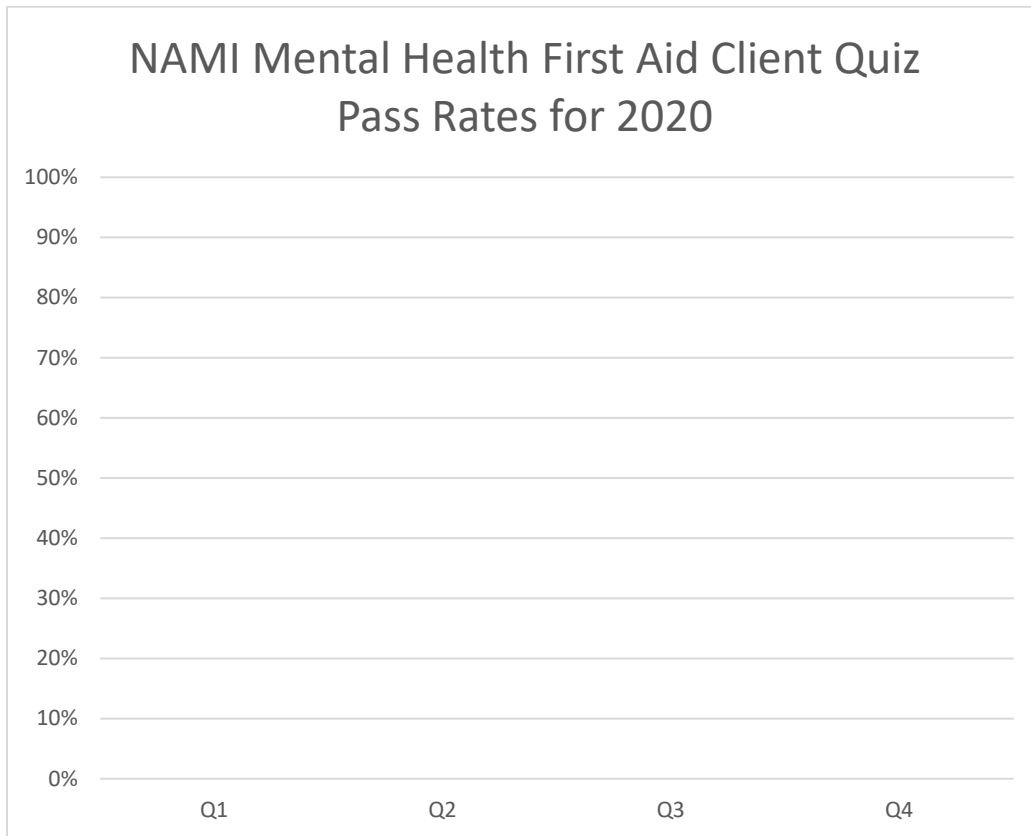
In the Board contract with NAMI Greater Cleveland the expectation was to serve 300 clients a year. They have served 6 clients in 2020 as measured by outcomes data submitted to the Board. The COVID-19 pandemic restrictions and response has affected the recruitment of clients into the programs that were designed, primarily, for face-to-face interactions.

Mental Health First Aid

NAMI was not able to run any MHFA classes this year.



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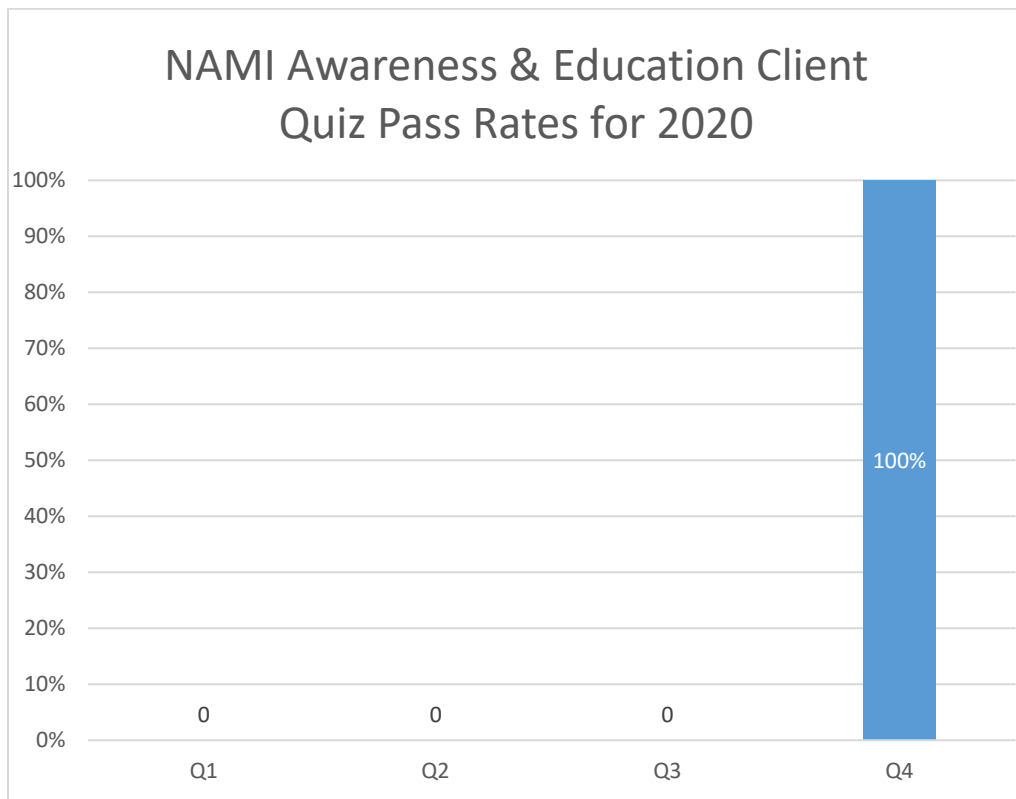
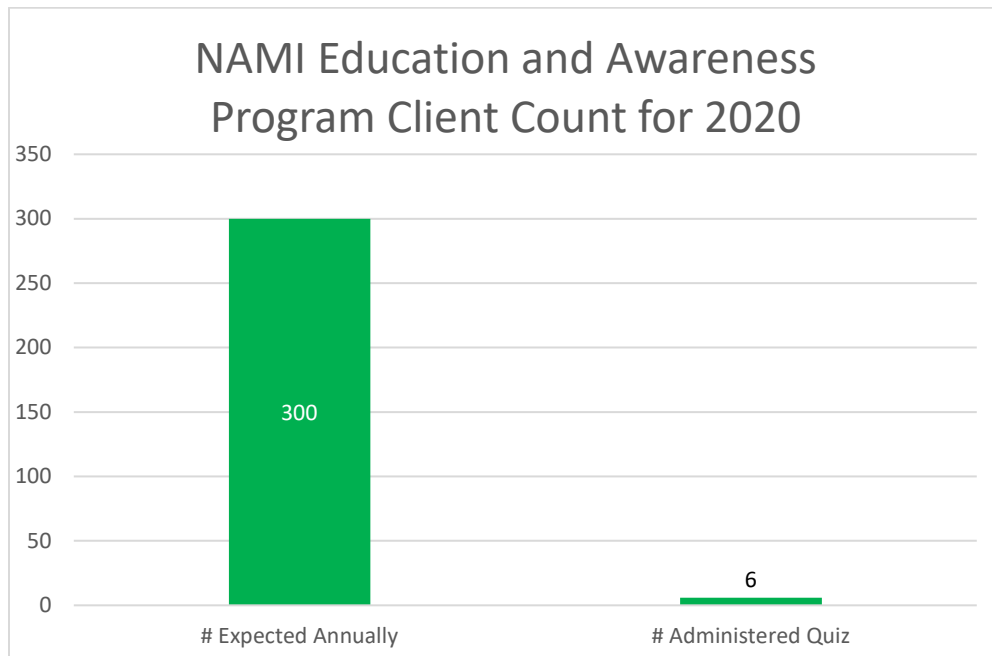


Awareness and Education

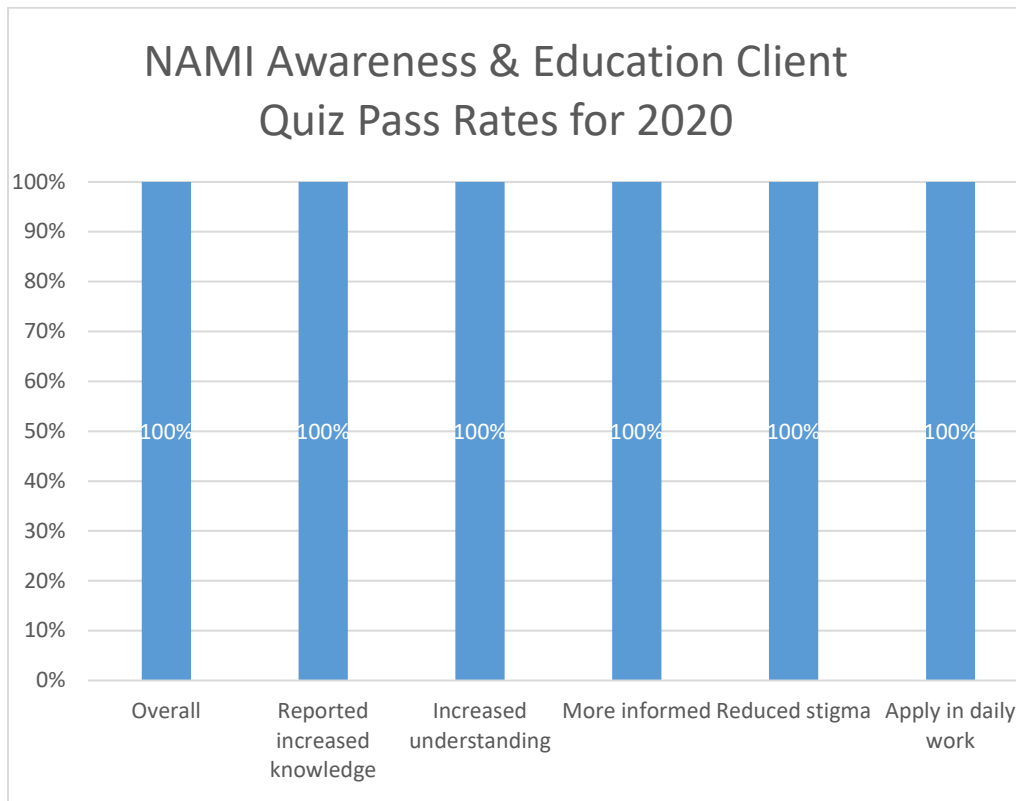
Providing mental health education and support within faith-based communities for individuals with mental illness and their families.

All 6 people (100%) who took the Education and Awareness quiz at NAMI Education and Awareness passed the quiz.

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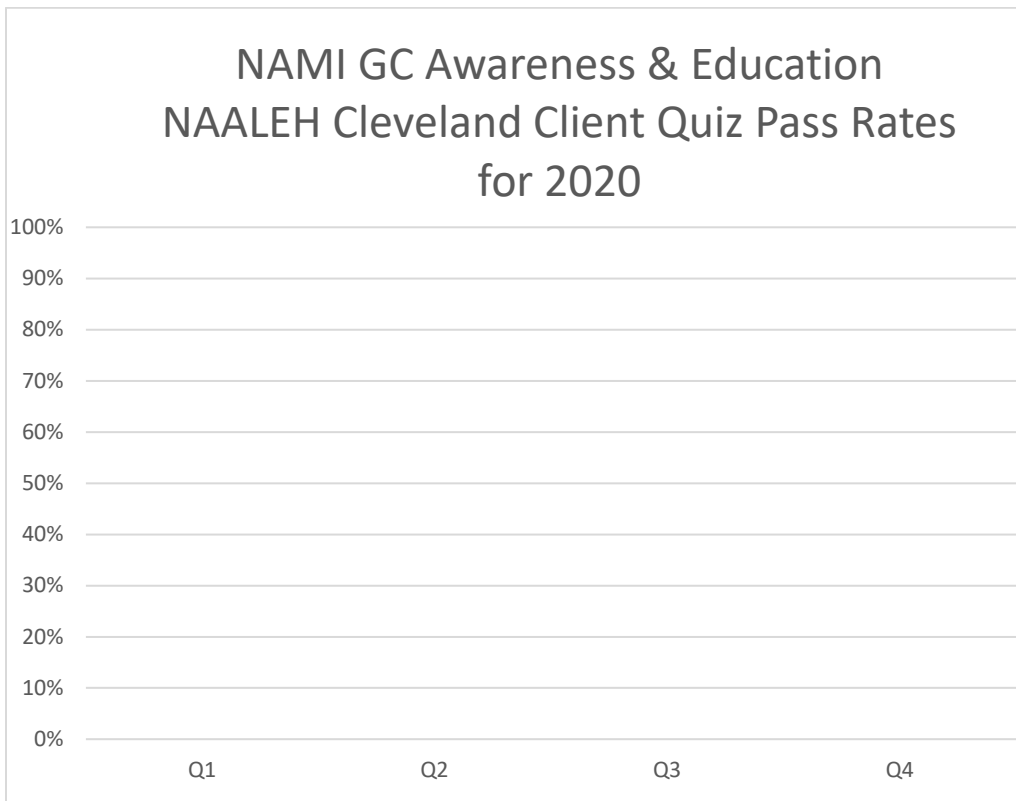
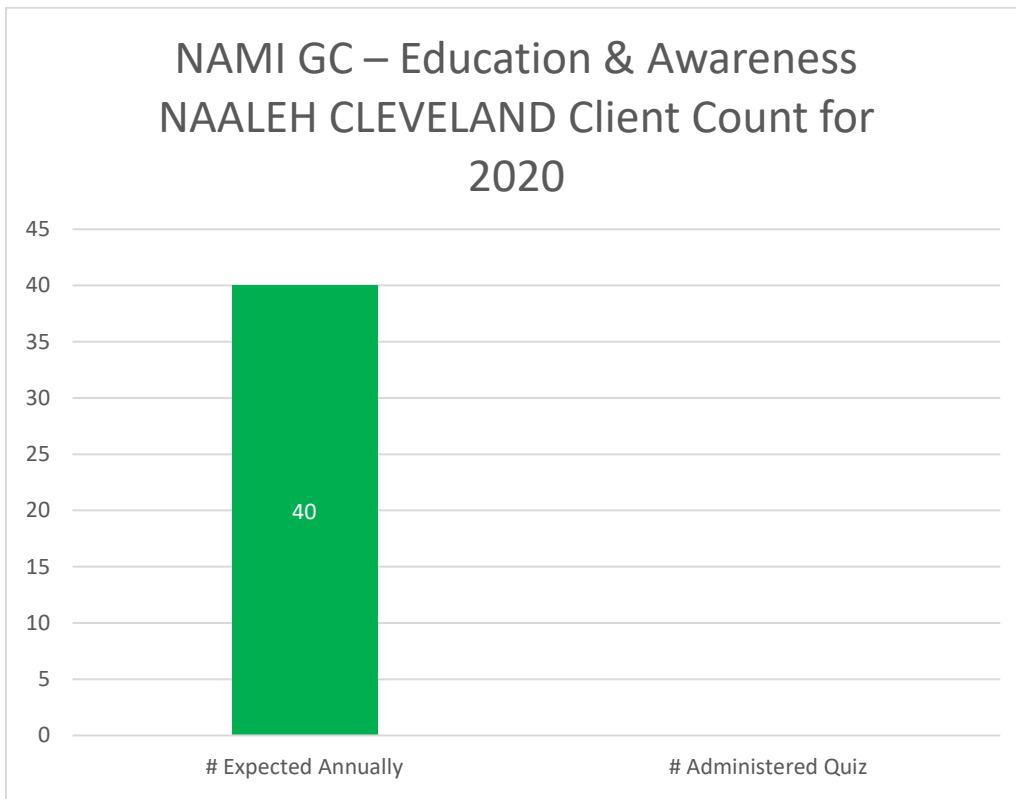


NAMI with Naaleh Awareness and Education

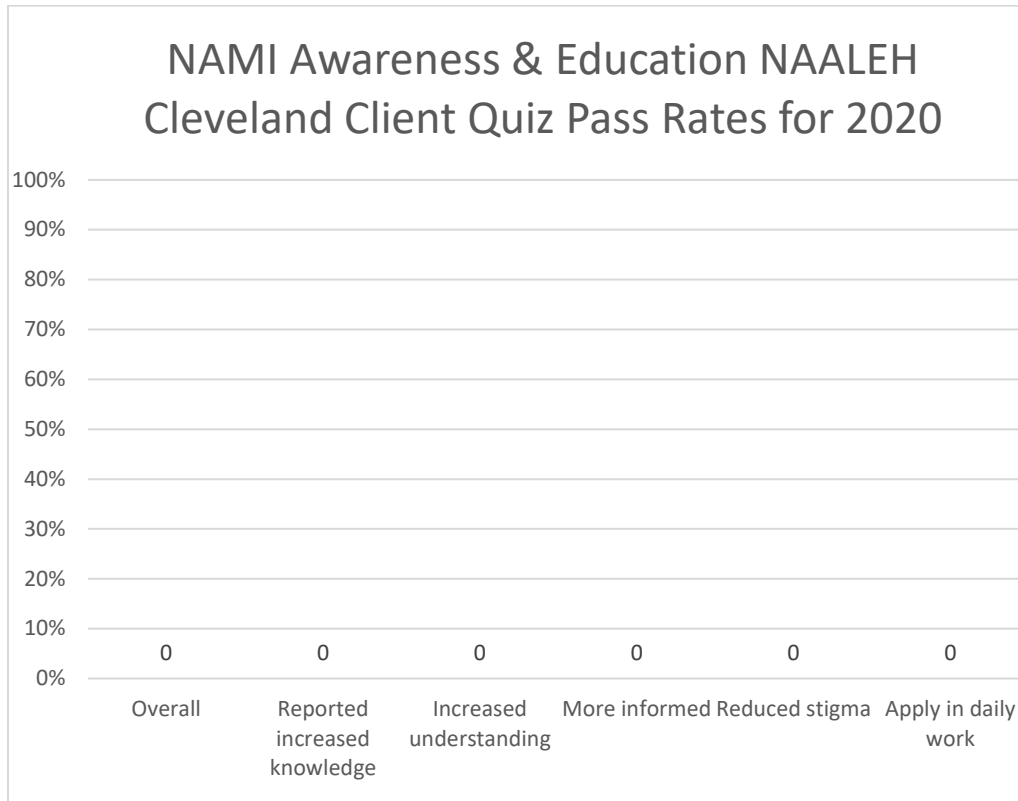
Providing mental health education and support within faith-based communities for individuals with mental illness and their families.

- No one participated in this program.

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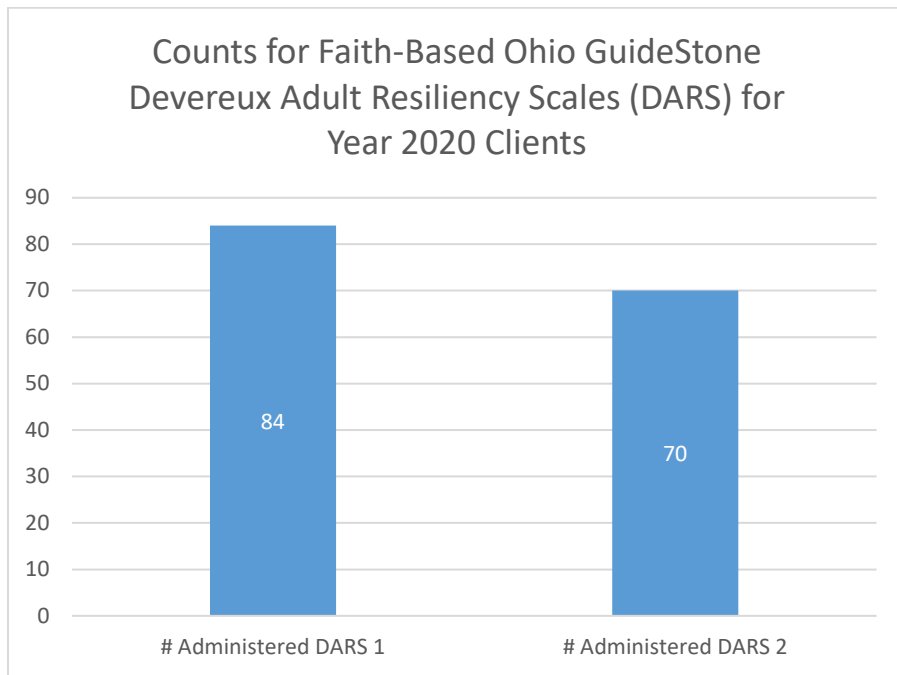
Ohio Guidestone

In the Board contract with Ohio Guidestone the expectation was to serve 115 clients a year. They have served 84 clients in 2020 as measured by outcomes data submitted to the Board. The COVID-19 pandemic restrictions and response has affected the recruitment of clients into the programs that were designed, primarily, for face-to-face interactions.

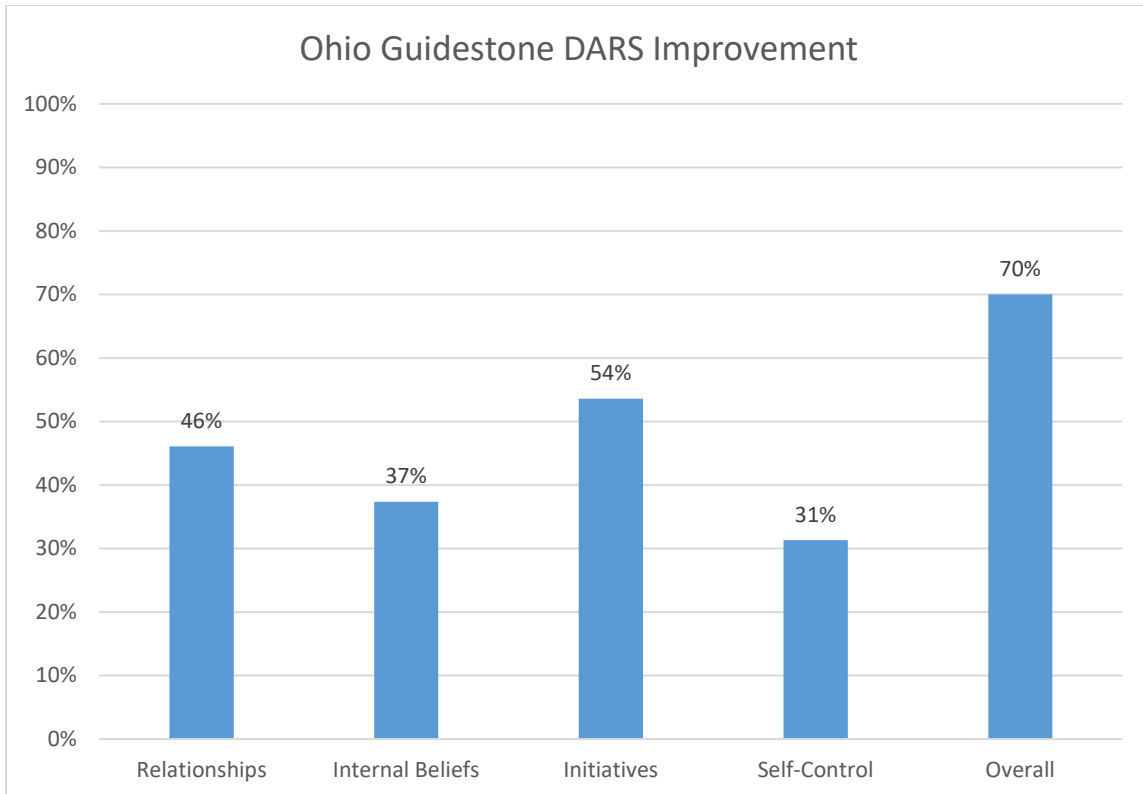
DARS

For people served at Ohio Guidestone, 83% completed both a first and second DARS assessment.

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Between 31% and 54% of people showed improvement on the resilience subscales. Overall, 70% of people showed improvement on one or more of the subscales.



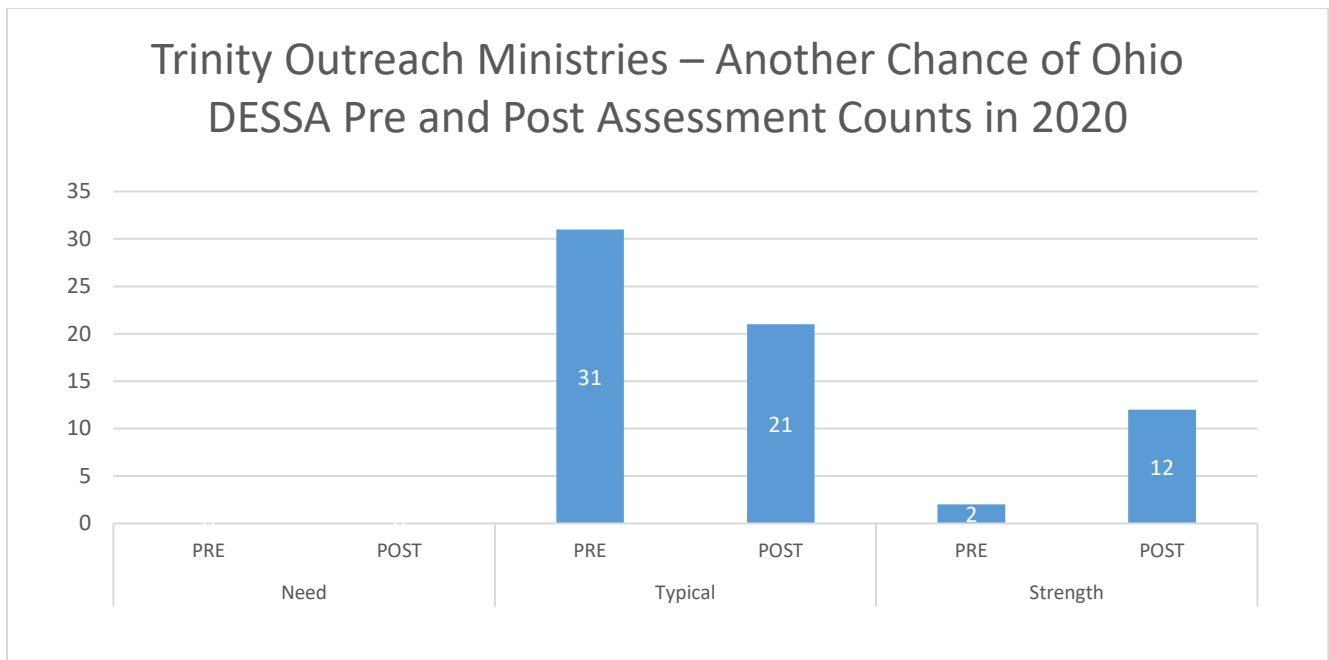
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Trinity Outreach Ministries

In the Board contract with Trinity Outreach Ministries the expectation was to serve 150 clients a year. They have served 164 clients in 2020 as measured by outcomes data submitted to the Board. Trinity Outreach Ministries was able to adjust their program to continue to serve over their expected number of clients in spite of the restrictions due to COVID-19.

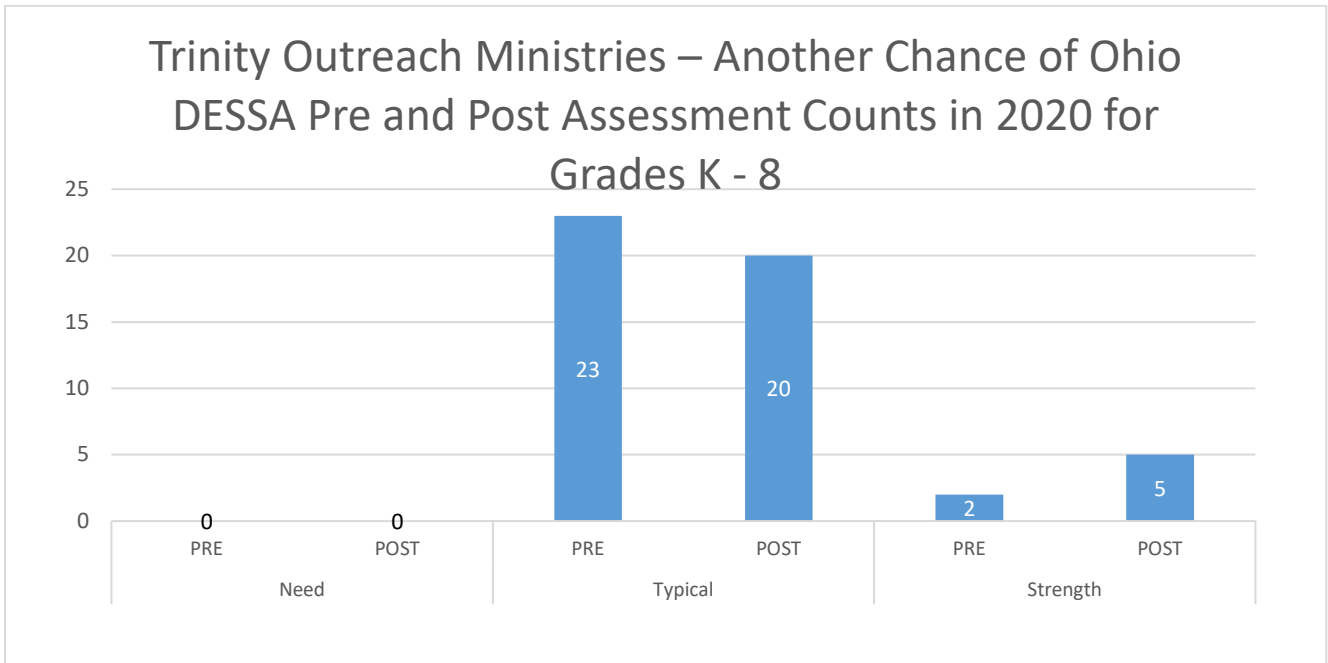
DESSA

At Trinity Outreach Ministries there is a different pattern of changes from the first DESSA assessment to the second DESSA assessment. First, there were no children who had a need for social emotional learning. However, the number of children with strength in social emotional learning has increased from the first to the second assessment.

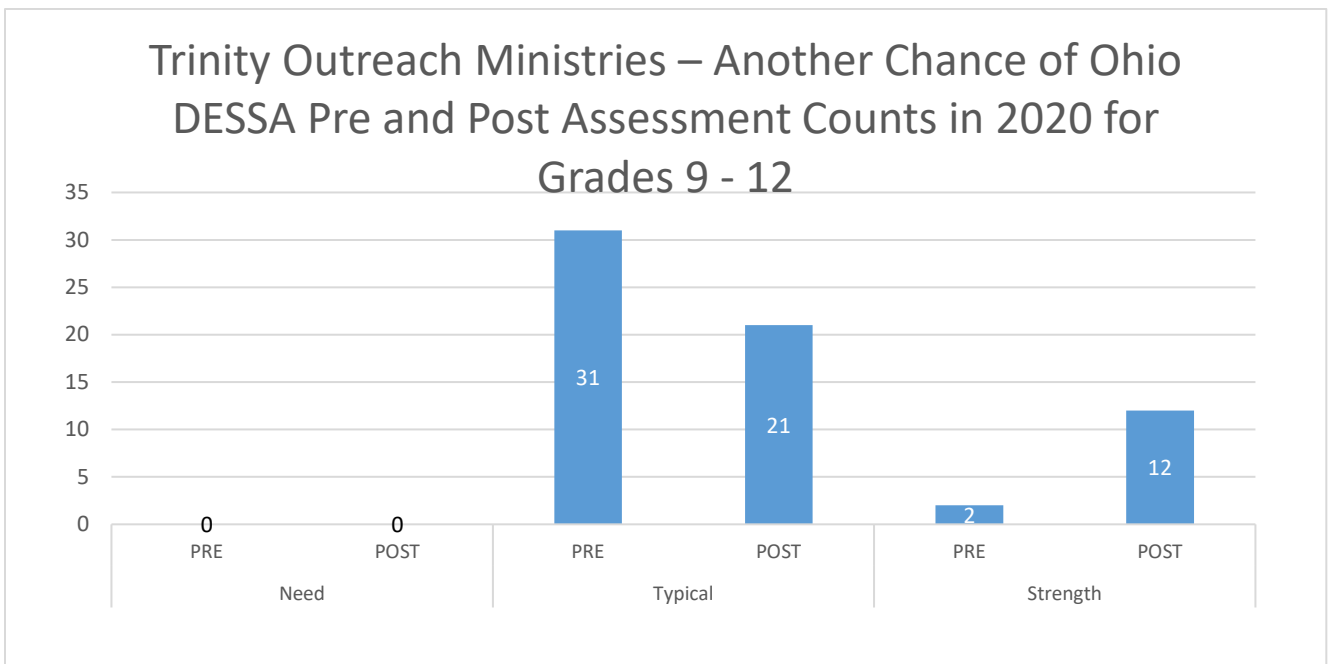


The pattern of changes in social emotional learning for the younger children is similar to the pattern for all children at Trinity Outreach Ministries.

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2020 Annual Report**

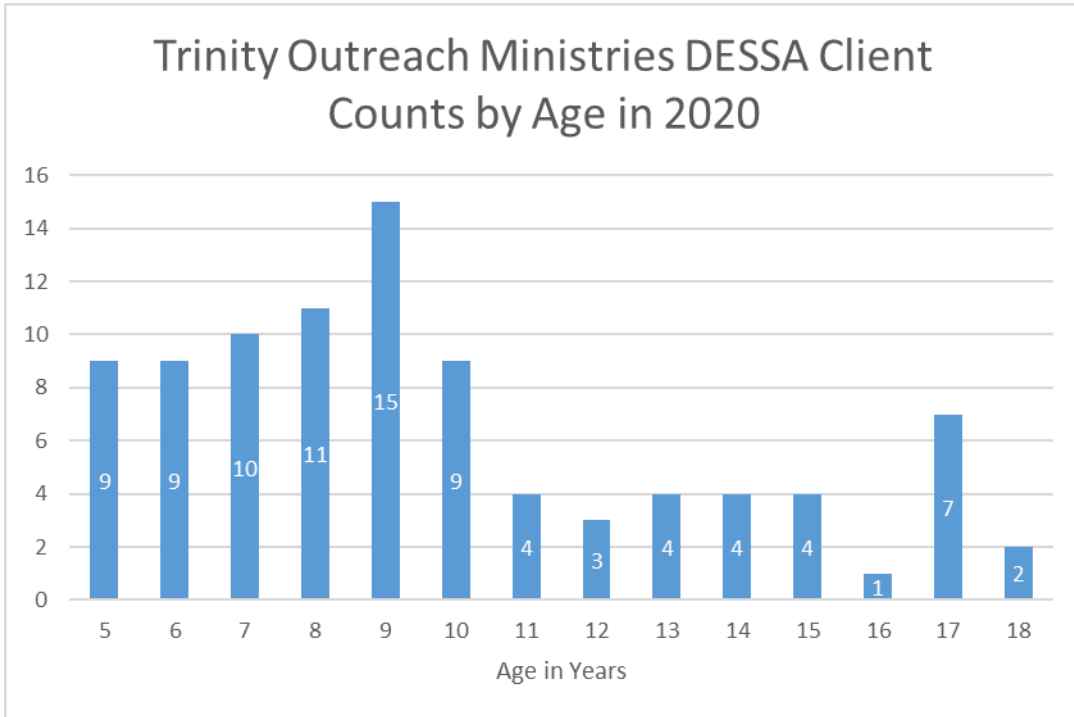


The pattern of improvement a Trinity Outreach Ministries is seen for the older children as well as the younger children.

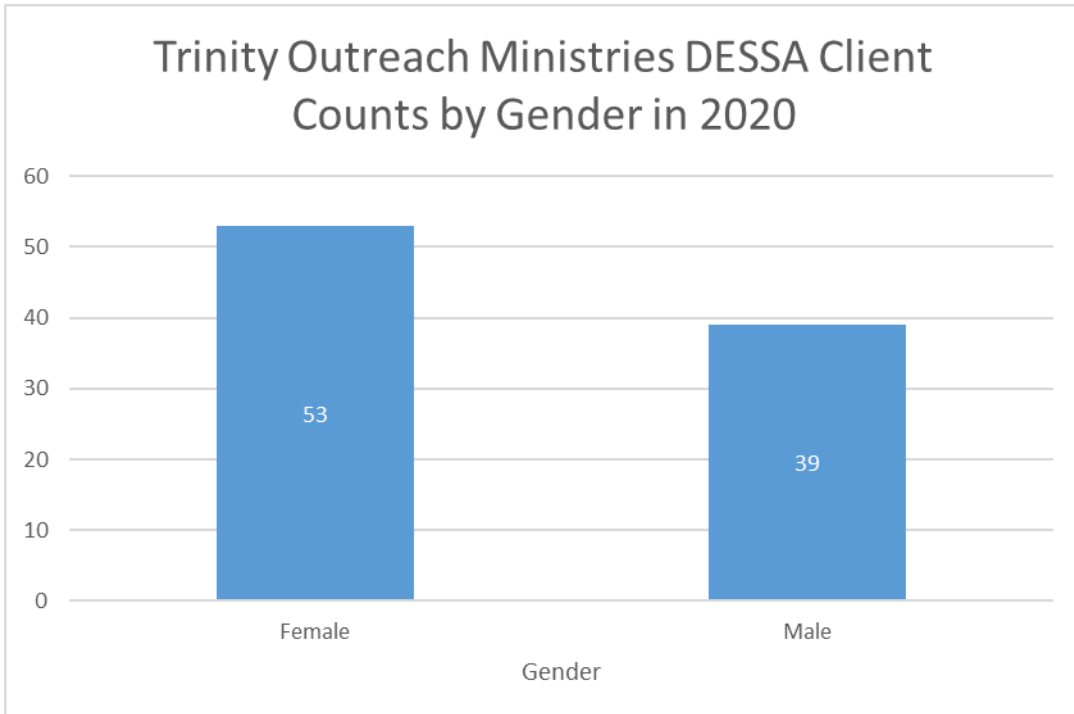


This chart shows the majority of children served at Trinity Outreach Ministries are in the elementary school ages.

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2020 Annual Report**



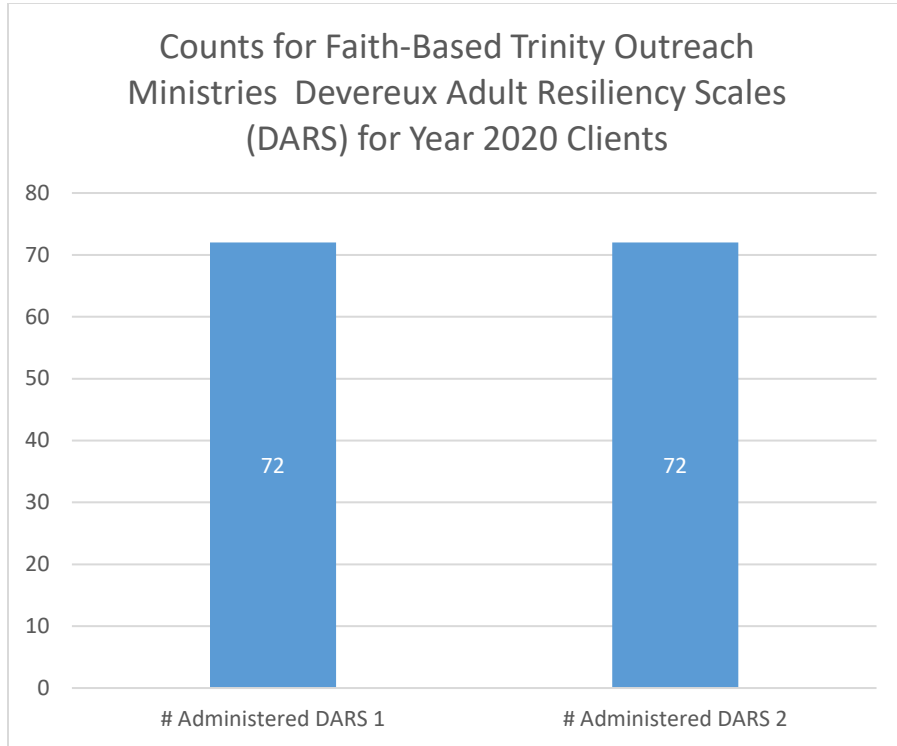
This chart shows the majority of children served at Trinity Outreach Ministries are female.



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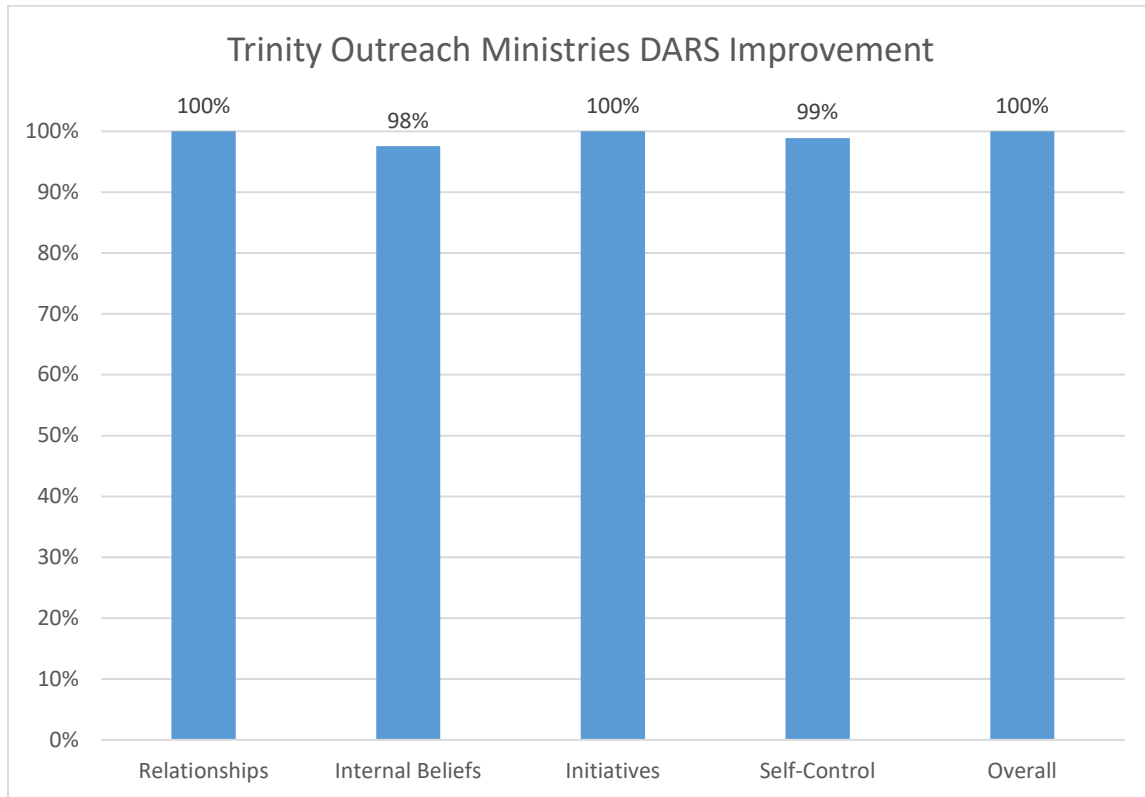
DARS

All 72 of the adults who did a DARS assessment at Trinity Outreach Ministries completed the second DARS assessment.



Nearly all showed improvement on the DARS subscales.

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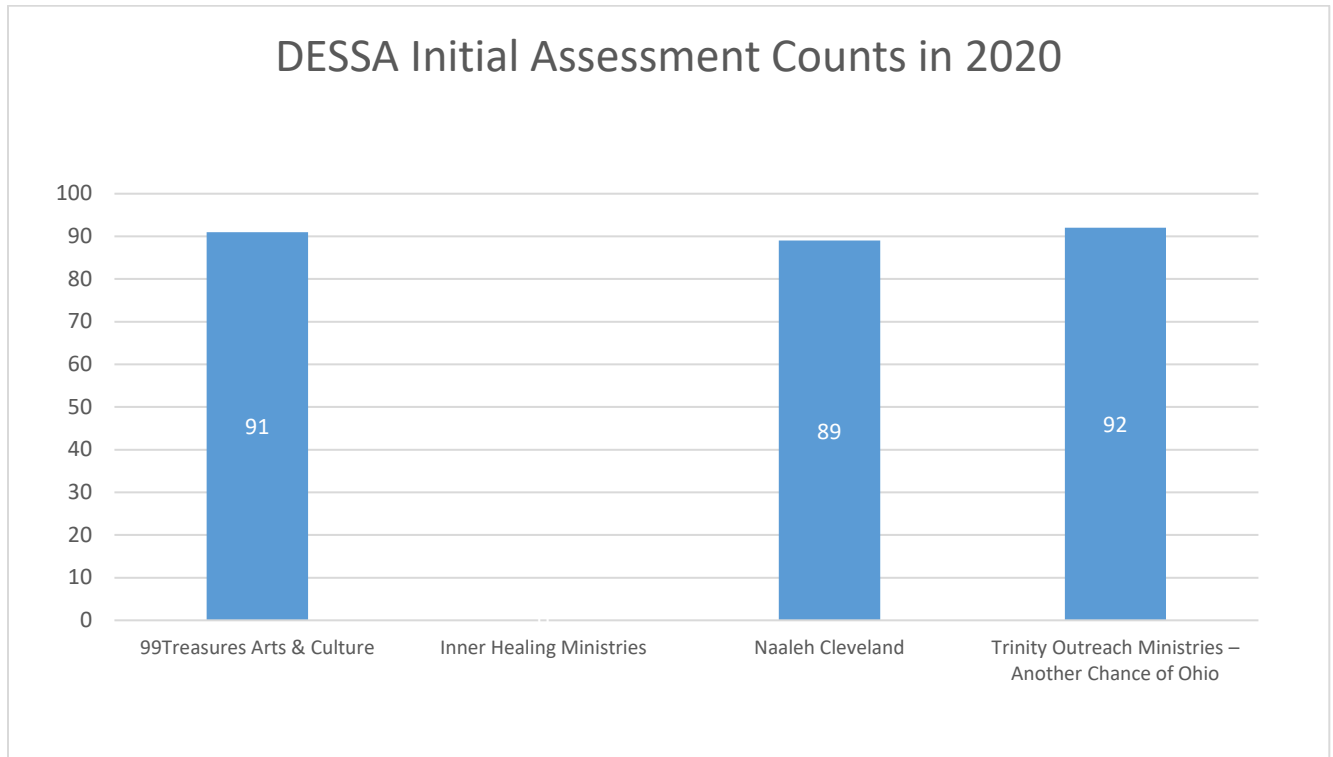
All Providers Combined

Although the several programs implemented by the various providers differ substantially, it is possible to combine results across the programs that use the same measurement instruments. The following part of this report show results for DESSA and DARS where data from several programs are consolidated.

DESSA Submission

The chart below shows the number of clients (both grades K - 8 and grades 9 - 12) who began services at each of the four providers who planned to use the DESSA social emotional learning instrument.

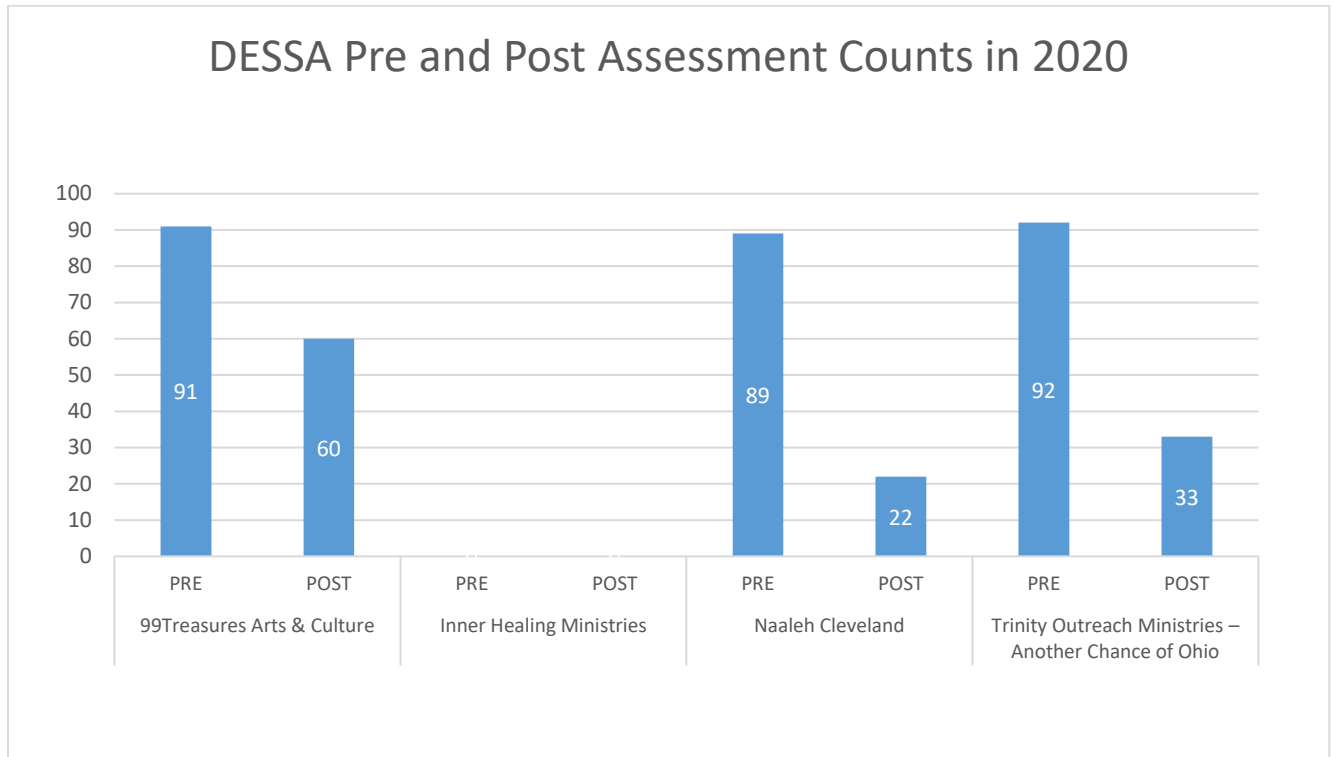
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DESSA Pre/Post Submissions

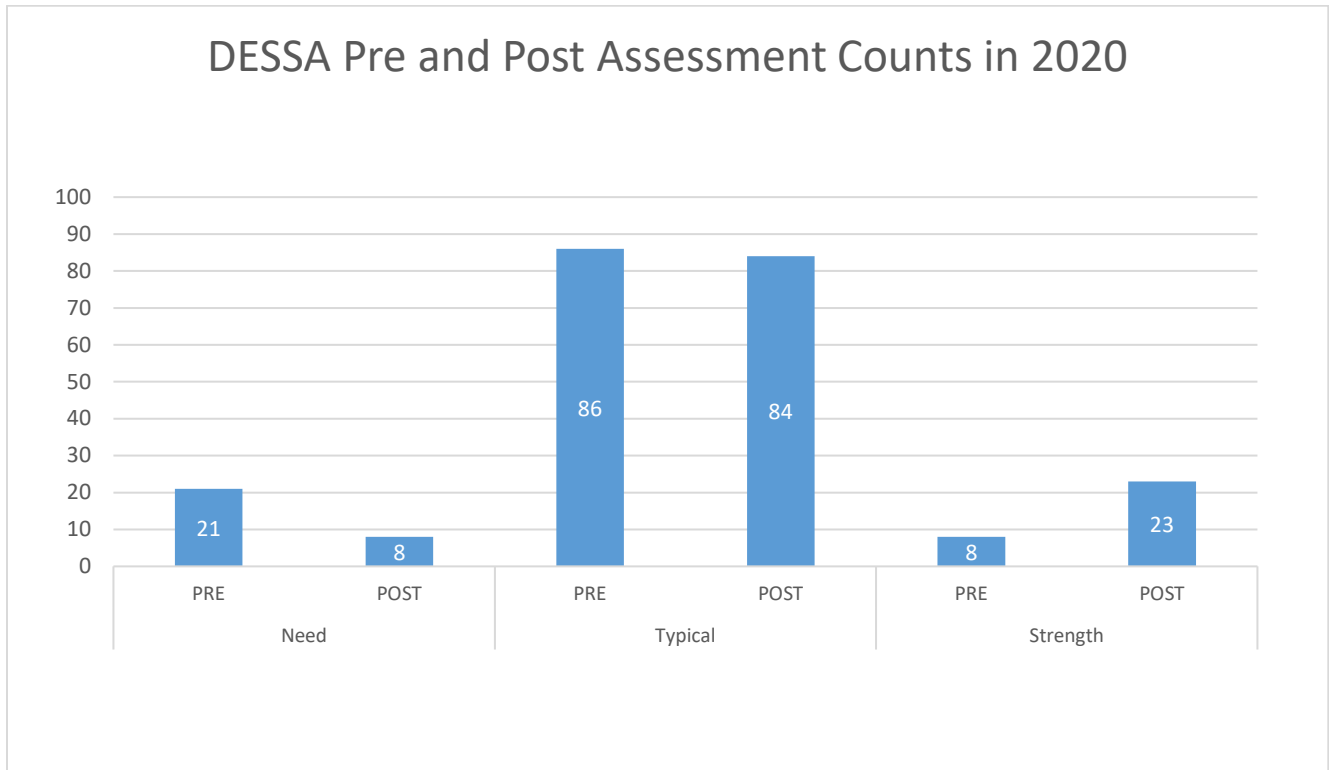
The following includes counts of children who completed both preliminary and post assessments in a program for both the K-8 grades and high school grades combined. This chart shows all the assessments done.

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For those children who had both a Pre assessment and a Post assessment the following chart shows the number of children in each of the three learning categories, need of instruction, typical, and strengths at both assessment times. There is a reduction from 29 to 13 children who are in the need category from Pre to Post assessment. There is an increase from 9 to 26 children in the strength category. The size of the typical category barely changed from 97 to 96 for Pre and Post assessments. This means that the three programs reporting data are raising the level of social emotional learning for the children in the programs.

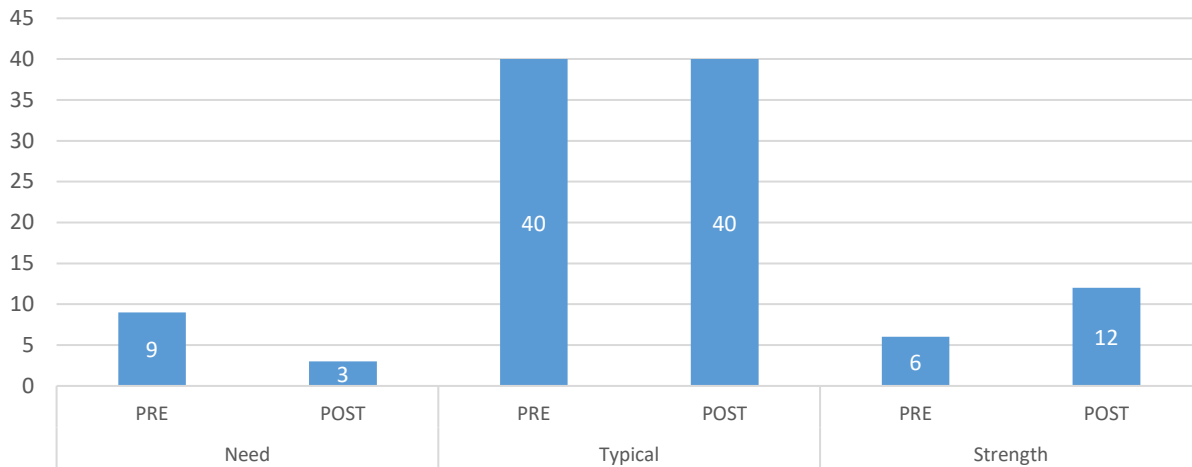
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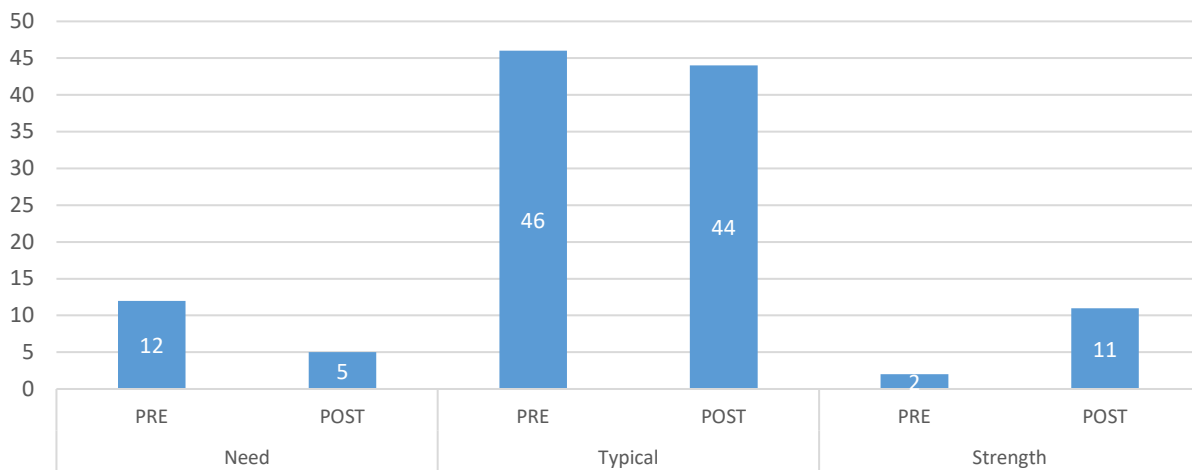
While the chart above shows that the number of children with a need for Social Emotional Learning is down and the strength is up, there may be a difference depending on the age of the children. The next two charts show the count changes for the younger children (grades K – 8) and for the high school age children (grades 9 – 12). For both age groups, the number of children with needs are down for the Post assessment and children with strengths are up for the Post assessment.

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DESSA Pre and Post Assessment Counts in 2020 for Grades K - 8

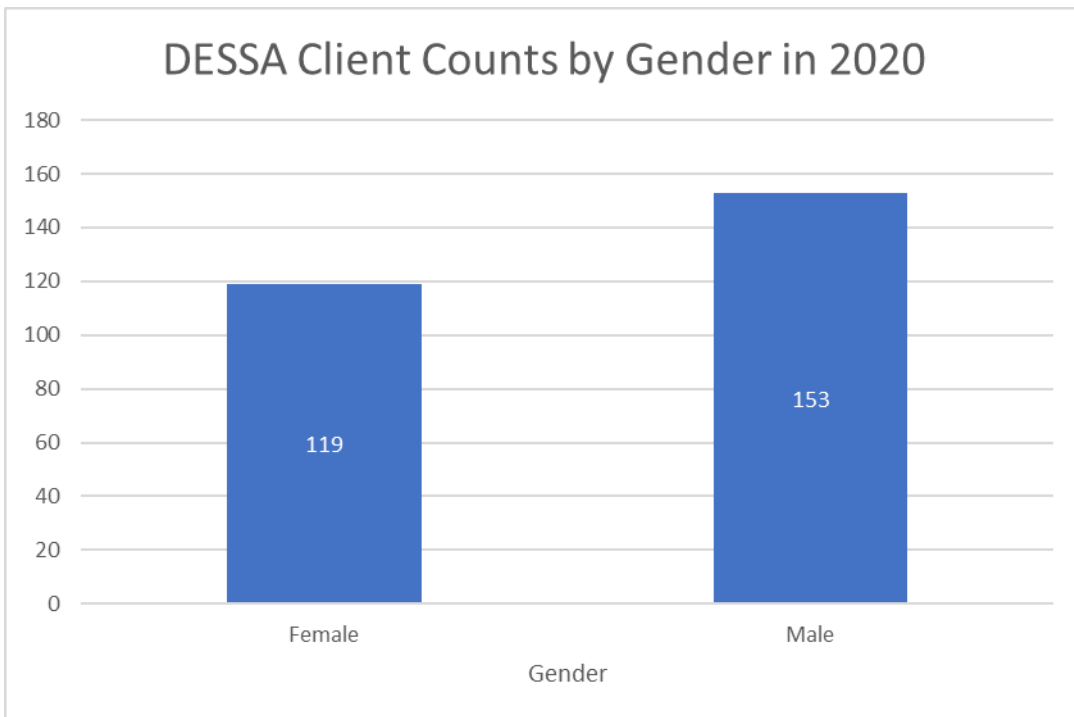
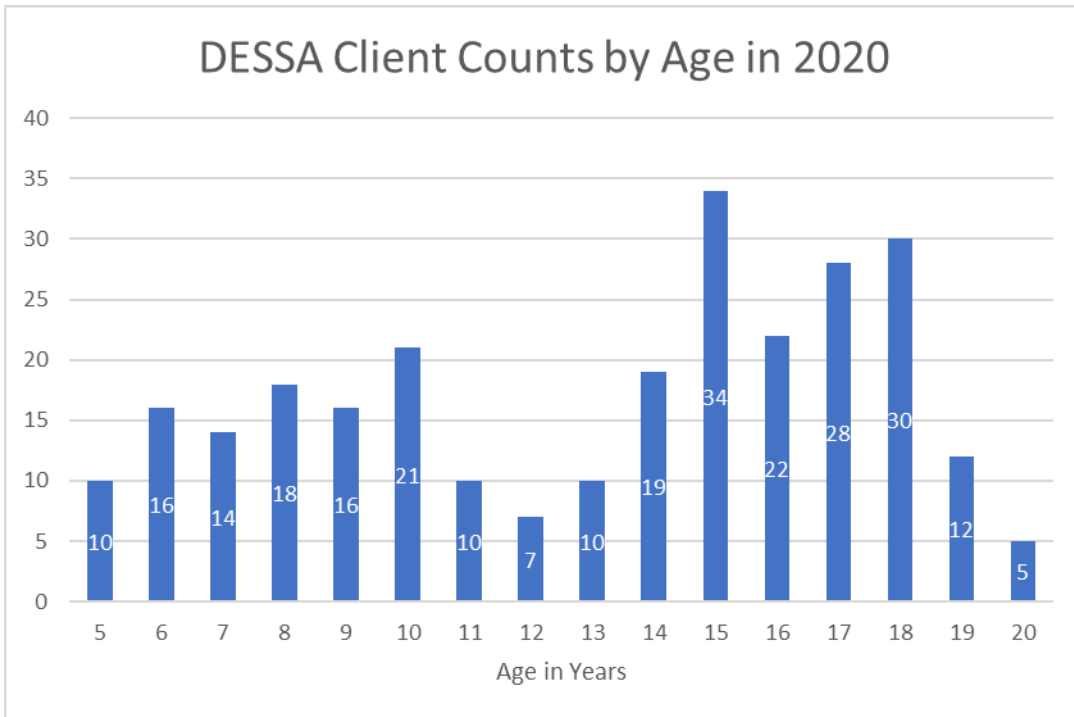


DESSA Pre and Post Assessment Counts in 2020 for Grades 9 - 12



The following two charts show the breakdown of children by age and by gender.

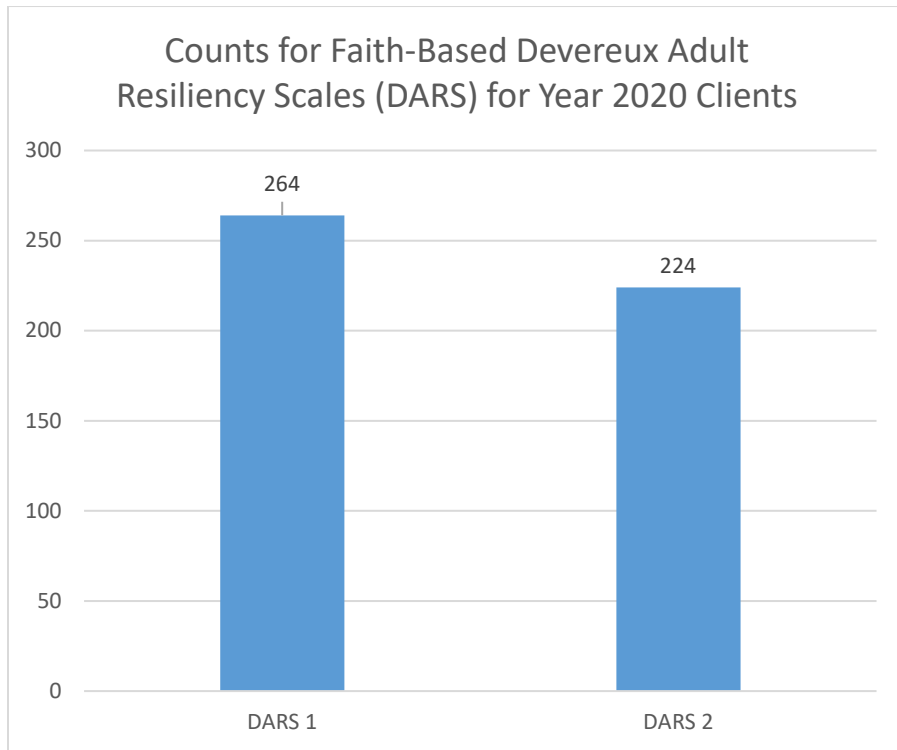
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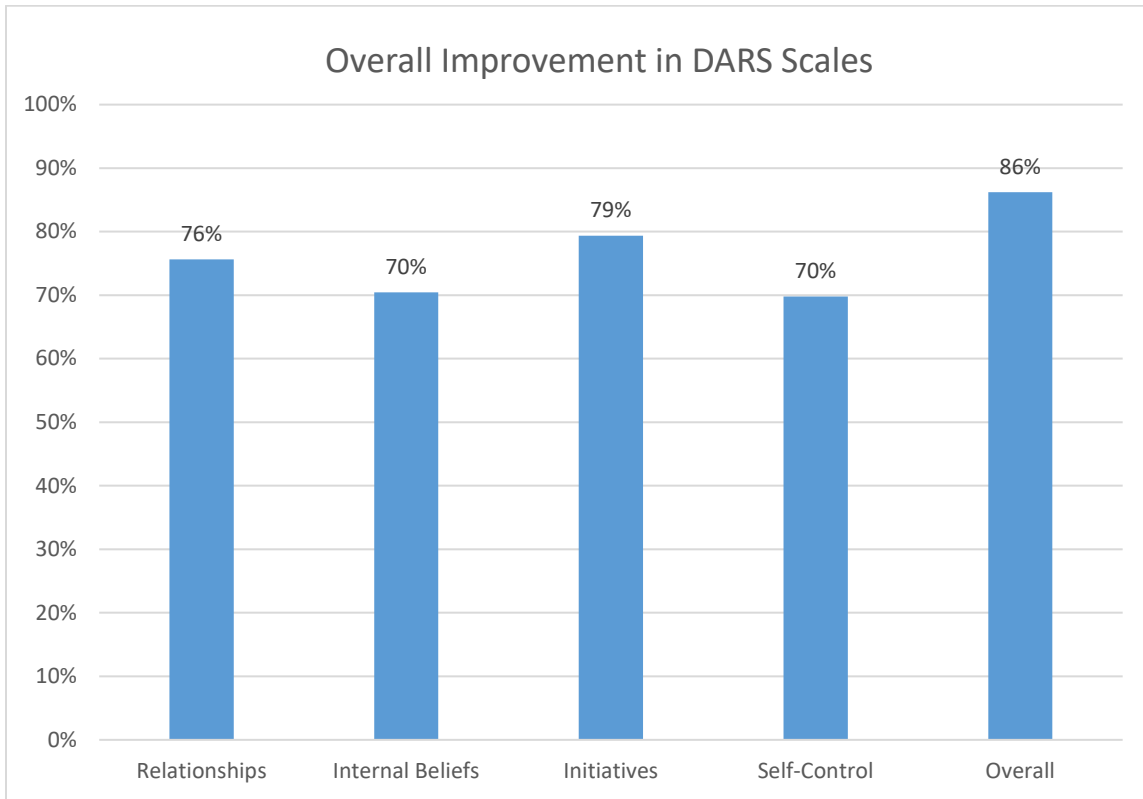
DARS

Pairs of charts are displayed below show the counts of individuals who completed the first and second DARS assessments and for those people who completed both DARS assessments, the percentage of people who showed improvement in resilience on each of the subscales between the first and second assessments.



This first DARS chart shows that 75% of people who completed a first DARS assessment went on to complete a second DARS assessment. The chart below shows that overall 70% to 79% of people showed improvement in resilience for each of the subscales. Overall, 86% showed improvement in resilience in one or more of the subscales.

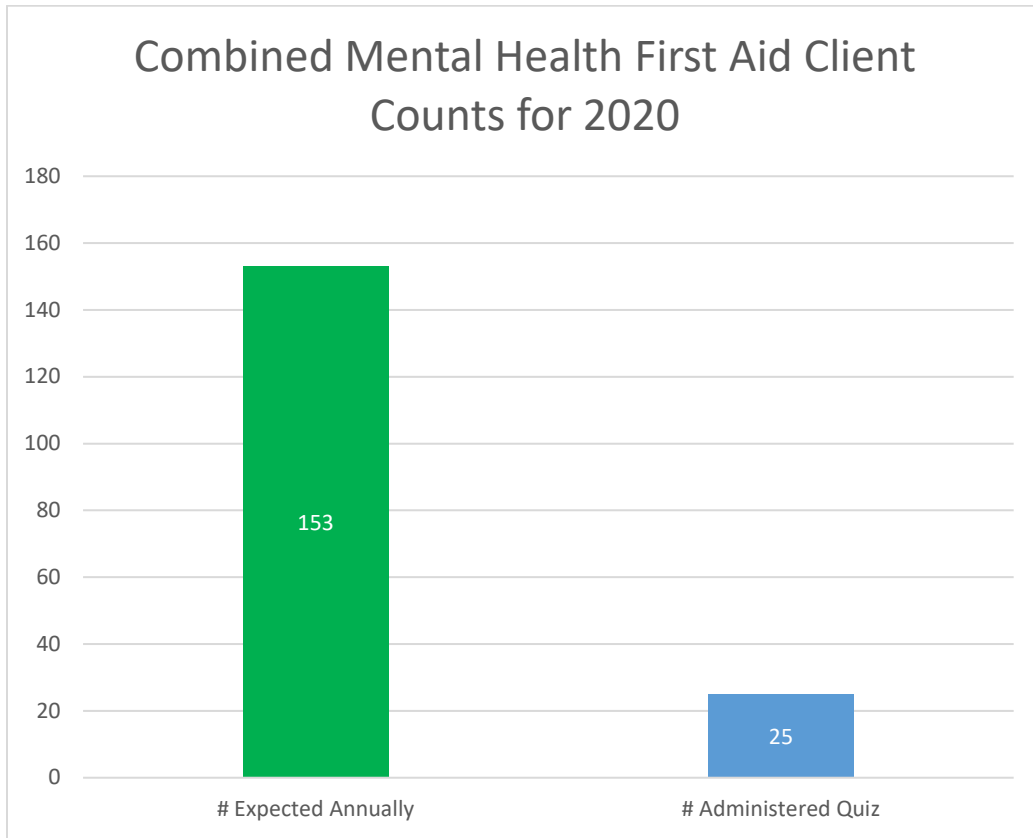
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Mental Health First Aid

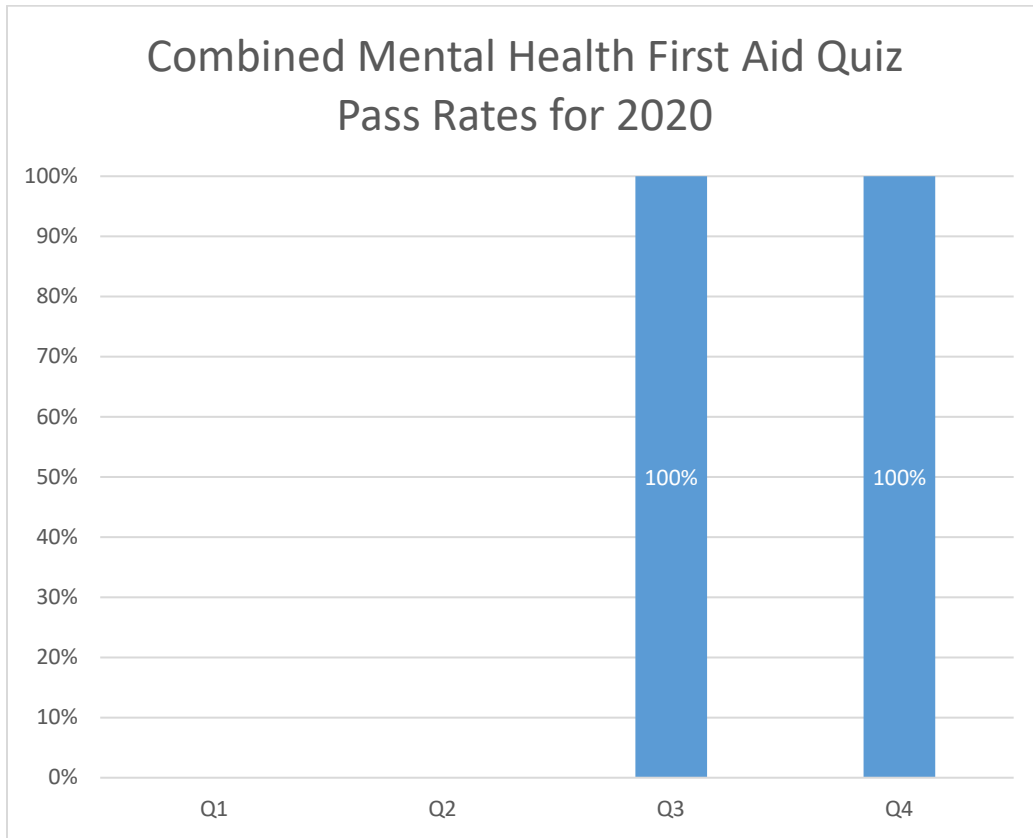
The chart below shows the difference between the expected number of people who would participate in a Mental Health First Aid program and the number who were able to attend a program.

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The next chart shows that all the people who were able to participate in a Mental Health First Aid program in the third and fourth quarters of the year demonstrated on a quiz a passing level of competence. No one participated in a Mental Health First Aid program in the first half of the year.

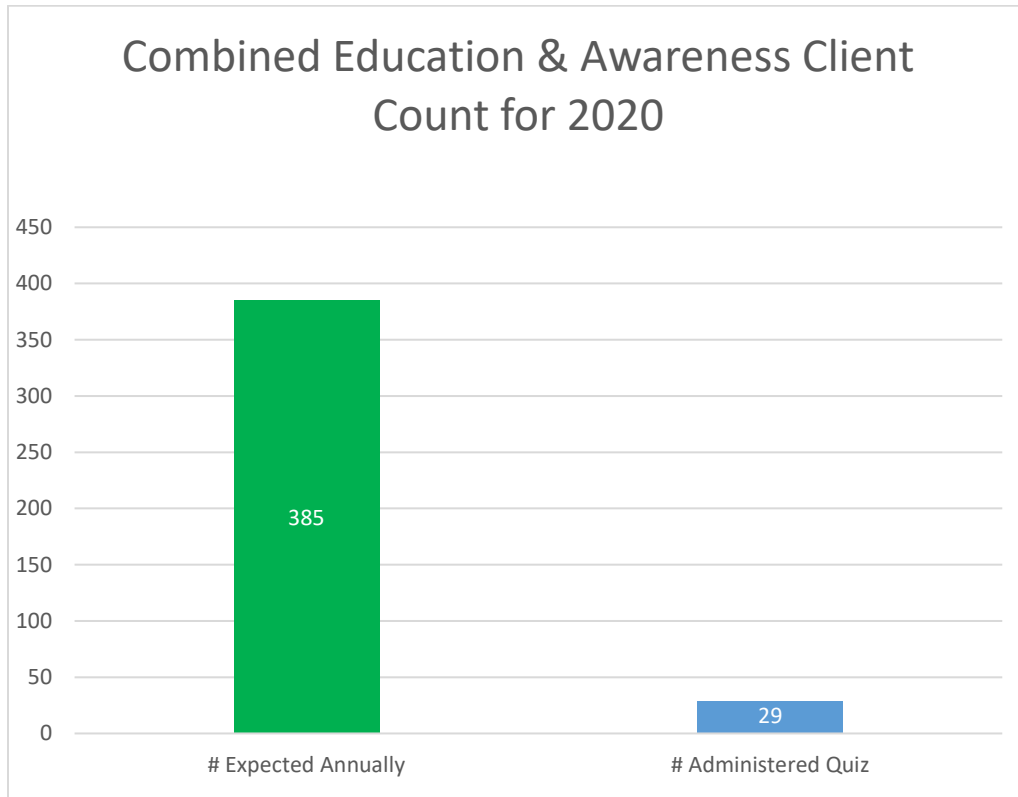
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Awareness and Education

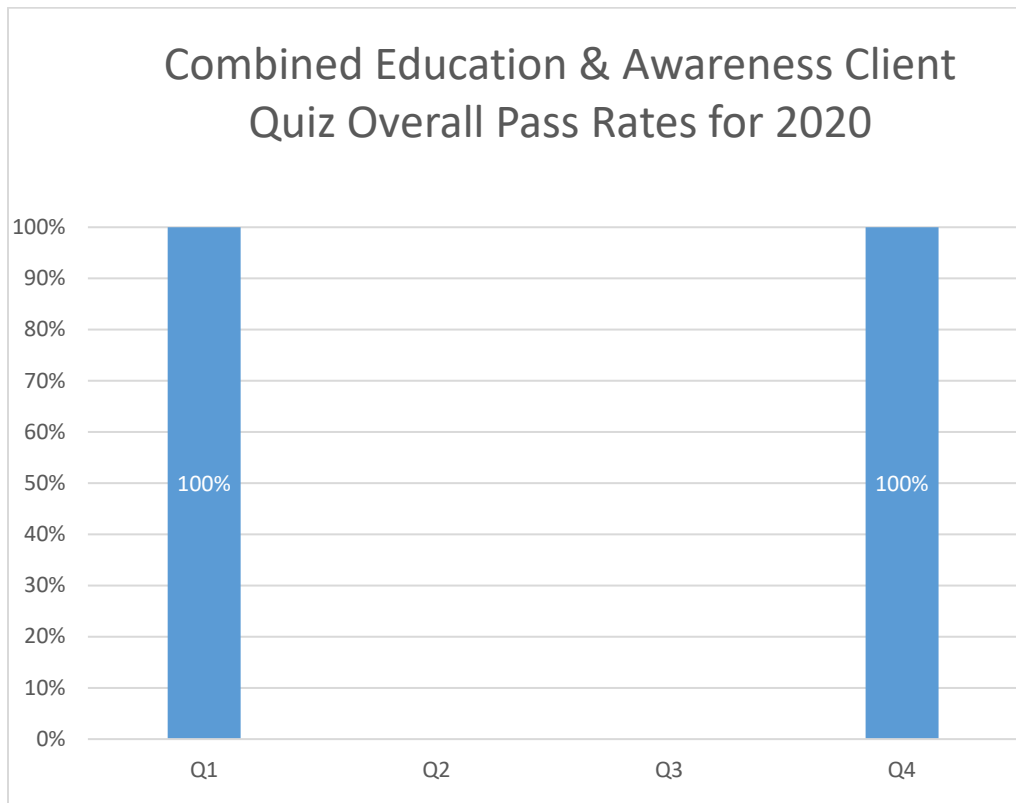
The chart below shows the difference between the expected number of people who would participate in an Education and Awareness program and the number who were able to attend a program.

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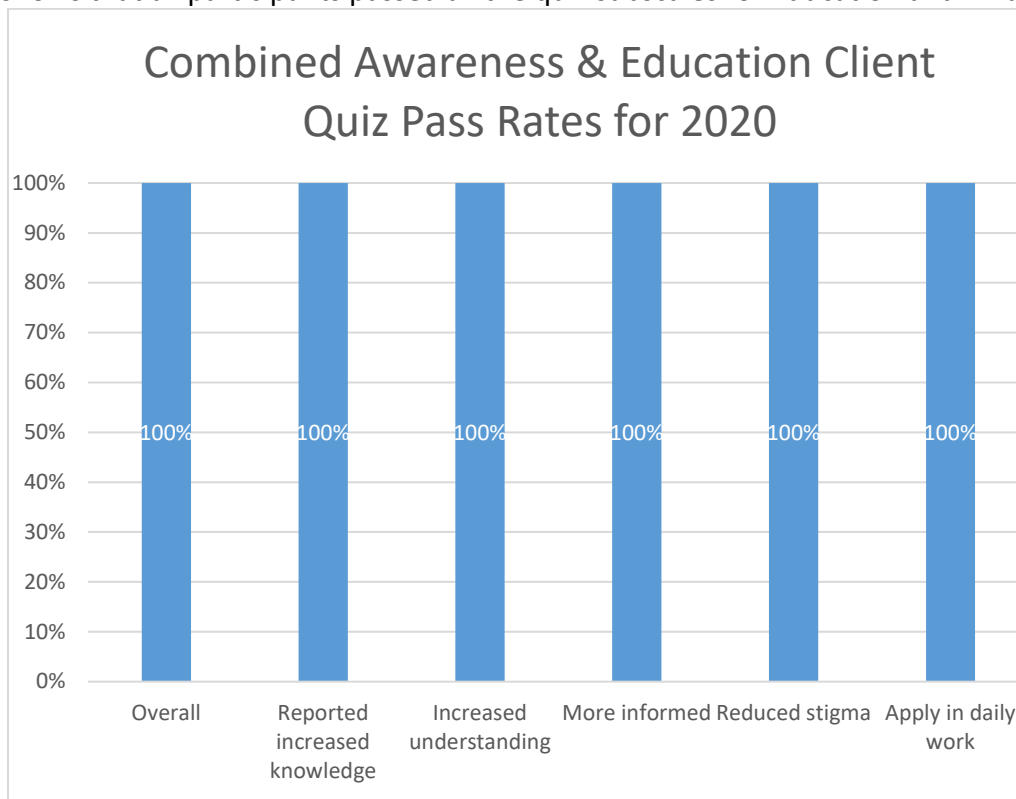


The next chart shows that the people who participated in Education and Awareness programs only participated in the first and fourth quarters of the year and all passed the quiz.

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The third chart shows that all participants passed all the quiz subscales for Education and Awareness.



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Conclusion

Generally, all ten programs have demonstrated positive results. However, some programs have had the number of people they could serve reduced due to the COVID-19 pandemic beginning in March 2020. Some programs were able to adjust to meet Department of Health qualification and continue their programs in some form or another.