

AGENCY 2017 12 MONTH OUTCOMES REPORTS

ALPHABETICAL LISTING

CY 2017 Agency 12-Month Outcomes

Agency Name: Achievement Centers for Children	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	MH: Prevention - Early Childhood Mental Health
Metrics (<i>How will success be measured?</i>)	<p>Individual Service Plans</p> <ul style="list-style-type: none"> To measure improvement in overall mental health functioning <p>Client Satisfaction Survey</p> <ul style="list-style-type: none"> To measure level of client satisfaction with services provided
Program Goals or Objectives	<ol style="list-style-type: none"> 85% of the clients served will at discharge have showed significant progress or met their goals 98% of the clients will have overall satisfaction with service
Evaluation/ Outcome Data (Actual results from program)	<p>Served 278 clients between Jan. 1 and Dec. 31, 2017. 62 clients discharged from service</p> <p>Results Achieved</p> <ol style="list-style-type: none"> 100% (62 of 62) of the clients at discharge showed significant progress or met their goals. This significantly passed our agency goal. 99% were satisfied with their child's services. This exceeded our agency goal.

CY 2017 Agency 12-Month Outcomes

Agency Name: Applewood Centers

Time Period Reported: January 1 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>Outpatient & Community Services - Applewood Centers uses ADAMHSCC Non-Medicaid funding to support the agency’s outpatient and community based programs such as the Outpatient Office-Based Counseling, In-Home Counseling, After School Partial Hospitalization (ASP) program, and Psychiatry services. These programs provide: mental health assessment, behavioral health counseling, community psychiatric supportive treatment, and pharmacological management services to children and youth throughout Cuyahoga County. Additionally, the agency’s School Based Counseling (SBC) program uses the designated mental health in the schools funds to provide mental health assessment, behavioral health counseling, and community psychiatric supportive treatment to students attending schools throughout the greater Cleveland area. Also, SBC staff work with teachers and school administrators to provide consultation and prevention services.</p>
<p>Metrics (<i>How will success be measured?</i>)</p>	<p>To evaluate the effectiveness of services, program staff administers the Ohio Scales, an outcomes measure that assesses treatment outcomes from the perspectives of the youth client (if aged 12 or older), his or her parent, and his or her agency worker. The agency reports on the following indicators based upon data from the Problem Severity, Functioning, Hopefulness, and Satisfaction subscales of the Ohio Scales.</p> <ol style="list-style-type: none"> 1. Percentage of clients with improved agency worker rated Problem Severity at discharge 2. Percentage of clients with improved agency worker rated Functioning at discharge 3. Percentage of clients and parents/guardians reporting a positive future outlook at discharge 4. Percentage of clients and parents/guardians reporting feeling satisfied with the agency’s services at discharge
<p>Program Goals or Objectives</p>	<p>The above listed treatment outcomes are compared to the program outcomes for the last calendar year and the state benchmarks reported by the Ohio Mental Health Consumer Outcomes System Report 16: Benchmarks for Reliable Change and Clinical Significance on the Ohio Scales for Youth – Problem Severity and Functioning Scales</p> <ol style="list-style-type: none"> 1. Problem Severity <ol style="list-style-type: none"> A. Program CY 2016: 65%

	<p>B. State: 52%</p> <p>2. Functioning</p> <p>A. Program CY 2016: 58%</p> <p>B. State: 51%</p> <p>3. Positive Future Outlook</p> <p>A. Program CY 2016 Parent: 89%</p> <p>B. Program CY 2016 Youth: 92%</p> <p>4. Satisfaction</p> <p>A. Program CY 2016 Parent: 99%</p> <p>B. Program CY 2016 Youth: 92%</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p><u>Number of Clients Served:</u> According to agency electronic records, for calendar year 2017 (01/01/17 – 12/31/17), the Applewood Cuyahoga County outpatient and community based programs served 2,029 distinct clients (not all of these clients utilized ADAMHSCC Non-Medicaid funds).</p> <p><u>Number of Clients Successfully Completing Program:</u> Of the 2,769 clients served, 1,172 were discharged during the reporting period of which 930 (79%) clients had pre-and-post Ohio Scales assessments had completed by their primary agency worker. For a client to be considered to have successfully completed the program, the client must have demonstrated improvement in symptom severity or functioning at the time of discharge. Of the sample of 930 clients:</p> <ul style="list-style-type: none"> • 730 of 930 clients (79%) successfully completed the program as indicated by reduced problem severity and/or improved functioning. <p><u>Treatment Outcomes:</u> Treatment outcomes as measured by the Ohio Scales for the sample of 930 discharged clients were as follows:</p> <ol style="list-style-type: none"> 1. Fewer Behavioral Problems - 69% of clients demonstrated a reduction in agency worker-rated problem severity; also, the reported improvements in average problem severity scores were statistically significant for each rater (i.e. worker, parent, and youth). 2. Improved Functioning - 64% of clients demonstrated an improvement in daily functioning as rated by the agency worker; also, the reported improvements in

	<p>average functioning scores were statistically significant for each rater (i.e. agency worker, parent, and youth).</p> <ol style="list-style-type: none"> 3. Positive Future Outlook - 84% of parents and 82% of youth clients reported feeling hopeful about the future after receiving services. 4. Satisfaction with Agency Services - At discharge, 98% of parents and 90% of clients reported feeling satisfied with the services they received from the agency. <p>These outcomes meet or exceed the program's outcomes for CY 2016 and exceed the benchmarks reported for the state of Ohio (Ohio Mental Health Consumer Outcomes System Report 16: Benchmarks for Reliable Change and Clinical Significance on the Ohio Scales for Youth – Problem Severity and Functioning Scales).</p>
CY 2017 Agency 12-Month Outcomes	
Agency Name: Applewood Centers	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Residential Treatment Services - Residential services at Applewood Centers utilize a multi-disciplinary approach to provide individualized care to youth ages 11 through 18 experiencing acute crises and persistent or prolonged behavioral difficulties. The ADAMHS Board provides funding for crisis placements in the agency's intensive care units.
Metrics (How will success be measured?)	<p>The agency's residential program completes the Crisis Assessment Tool (CAT) for identified youth in need of crisis care within the agency's residential intensive treatment or critical care units. Developed by the Buddin Praed Foundation, the Crisis Assessment Tool (CAT) is a decision support tool that facilitates the measurement and communication of the needs of youth experiencing a crisis. The CAT is completed collaboratively by agency staff and the youth's parent or guardian upon initiation and termination of crisis care. The agency reports on the following indicators based upon data from the CAT.</p> <ol style="list-style-type: none"> 1. Percentage of clients with fewer risk behaviors 2. Percentage of clients with improved behavioral/emotional symptoms 3. Percentage of clients reporting improved life domain functioning 4. Percentage of clients reporting improved family stress levels 5. Percentage of clients returning home to live with parent/guardian

	6. Percentage of clients and parents/guardians reporting feeling satisfied with the agency's services at discharge
Program Goals or Objectives	<p>The above listed treatment outcomes are compared to the program outcomes for the last calendar year (2016). For the prior calendar year (2016), 36 clients received ADAMHS Board funded crisis care, 23 were discharged:</p> <ol style="list-style-type: none"> 1. 22 clients (96%) had pre and post CAT data 2. 21 clients (91%) returned home to live with their parent or guardian <p>For the 22 clients with pre and post data:</p> <ol style="list-style-type: none"> 3. 14 clients (64%) demonstrated fewer risk behaviors 4. 13 clients (59%) demonstrated improved behavioral/emotional symptoms 5. 2 clients (9%) demonstrated improved life domain functioning 6. 4 clients (18%) demonstrated improved family stress levels
Evaluation/ Outcome Data (Actual results from program)	<p>For calendar year 2017, 25 clients received ADAMHS Board funded crisis care. Of the 25 clients, 15 had pre-post CAT data,</p> <p>For the 15 clients with pre and post data:</p> <ol style="list-style-type: none"> 1. 12 clients (80%) returned home to live with their parent or guardian 2. 8 clients (53%) demonstrated fewer risk behaviors 3. 7 clients (47%) demonstrated improved behavioral/emotional symptoms 4. 5 clients (33%) demonstrated improved life domain functioning 5. 1 client (7%) demonstrated improved family stress levels

CY 2017 Agency 12-Month Outcomes	
Agency Name: Beech Brook	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	ACT: MH Crisis Intervention; Pharm Mgt.; BH Counseling and Therapy (Group & Individual); MH Assessment; and CPST. The program services clients 16 to 25 years of age.
Metrics <i>(How will success be measured?)</i>	The agency uses a combination of scales found in the <i>Adult Ohio Scales</i> and independent measures to create indexes covering symptom distress, quality of life, empowerment, activities of daily living, employment, homelessness, independent housing, psychiatric hospitalizations, and crisis episodes and stability.
Program Goals or Objectives	Beech Brook defines the success of the ACT program as stabilizing clients in the program or discharging them to the same level or lower level of care if aging out or discharging clients to a lower level of care prior to aging out. Target: <ul style="list-style-type: none"> • 60% of clients will discharge to the same level of care or a lower level of care.
Evaluation/ Outcome Data <i>(Actual results from program)</i>	<p>Clients Served in 2017: 66</p> <ul style="list-style-type: none"> • 38 (58%) were male. • 28 (42%) were female. • A total of 5,233 service hours. <p>Clients Discharged 2017: 10</p> <ul style="list-style-type: none"> • The average length of stay for the discharged clients was 1,824 days (5.0 years). • Exceeded target: 9 of the 10 (90%) discharged clients were discharged to the same level of care or lower. <ul style="list-style-type: none"> ○ 7 (70%) were discharged to a lower level of care. ○ 2 (20%) were discharged to the same level of care. <ul style="list-style-type: none"> ▪ Both clients moved out of the area <p>Comparisons to 2016</p>

Although slightly fewer clients were served in 2017 than in 2016 (66 vs 70), these clients received more hours of service (5,233 vs 3,006). A smaller percentage of clients were discharged in 2017 (15% vs 17%), and the average length of stay was longer (1,824 days vs 1,241). Notably, in 2017 a larger percentage of discharged clients were discharged to a lower level of care (70% vs 42%).

Adult Ohio Scales Outcomes

Change is measured by comparing clients' scores at intake to their most recent scores.

- **Symptom Distress:** 46% of clients showed a decrease in system distress, and all 46% showed a clinically meaningful decrease of 2 or more points
- **Quality of Life:** 50% of clients showed an increase in their quality of life scores between intake and their most recent assessment, and 25% showed a clinically meaningful increase of 0.5 or more.
- **Empowerment:** 70% of the clients showed improvement on the empowerment measure, and 57% met the empowerment threshold at the most recent administration.
- **Activities of Daily Living:** 68% of the clients either stayed the same or improved their daily living skills from intake to the most recent assessment.

Comparisons to 2016

These outcomes were not reported in 2016.

Other Outcomes Measured

These measures are collected by program staff quarterly. The numbers below refer to clients' status at the end of 2017.

- **Employment:** 34 (52%) clients were employed or in school.
- **Homelessness:** 4 (6%) clients were homeless before participating in ACT and 1 client (2%) was homeless at the end of 2017. 34 (52%) achieved the goal of independent housing.
- **Psychiatric Hospitalizations:** 64 (97%) of the clients met the psychiatric hospitalization day threshold (5 or fewer days or decreasing days).
- **Crisis Episodes:** 100% of clients had fewer than 3 crisis interventions during 2017.

	<p>Comparisons to 2016</p>
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These outcomes were not reported in 2016.

In 2018 Beech Brook will continue to implement its high standards of treatment using effective client-centered practices and reliable assessment tools.

CY 2017 Agency 12-Month Outcomes

Agency Name: Bellefaire JCB

Time Period Reported: January 1 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>Community Services (In-Home & School-Based) - Bellefaire JCB uses ADAMHSCC Non-Medicaid funding within its School-Based Counseling (SBC) and Parents and Children Together Substance Abuse Treatment (PACT-SAT) In-Home Counseling programs. The SBC and PACT-SAT programs provide an array of behavioral healthcare services including mental health assessment, behavioral health counseling, community psychiatric supportive treatment, and family therapy. SBC program staff deliver services to students in Cleveland-area schools in individual and group settings, and additionally work with school staff to provide consultation and prevention services. The Bellefaire PACT-SAT program provides integrated mental health and substance abuse treatment services within the home or community.</p>
<p>Metrics (<i>How will success be measured?</i>)</p>	<p>To evaluate the effectiveness of services, program staff administers the Ohio Scales, an outcomes measure that assesses treatment outcomes from the perspectives of the youth client (if aged 12 or older), his or her parent, and his or her agency worker. The agency reports on the following indicators based upon data from the Problem Severity, Functioning, Hopefulness, and Satisfaction subscales of the Ohio Scales.</p> <ol style="list-style-type: none"> 5. Percentage of clients with improved agency worker rated Problem Severity at discharge 6. Percentage of clients with improved agency worker rated Functioning at discharge 7. Percentage of clients and parents/guardians reporting a positive future outlook at discharge 8. Percentage of clients and parents/guardians reporting feeling satisfied with the agency's services at discharge
<p>Program Goals or Objectives</p>	<p>The above listed treatment outcomes are compared to the program outcomes for the last calendar year and the state benchmarks reported by the Ohio Mental Health Consumer Outcomes System Report 16: Benchmarks for Reliable Change and Clinical Significance on the Ohio Scales for Youth – Problem Severity and Functioning Scales</p> <ol style="list-style-type: none"> 5. Reduced Problem Severity <ol style="list-style-type: none"> C. Program CY 2016: 66% D. State: 52%

	<p>6. Improved Functioning C. Program CY 2016: 61% D. State: 51%</p> <p>7. Positive Future Outlook C. Program CY 2016 Parent: 88% D. Program CY 2016 Youth: 91%</p> <p>8. Satisfied with Services C. Program CY 2016 Parent: 98% D. Program CY 2016 Youth: 94%</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p><u>Number of Clients Served:</u> According to agency electronic records, for the first half of calendar year 2017 (01/17/17 – 06/30/17), the Bellefaire SBC and PACT-SAT programs served 1,971 distinct clients (not all clients utilized ADAMHSCC Non-Medicaid funds). Of those clients 868 were discharged during the reporting period.</p> <p><u>Number of Clients Successfully Completing Program:</u> For a client to be considered to have successfully completed the program the client must have (a) had treatment goals set and (b) partially or fully achieved his/her treatment goals at the time of discharge. Of the 868 discharged clients, 232 did not have goals set. These 232 clients are excluded from the denominator when calculating the percentage of clients who successfully completed the program (868 – 232 = 636).</p> <ul style="list-style-type: none"> • 476 of 636 clients (75%) successfully completed the program as indicated by partial or full achievement of their treatment goals. <p><u>Treatment Outcomes:</u> Of the 1,971 clients served, 868 were discharged from services during the reporting period. Of the 868 discharged clients, 752 (87%) had pre-and-post Ohio Scales assessments completed by their primary agency worker. Outcomes for the sample of 868 discharged clients were as follows:</p> <p>5. Fewer Behavioral Problems - 68% of clients demonstrated a reduction in agency worker-rated problem severity; also, the reported improvements in average problem severity scores were statistically significant for each rater (i.e. worker, parent, and youth).</p>

	<p>6. Improved Functioning - 58% of clients demonstrated an improvement in daily functioning as rated by the agency worker; also, the reported improvements in average functioning scores were statistically significant for each rater (i.e. agency worker, parent, and youth).</p> <p>7. Positive Future Outlook – 86% of parents and 90% of youth clients reported feeling hopeful about the future after receiving services.</p> <p>8. Satisfaction with Agency Services - At discharge, 98% of parents and 93% of clients reported feeling satisfied with the services they received from the agency.</p> <p>With the exception of functioning, these outcomes met or exceeded the program’s outcomes for calendar year 2016 and the benchmarks reported for the state of Ohio (Ohio Mental Health Consumer Outcomes System Report 16: Benchmarks for Reliable Change and Clinical Significance on the Ohio Scales for Youth – Problem Severity and Functioning Scales).</p>
CY 2017 Agency 12-Month Outcomes	
Agency Name: Bellefaire JCB	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Social Advocates for Youth (SAY) - The Bellefaire Social Advocates for Youth (SAY) program utilizes master’s level social workers and counselors to provide prevention and early intervention services to students in middle and high school. ADAMHS Board funding is used to support the following SAY programs: (a) the SAY Summer Leadership Institute which is a three week interactive program that offers students the opportunity to cultivate leadership skills through community service and (b) the SAY School Based Prevention Programming.
Metrics (<i>How will success be measured?</i>)	The two SAY programs monitor a range of outcome measures to track the effectiveness of provided services including: <ol style="list-style-type: none"> 1. Number of students respectively enrolled in the School Based Prevention Programming and SAY Summer Leadership Institute 2. Percentage of students demonstrating a leadership skill 3. Percentage of students demonstrating a communication skill 4. Percentage of students reporting satisfaction with the program
Program Goals	<u>School Based Prevention – Program Projections</u> <ol style="list-style-type: none"> 1. 125 new enrollments

<p>or Objectives</p>	<p><u>Summer Leadership Institute – Program Projections</u> The SAY Summer Leadership Institute is a three-week program held once each year in June or July.</p> <ol style="list-style-type: none"> 1. 20 students will enroll in the program 2. 75% students demonstrate leadership skill 3. 75% students demonstrate a communication skill 4. 75% students report satisfaction with the program
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p><u>School Based Prevention Programming</u> For calendar year 2017:</p> <ol style="list-style-type: none"> 1. 44 new students enrolled in the program <p><u>Summer Leadership Institute</u> The SAY Summer Leadership Institute is a three-week program held once each year. The 2017 program was held June 26 – July 13. There were a total of 23 students enrolled in the Institute for CY 2017. Of the 23 students, 17 were present on the last day when the evaluation was given:</p> <ol style="list-style-type: none"> 1. 23 students enrolled in the program 2. 17 students completed a final evaluation 3. 13 students (76%) demonstrated a leadership skill 4. 14 students (82%) demonstrated a communication skill 5. 14 students (82%) reported satisfaction with the program <p><u>Student Leadership Council</u> SAY Student Leadership Council membership fluctuates throughout the year. For calendar year 2017:</p> <ol style="list-style-type: none"> 1. 36 new students enrolled in the program 2. 11 students attended the minimum number of events 3. 14 students demonstrated leadership skill 4. 13 students reported satisfaction with the program

CY 2017 Agency 12-Month Outcomes

Agency Name: Bellefaire JCB

Time Period Reported: January 1 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>Residential Services - Bellefaire JCB provides the following four levels of residential treatment to youth ages 11 through 18 experiencing acute crises and persistent or prolonged behavioral difficulties: Stabilization Critical Care; Intensive Treatment; Transitional Living; and Co-occurring Integrated Treatment. The ADAMHS Board provides funding for crisis placements in the Stabilization Critical Care and Intensive Treatment units.</p>
<p>Metrics (<i>How will success be measured?</i>)</p>	<p>The agency's residential program completes the Crisis Assessment Tool (CAT) for identified youth in need of crisis care within the agency's residential intensive treatment or critical care units. Developed by the Buddin Praed Foundation, the Crisis Assessment Tool (CAT) is a decision support tool that facilitates the measurement and communication of the needs of youth experiencing a crisis. The CAT is completed collaboratively by agency staff and the youth's parent or guardian upon initiation and termination of crisis care. The agency reports on the following indicators based upon data from the CAT.</p> <ul style="list-style-type: none"> 7. Percentage of clients returning home to live with parent/guardian 8. Percentage of clients with fewer risk behaviors 9. Percentage of clients with improved behavioral/emotional symptoms 10. Percentage of clients reporting improved life domain functioning 11. Percentage of clients reporting improved family stress levels
<p>Program Goals or Objectives</p>	<p>The above listed treatment outcomes are compared to the program outcomes for the last calendar year (2016). For 2016, 39 clients received ADAMHS Board funded crisis care, 32 were discharged:</p> <ul style="list-style-type: none"> 7. 26 clients (81%) returned home to live with their parent or guardian 8. 27 clients (84%) had pre and post CAT data <p>For the 27 clients with pre and post data:</p> <ul style="list-style-type: none"> 9. 21 clients (78%) demonstrated fewer risk behaviors 10. 22 clients (81%) demonstrated improved behavioral/emotional symptoms

	<p>11.12 clients (44%) demonstrated improved life domain functioning 12.8 clients (30%) demonstrated improved family stress levels</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>Of the 34 clients who received ADAMHS Board funded crisis care: 1. 10 clients (29%) had pre and post CAT data For the 10 clients with pre and post data: 1. 10 clients (100%) demonstrated fewer risk behaviors 2. 10 clients (100%) demonstrated improved behavioral/emotional symptoms 3. 5 clients (50%) demonstrated improved life domain functioning 4. 3 clients (30%) demonstrated improved family stress levels</p> <p>With the exception of improved life domain functioning, these outcomes exceeded the program outcomes reported for calendar year 2016. Staff will continue to monitor the outcomes to maintain progress.</p>

CY 2017 RFI Agency Outcome Measures Follow-up

Agency Name: Catholic Charities Corporation

Time Period Reported: January 1, 2017 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>Community Based Family Services</p> <p>Mental Health Services (Prevention & Consultation) in Schools</p>
<p>Metrics (<i>How will success be measured?</i>)</p>	<p>Access to services</p> <ul style="list-style-type: none"> • Measure total number of group prevention episodes • Measure total number of individual consultation episodes <p>Clinical and Process Outcomes</p> <ul style="list-style-type: none"> • Measure teachers, principals and parents perception of services as percentage satisfied with services meeting their needs and the results of services • Measure behaviors related to resilience, social-emotional competence and school success for children in kindergarten through the eighth grade by use of DESSA (Devereux Student Strengths Assessment).
<p>Benchmarks (<i>Industry Standards or Program Expectation Goals</i>)</p>	<ol style="list-style-type: none"> 1. Total number of group prevention episodes 2. Total number of individual consultation episodes 3. Reason for consultation resulted in resolution and/or linkage to needed services: 90% 4. 90% of school staff and youths' families perceive their needs are met and are satisfied with the results of services. 5. Comparison of strengths and needs of the students compared to national norms. High scores (strengths) are desirable as DESSA is a strength based instrument. <ul style="list-style-type: none"> • Strengths – strength of child's social-emotional competence scores (60 and above) • Typical – typical scores (41-59) • Need – child's need for instruction scores (40 and below)

**Evaluation/
Outcome
Data**

*(Actual
program data
achieved
during
reporting time
period)*

	Group Prevention Episodes	Individual Consultation
2017	594	188
2016	61	52

1. Total of 594 group prevention episodes in school setting in 2017. Last six months of 2017, there were 64 groups per week over eight weeks for a total of 512 group prevention episodes. This is a significant increase from 61 in 2016, and 82 for the first six months of 2017.
2. Total of 188 individual consultation episodes in 2017. Last six months of 2017, there were 103 individual consultation episodes involving teachers, principals and or parents and an additional 20 episodes of individual ongoing consultations for a total of 123. This is a significant increase from 52 individual consultation episodes in 2016, and 65 for the first six months of 2017.
3. 98% of the reasons for consultation in 2017, resulted in resolution of the issue or a linkage to needed services. The last six months of 2017, showed 100% resolution of the issues; of those, 14% were referrals for mental health services. Desired target of 90% consistently met and exceeded as evidenced by 95% in 2016.
4. 95% of school staff (teachers and principals) and parents satisfied with their needs met and the results of services in 2017. Desired target of 90% consistently met and exceeded as evidenced by 100% in 2016, 99% in 2015 and 95% in 2014.
5. DESSA results:

	Scores	Strength	Typical	Need
1/2017	Pre Test	16%	56%	39%
3/2017	Pre/Post	11%	73%	16%
6/2017	Post Test	20%	70%	11%
9/2017	Pre Test	18%	64%	18%
11/2017	Post Test	21%	64%	15%

- Final post test scores in 2017, show a positive increase in strengths indicating that students are building resiliency skills. 4% positive increase in strengths first six months and 3% last six months of 2017.

	<ul style="list-style-type: none"> • A positive increase (56% to 70%) in students moving into typical range, which is indicative of resiliency building skills being internalized in the first six months of 2017. Pre and post test scores showed no change in typical scores for the last six months of 2017. • Final post test scores in 2017, show a positive decrease in needs for instruction. Reduction in need score by 28% in first six months and 3% last six months of 2017. The need for instruction correlates to the ratings given to children who have typical score, therefore, no change in typical scores for last six months of 2017, corresponds to reduced needs for instruction
CY 2017 RFI Agency Outcome Measures Follow-up	
Agency Name: Catholic Charities Corporation	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Covenant Youth Intensive Outpatient Program
Metrics (How will success be measured?)	<p>Substance Abuse and Mental Health Services Administration National Outcomes Measures (NOMS)</p> <ul style="list-style-type: none"> • Measure reduction in/no change in frequency of drug/alcohol use at date of last service compared to date of first service • Measure increase in/no change in number of employed or in school at date of last service compared to first service • Measure reduction in/no change in number of arrests in past 30 days from date of first service to date of last service • Measure increase in/no change in number of clients in stable housing situation from date of first service to date of last service • Increase in/no change in number in number clients with increased social supports and or social connectedness from date of first service to date of last service

	<p>Access to quality care as defined as increased access to services</p> <ul style="list-style-type: none"> • Measure percentage of clients who receive two treatment services within 14 days of completion of diagnostic assessment <p>Clinical and Process Outcomes</p> <ul style="list-style-type: none"> • Measure resiliency and sustaining recovery as evidenced by National Outcomes Measures (NOMs) on discharge • Measure percentage of clients who successfully engage in treatment. • Measure percentage of clients who successfully complete treatment without rejecting services • Measure clients' perception of care by percentage of clients and families satisfied with behavioral health services meeting their needs and the results of treatment. 								
<p>Benchmarks <i>(Industry Standards or Program Expectation Goals)</i></p>	<ol style="list-style-type: none"> 1. 90% of youth receive two or more treatment services within 14 days or less of completion of diagnostic assessment 2. 80% of youths referred successfully engage in treatment 3. 60% of youth successfully complete treatment without rejecting services 4. 70% of youth and families perceive their needs were met and are satisfied with the results of treatment 5. 70% of youth will abstain from drug/alcohol use at date of last service compared to date of first service 6. 70% of youth will be employed or in school at date of last service compared to first service 7. 70% of youth will have no new arrests at date of last service 8. 70% of youth will be in a stable housing situation at date last service 9. 70% of youth will have increased social supports and or social connectedness at date of last service 								
<p>Evaluation/ Outcome Data <i>(Actual program data achieved)</i></p>	<table border="1" data-bbox="430 1161 1417 1234"> <thead> <tr> <th>Year</th> <th>2017</th> <th>2016</th> <th>2015</th> </tr> </thead> <tbody> <tr> <td>Total Served</td> <td>47</td> <td>74</td> <td>83</td> </tr> </tbody> </table> <ol style="list-style-type: none"> 1. 100% of youth in 2017 receive two or more treatment services within 14 days or less of completion of diagnostic assessment. Desired target of 90% consistently met and exceeded in 2017, and in 2016 and 2015 with 100%. 	Year	2017	2016	2015	Total Served	47	74	83
Year	2017	2016	2015						
Total Served	47	74	83						

<p>during reporting time period)</p>	<ol style="list-style-type: none"> 2. 100% of youths in 2017 referred successfully engage in treatment. Desired target of 80% consistently met and exceeded in 2017, and in 2016 and 2015 with 100%. 3. 54% of youth in 2017 successfully complete treatment without rejecting services. Desired target of 60% not met in 2017, and in 2016 with 56%, due to limited family support and no legal leverage applied; though met in 2015 with 74%. The program focuses on encouraging and emphasizing the importance of involvement and participation as the youth develops skills necessary to assist in healthy decision-making and to live a life free of addictive substances. 4. 70% of youth and families in 2017 perceive their needs were met and are satisfied with the results of treatment. Desired target of 70% consistently met in 2017 and in 2016 with 86% and 2015 with 77%. 5. 56% of youth in 2017 abstained from drug/alcohol use at date of last service. The desired target of 70% not met in 2017 and in 2016 with 59%, but an improvement from 47% in 2015. Relapse prevention and addiction education is a core component of the program. The focus is on alternative methods for affect regulation and distress tolerance and youths' development of life skills to assist in healthy decision-making. 6. 100% of youth in 2017 employed or in school at date of last service. Desired target of 70% consistently met and exceeded in 2017, and with 88% in 2016, and 90% in 2015. The program collaborates with the youth and family to enroll the youth in school and/or seek/secure employment. 7. 72% of youth in 2017 have no new arrests at date of last service. Desired target of 70% met and exceeded in 2017 and 2016 with 81%, and slightly below with 67% in 2015. The majority of youths reside in neighborhoods with high criminal activity placing them at higher risk for involvement. 8. 89% of youth in 2017 in a stable housing situation at date last service. Desired target of 70% consistently met and exceeded in 2017, and with 85% in 2016, and 100% in 2015. 9. 67% of youth in 2017 have increased social supports and or social connectedness at date of last service. Desired target of 70% not met in 2017 or with 53% in 2016, and 68% in 2015. Accessibility is the primary barrier for youths challenged with lack of transportation to and from recovery and self-help groups and family and friends supportive of recovery.
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CY 2017 RFI Agency Outcome Measures Follow-up

Agency Name: Catholic Charities Corporation

Time Period Reported: January 1, 2017 through December 31, 2017

Name of Program or Service Provided with ADAMHSCC Funding	Employment and Training for MH/AOD and FIRST			
Metrics (<i>How will success be measured?</i>)	<p>Access and utilization of services</p> <ul style="list-style-type: none"> • Measure number of referrals • Measure number of assessments completed • Percentage of individuals referred that complete an assessment <p>Clinical and Process Outcomes</p> <ul style="list-style-type: none"> • Measure number of client employed • Measure percentage of clients who successfully engage in treatment • Measure percentage of clients who successfully complete treatment without rejecting services • Measure clients' perception of care as percentage of clients satisfied with their needs being met and the results of services 			
Benchmarks (<i>Industry Standards or Program Expectation Goals</i>)	<ol style="list-style-type: none"> 1. Increase in number of referrals 2. Increase in number of assessments completed 3. 70% of individuals referred complete an assessment 4. 70% of individuals assessed successfully complete vocational rehabilitation counseling 5. 70% of individuals assessed successfully complete vocational skills training 6. Increase in number of individuals placed in competitive employment 7. 70% of individuals perceive their needs were met and are satisfied with the results of services 			
Evaluation/	Served	Total Referrals	Total Assessments	
	2017	828	312	

Outcome Data <i>(Actual program data achieved during reporting time period)</i>	2016	491	300
	2015	374	259

1. 828 total referrals in 2017. Desired target to increase number of referrals consistently met as evidenced by 168% increase from 491 referrals in 2016. A consistent increase in annual number of referrals is observed.
2. 312 total assessments completed in 2017. Desired target to increase number of assessments consistently met as evidenced by 104% increase from 300 assessment completed in 2016. Consistent steady increase in annual number of assessments completed.
3. 38% of referred individuals in 2017 completed an assessment. Continues to be below desired target of 70% in 2017, and with 61% in 2016, and 69% in 2015. Barriers identified for completing an assessment are individuals' physical and or behavioral health treatment needs taking precedent, unable to contact individuals due to invalid phone numbers and or addresses, and individual's lack of interest and or refusal as services not mandated as part of their recovery process.
4. 100% of individuals assessed successfully complete vocational rehabilitation counseling in 2017. Desired target of 70% consistently met and exceeded in 2017, and in 2016 and 2015 with 100%.
5. 100% of individuals assessed successfully complete vocational skills training in 2017. Desired target of 70% consistently met and exceeded in 2017, and with 100% in 2016, and 76% in 2015.
6. 162 individuals were placed in competitive employment in 2017. Desired target to increase number of placements met in 2017; compared to 122 individuals placed in 2016, and 145 in 2015. Obstacles to competitive employment placement remain consistent: 1) Individuals with extensive criminal history. Majority of employers will not hire felons and or those with criminal records less than seven years old. 2) Accessibility barrier. Lack of transportation to and from place of employment, for example, not on bus line, public transportation not available at needed hours or days of week, etc.
7. 99% of individuals perceive their needs were met and are satisfied with the results of services in 2017. Desired target of 70% consistently met and exceeded in 2017, and with 100% in 2016 and 2015.

CY 2017 RFI Agency Outcome Measures Follow-up

Agency Name: Catholic Charities Corporation

Time Period Reported: January 1, 2017 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>Hispanic Men’s Program</p>
<p>Metrics (<i>How will success be measured?</i>)</p>	<p>Substance Abuse and Mental Health Services Administration National Outcomes Measures (NOMS)</p> <ul style="list-style-type: none"> • Measure reduction in/no change in frequency of drug/alcohol use at date of last service compared to date of first service • Measure reduction in/no change in number of arrests in past 30 days from date of first service to date of last service • Increase in/no change in number of clients with increased social supports and or social connectedness from date of first service to date of last service <p>Access to quality care as defined as increased access to services</p> <ul style="list-style-type: none"> • Measure percentage of clients who receive two treatment services within 14 days of completion of diagnostic assessment <p>Clinical and Process Outcomes</p> <ul style="list-style-type: none"> • Measure resiliency and sustaining recovery as evidenced by National Outcomes Measures (NOMs) on discharge • Measure percentage of clients who successfully engage in treatment • Measure percentage of clients who successfully complete treatment without rejecting services • Measure clients’ perception of care by percentage of clients and families satisfied with behavioral health services meeting their needs and the results of treatment
<p>Benchmarks</p>	<p>1. 90% of men receive two or more treatment services within 14 days or less of completion of diagnostic assessment</p>

<p><i>(Industry Standards or Program Expectation Goals)</i></p>	<ol style="list-style-type: none"> 2. 80% of men referred successfully engage in treatment 3. 70% of men successfully complete treatment without rejecting services 4. 70% of men perceive their needs were met and are satisfied with the results of treatment 5. 70% of men will abstain from drug/alcohol use by date of last service compared to date of first service 6. 70% of men will have no new arrests from admission to date of last service 7. 70% of men will have increased social supports and or social connectedness at date of last service 															
<p>Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i></p>	<table border="1" data-bbox="428 526 1465 675"> <thead> <tr> <th data-bbox="428 526 726 561">Year</th> <th data-bbox="726 526 974 561">2017</th> <th data-bbox="974 526 1222 561">2016</th> <th data-bbox="1222 526 1465 561">2015</th> </tr> </thead> <tbody> <tr> <td data-bbox="428 561 726 597">Total Served (Tx)</td> <td data-bbox="726 561 974 597">120</td> <td data-bbox="974 561 1222 597">106</td> <td data-bbox="1222 561 1465 597">146</td> </tr> <tr> <td data-bbox="428 597 726 675"> <ul style="list-style-type: none"> • Assessment only </td> <td data-bbox="726 597 974 675">28</td> <td data-bbox="974 597 1222 675">23</td> <td data-bbox="1222 597 1465 675"></td> </tr> </tbody> </table> <ol style="list-style-type: none"> 1. 94% of men in 2017 received two or more treatment services within 14 days or less of completion of diagnostic assessment. Desired target of 90% consistently met and exceeded in 2017, and with 94% in 2016, and 92% in 2015. 2. 94% of men referred in 2017 successfully engaged in treatment. Desired target of 80% consistently met and exceeded in 2017, and with 93% in 2016 and 98% in 2015. 3. 82% of men in 2017 successfully completed treatment without rejecting services. Desired target of 70% consistently met and exceeded in 2017, and with 90% in 2016, and 89% in 2015. A number of the men are engaged in medication assisted treatment (MAT) but are not maintaining compliance with their medication regimen for Suboxone. The population is one of the most challenging due to the potential for abuse and overdose. Treatment services focus on helping the men change their thinking, behavior and environment to ensure success in their opiate based treatment, and gives them the tools to avoid relapse. 4. 100% of men in 2017 perceived their needs were met and are satisfied with the results of treatment. Desired target of 70% consistently met and exceeded in 2017, and with 100% in 2016 and 2015. Satisfaction surveys identify the program's ethnic and cultural programming addresses specific needs of the men by providing services in Spanish, offering evening groups so those employed do not miss work, and providing foods and snacks as many go without eating before coming for services. 				Year	2017	2016	2015	Total Served (Tx)	120	106	146	<ul style="list-style-type: none"> • Assessment only 	28	23	
Year	2017	2016	2015													
Total Served (Tx)	120	106	146													
<ul style="list-style-type: none"> • Assessment only 	28	23														

	<p>5. 81% of men in 2017 abstained from drug/alcohol use at date of last service. The desired target of 70% consistently met and exceeded in 2017, and with 90% in 2016 and 86% in 2015. The program focuses on ethnic and cultural aspects of relapse and drug and alcohol in the Hispanic community.</p> <p>6. 90% of men in 2017 had no new arrests at date of last service. Desired target of 70% consistently met and exceeded in 2017, and with 93% in 2016 and 91% in 2015.</p> <p>7. 90% of men in 2017 have increased social supports and or social connectedness at date of last service. Desired target of 70% consistently met and exceeded in 2017, and with 92% in 2016, and 91% in 2015. A culturally specific group is offered on the dynamics of the 'extended family' relationships in the Hispanic community that includes interaction with family and or friends supportive of recovery.</p>
CY 2017 RFI Agency Outcome Measures Follow-up	
Agency Name: Catholic Charities Corporation	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Matt Talbot for Women Non-Medicaid (residential programs) Cleveland (16 beds) & Lakewood (14 beds – opened 4/12/2016).
Metrics (How will success be measured?)	<p>Substance Abuse and Mental Health Services Administration National Outcomes Measures (NOMS)</p> <ul style="list-style-type: none"> • Measure reduction in/no change in frequency of drug/alcohol use at date of last service compared to date of first service • Measure reduction in/no change in number of arrests in past 30 days from date of first service to date of last service • Increase in/no change in number in number clients with increased social supports and or social connectedness from date of first service to date of last service <p>Access to quality care as defined as increased access to services</p>

	<ul style="list-style-type: none"> • Measure percentage of clients who receive two treatment services within 14 days of completion of diagnostic assessment <p>Clinical and Process Outcomes</p> <ul style="list-style-type: none"> • Measure resiliency and sustaining recovery as evidenced by National Outcomes Measures (NOMs) on discharge • Measure percentage of clients who successfully engage in treatment • Measure percentage of clients who successfully complete treatment without rejecting services • Measure clients' perception of care by percentage of clients and families satisfied with behavioral health services meeting their needs and the results of treatment 														
Benchmarks <i>(Industry Standards or Program Expectation Goals)</i>	<ol style="list-style-type: none"> 1. 90% of the women receive two or more treatment services within 14 days or less of completion of diagnostic assessment 2. 80% of the women referred successfully engage in treatment 3. 60% of the women successfully complete treatment without rejecting services 4. 70% of the women perceive their needs were met and are satisfied with the results of treatment 5. 70% of the women will abstain from drug/alcohol use at date of last service compared to date of first service 6. 70% of the women will have no new arrests at date of last service 7. 70% of women will have increased social supports and or social connectedness at date of last service 														
Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i>	<table border="1" data-bbox="430 1052 1415 1203"> <thead> <tr> <th>Total Served</th> <th>Residential Programs</th> <th>Intensive Outpatient Program</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>195</td> <td>68</td> </tr> <tr> <td>2016</td> <td>174</td> <td>75</td> </tr> <tr> <td>2015</td> <td>131</td> <td>72</td> </tr> </tbody> </table> <ol style="list-style-type: none"> 1. 100% of the women in 2017 received two or more treatment services within 14 days or less of completion of diagnostic assessment. Desired target of 90% consistently met and exceeded in 2017, and with 100% in 2016 and 2015. 			Total Served	Residential Programs	Intensive Outpatient Program	2017	195	68	2016	174	75	2015	131	72
Total Served	Residential Programs	Intensive Outpatient Program													
2017	195	68													
2016	174	75													
2015	131	72													

	<ol style="list-style-type: none"> 2. 100% of the women referred in 2017 successfully engaged in treatment. Desired target of 80% consistently met and exceeded in 2017, and with 100% in 2016 and 2015. 3. 63% of women in 2017 successfully completed treatment without rejecting services. Desired target of 60% in achieved in 2017, and in 2016 with 64%; previously exceeded with 74% in 2015. Due to higher acuity of population and opiate cravings, program has seen an increase in women leaving treatment despite staff's repeated attempts to encourage and emphasize the importance of involvement and participation in treatment and skills development to live a life free of addictive substances. The program has increased awareness and focus on the retention of women admitted from detoxification programs who are at the greatest risk for not completing treatment. 4. 100% of women in 2017 perceived their needs were met and are satisfied with the results of treatment. Desired target of 70% consistently met and exceeded in 2017 and with 100% in 2016 and 2015. The comments of the women on the satisfaction surveys in which their voice can be heard: <i>"I truly believe I would not be sober or alive today without the staff"</i>, <i>"You have given me hope"</i>, <i>"Truly believed in me even when I could not believe in myself"</i>, <i>"You have been here for me when no one else"</i>, <i>"Another chance at life and being a mother"</i>. 5. 100% of women in 2017 abstained from drug/alcohol use at date of last service. The desired target of 70% consistently met and exceeded in 2017, and with 100% in 2016 and 98% in 2015. 6. 100% of women in 2017 had no new arrests at date of last service. Desired target of 70% consistently met and exceeded in 2017, and with 100% in 2016 and 2015. 7. 100% of women in 2017 had increased social supports and or social connectedness at date of last service. Desired target of 70% consistently met and exceeded in 2017 and with 100% in 2016 and 2015.
CY 2017 RFI Agency Outcome Measures Follow-up	
Agency Name: Catholic Charities Corporation	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service	Matt Talbot Inn Non-Medicaid (34 bed men's residential program)

<p>Provided with ADAMHSCC Funding</p>	
<p>Metrics (<i>How will success be measured?</i>)</p>	<p>Substance Abuse and Mental Health Services Administration National Outcomes Measures (NOMS)</p> <ul style="list-style-type: none"> • Measure reduction in/no change in frequency of drug/alcohol use at date of last service compared to date of first service • Measure increase in/no change in number of employed or in school at date of last service compared to first service and/or linked with employment services at completion of treatment • Measure reduction in/no change in number of arrests in past 30 days from date of first service to date of last service • Measure increase in/no change in number of clients in stable housing situation from date of first service to date of last service • Increase in/no change in number in number clients with increased social supports and or social connectedness from date of first service to date of last service <p>Access to quality care as defined as increased access to services</p> <ul style="list-style-type: none"> • Measure percentage of clients who receive two treatment services within 14 days of completion of diagnostic assessment <p>Clinical and Process Outcomes</p> <ul style="list-style-type: none"> • Measure resiliency and sustaining recovery as evidenced by National Outcomes Measures (NOMs) on discharge • Measure percentage of clients who successfully engage in treatment • Measure percentage of clients who successfully complete treatment without rejecting services • Measure clients' perception of care by percentage of clients and families satisfied with behavioral health services meeting their needs and the results of treatment
<p>Benchmarks (<i>Industry Standards or</i></p>	<ol style="list-style-type: none"> 1. 90% of men receive two or more treatment services within 14 days or less of completion of diagnostic assessment 2. 80% of men referred successfully engage in treatment

<p><i>Program Expectation Goals)</i></p>	<ol style="list-style-type: none"> 3. 70% of men successfully complete treatment without rejecting services 4. 70% of men perceive their needs were met and are satisfied with the results of treatment 5. 70% of men will abstain from drug/alcohol use at date of last service compared to date of first service 6. 70% of men will be employed or in school at date of last service compared to first service and/or linked to employment services at discharge 7. 70% of men will have no new arrests at date of last service 8. 70% of men will be in a stable housing situation at date last service 9. 70% of men will have increased social supports and or social connectedness at date of last service 											
<p>Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i></p>	<table border="1" data-bbox="430 597 1415 672"> <thead> <tr> <th>Year</th> <th>2017</th> <th>2016</th> <th>2015</th> </tr> </thead> <tbody> <tr> <td>Total Served</td> <td>298</td> <td>286</td> <td>288</td> </tr> </tbody> </table> <p>This program also serves adult probation referrals from the Cuyahoga County Court of Common Pleas.</p> <ol style="list-style-type: none"> 1. 100% of men in 2017 received two or more treatment services within 14 days or less of completion of diagnostic assessment. Desired target of 90% consistently met and exceeded in 2017, and with 100% in 2016 and 2015. 2. 100% of men referred in 2017 successfully engaged in treatment. Desired target of 80% consistently met and exceeded in 2017 and with 100% in 2016 and 2015. 3. 79% of men in 2017 successfully completed treatment without rejecting services. Desired target of 70% consistent met and exceeded in 2017, and with 78% in 2016 and 75% in 2015. 4. 83% of men perceived their needs were met and are satisfied with the results of treatment. Desired target of 70% consistently met and exceeded in 2017, and with 85% in 2016 and 89%. t is in the comments of the men on the satisfaction surveys that their voice can be heard: <i>“Lotsa gratitude 4 you guys”, “I have a choice to live right if I do the right thing”, “My counselor did everything I needed and then some”, “Staff treat you with respect and are always there when you need them no matter what time of day or night”.</i> 5. 96% of men in 2017 abstained from drug/alcohol use at date of last service. The desired target of 70% consistently met and exceeded in 2017, and with 96% in 2016 and 95% in 2015. 				Year	2017	2016	2015	Total Served	298	286	288
Year	2017	2016	2015									
Total Served	298	286	288									

	<p>6. 66% of men employed or in school and/or linked with employment services at date of last service. Desired target of 70% not met in 2017, though significant improvement from 39% in 2016. Program continues to improve linking the men on discharge, when appropriate, with Catholic Charities Employment and Training Program.</p> <p>7. 96% of men in 2017 had no new arrests at date of last service. Desired target of 70% consistently met and exceeded in 2017, and with 95% in 2016 and 98% in 2015.</p> <p>8. 85% of men in 2017 in a stable housing situation at date last service. Desired target of 70% consistently met and exceeded in 2017 and with 80% in 2016 and 2015.</p> <p>9. 83% of men in 2017 have increased social supports and or social connectedness at date of last service. Desired target of 70% consistently met and exceeded in 2017, and with 81% in 2016 and 78% in 2015.</p>
CY 2017 RFI Agency Outcome Measures Follow-up	
Agency Name: Catholic Charities Corporation	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Matt Talbot Inn - St Vincent "Heroin Expansion" Non-Medicaid residential unit (17 beds)
Metrics (How will success be measured?)	<p>Substance Abuse and Mental Health Services Administration National Outcomes Measures (NOMS)</p> <ul style="list-style-type: none"> • Measure reduction in/no change in frequency of drug/alcohol use at date of last service compared to date of first service • Measure increase in/no change in number of employed or in school at date of last service compared to first service and/or linked with employment services at completion of treatment • Measure reduction in/no change in number of arrests in past 30 days from date of first service to date of last service • Measure increase in/no change in number of clients in stable housing situation from date of first service to date of last service

	<ul style="list-style-type: none"> • Increase in/no change in number in number of clients with increased social supports and or social connectedness from date of first service to date of last service <p>Access to quality care as defined as increased access to services</p> <ul style="list-style-type: none"> • Measure percentage of clients who receive two treatment services within 14 days of completion of diagnostic assessment <p>Clinical and Process Outcomes</p> <ul style="list-style-type: none"> • Measure resiliency and sustaining recovery as evidenced by National Outcomes Measures (NOMs) on discharge • Measure percentage of clients who successfully engage in treatment • Measure percentage of clients who successfully complete treatment without rejecting services • Measure clients' perception of care by percentage of clients and families satisfied with behavioral health services meeting their needs and the results of treatment 								
Benchmarks <i>(Industry Standards or Program Expectation Goals)</i>	<ol style="list-style-type: none"> 1. 90% of men receive two or more treatment services within 14 days or less of completion of diagnostic assessment. 2. 80% of men referred successfully engage in treatment 3. 70% of men successfully complete treatment without rejecting services 4. 70% of men perceive their needs were met and are satisfied with the results of treatment. 5. 70% of men will abstain from drug/alcohol use at date of last service compared to date of first service. 6. 70% of men will be employed or in school at date of last service compared to first service and/or linked to employment services at discharge 7. 70% of men will have no new arrests at date of last service 8. 70% of men will be in a stable housing situation at date last service 9. 70% of men will have increased social supports and or social connectedness at date of last service 								
Evaluation/ Outcome Data	<table border="1"> <thead> <tr> <th data-bbox="428 1310 825 1344">Year</th> <th data-bbox="825 1310 1012 1344">2017</th> <th data-bbox="1012 1310 1199 1344">2016</th> <th data-bbox="1199 1310 1732 1344">2015 (Opened 1/21/15)</th> </tr> </thead> <tbody> <tr> <td data-bbox="428 1344 825 1382">Total Served</td> <td data-bbox="825 1344 1012 1382">134</td> <td data-bbox="1012 1344 1199 1382">125</td> <td data-bbox="1199 1344 1732 1382">117</td> </tr> </tbody> </table>	Year	2017	2016	2015 (Opened 1/21/15)	Total Served	134	125	117
Year	2017	2016	2015 (Opened 1/21/15)						
Total Served	134	125	117						

<p>(Actual program data achieved during reporting time period)</p>	<ol style="list-style-type: none"> 1. 100% of men in 2017 received two or more treatment services within 14 days or less of completion of diagnostic assessment. Desired target of 90% consistently met and exceeded in 2017, and with 100% in 2016 and 2015. 2. 100% of men referred in 2017 successfully engaged in treatment Desired target of 80% consistently met and exceeded in 2017, and with 100% in 2016 and 2015 3. 67% of men successfully completed treatment without rejecting services. Desired target of 70% not met slightly below in 2017, and with 67% in 2016 and 69% in 2015. The program encourages and emphasizes to the men the importance of involvement and participation in treatment and skills development necessary to assist in healthy decision-making and to live a life free of addictive substances. 4. 91% of men perceived their needs were met and are satisfied with the results of treatment. Desired target of 70% consistently met and exceeded in 2017, and with 97% in 2016 and 89% in 2015. It is in the comments of the men on the satisfaction surveys that their voice can be heard: <i>“My counselor was very helpful and caring “</i>, <i>“They go above and beyond to help there clients”</i>, <i>“They do great, they try hard and they care”</i>, <i>“This place helped me save my life, and save me from myself”</i>. 5. 95% of men in 2017 abstained from drug/alcohol use at date of last service. The desired target of 70% consistently met and exceeded in 2017, and with 100% in 2016 and 94% in 2015. 6. 44% of men in 2017 employed or in school and or linked with employment services at date of last service. Desired target of 70% not met in 2017 or with 46% in 2016. Program continues to improve linking the men on discharge, when appropriate, with Catholic Charities Employment and Training Program. 7. 100% of men had no new arrests at date of last service. Desired target of 70% consistently met and exceeded in 2017 and with 100% in 2016. 8. 93% of men in a stable housing situation at date of last service. Desired target of 70% consistently met in 2017 and with 86% in 2016. 9. 94% of men have increased social supports and or social connectedness at date of last service. Desired target of 70% consistently met and exceeded in 2017 and with 87% in 2016.
CY 2017 RFI Agency Outcome Measures Follow-up	
Agency Name: Catholic Charities Corporation	
Time Period Reported: January 1, 2017 through December 31, 2017	

Name of Program or Service Provided with ADAMHSCC Funding	<p>Matt Talbot Inn - St Augustine "Heroin Crisis Partnership Initiative" - Non-Medicaid SUD Residential Treatment Male Beds (14 beds)</p> <p>Opened March 29, 2017</p>
Metrics <i>(How will success be measured?)</i>	<p>Substance Abuse and Mental Health Services Administration National Outcomes Measures (NOMS)</p> <ul style="list-style-type: none"> • Measure reduction in/no change in frequency of drug/alcohol use at date of last service compared to date of first service • Measure increase in/no change in number of employed or in school at date of last service compared to first service and/or linked with employment services at completion of treatment • Measure reduction in/no change in number of arrests in past 30 days from date of first service to date of last service • Measure increase in/no change in number of clients in stable housing situation from date of first service to date of last service • Increase in/no change in number in number of clients with increased social supports and or social connectedness from date of first service to date of last service <p>Access to quality care as defined as increased access to services</p> <ul style="list-style-type: none"> • Measure percentage of clients who receive two treatment services within 14 days of completion of diagnostic assessment <p>Clinical and Process Outcomes</p> <ul style="list-style-type: none"> • Measure resiliency and sustaining recovery as evidenced by National Outcomes Measures (NOMs) on discharge • Measure percentage of clients who successfully engage in treatment • Measure percentage of clients who successfully complete treatment without rejecting services • Measure clients' perception of care by percentage of clients and families satisfied with behavioral health services meeting their needs and the results of treatment

Benchmarks <i>(Industry Standards or Program Expectation Goals)</i>	<ol style="list-style-type: none"> 1. 90% of men receive two or more treatment services within 14 days or less of completion of diagnostic assessment. 2. 80% of men referred successfully engage in treatment 3. 70% of men successfully complete treatment without rejecting services 4. 70% of men perceive their needs were met and are satisfied with the results of treatment. 5. 70% of men will abstain from drug/alcohol use at date of last service compared to date of first service. 6. 70% of men will be employed or in school at date of last service compared to first service and/or linked to employment services at discharge 7. 70% of men will have no new arrests at date of last service 8. 70% of men will be in a stable housing situation at date last service 9. 70% of men will have increased social supports and or social connectedness at date of last service 				
Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i>	<table border="1" data-bbox="430 743 997 820"> <tr> <td style="text-align: center;">Year</td> <td style="text-align: center;">2017 (Opened 3/29/17)</td> </tr> <tr> <td style="text-align: center;">Total Served</td> <td style="text-align: center;">95</td> </tr> </table> <p>The program is new and the outcomes have progressively improved in each quarter. This program serves men who are also on MAT.</p> <ol style="list-style-type: none"> 1. 100% of men in 2017 received two or more treatment services within 14 days or less of completion of diagnostic assessment. Desired target of 90% met and exceeded. 2. 100% of men referred in 2017 successfully engaged in treatment Desired target of 80% met and exceeded. 3. 60% of men in 2017 successfully completed treatment without rejecting services. Desired target of 70% not been met. Fourth Quarter 2017, program separated clients into two groups; those with a history of unsuccessful treatment attempts, and those who were entering treatment for the first time, and targeted interventions accordingly. Percentage of successful completion was 71% in fourth quarter, compared to 47% in Second Quarter and 57% in Third Quarter. 4. 85% of men perceived their needs were met and are satisfied with the results of treatment. Desired target of 70% met and exceeded. It is in the comments of the men on the satisfaction surveys that their voice can be heard: <i>“Gave me insight that I</i> 	Year	2017 (Opened 3/29/17)	Total Served	95
Year	2017 (Opened 3/29/17)				
Total Served	95				

	<p><i>needed so badly.” “I had the impression that the counselors here were invested in my success”, “Very caring staff”, “Praise you for saving my life”,</i></p> <ol style="list-style-type: none"> 5. 91% of men in 2017 abstained from drug/alcohol use at date of last service. The desired target of 70% met and exceeded. 6. 59% of men in 2017 employed or in school and or linked with employment services at date of last service. Desired target of 70% not met. Program continues to improve linking the men on discharge, when appropriate, with Catholic Charities Employment and Training Program. 7. 100% of men in 2017 had no new arrests at date of last service. Desired target of 70% met and exceeded. 8. 65% of men in 2017 in a stable housing situation at date of last service. Desired target of 70% not met. 9. 64% of men in 2017 have increased social supports and or social connectedness at date of last service. Desired target of 70% not met.
CY 2017 RFI Agency Outcome Measures Follow-up	
Agency Name: Catholic Charities Corporation	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Midtown Youth Reentry ODYS AfterCare Program
Metrics (How will success be measured?)	<p>The Change Companies ‘Forward Thinking’ Curriculum for Reentry Planning developed in conjunction with the California Department of Corrections and Rehabilitation, Division of Juvenile Justice</p> <ul style="list-style-type: none"> • Measure Reentry Readiness as evidenced by positive change in youths’ attitudes, knowledge and skills for reentry into community setting from juvenile criminal justice system by use of pre-test at start compared to post-test at end of service <p>Substance Abuse and Mental Health Services Administration National Outcomes Measures (NOMS)</p>

	<ul style="list-style-type: none"> • Measure reduction/no involvement in criminal justice system date of first service to date of last service <p>Clinical and Process Outcomes</p> <ul style="list-style-type: none"> • Measure percentage of referred youths who engage in post release recovery support services • Measure percentage of youths' significant other(s)/parent/caregiver able to be contacted who engage in care coordination for the youths' reintegration into community setting • Measure percentage of youth and their significant other(s)/families that successfully complete the individual plan for care coordination and recovery support services post release which includes Motivational Enhancement Therapy/Cognitive Behavioral Therapy 5 Sessions and family and community-centric approaches • Measure clients' perception of care by percentage of clients and families satisfied with behavioral health services meeting their needs and the results of treatment 					
Benchmarks <i>(Industry Standards or Program Expectation Goals)</i>	<ol style="list-style-type: none"> 1. 90% of youth who participate in group therapy will show a positive change from pre- to post-test for their attitudes, knowledge and skills for reentry into the community setting 2. 80% of youths referred to Aftercare Program engage in post release recovery support services. 3. 70% of youths' significant other(s)/parent/caregiver engage in care coordination for the youths' reintegration into the community setting 4. 60% of the youth who successfully transition from ODYS to Aftercare Program will successfully complete services without rejecting services. 5. 80% of youth engaged in Aftercare Program will have no re-incarceration in either ODYS or an adult correction facility. 6. 85% of youth and families perceive their needs were met and are satisfied with the results of treatment. 					
Evaluation/ Outcome Data		Total Served	New Admission	# Released from ODYS	# Referred to AfterCare Program	Total Discharges

<i>(Actual program data achieved during reporting time period)</i>	2017	38	27	11	8	33
	2016	59	46	29	24	27
	2015	53				
<ol style="list-style-type: none"> 1. 100% of youth participating in group therapy in 2017 showed a positive change from pre- to post-test for their attitudes, knowledge and skills for reentry into the community setting. Desired target of 90% consistently met and exceeded in 2017 and with 100% in 2016. 2. 100% of youth referred in 2017 to Aftercare Program engaged in post release recovery support services. Desired target of 80% met and exceeded in 2017, and with 88% in 2016. Three of the youth released in 2017 from ODYS could not be engaged/admitted post release as two were placed outside of Cuyahoga County, and one no referral was received. 3. 100% of youths' significant other(s)/parent/ caregiver contacted and engaged in care coordination for the youths' reintegration into the community setting. Desired target of 70% consistently met and exceeded in 2017, and with 75% in 2016. 4. 67% of the discharged youths who successfully transition from ODYS to Aftercare Program successfully completed recovery support services without rejecting services. Desired target of 60% met and exceeded in 2017; compared to 44% in 2016. 5. 94% of discharged youths engaged in Aftercare Program were NOT re-incarcerated in either ODYS or an adult correction facility. Desired target of 80% consistently met and exceeded in 2017, and with 93% in 2016. 6. 91% of youth and families perceive their needs were met and are satisfied with the results of treatment. Desired target of 85% consistently met and exceeded in 2017 and with 95% in 2016. 						
CY 2017 RFI Agency Outcome Measures Follow-up						
Agency Name: Catholic Charities Corporation						
Time Period Reported: January 1, 2017 through December 31, 2017						

Name of Program or Service Provided with ADAMHSCC Funding	Outpatient Mental Health FIRST Cuyahoga County
Metrics (<i>How will success be measured?</i>)	<p>Access to quality care as defined as increased access to services</p> <ul style="list-style-type: none"> • Measure total number of referrals • Measure total number of referrals admitted • Measure percentage of first appointments with psychiatrist occur within 14 days of admission • Measure number of admission within 14 days or less of referral <p>Clinical and Process Outcomes</p> <ul style="list-style-type: none"> • Measure percentage of clients who successfully remain in treatment • Measure reduction in symptom distress as evidenced by compliance with medication use • Measure percentage of clients who do not require hospitalization for their symptoms • Measure percentage of clients who participate in supported employment/education • Measure percentage of clients not dependent on social security income/disability • Measure number of clients who do not become incarcerated • Measure clients' perception of care by percentage of clients and families satisfied with behavioral health services meeting their needs and the results of treatment
Benchmarks (<i>Industry Standards or Program Expectation Goals</i>)	<ol style="list-style-type: none"> 1. 90% of client's first appointments with psychiatrist occur within 14 days of admission 2. 80% of clients admitted within 14 days or less of referral 3. 70% of clients successfully remain in treatment 4. 80% of clients compliant with medication use 5. 80% of clients do not require hospitalization for their symptoms 6. 70% of clients participate in supported employment/education 7. 80% of clients not dependent on social security income/disability 8. 80% of clients do not become incarcerated

	9. 70% of clients' perceive their needs were met and satisfied with the results of treatment.			
Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i>		Total Served	New Referrals Screened	# Admitted
	2017	51	26	16
	2016	48	44	24
	2015	39	34	17
	<ol style="list-style-type: none"> 1. 91% of client's first appointments with psychiatrist in 2017 occur within 14 days of admission. Desired target of 90% consistently met and exceeded in 2017 and with 95% in 2016 and 100% in 2015. Average of 8.5 days in 2017 from admission for an appointment with the psychiatrist, compared to 7 days in 2016. 2. 100% of clients admitted in 2017 within 14 days or less of referral. Desired target of 80% consistently met and exceeded in 2017 and with 100% in 2016 and 2015. 3. 72% of clients in 2017 successfully remained in treatment. Desired target of 70% consistently met and exceeded in 2017, and with 73% in 2016 and 77% in 2015. Client's primary reasons for not remaining in treatment are wanting a provider closer to their living situation, their family not comfortable with office location, opting for no further treatment, referred for developmental disability related diagnosis to better meet their needs, and their choice to not return despite staff's repeated attempts at engagement. 4. 92% of clients in 2017 compliant with medication use. Desired target of 80% consistently met and exceeded in 2017, and with 88% in 2016 and 87% in 2015. 5. 81% of clients in 2017 do not require hospitalization for their symptoms. Desired target of 80% consistently met and exceeded in 2017, and with 88% in 2016 and 92% in 2015. 6. 73% of clients in 2017 participated in supported employment/education. Desired target of 70% met in 2017, an improvement from 63% in 2016 and 66% in 2015. As one of the OhioMHAS First Episode Psychosis Grantees, the program continues to be able to increase client involvement with work and school through the addition of CPST and employment services. 			

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| | <ol style="list-style-type: none">7. 92% of clients in 2017 not dependent on social security income/disability. Desired target of 80% consistently met and exceeded in 2017, and with 85% in 2016 and 90% in 2015.8. 100% of clients in 2017 did not become incarcerated. Desired target of 80% consistently met and exceeded in 2017 and with 83% in 2016 and 100% in 2015.9. 92% of clients in 2017 perceive their needs were met and satisfied with the results of treatment. Desired target of 70% consistently met and exceeded in 2017 and with 96% in 2016 and 100% in 2015. |
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CY 2017 Agency 12-Month Outcomes	
Agency Name: The Centers for Families and Children	
Time Period Reported: January 1, 2017 – December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	The Centers provides the following services with ADAMHSCC funding: <ol style="list-style-type: none"> 1. Mental Health Assessment 2. Psychiatric Diagnostic Review 3. Community Psychiatric Supportive Treatment 4. Pharmacological Management 5. Wellness Programming 6. Counseling
Metrics (How will success be measured?)	Agency Outcomes will be measured by: <ol style="list-style-type: none"> 1. Quantitative analysis of The Centers' electronic medical record 2. Client self-report as part of the treatment plan review process as designated by state regulations
Program Goals or Objectives	<ol style="list-style-type: none"> 1. 75% of clients will have Medicaid 2. 75% of potential clients have access to services within 21 days of their call for service 3. 50% of clients will have used the pharmacy in the timeframe of this report 4. 20% of West, Gordon Square, and Southwest clients will receive an on-site primary care visit in the timeframe of this report 5. 75% of clients will report an increase in their ability to take steps to address worsening mental health symptoms 6. 50% of clients will report an improvement of their mental health symptoms compared to the last Treatment Plan Review 7. Less than 20% of clients will report an ED visit for physical health in the past 90 days 8. Less than 20% of clients will report an ED visit for mental health in the past 90 days 9. Less than 20% of clients will report a hospital admission for physical health in the past 90 days 10. Less than 20% of clients will report a hospital admission for mental health in the past 90 days 11. 80% of clients will be satisfied with the services provided by The Centers at least most of the time

<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>At this time, The Centers does not have a reliable method of determining and reporting on clients who receive funding through the ADAMHS Board. There is no evidence that there are significant differences in outcome measures based on funder variability. Therefore, we are reporting outcomes for all clients in our service program.</p> <p>The Centers served 9,178 clients from January 2017 through December 2017</p> <ol style="list-style-type: none"> 1. 88% of clients have Medicaid 2. 100% of potential clients have access to services within 21 days of their call for service due to our Open Access Model of care 3. 80% of clients will have used the pharmacy in the timeframe of this report 4. 11% of West, Gordon Square, and Southwest clients receive an on-site primary care visit in the timeframe of this report <p>3,694 clients had at least one Treatment Plan Review from January 2017 through December 2017</p> <ol style="list-style-type: none"> 5. 88.1% of clients report an increase in their ability to take steps to address worsening mental health symptoms 6. 38.4% of clients report an improvement of their mental health symptoms compared to the last Treatment Plan Review 7. 19.9% of clients will report an ED visit for physical health in the past 90 days 8. 5.3% of clients report an ED visit for mental health in the past 90 days 9. 8.4% of clients report a hospital admission for physical health in the past 90 days 10. 4.55% of clients report a hospital admission for mental health in the past 90 days 11. 94.1% of clients will be satisfied with the services provided by The Centers at least most of the time.
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CY 2017 Agency 12-Month Outcomes	
Agency Name: Cleveland Christian Home	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Staff conducted a Relaxation Techniques Prevention Group at Marion Sterling Elementary school. The purpose of the group was to create a safe and non-judgmental environment for youth to talk about the stressors in their lives. The group also equipped participants with positive coping skills/techniques (such as deep breathing, positive self-talk, and journaling) that can be used to manage stress. Each participant created a tool kit with items like colored pencils, play-dough, and a journal that can be used when feeling stressed.
Metrics (How will success be measured?)	Cleveland Christian Home Satisfaction Survey (questions – “This program had a positive impact on me” and “I would recommend CCH to a friend and/or family member. Ohio Scales Worker Form – Pre- and Post-test.
Program Goals or Objectives	At least 50% of the youth receiving services will: <ol style="list-style-type: none"> 1. Successfully completed treatment (Demonstrated by CCH Satisfaction Survey) 2. Show improvement by Pre and Post Ohio Scales
Evaluation/ Outcome Data (Actual results from program)	Five youth participated in the program. <ol style="list-style-type: none"> 1. All 5 participants completed the Cleveland Christian Home Client Satisfaction Survey. All participants but one responded positively to survey questions identified to show client’s perception of successfully completed the programming. (See Table I). 2. Only four participants had Worker Ohio Scales forms completed at onset and end of group. 75% of participants showed a decrease the Problem-Severity scale and an Increase in Functioning scale as reported by the worker. (See Table J).
CY 2017 12-Month Outcomes	
Agency Name: Cleveland Christian Home	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or	At Douglas MacArthur Elementary we provided two (2) the Girls Circle Curriculum as a Prevention Group. Girls Circle is a support group for girls which integrates relational

Service Provided with ADAMHSCC Funding	theory, resiliency practices, and skills training. Designed to increase positive connection, strengths, and competence in girls. It aims to counteract social and interpersonal forces that impede a girl’s growth and development by promoting an emotionally safe setting and structure within which girls can develop caring relationships and use authentic voices.
Metrics <i>(How will success be measured?)</i>	Girls Circle Pre and Post Assessment Tests
Program Goals or Objectives	At least 50% of the youth receiving services will: <ol style="list-style-type: none"> 1. Successfully complete programming (used questions 1-11 on 3rd page of Post-Test Girls Circle survey to determine). 2. Create a positive connection among girls in the group (used questions 1, 2, 5, 7 on 3rd page of Post-Test Girls Circle survey to determine). 3. Empower participants to use better coping skills “When things aren’t going well” (used the last 8 questions on page 2 of the Pre- and Post-test Girls Circle Survey to determine). 4. To Strengthen Self Esteem (used questions 1, 5, and 14 on page 2 of the Pre and Post-test of the Girls Circle Survey).
Evaluation/ Outcome Data (Actual results from program)	Results achieved: 13 girls participated in two separate The Girls Circle prevention group <ol style="list-style-type: none"> 1. All indicators resulted in minimally 67% of participants indicating “always” as their response. This demonstrated participants successfully completed programming (See Table A). 2. All indicators resulted in minimally 75% of participants indicating “Always” as their response. This demonstrated that participants experienced/created positive connection among the girls in the group (See Table B). 3. All participants reported improved coping skills after participating in Girls Circle programming. Pre-Assessment responses included skills that participants “Cannot do at all.” Post-Assessment responses reflected that all participants are minimally “Able to do sometimes” or “All of the time” utilizing coping skills. Only one participant responded to one question with “Cannot do at all.” (See Table C)

	4. Twelve of the thirteen participants responded positively at Post –test regarding self-esteem. (See Table D).
CY 2017 Agency 12-Month Outcomes	
Agency Name: Cleveland Christian Home	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	At Marion Sterling Elementary school, CCH provided a Conflict Resolution Prevention Group to five (5) youth. The purpose of the group was to help participants gain insight into conflict situations in their lives and how to constructively deal with conflict. The group defined conflict resolution, processed how conflict resolution relates to group participants experiences, and equipped participants with positive coping skills to use in conflict situations.
Metrics (How will success be measured?)	Attendance Tracking Ohio Scales Worker Form - Pre and Post (Functioning scores should increase while Problem scores should decrease)
Program Goals or Objectives	At least 50% of the youth receiving services will: 1. Attend all five group sessions 2. Show improvement by Pre and Post Ohio Scales
Evaluation/ Outcome Data (Actual results from program)	Five youth participated in the program. 1. 80 % (4) attended all five sessions. 2. 50% (2) of participants increased problem severity score 25% (1) of participants decreased problem severity score 25% (1) of participants showed no change in problem severity score 50% (2) of participants increased functioning score 25% (1) of participants decreased functioning score 25% (1) of participants showed no change in problem severity score (See Table K)
CY 2017 Agency 12-Month Outcomes	
Agency Name: Cleveland Christian Home	
Time Period Reported: January 1 through December 31, 2017	

Name of Program or Service Provided with ADAMHSCC Funding	A Prevention Group using the “WhyTry” curriculum was conducted at Digital Arts High School. The “WhyTry” group provides simple hands on coping skills for dropout prevention, violence prevention, truancy reduction, and increased academic success.
Metrics (<i>How will success be measured?</i>)	WhyTry Measure R Pre-Test and Post-Test They WhyTry Program: Student Satisfaction Survey
Program Goals or Objectives	At least 50% of the youth receiving services will: <ol style="list-style-type: none"> 1. Success complete treatment (Determined by WhyTry Student Satisfaction Survey questions 10, 11, 12) 2. Show improved outlook about the future (Determined by “WhyTry Pre and Post-test questions, 1,2, 7, 14, 23, 24) 3. To help improve attitude towards school (Determined by WhyTry Pre and Post-test questions 13, 26, 27) 4. To equip participants with coping skills to help with emotional regulation (Determined by WhyTry Pre and Post-test questions 3, 10, 11, 25)
Evaluation/ Outcome Data (Actual results from program)	Five youth participating in the program with only three youth completing the WhyTry Measure R Post-test. <ol style="list-style-type: none"> 1. Two participants identified responses to test to support client success in programming. One participant disagreed with all three identified statements. (See Table E.) 2. All 3 participants that completed the post-test all showed a decreased outlook regarding their future. (See Table F) 3. The 3 participants that completed the post-test reported a small improvement in attitude toward school. No participant strongly disagreed with statement “I am happy to be at this school” as reported at Pre-test. The other two indicators showed similar upward movement on the scale when comparing pre- and post-test responses. (See Table G).

	4. The 3 participants that completed the post-test showed a decline in statement responses utilizing coping skills to help with emotional regulation. Only one participant response on three different statements was “agree” or “strongly agree.” (See Table H.
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CY 2017 RFI Agency Outcome Measures Follow-up	
Agency Name: Cleveland Rape Crisis Center	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Mental Health Counseling for Survivors of Rape and Sexual Abuse
Metrics (<i>How will success be measured?</i>)	Trauma Symptom Checklist (TSC) <ul style="list-style-type: none"> Cleveland Rape Crisis Center uses the Trauma Symptom Checklist to measure a reduction in trauma symptoms over the course of the treatment process.
Benchmarks (<i>Industry Standards or Program Expectation Goals</i>)	<ol style="list-style-type: none"> 85% of clients will report a 10-15 point reduction in PTDS symptoms measured by the PCL (PTSD Symptom Checklist, Civilian Version) after completing treatment, indicating that their PTSD is in remission 100% of acute (crisis) clients are offered an appointment within 3-5 business days; 100% of non-acute Mental Health Counseling Clients are offered an appointment within 10-15 business days 90% of clients report being satisfied with the services they received on the client satisfaction survey 600 adult survivors will receive Mental Health Counseling 100 adolescent and/or child survivors will receive Mental Health Counseling 80 survivors of sexual violence will be provided with Group Counseling
Evaluation/	Results Achieved

<p>Outcome Data (Actual program data achieved during reporting time period)</p>	<ol style="list-style-type: none"> 1. 82% of clients participating in Mental Health Counseling reported a reduction in PTSD symptoms. This reduction in trauma symptoms indicates that a client's PTSD is in remission due to the life-changing services the center has been able to provide them. They are now able to identify and utilize healthy coping mechanisms to deal with the trauma they have endured. The 82% is slightly lower than the goal. CRCC is working to ensure PTSD reduction continues to be a priority across all of our counseling services. 2. 100% of acute (crisis) and non-acute Mental Health Counseling Clients were offered an appointment within our designated business model standards. Because of this rate of success survivors were able to receive the vital and critical services they require to live safe and happy lives. 3. 99% of clients report being satisfied with the services they received at CRCC. This illustrates the success our therapists have at trauma-informed and client-centered care. 4. 696 adult survivors participated in Mental Health Counseling over the first course of this funding period. The CRCC exceeded the goal of serving 600 adult survivors of rape and sexual abuse with trauma therapy by 96 individuals. 5. 333 adolescent and child survivors received Mental Health Counseling in the first half of this funding period. CRCC exceeded the proposed goal for serving children and adolescent survivors by 233 individuals. 6. 202 survivors of rape and sexual abuse were provided with Group Counseling during the first half of this funding period. CRCC offered additional groups over the course of this six month period, including a trauma sensitive yoga group. The CRCC exceeded program expectations by 22 individuals.
<p>CY 2017 Agency 12-Month Outcomes</p>	
<p>Agency Name: Cleveland Rape Crisis Center</p>	
<p>Time Period Reported: January 1 through December 31, 2017</p>	

Name of Program or Service Provided with ADAMHSCC Funding	Prevention for Survivors of Rape and Sexual Abuse
Metrics (<i>How will success be measured?</i>)	Information is manually collected and entered into an electronic database by Outreach Specialist. The Outreach Specialist tracks the number of contacts made to victims and the services provided. The data is then pulled by the Manager of Program Quality Assurance and Systems for program assessment, reporting, and application requirements.
Program Goals or Objectives	<p>1a. Participate in at least 60 speaking engagements to provide information about sexual abuse and rape in our community and how to respond to survivors.</p> <p>1b. Reach at least 4,000 individuals in Cuyahoga County with sexual assault crisis intervention and prevention information, including information on how to access Cleveland Rape Crisis Center direct services.</p> <p>2. At least 5,000 pieces of collateral material will be distributed in the community to benefit social service providers, community stakeholders, and survivors of rape and sexual abuse.</p> <p>3a. 100% of survivors who disclose abuse and seek a referral to services during an outreach effort will receive information and referrals to appropriate CRCC services.</p> <p>3b. At least 85% of CRCC community outreach participants will report an increase in understanding on how to refer to rape crisis intervention services.</p> <p>4a. Participate in at least 6 community collaborations.</p> <p>4b. Attend at least 75% of scheduled meetings.</p> <p>5. Participate in at least 35 speaking engagements in collaboration with community partners to provide information about sexual abuse and rape in our community and how to respond to survivors.</p>

	<p>6. Respond to 100% of training requests from community partners. Provide information on referral systems and best practices in referring survivors of rape and sexual abuse to crisis intervention services.</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>1a. To date CRCC has participated in 323 speaking engagements. CRCC exceeded our goal by 263 engagements. Through these speaking engagements staff encourage open discussion and dialogues around the issues of sexual violence within Cuyahoga County and its smaller neighborhoods.</p> <p>1b. To date CRCC has reached 9,741 individuals. CRCC exceeded our goal by 5,741 individuals. This means that CRCC is reaching more people than ever to inform them about CRCC services.</p> <p>2. To date 15,307 pieces of collateral material have been distributed CRCC exceeded our goal by 10,307 pieces. The more materials that are disbursed the more knowledge is available to county residents and the more likely survivors will seek support and services to overcome the barriers they have endured and improve their lives.</p> <p>3a. This outcome has been achieved at 100%. At the core of CRCC's work is crisis intervention. Our licensed outreach specialist and staff are equipped to respond to crisis no matter where it occurs. Their training and experience allow for in-the-field crisis intervention capabilities that otherwise would not exist. This encourages trust between survivors and CRCC as well as enhances the services survivors receive.</p> <p>3b. This outcome has not been tracked. Appropriate metrics and measurement tool are being explored.</p> <p>4a. To date 19 community collaborations have occurred. CRCC exceeded our goal by 13 collaborations. CRCC is committed to maintaining and developing meaningful partnerships and collaborations to reach more survivors and provide premier care.</p> <p>4b. CRCC is committed to professional engagement and partnership at all levels and has attended at least 75% of scheduled partner meetings.</p>

	<p>5. Participate in at least 61 speaking engagements in collaboration with community partners to provide information about sexual abuse and rape in our community and how to respond to survivors. CRCC understands the importance of trauma-informed care and have the expertise to offer insight to other first responders so that they can provide respectful crisis intervention services. CRCC exceeded this goal by 26 engagements.</p> <p>6. This outcome has been achieved at 100%. CRCC believes the more community partners coordinate and support one another the more survivors will be referred and seek CRCC out for services and begin their path to healing and wellness.</p>
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CY 2017 Agency 12-Month Outcomes	
Agency Name: CLEVELAND TREATMENT CENTER	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Cleveland Treatment Center – Art Therapy Programming
Metrics (<i>How will success be measured?</i>)	<p>OAARS <u>Outcome and Assessment and Reporting System</u> The 29 items comprising the 10 rating scales of the OAARS attempt to provide information relevant to the treatment plan and Art Therapy Programming that may be harbingers of positive or negative outcomes. The 10 scales in the OAARS assessment drawn from constructs related to the criteria that Cleveland Treatment Center feels is a good compilation of background information, treatment plans, addiction knowledge, personal relationships, and family environment. These scales are comprised between one to six items covering the following constructs. The number of items per scale is in parenthesis.</p> <p>The scales involved in the OAARS assessment include: Emotional volatility (1)</p> <ul style="list-style-type: none"> ○ Ability to focus on treatment (1) ○ Affective and anxiety problems/disorders (2) ○ Awareness and understanding of condition (4) ○ Openness and personal commitment to change (4) ○ Willingness to involve others in treatment (3) ○ Indication of ability to follow-through on the treatment plan (1) ○ Level of engagement in treatment (3) ○ Social/interpersonal supports (4) ○ The recovery environment (6) <p>BAM</p>

	<p><u>Brief Addiction Monitor Tool</u></p> <p>Tool provided by ADAMHSCC in order to accurately measure improvement in multiple areas that impact substance use & mental health, which include the following:</p> <ul style="list-style-type: none"> • Alcohol Use • Drug Use • Satisfaction in Progress • Cravings • Physical Health • Mood • Sleep • Family/Social Problems <div style="border: 1px solid black; width: fit-content; margin: 10px auto; padding: 5px; text-align: center;"> <p>RISK FACTORS</p> </div> <ul style="list-style-type: none"> • Adequate Income • Social Support/Sober Support • Religion & Spirituality • Self-Help Behaviors • Self-Efficacy <div style="border: 1px solid black; width: fit-content; margin: 10px auto; padding: 5px; text-align: center;"> <p>PROTECTIVE FACTORS</p> </div>
<p>Program Goals or Objectives</p>	<p>BENCHMARK TARGET: <i>Sixty Consumers will engage in the Art Therapy Program with <u>80%</u> of clients successfully completing the program with those clients exhibiting an average improvement in behavior change (increasing positive behaviors/decreasing negative behaviors) of a minimum of a <u>25%</u> percent change from intake to discharge. These benchmarks correlate to the self-reported data collected with the BAM and OAARS tools.</i></p> <p>1. Benchmark: 60 Clients Engage in Art Therapy Program</p> <ul style="list-style-type: none"> • <i>Target: 60 Clients Enrolled</i>

- *Target: 80% of Clients Successfully Completing Program*

Findings:

53/60 Clients Currently Enrolled/Discharged = 88.3% to Target

84.9% of Enrolled Clients have successfully been discharged from the Art Therapy Program

2. Benchmark: 80% of Clients Demonstrate Willingness to Follow Therapist/Treatment Recommendations

- Measured through OAARS (Scale 2, Scale 6, Scale 7, Scale 8) and BAM (Question 9)
- *Average Target of 25% Percent Change in Modifying Behavior*

Findings:

84% of Clients demonstrated willingness to following therapist/treatment recommendations with an overall improvement in behavior by 30.4% percent change from intake to discharge.

81% of Clients self-reported considerable/extreme confidence in ability to remain abstinent from drugs/alcohol.

3. Benchmark: 80% Demonstrate/Verbalize Understanding of Addiction

- Measured through OAARS (Scale 4)
- *Target: Average 25% Percent Change in Modifying Behavior*

Findings:

84% of Clients self-reported improvement in understanding of addiction with an average improvement of 30.7% percent change from intake to discharge.

4. Benchmark: 80% of Clients Modify Negative Behaviors

- Measured through OAARS (Scale 1, Scale 3) & BAM (Questions 4, 5, 6, 7)
- *Target: Average 25% Change in Modifying Behavior*

Findings:

85% of Clients self-reported modification of negative behaviors with average improvement of 36.6% percent change from intake to discharge (OAARS). An average decrease in alcohol/drug use of 77.1% (BAM).

5. Benchmark: 80% Adopt Elements of Healthy Lifestyle Changes

- Measured through OAARS (Scale 5, Scale 9, Scale 10) & BAM (Question 11, 16)
- *Target: Average 25% Change in Modifying Behavior*

Findings:

85% of Clients self-reported increase in adoption of healthy lifestyle with and an average of 28.9% percent change/increase in positive behavior change from intake to discharge.

81% of Clients reported being in a high-risk recovery situation less than 3 days of the month and 76% of clients were in contact with family who supported recovery at least 1 day/week of the month.

6. Benchmark: 80% Client Satisfaction with Recovery Process

- Measured through BAM (Question 17)

Findings:

88% of Clients reported considerable or extreme satisfaction in their progress toward recovery

<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>Outcomes Achieved To Date</p> <ul style="list-style-type: none"> • 53 Individuals Enrolled <p><u>Pre-Assessment Noted with Yellow Highlights</u></p> <p><u>Post-Assessment Noted with Green Highlights</u></p> <p>Out of 53 Individuals Enrolled & Completing 12-Week Rotation:</p> <ol style="list-style-type: none"> 1. 45/53 (84.9%) of the individuals successfully completed art therapy program. 2. Averages over 12 months of: Significant improvement/percent change from OAARS Baseline (Week 1) to OAARS Discharge (Week 12) on the following: <table data-bbox="562 646 1537 1015"> <tr> <td><i>Scale 1 – Emotional Volatility</i></td> <td><i>36.8% Percent Decrease</i></td> </tr> <tr> <td><i>Scale 2 – Treatment Focus</i></td> <td><i>26.6% Percent Increase</i></td> </tr> <tr> <td><i>Scale 3 – Anxiety/Depression</i></td> <td><i>36.4% Percent Decrease</i></td> </tr> <tr> <td><i>Scale 4 – Verbalizes Understanding</i></td> <td><i>30.7% Percent Increase</i></td> </tr> <tr> <td><i>Scale 5 – Personal Commitment</i></td> <td><i>24.1% Percent Increase</i></td> </tr> <tr> <td><i>Scale 6 – Involvement of Others</i></td> <td><i>34.8% Percent Increase</i></td> </tr> <tr> <td><i>Scale 7 – Treatment Plan Follow Through</i></td> <td><i>34.4% Percent Increase</i></td> </tr> <tr> <td><i>Scale 8 – Level of Tx Engagement</i></td> <td><i>25.9% Percent Increase</i></td> </tr> <tr> <td><i>Scale 9 – Social/Personal Supports</i></td> <td><i>30.2% Percent Increase</i></td> </tr> <tr> <td><i>Scale 10 – Recovery Environment</i></td> <td><i>32.3% Percent Increase</i></td> </tr> </table> 3. BAM Treatment/Abstinence Confidence= <i>“How confident are you in your ability to be completely abstinent from drugs and alcohol in the next 30 days?”</i> On the Pre-Assessment there were an average of 48% of individuals reporting that they were considerably or extremely confident. In the self-reported Post-Assessments there were over 81.3% of individuals that were considerably or extremely confident in their ability to remain abstinent in the next thirty days. 4. BAM Alcohol & Drug Use= 	<i>Scale 1 – Emotional Volatility</i>	<i>36.8% Percent Decrease</i>	<i>Scale 2 – Treatment Focus</i>	<i>26.6% Percent Increase</i>	<i>Scale 3 – Anxiety/Depression</i>	<i>36.4% Percent Decrease</i>	<i>Scale 4 – Verbalizes Understanding</i>	<i>30.7% Percent Increase</i>	<i>Scale 5 – Personal Commitment</i>	<i>24.1% Percent Increase</i>	<i>Scale 6 – Involvement of Others</i>	<i>34.8% Percent Increase</i>	<i>Scale 7 – Treatment Plan Follow Through</i>	<i>34.4% Percent Increase</i>	<i>Scale 8 – Level of Tx Engagement</i>	<i>25.9% Percent Increase</i>	<i>Scale 9 – Social/Personal Supports</i>	<i>30.2% Percent Increase</i>	<i>Scale 10 – Recovery Environment</i>	<i>32.3% Percent Increase</i>
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	<p>77.1% decrease in alcohol/drug use</p> <ul style="list-style-type: none"> • Opiate Use decreased from 18 Individuals self-reporting in the pre-assessment to 4 individual self-reporting opiate use in the post-assessment (less than 1-3 days/month) • Alcohol Use decreased from 30 individuals self-reporting on the Pre-Assessment to 9 individuals self-reporting on the Post-Assessment • Marijuana Use decreased from 24 individuals self-reporting on the Pre-Assessment to 4 individual self-reporting on the Post-Assessment • Cocaine Use decreased from 9 individuals self-reporting on the Pre-Assessment to 2 individuals self-reporting on the Post-Assessment <p>5. BAM Anxiety/Depression= <i>In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?</i> There were 63% of individuals reporting feeling anxious or depressed 16-30 days of the month on the pre-assessment. There was a noticeable decreased in the amount of days reported on the post-assessment. There were 34% of individuals that reported feeling anxious and depressed only 9-15 days of the month of the post-assessment.</p>
CY 2017 RFI Agency Outcome Measures Follow-up Time Period Reported: January 1, 2017 through December 31, 2017	
Agency Name: CLEVELAND TREATMENT CENTER	
Program/Service funded by ADAMHSCC	Sober Housing
Metrics (How will success be measured?)	<p>OAARS <u>Outcome and Assessment and Reporting System</u> The 29 items comprising the 10 rating scales of the OAARS attempt to provide information relevant to the recovery plan and Sober Housing Programming that may be</p>

harbingers of positive or negative outcomes. The 10 scales in the OAARS assessment drawn from constructs related to the criteria that Cleveland Treatment Center feels is a good compilation of background information, recovery plans, addiction knowledge, personal relationships, and family environment. These scales are comprised between one to six items covering the following constructs. The number of items per scale is in parenthesis.

The scales involved in the OAARS assessment include:

Emotional volatility (1)

- Ability to focus on treatment (1)
- Affective and anxiety problems/disorders (2)
- Awareness and understanding of condition (4)
- Openness and personal commitment to change (4)
- Willingness to involve others in treatment (3)
- Indication of ability to follow-through on the treatment plan (1)
- Level of engagement in treatment (3)
- Social/interpersonal supports (4)
- The recovery environment (6)

BAM

Brief Addiction Monitor Tool

Tool provided by ADAMHSCC in order to accurately measure improvement in multiple areas that impact substance use & mental health, which include the following:

- Alcohol Use
- Drug Use
- Satisfaction in Progress

- Cravings
- Physical Health
- Mood
- Sleep
- Family/Social Problems

**RISK
FACTORS**

	<ul style="list-style-type: none"> • Adequate Income • Social Support/Sober Support • Religion & Spirituality • Self-Help Behaviors • Self-Efficacy <div style="border: 1px solid black; padding: 5px; display: inline-block; text-align: center;"> PROTECTIVE FACTORS </div>
Benchmarks <i>(Industry Standards or Program Expectation Goals)</i>	90 Consumers Will: <ol style="list-style-type: none"> 7. Engage in Treatment -100% 8. Demonstrate Willingness to Follow Treatment Recommendations-80% 9. Demonstrate/Verbalize Understanding of Addiction- 80% 10. Modify Negative Behaviors- 80% 11. Adopt Elements of Healthy Lifestyle Changes – 80%.
Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i>	(1)-Results Achieved To Date: <ul style="list-style-type: none"> • 100% Individuals Enrolled in to Sober Housing engaged into treatment. • Clients served : 168 (County)/ 66 (Probation)/ 16 (MAT) • <i>220 Individuals – Outcomes Reportable</i> • <i>30 Individuals – Enrolled, but have not completed Sober Housing;</i> <p><u>Pre-Assessment Noted with Yellow Highlights</u></p> <p><u>Post-Assessment Noted with Green Highlights</u></p> (2)-Out of 220 Individuals Enrolled & Completing Sober Housing: <ol style="list-style-type: none"> 6. 134 (80%County); 31 (47 %Probation); 7 (5% MAT) of the individuals successfully completed Sober Housing program and identify safe stable housing, Which is an overall 78.1% success rate *Success is measured as clients successfully completing sober housing.

7. Significant improvement in averages scores from OAARS Baseline (Month 1) up to OAARS Discharge (month 3) on the following:

'Social/Interpersonal Supports'- Avg intake score 6.2 avg discharge 1.8 shows a reduction of 6.9. Clients increased in sober and family supports.

'Recovery Environment'- Avg intake score 13.8 avg dis 2.3 shows a significant improvement of 5.8pts. Clients were able to identify safe stable housing.

8. BAM Trouble sleeping or falling asleep

"How confident are you in your ability to be completely abstinent from drugs and alcohol in the next 30 days?"

On the Pre-Assessment there were an average of 81.6% of individuals reporting they had trouble falling asleep. In the self-reported Post-Assessments there were over 47.9% of individuals reporting they had trouble falling asleep.*33.7% Improvement

9. BAM Alcohol & Drug Use=

AOD Use increased from 4.8% Individuals self-reporting in the pre-assessment from use to 18.6% individual self-reporting opiate use in the post-assessment (indicates clients who relapsed) *81.4% remained abstinent

10. BAM Anxiety/Depression=

In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?

There were 85.6% of individuals reporting feeling anxious or depressed 1-30 days of the month on the pre-assessment. There was a decrease in the amount of days reported on the post-assessment. There were 54.7% of individuals that reported no of feeling anxious and depressed of the post-assessment. *30.9% Improvement.

- (3) 84% (185) demonstrated or verbalize understanding of addiction Lifestyle Choices.
- (4) 83.2% (183) of the client's urines resulted negative for new illicit substances. However, 21.8% (48) of clients were not able to meet the milestone due to discharge from the program: of which 18.6% (41) of the clients discharged due to relapse. 1.8% (4) clients were considered AWOL/ Left against staff advice.
- (5) 78.1% (172) of the clients were able to Modify Negative Behaviors and Adopt Healthy Lifestyles such as increase recovery support, attend 12 meetings, and attend doctor appointments, manage mental health, and take medications as prescribed.

COMPARISON

2016

- Target 90 consumers served 155
- 119 Clients enrolled for County.
- CTC began working with Adult Probation 36 clients enrolled
- 75% (89) clients successfully completed county. 22 relapse/4 violated house rules
- 82% (18) of clients successfully completed probation. 4 relapsed
- Identified 196 sober beds in the county
- Implemented stages of change into referral process to address clients readiness for program

• 2017

- Target 90 consumers served 250
- 168 Clients enrolled for County; 66 Probation; 16 MAT.
- CTC began working with MAT clients in August; 16 enrolled
- 80% (134) clients successfully completed county. 30 relapse/4 violated house rules
- 47% (31) of clients successfully completed probation. 6 relapsed
- 58% (7) clients successfully completed MAT. 5 relapsed
- Identified 210 sober beds in the county
- Implemented MAT housing program

CY 2017 Agency 12-Month Outcomes

Agency Name: Community Action Against Addiction

Time Period Reported: January 1 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p align="center">Recovery Housing</p> <p>CAAA provides residential services for men who are 18 years of age and older who have successfully completed an in-patient treatment program but are in danger of relapse; these men are in need of additional support through interim housing, and the continuation of drug treatment services, as they seek permanent housing in a sober environment. CAAA provides these men with a safe and healthy environment. The agency also provides them with the continuation of medication assisted treatment (MAT) through the administration of methadone, buprenorphine and Vivitrol while in residence. Services are individualized and depend upon each man's needs and circumstances. Length of stay ranges from approximately 30 days to 180 days.</p>
<p>Metrics (<i>How will success be measured?</i>)</p>	<p>Success is measured based upon successful program completion. Success may be defined in a variety of ways but always includes abstinence. Some of the measures of success include: Remaining clean and sober; obtaining employment; obtaining sober housing; reuniting with estranged family members, becoming actively involved in community based treatment programs including AA and NA; obtaining a sponsor. Goals are developed at the point of intake and are updated through the client's treatment plan. Each of the goals set by the client is reviewed to determine if the goals have been met. Goals that are met represent success. Clients are also required to submit to random drug screens, and they must also submit to drug screens whenever they leave and return to the building. These screens monitor their sobriety. Residents are assigned a primary counselor and attend internal and external groups.</p>
<p>Program Goals or Objectives</p>	<p>Program expectation goals are individualized, however, success is measured based upon the clients' remaining in the residence until positive permanent placement can occur. Another program goal is family reunification (whenever possible), and successful home visits and community outings. Participation in individual and group counseling, as well as negative urine screens are all goals of this program.</p>

<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>29 men were enrolled in the program during the second half of 2017. Of this number, 20 men were receiving medication assisted treatment with 16 of this number receiving methadone, two (2) receiving Suboxone and two (2) receiving Vivitrol. Eighteen (18) men were determined to have successfully completed the program, reunified with their families and returned home upon completion of their programs.</p> <p>With the assistance of CAAA, one of these clients received medical support that assisted him in stabilizing a severe epileptic condition through the acquisition and regimentation of medication that he had not been able to obtain prior to his placement in the program. This client voluntarily tapered off of Soboxone and began a Vivitrol regiment as he departed the program. He returned first to his grandparents home and then successfully obtained sober housing. One (1) man was permanently placed in a nursing home. Five (5) men were unsuccessful and did not complete the program. Two of the five who were unsuccessful obtained placement at the City Mission, Four of these five men were violent and were threatening to staff and other clients. Six (6) men continue in the program. Of the 29 men in the program, 18 of the successful completions have not returned to illicit drug use while 7 relapsed and did return to drugs; the status of the remaining 4 is unknown. Six (6) of the successful completions continue to receive Outpatient medication assisted treatment from CAAA.</p> <p>The Average length of stay was 41 days with 3 clients staying over 100 days (101, 104, 143). The shortest length of stay was under 10 days (1, 6, 6, 7, 8).</p>
<p>CY 2017 Agency 12-Month Outcomes</p>	
<p>Agency Name: Community Action Against Addiction</p>	
<p>Time Period Reported: January 1 through December 31, 2017</p>	
<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p style="text-align: center;">Medication Assisted Treatment</p> <p>Community Action Against Addiction (CAAA) provides medication assisted treatment (MAT) to adults ages 18 and older who reside in Cuyahoga County, have been diagnosed with a substance use disorder, and heroin has been determined to be their drug of choice. These individuals seek out services from CAAA because they need help in overcoming their addition to heroin, but because of their limited income, they do not have the financial resources necessary to pay for these services. For these clients, the ADAMHS Board provides funding.</p>

	<p>Services provided to all CAAA clients regardless of referral source or financial condition include: Intake, assessment, physical examinations, and other medical services, daily administration of methadone and buprenorphine, the monthly administration of Vivitrol; screening for tuberculosis, Hepatitis, HIV/AIDS education, at least monthly random urine drug screening, and individual and group counseling services. The agency's current population totals 556.</p>
<p>Metrics (<i>How will success be measured?</i>)</p>	<p>Using the agency's electronic records system, data is obtained to measure the success of programs and services. While not the only indicator of success, CAAA considers its clients successful when they remain in compliance with all program rules and regulations and they achieve the goals set forth in their treatment plans as it relates to abstinence and the need for individualized and group counseling services. This means daily dosing or receiving take-homes, attending individual counseling sessions with their primary counselor as scheduled, and actively participating in group sessions. Clients who meet these requirements and also produce consistently negative urines each month are considered to be successful. While difficult to achieve for some, there is also the goal of complete abstinence, i.e., through treatment and therapy some clients are able to complete the program successfully and no longer require medication assisted treatment. This is a long-term goal and occurs after a number of years in the program (and is not a part of this report), while other clients are considered successful because they are program compliant, but continue to need on-going medication assisted treatment. CAAA measures and evaluates the results of client attendance and participation in counseling services; the results of monthly random drug testing as the measurements used in this report. This report also includes two new on-going initiatives now required by OMHAS that provide education, training and distribution of Narcan to all CAAA clients as well as the requirement that all CAAA clients be enrolled and maintained in OMHAS' central registry. These are on-going projects with goals of 100 percent compliance that also must be met for licensure requirements and involve the participation and cooperation of CAAA's clients.</p>
<p>Program Goals or Objectives</p>	<p>CAAA has attempted to match Federal goals in the results of monthly urine screening. Consistent positive urine results indicate non-compliance while negative urine results indicate success and program compliance. And while SAMSHA set as a goal 80% negative urine screens and only 20% positive, this has become a more challenging goal to reach in 2017. Another benchmark is measured through the number of individual and group counseling sessions each client should attend. Clients are considered to be in compliance</p>

	<p>and therefore successful in this aspect of their treatment if they meet with their primary counselor at least once monthly and attend at least one group session each month. A new goal added as a result of the Behavioral Health Redesign is the requirement that every client receive education and training in the administration of Narcan, and upon completion of that training every client be personally provided with Narcan to be used in the event of an opioid overdose. The group department is providing the training and education and a prescription for Narcan is provided by the Medical Director upon completion of this training. Finally, clients' enrollment in the Central Registry has also been included in this report because this too is a permanent on-going project also mandated by OMAS, and affects every client in an effort to assist them in receiving treatment in the event of an emergency.</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>Urine Analysis –CAAA began to see a decline in the number of clients submitting negative drug screens in 2017. There are several reasons for this decline including:</p> <ol style="list-style-type: none"> 1. Fentanyl. The “explosion” in the use of fentanyl was observed early in 2017, and continued throughout the year. The sudden growth of fentanyl in Cuyahoga County appeared without warning, and seemed to be everywhere. And, while many CAAA clients denied use of this extremely dangerous drug, it seemed that dealers were “lacing” every drug on the street with fentanyl. And while not permitted by CAAA, marijuana (THC) is a drug commonly used by many clients and buying marijuana on the streets almost certainly meant that it would contain fentanyl. In addition, while it is not plausible, individuals in the company of others who were actively using fentanyl had the opportunity through simple exposure to test positive for opiates (fentanyl). After receiving a positive drug test, some clients admitted their use of fentanyl, while others continued to deny it. Reports and studies indicate that a person need only be in a room where fentanyl is being used, and through second hand exposure (touching furniture, walls, clothing etc.) may test positive for opiates. <p>For this reporting period, 52.8% of CAAA clients tested positive for drug use as compared to 47.2% of the population testing negative. In comparing the 1st half of 2017 to this reporting period we find a slight improvement with 58% of</p>

clients testing positive for drug use from January to June 2017, and 42% with negative drug screens.

2. As it relates to individual counseling, for this reporting period, of the 556 clients on the rolls, 513 or 92.2% attended at least one (1) individual counseling session with their primary counselor every month. In measuring client attendance in group counseling sessions, a total of 466 or 83.8% of all clients regularly attended at least one group counseling session every month.

3. Narcan. As a result of OMHAS' Behavioral Health Redesign, MAT programs are now required to provide all of their clients with Naloxone. However, education and training must precede the distribution of this medication. **Since July, 2017, 400 or 72% of CAAA's clients have received training and education on the administration of Naloxone, and have also received a prescription for Narcan from the medical director.** This has become a new performance goal for CAAA and the outcomes will be included in future reports.

4. Central Registry. OMHAS has also required that all MAT programs throughout the State enroll all of their clients in a central data base that will allow clients to receive treatment at other clinics in Ohio and in other nearby states in the case of an emergency. This registration also prevents the opportunity for dual enrollment in other programs and fraud across OTPs. This project has been introduced in this reporting period and has been included as an outcome because it was an unexpected but important requirement that had to be completed and maintained in order to remain in good standing, and it involves the active and ongoing participation of all CAAA clients to complete and update this project. It is now an ongoing management goal that all clients at CAAA be enrolled in this project at the point of intake, and their enrollment be updated as clients' status in the program changes. **At present, 97% of CAAA's client population is enrolled in the Central Registry, with the remaining 3% in process of closure, transfer, incarceration, or death.**

CY 2017 RFI Agency Outcome Measures Follow-up	
Agency Name: Community Assessment & Treatment Services	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Drug Court
Metrics (<i>How will success be measured?</i>)	<p>Successfully Completion of Treatment Episode</p> <ol style="list-style-type: none"> 1. Abstinence as measured by a minimum of 30 consecutive days of negative UA's and No recidivism as measured by no new criminal charges incurred after the start of the treatment episode <p>Brief Addiction Monitor (BAM)</p> <ol style="list-style-type: none"> 2. Decrease in AOD Use 3. Decrease in Risk factors 4. Increase in Protective factors <p>Satisfaction</p> <ol style="list-style-type: none"> 5. Consumers' level of satisfaction with treatment services <ul style="list-style-type: none"> ○ Convenience of appointment times ○ Access to needed services ○ Cultural sensitivity ○ Willingness to recommend services
Benchmarks (<i>Industry Standards or Program Expectation Goals</i>)	<p>Upon discharge from the program 60% of consumers will:</p> <ol style="list-style-type: none"> 1. Successfully complete the treatment episode (defined above) 2. Demonstrate clinical significant improvement in Use, Risk and Protective Factors per BAM ratings (defined above) 3. Satisfaction with services (defined above)
Evaluation/	Results achieved:

Outcome Data <i>(Actual program data achieved during reporting time period)</i>	<p>Out of 88 clients active during the reporting period: 64 were discharged from the program, 49 were successful:</p> <ol style="list-style-type: none"> 1. 77% successfully completed treatment which demonstrates a reduction of substance use and no new charges 2. Statistically significant improvement compared to intake BAM at discharge <ol style="list-style-type: none"> a. 100% of clients had their Use decrease at discharge b. 75% of clients had their Risk factors decrease at discharge c. 85% of clients had their Protective factors increase at discharge 3. 89% of our clients are satisfied with the services they received from us. <p>Program is on target to meet goals.</p>
CY 2017 RFI Agency Outcome Measures Follow-up	
Agency Name: Community Assessment & Treatment Services	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	AOD Residential Treatment
Metrics <i>(How will success be measured?)</i>	<p>Successfully Completion of Treatment Episode</p> <ol style="list-style-type: none"> 6. Abstinence as measured by a minimum of 30 consecutive days of negative UA's and No recidivism as measured by no new criminal charges incurred after the start of the treatment episode <p>Brief Addiction Monitor (BAM)</p> <ol style="list-style-type: none"> 7. Decrease in AOD Use 8. Decrease in Risk factors 9. Increase in Protective factors <p>Satisfaction</p>

	<p>10. Consumers' level of satisfaction with treatment services</p> <ul style="list-style-type: none"> ○ Convenience of appointment times ○ Access to needed services ○ Cultural sensitivity ○ Willingness to recommend services
<p>Benchmarks <i>(Industry Standards or Program Expectation Goals)</i></p>	<p>Upon discharge from the program 60% of consumers will:</p> <ul style="list-style-type: none"> 4. Successfully complete the treatment episode (defined above) 5. Demonstrate clinical significant improvement in Use, Risk and Protective Factors per BAM ratings (defined above) 6. Satisfaction with services (defined above)
<p>Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i></p>	<p>Results achieved: Out of 73 clients active during the reporting period: 69 were discharged from the program, 41 were successful.</p> <ul style="list-style-type: none"> 4. 59% successfully completed treatment which demonstrates a reduction of substance use and no new legal charges 5. Statistically significant improvement compared to intake BAM at discharge <ul style="list-style-type: none"> a. 100% had Use decrease b. 83% had Risk factors decrease c. 70% had Protective factors increase 6. 89% of our clients are satisfied with the services they received from us. <p>Program is on target to meet goals.</p>
CY 2017 RFI Agency Outcome Measures Follow-up	
Agency Name: Community Assessment & Treatment Services	
Time Period Reported: January 1, 2017 through December 31st 2017	
Name of Program or Service Provided with	Challenge To Change

ADAMHSCC Funding	
Metrics <i>(How will success be measured?)</i>	<ol style="list-style-type: none"> 1. Successfully Completion of Treatment Episode <ol style="list-style-type: none"> 11. Abstinence as measured by a minimum of 30 consecutive days of negative UA's and No recidivism as measured by no new criminal charges incurred after the start of the treatment episode 2. Brief Addiction Monitor (BAM) <ol style="list-style-type: none"> 12. Decrease in AOD Use 13. Decrease in Risk factors 14. Increase in Protective factors 3. Satisfaction <ol style="list-style-type: none"> 15. Consumers' level of satisfaction with treatment services <ul style="list-style-type: none"> ○ Convenience of appointment times ○ Access to needed services ○ Cultural sensitivity ○ Willingness to recommend services
Benchmarks <i>(Industry Standards or Program Expectation Goals)</i>	<p>Upon discharge from the program 60% of consumers will:</p> <ol style="list-style-type: none"> 7. Successfully complete the treatment episode (defined above) 8. Demonstrate clinical significant improvement in Use, Risk and Protective Factors per BAM ratings (defined above) 9. Satisfaction with services (defined above)
Evaluation/ Outcome Data <i>(Actual program data achieved during)</i>	<p>Results achieved: Out of 80 clients active during the reporting period: 66 were discharged from the program. 30 were successful.</p> <ol style="list-style-type: none"> 7. 45% successfully completed treatment which demonstrates a reduction of substance use and no new charges 8. Statistically significant improvement- comparing the intake BAM to the discharge BAM

<i>reporting time period)</i>	<ul style="list-style-type: none"> a. 100% of clients had their Use decrease at discharge b. 70% of clients had their Risk factors decrease at discharge c. 80% of clients had their Protective factors increase at discharge <p>9. 89% of our clients are satisfied with the services they received from us.</p>
CY 2017 RFI Agency Outcome Measures Follow-up	
Agency Name: Community Assessment & Treatment Services	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Mental Health Treatment
Metrics (<i>How will success be measured?</i>)	<p>Ohio Scales for Adults</p> <ul style="list-style-type: none"> 16. to measure improvement in mental health functioning, problem severity, and education, as well as overall satisfaction with services <p>Satisfaction</p> <ul style="list-style-type: none"> 17. Consumers' level of satisfaction with treatment services <ul style="list-style-type: none"> ○ Convenience of appointment times ○ Access to needed services ○ Cultural sensitivity ○ Willingness to recommend services
Benchmarks (<i>Industry Standards or Program Expectation Goals</i>)	<p>At the end of the year at least 60% of clients receiving services will:</p> <ul style="list-style-type: none"> 10. Successfully complete the treatment episode (defined above) 11. Show clinical significant improvement mental health functioning, problem severity, and education, as well as overall satisfaction with services per Ohio Scales ratings. 12. Satisfaction with services (defined above)
Evaluation/	Results achieved:

Outcome Data <i>(Actual program data achieved during reporting time period)</i>	<p>Out of 26 clients active during the reporting period: 22 were discharged from the program. 14 were successful:</p> <ol style="list-style-type: none"> 1. 64% were successful in the reporting period. 2. Ohio Scales for adults: No measurement system in place for paper version of form. Waiting on SHARES to start gathering outcomes. 3. 89% of our clients are satisfied with the services they received from us. <p>Program is on target to meet goals</p>
CY 2017 RFI Agency Outcome Measures Follow-up	
Agency Name: Community Assessment & Treatment Services	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Modified Therapeutic Community
Metrics (How will success be measured?)	<p>Successfully Completion of Treatment Episode</p> <ol style="list-style-type: none"> 18. Abstinence as measured by a minimum of 30 consecutive days of negative UA's and No recidivism as measured by no new criminal charges incurred after the start of the treatment episode <p>Brief Addiction Monitor (BAM)</p> <ol style="list-style-type: none"> 19. Decrease in AOD Use 20. Decrease in Risk factors 21. Increase in Protective factors <p>Satisfaction</p> <ol style="list-style-type: none"> 22. Consumers' level of satisfaction with treatment services <ul style="list-style-type: none"> ○ Convenience of appointment times ○ Access to needed services

	<ul style="list-style-type: none"> ○ Cultural sensitivity ○ Willingness to recommend services
Benchmarks <i>(Industry Standards or Program Expectation Goals)</i>	<p>Upon discharge from the program 60% of consumers will:</p> <ul style="list-style-type: none"> 13. Successfully complete the treatment episode (defined above) 14. Demonstrate clinical significant improvement in Use, Risk and Protective Factors per BAM ratings (defined above) 15. Satisfaction with services (defined above)
Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i>	<p>Results achieved: Out of the 35 clients active during the reporting period: 23 were discharged from the program, 14 were successful:</p> <ul style="list-style-type: none"> 10. 61% successfully completed treatment which demonstrates a reduction of substance use and no new charges. (3 of which are still active) 11. Statistically significant improvement compared to intake BAM at discharge <ul style="list-style-type: none"> a. 100% of clients had their Use decrease at discharge b. 60% of clients had their Risk factors decrease at discharge c. 60% of clients had their Protective factors increase at discharge 12. 89% of our clients are satisfied with the services they received from us. <p>Program is on target to meet goals.</p>

CY 2017 RFI Agency Outcome Measures Follow-up

Agency Name: Connections: Health * Wellness * Advocacy

Time Period Reported: January 1, 2017 through December 31, 2017

Name of Program or Service Provided with ADAMHSCC Funding
Mental Health: Mental Health Assessment, Psychiatric Assessment, Pharmacological Management, Behavioral Health Counseling and Therapy (Group & Individual), CPST.
 For CY 2017 we have provided services to 1110 MACSIS patients vs. 1,309 during CY 2016. This reduction in MACSIS patients served coincides with an increase in the number of patients with Medicaid.
 There were a total of 7,278 patients (All payer types) seen during CY 2017.

Metrics (How will success be measured?)	Numerator	Denominator	Data Location
	1. Total # seen by a mental health clinician in 7 day or less	Total number of psychiatrically hospitalized patients	EHR
	2. Total # seen by a mental health clinician in 30 Days or less	Total number of psychiatrically hospitalized patients	EHR
	3. Count of 30 Days Readmissions	Total Psychiatric Hospital Stays	EHR
	4. Count of first offered intake appointments 3 days or less from initial contact	Total Contacts	EHR
	5. Count of Face to Face CPST appointments provided in the community	Total Face to Face CPST appointments	EHR

	<p>6. Total Intake, Counseling, Nursing appointments provided in the community</p> <p>Total Intake, Counseling, Nursing appointments</p> <p>EHR</p> <p>7. PHQ-9</p> <ul style="list-style-type: none"> To measure statistically significant changes in patient reported severity of depressive symptoms
<p>Benchmarks <i>(Industry standards)</i></p>	<ol style="list-style-type: none"> More than 60% of hospitalized patients will be seen by a mental health provider within 7 days of hospital discharge. More than 80% of hospitalized patients will be seen by a mental health provider within 30 days of hospital discharge. More than 90% of patients who are discharged from the hospital will not be re-admitted within 30 days. The date of initial contact for services and the first offered face-to-face appointment will be 3 days or less. Greater than 70% of CPST services will be provided in the community. There will be an increase in the number of patients receiving intake, counseling and nursing services in the community. Overall improvement in level of depression as measured with the PHQ-9.
<p>Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i></p>	<ol style="list-style-type: none"> 66% (110% of benchmark) of patients were seen within 7 days from their hospital discharge date. The median number of days to the first kept appointment is 6 days. We continue to have success with our hospital tracking system and have been successful at establishing a hospital liaison program which has helped us to quickly identify existing patients and link new patients to services. 97 % (121% of benchmark) of hospitalized patients were seen within 30 days of their discharge. 86% (96% of benchmark) of hospitalized patients remained out of the hospital after 30 days. 69% of new patients were offered an intake appointment within 3 days of the patient's initial contact. The median number of days to the intake is 0 days compared with 5.6 during the same period last year. This is largely due to the addition of our walk-in clinic that is available at all of our sites.

	<p>5. 73 % of our CPST appointments compared to 71% during CY 2016 (104% of benchmark) were provided in the community.</p> <p>6. <u>Intake</u>: 20% of our intake appointments were provided in the community compared to 14% during CY 2016 an increase of 43%.</p> <p><u>Counseling</u>: 14.7% of our counseling appointments compared to 12% during CY 2016 were provided in the community. This represents a 22.5% increase in the number of community based intakes.</p> <p><u>Nursing</u>: 6.5% of our nursing appointments were provided in the community. This is a 30% increase compared to CY 2016.</p> <p>7. PHQ-9 outcomes indicate an average rate of improvement of 21.4% improvement in patient reported level of depression at t2 compared to 15% during CY 2016 an average improvement of 43% over CY 2016.</p>
CY 2017 RFI Agency Outcome Measures Follow-up	
Agency Name: Connections: Health * Wellness * Advocacy	
Time PEriod Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Dual Diagnosis: Substance Use Assessment, Outpatient treatment, IOP/Group counseling, case management, crisis intervention.
Metrics (<i>How will success be measured?</i>)	<ol style="list-style-type: none"> 1. Brief Addiction Monitor (BAM) <ul style="list-style-type: none"> • To measure changes in risk factors and protective factors related to a person's substance use 2. The number of patients served by the Dual Diagnosis program CY 2016 vs CY 2017
Benchmarks (<i>Industry standards</i>)	<ol style="list-style-type: none"> 1. Statistically significant change as measured compared to CY 2016. 2. Positive growth in patients served over CY 2016.

Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i>	<ol style="list-style-type: none"> 1. The results for the BAM T1 vs T2 indicate an average rate of improvement in the Risk Factors subscale of 30%; Use Subscale of 89% and Protective Factors subscale of 17%. 2. 666 patients (all payers) received substance use treatment in CY 2017 compared to 393 in CY 2016 a growth rate of 69.5%. The number of non-insured patients was 57 for CY 2016 and 56 for CY 2016. This flat growth is the result of a 43% increase in the number of insured patients receiving substance use treatment. 		
CY 2017 RFI Agency Outcome Measures Follow-up			
Agency Name: Connections: Health * Wellness * Advocacy			
Time Period Reported: January 1, 2017 through December 31, 2017			
Name of Program or Service Provided with ADAMHSCC Funding	Peer Support/Urban Goodness		
Metrics <i>(How will success be measured?)</i>	Numerator	Denominator	Data Location
	<ol style="list-style-type: none"> 1. Peer Support capacity in CY 2016 	<ol style="list-style-type: none"> Peer Support Capacity in CY 2017 	<ol style="list-style-type: none"> EHR
	<ol style="list-style-type: none"> 2. Total hours of Peer Support services provided in CY 2016 	<ol style="list-style-type: none"> Total hours of Peer Support services provided in CY 2017 	<ol style="list-style-type: none"> EHR
	<ol style="list-style-type: none"> 3. Measure Urban Goodness growth in social services by monitoring the number of patients who volunteer at the garden. 		
Benchmarks <i>(Industry standards)</i>	<ol style="list-style-type: none"> 1. Increase capacity of our Peer Support program to 90 patients. 2. Increase the hours of Peer Support services provided over CY 2016. 3. Identify the number of patient volunteers at Urban Goodness to establish a benchmark for future measurement. 		

Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i>	<ol style="list-style-type: none"> 1. We hired a new Peer Support Specialist and served 114 patients exceeding our goal by 25%. 2. For CY 2017 we have provided 1861 hours of services compared to 1390 hours in CY 2016. This is an increase of 33.8%. 3. During this farming season, the Urban Garden has had 14 patient volunteers and hired 1 part-time seasonal garden worker. Due to the loss of grant funding, the last day for Urban Goodness will be on January 31, 2018.
CY 2017 RFI Agency Outcome Measures Follow-up	
Agency Name: Connections: Health * Wellness * Advocacy	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Jail Liaison
Metrics <i>(How will success be measured?)</i>	<ol style="list-style-type: none"> 1. Monitor services provided by the Jail Liaison through the use of the EHR.
Benchmarks <i>(Industry standards)</i>	<ol style="list-style-type: none"> 1. Growth in the number of patients seen by the jail liaison over CY 2016.
Evaluation/ Outcome Data <i>(Actual program data achieved during</i>	<ol style="list-style-type: none"> 1. We have hired a new jail liaison who has provided services to 187 patients in CY 2017 compared to 77 during CY 2016 a growth of 142.9%. Of these, 109 were new patients, 78 were existing patients whose behavioral health needs were coordinated between the jail and the existing treatment team. Collectively incarcerated patients received 20 hours of Assessment, 21 hours of MedSom, 106 hours of CPST, 18 hours of substance use and 2 hours of counseling.

<i>reporting time period)</i>	2. We established a tracking system in our EHR that facilitates communication between the liaison and the treatment team.
CY 2017 RFI Agency Outcome Measures Follow-up	
Agency ame: Connections: Health * Wellness * Advocacy	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Art Therapy
Metrics <i>(How will success be measured?)</i>	<ol style="list-style-type: none"> 1. Implementation of the Art Therapy program. 2. An increase in the number of patients who receive Art Therapy services.
Benchmarks <i>(Industry standards)</i>	<ol style="list-style-type: none"> 1. Establish 6 Art therapy program: Inside Out Group (Children/Adolescent), Art Therapy and Trauma, Women's Art Therapy Group, Medical and Physical Use of Art Therapy and Therapeutic Art Group. 2. Growth in the number of patients served in CY 2017 compared to CY 2016.
Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i>	<ol style="list-style-type: none"> 1. We have established 3 groups: Inside Out group (Children) and 2 art therapy groups for adults. 2. 66 patients received Art Therapy during CY 2017 compared to 68 in CY 2016.

CY 2017 Agency 12-Month Outcomes	
Agency Name: Agency Name: Cuyahoga County Corrections Planning Board, TASC	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Adult Treatment Drug Court- TASC
Metrics (<i>How will success be measured?</i>)	<ul style="list-style-type: none"> • Discharge status (Successful, Unsuccessful, Neutral/Administrative) • Recidivism (new charges) at 6 months and 12 months determined through Common Pleas Court docket records and Cleveland Municipal Court Docket records. • Brief Addiction Monitor
Program Goals or Objectives	<ol style="list-style-type: none"> 1. At least 50% of individuals receiving Drug Court services will: <ul style="list-style-type: none"> • Successfully complete treatment • Maintain Abstinence from substances for 90 days 2. Less than 20% of individuals who have successfully completed services will recidivate with new charges at 6 months and 12 months after discharge. 3. BAM risk factors will decrease and protective factors will increase for over 60% of successful completers.
Evaluation/ Outcome Data (Actual results from program)	<p>1. Drug Court TASC Case Management saw a 34% success rate for all discharges for CY2017 (after adjusting for Administrative/Neutral discharges). Breaking it down by funding source, the outcomes follow: ADAMHS funded (with Macsis ID)-7%; Medicaid funded-82%; funding currently undetermined- 11%.</p> <p>There were 209 Admits in CY2017 into Drug Court Case Management (14 ADAMHS Funded, 76 Medicaid, 119 Funding status currently undetermined).</p>

	<p>2. For the purposes of this report, consumers who successfully completed IOP from the first half of CY2017 were reviewed for 6 months post-discharge (those discharged from 01/01/2017-06/30/2017) and for 12 months post-discharge (those discharged from 07/01/2016-12/31/2016) for recidivism (new charges) in both Cuyahoga County Common Pleas Court and Cleveland Municipal Court.</p> <p>For all successful discharges:</p> <ul style="list-style-type: none"> • 0% of individuals discharged from Drug Court recidivated in Common Pleas Court within 6 months of discharge. • 3% of individuals discharged from Drug Court recidivated within 6 months in Cleveland Municipal Court (1 Medicaid) • 3% of individuals discharged from Drug Court recidivated in Common Pleas Court within 6 months of discharge (Funding breakdown: 1 Adamhs funded) • 7% of discharged from Drug Court recidivated in Common Pleas Court within 12 months of discharge (2 Adamhs funded). <p>3. The BAM is completed at admission and at successful discharge. From available BAM data, the following outcomes were demonstrated:</p> <ul style="list-style-type: none"> • 100% showed a decrease (or maintained a score of 0) in Use Score • 94% showed a decrease in Risk Score • 94% showed an increase in Protective Factors
CY 2017 Agency 12-Month Outcomes	
Agency Name: Cuyahoga County Corrections Planning Board, TASC	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Treatment Capacity Expansion (Jail Reduction Assessment/Outpatient Treatment)
Metrics (How will success	<ul style="list-style-type: none"> • Jail Wait list • Discharge status (Successful, Unsuccessful, Neutral/Administrative)

<p><i>be measured?)</i></p>	<ul style="list-style-type: none"> • Recidivism (new charges) at 6 months and 12 months determined through Common Pleas Court docket records and Cleveland Municipal Court Docket records. • Brief Addiction Monitor
<p>Program Goals or Objectives</p>	<ol style="list-style-type: none"> 1. At least 50% of individuals receiving IOP services will: <ul style="list-style-type: none"> • Successfully complete treatment • Maintain Abstinence from substances for 30 days 2. Less than 20% of individuals who have successfully completed services will recidivate with new charges at 6 months and 12 months after discharge. 3. BAM risk factors will decrease and protective factors will increase for over 60% of successful completers. 4. Individuals in jail will have an assessment completed within 5 days of receipt of referral.
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>1. The male IOP Group saw a 58% success rate for all discharges for CY2017(after adjusting for Administrative/Neutral discharges). Breaking it down by funding source, the outcomes follow: ADAMHS funded (with Macsis ID)- 26%; Medicaid funded-71%; funding currently undetermined- 3%.</p> <p>The Female IOP Group saw a 47% success rate for all discharges for CY 2017 (after adjusting for Administrative/Neutral discharges). Breaking it down by funding source, the outcomes follow: ADAMHS funded (with Macsis ID)-30%; Medicaid 57%; funding currently undetermined-13%.</p> <p>The Male IOP Group Admitted 27 new individuals during CY2017. 3 were ADAMHS funded with Macsis ID, 13 were Medicaid, and 11 are currently undetermined funding.</p> <p>The Female IOP Group Admitted 28 new individuals during CY 2017.7 were ADAMHS funded with Macsis ID, 13 were Medicaid, and 8 are currently undetermined funding.</p>

2. For the purposes of this report, consumers who successfully completed IOP from the first half of CY2017 were reviewed for 6 months post-discharge (those discharged from 01/01/2017-06/30/2017) and for 12 months post-discharge (those discharged from 07/01/2016-12/31/2016) for recidivism (new charges) in both Cuyahoga County Common Pleas Court and Cleveland Municipal Court.

For all successful discharges:

- 8% of men discharged from the Male IOP Group recidivated in Common Pleas Court within 6 months of discharge (1 Medicaid).
- 15% recidivated at 6 months in Cleveland Municipal Court (Funding breakdown: 2 Medicaid).
- 33% of men discharged from the Male IOP Group recidivated in Cleveland Municipal Court within 12 months of discharge (2 Medicaid).
- 0% of discharged from the Male IOP Group recidivated in Common Pleas Court within 12 months of discharge.
- 25% of women discharged from the Female IOP Group recidivated in Common Pleas Court within 6 months of discharge (1 Medicaid).
- 50% of women discharged from the Female IOP Group recidivated in Cleveland Municipal Court within 6 months of discharge (2 Medicaid).
- 0% of women discharged from the Female IOP Group recidivated in Common Pleas Court within 12 months of discharge.
- 17% of women discharged from the Female IOP Group recidivated in Cleveland Municipal Court within 12 months of discharge (funding breakdown: 1 Medicaid)

3. The BAM is completed at admission and at successful discharge.

Male IOP:

- 100% showed a decrease (or maintained a score of 0) in Use Score
- 67% showed a decrease in Risk Score
- 75% showed an increase in Protective Factors

Female IOP:

- 100% showed a decrease (or maintained a score of 0) in Use Score
- 100% showed a decrease or maintained the same score in Risk Score
- 67% showed an increase or maintained the same score in Protective Factors.

	4. Average of 4.75 days to wait for a jail assessment from referral to assessment completion for 570 Jail Reduction assessments completed.
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CY 2017 Agency 12-Month Outcomes	
Agency Name: Domestic Violence & Child Advocacy Center	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Art Therapy/Therapy for youth & adults
Metrics (<i>How will success be measured?</i>)	Ohio Scales for Youth & Adults <ul style="list-style-type: none"> • to measure improvement in mental health functioning, problem severity, and education, as well as overall satisfaction with services
Program Goals or Objectives	At least 50% of the youth/adults receiving services will: <ol style="list-style-type: none"> 1. successfully complete treatment 2. show improvement in mental health functioning & problem severity 3. have overall satisfaction with services 4. show reduction in trauma symptoms
Evaluation/ Outcome Data (<i>Actual program data achieved during reporting time period</i>)	Out of 45 Youth/Adults Served: <ol style="list-style-type: none"> 11. 17 (38%) of the youth/adults successfully completed treatment; It is not unusual to see clients slowly move towards completion of services, as we offer longer term trauma-focused therapy. 10 (22%) did not successfully complete treatment as these clients either expressed a desire to discontinue services at the time or did not return to treatment after a few sessions. 12. Out of the 45 adult and youth clients served during this reporting period, 40 received updated Ohio Scales reviews that measure both mental health functioning and problem severity. The remaining 5 clients have all recently begun treatment and therefore have only completed one Ohio Scales review at their intake. Out of the 40 clients who have received multiple administrations of the Ohio Scales Outcomes, 28 (70%) evidenced a decrease in problem severity or symptom distress and an

	<p>increase in functioning. 2 (5%) of the 40 evidenced either a decrease in problem severity or symptom distress or an increase in functioning.</p> <p>13. Out of 45 adult and youth clients 40 reported they were always satisfied with their services, 1 reported they are often satisfied with their services and 4 did not respond to the question on this measure.</p> <p>14. Trauma symptoms have been monitored through the clients self-report, feedback gathered from collateral supports (i.e., parents, significant others, etc.) and observations made in therapeutic sessions by clinicians. During this reporting period, several clients have experienced a decrease in trauma related symptoms as evidenced by the clients obtaining and maintaining a level of functioning before their trauma experiences. The majority of these clients have been engaged and fully committed to the therapeutic process by attending appointments regularly as well as completing therapeutic homework outside of session. There are some outliers and not all clients have experienced a decrease in trauma symptoms. These concerns could be contributed to several factors, including but not limited to: continued contact with trauma reminders (interaction with perpetrators, etc.), barriers in daily living (inadequate finances, housing stability, etc.), and limited supports (both external and internal).</p>
<p>Per 2016 Contracts, Reports should include:</p>	<ol style="list-style-type: none"> 1. Number of persons served in a program during this reporting: 45 2. Number and percent of individuals successfully completing program (including the definition of “success”, and explanation of how and when it is measured). 17/38% – Many of our clients are continuing to successfully engage in therapy services and have built strong rapport with their therapist and consistently move towards successful completion of their goals and of the therapy program. Success for those addressing a history of abuse is often measured very differently. DVCAC defines success in conjunction with clients and often includes symptom relief accompanied by the feeling of confidence to discontinue services. 3. Whether program is on target to reach goals, and if not, the reasons for this and the corrective actions to be put into place to reach targets. DVCAC has exceeded the goal of serving 40 Cuyahoga County adults and children. During the time of this grant period, DVCAC has served a total of 45 Cuyahoga County adults and children.

CY 2017 Agency 12-Month Outcomes

Agency Name: Eldercare

Time Period Reported: January 1 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>Mental Health Assessment Community Psychiatric Supportive Treatment (CPST)</p>
<p>Metrics (<i>How will success be measured?</i>)</p>	<p>CLIENT CONTACT</p> <ul style="list-style-type: none"> To measure the timeliness of contact from intake to assessment. <p>DEPRESSION</p> <p>Tool: American Psychological Association Short Geriatric Depression Scale (GDS); and Patient Depression Questionnaire (PHQ-9)</p> <ul style="list-style-type: none"> To measure improvement in depressive symptoms. The scores will provide a tool for developing treatment goals, direct treatment interventions and engaging in conversation with PCP/Psychiatrist about medication effectiveness. <p>RE-HOSPITALIZATION</p> <p>Admission tracking through Netsmart system</p> <ul style="list-style-type: none"> To measure the reduction in re-hospitalization. Re-hospitalization defined as hospitalization for the same event within 30 days. <p>HOARDING</p> <p>Randy Frost & Gail Steketee's <i>Treatment for Hoarding Disorder Therapist's Guide</i></p>

	<ul style="list-style-type: none"> • To measure the reduction in hoarding related eviction and improve Hoarders insight into their symptoms. • Randy Frost’s Buried in Treasurers (BIT) is peer lead groups.
<p>Program Goals or Objectives</p>	<p>100% compliance in client contact.</p> <ol style="list-style-type: none"> 1. all referrals received through intake will receive a phone call within 2 working days 2. initial information will be gathered to determine the appropriateness of the referral 3. a first visit will be set up within 5-days of first contact or as set by the client <p>There will be a 20% reduction in scores on the depression scale</p> <ol style="list-style-type: none"> 1. Clients identified with depressive symptoms will be administered the GDS and PHQ-9 scoring tool. 2. There will be a reduction in scores 3. If scores are above five on the GDS tool, the client will be administered the PHQ-9 tool. 4. This PHQ-9 tool will be shared with the PCP/Psychiatrist in order to reassess medication. 5. PHQ-9 will be administered again and scores will be compared. <p>There will be a 10% reduction in re-hospitalization</p> <ol style="list-style-type: none"> 1. There will be a reduction in number of re-hospitalization for mental health reasons. 2. CPST will engage in discharge planning. 3. Discharge information will be shared with PCP/Psychiatrist at follow-up to determine what changes occurred and what else need to be implemented reduce client’s hospitalizations. <p>There will be a 50% reduction in evictions related to Hoarding Disorder</p> <ol style="list-style-type: none"> 1. CPST will work with client on the Hoarding Workbook. 2. Client will demonstrate improvement in insight about their hoarding disorder. 3. There will be some improvement in client’s environment. 4. Evictions will be deferred or eliminated.

	<p>5. Clients will receive additional support for their hoarding symptoms through the participation in the 15 week, peer lead Buried in Treasurers groups.</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>The agency served 324 unduplicated clients from January 1, through December 31, 2017 of which 183 are ADAMHS Board funded. Outcomes are based on the total client population due to the small number.</p> <p>RESULTS</p> <p>CLIENT CONTACT – There were 93 referrals admitted during January 1, - December 31, 2017. Of the 93 referrals 14 clients were not seen within the 5-day period per the request of the client, reasons included sickness, unavailable, hospitalized/re-hospitalized or unable to be located on the scheduled date. Compared to the year 2016, there was 116 referrals, 8 were not seen until a later date at the client’s request. A letter is sent to those individual that are unable to be contacted.</p> <p>DEPRESSION- 82 clients participated in all three scoring quarters. 45 participants had a decrease in their scores by 3 points or greater. 11 participants’ scores remained the same. In comparison to 2016, 100 clients participated in all three scoring, 14 had no change in their scores and 48 had a decrease in their score. The PHQ-9 tool offers a synopsis of how the individual’s depression effects their level of functioning. Information is used to continue communication with PCP/Physiatrist, assess medication effectiveness or non-compliant issues. In some cases, there were changes in medication and/or increase in medication dosage.</p> <p><i>This goal was met.</i></p> <p>RE-HOSPITALIZATION (where a re-hospitalized is defined as a consumer being re-hospitalized for the same issue within 30 days of discharge). – There were 80 hospitalizations during January 1-December 31, 2017. Of these admissions, 1 client met the parameters of re-hospitalization. This client was admitted for medical reasons, and 12 days later was transferred to the psychiatric unit. In 2016, there were 5 readmits. Due to the age of the population served, often times health issues combined with mental health issues lead to hospitalizations. Discharge information was shared with the CPST in order</p>

to engage and support client in sharing information at the follow up appointment with the PCP/Psychiatrist.

This goal was met.

HOARDING – There were 41 new clients identified as Hoarders, during the period of January 1- December 31, 2017. Eleven client cases were closed; three client was evicted and did not want to continue services; three clients families intervened and cleaned out apartment and five clients were unable to gain insight into their hoarding symptoms and refused services. In working with hoarders, experience shows that some of the negative outcomes are results of some adverse life experience, which impact client in gaining insight into how their hoarding behaviors are directly related to these experiences. There were five of eleven clients that were referred by the Housing Court. When court closed the docket, the clients no longer wanted services.

There were 80 active hoarding clients. They continue work with CPST staff on acceptance of their symptoms and working toward improving their living environment. Through the use of Randy Frost's Hoarding workbook, and Buried in Treasures (BIT) groups that began late 2015, clients are demonstrating acceptance and insight into their disorder and working toward improvement in their situation.

This goal was met.

CY 2017 RFI Agency Outcome Measures Follow-up

Agency Name: Emerald Development & Economic Network Inc. (EDEN)

Time Period Reported: January 1 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>Fiscal Agent - Bridgeway Properties</p>
<p>Metrics <i>(How will success be measured?)</i></p>	<ol style="list-style-type: none"> 1 .To meet or exceed industry standards for work order completion. 2. To pass all licensure, ADAMHS Board and city inspections with no findings. 3. To pay invoices by due date for properties by due date. 4. To manage/complete major repairs/renovations approved by ADAMHS Board. 5. To improve the time for a unit to be made ready for occupancy.
<p>Benchmarks <i>(Industry Standards or Program Expectation Goals)</i></p>	<ol style="list-style-type: none"> 1. Complete emergency work orders within 24 hours and routine within 30 days. 2. Pass all inspections with no findings. If there are findings, complete repairs within 30 days. 3. Pay invoices within due date or 30 days – whichever is earlier. 4. Complete major improvements and/or renovations within timeframe and budget established.

<p>Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i></p>	<p>5. Prepare units for move in within 30 days</p> <ol style="list-style-type: none"> 1. 16 emergency work orders were called in and 14 were completed within 24 hours. 282 routine work orders were called in and the average length of time to complete them was 9.55 days. 2. ADAMHS Board inspections took place in May 2017 on all properties- No city inspections were performed on the Bridgeway properties. No licensure inspections performed 3. All invoices/bills were paid within the due date or 30 days. 4. Major Improvements / Renovations were completed at: <ul style="list-style-type: none"> <u>W. 81st Street</u> – Installed security system December 2017. All units underwent major cleaning and painting, completed in December 2017. <u>Seasons of Hope</u> –No major improvements undertaken <u>Bradley Manor-</u> Kitchen renovation undertaken in December 2017 with a projected January 2018 completion. Purchased major appliances (commercial). Purchased furniture for the units in November 2017 - delivery scheduled for February/March 2018. All units undergoing major cleaning and painting, commenced in late November 2017 with a projected January 2018 completion. <u>Bernard</u>-No major improvements undertaken <u>Robert Flores-</u> No major improvements <u>Crisis Center-</u> New Heat exchanger installed <u>Lakeshore</u> – New Roof completed in August 2017 <p>All improvements completed within established budget.</p> 5. Units were turned over in 30 days unless renovations were taking place
<p>CY 2017 Agency 12-Month Outcomes</p>	
<p>Agency Name: Emerald Development & Economic Network Inc.</p>	

Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Permanent Housing
Metrics (<i>How will success be measured?</i>)	<ol style="list-style-type: none"> 1. To maintain rent collection at the benchmark level in scattered site units 2. To maintain occupancy rate at the benchmark level for habitable scattered site units 3. To measure an increase in the number of units being renovated. 4. To measure a decrease in involuntary move outs. 5. To meet or exceed industry standards for work order completion. 6. To pass all licensure, ADAMHS Board and city inspections with no findings.
Program Goals or Objectives	<ol style="list-style-type: none"> 1. Rent collection will be at 92% or higher 2. Occupancy rates will be at 95% or higher for habitable units. 3. To complete rehabilitation of 1 multifamily property (8 units or larger) or 2 duplex structures annually. 4. Involuntary move outs will be less than 5% 5. Complete emergency work orders within 24 hours and routine within 30 days.

	6. Pass all inspections with no findings. If there are findings, complete repairs within 30 days.
Evaluation/ Outcome Data (Actual results from program)	<ol style="list-style-type: none"> 1. Rent collection was on average at 95.4% for the 12 months in 2017. 2. Occupancy rate was on average at 94% for the 12 months in 2017. 202 tenants were served. It was reported that we served 271 residents as of June 30th, 2017 on the last report. That was inaccurate. 271 number included the group homes. We continue to renovate units which causes units to be vacant longer and we are using units for temporary relocation for tenants whose units are undergoing renovation.. 3. Three properties -Dowd Ave (7 units), Joan Ave (4 units), and S Moreland (6 units) have been rehabbed and tenants have moved back in. Dowd Avenue was completed in April 2017 for TDC of \$580,000, Joan Avenue was completed in May 2017 for a TDC of \$390,000 and S. Moreland was completed in August 2017 for a TDC of \$560,500.00 Emerald Alliance 9 (Inez Killingsworth Pointe – 66 units) was completed in December 2017 and resident move ins began on 12/11/17. Emerald Alliance 10 (Greenbridge expansion – 60 units) began construction in August 2017. 4. Involuntary move-outs for 12 months of 2017 were 5, which is less then 3% of our tenant base. 5. Completed number of Emergency Worker Orders is 425. All were completed within 24 hours. Completed number of Routine Work Orders for the 12 months of 2017 is 4,935 which took an average of 23 days to complete. 6. ADAMHS Board Inspections took place on approximately 95 percent of EDEN's portfolio. City inspections took place on all renovated properties and three others. The facilities under renovation had no findings. The city

	inspections that noted deficiencies were minor in scope and were remedied through the work order system and completed within 30 days of findings.
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CY 2017 RFI Agency Outcome Measures Follow-up	
Agency Name: Emerald Development & Economic Network Inc. (EDEN)	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Fiscal Agent – Group/PEP Homes, Drop In Centers
Metrics (<i>How will success be measured?</i>)	<ol style="list-style-type: none"> 1. To meet or exceed industry standards for work order completion. 2. To pass all licensure/ADAMHS Board and city inspections with no findings. 3. To pay invoices for properties by due date. 4. To manage/complete major repairs/renovations approved by ADAMHS Board. 5. To improve the time for a unit to be made ready for occupancy.
Benchmarks (<i>Industry Standards or Program Expectation Goals</i>)	<ol style="list-style-type: none"> 1. Complete emergency work orders within 24 hours and routine within 30 days. 2. Pass all inspections with no findings. If there are findings, complete repairs within 30 days. 3. Pay invoices within due date or 30 days – whichever is earlier.

	<p>4. Complete renovation within timeframe and budget established.</p> <p>5. Prepare units for move in within 30 days.</p>
<p>Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i></p>	<p>1. 17 emergency work orders were submitted and 17 were completed within 24 Hours. 226 routine work orders submitted and average length of time to complete them was 13.2 days.</p> <p>2. Licensure inspections were performed at E 118th, Cato House, E 139, Ridge and York. No findings A City inspection took place at Ridge Road. Major Tree work was cited. Tree Work was completed in November 2017.</p> <p>3. All invoices/bills were paid within due date or 30 days.</p> <p>4. Major Repairs were completed at:</p> <p><u>E 118th</u> – Completed exterior painting of facility July 2017 <u>E 139th</u>- No renovations or major repairs undertaken <u>Cato House</u> –Initiated major repairs to bathroom in December 2017 to be completed in February 2018 <u>Broadway</u>- Major renovations to bathrooms on second floor initiated in December 2017 to be completed late January 2018. <u>Ridge</u>-No major repairs or renovations undertaken <u>York</u>- No major repairs or renovations undertaken <u>Lorain Drop In</u>- Future Directions vacated premise to relocate into the new consumer drop in center on W. 117th Street. <u>2070 W 117th</u>-Completed renovations to existing building for new consumer center for Future Directions and Living Miracles. Living Miracles and Future Directions moved into facility in November 2017. Total Development cost were 1.1 million.</p> <p>5. All units were prepared for move in within 5 days after vacant.</p>
<p>CY 2017 Agency 12-Month Outcomes</p>	

Agency Name: Emerald Development & Economic Network Inc.	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Northridge Commons - Front Desk Security
Metrics (<i>How will success be measured?</i>)	<ol style="list-style-type: none"> 1. Quality Performance Indicators <ul style="list-style-type: none"> • To reduce # of homeless consumers 2. To measure clients maintaining or increasing income 3. To measure clients maintaining housing at NR or moving on to another permanent housing option. 4. To measure safety at the buildings as a result of Front Desk Security
Program Goals or Objectives	<ol style="list-style-type: none"> 1 .All vacant units will be filled with a homeless consumer 2. 90% of participants will have maintained or increased income 3. A minimum of 30 Participants will be served by the program 4. 95% of the participants will maintain their housing subsidy or move onto to other permanent housing. 5. Presence of Front Desk staff will minimize/eliminate criminal or safety incidents
Evaluation/ Outcome Data	1. We had 6 vacancies in 2017. We have refilled 5 of the units with chronically homeless individuals. The last unit will be filled in January 2018.

(Actual results from program)	<p>2.90% of the tenants maintained or increased income. 31 tenants have income or began to receive it after applying for benefits. We have four tenants with no income.</p> <p>3. 35 participants were served by this program.</p> <p>4. 98% of the participants maintained their housing subsidy or moved to other permanent housing.</p> <p>5. There was one safety incident in 2017. A tenant fell while carrying her trash out and medical attention was needed.</p>
CY 2017 Agency 12-Month Outcomes	
Agency Name: Emerald Development & Economic Network Inc.	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Housing Assistance Program
Metrics (<i>How will success be measured?</i>)	<p>1. To measure the funding utilization of the program</p> <p>2. To measure clients maintaining or increasing income</p> <p>3. To measure clients maintaining HAP unit or moving to another permanent housing option</p>
Program Goals or Objectives	<p>1. 12 months of funding will have been expended on the program</p> <p>2. 90% participants will have maintained or increased income</p> <p>3. 130 participants will be served in the program</p>

	4. 95% of the participants will maintain their housing subsidy or move onto other permanent housing.
Evaluation/ Outcome Data (Actual results from program)	<p>1. At the end of this contract year funding for the program was 98% utilized. Finance and program staff evaluated spending on a monthly basis to ensure that funding for the contract year was expended as closely as possible.</p> <p>2. 91% of participants maintained or increased income.</p> <p>3. 123 participants were served on the program. The number is less than expected due to serving more families on HAP and it costing the program more in subsidy.</p> <p>4. 99% of the participants maintained their housing subsidy or moved on to Other permanent housing</p>
CY 2017 Agency 12-Month Outcomes	
Agency Name: Emerald Development & Economic Network Inc.	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Employment Opportunities
Metrics (<i>How will success be measured?</i>)	<p>1. To measure improvement in satisfaction with the employment opportunity.</p> <p>2. To measure the improvements in job performance</p> <p>3. To measure the improvement in response to information inquiries</p> <p>4. To measure the improvement of documents getting scanned into system</p>

Program Goals or Objectives	<ol style="list-style-type: none"> 1. The consumer employed as part of this program will remain employed 2. The consumer employee will learn/take on new skills, tasks, responsibilities 3. The time frame for a response to information inquiries will go from 2 days to 1 day 4. The timeframe for documents to get into the OnBase system will go from 3 days to 2 days
Evaluation/ Outcome Data (Actual results from program)	<ol style="list-style-type: none"> 1. The consumer that began employment in 2016 at the start of the grant is still currently employed. The employee is now part of our Recognition Committee at EDEN and is responsible for creating the award certificates. 2. The employee has learned how to scan and index into EDEN's OnBase Filing system, learned the duties to be back up for Receptionist (phone system, computer system, and processes rent collections and prepares incoming mail for distribution) learned information on our programs to respond to call/emails requesting information and has learned our Tenmast software system to help with correspondence. This has allowed the employee to assist staff members with scheduling annual appointments more timely. This staff has attended the internal trainings and free webinars to help increase her knowledge of administrative responsibilities. 3. Information inquiries are being responded to the same day or within 24 hours. 4. Documents are scanned and indexed into our filing system within 2 days of receiving the forms.

CY 2017 Agency 12-Month Outcomes

Agency Name: Epilepsy Association

Time Period Reported: January 1 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>CPST/Adult Case Management</p>
<p>Metrics (<i>How will success be measured?</i>)</p>	<p>Quality of Life in Epilepsy (QOLIE-10): 10 question survey that is self-administered by consumer. This scale asks consumers to respond to the questions based on their experiences from the last 4 weeks. Administered every 6 months, initiated at the time of intake.</p> <p>Patient Health Questionnaire (PHQ-9): A self-administered version of the Primary Care Evaluation of Mental Disorders (PRIME-MD) diagnostic instrument for common mental disorders that assesses depression within the past 2 weeks. Administered once per month.</p> <p>Adverse Event Profile (AEP): 19-item Likert-type response scale, self-report by consumer exploring side effects of their anti-epileptic medications in the past 4 weeks. Administered once per month.</p> <p>Liverpool Seizure Severity Scale (LSSS): Assesses the severity of a consumer's seizures regarding both Major and Minor seizures.</p> <p>Major seizures= the most frequent type of seizure experienced by that individual</p> <p>Minor seizures= the second most frequent type of seizure experienced by that individual</p> <p>Administered once per month.</p> <ul style="list-style-type: none"> • LSSS discontinued after 6/30/17 due to consistent consumer-reported difficulty in responding to scale. Replaced with seizure tracker on 7/1/17. <p>Seizure Tracker: Adapted from materials developed for Community TIME epilepsy self-management course by Case Western Reserve University. Asks if consumer had a seizure in past 30 days, 6 months, and past year. Counts number of seizures experienced in past month and type(s) of seizure(s). Administered once per month.</p>

	<p>Consumer Satisfaction Survey: 7-item tool administered upon 6 month and annual reviews of Individualized Service Plans for each Adult Case Management consumer.</p>
<p>Program Goals or Objectives</p>	<p>Consumers will engage in treatment on a monthly basis at a minimum and as appropriate to the individualized treatment plan.</p> <p>The annual average on agency scales will be at or above benchmarks set on standardized scales administered at regular intervals to measure quality of life, levels of depression, adverse events related to medication side effects, and seizure severity/frequency. Benchmarks for the scales used to evaluate include the following:</p> <ol style="list-style-type: none"> 1. QOLIE-10 scores will be less than 19.2-19.3 which would indicate managing quality of life 2. PHQ-9 scores will be less than 10 to indicate management of depressive symptoms 3. AEP scores will be less than or equal to 45 to indicate management of medication side effects 4. LSSS scores will be less than 40 which would indicate reasonable seizure control 5. Seizure tracker will continue to be evaluated in order to set appropriate benchmarks for 2018 in terms of goals for percentages of consumers who are seizure-free for any period assessed. <p>Scale scores are evaluated along with consumer satisfaction to evaluate overall program performance. Consumer satisfaction has a goal of 4.88 average on a 5-point scale to indicate high level of satisfaction with services received.</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>Results achieved:</p> <ol style="list-style-type: none"> 1. There were 108 consumers served through programming throughout the year. Of the 108 consumers, there are 49 (45%) who have remained open to the agency for treatment throughout the year, 29 new consumers (27%) opened for service, and 30 (28%) closed to service. 2. The average QOLIE-10 score for 2017 for EA consumers was 26.3. The actual score did not meet EA's benchmark and was significantly higher than the average 2016 score of 17.56. However, the scores for this scale have remained relatively consistent throughout 2017. We find it difficult to significantly impact this score due to the chronicity of the epilepsy and mental health symptoms our consumers face. The fact that this number continues to remain at a significantly higher than

benchmark figure supports the need for ongoing service for consumers of this program.

3. The PHQ-9 2017 score average was 8. While below the agency goal and national benchmark of a score of 10 for this scale, the 2016 average for this scale was 6. Consumers are indicating overall more depressive symptoms compared to 2016. 2017 had an almost 100% increase of new consumers opened for programming compared to 2016, and generally many of these new individuals seeking out assistance report higher levels of depression upon initiation of service.
4. 2017 AEP average score for consumers was 32 compared to the benchmark of a score of less than or equal to 45. This score indicates that the EA case management program has had success in assisting consumers manage the often debilitating side effects of their anti-epileptic medications. Although the 2016 score of 23.42 indicates that consumers are not managing quite as well, many new consumers to the program often have difficulty managing medication side-effects initially due to lack of follow through with neurology providers.
5. After 6 month outcomes reporting for 2017, EA discontinued use of the LSSS after consumers were consistently reporting that it has been difficult and confusing to complete. After implementing the seizure tracker on 7/1/17, an average of 37% of consumers reported having at least 1 seizure in the past 30 days. An average of 72% of consumers reported having at least 1 seizure in the past 12 months. EA will continue to monitor responses to this tracking to develop benchmarks related to seizure frequency for consumers. It has also become a helpful tool for consumers to use to help track and monitor seizure frequency which is often a challenge for this population.
6. The average EA Consumer Satisfaction survey score for 2017 was 4.67 out of 5. Compared to the 2016 average overall score of 4.33, consumers are reporting higher levels of overall satisfaction with the services they receive.

CY 2017 Agency 12-Month Outcomes	
Agency Name: Far West Center	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	AHH! ART HELPS AND HEALS PROGRAM. A 10-week, structured art therapy program for SMD clients with significant social and communication impairment to learn and experience new methods of expression and social engagement by creative arts media.
Metrics (<i>How will success be measured?</i>)	<p>AHH! Art Helps and Heals:</p> <p>1. The Modified Ohio Scales Outcomes Measurement Survey is administered at the beginning and completion of the art therapy program, consistent with the use of the survey throughout all of our mental health programs. The focus centers on outcomes responses in 3 key life domains: Symptom Management; Quality of Life/Meaningful Life Activity; and Recovery and Empowerment.</p> <p>2. Also, an Art Therapy Program-Specific Survey is administered at group completion to measure impact of the program in 7 aspects of recovery, per the funding contract with the ADAMHS Board. This data is summarized and reported to the ADAMHS Board in quarterly program reports about program volume and recovery impact. These reports provide data on client improvements in: self-confidence, self-esteem, self-awareness, communication skills, improved socializing with others, healthy expressions of emotion, coping tools for stress reduction.</p> <p>3. Program Participation is tracked with each group series</p>
Program Goals or Objectives	<p>1. Ohio Scales Clinical Outcomes Measurement Survey: In pre- and post-group surveys, three key domains in recovery are measured: Symptom Management, Quality of Life/Meaningful Life Activity, and</p> <p>Consumers surveyed will report :</p> <p>a. 65% of Consumers surveyed will report improvement in areas of Symptom Management.</p>

	<p>b. 65% of Consumers surveyed will report improvement Meaningful Life Activity/Quality of Life.</p> <p>c. 65% of Consumers surveyed will report improvement in Recovery and Empowerment.</p> <p>2. AHH! Program Recovery Domains: Consumers completing the 10-week sessions of the program will report changes in their 7 program recovery domains:</p> <p>a. 75% will report positive benefits in the 7 recovery domains measured and compared per group series, and presented in quarterly ADAMHS Board Reports.</p> <p>3. Program Participation</p> <p>a. Each group series can accommodate 12 participants.</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>AHH! Art Therapy Outcomes</p> <p>1. Ohio Scales Clinical Outcomes Survey:</p> <p>a. 96% of Consumers reported improvement in areas of Symptom Management, exceeding the 60% goal.</p> <p>b. 94% of Consumers reported improvement in areas of Meaningful Life Activities/Quality of Life.</p> <p>c. 96% of Consumers reported improvement in areas related to personal Recovery and Empowerment.</p> <p>2. AHH! Program Recovery Domains:</p> <p>a. Program survey outcomes show 100% satisfaction with the AHH! Program. 100% of consumers report improvements in self-confidence, esteem, social skills, communication, healthy expression of emotion, and new coping skill development. 100% of clients also want the program to continue weekly beyond 10-weeks.</p> <p>3. Program Participation</p>

	<p>a. A total of 72 participants attended the group series, and over 93% successfully completed the 10-week group series. Four 10-week groups were completed during this reporting period. A total of 960 program hours were recorded.</p> <p>The program performance results continue to demonstrate measurable improvements in the clients' level of functioning and sustained recovery progress. Additionally, not only are measurable results recorded, but clients find personal meaning and satisfaction in the art-making process and the opportunity to recover along with peers. They <i>like</i> AHH! Art Helps and Heals!</p>
CY 2017 Agency 12-Month Outcomes	
Agency Name: FAR WEST CENTER	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	<p>THE COMPEER PROGRAM at FAR WEST CENTER. This recovery program has been in continuous operation at Far West Center since 1989. It is a SAMHSA-listed Evidence-Based Best Practice providing recovery and peer support services through an <i>intentional friendship model</i>. The program matches adult SMD clients with adult volunteers from the community for the purpose of friendship. IN addition to the Program Coordinator, The Compeer Program also employs a Compeer Peer Support Specialist whose position is funded by the ADAMHS Board for purposes of Compeer Program Assistance and peer role modeling.</p>
Metrics (How will success be measured?)	<p>1. The Compeer Program:</p> <p>a. Monthly reporting includes: Program membership by number of clients and volunteers; total number of “matches” and number of clients waiting for a match; number of activities; attendance at group activities; number of volunteer hours; and community outreach and program promotion activities.</p> <p>b. Completion of ADAMHS COS PRS Committee reporting requirements.</p> <p>c. Bi-annual Member Satisfaction and Perceived Benefit Survey completed in association with Compeer International, Inc.</p> <p>2. The Compeer Peer Support Specialist:</p> <p>a. Monthly reporting includes: Direct Compeer Program service hours for clients and volunteers; service hours in Compeer Program group activities.</p>

	b. Self-report of satisfaction with PRS role and perception of her value-added to the Program
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<p>Program Goals or Objectives</p>	<p>I. The Compeer Program</p> <p>A Compeer Program Matches:</p> <ol style="list-style-type: none"> 1. Maintain 75% of current Compeer Friendship Matches with ongoing support to the partners. 2. Complete 4 new Friendship Matches in CY17 between an SMD client and volunteer. 3. Support a minimum of 25 Compeer “matches” (25 clients with matched with 25 volunteers) <p>B. Social Support and Community Programming:</p> <ol style="list-style-type: none"> 1. Facilitate 10 Compeer group events per month 2. 60% of Compeer consumers attend monthly Compeer events <p>C. Consumer Satisfaction Survey of Services:</p> <ol style="list-style-type: none"> 1. 80% of participants will recommend the Compeer Program to others. 2. 80% will rate contact with the Peer Support Specialist as “Good” or “Excellent.” 3. 80% will rate contact with the Program Coordinator as “Good” or “Excellent.” <p>These goals were raised from 75% to 80% over the past year as a challenge goal by the Compeer Program staff.</p> <p>D. Evidence-based Service Data:</p> <ol style="list-style-type: none"> 1. 50% of Consumers will report increased sense of belonging and reduced social isolation. 2. 50% of Consumers will report increased involvement in meaningful activities. 3. 50% of Consumers will report a decrease in the use of hospital and crisis services, or none at all. <p>E. Annual Compeer Program Reporting</p> <ol style="list-style-type: none"> 1. The Program will submit Annual Report of Goals, Policies and Client Satisfaction data on time and thoroughly. <p>II. The Compeer Program Peer Support Specialist:</p> <p>A. The PSS will</p>
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	<ol style="list-style-type: none">1. Complete 100 consumer contacts per month.2. Spend 60% of time in direct service, including one-to-one contacts and group engagement3. Report good to high satisfaction with her role and contributions to the Compeer Program.
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<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>I. The Compeer Program</p> <p>A. Compeer Matches:</p> <ol style="list-style-type: none"> 1. 92% of established “matches” were maintained beyond the minimum one year, exceeding the program goal by 11% 2. 5 new matches were completed between January- December 2017, one match or 25% above goal. 3. 33 Compeer Matches are active (33 clients and 33 volunteers), with a client waiting list of 88, exceeding the program target by over 50%. <p>Total individual participation, including clients and volunteers, is 154 persons.</p> <p>B. Social Support and Community Programming:</p> <ol style="list-style-type: none"> 1. An average of 16.25 facilitated events occurred per month, exceeding the goal of 10/month by over 60%. 2. 97% of Consumers surveyed attended scheduled Compeer events, exceeding the 60% goal by 35%. <p>C. Consumer Satisfaction:</p> <ol style="list-style-type: none"> 1. 100% of Consumers would recommend the Compeer Program to others, a 20% increase over goal. 2. 100% of Consumers reported Peer Support Specialist contacts are “Good to Excellent.” Also 20% above goal. 3. 100% of Consumers reported Program Coordinator contacts are “Good to Excellent.” Also 20% above goal. <p>D. Evidence-based Service data:</p> <ol style="list-style-type: none"> 1. 97% of Consumers reported an improved sense of belonging and reduced social isolation, 47% above program goal. 2. 91% of Consumers increased involvement in meaningful activities in their daily life, 41% above goal. 3. 93.5% of Consumers decreased use of hospital and crisis services; to the remaining others, it did not apply at all. 43.5% above goal. <p>E. Annual Compeer Program Reporting</p>
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	<p>1. Compeer Program completed its annual monitoring report to the ADAMHS Board as required and in full, including mission, program description and objectives.</p> <p>II. Compeer Peer Support Services:</p> <p>A. PSS Reports</p> <ol style="list-style-type: none"> 1. Peer Support Specialist averaged 167 consumer contacts per month, 67% over goal. 2. Peer Support Specialist reported 65% of time in direct service, either one-to-one or in group, exceeding her goal 3. PSS reports high to very high satisfaction with all aspects of her role, and including opportunities for her to contribute to client recovery as well as advance her own growth and lived recovery, exceeding program expectations.
CY 2017 Agency 12-Month Outcomes	
Agency Name: FAR WEST CENTER	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	MH CORE SERVICES: Mental Health Assessment; Psychiatric Diagnostic Interview; Pharmacological Management; Behavioral Health Counseling and Therapy; CPST (Individual and Group); Partial Hospitalization.
Metrics (How will success be measured?)	<p>MH CORE SERVICES</p> <p>1. The Ohio Scales Outcome Measurement System is used for all clinical programs, including core services and recovery programs reimbursed through ADAMHSCC Board non-Medicaid funding. Survey results are aggregated into 3 key life domains to gauge measures of success: Improvement in Symptom Management; Improvement in Recovery and Empowerment; and Improved Perceived Quality of Life/Meaningful Life Activity. Both consumer and provider surveys are collected and recorded at baseline, 6-month and annual intervals.</p>

	<p>2. The Columbia Suicide Severity Rating Scale is administered at intake and at intervals throughout treatment to identify risks for suicidal behavior or thoughts, and correspondingly increase treatment intensity. Individuals at-risk are entered into a “Safety Track” group program for more intensive services to reduce risk, and prevent hospitalization or crisis care.</p> <p>3. A Standardized Trauma Screening Checklist is administered at intake to identify trauma and promptly initiate plans for trauma-informed treatment.</p> <p>4. FWC Client Satisfaction Survey is completed twice per year, using a 10-question survey with narrative comments, and employs a “stoplight” format. This green-yellow-red model readily flag areas of high satisfaction, baseline satisfaction, or other areas that need further attention.</p> <p>5. FWC PI Data measured monthly include:</p> <ul style="list-style-type: none"> a. Hospital Admission Volume b. Reportable Incidents: Timeliness and Number. c. Client Grievances: Number and Type d. Fail-to-Keep Rates for Initial Mental Health Assessment e. Fail-to-Keep rates for Psychiatric Evaluation f. CPST and Counseling Active Goal Compliance g. Active Caseload Management (clients seen within 90-day period). Includes monitoring of Medicaid eligibility or lapses. h. Admissions to FWC i. Access to Treatment: Interval of time between first contact and first-offered appointment. j. Indicators of consistent use of Evidence-Based Practices k. Safety-Track risk management program admissions, completions, and hospital re-admission (relapse) rates
<p>Program Goals or Objectives</p>	<p>1. Ohio Scales Outcomes Measurement Survey Benchmarks(Goals):</p> <ul style="list-style-type: none"> a. Clients surveyed (between initial and 6-month re-test) will report a 25% improvement in Symptom Management (reduction of symptoms and reduction of symptom distress) in this time interval. b. Clients surveyed (between initial and 6-month re-test) will report a 25% improvement in Personal Recovery and Empowerment in

this time interval.

c. Clients surveyed (between initial and 6-month re-test) will report a **20% improvement in Meaningful Life Activity/Quality of Life** in this time interval.

2. Columbia Suicide Severity Rating Scale: 100% of clients will be assessed for suicide risk upon initial mental health assessment.

3. Trauma Screening Checklist: 100% of clients will be screened for trauma upon initial mental health assessment.

4. FWC Client Satisfaction Survey: 80% of clients surveyed will report satisfaction with their services from Far West Center, quality of care, and would recommend FWC to others.

5. Monthly and YTD PI Benchmarks(Goals)

a. Hospital Admissions: decrease occurrences of psychiatric hospitalizations by 5% over prior year-to-date, via increased service frequency and intensity. Implement use of an increasingly well-recognized, in-house “Safety Track” to provide more intensive clinical care for all clients discharged to FWC from a hospital inpatient setting.

b. Reportable incidents: 100% of incidents are reported within 24-hours of discovery.

c. Client Grievances: Challenge goal of no (0) client grievances.

d. Fail-to-Keep Rates for Mental Health Assessment: Target under a 35% ceiling

e. Fail-to-Keep Rates for Psychiatric Evaluations: Target under a 30% ceiling

f. CPST and Counseling Cases with Active Goal Compliance: Target to exceed a 90% threshold for actively-managed client treatment plan goals

g. Active Caseload Management (clients seen within a 90-day period): Target to exceed a 90% threshold for active client engagement no longer that 90-days for stabilized clients.

	<p>h. Admissions to FWC: Benchmark of 18 new Cuyahoga County cases per month</p> <p>i. Access to Treatment: 80% of non-emergency clients offered first appointment within 10 days</p> <p>j. Consistent Use of Evidence-Based Practices: 80% of client records show evidence of clinician use of evidence-based best practices in treatment.</p> <p>k. Safety-Track Utilization for clients identified with elevated risk for self-harm or decompensation who would require hospital admission if current distress is not managed assertively by the treatment team. We measure Safety-Track participation compared with frequency of hospital admissions or re-admissions.</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>1. 2017 Ohio Scales Outcomes Measurement Survey Results: Clients reported improvements in all 3 domains, and agency providers reported similar ratings, although somewhat more cautious in evaluating improvements. An Outcomes Summary graph is attached, showing aggregate positive changes in client symptom control; recovery and empowerment improvements; and positive quality of life changes over the course of January- December 2017. Of the 226 clients initially surveyed, and 192 re-surveys, specific results for each domain include:</p> <p>a. 31% Improvement in the domain of Symptom Management between initial survey and re-test, above the target of 25% improvement. This is an essential core outcome that drives other client improvements or gains.</p> <p>b. 30% Improvement in the domain of Recovery and Empowerment between the initial survey and 6-month re-test, above the target of 25% improvement during the first six months of care and treatment. Early evidence that clients are learning and beginning to incorporate recovery principles is a very encouraging indicator.</p> <p>c. 30% Improvement in the domain of Meaningful Life Activity/Quality of Life between the initial survey and re-test, above the target of 20% improvement. This target is</p>

conservative, given the long-term challenge of making and maintaining significant changes in quality of life by a severely mentally ill population. Likewise, meaningful life activity improvements are long-term outcomes goals, with periods of relapse interrupting positive trends as clients move through recovery.

2. Columbia Suicide Severity Rating Scale: This screening tool is uniformly administered in 100% of new mental health assessments. In 2017, of all new clients screened upon admission for suicide risk, 20 individuals screened with the CSSRS during their initial mental health assessment were promptly admitted into our Safety Track as a result of their elevated risk. Also, another 5 persons were admitted for inpatient psychiatric care for imminent risk of self-harm identified during screening.

3. The Trauma Screening Checklist is administered in 100% of new mental health assessments. This standardized trauma screening was introduced in January 2016 as required component of the mental health assessment.

4. FWC Client Satisfaction Survey: Of the 70 clients surveyed during CY 2017, 100% reported good to excellent ratings in all 10 questions, exceeding the overall satisfaction threshold of 80%. 100% are highly or mostly satisfied with services; 100% are very satisfied with quality of care; and 99% would recommend FWC to others. Narrative comments are consistent with the positive ratings, for example, “You have helped me through tough times”. “I am very satisfied with my services at Far West Center”. The complete survey results and narrative comments are attached.

5. Monthly and YTD PI Benchmarks

a. Hospital Admissions: FWC maintains a low overall volume, with only 15 hospital admissions recorded in CY 2017, compared with 21 in CY 2016. This represents a 28.5% reduction in hospital admissions, exceeding our 5% goal, and continuing a multi-year trend to reduce hospital admissions. Our Safety Track’s early identification and intervention focus on reducing risk and catching decompensation quickly, contributes to our continuing decline in client hospital admissions over the past 4 years.

b. Reportable Incidents: Timeliness and Number. FWC achieved 100% timeliness in reporting during this period. Only 1 non-mental health-related incident was recorded for CY 2017, continuing a record low level of reportable incidents over multiple years.

c. Client Grievances: **No grievances have been recorded since FY2013!** We continue to challenge ourselves to maintain our goal of **zero (0) grievances**.

d. Fail-to-Keep Rates for Mental Health Assessment: We recorded a 38% rate, slightly above our 35% ceiling. An industry-wide level of 55% or higher for failed appointments is not uncommon. Nevertheless, we continue to seek ways to reduce failed first appointments by convenient, timely scheduling and screening for real or potential barriers to keeping appointments.

e. Fail-to-Keep Rates for Psychiatric Evaluations: Our 11.6% rate is exceedingly low in the field, and far below our ceiling of 30%. Our clients place high value on psychiatry service access.

f. CPST and Counseling Active Goal Compliance: We achieved a combined 91% compliance rate among providers, slightly above the 90% threshold for active management of treatment plan goals.

g. Active Caseload Management (clients seen within a 90-day period): A 90% compliance rate was recorded among providers, meeting the 90% threshold for active client engagement not to exceed 90-days.

h. Admissions to FWC: The average monthly admission rate for Cuyahoga County clients in CY2017 is 20 cases, exceeding our target of 18 new cases/month. Agency admissions for uninsured clients are below budget, primarily due to Medicaid expansion and increased client enrollment with private insurance. Overall Medicaid client admissions have correspondingly increased as the largest percent of our new client volume. Of 226 new Cuyahoga County client admissions in CY17, 174 received Psychiatric Evaluations, 214 clients began in counseling and 42 also began CPST services, in addition to our established client volume. A total of 1030 Cuyahoga County residents received services in CY 2017.

	<p>i. Access to Treatment: This represents the interval of time between first contact and first-offered appointment. In 100% of non-emergency cases, the interval between referral and first-offered appointment for service, is within 10 days. In 100% of cases, new client referrals for CPST receive a CPST acknowledgement contact (call or visit) within 48 hours of referral.</p> <p>Far West Center continues to meet or exceed established access standards.</p> <p>j. Consistent Use of Evidence-Based Practices: 90% of charts reviewed during internal audits and peer reviews showed use of evidence-based best practices by all (100%) of clinicians. 100% of trained or certified clinicians use CBT; 90% use Trauma-focused CBT; 50% are trained in and use DBT. Other best practices used in programming and services include: Motivational Interviewing; Family Psychoeducation; Recovery and Wellness Management; Peer Support.</p> <p>k. Safety-Track enrollment included 20 clients in CY2017 with elevated risk for suicide, decompensation, or recent discharge from a hospital inpatient setting. It was initially implemented in January 2015, and full year data of hospital admission rates from CY 2015 - 2017 data show a corresponding reduction in hospital readmissions for decompensation or suicide risk by over 30%. This data relates to preventing hospital admissions by monitoring for risk and intervening with increased service intensity through the Safety Track model, validating our goal of maintaining client safety.</p>
CY 2017 Agency 12-Month Outcomes	
Agency Name: Far West Center	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with	The Family Program of Far West Center: A multi-family psycho-education and recovery program for clients with severe mental illness together with their family caregivers. Adapted from the evidence-based McFarlane model of multi-family group psychoeducation, incorporating principles of recovery.

ADAMHSCC Funding	
Metrics (<i>How will success be measured?</i>)	<p>The Family Program:</p> <p>1. Program Attendance and New Family Enrollment is tracked.</p> <p>2. Modified Ohio Scales Outcomes Survey is administered on a quarterly basis, completed by both the individual clients and also their family caregivers enrolled in the program. The survey is used to measure changes or perceived changes in 3 recovery domains: Daily Functioning; Ability to Cope with Mental Illness; and Quality of Life. Client and family ratings are compared and processed in group interactions.</p>
Program Goals or Objectives	<p>1. Family Program Attendance:</p> <p>A. Family units will attend the biweekly sessions at least 60% of the time, and commit to attend over the course of one year.</p> <p>B. At least one (1) new family is enrolled each quarter and commits to attend biweekly group sessions over the course of one year.</p> <p>2. Modified Ohio Scales Outcomes Survey for Families and Clients: In quarterly surveys, Consumers and Family members surveyed will report:</p> <p>A. 65% of clients and family members will report increased understanding of mental illness through education about the causes, symptoms, and best methods of treatment</p> <p>B. 65% of clients and family members will report an increased ability to cope with the impact of mental illness in daily life.</p> <p>C. 65% of clients and family members will report clients show increased independent behaviors that improve daily functioning in family and community life.</p>
Evaluation/ Outcome Data	<p>1. Family Program Attendance: From January- December 2017,</p> <p>A. Twelve (12) families participated in The Family Program, comprising twenty-six (26) individuals. These family units attended the biweekly sessions an average of 62% of the time. This volume meets program goals, and the attendance rate exceeds target.</p>

<p>(Actual results from program)</p>	<p>B. During this reporting period, 5 new families were enrolled, and one family successfully completed the program. This is consistent with program goals.</p> <p>2. Modified Ohio Scales Outcomes Survey for Families and Clients In quarterly surveys, clients and their family caregivers reported:</p> <p>A. 80% reported increasing understanding of mental illness through education about the causes, symptoms, and best treatment methods, compared to the program goal of 65%.</p> <p>B. 80% reported improved ability to cope with the impact of mental illness on daily family life.</p> <p>C. 70% reported increased independent behaviors that improved daily functioning in family and community life, compared to the program goal of 65%.</p> <p>Additional outcomes survey findings included:</p> <p>D. 70% reported: i.) improved quality of life for client and family members by increased success in family communication and problem-solving; and ii) decreased isolation by expanding family support networks. This exceeds the program target of 65%.</p> <p>E. 80% of clients experienced a reduction in relapse frequency, including no episodes of hospitalization or use of crisis services, compared to the program target of 70%.</p> <p>F. 80% of family caregivers reported reduced overall stress and reduced feelings of burden by participation in The Family Program, compared to the program target of 70%.</p> <p>The quarterly charts comparing client and family member outcomes results are attached.</p>
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Time Period Reported: January 1, 2017 through December 31, 2017	
Agency Name: Front Steps Housing and Services	
Name of Program or Service Provided with ADAMHSCC Funding	Art Therapy for Formerly Chronically Homeless Individuals with a Persistent Mental Illness
Metrics (<i>How will success be measured?</i>)	<ul style="list-style-type: none"> • Ohio Scales for Adults • Self-Reporting • Client Pre- and Post-Class Survey Results
Benchmarks (<i>Industry Standards or Program Expectation Goals</i>)	<p>Per the contract with the ADAHMSSCC, Front Stops Housing and Services will provide:</p> <ul style="list-style-type: none"> • Number of consumers provided Art Therapy services; • Number of service units provided; • Reporting that will identify the progress in meeting the following outcomes: <ul style="list-style-type: none"> ○ Reduce stress/increase relaxation ○ Express emotion in a safe and positive manner ○ Communicate effectively with others ○ Increase self-awareness ○ Develop self-esteem ○ Develop coping skills ○ Improve social skills.
Evaluation/ Outcome Data (<i>Actual program data</i>)	<p><u>Results Achieved:</u> <u>Participation and Services</u> <u>Front Steps Clients</u> Unduplicated Attendance: 58 Number of Service Units:223</p>

<p><i>achieved during reporting time period)</i></p>	<p>Number of Sessions: 46</p> <p><u>Clients from Other Mental Health Organizations</u> Unduplicated Attendance: 38 Number of Service Units: 181 Number of Sessions: 46</p> <p>For the year, 78.4% of Front Steps' residences participated in the Art Therapy Program. Throughout this period, Art Therapy groups and art intervention at Front Steps Housing and Services focused on themes related to:</p> <ul style="list-style-type: none"> • Coping • Closure • Decision Making and Problem Solving • Feeling Expression and Release • Exploring Self • Empowerment • Expression of Values and Intentions. <p><u>Ohio Scales for Adults:</u> Front Steps administered the Ohio scales and examined the results in three areas: Quality of Life, Symptoms-Distress, and Empowerment.</p> <p><u>Quality of Life:</u> Art Therapy participants were most affected in this area. Quality of Life peaked for the year at Year-End (46.33), which was a 17.4% increase over Q1 (39.48). The Year-End score also exceeded the average score for the year (41.55) by 11.5%.</p> <p><u>Symptoms-Distress:</u> In this area, scores plateaued at an average of 44.50 for the year. Peaking in Q2 at 45.41, the Year-End figure was 44.00.</p> <p><u>Empowerment:</u></p>
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Unlike previous years, Empowerment declined over the year. Scores went from **51.80** in Q1 to **47.00** in Q4, representing a **9.27%** decrease. The Year-End score was **4.91%** less than the average for the year (**49.31**).

Client Pre- and Post-Class Survey Results

The detailed results of the Client Pre- and Post-Class Surveys for the year have been attached to this report. Overall, from a qualitative standpoint, participants' affect was either flat or negative upon entering the group. At the end of the group, virtually all participants reported a marked improvement in their affect. The majority of those partaking in the group reported that the activity had helped them in some way.

Client Self-Reporting

Client self-reporting of how the Art Therapy class helped them was very positive. Examples include:

- Relaxed
- Calming
- Reminding me to be mindful and in the moment.
- It made me want to think.
- Helped me to clear my brain.
- I learned that I can control how I feel about the behaviors of others.
- Help me to stay focused
- Reminded me how choices affect our outcome
- Be creative
- It challenged me.
- It calmed me and opened my eyes to a new adventure of art therapy.
- Helped me to use my hands and to be creative
- Thankful feeling
- I am not sure, but I went through a lot of unrealized emotions
- To be good to myself

CY 2017 Agency 12-Month Outcomes	
Agency Name: FrontLine Service	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Police Co-Responder Program (PCR)
Metrics (<i>How will success be measured?</i>)	Agency EMR (Evolve) <ul style="list-style-type: none"> • Divert clients from Jail/ED • Successfully make contact with client or significant other following referral from CIT form • Successfully link those who are referred to the PCR Program to an on-going provider.
Program Goals or Objectives	<ol style="list-style-type: none"> 1. When on-scene assessment is completed, will divert 20% more individuals from Jail/ED than when assessment is not completed. 2. Will make contact with client or significant other 80% of the time following a referral from a CIT form. 3. 65% of clients who are referred to the Co-Responder Program will be successfully linked to on-going provider.
Evaluation/ Outcome Data (Actual results from program)	<p>We projected that PCR Program would serve 500 clients in CY 2017. The PCR Program provided services to 563 during 2017.</p> <p>Outcome results for CY2017:</p> <ol style="list-style-type: none"> 1. Following an on-scene assessment by the PCR, 17% more individuals were diverted from Jail/ED than when assessment wasn't completed. 2. The Co-Responder Team was able to make contact with client/significant other in 82.6% of cases following a referral by CIT form,

	3. The Co-Responder Team was able to confirm that 68% of clients referred were connected to an on-going provider.
CY 2017 Agency 12-Month Outcomes	
Agency Name: FrontLine Service	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Crisis Stabilization Unit (CSU)
Metrics (<i>How will success be measured?</i>)	Agency EMR (Evolve) <ul style="list-style-type: none"> • Length of stay • Successful linkage upon discharge Client Satisfaction Survey <ul style="list-style-type: none"> ▪ Satisfaction with CSU services
Program Goals or Objectives	4. Average length of stay is less than 7 days . 5. 95% of the clients are successfully linked to services upon discharge. 6. 95% of the clients who are admitted to the CSU are satisfied with the services they receive there.
Evaluation/ Outcome Data (Actual results from program)	We projected that the CSU would serve 500 client in CY 2017. The CSU provided services to 505 during 2017. Outcome results for CY2017: 1. The average length of stay at the CSU for CY2017 was 8.1 days 2. During CY2017 96% of clients were linked to on-going services upon discharge from the CSU.

	3. During CY2017, 97.2% of the clients reported being satisfied with the services they received at the CSU.
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CY 2017 Agency 12-Month Outcomes	
Agency Name: FrontLine Service	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Flores Residential Treatment & Non-Intensive AoD Outpatient Treatment
Metrics <i>(How will success be measured?)</i>	<p>FrontLine’s EMR & Data Management System: Clients Served; Discharge Summary Information</p> <p>-Consumer Outcome Measurement Tool (COM-T): Severity of Symptoms (related to substance abuse and mental health); use of Primary Care Physician</p> <p>-Brief Addiction Monitor (BAM) Scores</p>
Program Goals or Objectives	<p><u>Flores:</u></p> <p>7. 16 clients were projected to be served in CY 2017 in this 8-bed Type 1 Licensed Residential Facility</p> <p>8. Of those clients who are discharged from the program, at least 50% will be considered “successful” discharges. Success for this SAMI Residential Treatment Program means that the client has obtained the skills necessary to independently manage their sobriety and psychiatric stability. The national success rate of substance abuse treatment is 20-25%</p> <p>9. 85% decrease in the severity of substance-related problems</p> <p>10. 85% decrease in severity of mental health problems</p> <p>11. 85% Primary Care Provider use (vs. reliance on Emergency Department for primary medical care)</p>

	<p><u>Non-Intensive AoD Outpatient Treatment:</u> Please note: the data selection for this report has changed from the previous submission. The data reported herein is specific to participants in FrontLine’s non-intensive AoD outpatient treatment program (Flores):</p> <ol style="list-style-type: none"> 1. The original RFI projected that 30 clients would be served in this program. 2. Program goals are individualized and specified in the client’s ISP; the Brief Addiction Monitoring (BAM) is the screening tool being used. The BAM reports on protective factors, Risk factors and Use factors. We would expect to see in an increase in protective factors and a decrease in risk and use factors over time.
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p><u>Flores:</u></p> <ol style="list-style-type: none"> 1. 16 clients were served this Calendar Year Program goal not achieved 2. 12 clients were discharged. --67% (8) of those discharged were considered successful discharges. While below the internal program expectations, this number remains above the national average. --Of the remaining 4 discharges: 1 person left shortly after admission and never returned; 0 was admitted into a psychiatric hospital; 0 needed medical treatment; 1 person brought drugs/alcohol onto the premises (immediate dismissal); and 2 persons were noncompliant with rules/programming and left on their own accord without finishing the program 3. 83% of Flores clients report abstinence/no use of substances 4. Severity of Mental Health Problems:

	<p>100% report no symptoms, or symptoms with no functional impairment 100% Agree or Strongly Agree with the statement: "My symptoms are not bothering me."</p> <p>5. 100% of the Flores residents report that they utilize Primary Care Physicians for their medical care</p> <p><u>Non-Intensive AoD Outpatient Treatment:</u></p> <ol style="list-style-type: none"> 1. 16 clients were served in non-intensive AoD outpatient treatment program at Flores during this Calendar Year 2. 12 clients were discharged from this level of care. 3. 1 individual was administered the BAM and received a follow up assessment during the reporting period. The following percentages were reported: <ol style="list-style-type: none"> a. 100% reported an increase in protective factors b. 100% reported a reduction in risk factors c. 100% reported a reduction in use
CY 2017 Agency Outcome Measures	
Agency Name: FrontLine Service	
Time Period Reported: January 1st, 2017- December 31st, 2017	
Program/Service Funded by ADAMHSCC	Ohio Department of Youth Services (ODYS) Aftercare Program
Metrics <i>(How will success be measured?)</i>	<p>Consumer Outcome Monitoring Tool (COM-T) to track Symptom Severity and Reduction, Hospitalizations, Stable Housing, Continuity of Benefits, Employment and Management of Physical Health Care</p> <p>FrontLine's EMR and Data Management System, and Program Spreadsheets to track service delivery, housing and recidivism outcomes</p>
Benchmarks <i>(Industry Standards or</i>	Currently in Cuyahoga County, ODYS reports that 25% of the youth released, re-entered the justice system within a year of release.

<p><i>Program Expectation Goals)</i></p>	<ol style="list-style-type: none"> 1. Of the 6 clients served, 50% will be deterred from re-entering the system, thus reducing recidivism by half 2. Obtain stable housing within first 90 days of release --According to national standards, 11% of youth are housed (1 out of 9) --FrontLine will house 1 out of 6 (16%) clients served 3. 20% will show a decrease in Symptom Severity 4. 80% will receive case management services within the first 30 days of release
<p>Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i></p>	<p><i>Please Note: There have been numerous conversations between the ADAMHS Board and FrontLine’s Director of Case Management Services, Martin Williams, about the lack of referrals to this program.</i></p> <ol style="list-style-type: none"> 1. Of the 2 clients served, 50% did not return to the system, thus reducing recidivism by half. 2. Within the review period 1 client was released and obtained housing within 90 days. 3. Of the 2 clients served 50% showed a decrease in symptom severity. 4. Within the review period 1 client was released and obtained case management within the first 30 days of release.
<p>CY 2017 Agency Outcome Measures</p>	
<p>Agency Name: FrontLine Service</p>	
<p>Time Period Reported: January 1, 2017 through December 31st, 2017</p>	
<p>Program/Service Funded by ADAMHSCC</p>	<p>Women’s Forensic Team</p>
<p>Metrics <i>(How will success be measured?)</i></p>	<p>Bureau of Justice Assistance Affordable Care Act Implementation Health Reform Performance Measures to track health care enrollments</p>

	Bureau of Justice Assistance Second Chance Act Targeting Offenders with Co-Occurring Substance Abuse and Mental Health Program Performance Measures to track all program data
Benchmarks <i>(Industry Standards or Program Expectation Goals)</i>	<ol style="list-style-type: none"> 1. Program will serve 50 women 2. 25% of those who want to work will become employed 3. 85% who need housing will secure housing 4. 85% of those eligible for healthcare will have healthcare benefits prior to exiting the program
Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i>	<ol style="list-style-type: none"> 1. There were 23 new enrollments during this reporting period and 36 exits from the program; a total of 70 clients were served including those continuing to receive services and those who exited during the reporting period. 2. 3 clients were enrolled in employment services at some point during their enrollment; 3 (100%) obtained employment during their enrollment. 10 expressed interest in working, 7 obtained employment during the review period (70%). 3. 12 clients were enrolled in housing services that were directly provided to them; 11 (92%) of these obtained housing 4. All of those enrolled (70) were eligible for health care; Of those, 66 had healthcare coverage (94%).
CY 2017 Agency 12-Month Outcomes	
Agency Name: FrontLine Service	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with	Adult Mobile Crisis Team (AMCT)

ADAMHSCC Funding	
Metrics (<i>How will success be measured?</i>)	<p>Agency EMR (Evolve)</p> <ul style="list-style-type: none"> • Response time for assessments • Hospital diversion <p>National Suicide Prevention Lifeline Call Center report</p> <ul style="list-style-type: none"> • Percentage of Crisis Calls answered <p>Cuyahoga County Medical Examiner's Suicide Reports will be used to identify deaths of individuals AMCT has served</p> <ul style="list-style-type: none"> • Suicidal deaths of individuals assessed by MCT
Program Goals or Objectives	<ol style="list-style-type: none"> 1. Average time from referral to assessment will be <u>2.5 hrs</u> 2. 65% of people assessed at an ED will be diverted from hospitalization. 3. 95% of calls to the Crisis Hotline will be answered within 30 seconds 4. Suicidal deaths by clients within 14 days of contact with MCT is 0%
Evaluation/ Outcome Data (Actual results from program)	<p>We projected that AMCT would serve 10,500 individuals in CY2017. AMCT served 10,788 individuals during the 2017 calendar year.</p> <p>Outcome Results for CY2017:</p> <ol style="list-style-type: none"> 1. Average response time from referral to assessment was <u>3.2 hrs</u> 2. <u>67.3%</u> of individuals assessed at an ER were diverted from hospitalization. 3. <u>95.7%</u> of calls to the crisis hotline were answered within 30 seconds. 4. Suicidal deaths within 14 days of MCT assessment was <u>0.00%</u> (0 out of 1,841 individuals assessed)
CY 2017 Agency 12-Month Outcomes	
Agency Name: FrontLine Service	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Community Psychiatric Supportive Treatment (CPST)

<p>Metrics (<i>How will success be measured?</i>)</p>	<p>FrontLine’s EMR and Data Management System to report on numbers served. -Consumer Outcomes Monitoring Tool (COM-T): -Housing, Benefits, Symptom Reduction, Management of Physical Health Care, Employment In CY-2017, Quarter 3, Frontline phased out the use of the COM-T, in anticipation of implementation of the Brief Addiction Monitor (BAM) score and the Ohio SCALES instrument. The implementation date for both BAM and Ohio SCALES were delayed and FLS only partially captured the necessary reporting data for the latter half of CY-2017. The agency has since begun using the BAM tool and is committed to assessing the symptomology of those that we serve and has completed all internal actions necessary to utilize Ohio SCALES as soon as all staff receive appropriate training, which is expected to be in April 2018.</p>
<p>Program Goals or Objectives</p>	<ol style="list-style-type: none"> 1. 575 clients were projected to be served in 2017 by the CPST program. 2. CPST clients will: <ul style="list-style-type: none"> --75% will secure permanent housing --80% of clients will maintain eligible benefits, including health care, food stamps --50% will report a reduction in symptoms --50% will utilize Primary Care Physicians to manage health care needs vs. Emergency Departments --20% will obtain employment if that is their goal
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<ol style="list-style-type: none"> 1. 528 clients were served by the CPST department during this reporting period. 2. <u>Housing Status for the majority of the review period:</u> <ul style="list-style-type: none"> • 71% secured permanent housing <ul style="list-style-type: none"> ○ 50% Independent Living ○ 10% Living with family/friend ○ 11% in Group Home ○ 23% Shelter/Streets ○ 6% Other (inpatient, incarcerated, nursing home, not answered) <p><u>Benefits</u></p>

- 92% of clients maintained benefits, including health care, food stamps

Symptom Reduction – Mental Health

- Severity of Mental Health Problems:
 - 21% Symptoms cause more severe functional impairment
 - 38% Symptoms cause less severe functional impairment
 - 7% Symptoms with no functional impairment
 - 12% No symptoms
(remainder: unknown, not answered)

Symptom Reduction – Substance Use

- 4% Use with more severe problems related to use
- 8% Use with less severe problems related to use
- 4% Use with no problems related to use
- 40% No use of substances/Abstinence
(remainder: unknown, not answered)

Management of Physical Health Care

“Client manages physical health issues primarily through:”

- 61% Primary Care Physician
- 14% Emergency Rooms
- 09% Does Not Manage
(remainder: unknown, not answered)

Employment

- 7% of CPST clients report that they worked in competitive employment during this reporting period from 1-12 weeks
- 3% report they worked 1-20 hours/week
- 1% reported they worked 21-34 hours/week
- 3% reported they worked 35+ hours/week
- 11% did not answer how many hours worked/week

CY 2017 RFI Agency 12-Month Outcomes

Agency Name: FrontLine Service	
Time Period Reported: January 1st, 2017- December 31st, 2017	
Program/Service Funded by ADAMHSCC	Children's Response Team (CRT)
Metrics (<i>How will success be measured?</i>)	Agency EMR (Evolve) <ul style="list-style-type: none"> • Percentage of Face-to-face Assessment • Average length of CRT involvement • Youth successfully linked to on-going services
Benchmarks (<i>Industry Standards or Program Expectation Goals</i>)	<ol style="list-style-type: none"> 1. At least 30% of clients referred to the CRT program will receive a face-to-face assessment. 2. Average length of CRT involvement in each case referred will be at least 14 days. 3. 80% of clients that have contact with the CRT Program will either be successfully re-linked back to their provider or linked to a new provider.
Evaluation/ Outcome Data (<i>Actual program data achieved during reporting time period</i>)	<p>We projected that CRT would serve 1,500 individuals in CY 2017. CRT served <u>1,551</u> Individuals in CY 2017.</p> <p>Outcome Results for CY2017:</p> <ol style="list-style-type: none"> 1. <u>22.7%</u> of clients referred to the CRT program received a face-to-face assessment. 2. Average length of involvement in each CRT case referred was <u>19.5 days</u>. 3. Clients were linked to an on-going provider following the completion of CRT services <u>82%</u>of the time.

CY 2017 Agency 12-Month Outcomes	
Agency Name: FrontLine Service	
Time Period Reported: January 1 through December 31, 2017	

Name of Program or Service Provided with ADAMHSCC Funding	Forensic Liaison												
Metrics <i>(How will success be measured?)</i>	Monthly Forensic Liaison Tracking Sheets												
Program Goals or Objectives	<p>12. Forensic Liaison (FL) coordinates psychiatric care and needs of incarcerated FrontLine clients. FrontLine projected that the Forensic Liaison would serve 260 clients this Calendar Year.</p> <p>13. FL assesses new referrals to determine eligibility for FrontLine services</p> <p>14. FL coordinates inmate releases, advocating for treatment vs. prison</p> <p>15. FL coordinates inmate releases including but not limited to: releases to inpatient AoD treatment, releases with psychiatric appointments scheduled, and releases to group homes</p>												
Evaluation/ Outcome Data (Actual results from program)	<p>1. <u>292</u> inmates were served by the Forensic Liaison: --There were <u>212</u> FrontLine clients booked in this Calendar Year --Total number of clients who were incarcerated in CY 2017, by month, is reflected below:</p> <table border="1" data-bbox="598 1112 1060 1377"> <tr> <td>January, 54</td> <td>July, 47</td> </tr> <tr> <td>February, 68</td> <td>August, 57</td> </tr> <tr> <td>March, 66</td> <td>September, 62</td> </tr> <tr> <td>April, 67</td> <td>October, 48</td> </tr> <tr> <td>May, 53</td> <td>November, 47</td> </tr> <tr> <td>June, 76</td> <td>December, 48</td> </tr> </table>	January, 54	July, 47	February, 68	August, 57	March, 66	September, 62	April, 67	October, 48	May, 53	November, 47	June, 76	December, 48
January, 54	July, 47												
February, 68	August, 57												
March, 66	September, 62												
April, 67	October, 48												
May, 53	November, 47												
June, 76	December, 48												

	<p><u>0</u> were noncompliant with rules/programming and were issued 30-day notices</p> <p>2. There were <u>59</u> new referrals to the Forensic Liaison; <u>21</u> new FrontLine cases were opened</p> <p>3. <u>195</u> inmates were released during this reporting period; <u>93</u> % were diverted from prison</p> <p>4. Of those released: <u>19.4</u> % were released to Inpatient AoD Treatment; <u>14.8</u> % had a psychiatric appointment scheduled to coincide with their release date; <u>11.7</u> % of those released had a group home placement facilitated upon release</p>
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CY 2017 Agency 12-Month Outcomes

Agency Name: FrontLine Service

Time Period Reported: January 1 through December 31, 2017

Name of Program or Service Provided with ADAMHSCC Funding	Housing First
Metrics (How will success be measured?)	<p>FrontLine's EMR and Data Management System to report on numbers served</p> <ul style="list-style-type: none"> -Consumer Outcomes Monitoring Tool (COM-T): -Continuity of Benefits, Use of Primary Care vs. Emergency Room -Reduction in Symptoms, Employment <p>In CY-2017 Q3 Frontline phased out the use of the COM-T, in anticipation of implementation of the Brief Addiction Monitor (BAM) score and the Ohio SCALES instrument. As the implementation date for both BAM and Ohio SCALES were delayed, FLS only partially captured the necessary reporting data for the latter half of CY-2017. The agency has since begun using the BAM tool and is committed to assessing the symptomology of those that we serve and has completed all internal</p>

	actions necessary to utilize Ohio SCALES as soon as all staff receive appropriate training.
Program Goals or Objectives	<ol style="list-style-type: none"> 1. 830 formerly homeless individuals with severe and persistent mental illness will be served through the Housing First program. 2. Once housed: <ol style="list-style-type: none"> a. 85% will obtain/maintain benefits b. 60% will manage their physical health care through a Primary Care Provider vs. an Emergency Department c. 65% will demonstrate a reduction in mental health symptoms d. 50% will demonstrate a reduction in symptoms associated with substance use, with more active involvement in self-help groups e. 20% will work, if they want to
Evaluation/ Outcome Data (Actual results from program)	<ol style="list-style-type: none"> 1. 623 formerly homeless individuals with severe and persistent mental illness were served through the Housing First Program in 10 PSH buildings. 2. Once housed: <ol style="list-style-type: none"> a. 97% obtained/maintained benefits b. 71% managed their physical health care through a Primary Care Provider vs. an Emergency Department c. 51% reported a reduction in mental health symptoms d. 43% reported a reduction in symptoms associated with substance use, with more active involvement in self-help groups e. 33% of those who reported wanting to work did obtain employment
CY 2017 Agency 12-Month Outcomes	
Agency Name: FrontLine Service	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Online Emotional Support: Crisis Text & Crisis Chat

Metrics (<i>How will success be measured?</i>)	Crisis Text Line (CTL) database <ul style="list-style-type: none"> ▪ Number of Crisis Text conversations ▪ Engagement rate National Suicide Prevention Lifeline (NSPL) database <ul style="list-style-type: none"> ▪ Number of Crisis Chat conversations ▪ Person reports feeling better on post-chat self-report survey
Program Goals or Objectives	<ol style="list-style-type: none"> 1. FrontLine crisis counselors will be available to respond to 4,000 crisis texts during 2017. 2. Crisis Counselors will successfully engage the crisis texters - 85% of the time 3. FrontLine crisis counselors will be available to respond to 1,000 crisis chats during 2017. Person reports feeling better in post-chat survey – 85%
Evaluation/ Outcome Data (Actual results from program)	We projected that we would serve 5,000 clients with our OES services. We provided services to 4,756 individuals through our OES services. Outcome Results for CY2017: <ol style="list-style-type: none"> 1. During CY2017, we responded to 4,204 Crisis Text requests. 2. The Crisis Text Counselors were able to engage 87.8% of the texters during CY2017. 3. During CY2017, we responded to 552 Crisis Chat requests. 4. During CY2017, 79.2% of Crisis Chatters reported feeling better following the chat conversation.
CY 2017 Agency 12-Month Outcomes	
Agency Name: FrontLine Service	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Supported Employment (SE)

<p>Metrics (<i>How will success be measured?</i>)</p>	<p>Supported Employment Team Outcomes Program Data Sheets: Individual and Department Case Load Information, Outcomes Data, Productivity Data</p> <p>Consumer Outcomes Measurement Tool (COM-T) to assess agency clients self-report of involvement with competitive employment</p> <p>FrontLine EMR & Data Management System: Caseload and Client Contacts report</p>
<p>Program Goals or Objectives</p>	<p>5. 40 clients were projected to be served in this program in CY 2017</p> <p>6. New Supported Employment (SE) enrollees will be seen by Employment Specialist (ES) within first 30 days of enrollment, 100% of the time</p> <p>7. 40% of clients working with ES will obtain employment (national average is 40%). We know this expectation is high for our population whose barriers to employment include homelessness, substance abuse, trauma, mental illness and criminogenic factors. Regardless, the underlying philosophy of SE is that if a client wants to work, we believe they can. And we will help them achieve that goal. Our data supports that clients work, and want to work</p> <p>8. 90% of the time, the ES will be working in the field.</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>5. 13 clients were closed from the program during this reporting period. One client was discharged twice, as he re-enrolled in services during 2017.</p> <p>1. 28 SE clients were served by 3 ES staff in CY 2017.</p> <p>2. There were 17 new enrollees; average time between enrollment and first appointment with SE was 11 days</p> <p>3. 39% of these SE clients worked during this reporting period (client was in “Job Retention” phase of program)</p>

	<p>--FrontLine's Supported Employment Program's overall average employment rate for clients during this report period was 20%.</p> <p>--This year's employment data from the COM-T indicates that 39% of our clients spent from 1 to 52 weeks in competitive employment; last year, this was 14%; the previous year, 7%.</p> <p>--Of those employed: 1-20 hours/week = 0%; last year, 7%; the previous year, 4%. 21-34 hours/week = 14%; the last two years, 4% 35+ hours/week = 25%; last year, 7%; the year before, 0%</p> <p>--This year and last year, 7% reported that they work "under the table" and an additional 39% did not answer that question, suggesting that more could be working under the table</p> <p>--When asked about their interest in employment, 7% answered "Maybe" and 25% answered "Yes"</p> <p>4. Employment Specialists spent 97% of their time outside of the office setting in CY 2017.</p>
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CY 2017 Agency 12-Month Outcomes

Agency Name: FrontLine Service	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Traumatic Loss Response Team (TLRT)
Metrics (How will success be measured?)	Agency EMR (Evolve) <ul style="list-style-type: none"> • Response time for initial contact • Response time for initial face-to-face service • Engagement in services

Program Goals or Objectives	<p>9. Within 24 hours (unless contraindicated), 90% of TLRT clients will be contacted within initial 24 hours following receipt of referral.</p> <p>10. Within 72 hours of receiving a referral, 80% of TLRT clients will receive a face to face within 72 hours (unless family requests different timeframe).</p> <p>11. TLRT staff will successfully engage families in an appropriate level of services 90% of the time</p>
Evaluation/ Outcome Data (Actual results from program)	<p>We projected that TLRT would service 400 clients in CY2017. The TLRT program provided services to 341 clients in 2017.</p> <p>Outcome Results for CY2017:</p> <ol style="list-style-type: none"> 1. Attempted to contact TLRT referrals within 24 hrs – 96.1% 2. Attempted to visit family face-to-face within 72 hrs – 82.7% 3. Families accepted TLRT services – 89.7% of the time

CY 2017 Agency 12-Month Outcomes

AGENCY NAME: Future Directions COS

Time Period Reported: January 1 through December 31, 2017

<p>Name of Program or Services Provided with ADAMHSCC Funding</p>	<p>MH:</p> <ul style="list-style-type: none"> • Drop-In Center –Provide puzzles and games, in-house events, coloring books, and other activities for relaxation and enjoyment while providing a friendly, sociable atmosphere where people can speak freely about their experiences or problems, learn from fellow consumers, and offer peer support. • Arts & Crafts Program – Sewing, knitting, crocheting, latch-hooking, woodworking, and/or painting wood projects, ceramics, or canvas, members sharpen concentration, organize thoughts, develop problem solving, improve decision making, learn new social and work skills, support others in learning skills and sharing personal talents, boost self-confidence, increase independence, and help strengthen motor skills, as well as talk, listen, and learn from peers.
<p>Metrics</p>	<ul style="list-style-type: none"> • Annual member satisfaction surveys • Member feedback • Member engagement and retention
<p>Program Goals or Objectives</p>	<ul style="list-style-type: none"> • With regular support in a setting that members control themselves provides and cultivates peer support, relationship development, work and meaningful activities, power and control, confronting stigma and community involvement, access to resources, and education because socialization, collaboration, participation, and understanding are central to the recovery process. • Attendance has shown a fluctuation during the year as the average daily numbers grew from 14 to 15 people per day, with several days of 40+ people participating in the program. However, the relocation of the agency and inclement weather dropped attendance back down to normal levels. • Number of different people served: 212
<p>Evaluation/ Outcome Data</p>	<p>Our Annual Member Satisfaction Survey for 2017 indicates that 90% of members who attend Future Directions COS like our program model and feel that the arts and crafts help them with their recovery.</p>

	<p>85% of our members who attend at least 2-3 times a week reported that there is a friendly atmosphere, a safe place to talk, and the staff members are excellent.</p>
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	<p>25% of members do not participate in other mental health services or programs, using Future Directions COS as their main avenue on the road to recovery.</p>
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CY 2017 Agency 12-Month Outcomes	
Agency Name: Hispanic UMADAOP	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	<p>Miguel Prieto Treatment Services</p> <ul style="list-style-type: none"> • Assessment, Case Management, Crisis Intervention, Group Counseling, Individual Counseling, Intensive Outpatient, Laboratory Urinalysis, Room and Board
Metrics (How will success be measured?)	<p>Brief Addiction Monitor</p> <ul style="list-style-type: none"> • To measure improvement in Use, Risk factors, and Protective Factors <p>Client Satisfaction Survey</p> <ul style="list-style-type: none"> • To measure value, satisfaction, and effectiveness of programs <p>Wait List / Client Stats</p> <ul style="list-style-type: none"> • To measure wait times for treatment, number of persons served, client demographics, and completion rates
Program Goals or Objectives	<p>At least 50 % of clients receiving services will:</p> <ol style="list-style-type: none"> 1. Successfully complete treatment. 2. Wait time for treatment 7 days or less. 3. Be of indigent or low income minority populations. 4. Show improvement in behavioral health functioning and problem severity as it pertains to use, risk and protective factors. 5. Report program effectiveness. 6. Have overall satisfaction of services.
Evaluation/ Outcome Data	<ol style="list-style-type: none"> 1. Hispanic UMADAOP served 203 client in 2017 (18 of those had service dates starting in 2016 while 16 had service dates that continued into 2018). 126 (62%) clients successfully completed treatment. 2. 193 (95%) of clients received a referral to appropriate level of care (if not offered) or were placed in treatment within 7 days of first contact.

<p>(Actual results from program)</p>	<ol style="list-style-type: none"> 3. 100% of clients fell within poverty guidelines; 64 Hispanic (31.5%), 31 African American (15.3%), 103 Caucasian (50.7%), 1 Asian, 2 Mixed Race, 2 Native-American. 4. BAM results: <ul style="list-style-type: none"> • 100% of clients reported use of substances within 30 days of admission, all of whom reported no substance use in 30 days at discharge. • 92% of clients reported an increase in protective factors from admission to discharge (improved quality of sleep, decrease in negative emotional state, increases in sober supports –family/community, and satisfaction with recovery goals). • 87% of clients reported a decrease in risk factors from admission to discharge (decrease in experiencing and being bothered by urges to use and being around high risk situations). 5. 97% of clients rated treatment services as helpful to very helpful for improving life, and preparation for maintaining abstinence, family relationships, and safe/stable housing, interpersonal/social relationships. 53% rated treatment services as somewhat helpful in managing employment and financial needs. 6. 98% of clients reported overall program satisfaction.
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CY 2017 Agency 12-Month Outcomes	
Agency Name: Hitchcock Center for Women	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Hitchcock Center for Women -- Assessment Overflow, Residential, Outpatient, and Recovery Housing Programs.
Metrics <i>(How will success be measured?)</i>	<p>Treatment Completion/Retention Rate defined as percentage of clients that complete treatment without ASA, rejecting services or requiring transfer to other facilities for medical or psychiatric reasons.</p> <p>Successful treatment completion is defined as client demonstrating the following:</p> <ul style="list-style-type: none"> • being drug-free • being engaged in positive and supportive relationships and environments <p>Hitchcock Exit Interview Checklist to evaluate client perception of services.</p>
Program Goals or Objectives	<p>Treatment Completion Rate/Retention:</p> <p>1. 70% or higher completion rates for residential programs based on Board target and consistent with agency expectations</p> <p>50% or higher for outpatient programs based on national data from the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Episodes Data Set (TEDS).</p>
Evaluation/ Outcome Data (Actual results from program)	<p>Numbers Served: <u>January 1, 2017 – December 31, 2017</u></p> <ul style="list-style-type: none"> • Total who entered treatment prior to January 1st and were continuing to received services = <ul style="list-style-type: none"> ○ Residential = 31 ○ Recovery Housing = 15 ○ IOP = 7 ○ NIOP = 4

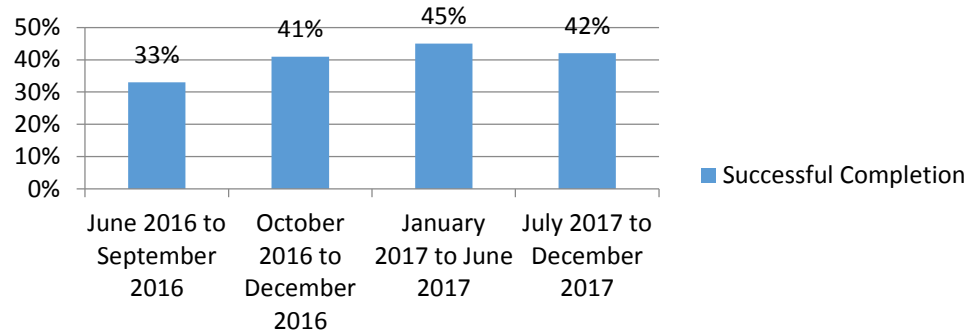
- Admissions:
 - Residential = 261
 - Recovery Housing = 80
 - IOP = 47
 - Outpatient = 13

- Total Served = 315 (Of note -- this number represents the unduplicated count of those served since clients will often participate in multiple programs while with the agency, i.e. Residential, RH and IOP)
- During the first half of 2017 we experienced a 17% increase in admission/persons served as compared to 2nd half of 2016 (171). During the 2nd half of 2017 we saw a 2.5% increase in admission/persons served as compared to the 1st half and a 20% increase over the same period last year.
- We attribute the increase to several factors including the following: increased capacity by opening previously unused rooms; increased attention to capacity; and increased community awareness of agency programs.

1 & 2 - Treatment Completion/Retention

- Residential
 - January through June
 - 129 discharges
 - 58 or 45% successfully completed
 - 59 or 46% left against staff advice
 - 12 or 9% left for medical or administrative reasons
 - July through December
 - 130 discharges
 - 55 or 42% successfully completed
 - 59 or 45% left against staff advice
 - 16 or 12% left for medical or administrative

Successful Completion



- Of the 59 ASA discharges 34 or 58% of them occurred within the first 8 days of admission, with 38 or 64% leaving within the first 14 days.
- 24 of the women who participated in treatment were with their children. Of the women with children at discharge 21 or 88% completed successfully.
- Slight increase in successful residential completion over the prior year believed to be in part due to the following: review of against staff advice data with staff; improved staffing including new full-time Clinical Director; implementation of new procedures; focus on treatment engagement techniques. In addition, it has been shown that the women who participate in treatment with their children show a higher successful completion rate.
- Recovery Housing
 - January 2017 through June 2017
 - 8 discharges
 - 6 or 75% successfully completed and moved into stable housing in the community
 - July 2017 through December 2017
 - 32 discharges

- 16 or 50% successfully completed and moved into stable housing in the community
 - Calendar Year 2017
 - Of 40 discharges 22 or 55% successfully completed
 - In Recovery Housing Calendar Year 2017 is the first year for which we have accurate data, and sets the benchmark for continued progress in retention and successful completion in the future.
- IOP
 - January 2017 through June 2017
 - 31 discharges
 - 18 or 58% successfully completed with the remainder leaving against staff advice.
 - July 2017 through December 2017
 - 25 discharges
 - 10 or 40% successfully completed with the remainder leaving against staff advice.
 - For Calendar Year 2017 of 56 discharges for IOP 28 or 50% were discharged successfully, which is consistent with SAMHSA national data.
- Outpatient
 - January through June 2017
 - 7 discharges
 - 4 or 57% successfully completed
 - July through December 2017
 - 1 discharge
 - 1 or 100% successfully completed
 - Although the number of participants in Outpatient treatment remains small, the overall positive increase in participation and successful completion over prior years reflects progress in engagement and retention.

At the start of the calendar year a Full-Time, experienced Clinical Director was hired. During the year, additional staff was hired for evenings and weekends to improve client supervision and decrease ASA discharges. Clinical staff have received improved ongoing supervision and training in Motivational Interviewing and trauma-informed care and have been involved in the modification of procedures related to ensure engagement and retention. We continue to address low treatment completion outcomes by investing in training of staff as well as in the making physical improvements to the environment of care.

Client satisfaction information was inconsistently gathered over the calendar year and includes the use of multiple forms from which consistent data could not be produced. During the year, through technical assistance with the ADAMHS Board, it was determined that the Brief Addiction Monitor (BAM) being used was an incorrect version and was not consistently administered at Time 1 and Time 2. HCFW staff received SHARES training late December 2017 and are fully prepared to capture Calendar Year 2018 data.

CY 2017 RFI Agency Outcome Measures Follow-up

Agency Name: I'm In Transition, Ministries

Time Period Reported: January 1 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<ul style="list-style-type: none"> • Recovery Housing – 32 Sober Beds available as of December 31, 2017 • 12 beds for women and 20 beds for men • Provided services for 30 men and 13 women from Jan 1- Dec 31, 2017 • On target for year 2017 goals. Have a success rate of 81.4%. See growth chart attached. Our target for success is 80%.
<p>Metrics (<i>How will success be measured?</i>)</p>	<ul style="list-style-type: none"> • Measure abstinence from drug use <ul style="list-style-type: none"> ○ Measure relapses ○ Measure substance-use/hospital visits • Measure the completion of probation or criminogenic activity • Found employment or enrolled in a continual education • Measure reunification of family • Measure left program with stable housing
<p>Program Goals or Objectives</p>	<ol style="list-style-type: none"> 1. Coming into the program at least 30 days clean 2. Successfully completed IOP and aftercare or PHP 3. Clients showed improvement of mental health and/or reasoning/coping skills 4. Client showed reduction in substance use 5. Client attends 2-5 AA/NA meetings per week 6. Client follows his/her comprehensive strategic recovery plan. 7. Client is enrolled in school, is employed or seeking employment 8. Clients is seeking stable housing
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<ol style="list-style-type: none"> 1. 40 (82.8%) came to the program after completing 30 days or more of treatment 2. 40 (82.8%) successfully completed IOP and aftercare or PHP 3. Large percent of clients shows improvement of mental health and reasoning/coping skills by the end of their 6-month stay, some can use more time 4. 32 (95.27%) of clients demonstrated reduction in desire to use substance 5. 100% of clients attend 2-5 AA/NA meetings per week including our two mandatory meetings. 6. 41 (83%) of the clients follow their personalized strategic recovery plan.

	<ol style="list-style-type: none">7. 100% of the clients are attending IOP/Aftercare, in school, working or working with us as they seek work.8. 3 (1.29%) of clients received stable housing between Jan – Dec 2017.
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**CY 2017 AGENCY
OUTCOMES REPORT**

Agency Name: Jewish Family Services Association (JFSA) of Cleveland

Time Period Reported: January 1 – December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p><u>Core Mental Health Services</u></p> <p>Jewish Family Service Association of Cleveland (JFSA) defines Core Mental Health Services as CPST, BH Counseling and Therapy, MH Assessment, Psychiatric Diagnostic Interview, Pharmacological Management and Residential Care.</p> <ul style="list-style-type: none"> • MH Assessment • Psychiatric Diagnostic Interview • Pharmacological Management • CPST • Behavioral Health Counseling and Therapy
<p>Metrics <i>(How will success be measured?)</i></p>	<p>JFSA uses Ohio Scales measures for all mental health programs, including programs that are reimbursed through ADAMHSCC non-Medicaid funding. The Ohio Scales instrument is given to all clients at intake and annually to measure performance indicators and client satisfaction. In addition to the Ohio Scales instrument, JFSA distributes an annual satisfaction survey to CPST family members to determine outcome and family satisfaction results.</p> <p>JFSA employs a full-time psychiatrist PA and a part-time psychiatrist who conduct peer reviews of prescribed medications for persons served according to CARF Medication Use Standards: address needs and preferences of persons served, evaluate efficacy of medication, evaluate clients for medication side effects, no identified medication contraindications, conduct necessary tests, no simultaneous medications identified, no identified medication interactions.</p> <p>JFSA also tracks the following QPIs:</p> <ul style="list-style-type: none"> • Central Pharmacy Allocation Utilization • Timeliness of Reportable Incidents

<p>Benchmarks (Industry Standards or Program Expectation Goals)</p>	<p>Diversity of persons served: Demographics of client served are reported with the goal of serving a diverse clientele on the basis of gender, age, race and diagnosis.</p> <p>Ohio Consumer Outcomes Adult Survey:</p> <ul style="list-style-type: none"> • <u>Quality of Life (QOL):</u> <i>at least 60% of clients will demonstrate an improvement of QOL.</i> • <u>Symptom Distress:</u> <i>at least 60% of clients will demonstrate a reduction in behavioral health symptoms.</i> • <u>Client Satisfaction:</u> <i>At least 90% of clients will feel they have been treated with dignity and respect at this agency.</i> <p>CPST Services:</p> <ul style="list-style-type: none"> • Family Satisfaction: <i>At least 90% of family members will be satisfied with the CPST services delivered to their loved one.</i> <p>Other QPIs:</p> <p>Tracking of Central Pharmacy Allocation Utilization: Allocation is tracked and reported for each annual reporting period.</p> <p>Timeliness of Reportable Incidents: 100% adherence to incident reporting timelines and the goal of continually working toward reducing the number of reportable incidents on an annual basis.</p> <p>Medication Utilization: CARF medication use standards are adhered to. This was a new agency performance indicator for CY 2014. Medication utilization results are shared with the agency’s psychiatrists and leadership team every quarter for continuous quality improvement. Results reflect data from a sample of clients who received pharmacological management services from JFSA during each annual reporting period. The agency performance target for this indicator is set at 90%.</p>
<p>Evaluation/</p>	<p><u>Diversity of Persons Served:</u> For CY 2017, a total of 125 persons received services from JFSA with non-Medicaid funds.</p>

Outcome Data
(Actual program data achieved during reporting time period)

Ohio Scales Outcomes:

Results reflect data from a sample of non-Medicaid clients who completed an Ohio Scales instrument during CY 2017 compared to their Ohio Scales instrument data at intake with JFSA.

Outcome measure for **Success** of persons receiving core mental health services is defined as the percentage of clients who were satisfied with the services they received. For CY 2017, **92%** of persons receiving JFSA core mental services were satisfied with the services they received. This indicates an increase of 2% compared with CY 2016 (90%). The agency target of 90% has been met for CY 2017. Success has remained stable, near or above the target ($\geq 90\%$ = clients success; clients treated with dignity and respect) for the past seven years.

Outcome measure for **improved QOL** was **58%** and below the target ($\geq 60\%$ = improvement) for CY 2017. This is a decrease compared to CY 2016 (64%).

Outcome measure for **decreased symptom distress** was **56%**, and below the target ($\geq 60\%$ = decrease) for CY 2017. This is stable compared to CY 2016 (56%).

CPST Family Satisfaction:

The agency distributes a satisfaction survey to active family members of persons who receive CPST services. At least 90% of family members will be satisfied with the CPST services delivered to their loved one. This survey was distributed to a random sample of family members (N=54) in October, 2017. **100%** of the family members who completed the survey for CY2017 were satisfied with the CPST services delivered to their loved one compared to 90% for CY2016. The agency performance target of 90% was **met** for CY2017.

Tracking of Central Pharmacy Allocation Utilization: **15%** of JFSA's allocation for CY2017 was utilized.

	<p><u>Timeliness of Reportable Incidents:</u> 100% adherence to incident reporting timelines from FY2010 through CY2017. A notable decline continues in the number of Reportable Incidents over the past seven (7) years.</p> <p><u>Medication Utilization:</u> Medication utilization results are shared with the agency's psychiatrists and leadership team every quarter for continuous quality improvement. CARF medication use standards were met in CY 2017. CARF medication use standards were met at 96% in CY 2017 compared to 95% for CY 2016. This target of $\geq 90\%$ was met for CY 2017.</p>
<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p><u>Supported Employment</u></p>
<p>Metrics <i>(How will success be measured)</i></p>	<p>Employment Services (Supported Employment), which includes these specific services:</p> <ul style="list-style-type: none"> • Job Seeking Skills Training (JSST) • Job Placement • Job Coaching • Benefits Analysis <p>The JFSA Employment Services is CARF accredited and collects data for these CARF required performance improvement domains: Access, Effectiveness, Efficiency, Satisfaction and other feedback. Performance indicators are monitored and captured through initial and annual satisfaction and outcome surveys and by conducting ongoing client record audits. Defined outcomes measures for supported employment includes:</p> <ul style="list-style-type: none"> • <u>Job Placement:</u> <i>clients who have a desire to work will be placed in competitive employment.</i> • <u>Job Retention:</u> <i>clients placed will actively receive job retention services for job placement success</i>

	<ul style="list-style-type: none"> • Average Wage: <i>Clients placed in competitive employment will receive an hourly wage that is above state minimum wage.</i> • Satisfaction with Job Placement Services: <i>% clients served who are satisfied with supported employment services</i> <p>Diversity of clients served: Demographics of client served are reported with the goal of serving a diverse clientele on the basis of gender, age, race and diagnosis.</p>
<p>Benchmarks (Industry Standards or Program Expectation Goals)</p>	<p>The JFSA Employment Services is CARF accredited and collects data for these CARF required performance improvement domains: Access, Effectiveness, Efficiency, Satisfaction and other feedback. Performance indicators are monitored and captured through initial and annual satisfaction and outcome surveys and by conducting ongoing client record audits. Defined outcomes measures for supported employment includes:</p> <ul style="list-style-type: none"> • Job Placement: <i>At least 25% of clients who have a desire to work will be placed in competitive employment.</i> • Job Retention: <i>At least 25% of clients placed will actively receive job retention services for job placement success</i> • Average Wage: <i>Majority of clients placed in competitive employment will receive an hourly wage that is above state minimum wage.</i> • Satisfaction with Job Placement Services: <i>90% of clients served will be satisfied with supported employment services</i> <p>Diversity of clients served: Demographics of client served are reported with the goal of serving a diverse clientele on the basis of gender, age, race and diagnosis.</p>
<p>Evaluation/ Outcome Data (Actual program data achieved during reporting time period)</p>	<p>Diversity of Persons Served</p> <p>For the CY 2017 reporting period, a total of 85 persons received Supported Employment services from JFSA with non-Medicaid funds.</p> <p>Job Placement & Retention: For the period, January 1 through December 31, 2017, a total of 85 clients received supportive employment service. 30 clients were placed in jobs that matched their employment goals. 17% (5/30) secured full time jobs, while 57% (17/30) secured part time jobs requiring them to work 20 hours or less per week and the remaining 26% (8/30) secured jobs requiring them to work between 21-39 hours per week. This reflects a 35% (30/85) job placement rate which is above the agency target goal of 25% job placement rate. The agency target goal of 25% was met for the CY2017 reporting period.</p>

25 clients (29%) received active retention service from prior quarters to ensure placements were successful. The agency target goal of 25% was **met** for the CY2017 reporting period.

Job Placement Services Satisfaction: **86%** of persons receiving job placement services were satisfied with the services they received. 100% of persons receiving job placement services reported that they were helped to apply for jobs that matched their employment goals. The agency target goal of 90% satisfaction was **not met** for the CY2017 reporting period.

Average Wage: The average wage for the placed clients during this time period was **\$10.11/hr.** (range: \$8.25-\$15.00/hr; current Ohio state minimum wage: \$8.15/hr) with **70%** (21/30) clients earning above state minimum wage; 30% (9/30) earning state minimum. 10% (3/30) clients received full benefits. The average amount of time until job placement is approximately 6 months. The agency target goal was **met** for the CY2017 reporting period.

For CY 2017, a total of **85** persons received Supported Employment services from JFSA with non-Medicaid funds.

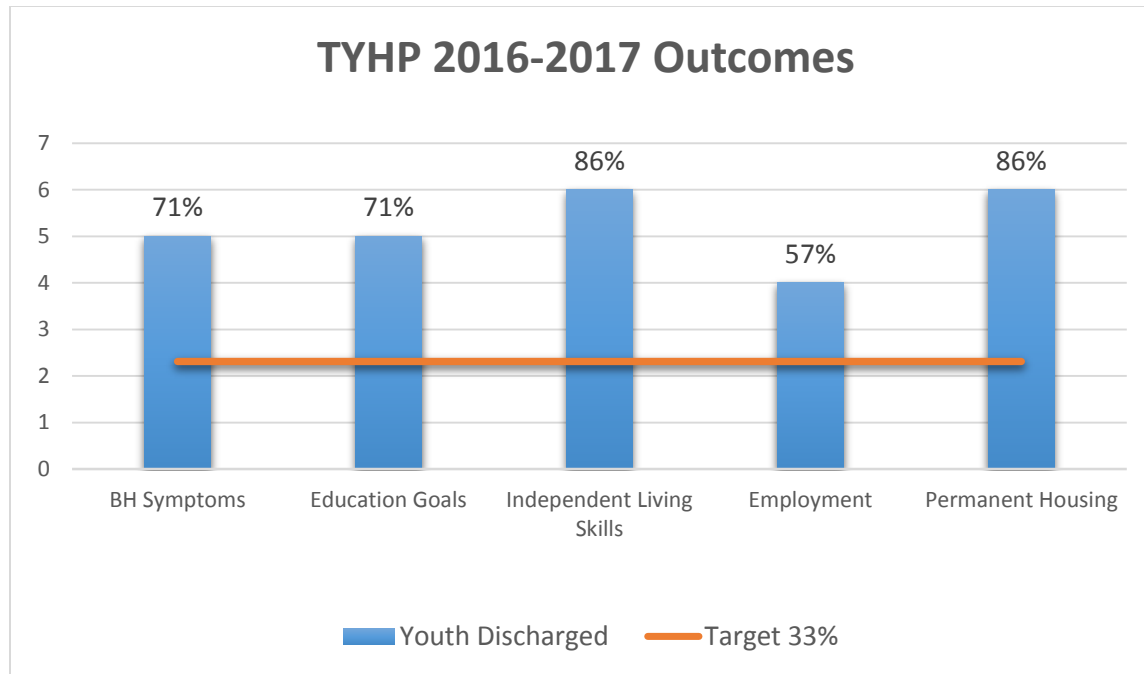
CY 2017 Agency 12-Month Outcomes	
Agency Name: Life Exchange Center	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Consumer Operated Service
Metrics (<i>How will success be measured?</i>)	Observations and LEC Members informal feedback
Program Goals or Objectives	<ul style="list-style-type: none"> • Members who utilize the facility and programs at the LEC will have access to the following: <p>Weekly Workshops and Program Foundations</p> <ul style="list-style-type: none"> • Dimensions of Wellness • Art therapy • African Drumming • Cooking • Sister circle • Real men of power • Lunch time get down (music therapy) • Journaling • Spanish Lessons • Drama Classes • Personal Story Telling (In Our Own Words) <p>Objectives:</p> <ol style="list-style-type: none"> 1. Experience a reduction in hospitalizations over a 12 month period

	<ol style="list-style-type: none"> 2. Experience advances in their mental health/substance use disorder recovery 3. Receive support in the motivation to engage more fully in their mental health and/or substance use disorder recovery 4. Nurtured and empowered to advocate on behalf of themselves and their peers 5. Continuous member input regarding the content of monthly programming 6. Continuous Executive Director and Staff encouragement toward the improvement of quality of life (as perceived by the individual members)
Evaluation/ Outcome Data (Actual results from program)	Results Achieved: <ul style="list-style-type: none"> • 15,720 visits by members in 2017 • 31,440 meals were served • Average of 2,620 meals were served each month • There was an average daily attendance of 62 members • 3 members have been trained as Ohio Certified Peer Supporters with a specialization in Sex Trafficking. 2 members have successfully completed testing, 1 is pending. • With the use of our LEC van, 5-8 members voluntarily attend AA/NA meetings 3 days per week • 16 LEC females participated in a 4 week Radical Aggressive Defense training program facilitated by Cleveland State University police officers. All participants received self-defense certification. • Members have formed a member care committee. The members send cards and visit staff, members and/or stakeholders who are ill or haven't visited LEC recently. • 8-10 members are currently enrolled (and committed) in a 10 week peer to peer training facilitated by NAMI representatives. • 1 member who has struggled w/ substance use disorder, chronic homelessness and the loss of her children (for over a year) has gained housing, has custody of her children and has, of her own volition, signed herself into inpatient treatment.
CY 2017 Agency 12-Month Outcomes	
Agency Name: Life Exchange Center	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or	Art Therapy

Service Provided with ADAMHSCC Funding	
Metrics (<i>How will success be measured?</i>)	Observations, Informal Interviews, Surveys
Program Goals or Objectives	<p>Art Therapy Studio (ATS) partnership will provides a series of classes that allow LEC members to “<i>Discover the Artist Within You</i>”</p> <ul style="list-style-type: none"> • To help adults with serious mental health problems use art to learn new skills necessary to lead healthy and fulfilling lives • Use art to overcome challenges, and make a positive contribution to their communities. • Engage participants in a healthy leisure activity • Provide a support system that encourages recovery and reintegration into the community • Increase personal expression • Increase personal awareness • Develop healthy coping skills for emotional management
Evaluation/ Outcome Data (Actual results from program)	<ul style="list-style-type: none"> • 124 Art Therapy Studio sessions • 263 unduplicated members <p>Year end results for Art Therapy showed members rating their experience on a scale of 1-5 (1 being poor and 5 being excellent) based on the goals for the Art Therapy group:</p> <ul style="list-style-type: none"> • 100% stated the art therapy reduces stress and increases relaxation, 90% rated art therapy as above average or excellent • 100% reported above average results for expressing emotions in a safe and positive manner through the use of art therapy, 85% rated art therapy as above average or excellent

	<ul style="list-style-type: none"> • 95% agreed art therapy helped them learn to communicate effectively with others, 85% rating art therapy as above average or excellent • 95% agreed art therapy helped them learn to communicate effectively with others, 85% rated art therapy as above average or excellent • 100% reported art therapy helped build self-esteem, 85% rated it above average or excellent • 100% rated art therapy improving social skills, 80% above average or excellent • 100% believe art therapy has helped improve coping skills, 80% above average or excellent.
CY 2017 Agency 12-Month Outcomes	
Agency Name: Life Exchange Center	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Transitional Youth Housing Program
Metrics (How will success be measured?)	<p>Among the young adults successfully transitioning to independence:</p> <ul style="list-style-type: none"> • Improving education • Gaining and maintaining employment • Moving into independent housing or re-establishing healthy family relationships and returning home
Program Goals or Objectives	<p>The Life Exchange Center's Transitional Youth Peer Support Housing Program is designed to support young adults with a behavioral health diagnosis and or substance use disorder. Using a non-clinical peer support model, the program aims to empower young adults between the ages of 18 to 25 years old to become self-sufficient. Self-sufficiency consists of gainful employment, higher education and safe/secure housing. With the guidance of a peer support specialist, residents will become skillful in several key life management areas including but not limited to: basic life skills, financial literacy and time management.</p> <p>Program Goals</p>

	<ul style="list-style-type: none"> • Explore educational options with an outcome of enrollment whether at a technical, two-year or four-year school. • Procure employment stability utilizing supported employment services such as; resume writing, mock interviews and job search training. • In collaboration with a peer support specialist, obtain permanent housing by developing social support in the community and utilizing available resources.
Evaluation/ Outcome Data (Actual results from program)	<p>Since March 2016, <u>11 young adults</u> have been served by TYHP, and <u>7 young adults</u> were discharged. Of those 7 discharged:</p> <ul style="list-style-type: none"> • 5 (71%) managed their behavioral health symptoms effectively • 5 (71%) completed educational goals, if indicated • 6 (86%) demonstrated independent living skills inclusive of self-care, as well as, increased pro-social skills • 4 (57%) obtained employment • 6 (86%) obtained permanent housing upon discharge



Note: 2017 Outcomes data courtesy of Maggie Spellman, Maggie Spellman, M.Ed., LPCC-S, Children's Behavioral Health Specialist

2017 ADAMHS Board 12 Month Outcomes

CY 2017 RFI Agency 12-Month Outcomes	
Agency Name: LINKS	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	To provide a stipend to 10 consumers to serve as Host and Hostesses at the LINKS Cleveland drop in program.
Metrics <i>(How will success be measured?)</i>	<ol style="list-style-type: none"> 1. Recruitment and reimbursement of consumers to be hosts and hostesses for a consumer driven drop-in center 2. Improve consumer participation and utilization of the LINKS drop in center 3. Improved perception of self and well being for participating consumers 4. Improved access to services and supports 5. Participate in home visitation for those who cannot attend the clubhouse.
Program Goals or Objectives	<ol style="list-style-type: none"> 1. 60 % of consumers who are recruited and trained to be hosts and hostesses will become employed in this role 2. 80% of hosts and hostesses appropriately perform their tasks for 12 months 3. 78 consumers will participate at the LINKS drop-in center in 2017 (or home visited if not able to come in) 4. 80% of participants will report an improved perception of self 5. 70% of participants will report having more access to supports for well-being and recovery through the LINKS drop in center.
Evaluation/ Outcome Data (Actual results from program)	<ol style="list-style-type: none"> 1. Of the 10 consumers hired, _10__ remained in their roles for the 6-month period. 2. Currently, a total of _77_ consumers participate in the drop-in center by visiting or receiving home visits. In 2017. _77__ consumers were served. During 2016, LINKS Cleveland served 78 individuals. During 2015, LINKS Cleveland served 68 individuals.

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| | <ol style="list-style-type: none">3. 100% expressed satisfaction to the program and its benefit to the participants when responding to the question, “Has the LINKS Cleveland Program contributed to your personal growth?” (June Client Satisfaction Survey)4. 95% stated that they felt welcome to attend. (June Client Satisfaction Survey)5. 98% responded positively to the statement, “Was the time you spent with staff and the other members valuable?” (June Client Satisfaction Survey)6. 98% stated that they would recommend the program to other consumers. (June Client Satisfaction Survey)7. 83% stated that they make decisions about activities and outings. (June Client Satisfaction Survey)8. 93% gave high ratings to the overall quality of the LINKS Cleveland Program. (June Client Satisfaction Survey)9. 93% stated that they would continue to participate. (June Client Satisfaction Survey) |
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CY 2017 Agency 12-Month Outcomes	
Agency Name: The Living Miracles Peer Empowerment Center	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Peer Education and Support Program
Metrics (<i>How will success be measured?</i>)	<p>The Living Miracles Peer Empowerment Center reports the following Outcomes Measures:</p> <ul style="list-style-type: none"> • Bi-Annual member outcome surveys • Bi-Annual consumer/member satisfaction surveys • Reduction in psychiatric hospitalizations and visits to the crisis stabilization unit per year • Member feedback • Member engagement and retention • 28,000 units of service for the calendar year 2017 provided in Peer Education and Support for 400 members <p>2,400 units of service for the calendar year 2017 provided by Peer Support at The Striklin Crisis Stabilization Unit and other sites in the community.</p>
Program Goals or Objectives	<p>*Performance indicators for successful completion of programs are no psychiatric hospitalizations or involvement with the criminal justice system within the last year. Other indicators are:</p> <ul style="list-style-type: none"> • Decrease in negative effects of mental illness/symptom distress • Increase of social connectedness, having meaningful and healthy relationships in their lives • Self-reporting of an improvement of their quality of life • Learning self-help techniques to prevent a mental health crisis

	<ul style="list-style-type: none"> • Feeling in control of their future • Having hope for the future
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>A total of 31,135 units of Peer Education and Support services for an average of 491 people have been provided from January 1, 2017 through December 31, 2017. This is 3,135 units of service beyond our goal of 28,000 units for 2017, despite moving to a new location in late November.</p> <p>A total of 2,638 units of Peer Support at The Stricklin Crisis Stabilization Unit, West Side Community House and Algart Assisted Living were provided for a total of 624 people/consumers.</p> <p>Since last reporting, The Living Miracles has expanded Peer Mentoring in the community to Algart Assisted Living, located on Detroit Road in Cleveland, providing peer mentoring on a weekly basis for an average of 14 individuals from the senior community with a mental illness. We have exceeded the number of people who have received Peer Mentoring Services in the community for 2017 by 238 units of service and 224 adult consumers of mental health services.</p> <p>Membership as of December 31, 2017 is 498. This is above our target goal of 400 members this calendar year.</p> <p>Our bi-annual Member Outcome Survey and Consumer/Member Satisfaction Survey from November 2017 indicate that 93% of members who attend sessions at Living Miracles at least twice a week have had no psychiatric hospitalizations, visits to the Crisis Stabilization Unit or involvement with the criminal justice system within the last twelve months.</p> <p>96% of our members reported being extremely satisfied with the programs and services offered by The Living Miracles.</p> <p>Other outcomes measured include:</p> <ul style="list-style-type: none"> • 94% decrease in negative effects of mental illness/symptom distress

- 95% increase in social connectedness and having meaningful and healthy relationships in their lives
- 92% reported their quality of life has improved within the last twelve months
- 92% reported learning self- help techniques to prevent a mental health crisis
- 91% reported learning methods to help them improve their recovery and wellness
- 89% reported feeling in control of their future
- 92% reported having hope for their future

Members reporting having had no psychiatric hospitalizations, visits to the Crisis unit or involvement with the criminal justice system has decreased from 97% to 93% within the last twelve months. This decrease can be influenced by many different factors. The time of the bi-annual outcome distribution was in early November, right before the holiday season, which often times can cause a triggering effect in some of our membership, some respondents shared. Also, some of the members who filled out the bi-annual surveys are new to the organization and have not been attending for at least six months.

Member reports of being extremely satisfied with the programs and services offered through The Living Miracles compared to the last reporting data period, ending on June 30, 2017 has decreased slightly, from an overall 98% to 96%.

96% continues to be a high benchmark for a consumer operated agency, despite several of the members expressing some dissatisfaction with the agency relocating in late November. The agency relocating effects some members who had lived within walking distance to our previous location on Clifton Boulevard and will now have to use public transportation to utilize agency services. There is not much we could have done to prevent this. At the same time, some members (although fewer than the previous group), were happy that our new location will be within walking distance instead of them having to use public transportation.

CY 2017 Agency 12-Month Outcomes	
Agency Name: LUTHERAN METROPOLITAN MINISTRY	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Adult Guardianship Services (AGS)
Metrics (<i>How will success be measured?</i>)	<p>Outputs:</p> <ul style="list-style-type: none"> • 115 ADAMHS Clients • 3,088 hours of guardianship decision-making <p>Outcomes:</p> <ul style="list-style-type: none"> • New guardianships are appointed by the court within 4-6 weeks of filing • Individualized Guardianship Service Plan (GSP) developed within 2 working days of court appointment • Within 90 days after the guardianship is appointed, 90% of the goals outlined in the client’s GSP are implemented: <ul style="list-style-type: none"> ○ Safe, appropriate housing attained ○ Benefits applied for ○ Appropriate medical decisions made ○ Ongoing medical care is sought ○ Advanced care planning completed ○ Collaborations established with community providers • 35% of guardianship decision-making is focused on meeting physical and behavioral health needs • 100% of clients residing in the community receive at least monthly visits • 100% of clients residing in a nursing home receive a visit at least every other month from the guardian or an agency representative.

Program Goals or Objectives	<p>Outputs:</p> <ul style="list-style-type: none"> • 93 unduplicated ADAMHS clients were served <ul style="list-style-type: none"> • Beginning January 2017, AGS had a caseload of 91 clients, with 7 deaths/terminations and 2 new cases, bringing the year end 2017 caseload to 86 clients. • 3,372 hours of guardianship decision-making
Evaluation/ Outcome Data (Actual results from program)	<p>Results Achieved</p> <p>Out of the 93 unduplicated ADAMHS clients served:</p> <ul style="list-style-type: none"> • 2 new cases were added in 2017 (waiting list implemented 1/1/17 and intake suspended until June): <ul style="list-style-type: none"> ○ During a 4-6 week period, active guardianship was achieved ○ Within 2 working days of court appointment, Individualized Guardianship Service Plan (GSP) was developed and reviewed/modified as needed. ○ Within 90 days after the guardianship was appointed, 90% of goals outlined in the client's GSP were implemented. • 27% or 907 hours of guardianship decision-making were focused on meeting physical and behavioral health needs. • 34% of ADAMHS clients are visited on a monthly basis and 9% received two or more visits per month on average. • 22% of ADAMHS clients were visited in 11 of the 12 months of 2017. • 39 out of the 93 ADAMHS clients are community based. Of those clients, 36% were visited monthly and 18% were visited two or more times per month. <p><i>Visits are dependent on each individual's care plan and geographic location. For example, clients placed in nursing homes outside of Cuyahoga County might be visited on a quarterly basis where appropriate. AGS also has community</i></p>

based clients who are extremely stable that might only require a check in via the phone or with the case manager.

- 100% of ADAMHS clients remain in least restrictive setting.

The guardianship hours expended exceeded the projected amount due to a larger percentage of clients having a multitude of complex needs. Guardians spent significant time assisting clients with case management tasks due to decreased availability of community case management. Balancing stagnant government funding with the increased demand for services continues to be a challenge.

Therefore, at the beginning of 2017, AGS implemented a capped caseload of 532 overall. This resulted in a waiting list and suspension of intake until June. AGS continues to work with ADAMHS Board colleagues to ensure all necessary services are being provided.

CY 2017 Agency 12-Month Outcomes	
Agency Name: LUTHERAN METROPOLITAN MINISTRY	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	<p>Health & Wellness Services (formerly Lutheran Family Services)</p> <p>MH: Behavioral health services for youth and adults across LMM programs to ensure timely access to quality mental health services. ADAMHSCC funding allows us to provide behavioral health services for individuals ineligible for Medicaid services as well as those that require services pending Medicaid enrollment or experience a temporary lapse in coverage.</p> <p>Approximately 75% of LMM's clients are eligible for Medicaid. ADAMHSCC funding is used only for those clients that are not eligible or experiencing a lapse in coverage. This funding allows us the capacity to provide needed services without having to wait for Medicaid approval or renewal. Clients that come to us without Medicaid enrollment or are in a lapsed status are assisted with applying/reapplying for Medicaid and other benefits. The ADAMHSCC is billed only after it has been determined that the client is not eligible for Medicaid and is not able to afford insurance, based upon poverty guidelines, offered through the health insurance marketplace.</p>
Metrics (How will success be measured?)	<p>Assessments: Success is measured by:</p> <ul style="list-style-type: none"> • Timeliness of scheduling appointment (within 24 hours of contact) • Timeliness of completing the assessment (within 48 hours of contact) • Client satisfaction with services provided <p>Individual Counseling: Success is measured by meaningful change in:</p> <ul style="list-style-type: none"> • problem severity, • reduction in symptoms, and • improved level of functioning
Program Goals	To provide uninsured and underinsured individuals with access to quality mental health services in a timely manner.

or Objectives	
Evaluation/ Outcome Data (Actual results from program)	<p>Results Achieved</p> <p>Outputs:</p> <ul style="list-style-type: none"> • 75 non-Medicaid clients, were referred for mental health services; representing (23%) of total referrals (323) to the agency. Non-Medicaid billable services consisted of: <ul style="list-style-type: none"> ○ Assessments (288.5 hrs.) ○ Individual Counseling (25.25 hrs.) <p>Outcomes:</p> <ul style="list-style-type: none"> • Of the 75 clients referred for a diagnostic assessment, 90% were scheduled and seen within 48 hours of contact with the agency • Of the 75 clients referred for a diagnostic assessment: <ul style="list-style-type: none"> ○ 100% completed an assessment ○ 89% (67) received an assessment only ○ 11% (8) received an assessment and individual counseling • Of the 8 individuals receiving an assessment and individual counseling during the reporting period: <ul style="list-style-type: none"> ○ 6 individuals completed treatment successfully, ○ 1 individual was discharged; pending the outcome of an arrest; and ○ 1 continues to be engaged

CY 2017 RFI Agency Outcome Measures Follow-up

Agency Name: Magnolia Clubhouse

Time Period Reported: January 1, 2017 through Dec. 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>Magnolia Clubhouse- Psychiatric Rehabilitation which includes supporting employment, education, and housing, the promotion of health and wellness, advocacy and community education. Magnolia Clubhouse also works to further develop the Clubhouse model and contributes to research. An evidence based best practice, the Clubhouse Model is included in the National Registry of Evidence Based Practices and Programs of the Substance Abuse and Mental Health Services Administration.</p> <p>Magnolia Clubhouse also operates the Carriage House Clinic providing pharmacological management and mental health assessment. Primary care services are integrated and provided by Northeast Ohio Neighborhood Health Services (NEON- a FQHC).</p>
<p>Metrics (<i>How will success be measured?</i>)</p>	<ol style="list-style-type: none"> 1. RECOVERY <ol style="list-style-type: none"> a. Annual Clubhouse Satisfaction and Outcome Survey which includes items regarding: quality of life, hopefulness, functioning, independence, socialization, isolation, sense of mastery, motivation, empowerment, confidence, control, happiness, sense of contribution, management of symptoms and health and wellness. b. Accreditation status and reports (CARF and Clubhouse International) c. Members progress as indicated on individual goals. 2. ATTENDANCE recorded daily. 3. Measure of EMPLOYMENT (number of people, hours worked, income, etc.) <ol style="list-style-type: none"> a. Employment total benchmark b. Newly employed model benchmark 4. Report of EDUCATION- descriptions and number of members in educational pursuits, and progress.

	<p>5. Report of HEALTH AND WELLNESS activities in the Clubhouse, and member reported gains.</p> <p>6. Report of ADVOCACY and COMMUNITY EDUCATION efforts to further the lives of those who live with mental illness.</p> <p><i>Also available- Annual Quality Improvement Plan and Report which includes employer and referral source surveys, MUI/incident reports, grievances, in addition to outcome information. United Way Outcome Reports are also available.</i></p>
<p>Benchmarks (Industry Standards or Program Expectation Goals)</p>	<p>1. RECOVERY-</p> <ul style="list-style-type: none"> a. Positive outcomes in metrics related to recovery for a majority of the Clubhouse members. b. Accreditation at the highest levels. c. Individual progress on goals. <p>2. ATTENDANCE- Sustained and as capacity permits, increased daily attendance.</p> <p>3. EMPLOYMENT-</p> <ul style="list-style-type: none"> a. Clubhouse model employment benchmark require that the number of people in employment is equal to or greater than 50% of the average daily attendance. With an average daily attendance of 74, the employment benchmark for Magnolia Clubhouse is 37. b. The model benchmark also includes that 12.5% of those in employment are people in new ongoing employment positions obtained in the last 12 months. The benchmark for this is 9 people for Magnolia Clubhouse.

	<p>4. EDUCATION- The majority of members report satisfaction with educational supports provided by Magnolia Clubhouse.</p> <p>5. HEALTH AND WELLNESS- Sustained or increased program efforts, and member participation and gains in health and wellness activities.</p> <p>6. ADVOCACY AND COMMUNITY EDUCATION- Sustained or increased efforts and activities related to advocacy and community education.</p>
<p>Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i></p>	<p>1. RECOVERY-</p> <p>For the past fiscal year, a sample of 100 members completed a satisfaction and outcome survey.</p> <p>a. The majority of members report improved outcomes such as: increased quality of life, hopefulness, functioning, independence, social gains, decreased isolation, increased mastery, motivation, empowerment, confidence, control, happiness, increased sense of contribution, improved management of symptoms and increased health and wellness. Increased socialization, communication skills, motivation/happiness, confidence, and independence. Members also reported improved relationships with family and a decrease in symptoms.</p> <p>The average of all ratings was 94% of the members reporting they agree or strongly agree with positive outcomes in the various domains. Please see survey results for details and quotes.</p> <p>b. <i>In Spring 2016, Magnolia Clubhouse was reaccredited for 3 years by both CARF and Clubhouse International. The CARF Accreditation includes: Community Integration: Psychosocial Rehabilitation, Outpatient Treatment: Mental Health, Day Treatment: Mental Health, Case Management/Services Coordination:</i></p>

Mental Health. Accreditation reports highlight Clubhouse achievements and strengths, full reports are available from CARF and Clubhouse International.

- c. Members complete goals and reported progress on goals. The majority of members report progress on goals.

Comprehensive Clubhouse Information is also available – which includes Demographics.

2. ATTENDANCE

Over the past calendar year, the Clubhouse served 406 people and the average daily attendance was 74. For the period July 1, 2017 through December 31, 2017, the Clubhouse served 311 members and the average daily attendance was 75.

3. EMPLOYMENT

- a. Over the past calendar year, **88** members were employed which far exceeds the model benchmark of **37** based on our average daily attendance. Twenty-eight members worked in transitional employment, 58 worked in ongoing employment. For the time period July 1, 2017 through December 31, 2017, 78 members were employed.
- b. Of the members employed in ongoing jobs, **20** were newly employed in the past 12 months, surpassing the model benchmark of **9**.

Seventy-nine percent of members employed in Transitional Employment completed their placements. Fourteen of the 58 people working in ongoing employment work full time (24%). Eight of those employed were young adults (18 to 25). Seventeen people receive benefits from their employers.

- 4. EDUCATION** Over the last Calendar year, **32** people were supported in educational pursuits including literacy skills, GED, enrichment and **15** of these were in college.

During the past fiscal year, 33 people were supported. The Clubhouse has made education more visible by adding GED and college resource boards, visited educational organizations to strengthen connections with disability departments, and accompanied members to their schools, as requested, to assist with their educational processes. Members and staff interested in education, whether as a student or tutor, are also meeting weekly to improve our in-house education program. The majority of members in education pursuits report satisfaction with supports.

5. HEALTH and WELLNESS

Through the Carriage House Clinic and Clubhouse health and wellness work, free flu shots were available to everyone and the clinic offers physicals, blood pressure checks and diabetes insulin level checks. Over the time of being in operation we:

- Assisted a member in identifying and managing diabetes.
- Identified and assisted in resolving post-surgery bleeding.
- Discovered and linked a member to treatment for kidney problems.
- Reduced polypharmacy and prevented hospitalization.
- Supported identification of and treatment for Parkinson's disease.
- Supported a smooth and short hospitalization for decompensation and prevented a more negative outcome by outreach to the home during a time of extended isolation.
- Discovered severe breathing problems and brought member to hospital where they are treated for fluid in lungs and being assessed for cancer.
- Supported member dealing with severe alcohol addiction by referral to detoxification and intensive treatment. Supported member in employment, in surgery requiring amputation of part of foot, and supported member in obtaining more supportive housing. In this circumstance it is very likely the Clubhouse saved a life.
- Supported member in managing psychiatric medications during pregnancy.
- Supported member dealing with initial and recurrence of cancer, multiple surgeries and treatment.

- Treated acute dystonic reaction and prevented hospitalization.
- Supported identification of bronchitis and full treatment.
- Identified and treated infection.
- Supported and linked member to hospice.
- Supporting a member with cancer reoccurrence.
- Provided consultation re: sexually transmitted diseases.
- Connected member with asthma to NEON for follow-up.
- Connected member with chronic bronchial infection to NEON for follow-up.
- Treated ear infection and coordinated follow-up with Visiting Nurse Association.
- Assessed and transported a member with acute psychosis to the hospital.
- Collaborated with a group home regarding problematic behavior of a member, hoping to prevent an eviction
- Provided support for smoking cessation group
- Provided a video on sleep hygiene
- Assisted numerous members with obtaining medication correctly from pharmacies
- Collaborated with family members to solve problems at home
- Consistently take weight & provide nutrition training to prevent and manage medication related weight gain.
- Discovered & referred member to NEON for life threatening hypertension
- Called EMS for member which led to discovery of a fractured vertebrae in the neck.

On average, 11 Clubhouse members and some staff have participated in daily lunch time walks of 30 minutes. Yoga is offered weekly, mostly by trained instructors, and on average 8 to 10 people participate each session, out of a group of 20 different members. The Clubhouse began a meditation program in June 2016. It is a 30 minute session, offered once a week. On average, about 6-10 people participate. The Clubhouse started a time-limited smoking cessation group in June 2017. An average of 7 members participated.

The health and wellness group, averages 10-15 members, out of a group of 30 different members. We focus on helping people manage their weight by learning about nutrition and healthy behaviors, including better sleep hygiene, water intake, and developing healthy eating habits. Staff and members have been learning to make healthy snacks and meals

using basic/staple ingredients in hands-on sessions. Members also learned about the importance of hydration and stretching. Most members report making progress on their particular goals. Members report feeling an increased awareness of their body, increased energy, as well as relaxation, feeling more control over their body and in their daily patterns. Most days our daily news show provides information on the health topic of the month. Primary care staff in our clinic gives a presentation on monthly health topics such as heart health, alcohol effects, nutrition, sexually transmitted diseases, and Diabetic Health, etc. Monthly health and wellness dinners focus on preparing and budgeting for an affordable, nutritious, and delicious meal.

6. ADVOCACY AND COMMUNITY EDUCATION

Executive Director, Lori D'Angelo, was asked to serve on the Behavioral Health Redesign Team for the state of Ohio, via NAMI-Ohio (as a NAMI Ohio Board Member).

Over the last 12 months, Magnolia Clubhouse has made presentations including to:

- Rep. Bill Patmon visited on (6/26/2017)
- 4 probation officers from MH court volunteered doing yard work (6/22/2017)
- North Coast Behavioral Health Hospital
- Murtis H. Taylor (Clark-Fulton)
- Frontline Services – CPST and Housing First Buildings
- Connections – Schizophrenia group and Social Workers
- St. Vincent Charity Hospital's Intensive Outpatient Program
- Positive Education Program
- Opportunities for Ohioans with Disabilities
- Veteran's Administration Social Work Department
- University Hospitals Social Workers
- St. Vincent Charity Hospital Social Workers
- Lutheran Hospital
- Eastside Welcome Club
- Recovery Resources (Parma)
- Signature Health (Garfield)

- Marymount Hospital Patients
- Jewish Family Services Association Staff
- CASE Intensive Weekend MSW Students with Dr. Boitel
- Care Source Case managers and social workers
- University of Buffalo Students (10 Students)

Magnolia Clubhouse continues to advocate with the MHAC and NAMI. We have made calls to legislators in support of bills and we help members register to vote.. We are proud to be a part of the CIT training. We also have students with us from MSASS, CSU, CWRU, and the Hawken School. The professions include social work, psychiatry, psychology, nursing, occupational therapy, bioethics, and some younger students.

Research work continues with Fountain House (founding Clubhouse model, NYC) researcher. A research collaboration with CWRU resulted in eight papers being published on three projects, one exploring how the Clubhouse reduces isolation, one on the needs of Clubhouse family members and their perceptions of the Clubhouse, and one on how the Clubhouse promotes resiliency.

CY 2017 Agency 12-Month Outcomes

Agency Name: May Dugan Multi Service Center	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	<ul style="list-style-type: none"> • Counseling and Therapy (Group & Individual) • Assessment • CPST <p>The agency serves children, adolescents and adults.</p>
Metrics (<i>How will success be measured?</i>)	<ul style="list-style-type: none"> • Ohio Outcomes: We measure six domains: Symptom Management, Medication Compliance, Satisfaction with Daily Activities, Housing, Relapse, and Recovery & Empowerment. • Trauma Recovery Scale: This instrument measures what level of recovery they have achieved and how severe the symptoms of trauma are currently. In addition to the recovery scale, we track which traumatic life experience they have had or witnessed. • Client Satisfaction Surveys (in August) and Wait Time for Intake and Mental Health Assessments.
Program Goals or Objectives	<p>At least a 5% decrease in symptoms that often or always interfere in daily functioning and 10% increase in recovery as measured by the following:</p> <ul style="list-style-type: none"> • Symptom Management • Medication Compliance • Satisfaction with Daily Activities • Housing Stability • Relapse Prevention • Recovery & Empowerment • Trauma Recovery • Wait Time for Intake and Mental Health Assessments

<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p><u>Ohio Outcome Measurement:</u> Between January and December of 2017, May Dugan has provided counseling services to 195 people and CPST services to 140 people. Of these, 40 were funded by ADAMHS.</p> <ul style="list-style-type: none"> • <u>Symptom Management</u> <ul style="list-style-type: none"> - <u>Anxiety:</u> There was a 12% reduction in the percentage of time people felt anxious from the initial to the annual review. - <u>Worthlessness:</u> There was a 3% reduction in the feelings of worthlessness. - <u>Depression:</u> There was no reduction in feelings of depression. - <u>Suicidal:</u> There was a 3% reduction in thoughts of suicide. • <u>Medication Compliance</u> <ul style="list-style-type: none"> - There was a 21% increase in medication compliance. • <u>Satisfaction with daily activities</u> <ul style="list-style-type: none"> - There was a 21% increase in satisfaction with daily activities. • <u>Housing Stability</u> <ul style="list-style-type: none"> - 11% of the clients responding on the initial outcome survey were either homeless which was reduced to 0% at 6 months and at the annual review. - There was a 26% increase in housing stability for those who were not homeless. • <u>Relapse Prevention</u> <ul style="list-style-type: none"> - There was a 2% reduction in hospitalization. • <u>Recovery and Empowerment</u> <ul style="list-style-type: none"> - There was no change in symptom management. • <u>Trauma Recovery Scale</u> <ul style="list-style-type: none"> - Over 90% of those responding reported having serious trauma in their lives. 60% reported having been physically assaulted, 40% reported being sexually abused as an adult or child, and 67% reported being a victim of domestic violence. - The recovery scale indicates how much, if any, people have recovered from their trauma. This scale indicated that from the initial measure through the 6 months to the annual, people reported a 29% improvement in how much they are bothered by thoughts or symptoms of their trauma. • <u>Wait Time for Intakes and Assessments:</u> <ul style="list-style-type: none"> - Intake / Orientation is a walk in service and all are served.
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- There is never more than a two week waiting period for a mental health assessment and often this can be cut to a week in emergencies.

Overall, May Dugan has had very good results for 2017 and has made a significant improvement with the anxiety level and feelings of worthlessness from last year. We now need to improve symptom management and level of depression.

In addition to our Outcome Measures Survey, we also have an annual client satisfaction survey which is done every August or September. We had 26 clients respond which represents approximately 17% of our clients who are active. 100% of counseling and CPST clients reported being either satisfied or very satisfied with the services they receive at May Dugan. 100% felt that they were coping better with life and 100% reported that their assigned staff member supported their ability to change, grow and recover. The only problem area noted from last year was that although 90% reported that staff at May Dugan return calls, 10% disagreed and this year all reported being very satisfied or satisfied with staff returning calls.

Some comments from the survey are as follows:

- “May Dugan Center is extremely helpful to me and makes me feel more positive...”
- “May Dugan is a very helpful center and I truly love every single staff that helped me through my life. May God continue to keep blessing them all.”
- “My experience here has been exceptional. From the moment I’m greeted, through therapy to seeing the maintenance staff as well as other staff members. I have only the highest praise for the organization and its people. Thank God for May Dugan Center.”

CY 2017 RFI Agency Outcome Measures Follow-up

Agency Name: MetroHealth Medical System, Department of Psychiatry

Time Period Reported: January 1 through December 31, 2017

Name of Program or Service Provided with ADAMHSCC Funding	Integrated Care for Jail Reentry among People with Serious to Severe Mental Illness
Metrics <i>(How will success be measured?)</i>	<p>1) Ohio SOAR for Adults to measure quality of life, safety, symptoms, empowerment.</p> <p>2) BAM (Brief Addiction Monitor) to measure use, risk, protective factors, and life satisfaction.</p> <p>3) ORAS (Ohio Risk Assessment Scales) to screen for criminal history, education/employment, family support, neighborhood quality, substance abuse history, peer relationship, and criminal attitude. At re-interview, we focus on the four scales likely to change with treatment: family relationships, neighborhood risk, peer relationships, and criminal attitude. We do not reassess criminal or substance history, since these should not change or change minimally.</p> <p>4) MINI, a well-established, international screen for mental disorders.</p> <p>5) In addition, we measure success by three months of active engagement in the program post-release.</p> <p>6) We also document comorbid physical conditions (especially high blood pressure, diabetes, and other chronic diseases requiring ongoing medical oversight); the range of substances used and level of care assigned; housing status; employment/income status; and insurance status.</p>
Program Goals or Objectives	(1) Provide integrated primary care, mental health care and substance abuse treatment to 100 clients with severe (or serious) and persistent mental illness recently released to community from jail.

	<p>(2) Gather information on the complexity of care required and related characteristics of recently released SPMI clients.</p> <p>(3) Document costs and savings to the corrections system and the MetroHealth Medical System.</p> <p>(4) Demonstrate improved quality of life for our clients through integrated care.</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>We reviewed potential adult clients who were incarcerated in Cuyahoga County Corrections (jail) who were likely to be seriously to severely mentally ill and who were preparing for release from to community.</p> <p>In 2017, we enrolled 172 individuals in the Wellness Reentry Assistance Program (WRAP).</p> <p>Not everyone we screen is eligible for enrollment in WRAP. Some return to nearby counties or relocate; some are sentenced to prison; others do not rise to the level of severity to make them eligible for WRAP, but need help. As a service, we assist candidates with pre-release planning; linkage to community mental health services that do not have a forensic liaison; bridging medications for people going into treatment so they can be released earlier; informing people of primary care in the CAP reentry clinic; verifying needed release information for the courts; and requesting records. In 2017, we provided coordination for 120 additional individuals in the jail who were potential candidates but were not enrolled in WRAP after assessment.</p> <p>We provided services for a total of 292 individuals in 2017.</p> <p>Of the 172 people enrolled in WRAP for post-release intensive care, most were male (133, or 77.0%) and non-Hispanic (165, or 95.9%). Racial distribution was African American, 117 (68.0%); White, 52 (30.2%); declined to answer, 3 (1.7%). Ages of participants ranged from 18 to 67, and averaged 39.4 years. Almost all candidates were identified by us or by the courts as high risk for recidivism (168, or 97.7%), with four others (2.3%) at medium to high risk.</p> <p>All new candidates in 2017 were screened for quality of life, safety, symptoms, addiction, risk for recidivism, and mental health issues. This yielded screening data on four instruments with multiple subscales for 120 clients in 2017, added to 20 clients</p>

receiving the same screens in 2016. Individual data on these measures will be provided to the ADAMHS Board under separate cover, and analyzed cooperatively with the Board evaluators. (We note that some ongoing clients in WRAP were enrolled prior to approval of the screening measures in 2016, and so we do not have existing data for them.)

All people enrolled in WRAP were clinically assessed with a serious to severe mental illness and substantial problems with functionality. Many have comorbid diagnoses. Of our enrollees,

- Schizophrenia – 70, including 6 with co-occurring PTSD
- Bipolar Disorder -- 45, including 13 with co-occurring PTSD
- Major Depression – 47, including 15 with co-occurring PTSD
- PTSD alone – 6
- Unspecified psychosis – 3
- Mood disorder with severe functional impairment – 1

In addition to 172 WRAP enrollees and 120 individuals who received coordination, a total of 26 candidates were removed from participation in the program. Of these removals, 16 were lost to follow-up; three were sentenced to prison; two refused services; two were not eligible by diagnosis and did not need coordination; two were connected to other providers; and one relocated.

Rather than “graduating” clients, we have focused on retaining all people enrolled in ongoing primary and mental health and substance care, but provide intensive services only at the outset of the program (usually the first three months). Once an individual determination is made that the client is stable and linked for all identified care needs, we move the clients to routine care. In this way, we are able to see WRAP clients quickly, should any destabilizing circumstances arrive. Most of the enrollees have completed three months of intensive care successfully. This number changes frequently, as new clients enter the program and as some need occasional intensive care for a short period of time.

All 172 existing WRAP clients are linked to a community mental health agency (several are involved) for case management, and some receive substance treatment or mental health care at CMH partners as well, depending on client preferences. In 2017, we

	routinized and increased weekly case review procedures with our community mental health partners, as a way to ensure full coordination across MetroHealth, the courts and probation, the jail, and community mental health agencies.
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2017 Outcome Measures	
Agency Name: Moore Counseling and Mediation Services Inc.	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Recovery Housing
Metrics (<i>How will success be measured?</i>)	<p>Participant outcomes are measured through the following metrics:</p> <ol style="list-style-type: none"> 1. Number of participants who engage in sober support networks (social connectedness)* 2. Number of participants who participate in soft skills and other workshops (employment and education)* 3. Number of participants that successfully complete treatment (retention in treatment)* 4. Number of participants who maintain abstinence while residing in recovery housing (abstinence)* 5. Number of participants who comply with recovery housing policies and procedures resulting in a consistent housing experience (stability in housing)* <p>*SAMHSA – National Outcome Measures</p>
Benchmarks (<i>Industry Standards or Program Expectation Goals</i>)	<ol style="list-style-type: none"> 1. Seventy percent (70%) of participants will engage in sober support networks (support groups and other recovery oriented activities) 2. Sixty-five percent (65%) of participants will complete soft skills training and other workshops 3. Sixty-five percent (65%) of participants will meet treatment goals 4. Seventy percent (70%) of participants will maintain abstinence from alcohol and other drugs 5. Seventy-five percent (75%) of participants will comply with recovery housing policies and procedures
Evaluation/	Results Achieved:

<p>Outcome Data <i>(Actual program data achieved during reporting time period)</i></p>	<p>Outcome data on 31 participants:</p> <ol style="list-style-type: none">1. 70 percent (70%) of participants successfully engaged in sober support networks.2. 100 percent (100%) of participants successfully completed soft skills workshops.3. 51 percent (51%) of participants successfully completed treatment goals4. 58 percent (58%) of participants showed a consistent ability to maintain abstinence from alcohol and other drugs.5. 75 percent (75%) of participants complied with recovery housing policies and procedures.6. 80 percent (80%) of participants has no new arrests at discharge from recovery housing.
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CY 2017 Agency 12-Month Outcomes

Agency Name: Murtis Taylor Human Services System

Time Period Reported: January 1, 2017 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>Core Programs: Pharm. Management; M.H. Assessment; Counseling; Case Management; Partial Hospitalization</p> <p>January – December 2017</p>
<p>Metrics (<i>How will success be measured?</i>)</p>	<p>The domains of 1) Change in Satisfaction Client and Provider Satisfaction as measured by an annual Client Satisfaction Survey, 2) Symptom Distress as measured over time from one (1) year and beyond and 3) Quality of Life as measured over time from one (1) year and beyond are measured across all core mental health programs by a modified version of the Ohio Scales measures, including those reimbursed through ADAMHS Board non-Medicaid funding. 4) Rate of State Re-hospitalizations. The total number of clients discharged from NBH Hospital and admitted to MTHSS divided into the total number of clients readmitted to NBH Hospital; 5) Days from Post-Hospital Discharge to Case Management Appointment: The date of client admission to MTHSS minus the date of the Client’s first CPST appointment and 6) Days from Post-Hospital Discharge to Pharmacological Management Appointment: The date of client admission to MTHSS minus the date of the Client’s first Pharmacological Management appointment. 7) Central Pharmacy Allocation Utilization: Percentage of allocation utilized; 8) Timeliness of Reportable Incidents: Timeliness of initial report and timeliness of follow-up (as required by ADAMHS Bd. Reportable Incident Policy); 9) Medicaid Benefits: Percentage of consumers with lapsed Medicaid and 10) Increased use of Evidence Based Practices.</p>
<p>Program Goals or Objectives</p>	<ol style="list-style-type: none"> 1. Change in Satisfaction: Client and Provider Satisfaction will report an overall 75% - 100% satisfaction rating for the mental health services they receive from MTHSS. 2. Symptom Distress: Clients receiving services between one and five years will experience a 0% - 25% decrease in Symptom Distress; between five and nine years a 0%- 25% decrease; between nine and nineteen years a 0% to 10% decrease.

	<ol style="list-style-type: none"> 3. Quality of Life: Clients receiving services between one and five years will experience an increase in Quality of Life of 0% - 25%. Clients receiving services between five and nine years will experience a 0% - 10% increase in Quality of Life. Clients receiving services between nine and nineteen years will experience an increase in Quality of life of 0% - 25%. 4. Rate of State Re-hospitalizations as measured by decreased number of consumers with repeated hospitalizations. 5. Days from Post-Hospital Discharge to Case Management Appointment: The date of client admission to MTHSS minus the date of the Client's first Case Management appointment 6. Days from Post-Hospital Discharge to Pharmacological Management Appointment: The date of client admission to MTHSS minus the date of the Client's first Pharmacological Management appointment 7. Central Pharmacy Allocation Utilization at 100% of annual allocation. 8. Timeliness of Reportable Incidents: "Improvement in each area to reach 100% annually 9. Medicaid Benefits measured at 85% of clients served. 10. Evidence Based Practices: Increase in use of Evidence-Based Practices such as Motivational Interviewing by 100% annually.
<p>Evaluation/ Outcome Data <i>(Actual results from program)</i></p>	<p>1. Changes in Satisfaction: Survey Results for 2017 show that 82% indicated that they were "Very Satisfied" or "Satisfied" with overall services.</p> <p>Survey Results for 2016 as well showed that 82% clients were "Very Satisfied" or "Satisfied" with overall services.</p> <p>2. Changes in Symptom Distress: Symptom Distress in CY2017:</p> <ul style="list-style-type: none"> • 1-5 years = 1.41 increase (1%) • 5-9 years = 1.02 decrease (3%) • 9-19 years = 4.09 decrease (11%) <p>In CY 2016, clients receiving services between one and five years experienced a 9% decrease in Symptom Distress. Clients receiving services between five and nine years experienced a decrease in problem severity of 8%. Clients receiving services between nine and nineteen years experienced a 7% decrease in Symptom Distress.</p>

3. Changes in Quality of Life

Quality of Life in 2017:

- 1-5 = .14% decrease
- 5-9 = .04% increase
- 9-19 = .19% increase

In CY 2016 Clients receiving services between one and five years experienced an increase in Quality of life of 9%. Client's receiving services between five and nine years experienced an increase in Quality of life of 9%. Clients receiving services between nine and nineteen years experienced a decrease in Symptom Distress of 8%.

4. **Rate of State Re-hospitalizations:** 96% (25) of clients discharged were not readmitted to the hospital within 14-90 days of discharge in calendar year 2017. In CY 2016, 100% (21) of clients discharged were not readmitted to the hospital within 14- 90 days of discharge.

5. **Days from Post-Hospital Discharge to CPST Appointment:**

A total of 24 clients were seen by CPST's after hospital discharge/admission in CY 2017

- 62% of clients were seen within 14 days.
- 73% of clients were seen within 30 days,
- 92% of clients were seen within 60 days
- 92% of clients were seen within 90 days.

In CY 2016, 57% of clients received a CPST appointment within 14 days of Post-Hospital discharge. A total of 21 clients were seen by CPST's after admission. 76% were seen within 30 days, 90% being seen within 60 days and 95% being seen within 90 days.

6. **Days from Post-Hospital Discharge to Pharmacological Management**

Appointment: A total of 26 clients were admitted after discharge in CY 2017

- 35% receiving a PM appointment within 14 days.
- 62% receiving a PM appointment within 30 days,

- 77% receiving a PM appointment within 60 days
- 81% receiving a PM appointment within 90 days.

In CY 2016, 48% of clients received a PM appointment within 14 days of Post-Hospital discharge. A total of nine clients were admitted after discharge resulting in 48% receiving a PM appointment within 14 days, 57 % receiving a PM appointment within 30 days, 86% receiving a PM appointment within 60 days, 86% receiving a PM appointment within 90 days.

7. **Central Pharmacy Allocation Utilization:** FY 2018 (July 2017 to December 2017) Actual Spending for 6 months - \$4,076.88 (16%) compared to a budget of \$25,000. We were underspending by \$20,923.12 for the 1st half of FY2018. FY 2017(January 2017 to June 2017) Actual Spending for 6 months- \$18,372.72 (58%) compared to a budget of \$31,500. We were underspending by \$15,222.72 for the 2nd half of FY 2017. The total spending for January to December 2017 is \$22,449.60, compared to 2016 actual spending of \$71,773.96. The total spending from 2017 to 2016 decreased \$49,324.36 (69%). Central Pharmacy program is on the state Fiscal Year.

Comparable figures from the previous CY are:

FY 2017(July 2016 to December 2016) Actual Spending for 6 months - \$43,459.13 compared to a budget of \$31,500. MTHSS overspent by \$11,959.13 for the first half of FY 2017 due to a budget reduction of \$22,000 (from \$85,000 to \$63,000). FY 2016 (July 2015-June 2016) Actual Spending was \$67,992.96 compared to a budget of \$85,000. MTHSS underspent by \$17,007.04.

8. **Timeliness of Reportable Incidents:**

A 94% compliance for initial incident reporting and 89% compliance for the follow-up submission rate were achieved in 2017.

During CY2016, The agency achieved an 83% submission compliance.

9. **Medicaid Benefits:** There were 4,519 clients with Medicaid on 12/31/2017. Of the roughly 5,200 currently active clients, that represents 87% of clients having Medicaid coverage.

	<p>During 2016, there were 9% of consumers with lapsed Medicaid for FY2017 (July 2016 to December 2016). The total number of clients served from July 2016 to December 2016 for Central Pharmacy Program is 57 unduplicated clients.</p> <p>10. Evidence Based Practices: During the reporting period, some adult clients received services using the Evidence-Based Practice (EBP) of <i>Motivational Interviewing. Thinking for a Change</i> is used for criminal justice-involved and addiction populations.</p> <p>Children’s behavioral health services provided prevention and consultation services using the <i>Georgetown Model</i> and counseling services used <i>Cognitive Behavioral Therapy, Trauma Focused Cognitive Behavioral Therapy (TFCBT), Motivational Interviewing</i> and <i>Parent-Child Interaction</i> EBPs.</p> <p>In 2016, 156 clients received services using the Evidence-Based Practice (EBP) of <i>Motivational Interviewing</i>. 584 children received prevention and consultation services using the <i>Georgetown Model</i> and 24 children received counseling services using <i>Cognitive Behavioral Therapy, Trauma Focused Cognitive Behavioral Therapy (TFCBT), Motivational Interviewing</i> and <i>Parent-Child Interaction</i>.</p>
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CY 2017 Agency 12-Month Outcomes

Agency Name: Murtis Taylor Human Services System

Time Period Reported: January 1 through December 31, 2017

Name of Program or Service Provided with ADAMHSCC Funding	Jail Liaison
Metrics (How will success be measured?)	<u>Jail Liaison</u> 1. 200 clients will be served. 2. Initial contact and/or follow-up will be provided to 300 clients.

	<ol style="list-style-type: none"> 3. Assessment and/or screening will be provided to 300 clients. 4. 100% of client assessments will be provided at Cuyahoga County Jail. 5. Re-entry checklists will be provided for 300 clients.
Program Goals or Objectives	<ol style="list-style-type: none"> 1. Serve 200 clients 2. Provide initial contact and/or follow-up to 300 clients. 3. Assess and/or screen 300 clients. 4. Provide 100% of client assessments at Cuyahoga County Jail. 5. Complete re-entry checklists for 300 clients.
Evaluation/ Outcome Data <i>(Actual results from program)</i>	<p><u>Jail Liaison</u></p> <ol style="list-style-type: none"> 1. 532 (unduplicated count) clients were served during 2017 2. 783 initial contacts and/or follow up occurred 3. 783 clients were assessed/screened 4. 783 Assessments (screenings) were held resulting in 56 Mental Health Intakes and 15 SUD Intakes. 5. 783 re-entry screenings were completed. <p><u>During 2016</u></p> <ol style="list-style-type: none"> 1. Total # Served = 310 (unduplicated count) 2. # Initial Contact and/or Follow-Up contact = 830 3. # assessed / screened = 830 4. Assessment sites = County Jail (100%) with 39 MH / SUD assessments completed within the jail. 5. # re-entry checklists completed = 830
CY 2017 Agency 12-Month Outcomes	
Agency Name: Murtis Taylor Human Services System	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided	Suburban Jail Liaison

<p>with ADAMHSCC Funding</p>	
<p>Metrics (<i>How will success be measured?</i>)</p>	<p><u>Suburban Jail Liaison</u></p> <ol style="list-style-type: none"> 1. 100 clients will be served. 2. Initial contact and/or follow-up will be provided to 100 clients. 3. Assessment and/or screening will be provided to 100 clients.
<p>Program Goals or Objectives</p>	<p><u>Suburban Jail Liaison</u></p> <ol style="list-style-type: none"> 1. 100 clients will be served. 2. Initial contact and/or follow-up will be provided to 100 clients. 3. Assessment and/or screening will be provided to 100 clients.
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p><u>Suburban Jail Liaison</u></p> <ol style="list-style-type: none"> 1. Total # seen = 190 (unduplicated count) in 2017 <ul style="list-style-type: none"> • Number of males= 141 (74%) • Number of females = 49 (25%) 2. Initial contact -190 (100%) 3. Assessment Site: <ol style="list-style-type: none"> A. Cleveland House of Correction 73 (38%) B. South Euclid 44 (23%) C. Solon Jail 25 (13%) D. Cleveland Municipal Court 52 (28%) E. Euclid Probation 5 (3%) F. Garfield Probation 5 (3%) G. Bedford Probation 1 (1%) H. Maple Heights Jail 1 (1%) <p>During 2016:</p> <ol style="list-style-type: none"> 1. Total # seen = 146 (unduplicated count). <ul style="list-style-type: none"> • Number of Females = 62 / 42%

	<ul style="list-style-type: none"> • Number of Males = 84 / 58% <ol style="list-style-type: none"> 2. Number of Initial contacts =146 (100%) 3. Number Assessed =146 (100%) <ul style="list-style-type: none"> ○ Assessment site = Cleveland Municipal 5 / 5%; Euclid 5 / 3%, Garfield 10 / 7%, Solon 46 / 32%, S. Euclid 38 / 26%, Lyndhurst 0, House of Corrections 41/28%, East Cleveland 0, Cuyahoga County 0, Walton Hills 0, Maple Hts. 1 / 1%, Cleveland Heights 0/ , and Bedford 5/ 3%.
CY 2017 Agency 12-Month Outcomes	
Agency Name: Murtis Taylor Human Services System	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Prison Outreach
Metrics (How will success be measured?)	<u>Prison Outreach</u> Reduced recidivism/re-admissions to hospitals (Relapse Prevention) - measured # and % of clients hospitalized and average # of days/month spent in hospital. Reduced recidivism/re-admissions to jail and prisons (Relapse Prevention) - measured by the # and % of clients jailed per month and # and % of those clients who went on to prison. Employment – measured by the average number of days employed per month per client.
Program Goals or Objectives	<u>Prison Outreach</u> 1. Reduced recidivism/re-admissions to hospitals (Relapse Prevention) - measured # and % of clients hospitalized and average # of days/month spent in hospital.

	<p>2. Reduced recidivism/re-admissions to jail and prisons (Relapse Prevention) - measured by the # and % of clients jailed per month and # and % of those clients who went on to prison.</p> <p>3. Employment – measured by the average number of days employed per month per client.</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p><u>Prison Outreach</u> Total # seen = 83 (unduplicated count) during 2017.</p> <ol style="list-style-type: none"> 3 (4%) clients were hospitalized and spent an average of 5 days in the hospital during CY 2017. 11 (13%) clients were arrested during CY 2017 and spent an average of 51 days in county jail. 0 (0%) clients were returned to prison during 2017. 52 (63%) clients out of the 83 served were employed during CY 2017. <p>During CY 2016: Total # seen =70 (unduplicated count).</p> <ol style="list-style-type: none"> 8 (11%) clients were hospitalized and spent an average of 9.5 days in the hospital during calendar year 2016 13 (19%) clients were arrested during 2016 and spent an average of 24 days in county jail. 3 (4%) clients were returned to prison during 2016. 10 (14%) clients out of the 70 served were employed during 2016.
CY 2017 Agency 12-Month Outcomes	
Agency Name: Murtis Taylor Human Services System	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Mental Health & Developmental Delays (MHDD)
Metrics (How will success	<p><u>Mental Health & Developmental Delays (MHDD)</u></p> <ol style="list-style-type: none"> Reduced symptoms of psychiatric illness and recidivism Recovery and reduced involvement in criminal activity in a community setting

<i>be measured?)</i>	<ol style="list-style-type: none"> 3. Improved coping skills 4. Community integration and successful completion of probation.
Program Goals or Objectives	<u>Mental Health & Developmental Delays (MHDD)</u> <ol style="list-style-type: none"> 1. Reduced symptoms of psychiatric illness and recidivism 2. Recovery and reduced involvement in criminal activity in a community setting 3. Improved coping skills 4. Community integration and successful completion of probation.
Evaluation/ Outcome Data (Actual results from program)	<u>Mental Health & Developmental Delays</u> Total # seen = 53 <ol style="list-style-type: none"> 1. 2 (4%) of the total 53 clients served were hospitalized during CY 2017. The 2 clients spent an average of 5 days in the hospital. 2. 5 (9%) clients were arrested during CY 2017 and spent an average of 15 days in jail. 3. 12 (23%) of the clients served improved their coping skills by seeking and maintaining employment in CY 2017. 4. 4 (8%) of the 53 clients served successfully completed probation during CY 2017. During CY16. <ol style="list-style-type: none"> 1. 4 (9%) of the total 44 clients served were hospitalized Four clients spent an average of 10 days in the hospital. 2. 8 (18%) of clients were arrested during CY16 and spent an average of 22 days in jail 3 & 4 Goals 8 (18%) of the 44 clients served by the MHDD program for CY16 were employed.
CY 2017 Agency 12-Month Outcomes	
Agency Name: Murtis Taylor Human Services System	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with	Residential: Buckeye

ADAMHSCC Funding	
Metrics (<i>How will success be measured?</i>)	<u>Residential</u> 1. Improved environmental supports that reduce symptoms of psychiatric illness 2. Improved resilience 3. improved quality of life 4. Improved integration into the community
Program Goals or Objectives	<u>Residential</u> 1. Improved environmental supports that reduce symptoms of psychiatric illness 2. Improved resilience 3. improved quality of life 4. Improved integration into the community 18 month maximum stay before transition
Evaluation/ Outcome Data (Actual results from program)	<u>Buckeye T.C./Therapeutic Community</u> Total # Served = 15 during CY2017 <ul style="list-style-type: none"> • # Males =114 (93%) • # Females = 1 (7%) • Average length of stay = 10.33 Months • Occupancy rate = 69% during CY2017. (Openings being filled are dependent on the CARR referral process) • Number of Successful/Unsuccessful Case Closures: Successful =2 /Unsuccessful = 2 • Diagnoses of residents include: 3 with MH only, 12 co-morbid disorders of MH/SUD. • Community Linkages were established with CMHC – 15, Partial Hospitalization = 11, PCP -15, Pharmacy – 15, Payee – 15, and MCO's. During calendar year 2016 Total # Served = 15 <ul style="list-style-type: none"> • # Males =11 (73%) • # Females = 4 (27%) • Average length of stay = 14.25 Months

	<ul style="list-style-type: none"> • Occupancy rate = 71% year round, openings being filled are dependent on the CARR referral process. • Number of Successful/Unsuccessful Case Closures: Successful 2 /Unsuccessful 3 • Diagnoses of residents include: 9 SPMI only and 6 dual diagnosis of MH/SUD. • Community Linkages were established with VNA 15, Partial Hospitalization Program 7, Vocational Guidance Services 1, and Life Exchange Center 1
2017 Agency 12-Month Outcomes	
Agency Name: Murtis Taylor Human Services System	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	School-Based Prevention and Consultation Services for Children
Metrics <i>(How will success be measured)</i>	<p>The School-Based Prevention and Consultation Services for Children are based upon the New Ohio Georgetown Consultation Model. Services do not include mental health treatment but instead may include brief screenings or assessments. The Devereux Student Strengths Assessment (Mini-DESSA) was implemented in an effort to identify and support youth who do not have evidence of mental health needs. Consultation is also provided to the parents and teachers of school based youth in an effort to reduce the likelihood of further mental health services involvement. Prevention groups were implemented as a way to share the Evo- Socio Emotional Curriculum (Evo SEL) to more students.</p> <p>The metrics are:</p> <ol style="list-style-type: none"> 1. Serve all schools assigned by Cleveland Metropolitan School District (CMSD) 2. The number of children served for Consultation/Prevention 3. The number of children referred to Treatment after Consultation and Prevention services.
Program Goals	<p>The program expectations for January – December 2017 include the following:</p> <ol style="list-style-type: none"> 1. Serve the 20 schools assigned by CMSD. 2. Serve 138 children for Consultation/Prevention. 3. Refer 30 children to treatment after screening.

or Objectives	
Evaluation/ Outcome Data <i>(Actual results from program)</i>	<p>The program results were:</p> <ol style="list-style-type: none"> 1. 28 CMSD schools were assigned and served which is 140% of benchmark. 2. 692 children were served for Consultation/Prevention services, which is 500% of benchmark. 3. 41 children were referred to treatment after screening, which is 136% of benchmark. <p>For CY 2016:</p> <ol style="list-style-type: none"> 1. 24 CMSD schools and 3 charter schools were assigned and served; 135% of benchmark. 2. In CY 2016, 584 children received Consultation/Prevention services, which is 212% of benchmark. 3. 584 children were referred for Consultation/Prevention; 212% of benchmark and 111 children referred to treatment after screening covered by Medicaid which is 123% of benchmark.
CY 2017 Agency 12-Month Outcomes	
Agency Name: Murtis Taylor Human Services System	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Peer Support @ Saint Clair House --
Metrics (How will success be measured?)	<u>Residential</u> <ol style="list-style-type: none"> 1. Improved environmental supports that reduce symptoms of psychiatric illness 2. Improved resilience 3. improved quality of life

	4. Improved integration into the community
Program Goals or Objectives	<u>Residential</u> 1. Improved environmental supports that reduce symptoms of psychiatric illness 2. Improved resilience 3. improved quality of life 4. Improved integration into the community
Evaluation/ Outcome Data (Actual results from program)	<u>Peer Support Program (In Collaboration with Saint Clair House, Inc.)</u> <ul style="list-style-type: none"> • # Unduplicated males served= 13 • Expected Average length of stay = 6 months • Occupancy rate at 98% • Number of Successful/Unsuccessful Case Closures: 5 cases were closed out during this time period. Successful: 1 resident graduated from Edwin Leadership Program and was hired part time. The resident later moved into Edwin's Alumni House. 5 residents gained employment either on their own or through Recovery Resources job training program. 1 consumer was accepted into the Edwin's Leadership Program and another resident is attending Magnolia House to obtain his GED. Unsuccessful: 2 residents refused Peer assistance and moved back with family. 1 resident moved into a Nursing Facility due to Saint Clair House being unable to address his medical needs. 1 resident was Court Ordered to attend a 90 day inpatient treatment at Harbor Light. While in treatment the resident applied for CMHA Housing and was accepted. 1 resident was referred to Intensive Outpatient Treatment and lost his employment. • Diagnoses of residents include Mental Health and/or SUD. • Peer Support Activities Include: Developed groups to educate the residents that are employed to assist them with the stress of working and addressing people in the work field, coping with depression to eliminate alcohol or drug use, completing employment applications on line, addressing and coping with depression during the Holiday Season, accompany resident to various appointments, following protocol with linking resident to IOP treatment, assist with meal preparation. Staff continues to meet with the residents weekly to address any issue they may encounter. • Community Linkages include: Staff linked with Housing Resource Network for affordable or income based housing for residents that will transition independently out into community. Staff also connected with private counseling that uses non-conventional art therapy for mental health consumers. Edwin's Leadership and Restaurant Institute- staff

linked a resident with the culinary/hospitality program which the resident is no longer attending due to relapse, Recovery Resources (Social Enterprise) – staff linked 2 residents with this program to train while receiving a stipend in Profession Car Detailing, North Star- a resident was informed about attending this program to assist him with job classes and employment services. Another resident was interested in getting his GED and was linked with Magnolia House.

- # Employed= 4

For CY2016

- # Unduplicated Males served = 17.
- Expected Average length of stay = 6 months
- Occupancy rate at 96% occupancy in CY 2016.
- Number of Successful/Unsuccessful Case Closures: 5 close out cases were closed during the time period. Successful: 3 clients, 1 gained employment and moved, 1 lives independently and 1 client was able to move back with parents. Unsuccessful: 1 refused assistance and resources and 1 moved into an adult care facility.
- Diagnoses of residents include Mental Health and/or SUD.
- Peer Support Activities in CY 2016 include: Developed groups to educate residents on their rights to vote, social security earning while employed and educated on the upcoming changes for Medicaid; developed groups to assure that all residents know their rights, how they may have been violated and who to contact, addressed the issues of stress and ways to eliminate stress and reached out to other agencies that assists with job training, GED programs and job placement; visited St Phillips Lutheran Church for medical services that were provided to the community; Staff and residents attended the premier of “The Journey from Tragedy to Triumph” sponsored by the Life Exchange Center; staff developed groups on living independently, invading personal space, importance of taking meds, heat-related illnesses and what tools to use in recovery.
- Community Linkages include: Community Action Against Addiction- Staff linked resident for treatment with SUD issues, resident refused services; staff worked with Program Manager to fill the vacancies at the facility; staff contacted various agencies and programs in the community to assist residents with community supports; Edwin’s

	<p>Leadership and Restaurant Institution – Staff linked resident with culinary/hospitality program which one resident is successfully attending. Another resident was accepted to Jewish Family Services VPR3 program for job training.</p> <ul style="list-style-type: none"> • # Employed = 1 resident.
2017 Agency 12-Month Outcomes	
Agency Name: Murtis Taylor Human Services System	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	<p>Protective Services/Representative Payee Services Outcomes reported below cover CY January 1, 2017 – December 31, 2017 for all clients served by Murtis Taylor HSS (includes Consumer Protection Agency clients).</p>
Metrics (How will success be measured?)	<p>MTHSS measures the success of its Representative Payee program by tracking and quantifying a set of metrics which includes number of clients referred, referral source, number of clients served, number of clients on the waiting list, number and percentage of clients who were terminated and the reason, timeliness of disbursements (number and percentage), number and percentage of client concerns addressed in a timely manner and to the client's satisfaction, number and percentage of clients receiving financial skills development and instruction</p>
Program Goals or Objectives	<p>Program goals include:</p> <ol style="list-style-type: none"> 1. 250 Clients will receive competent financial management of (beneficiary's) Social Security payments 2. 100% of Clients will receive support and maintenance of stable housing by way of Representative Payee services 3. 100% of Clients will receive support and maintenance of basic necessities (electricity, water, medication, food) by way of Representative Payee services 4. 100% of Clients will receive support and maintenance of personal amenities (recreational, social) by way of Representative Payee services 5. 100% of Clients will receive maintenance of Medicaid eligibility 6. 100% of Clients receive will financial skills development and education

<p>Evaluation/ Outcome Data <i>(Actual results from program)</i></p>	<p>Program results for CY17 include: 1. 341 Clients were served (monthly average); 136% of benchmark. 2-6. 100% of program goals as listed above were met.</p> <p>Additional outcome data are:</p> <ul style="list-style-type: none"> • 46 Clients were referred from Social Security or other agencies. • 10 clients were on the wait list (application pending) as of 12/31/2017. • 15 (4%) Clients were terminated. Reason for termination include: changed payee - 5, became own payee - 4; deceased – 6. • 1,912 (100%) (monthly average) of payments were disbursed in a timely manner.(by due date) on behalf of the clients. • 23 (100%) client concerns were addressed in a timely manner. • 341 (100%) clients received financial skills development instruction. All clients receive budget and financial skills development planning upon entering the program.); 100% of benchmark. • 341 (100%) of clients received on-going financial Instruction; 100% of benchmark <p><u>During CY2016</u></p> <p>2. 331 Clients were served (monthly average); 132% of benchmark. 2-6. 100% of program goals as listed above were met.</p> <p>Additional outcome data are:</p> <ul style="list-style-type: none"> • 33 Clients were referred from Social Security or other agencies. • 8 clients were on the wait list (application pending) as of 12/31/2016. • 12 (3.6%) Clients were terminated. Reason for termination include: changed payee - 4, became own payee - 4; deceased – 4. • 1,810 (100%) (monthly average) of payments were disbursed in a timely manner.(by due date) on behalf of the clients. • 17 (100%) client concerns were addressed in a timely manner. • 331 (100%) clients received financial skills development instruction. All clients receive budget and financial skills development planning upon entering the program.); 100% of benchmark. • 324 (100%) of clients received on-going financial Instruction; 100% of benchmark
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CY 2017 Agency 12-Month Outcomes	
Agency Name: NAMI Greater Cleveland	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Information and Referral Services <ul style="list-style-type: none"> • Helpline • Outreach • Staff Presentation • Website
Metrics (<i>How will success be measured?</i>)	Measure of Success: <ol style="list-style-type: none"> 1. # of calls received and materials mailed through Helpline, documented on I & R sheets and entered to database. 2. # of Health fairs attended and individuals visiting table, taking information, documented by Outreach reports, and entered in to the database. 3. # of staff presentations and individuals served as documented by Outreach reports, and entered to database. 4. # of Website hits and visitors looking for Mental Health information. Website statistical analysis reviewed and documented quarterly.
Program Goals or Objectives	Program Goals/Objectives <ol style="list-style-type: none"> 1. 2200 helpline calls and mental health/substance information material mailed. 2. Participate in 25 Health Fairs/Community Events serving 1080 individuals at tables with mental health/substance information and resources available in Cuyahoga County. 3. Provide 25 Staff Presentations serving 800 individuals 4. 15,000 hits and 11,000 visitors to Website.
Evaluation/ Outcome Data	Evaluation/Outcome Results: <ol style="list-style-type: none"> 1. 4009 Helpline calls and mental health information packets sent to family members and peers, exceeding our 2017 program goal, compared to 2,944 calls and packets in 2016.

(Actual results from program)	<ol style="list-style-type: none"> 2. 12 Health Fairs, served 1408 individuals exceeding our 2017 program goal, compared to 22 health fairs serving 1,068 individuals in 2016. In 2017 NAMI GC reached more individuals in less events due to targeted event selection. 3. 26 Staff Presentations serving 1356 individuals exceeding our 2017 program goal, compared to 19 staff presentations serving 1,193 individuals in 2016. 4. 16,189 hits with 11,559 visitors exceeding our 2017 program goal, compared to 13,982 hits and 11,321 visitors in 2016.
CY 2017 Agency 12-Month Outcomes	
Agency Name: NAMI Greater Cleveland	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Self- Help and Peer Support <ul style="list-style-type: none"> • Peer (those with a mental illness) Wellness and Family Support Groups • Hospital Network Program (HNP)
Metrics (How will success be measured?)	Measure of Success: <u>Peer Wellness and Family Support Groups</u> <ol style="list-style-type: none"> 1. # of wellness and family support groups and individuals served documented by sign-in sheets and entered in data base. 2. The Substance Abuse and Mental Health Services Administration (SAMHSA) Outcomes adopted by Ohio Mental Health & Addiction Services (OhioMHAS), measured by post-test program survey tools in the following outcome domain areas: <ol style="list-style-type: none"> a. Illness Maintenance: <ol style="list-style-type: none"> i. measure ability to cope with signs and symptoms of mental illness. b. Recovery: <ol style="list-style-type: none"> i. measure ability to build coping skills ii. measure ability to communicate needs to professionals/caregivers/persons experiencing mental illness. c. Nurturing Social Functioning: <ol style="list-style-type: none"> i. measure understanding of the importance of positive relationships

	<ul style="list-style-type: none"> ii. measure ability for self-care <p><u>Hospital Network Program</u></p> <ul style="list-style-type: none"> 3. # of hospital network visits and individuals served as documented in HNP database. 4. The Substance Abuse and Mental Health Services Administration (SAMHSA) Outcomes adopted by Ohio Mental Health & Addiction Services (OhioMHAS), measured by post-presentation survey tool in the following outcome domain areas: <ul style="list-style-type: none"> a. Access to Information: <ul style="list-style-type: none"> i. measure access to information on community mental health services and resources. b. Recovery: <ul style="list-style-type: none"> i. measure perception of recovery ii. measure access to information on how to communicate needs to doctors and agency professionals. c. Stigma: <ul style="list-style-type: none"> i. measure self-perception of stigma associated with mental illness.
<p>Program Goals or Objectives</p>	<p>Program Goals/Objectives:</p> <p><u>Peer Wellness and Family Support Groups</u></p> <ul style="list-style-type: none"> 1. 25 Peer Wellness and Family Support Groups Serving 1000 individuals. 2. Outcome domains: Illness Maintenance, Recovery and Nurturing Social Functioning. <ul style="list-style-type: none"> a. Illness Maintenance <ul style="list-style-type: none"> i. 50% of peers and 70% of family caregiver’s will be able to cope with signs and symptoms of mental illness. b. Recovery: <ul style="list-style-type: none"> i. 75% of group participants will understand the importance of communicating needs; ii. 75% of group participants will develop coping skills. c. Social Functioning: <ul style="list-style-type: none"> i. 75% of group participants will understand the importance of having positive relationships; ii. 75% group participants will have ability for self-care. <p><u>Hospital Network Program</u></p>

	<ol style="list-style-type: none"> 3. 220 visits to 950 patients in psychiatric facilities in Cuyahoga County. 4. Outcome domains: Access to information, Recovery and Stigma. <ol style="list-style-type: none"> a. Access to Information: <ol style="list-style-type: none"> i. 70% of patients visited will have access to information on community mental health services and resources b. Recovery: <ol style="list-style-type: none"> i. 70% of patients visited will see recovery as a real possibility; ii. 70% of patients will be encouraged to not give up hope of recovery; iii. 70% will gain access to information on how to communicate needs to doctors and professionals. c. Stigma: <ol style="list-style-type: none"> i. 65% of patients will see themselves in a more positive light after presentation.
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>Evaluation/Outcome Results:</p> <p><u>Peer Wellness and Family Support Groups</u></p> <ol style="list-style-type: none"> 1. 30 Support Groups served 908 individuals, providing 3,870.5 service hours, partially achieving our 2017 program goal, compared to 31 groups serving 832 individuals, providing 4,676 service hours in 2016. NAMI GC ended 2017 with 24 Peer Wellness and Family support groups with the variance due to health concerns of facilitators and/or membership decline in weekly support groups resulting in group disbandment. Group members of eliminated groups are always encouraged to attend other NAMI GC groups to meet their wellness needs. 2. Outcome Results: Based on 199 surveys; 150 regular group survey tools (5point rating scale) and 49 low literacy survey tools (2point rating scale) used in housing units and creative arts support groups. <ol style="list-style-type: none"> a. Illness Maintenance <ol style="list-style-type: none"> i. 70% (140) of peer respondents strongly agree/agree that attending group helped them better cope with the signs and symptoms of their mental illness. In addition, 76% (114) of family respondents (includes

peers who also identify as family members) strongly agree/agree that the group has helped them better cope with their family members signs and symptoms of mental illness.

NAMI GC **exceeded the outcome goal** in this area by 20% for Peer outcome and 6% for Family outcome.

b. Recovery

- i. 86% (171) of respondents strongly agree/agree they are better able to communicate their needs to caregivers, providers and other people.

NAMI GC **exceeded the outcome goal** in this area by 11%.

- ii. 87% (173) of respondents strongly agree/agree they have developed coping skills due to group participation.

NAMI GC **exceeded the outcome goal** in this area by 12%.

c. Social Functioning

- i. 95% (142) of regular support group respondents strongly agree/agree that they understand the importance of positive relationships and 100% (49) of housing unit support group respondents agreed that they get along better with others due to group participation. In addition, 98% (48) of housing unit support group respondents agreed that the group has help them work toward reaching their recovery goals (employment, volunteerism, relationships, positive recreation).

NAMI GC **exceeded the outcome goal** in this area by an average of 23%.

- ii. 77% (116) of regular support group respondents strongly agree/agree that they are able to practice self-care due to group participation.

NAMI GC **achieved the outcome goal** in this area.

Hospital Network Program

- 3. **225 visits** served **1,545 psychiatric patients** on 6 units **exceeding 2017 program goal**; compared to 367 visits serving 1,646 patients on 7 units in 2016.
- 4. **Outcome results** are based on 932 post presentation surveys utilizing a 5point rating scale.

- a. Access to Information

- i. 88% (821) of respondents strongly agree/agree that they received information on resources and services available for individual experiencing mental illness and addiction, with 70% (658) of respondents very/extremely confident that they could use the information presented in their everyday lives.

- NAMI GC **exceeded the outcome goal** in this area 18%.

- b. Recovery

- i. 74% (694) of respondents strongly agree/agree that they see recovery as a real possibility for the first time.

- NAMI GC **exceeded the outcome goal** in this area by 4%.

- ii. 85% (795) of respondents strongly agree/agree that after the presentation they were encouraged not to give up hope for recovery even in the face of obstacles.

- NAMI GC **exceeded the outcome goal** in this area by 15%.

- iii. 80% (742) of respondents strongly agree/agree they gain access to information on how to communicate needs to doctors and professionals.

- NAMI GC **exceeded the outcome goal** in this area by 10%.

- c. Stigma

- i. 78% (733) of respondents strongly agree/agree they see themselves in a more positive light after presentation.

- NAMI GC **exceeded the outcome goal** in this area by 13%.

CY 2017 Agency 12-Month Outcomes

Agency Name: NAMI Greater Cleveland

Time Period Reported: January 1 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>Mental Health Education</p> <ul style="list-style-type: none"> • Family to Family (F2F) • Basics (Parents of Children) • Understanding Mental Illness (UMI) • Peer to Peer (P2P) <p>Mental Health First Aid (MHFA)</p>
<p>Metrics (<i>How will success be measured?</i>)</p>	<p>Measure of Success:</p> <p><u>Family to Family, Basics, UMI and Peer to Peer</u></p> <ol style="list-style-type: none"> 1. # of classes and individuals served 2. The Substance Abuse and Mental Health Services Administration (SAMHSA) Outcomes adopted by Ohio Mental Health & Addiction Services (OhioMHAS), measured by pre/post-test evaluation tool in the following outcome domain areas: <ol style="list-style-type: none"> a. Access to Information: <ol style="list-style-type: none"> i. measure knowledge of community resources and services. b. Illness Maintenance: <ol style="list-style-type: none"> i. measure knowledge of mental health conditions, signs and symptoms; ii. measure ability to cope with signs and symptoms; iii. measure understanding importance of medication adherence (UMI only); iv. measure managing crisis due to signs and symptoms (P2P only). c. Recovery: <ol style="list-style-type: none"> i. measure knowledge of coping skills & techniques; ii. measure ability to communicate iii. measure understanding what “living in recovery” means (P2P only) d. Nurturing Social Functioning: <ol style="list-style-type: none"> i. measure understanding of importance of positive relationships (P2P only)

	<ul style="list-style-type: none"> ii. measure understanding of the importance of self-care. e. Stigma & Advocacy: <ul style="list-style-type: none"> i. measure understanding of effects of stigma (except P2P) ii. measure ability to advocate for loved one experiencing mental illness (F2F & Basics Only). <p><u>Mental Health First Aid- Public Education</u></p> <ul style="list-style-type: none"> 3. # of courses and persons served. 4. # of participants that pass Mental Health First Aid National Multiple-Choice Pre/Post evaluation tool.
<p>Program Goals or Objectives</p>	<p>Program Goals and Objectives:</p> <p><u>Family to Family (F2F), Basics, Understanding Mental Illness (UMI) and Peer to Peer (P2P)</u></p> <ul style="list-style-type: none"> 1. Number of courses and individuals served: <ul style="list-style-type: none"> a. F2F: 4 courses serving 38 individuals b. Basics: 1 course serving 6 parents c. UMI: 2 courses serving 15 individuals d. P2P: 5 courses serving 30 individuals 2. Outcome Domain Goals: <ul style="list-style-type: none"> a. Access to Information <ul style="list-style-type: none"> i. 50% of participants will increase knowledge of community mental health services and resources. b. Illness Maintenance <ul style="list-style-type: none"> i. 60% will increase knowledge of mental health conditions, signs and symptoms; ii. 75% will be able to cope with the signs and symptoms of mental illness; iii. 80% will understand the importance of medication adherence (UMI Only); iv. 75% will be able to manage crisis due to signs and symptoms (P2P Only). c. Recovery: <ul style="list-style-type: none"> i. 50% will increase their knowledge of coping skills and techniques;

	<ul style="list-style-type: none"> ii. 80% will be able to communicate needs to persons experiencing mental illness, caregivers, and professionals; iii. 75% will understand what “living in recovery” means (P2P Only). <p>d. Nurturing Social Functioning:</p> <ul style="list-style-type: none"> i. 80% will understand the importance of positive relationships (P2P Only); ii. 70% will understand the importance of self-care. <p>e. Stigma & Advocacy:</p> <ul style="list-style-type: none"> i. 75% will understand the effects of stigma (except P2P) ii. 80% will be able to advocate for their loved one experiencing mental illness (F2F & Basics Only) iii. <p><u>Mental Health First Aid (MHFA)</u></p> <ul style="list-style-type: none"> 3. 3 courses serving 30 individuals 4. 90% of participants will pass course thereby demonstrating knowledge of 5-step action plan.
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>Outcome Results</p> <p><u>Family to Family (F2F), Basics, Understanding Mental Illness (UMI) and Peer to Peer (P2P)</u></p> <ul style="list-style-type: none"> 5. Number of courses and individuals served: <ul style="list-style-type: none"> a. F2F: 3 courses served 41 individuals, exceeding 2017 program goal by 3%; compared to 4 courses serving 49 individuals in 2016. b. Basics: 1 course served 8 parents achieving 2017 program goal; compared to 2 courses serving 12 parents in 2016. c. UMI: 3 courses served 38 individuals, exceeding 2017 program goal; compared to 3 courses serving 20 individuals in 2016. d. P2P: 4 courses served 29 individuals, achieving 2017 program goal; compared to 4 courses serving 30 individuals in 2016. <p>Numbers served (above) represent the number of individuals completing courses and does not represent the number of individuals who attended and did not complete.</p>

6. **Outcome Results** are based on 118 pre-tests and 98 post-tests utilizing a 5 point rating scale.

a. Access to Information

- i. 57% (56) of all education course participants rated excellent/very good in knowledge of community mental health services and resources with a 1.57 point mean increase in post-test scores. All courses increased their mean post test scores, with the highest mean increases among parents in the Basics course and family members in the Family to Family Course, with a 2.24 point/1.97 point mean increase respectively in this area in post-tests scores.

NAMI GC **exceeded the outcome goal** in this area by 7%.

b. Illness Maintenance

- i. 65% (64) of all education course respondents rated excellent/very good in knowledge of mental health conditions, signs and symptoms; with a 0.85 point mean increase in post-test scores. In all courses there was an increase in the mean scores with the highest increase in the Basic Course with a 1.38 point mean increase in post-test scores.

NAMI GC **exceeded the outcome goal by 5.**

- ii. 85% (83) of all course respondents strongly agree/agree they were better able to cope with the signs and symptoms of mental illness after course; with a 1.11point mean increase in post-test scores. The highest mean increase was in the Family to Family course with a 1.46point mean increase in coping ability in post-test scores.

NAMI GC **exceeded the outcome goal** in this area by 10%.

- iii. 69% (22) of respondents (UMI Only) strongly agree/agree that they better understand the importance of medication adherence); with a 2.89 point mean increase in post-test scores.

NAMI GC **did not achieve outcome goals** in this area, with an 11% variance to goal attainment indicating NAMI GC may have overestimated

projected outcome achievement. However, the increase in mean post-test scores in this area appears to demonstrate a statistical shift in attitude among course participants toward the importance of medication adherence.

- iv. 65% (17) of respondents (P2P Only) strongly agree/agree that they are able to manage crisis due to signs and symptoms, with a 2.92point mean increase in post-test scores.

NAMI GC **did not achieve outcome goal** with a 10% variance to goal attainment, indicating NAMI GC may have overestimated projected outcome achievement.

c. Recovery:

- i. 57% (56) of all education course respondents rated excellent/very good in their knowledge of coping skills and techniques, with a 1.29 point mean increase in scores on post-tests. All education courses mean scores increased with the highest increases being in the Family to Family course with a1.69 point and in the Basics Course with a 1.43 point mean increase.

NAMI GC **achieved the outcome goal** in this area.

- ii. 85% (83) of all education course respondents strongly agreed/agreed they were able to communicate needs to persons experiencing mental illness; and communicate needs to caregivers/professionals with a .099 point mean increase in post-test scores.

NAMI GC **exceeded the outcome goal** in this area by 5%.

- iii. 93% (24) of respondents (P2P Only) strongly agree/agree they understand what “living in recovery” means with a 1.17 point mean increase in post-test scores.

NAMI GC **exceeded the outcome goal** in this area by 18%.

d. Nurturing Social Functioning:

i. 92% (24) of respondents (P2P Only) strongly agree/agree they understand the importance of positive relationships with 0.10point mean increase in this area.

NAMI GC **exceeded the outcome goal** in this area by 12%.

ii. 80% (78) of all education course respondents strongly agree/agree that they understand the importance of self-care, with a 0.79 point increase in mean scores on post-test.

NAMI GC **exceeded the outcome goal** in this area by 10%.

e. Stigma & Advocacy:

i. 93% (67) of all respondents (F2F, Basic, UMI) strongly agree/agree they understand the effects of stigma on persons experiencing mental illness and their families with a 0.73 point mean increase in post-test scores.

NAMI GC **exceeded the outcome goal** in this area by 18%.

ii. 93% (37) of respondents (F2F & Basics Only) strongly agree/agree that they are able to advocate for their loved one experiencing mental illness, with a 1.11point mean increase in post-test scores.

NAMI GC **exceeded the outcome goal** in this area by 13%.

Mental Health First Aid (MHFA)

7. 2 courses served 30 individuals **achieving the program goal**. This is NAMI GC's first year providing MHFA therefore there are is no comparison data available to contrast.

8. 100% of participants passed course thereby demonstrating knowledge of 5-step action plan. NAMI GC utilized the Mental Health First Aid USA multiple choice survey tool which requires a passing rate 60%. NAMI GC participants passed course with 70% or better.

NAMI GC **exceeded the outcome goal** in this area by 10%.

CY 2017 Agency 12-Month Outcomes

Agency Name: NAMI Greater Cleveland	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Other Mental Health Services <ul style="list-style-type: none"> • Community Psychoeducation Sessions • Community Mental Health Workshops • Community Education Nights • <i>In Our Own Voice</i> • Speakers Bureau
Metrics (How will success be measured?)	Measure of Success <u>Community Psychoeducation</u> <ol style="list-style-type: none"> 1. # of sessions and persons served 2. The Substance Abuse and Mental Health Services Administration (SAMHSA) Outcomes adopted by Ohio Mental Health & Addiction Services (OhioMHAS), measured by post presentation evaluation tool in the following outcome domain areas: <ol style="list-style-type: none"> a. Access to Information <ol style="list-style-type: none"> i. measure access to information on mental health conditions, services and resources (All sessions). b. Illness Maintenance: <ol style="list-style-type: none"> i. measure understanding of mental health conditions, causes, signs, symptoms and treatment options (All sessions). c. Recovery: <ol style="list-style-type: none"> i. measure understanding of coping skills and techniques for managing mental health conditions (Only appropriate content sessions). d. Nurturing Social Function: <ol style="list-style-type: none"> i. measure the importance of positive relationship to mental health (Only appropriate content sessions). e. Stigma: <ol style="list-style-type: none"> i. measure understanding of the effects of stigma on persons experiencing mental illness and their families (Only appropriate content sessions);

- ii. measure understanding of what is emotional wellness (Only appropriate content sessions).

Community Mental Health Workshops (Public Housing)

- 3. # of sessions and persons served
- 4. The Substance Abuse and Mental Health Services Administration (SAMHSA) Outcomes adopted by Ohio Mental Health & Addiction Services (OhioMHAS), measured by low literacy program evaluation tools, focus group and building incident reports in the following outcome domain areas:
 - a. Illness Maintenance
 - i. measure understanding of mental health conditions, causes, signs, symptoms and treatment options
 - b. Recovery
 - i. measure understand of coping and technique
 - ii. measure development of communication skills with other residents, family and professionals
 - c. Social Functioning
 - i. measure the number of disruptive behaviors that lead to support intervention and/or eviction.

Community Education Night

- 5. # of sessions and individuals served
- 6. The Substance Abuse and Mental Health Services Administration (SAMHSA) Outcomes adopted by Ohio Mental Health & Addiction Services (OhioMHAS), measured by program evaluation tools in the following outcome domain areas:
 - a. Access to Information:
 - i. measure access to information on mental health conditions, services and resources;
 - ii. Measure the usefulness of information provided in session.
 - b. Illness Maintenance:
 - i. measure understanding of mental health conditions, causes, signs, symptoms and treatment options.

c. Stigma:

- i. measure understanding of the effects of stigma on persons experiencing mental illness and their families;
- ii. measure change in perception of mental illness.
- iii.

In Our Own Voice

7. # of sessions and individuals served

8. The Substance Abuse and Mental Health Services Administration (SAMHSA) Outcomes adopted by Ohio Mental Health & Addiction Services (OhioMHAS), measured by program evaluation tools in the following outcome domain areas:

a. Access to Information:

- i. measure access to information on mental health conditions, services and resources.
- ii. Measure the usefulness of information provided in session.

b. Illness Maintenance:

- i. measure understanding of mental health conditions, causes, signs, symptoms and treatment options.

c. Stigma:

- i. measure understanding of the effects of stigma on persons experiencing mental illness and their families;
- ii. measure change in perception of mental illness

Speakers Bureau

9. # of sessions and individuals served

10. The Substance Abuse and Mental Health Services Administration (SAMHSA) Outcomes adopted by Ohio Mental Health & Addiction Services (OhioMHAS), measured by program evaluation tools in the following outcome domain areas:

a. Access to Information:

- i. measure access to information on mental health conditions, services and resources.
- ii. Measure the usefulness of information provided in session.

	<ul style="list-style-type: none"> b. Illness Maintenance: <ul style="list-style-type: none"> i. measure understanding of mental health conditions, causes, signs, symptoms and treatment options. c. Stigma: <ul style="list-style-type: none"> i. measure understanding of the effects of stigma on persons experiencing mental illness and their families; ii. measure change in perception of mental illness
<p>Program Goals or Objectives</p>	<p>Program Goals/Objectives</p> <p>Community Psychoeducation</p> <ul style="list-style-type: none"> 1. 20 sessions serving 200 individuals 2. Outcomes Domain to be measured <ul style="list-style-type: none"> a. Access to Information: <ul style="list-style-type: none"> i. 80% of participants will receive information and mental health conditions, services and resources. b. Illness Maintenance: <ul style="list-style-type: none"> i. 75% will better understand the causes, signs, symptoms and treatment options for mental health conditions. c. Recovery: <ul style="list-style-type: none"> i. 85% will better understand the coping skills and techniques to manage symptoms (content appropriate sessions). d. Nurturing Social Functioning: <ul style="list-style-type: none"> i. 85% will better understand the importance of positive relationships to mental health (content appropriate sessions). e. Stigma: <ul style="list-style-type: none"> i. 85% will understand the effects of stigma on persons with mental illness and their families (content appropriate sessions); ii. 85% will understand what emotional wellness is (content appropriate sessions). <p>Mental Health Workshops</p> <ul style="list-style-type: none"> 3. 19 sessions serving 15 individuals

4. Outcome Domain to be measured
 - a. Illness Maintenance:
 - i. 85% of participants will understand mental health conditions, causes, signs, symptoms and treatment options.
 - b. Recovery:
 - i. 80% of participants will understand the develop coping skills and techniques;
 - ii. 80% will develop communication skills to express needs with other residents, family and professionals.
 - c. Nurturing Social Functioning:
 - i. 90% of participants will not have any disruptive behaviors that lead to support intervention and/or eviction.

Community Education Nights

5. 4 sessions serving 120 individuals
6. Outcome domains to be measured
 - a. Access to Information
 - i. 85% of participants will receive information on mental health conditions, causes, signs, symptoms and treatment options;
 - ii. 85% will find information presented useful to their position and/or everyday life.
 - b. Illness Maintenance
 - i. 85% will understand the mental health conditions, causes, signs, symptoms and treatment options;
 - c. Stigma:
 - i. 85% of participants will better understand the effects of stigma on persons experiencing mental illness and their families (appropriate content only);
 - ii. 85% will have a more positive perception of mental illness.

In Our Own Voice

7. 11 presentations serving 300 individuals
8. Outcome domains to be measured
 - a. Access to Information

	<ul style="list-style-type: none"> i. 90% of participants will receive information on mental health conditions, causes, signs, symptoms and treatment options; ii. 85% will find information presented useful to their position and/or everyday life. <ul style="list-style-type: none"> b. Illness Maintenance <ul style="list-style-type: none"> i. 90% will understand the mental health conditions, causes, signs, symptoms and treatment options; c. Stigma: <ul style="list-style-type: none"> i. 85% of participants will better understand the effects of stigma on persons experiencing mental illness and their families; ii. 85% will have a more positive perception of mental illness. <p>Speakers Bureau</p> <ul style="list-style-type: none"> 9. 25 presentations serving 450 individuals 10. Outcome domains to be measured <ul style="list-style-type: none"> a. Access to Information <ul style="list-style-type: none"> i. 90% of participants will receive information on mental health conditions, causes, signs, symptoms and treatment options; ii. 85% will find information presented useful to their position and/or everyday life. b. Illness Maintenance <ul style="list-style-type: none"> i. 90% will understand the mental health conditions, causes, signs, symptoms and treatment options; c. Stigma: <ul style="list-style-type: none"> i. 85% of participants will better understand the effects of stigma on persons experiencing mental illness and their families; ii. 85% will have a more positive perception of mental illness. iii.
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>Outcome Results: <u>Community Psychoeducation</u></p> <ul style="list-style-type: none"> 1. 13 psychoeducation sessions were conducted serving 233 individuals, achieving program goal for 2017; compared to 15 sessions serving 233 in 2016. NAMI GC was able to serve the same number of individuals in less sessions due to

collaboration with community entities and targeted presentations to senior high rise buildings, community centers and community groups.

2. Outcomes results are based on 183 post education surveys utilizing a 5 point rating scale.
 - a. Access to Information: based on 183 post-tests.
 - i. 94% (158) of respondents strongly agree/agree they received information and mental health conditions, services and resources.
NAMI GC **exceeded the outcome goal** in this area by 14%.
 - b. Illness Maintenance: based on 183 surveys, 36 questions yielding 558 responses.
 - i. 93% (518) strongly agree/agree they better understand the causes, signs, symptoms and treatment options for mental health conditions after education presentation.
NAMI GC **exceeded the outcome goal** in this area by 18%.
 - c. Recovery: based on 4 sessions and 6 questions yielding 70 responses.
 - i. 92% (65) of respondents strongly agree/agree they better understand the coping skills and techniques to manage symptoms of session content mental illness.
NAMI GC **exceeded the outcome goal** in this area by 7%.
 - d. Nurturing Social Functioning: based on 2 sessions with 1 question yielding 16 responses.
 - i. 94% (15) 85% strongly agree/agree they better understand the importance of positive relationships to mental health.
NAMI GC **exceeded the outcome goal** in this area by 9%.
 - e. Stigma: section i) based on 6 sessions and 1 question yielding 90 responses; and section ii) based on 4 sessions and 6 questions yielding 83 responses.
 - i. 90% (81) of respondents strongly agree/agree they understand the effects of stigma on persons with mental illness and their families.

NAMI GC **exceeded the outcome goal** in this area by 5%.

- ii. 91% (76) of respondents strongly agree/agree they understand what emotional wellness means.

NAMI GC **exceeded the outcome goal** in this area by 6%.

Mental Health Workshops

3. 11 sessions served 47 unduplicated individuals, **achieving the 2017 program goal** compared to 12 sessions and 18 unduplicated individuals in 2016. Mental Health Workshops cross fiscal years with the remainder of session to be completed in 2018.

4. **Outcome Results:** based on 69 post session surveys that utilize a 5 point rating scale.

a. Illness Maintenance: based on 10 sessions, 34 questions yielding 201 responses.

- i. 90% (180) of respondents strongly agree/agree they better understand mental health conditions, causes, signs, symptoms and treatment options after session presentations.

NAMI GC **exceeded the outcome goal** in this area by 5%.

b. Recovery: Section i) is based on 3 sessions, 6 questions yielding 32 responses; section ii) is based on 2 sessions and 6 questions yielding 42 responses.

- i. 93% (30) of respondents strongly agree/agree they developed coping skills and techniques after session presentations.

NAMI GC **exceeded the outcome goal** in this area by 13%.

- ii. 88% (37) 80% of respondents strongly agree/agree they developed communication skills to express needs with other residents, family and professionals after session presentations.

NAMI GC **exceeded the outcome goal** by in this area 8%.

- c. Nurturing Social Functioning: based on incident reports completed by housing management and/or service coordinator.
 - i. 100% (47) of program participants did not have any disruptive behaviors that lead to support interventions and/or eviction.NAMI GC **exceed the outcome goal** by 10% in this area.

Community Education Nights

- 5. 4 sessions served 146 individuals, **exceeding the program goal** for 2017 (by 26 individuals) compared to 4 sessions serving 129 individuals in 2016. In 2017, NAMI GC utilized several different session formats, including “Ask the Doctor” illness specific format, Informational format (medication, treatments, resources), Conversation format (open forum), and Illness Specific format. The change in formatting appears to have been received well with more people in attendance at sessions this year.
- 6. **Outcome results** are based on 102 post presentation surveys utilizing a 5-point rating scale. Conversation forum did not use a survey tool since it was an open forum.
 - a. Access to Information:
 - i. 74% (76) of respondents strongly agree/agree they received information on mental health conditions, causes, signs, symptoms and treatment options.
NAMI GC did **not achieve the outcome goal**, with a 11% variance to goal attainment. NAMI GC may have overestimated projected outcome achievement in this area and did not factor in the effect that format changes may have played on outcome attainment.
 - ii. 84% (86) of respondents extremely confident/very confident they can use information presented in their position and/or everyday life.
NAMI GC **achieved the outcome goal** in this area.
 - b. Illness Maintenance: based on 2 sessions, 7 questions, yielding 246 responses.

- i. 89% (219) 85% of respondents strongly agree/agree understand the mental health conditions, causes, signs, symptoms and treatment options.

NAMI GC **exceeded the outcome goal** in this area by 4%.

- c. Stigma: Section ii) based one 1 session, 1 questions yielding 33 responses.

- i. Not measured - participants will better understand the effects of stigma on persons experiencing mental illness and their families (appropriate content only);
- ii. 94% (31) of respondents strongly agree/agree they had a more positive perception of mental illness after session.

NAMI GC **exceeded the outcome goal** in this area by 9%.

In Our Own Voice

- 7. 13 presentations served 327 individuals **achieving 2017 program goal**, compared to 12 presentations serving 299 individuals in 2016.

- 8. **Outcome results** are based on 296 post presentation survey utilizing a 5point rating scale.

- a. Access to Information

- i. 96% (284) of respondents strongly agree/agree they received information on mental health conditions, causes, signs, symptoms and treatment options.

NAMI GC **exceeded the outcome goal** in this area by 6%.

- ii. 96% (286) of respondents strongly agree/agree the information presented was useful to their position and/or everyday life.

NAMI GC **exceeded the outcome goal** in this area by 11%.

- b. Illness Maintenance: based on 2 questions yielding 581 responses.

- i. 94% (544) of respondents strongly agree/agree they understand mental health conditions, causes, signs, symptoms and treatment options.

NAMI GC **exceeded the outcome goal** in this area by 4%.

c. Stigma:

- i. 96% of respondents strongly agree/agree they better understand the effects of stigma on persons experiencing mental illness and their families

NAMI GC **exceeded the outcome goal** in this area by 11%.

- ii. 92% (272) of respondents strongly agree/agree 85% they have a more positive perception of mental illness.

NAMI GC **exceeded the outcome goal** in this area by 7%.

Speakers Bureau

- 9. 21 presentations were conducted serving 826 individuals **exceeding the 2017 program goal serving 376 more individuals than projected** compared to 33 presentations conducted serving 612 in 2016.

- 10. **Outcome results** based on 161 post presentation surveys utilizing a 5point rating scale.

a. Access to Information

- i. 94% (152) strongly agree/agree they received information on mental health conditions, causes, signs, symptoms and treatment options.

NAMI GC **exceeded the outcome goal** in this area by 4%

- ii. 85% (139) of respondents strongly agree/agree the information presented was useful to their position and/or everyday life.

NAMI GC **achieved the outcome goal** in this area.

b. Illness Maintenance: based on 2 questions on survey yielding 316 responses.

- i. 94% (298) of respondents strongly agree/agree they understand the mental health conditions, causes, signs, symptoms and treatment options.

	<p>NAMI GC exceeded the outcome goal in this area by 4%.</p> <p>c. Stigma:</p> <ul style="list-style-type: none">i. 96% (154) of respondents strongly agree/agree they better understand the effects of stigma on persons experiencing mental illness and their families. NAMI GC exceeded the outcome goal in this area by 11%ii. 92% (148) of respondents strongly agree/agree they have a more positive perception of mental illness after presentation. NAMI GC exceeded the outcome goal in this area by 7%.
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CY 2017 Agency 12-Month Outcomes	
Agency Name: NAMI Greater Cleveland	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Pilot Project: Faith Based <ul style="list-style-type: none"> • Engagement/Awareness • Mental Health Support • Mental Health Education
Metrics (How will success be measured?)	Measure of success <u>Engagement/Awareness</u> <ol style="list-style-type: none"> 1. # of sessions and individuals served 2. # of individuals who acknowledge the importance of Faith/Spirituality in recovery and mental health 3. # of individuals that receive information on mental health/dual diagnosis conditions, and service and community based resources available in Cuyahoga County 4. # of individuals who acknowledge the importance of taking care of their mind, body, spirit for overall good mental health <u>Mental Health Support</u> <ol style="list-style-type: none"> 5. # of individuals served 6. # of faith/spiritual communities providing nurturing environment for persons and families experiencing mental illness. 7. # of faith leaders and lay persons who are trained to provide NAMI Signature Programming (F2F, P2P, Basics, UMI) 8. # of individuals that experience increase coping skills through the connection of spirituality and support. <u>Mental Health Education</u>

	<p>9. # of Psychoeducation sessions and Mental Health First Aid (MHFA) courses and individuals served</p> <p>10.# of individuals who successfully complete MHFA course</p> <p>11.# of individuals who acknowledge the importance of their mind, body, spirit for overall good mental health.</p> <p>12. Outcomes Measure in the following areas:</p> <ul style="list-style-type: none"> a. Access to information: <ul style="list-style-type: none"> i. measure access to information on mental health conditions, causes, signs, symptoms and treatment options. b. Illness Maintenance: <ul style="list-style-type: none"> i. Measure understanding of the causes, signs, symptoms and treatment options. c. Stigma: <ul style="list-style-type: none"> i. Measure positive change in perception of mental illness
<p>Program Goals or Objectives</p>	<p>Program Goals/Objective</p> <p>Engagement/Awareness</p> <ul style="list-style-type: none"> 1. 4 presentations to 100 individuals. 2. 85% acknowledge through affirmation statement the importance of faith/spirituality to recovery/mental health 3. 90% of mental health information packets distributed. 4. 80% acknowledge through affirmation statement the importance of taking care of their mind, body and spirit in recovery and overall mental health. <p>Mental Health Support</p> <ul style="list-style-type: none"> 5. 30 individuals served in 2 faith based support. 6. 1 new faith/spiritual partner providing a supportive environment for persons with mental illness and their families. 7. 80% of faith-based support group members report increased coping skills through spiritual connection. <p>Mental Health Education</p>

	<ol style="list-style-type: none"> 8. 5 psychoeducation sessions and 2 MHFA classes serving 270 individuals. 9. 90% individuals in MHFA course complete and pass course demonstrating knowledge of 5-step action plan. 10. 90% of participants will acknowledge the importance of taking care of their mind, body and spirit in recovery and overall mental health. 11. Outcome Domains <ol style="list-style-type: none"> a. Access to Information <ol style="list-style-type: none"> i. 85% of participants will have access to information on mental health conditions, signs, symptoms and treatment options. b. Illness Maintenance <ol style="list-style-type: none"> i. 85% of participants will better understand mental health conditions, causes, signs, symptoms and treatment options. c. Stigma <ol style="list-style-type: none"> i. 85% of participants will have a more positive perception of persons with mental illness. ii.
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>Evaluation/Outcome Data Results</p> <p><u>Engagement/Awareness</u></p> <ol style="list-style-type: none"> 1. 3 engagement/awareness presentations served 462 individuals, exceeding the 2017 program goal by more than 300%. Variance (in the number of presentations) is due to one large unplanned awareness presentation to 300 individuals that provided an opportunity to inform a large number of individuals from various congregations of both the work of NAMI GC and the ADAMHS of Cuyahoga County project. 2. 100% (462) of individuals attending awareness presentation acknowledge through affirmation the importance of spirituality and faith to recovery and mental health. In addition, 16% (75) acknowledged for the first time, through affirmation the importance of spirituality and faith in recovery. NAMI GC exceeded the outcome goal in this area by 15%

3. **100% (462)** of participants **received information packets** on mental health conditions, signs, and symptoms.

NAMI GC **exceeded outcome goal** in this area by 10%

4. **100% (462)** of participants **acknowledge** through affirmation the importance of taking care of mind, body, and spirit to recovery and overall mental health.

NAMI GC **exceeded outcomes goal** in this area by 20%.

Mental Health Support

5. **2 faith based support groups** served **19 individuals, partially achieving** 2017 program goal. NAMI GC ended 2017 with one faith based group that is struggling to maintain membership.

Variance in this area is due to many factors including pastoral control, facilitator wellness and dogma. NAMI GC is researching positive affirmations and scriptures to pair with support group session subject to provide more structure and a positive nonjudgmental environment in faith groups.

6. **Established 2 New Church Relationships** (The WORD Church and Church of Jesus Christ-Apostolic Faith) **exceeding our program goal** for 2017. The WORD church offered Mental Health First Aid Course and an Understanding Mental Illness to ministry leaders to assist them to identify and provide assistance to persons experiencing mental illness within their ministries. The Church of Jesus Christ-Apostolic Faith trained support group leaders.

7. 81% (9) of respondents strongly agree/agree they developed coping skill due to spiritual connection. Outcome results for faith based support group is based on 11 surveys utilizing a 5point rating scale.

NAMI GC **achieved the outcome goal** in this area.

Mental Health Education

8. **7 psychoeducation sessions and 2 Faith Based MHFA course were delivered and** served **228 individuals partially achieving** the 2017 program goal

Variance (84% of goal or 32 less individuals attending) than projected due to low attendance at two sessions.

9. 100% (34) of faith leaders successfully completed MHFA course thereby demonstrating their knowledge of this course 5-step action plan. NAMI GC course attendees passed the course with 75% or better, 15% over required 60%.
NAMI GC **exceeded the outcome goal** in this area by 10%.

10. 85% (194) of participants acknowledge through affirmation the importance of taking care of their mind, body and spirit to recovery and overall mental health.
NAMI GC **partially achieved the outcome goal** with a 5% variance to goal attainment.

11. Outcome domain results: Access to Information, Illness Maintenance and Stigma is based on 145 post-test surveys utilizing a 5-point rating scale.

a. Access to Information

i. 86% (124) received informational packets on mental health conditions, signs, symptoms and treatment options.

NAMI GC **achieved the outcome goal** in this area.

b. Illness Maintenance: based on 7 sessions, 14 questions yielding 375 responses.

i. 94% (354) of respondents agree/strongly agree that they better understood mental health conditions, causes, signs, symptoms and treatment options after presentation.

NAMI GC **exceeded the outcome goal** by 9%.

c. Stigma: based on 2 sessions, 1 question yielding 79 responses.

86% (69) of participants strongly agree/agreed they have a more positive perception of persons with mental illness after presentation.

NAMI GC **achieved the outcome goal** in this area.

CY 2017 RFI Agency Outcome Measures Follow-up

Agency Name: Northcoast Behavioral Healthcare	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Cuyahoga County ACT Team (ACT) Residential Group Home Sites
Metrics (<i>How will success be measured?</i>)	<ol style="list-style-type: none"> 1. Clients Served; Admission and Discharge Statistics; Tenure 2. SHARES Consumer Outcomes 3. CSN Functional Assessment of Independent Living Skills 4. Psychiatric Hospital Bed Days 5. Regular Labs for Clients on High Risk Medications 6. Medicaid applications will be completed for clients without benefits. 7. Current Physical Exams (within the past two years) for all ACT clients 8. Initial Psychiatric Examination 9. Entitlement Gap
Benchmarks (<i>Industry Standards or Program Expectation Goals</i>)	<ol style="list-style-type: none"> 1. Data will show an increase, or no statistically significant decrease, over previous year data. 2. 100% of eligible ACT will have a SHARES Consumer Outcomes form submitted during the reporting period. 3. Each CSN Residential Client will have a current Functional Assessment of Independent Living Skills in the chart and it will be used to formulate the treatment plan. 4. 95% of CSN clients will maintain in the community without a psychiatric hospital admission during the reporting period. 5. 100% of clients on Clozapine will receive monthly labs. 100% of clients on Lithium or Depakote will receive labs 1-2 times per year. 100% of clients on Insulin will receive labs 1-2x per year. 6. 100% of admitted clients will have benefits upon admission. 7. 90% of CSN ACT clients will have a physical exam within the past 24 months.

	<p>8. The CSN ACT program goal is to have 100% of clients receive services within 14 days, with an average time under 10 days.</p> <p>9. This data shows the overall number of clients who are provided services either before entitlements begin or during an inpatient hospitalization when Medicaid billing is temporarily suspended. The data also shows the number of high users--those requiring more than 4 hours of services before entitlements begin. These services will be covered by Medicare/Medicaid once entitlements are in place.</p>
<p>Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i></p>	<p>Background</p> <p>1a. ACT Clients Served; Admissions and Discharges; Tenure</p> <p>For calendar year 2017, 88 ACT clients were served during the reporting period (88 in calendar 2016). During 2017 a total of 7,372 service hours were provided toward the end of maintaining persons with SMD at the highest possible level of independence and the least restrictive level of care.</p> <p>The CSN ACT admitted ten new residents during calendar year 2017. The CSN ACT discharged a total of ten clients during calendar year 2017.</p> <p>The CSN ACT has consistently assisted about 80 individuals living with serious mental health diagnoses to live at the least restrictive level possible by empowering them to reside in a community setting. Some participants in the program have avoided moving to a higher level of care. Others have needed to for brief periods of time, but then resume a greater degree of independence with the help of this specialized and experienced team.</p> <p>1b. Residential Clients Served; Admissions and Discharges</p> <p>The NBH CSN Residential program served thirty clients during 2017. Eighty-one residential clients were served during 2017.</p> <p>The CSN Residential Program admitted 15 clients—two to Cato, and six to small group.</p> <p>Five individuals were discharged from small group and two from Cato. This target was not met because more clients were discharged than admitted during the reporting period.</p>

2. Consumer Outcomes

CSN Consumer Outcomes are to be entered by CSN Residential Managers. Other members of administration will be assisting with this task and the target date for being brought current on data entry is March 31, 2018.

3 Functional Assessment of Independent Living Skills

Each residential client is assessed for Independent Living Skills upon admission and on an ongoing regular basis throughout their stay. These assessments drive the treatment planning process for our residential program as the goal is to assist residents to develop the skills needed to function as independently as possible within the community.

4. Psychiatric Hospital Bed Days

Twenty-three CSN ACT clients were psychiatrically hospitalized during the reporting period. On average, 9% of the SMI CSN treatment team client population was hospitalized at any one time. The CSN ACT assisted 91% of the census to successfully reside in the community either on their own, with family or in a RCF or an ACF operated group home. An average of eight clients were hospitalized at any one time. The total number of inpatient psychiatric bed days was 1031. Forty-four percent of these days were attributed to two clients.

5. High Risk Medications and Labs

11 CSN ACT clients were prescribed Clozapine during the reporting period. Monthly labs were conducted on all 11. 21 clients were prescribed Depakote during the reporting period and 5 were prescribed Lithium. Annual or bi-annual labs were conducted on each client. 4 clients were prescribed Insulin during the reporting period and clients are current on labs. This target was achieved.

Annual or bi-annual labs were conducted on each client. 4 clients were prescribed Insulin during the reporting period and clients are current on labs. This target was achieved

6. Benefits

All clients admitted to Cuyahoga county ACT had active Medicaid. One client received twelve hours of services billable to the board because the client only receives Medicaid and Medicare Premium Assistance Program (MPAP) which only covers Medicare premiums. The board was not billed due to the current 1/12 funding agreement. These statistics favorably compare to the 2016 number of fifteen clients that were admitted to CSN who did not have entitlements at the time of their admission.

7. Physical Exams

83 of 88 CSN ACT clients (94.31%) have had a physical exam within the past 24 months. Five clients consistently refuse and this issue is addressed by the treatment team on a case by case basis. The team will work toward decreasing the timespan to one year in the future.

8. Initial Psychiatric Evaluation

Ten clients were admitted into the CSN ACT during 2017. The average time until full psychiatric assessment met the goal of 14 days. One client was unavailable and subsequently discharged due to refusing services.

9. Entitlement Gaps

There were no entitlement gaps during the 2017 reporting period.

CY 2017 Agency 12-Month Outcomes

Agency Name: New Directions, Inc.

Time Period Reported: January 1 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>AOD & MH Services for Residential and Outpatient Adolescents</p> <ul style="list-style-type: none"> • Short Term Male Residential • Long Term Male Residential • Female Residential • Intensive Outpatient (IOP) • Continuing Care • Assessment and NIOP (Non-intensive Outpatient) • Boys and Girls Empowered (BAGE)
<p>Metrics (<i>How will success be measured?</i>)</p>	<p>Treatment Completion/Retention Rate defined as percentage of clients that complete treatment without ASA, rejecting services.</p> <p>Successful treatment completion is defined as client demonstrating the following:</p> <ul style="list-style-type: none"> • being drug-free • being engaged in positive and supportive relationships and environments <p>Treatment Engagement/Access</p> <ul style="list-style-type: none"> • Wait time from initial contact to assessment (measuring the average number of calendar days waiting for all clients regardless of County or Payer. • Wait time from assessment to treatment admission (measuring the average number of calendar days wait for all clients regardless of County or Payer. <p>Client/Caregiver Satisfaction is defined as client/caregiver self-report on agency services and staff.</p>
<p>Program Goals or Objectives</p>	<p>Treatment Completion Rate/Retention:</p> <ol style="list-style-type: none"> 1. 70% or higher completion rates for residential programs based on Board target and consistent with agency expectations 2. 50% or higher for outpatient programs based on national data from the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Episodes Data Set (TEDS) data for 12-20 year olds. <p>Treatment Engagement/Access:</p>

	<ol style="list-style-type: none"> 1. The average number of calendar days from initial contact to assessment is less than 7 days. 2. 50% or greater number of clients on average that receive assessment within five (5) or fewer calendar days from initial contact. 3. The average number of calendar days from assessment to admission into treatment programs/service is less 14 days 4. 50% or greater number of clients on average that are admitted into a treatment program/services within seven (7) or fewer calendar days from the assessment. <p>Client/Caregiver Satisfaction:</p> <ol style="list-style-type: none"> 1. 70% or higher “yes” or greater client satisfaction scores in the following areas: <ul style="list-style-type: none"> ○ Atmosphere supportive of growth and recovery ○ Cultural Sensitivity ○ Feeling therapists have adequate time for them 2. 70% or higher “yes” or greater caregiver satisfaction scores in the following areas: <ul style="list-style-type: none"> ○ Overall satisfaction with services received ○ Cultural Sensitivity
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>Number of Cuyahoga County Clients Served</p> <ul style="list-style-type: none"> • Total Number Served = 304 • Short term male residential = 27 • Long term male residential = 18 • Female residential = 25 • Intensive Outpatient (IOP) = 51 • Continuing Care = 19 • Outpatient Assessment and Outpatient Services = 202 (96 Assessment only and 106 Outpatient) • Boys and Girls Empowered (BAGE) – 246 <p>For CY2017 12 month reporting, New Directions projected serving a total of 180 Cuyahoga County adolescents in the following programs/services: residential services to 100 adolescents including 24 in the female residential program, 52 male adolescents in the short term male residential program, and 24 male adolescents in the long-term residential</p>

program; and 80 adolescents in one of the agency's outpatient programs (Intensive Outpatient, Outpatient) and/or those who only receive assessment services.

Program/Service	CY2017 Projected Number of Clients	Year-End (12mth) CY2017 Actual Number of Clients
Total Residential	100	70
Short Term Male Residential	52	27
Long Term Male Residential	24	18
Female Residential	24	25
Outpatient Services	80	176

- For the twelve (12) month period of January 1, 2017 through December 31, 2017 overall residential program admissions from Cuyahoga County were significantly below projected. While the Female residential program was at the projected number, short term male residential was almost 50% below projection. We attribute the shortfall to the number of family/client refusal of the recommendation for residential level of care and choosing to participate in a lower level of care. While an increase in referrals from hospitals and health care providers was noted during the year, a decrease in referrals from probation officers/juvenile court (excluding drug court) was also noted.
- Outpatient services were significantly above projection. We attribute the variance to several factors including fewer providers of IOP for adolescents, the agency adding providers to meet the demand for services, increased number of individuals seeking help earlier in their substance use progression, and the number of family/caregiver choosing to try lower levels of care when recommended for residential.

- BAGE clients served represents the 246 youth who received AOD/MH services beyond assessment. Through the BAGE funding, clients and their families/caregivers we were able to provide the following: parent empowerment education; childcare services; transportation; treatment workbooks; recovery materials; and nutrition education/screening. Additionally, BAGE funding offsets the costs for psychiatrists, medical director, and LPN.

Additionally, during the twelve (12) months of CY 2017, New Directions served twenty-two (22) clients in gender specific Recovery Housing programs. Twelve (12) of those clients were Cuyahoga County residents. Currently there is one (1) male from Cuyahoga County in Recovery Housing. Eight (8) of the eleven (11) discharged clients, or 73%, completed all aspect of their stays, transitioning into permanent housing/living situations and remaining drug-free. The remaining three (3) clients may have completed some aspects such as obtaining recovery supportive housing. We anticipated serving fourteen (14) youth regardless of county of residence and exceeded the projection. We are continuing to modify and develop programs and services that will address the needs of transitional age youth in our community.

Treatment Completion/Retention Rates of Cuyahoga County Clients

1 & 2: Successful completion is defined as demonstrating being drug free and being engaged in positive and supportive relationships and environments at time of discharge. The numbers below reflect only those clients from Cuyahoga County.

- Short term male residential:
 - 22 of 31 clients (71%) successfully completed;
 - 1 client in treatment as of 12/31/17.
- Long term male residential:
 - 9 of 12 clients (75%) successfully completed;
 - 2 clients in treatment as of 12/31/17.
- Female residential:
 - 17 of 22 clients (77%) successfully completed;
 - 2 clients in treatment as of 12/31/17.
- IOP(Intensive Outpatient):

- 25 of 47 clients (52%) successfully completed;
- 6 clients in treatment as of 12/31/17.
- Continuing Care:
 - 7 of 11 clients (64%) successfully completed;
 - 5 clients in treatment as of 12/31/17.
- Outpatient:
 - 28 of 54 clients (52%) successfully completed;
 - 32 clients in treatment as of 12/31/17.

Our residential programs are consistently above 70% completion rates (SFY12, CY2013, and CY2014, CY2015). In CY2016, both the short term male and female residential programs fell below anticipated completion rates. At the twelve (12) month point, all residential programs are above 70% and in line with the Boards' Outcomes target.

The Intensive Outpatient (IOP) and Continuing Care programs were at, or above, 50% completion rate for the twelve (12) month reporting period. The Continuing care program demonstrated the highest completion rate of the outpatient programs. The Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Episode Data Set (TEDS) from 2013 report on Discharges from Substance Abuse Treatment Services notes a 50% IOP completion rate for 12-20 year olds and a 50% completion rate for Outpatient services.

We continue to strive to increase completion rates within the agency's outpatient programs. During the year, formal evaluation of the use of a mobile phone app that allowed for connection and monitoring of outpatient clients along with other features to provide additional support concluded.

The CWRU evaluation of use of the app in Intensive Outpatient treatment compared clients in IOP who enrolled in the use of the app and those who did not. The most compelling finding was that a 20.8% increase in treatment completion was noted with those using the app. Additionally, it is noted that the app user remained in treatment longer, which is likely due to the increased engagement achieved provided through the use of the app.

Engagement/Access

Through our several years of engagement with the national addiction benchmarking initiative “Benchmarking for Excellence in Addiction Treatment”, initially developed by the State Associations of Addiction Services (SAAS), Behavioral Pathway Systems (BPS), and NIATx and currently administered by NetSmart Technologies we have consistently seen the average days between date of first contact and initial assessment as being slightly less than 7 calendar days. The Network for the Improvement of Addiction Treatment (NIATx) reports an average of 8.3 days wait time. Additionally, both the Washington Circle and Board identify the benchmark of initiation to treatment as being within 14 days of completion of assessment.

1 & 2: Average wait time from the initial call/contact to assessment was 3.45 calendar days for all clients for the CY2017 twelve (12) month reporting period. For CY2016, CY2015 and CY2014 the wait time was 4.59, 3.58 and 4.53 calendar days respectively. 76% of clients received an assessment within five (5) calendar days of initial contact. We attribute the consistently low wait time to assessment to our communication regarding having walk-in appointments available Monday through Friday and additional providers available for scheduled assessments.

3: The twelve (12) month average wait time from assessment to admission into residential treatment is 5.33 calendar days, lower than prior years and a decrease since the first six (6) months of the year. Admissions into the Outpatient programs were 7.85 calendar days, slightly lower than prior calendar years, and consistent with the benchmark noted above. We attribute the variations to the following: for residential we had several months where demand for residential treatment was low and bed availability was high. Outpatient wait times are highly subject to variance as a result of client/family choosing admission dates that are often not the first available day provided by the agency.

4: Admission to residential and outpatient programs/services occurred within 7 calendar days of the assessment in 59% of the cases. We continue to implement the practice of assessing and admitting into programs on the same day when census and

family allows. As noted above, the variation in timing of admission is greatly impacted by capacity and family declining first available admission dates.

Client Satisfaction Surveys:

1. At time of discharge - 84% of clients discharged during CY2017 reported being very satisfied with services received with an additional 9% being fairly satisfied. (Consistent with CY2016 and CY2015 data). See Table A for complete satisfaction survey data

88% of residential clients surveyed during their involvement in care reported feeling that therapists have adequate time for clients; with 93% of outpatient clients reporting similar feelings. CY2016 – 83% & 88% respectively).

85% of clients surveyed during their involvement in care regardless of program, reported feeling that the treatment atmosphere is supportive of growth and recovery (75% in CY2016).

87% of clients surveyed during their involvement of care regardless of program, reported feeling that the staff is culturally sensitive and considerate of their needs.

Overall Client Satisfaction Survey results were above projected goals.

Caregiver Satisfaction Surveys:

2. At time of discharge:

90% of family/caregivers reported they were very satisfied with the services they received with an additional 9% being fairly satisfied.

87% of family/caregivers surveyed during their involvement of care regardless of program, reported feeling that the staff is culturally sensitive and considerate of their needs.

Overall Client Satisfaction Survey results were above projected goals.

Standardized Outcomes Improvement

The agency began implementation of the following standardized measures in April of 2017: the Global Appraisal of Individual Needs; the Childhood Trust Events Survey (CTES); and the Brief Addiction Monitor (BAM, for those 18 and older).

Details regarding the Brief Addiction Monitor (BAM) outcomes:

- Nine (9) months of data collection since implementation;
- At time of assessment/admission – twenty-seven (27) clients were identified as being eighteen (18) years of age or older;
- Twenty (20) clients were “assessment only” clients, meaning those who either did not meet a level of care, or were referred to other adult providers for services;
- The seven (7) clients over 18 were involved in Outpatient Counseling and in all case discharge BAM’s were not obtained due to client’s failure to continue in treatment (6 cases) and one (1) instance of clinician failure to obtain.
- Although helpful at the time of assessment, minimal useful information from the BAM regarding additional outcomes available.

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Details regarding the Global Appraisal of Individual Needs – Short Screener (GAIN-SS);

- Nine (9) months of data collection since implementation;
 - Collection rate of 70% at admission/assessment
 - Lower than desired due to:
 - Client refusal to complete
 - Clinician failure to administer – which was noted to be trend upwards during the year after initial implementation
 - Collection rate of 43% at discharge
 - Lower than desired due to:
 - Client unable to complete due to leaving treatment unexpectedly and client refusal to complete.
- Results as noted in chart below demonstrate:

- | | |
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| | <ul style="list-style-type: none">○ Decreases in self-report of symptoms and behaviors in all areas ranging from 32% to 89% drop in the areas of Internalizing Disorders and Crime/Violence Disorders○ Overall 61% decrease in report of symptoms and behaviors.○ Approximately 1/3rd were female, with no significant differences noted in changes from admission to discharge between genders. |
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CY 2017 Agency 12-Month Outcomes	
Agency Name: The Northern Ohio Recovery Association (NORA)	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	<p>SUD Treatment: Assessment, group counseling, individual counseling, medical somatic, family counseling, case management, urinalysis.</p> <p>NORA provided services to 3 non-Medicaid clients between January 1 and June 30, 2017. Of those 3 served, 2 completed successfully, and the third client did not meet the criteria for a SUD diagnosis and did not require services other than the assessment.</p> <p>NORA was allotted \$34,006.00 to provide service to non-Medicaid clients for the year of 2017. We were able to provide \$16,289.29 of services to non-Medicaid clients through June 30, 2017.</p> <p>NORA did not provide services to any non-Medicaid clients between July 1, 2017 and December 31, 2017. This left us a balance of \$17,716.71 of unused funds for the remainder of 2017.</p>
Metrics (<i>How will success be measured?</i>)	The following items were measured through our medical record system and CQI data: assessment availability, treatment engagement, treatment initiation, treatment appropriateness, medical, individualized services, evidenced based practices, treatment retention, consumer satisfaction, documentation compliance, SUD reportable incidents and medical benefits.
Program Goals or Objectives	<p>Assessment availability: Non-Medicaid clients will be seen for assessment within 72 hours of initial contact.</p> <p>Treatment Engagement: 80% of non-Medicaid clients will successfully engage in treatment.</p> <p>Treatment initiation: 90% of non-Medicaid clients will engage in 2 treatment service visits within 14 days of completion of assessment.</p> <p>Treatment appropriateness: 100% of non-Medicaid funded clients will be appropriate for the level of care they are admitted to.</p>

	<p>Medical: Increase the attention to physical health needs by having non-Medicaid funded clients seen by a nurse to review health history/needs.</p> <p>Individualized services: 80% of non-Medicaid funded clients will receive individualized services.</p> <p>Evidenced based practices: 100% of non-Medicaid funded clients that entered treatment will receive evidenced based services.</p> <p>Treatment retention: 70% of non-Medicaid funded clients will complete treatment without leaving treatment ASA or rejecting services.</p> <p>Consumer satisfaction: 70% of clients will be satisfied with care they received.</p> <p>Documentation compliance: Medical records will meet an 80% level of compliance with documentation requirements.</p> <p>SUD Reportable incidents: Meet the ADAMHS Board standards for timely initial reports and follow up on reportable incidents (MUI's).</p> <p>Medical benefits: Increase the number of initially non-Medicaid funded clients who obtain Medicaid or other health coverage by the time of discharge.</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>Assessment availability: 100.0% (3 of 3) of all non-Medicaid clients served received an assessment within 72 hours of their initial call to the agency. (goal met)</p> <p>Treatment Engagement: 100.0% (2 of 2, 1 N/A) of non-Medicaid clients successfully engaged in treatment. (20.0% over goal) The non-applicable client was not in need of services other than the initial assessment.</p> <p>Treatment initiation: 100.0% (2 of 2, 1 N/A) of non-Medicaid clients who entered treatment engaged in at least 2 treatment service visits within 14 days completing their</p>

assessment. (10.0% over goal) The non-applicable client was not in need of services other than the initial assessment.

Treatment appropriateness: 100% (2 of 2, 1 N/A) of non-Medicaid funded clients were appropriate for the level of care they were admitted to. (goal met) The non-applicable client was not in need of services other than the initial assessment.

Medical: 100.0% (1 of 1, 2 N/A) of non-Medicaid funded clients were seen by a nurse to review health history/needs. The 2 clients who are non-applicable were not in the residential support program and therefore didn't have access to the nurse which makes their status non-applicable for this benchmark/evaluation outcome data.

Individualized services: 100.0% (2 of 2, 1 N/A) of non-Medicaid funded clients received individualized services. (20% over goal) The non-applicable client was not in need of services other than the initial assessment.

Evidenced based practices: 100% of non-Medicaid funded clients who entered treatment received evidenced based services (Motivational Interviewing, Trauma Informed Care and the Matrix model). (goal met)

Treatment retention: 100% (2 of 2, 1 N/A) of non-Medicaid funded clients completed treatment without leaving ASA or rejecting services. Of those 2 admitted to treatment 2 have completed successfully. The non-applicable client was not in need of services other than the initial assessment. (30% over goal).

Consumer satisfaction: Based on post-treatment satisfaction surveys the average level of satisfaction of all NORA clients was 3.9 based on a 1 to 5 scale (.3 decrease). Of those who responded to the survey 91.2% would recommend the services of NORA to others which is a 24.6% increase (21.2% over goal)

Documentation compliance: The average percentage for record completeness and compliance for all NORA records reviewed was 91.7%. (11.7% over goal)

	<p>SUD Reportable incidents: There were 0 reportable incidents (MUI) for this reporting period.</p> <p>Medical benefits: 100.0% (1 of 1, 2 N/A) of initially non-Medicaid funded clients who entered treatment were enrolled in Medicaid or Medicaid expansion prior to discharge. In one of the non-applicable cases the client was an adolescent and the parent was not cooperative in enrolling client for benefits. The other non-applicable client was not in need of services other than the initial assessment and, therefore, we did not have the opportunity to continue to assist clients in obtaining benefits. (goal met)</p>
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CY 2017 Agency 12-Month Outcomes	
Agency Name: OhioGuidestone	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Behavioral Health Counseling
Metrics (<i>How will success be measured?</i>)	Achenbach Behavioral Checklist <ul style="list-style-type: none"> To measure improvement in behaviors including internalizing (problems within self), externalizing (ability to function and adapt to conflicts with others) and total problems
Benchmarks (<i>Industry Standards or Program Expectation Goals</i>)	At least 65% of the clients receiving services will: <ol style="list-style-type: none"> Show improvement in internalizing behaviors Show improvement in externalizing behaviors Show improvement in total problems Have overall satisfaction with services
Evaluation/ Outcome Data (<i>Actual program data achieved during reporting time period</i>)	Results Achieved 42 Board funded clients were enrolled, with 19 clients completing the program: <ol style="list-style-type: none"> 64% of clients completing the program showed improvement in internalizing behaviors. (compared to 58% in CY2016) 50% of clients completing the program showed improvement in externalizing behaviors. (compared to 66% in CY2016) 57% of clients completing the program showed improvement in total problems. (compared to 63% in CY2016) 91% of caregivers/clients were satisfied with services. (compared to 95% in CY2016)
CY 2017 Agency 12-Month Outcomes	

Agency Name: OhioGuidestone	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Early Childhood Mental Health (including prevention)
Metrics (<i>How will success be measured?</i>)	<p>Devereux Early Childhood Assessment – Infants and Toddler Form (DECA-I/T)</p> <ul style="list-style-type: none"> • To measure increases in protective factors <p>Devereux Early Childhood Assessment – Clinical Form (DECA-C)</p> <ul style="list-style-type: none"> • To measure increases in protective factors • To measure decreases in behavioral concerns
Benchmarks (<i>Industry Standards or Program Expectation Goals</i>)	<p>At least 65% of the children receiving services will:</p> <ol style="list-style-type: none"> 5. Show increase in Initiative (DECA-I/T and DECA-C) 6. Show increase in Attachment (DECA-I/T and DECA-C) 7. Show increase in Self-Regulation/Self-Control (DECA-I/T and DECA-C) 8. Show increase in Total Protective Factors (DECA-C) 9. Show reduction in Withdrawal/Depression (DECA-C) 10. Show reduction in Emotional Control Problems (DECA-C) 11. Show reduction in Attention Problems (DECA-C) 12. Show reduction in Aggression (DECA-C) 13. Show reduction in Total Behavioral Concerns (DECA-C) 14. Have overall satisfaction with services
Evaluation/ Outcome Data (<i>Actual program data achieved during</i>)	<p>Results Achieved</p> <p>225 Board funded clients were enrolled, with 128 clients completing the program:</p> <ol style="list-style-type: none"> 5. 41% of clients completing the program showed improvement in Initiative on the DECA-I/T and 36% showed improvement in Initiative on the DECA-C. 6. 47% of clients completing the program showed improvement in Attachment on the DECA-I/T and 41% showed improvement in Attachment on the DECA-C. 7. 56% of clients completing the program showed improvement in Self-Regulation on the DECA-I/T and 38% showed improvement in Self-Control on the DECA-C.

<i>reporting time period)</i>	<ol style="list-style-type: none"> 8. 44% of clients completing the program showed improvement in Total Protective Factors on the DECA-C. 9. 44% of clients completing the program showed reduction in Withdrawal/Depression on the DECA-C. 10. 49% of clients completing the program showed reduction in Emotional Control Problems on the DECA-C. 11. 38% of clients completing the program showed reduction in Attention Problems on the DECA-C. 12. 51% of clients completing the program showed reduction in Aggression on the DECA-C. 13. 49% of clients completing the program showed reduction in Total Behavioral Concerns on the DECA-C. 14. 98% of caregivers were satisfied with services. (compared to 96% in CY2016)
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CY 2017 Agency 12-Month Outcomes

Agency Name: ORCA House	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	AOD services: ORCA House provides intensive outpatient services to adults with ADAMHSB funds.
Metrics (<i>How will success be measured?</i>)	<p>ORCA House uses the following tools/methods to measure impact/success of its IOP services:</p> <ul style="list-style-type: none"> • The former ADASB Treatment Outcome Measures tool • Initiation and engagement in treatment which are measured via the Carelogic EHR system ORCA has begun to use. • Satisfaction survey completed by consumers at discharge.
Program Goals or Objectives	<ul style="list-style-type: none"> • ORCA compares its treatment completion rates to what it believes to be national standards for successful treatment completion which is 50% for intensive outpatient services. Successful treatment at ORCA is evidenced by: the consumer is abstinent from AOD, has a sober support system and has improved physical health at discharge from the IOP program. <p>ORCA utilizes indicators from the CY'16 ADAMHSB contract as additional benchmarks. These indicators pertain to clinical outcomes, risk management and AOD process outcomes.</p>
Evaluation/ Outcome Data (Actual results from program)	<ul style="list-style-type: none"> • ORCA served 26 ADAMHSB funded consumers in IOP. Of this number, 26 were discharged during the reporting period, 17 completed treatment successfully, and 9 were unsuccessful. The successful completion rate for ADAMHSB funded consumers was 65%. • ORCA's successful completion rates for ADAMHSB funded consumers either meet or exceed what it considers to be national standards. • ORCA's post-discharge specialist reached out to 75 clients within the last half of the calendar year and was able to reach 38 of those clients. Time post-discharge ranged

	<p>from 2 weeks to 14 months. 33 of the 38, or 86%, reported ongoing abstinence as well as attending self-help meetings and/or obtaining a sponsor; 2 clients reported attendance in another residential AOD program, 1 of the 38 reported arrests post discharge and 1 reported relapse.</p> <ul style="list-style-type: none"> • Of special note, ORCA conducted a consumer graduation in December for consumers who completed all recommended levels of care in the second half of 2017. In all, there were 15 individuals who completed all levels of care provided by ORCA, 7 of whom attended the graduation service. A high percentage of the 15 clients were previous ADAMHS clients who were able to obtain medical benefits during their services with ORCA. This is an accomplishment, since ADAMHS board funded consumers successfully completed a minimum of 30 days of residential treatment, 20 days of IOP and 12 Aftercare (outpatient) sessions.
CY 2017 Agency 12-Month Outcomes	
Agency Name: ORCA House	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	AOD services: ORCA House provides non-medical community residential treatment services for adults with ADAMHSB funds. These services are represented by 2 different programs, 1 for women and 1 for men.
Metrics (How will success be measured?)	<p>ORCA House uses the following tools/methods to measure success of its services:</p> <ul style="list-style-type: none"> • The former ADASB Treatment Outcome Measures tool • Initiation and engagement in treatment which are measured via the Carelogic ECR system. • Post-discharge follow up by the ORCA Post Discharge Specialist to measure individual's ongoing abstinence from AOD, number of arrests post discharge and involvement in a sober support system. • Satisfaction survey completed by consumers at discharge • Successful treatment completion rate of people whose families attended family services at ORCA House.

<p>Program Goals or Objectives</p>	<ul style="list-style-type: none"> • ORCA compares its treatment completion rates to what it believes to be national standards for successful residential treatment completion which is 65%. A successful treatment at ORCA means that at discharge from the program, the person is abstinent from AOD, has a sober support system and has improved physical health. • ORCA utilizes indicators from the CY'16 ADAMHSB contract as additional benchmarks. These indicators pertain to clinical outcomes, risk management and AOD process outcomes. • ORCA contacts discharged consumers to follow up on their status, especially to see how they fare with the NOMs. ORCA has not established benchmarks with follow up results but is currently determining what benchmarks to use in terms of numbers reached and status of consumers at various points in time post discharge from ORCA treatment programs. • ORCA tracks family involvement by tracking the number of client's whose family members meet to participate in family education meetings, as well as those whose family members meet for individual counseling sessions.
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<ul style="list-style-type: none"> • ORCA House served 206 ADAMHSB funded individuals in residential treatment during the reporting period. Of the 206 individuals funded, 13 consumers were in treatment and will carry over to the next reporting period which left a balance of 193 clients who were discharged from treatment during the reporting period. Of the 193, 136 or 70% successfully completed treatment. • ORCA's successful completion rates for ADAMHSB funded consumers in residential treatment were above national expectations for the reporting period. ORCA has shown improvement and has set goals to exceed the most recent percentage of successful completions during the next reporting period. • ORCA's post-discharge specialist reached out to 75 clients within the last half of the calendar year, and was able to reach 38 of those clients. Time post-discharge ranged from 2 weeks to 14 months. 33 of the 38, or 86%, reported ongoing abstinence as well as attending self-help meetings and/or obtaining a sponsor; 2 clients reported attendance in another residential AOD program, 1 of the 38 reported arrests post discharge and 1 reported relapse. • 51 family members/significant others of the residential consumers have participated in a family program which is funded by UWS.

	<ul style="list-style-type: none"> • ORCA is measuring treatment and initiation rates for all ORCA consumers through the Carelogic ECR system. The following data is specific to ADAMHSB funded consumers in all ORCA services. During the reporting period, initiation of treatment rates (2 services within 14 days of assessment) was 97% (N=377), engagement (2 services after initiation with 30 days) rates were 96% (N=363) and the rate for consumers who did not return was 4% (N=3). These rates exceed ADAMHSB FY '17 contract expectations. • During the reporting period, ORCA collected 65 surveys from people who were discharged from ORCA's residential treatment services. Some surveys did not respond to all questions. These surveys include but are not specific to ADAMHSB funded individuals. The surveys indicated the following info: 97% said that they actively participated in the creation of their treatment plan, 86% indicated that they understood the disease concept as a result of their treatment at ORCA, 77% said they saw their counselor at least weekly for individual sessions; only 26 during the first half of the calendar year and ORCA will make efforts to continue to improve those outcomes. • Of special note, ORCA recently completed a merger with Signature Health, Connections, and Family Planning. In addition, ORCA sold the property where ORCA is currently located and we are actively looking for a new location.
CY 2017 Agency 12-Month Outcomes	
Agency Name: ORCA House Sober Housing	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	AOD services: ORCA House is funded through an ADAMHS board grant to provide sober housing for men at the sober housing facility (Crawford House) which is owned by ORCA.
Metrics (How will success be measured?)	ORCA House uses the following tool/methods to measure success of this outpatient service: <ul style="list-style-type: none"> • Number of admissions to Crawford House

Program Goals or Objectives	Goal: Provide housing for adult males who are abstinent from substance use.
Evaluation/ Outcome Data (Actual results from program)	<ul style="list-style-type: none"> • Sober Housing Project: 20 ADAMHS funded males moved into Crawford House in 2017. 2 of the residents carried over into the 'CY 2018. 14 clients (78%) left the house successfully. (Successful-Transitioned to other housing with no evidence of a return to substance use). 4 clients were discharged due to a return to substance use. Admissions to ADAMHS funded housing increased during the 2017 calendar year. • 1 client who currently resides in the house is currently paying rent out of pocket without the assistance of the ADAMHS board. • ORCA House reaches out to community referral sources to let them know of the availability of sober beds at Crawford House. • Most men referred to Crawford have come directly from residential treatment and as a result, have maintained sober living which is crucial to their recovery. • There are two means for payment for residence at Crawford House, ADAMHS board funds and self-pay.

CY 2017 Agency 12-Month Outcomes	
Agency Name: Positive Education Program	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	PEP Connections CPST: 867 clients served
Metrics (<i>How will success be measured?</i>)	<p>Ohio Scales for Youth to measure improvement in Problem Severity and Functioning using two metrics:</p> <ul style="list-style-type: none"> • Change in score from intake to most recent assessment (statistical significance and effect size) • Percentage of clients achieving at improvement or partial improvement <p>Number and percent of clients successfully completing the program using two metrics</p> <ul style="list-style-type: none"> • Percentage of discharged clients rated as having fully or partially met mental health goals • Number and percentage of discharged clients avoiding new out-of-home placements
Program Goals or Objectives	<ol style="list-style-type: none"> 1. Assessed clients as a sample will achieve statistically significant improvement in both Problem Severity and Functioning. 2. 60 percent of clients will achieve at least partial improvement in both Problem Severity (5 scale units) and Functioning (4 scale units). 3. 70 percent of discharged clients will at least partially meet their mental health goals. 4. 65 percent of discharged clients will have had no new out-of-home placements while enrolled in PEP Connections CPST.
Evaluation/ Outcome Data (<i>Actual program data achieved</i>)	<p>Results Achieved</p> <ol style="list-style-type: none"> 1. Statistically significant improvement in Problem Severity (effect size 1.03) and Functioning (effect size 1.40) scores. [See Table 1] 2. 76 percent of clients achieved at least partial improvement in Problem Severity; 81 percent achieved at least partial improvement in Functioning. [See Table 2]

<i>during reporting time period)</i>	<ol style="list-style-type: none"> 3. 80 percent of discharged clients made at least partially met their mental health goals (45 percent fully met their MH goals) 4. 70 percent of discharged clients had no new out-of-home placements while enrolled in PEP Connections CPST. <p>Note: All four of the program goals/objectives were met.</p>
CY 2017 Agency 12-Month Outcomes	
Agency Name: Positive Education Program	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	PEP Connections Mental Health Assessment (MHA): 368 clients served
Metrics (<i>How will success be measured?</i>)	<p>Ohio Scales for Youth to measure improvement in Problem Severity and Functioning using two metrics:</p> <ul style="list-style-type: none"> • Change in score from intake to the second assessment (statistical significance and effect size) • Percentage of clients achieving at improvement or partial improvement
Program Goals or Objectives	<ol style="list-style-type: none"> 1. Assessed clients as a sample will achieve statistically significant improvement in both Problem Severity and Functioning. 2. 60 percent of clients will achieve at least partial improvement in both Problem Severity (5 scale units) and Functioning (4 scale units).
Evaluation/ Outcome Data (<i>Actual program data</i>)	<p>Results Achieved</p> <ol style="list-style-type: none"> 1. Statistically significant improvement in Problem Severity (effect size 0.93) and Functioning (effect size 1.02) scores. [See Table 3] 2. 73 percent of clients achieved at least partial improvement in Problem Severity; 70 percent achieved at least partial improvement in Functioning. [See Table 4]

<i>achieved during reporting time period)</i>	Note: Both of the program goals/objectives were met.
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CY 2017 Agency 12-Month Outcomes

Agency Name: Positive Education Program

Time Period Reported: January 1, 2017 through December 31, 2017

Name of Program or Service Provided with ADAMHSCC Funding	PEP Early Childhood Mental Health Community-Based Consultation: 304 clients served
Metrics (<i>How will success be measured?</i>)	<ul style="list-style-type: none"> • Number of families engaged in consultation • Percent of cases successfully closed • Percent of clients satisfied with consultation services • Percent of Intensive Parenting Support (IPS) caregivers/parents demonstrating increased resiliency • Percent of IPS caregivers/parents demonstrating decreased parenting-related stress
Program Goals or Objectives	<ol style="list-style-type: none"> 1. 300 or more families will be engaged in program services on an annual basis 2. 90 percent of cases will be successfully closed 3. 95 percent of program parents/caregivers will rate community consultation services positively—their average overall rating will be 4.80 on a 5-point scale 4. 80 percent of IPS children will move out of the “Need” category on the Total Protective Factors scale between first and last assessments on the Devereux Early Childhood Assessment – Clinical Form (DECA-C) 5. 80 percent of IPS caregivers/parents will report a decrease on the Total Stress scale between first and last assessments of the Parenting Stress Index (PSI)
Evaluation/ Outcome Data	<p>Results Achieved</p> <ol style="list-style-type: none"> 1. 304 families have been engaged in program services during calendar year 2017 2. 86 percent of cases have been successfully closed

<i>(Actual program data achieved during reporting time period)</i>	<ol style="list-style-type: none"> 3. 100 percent of ECMH Community-Based Consultation program parents/caregivers rated the consultation services positively—their average overall rating was 4.89 on a five-point scale. [See Table 5] 4. 73 percent of IPS children moved out of the “Need” category on the Total Protective Factors scale between first and last assessment of the DECA-C 5. 76 percent of IPS caregivers/parents reported a decrease on the Total Stress scale between first and last assessments of the PSI.
CY 2017 Agency 12-Month Outcomes	
Agency Name: Recovery Resources	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Alcohol and other drug addiction services <ul style="list-style-type: none"> • Addiction Treatment
Metrics <i>(How will success be measured?)</i>	<ol style="list-style-type: none"> 1. # of clients who are engaged and retained in addiction treatment. 2. # of uninsured individuals who receive addiction treatment services. 3. # of clients who successfully graduate from addiction treatment services.
Program Goals or Objectives	<ol style="list-style-type: none"> 1. The desired target is 80% engagement and 70% retention of AOD treatment clients (per Claims Data and BH Data). 2. In 2016, RR projected it would serve 214 uninsured individuals in addiction treatment. 3. Demonstrate statistically significant improvement in percentage of graduation rates over the prior year.
Evaluation/ Outcome Data	During this reporting period, <ol style="list-style-type: none"> 1. One thousand five hundred thirty six (1536) clients were engaged in addiction treatment.

(Actual results from program)	<ol style="list-style-type: none"> 2. Three hundred seven (307) uninsured individuals received addiction treatment services; increasing engagement by 43.4%. 3. Two hundred ninety two (292) 19% of clients discharged this period have successfully graduated from addiction treatment services. There was no significant statistical improvement in retention in 2017 when compared to outcomes data reported in 2016 (30%). RR is re-evaluating how to best engage and retain clients in addiction treatment services.
CY 2017 Agency 12-Month Outcomes	
Agency Name: Recovery Resources	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Forensic CPST: <ol style="list-style-type: none"> 1. Parole Assertive Community Treatment Team (P/ACT) 2. Mental Health/Developmentally Disabled (MHDD) 3. Conditional Release Unit (CRU)
Metrics (How will success be measured?)	<ol style="list-style-type: none"> 1. <u>P/ACT</u>: # of clients who obtain stable housing upon release from prison. # of clients who will not return to prison due to violations of supervision or new felony charges. 2. <u>MHDD</u>: # of clients who will be diverted from psychiatric hospitalization as a result of interventions provided through this program. 3. <u>CRU</u>: # of clients who will maintain CR status in the community.
Program Goals or Objectives	<ol style="list-style-type: none"> 1. P/ACT: Seventy-five (75) % of clients receiving services will: <ul style="list-style-type: none"> • Obtain stable housing upon release from prison. • Have decreased criminogenic risk as evidenced by no violations of supervision or new felony charges. 2. MHDD:

	<p>Demonstrate statistically significant improvement in the percentage of clients diverted from psychiatric hospitalization above the prior year.</p> <p>3. <u>CRU</u>: Fifty (50) % of CRU clients who are in the community will have no increased risk to self and community safety as evidenced by maintaining CR status.</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>1. <u>P/ACT</u> In 2017, there were eighty two (82) clients who received P/ACT services. There were thirty three (33) clients discharged from the program, of which sixteen (16) clients completed parole successfully. Also, ninety-one (91) % of P/ACT clients had stable housing, and ten (10%) had technical supervision violations.</p> <p>2. <u>MHDD</u> The MHDD program provided services to two hundred fourteen (214) clients during this reporting period. Of these 214 clients, two hundred and one (201) or 93% were diverted from psychiatric hospitalization, and one hundred sixteen (116) were discharged (either to a lower level of care due to completion of probation or they were discharged from the agency). Five (5) clients died during this period, two due to suicide, one homicide victim, one due to overdose, and one of natural causes.</p> <p>3. <u>CRU</u> There were one-hundred eighty-one (181) NGRI/ISTU-CJ clients served by CRU under court jurisdiction this reporting period. Three (3) clients had their CR status revoked during this period, and the maximum number of individuals on Conditional Release status during a particular quarter during this time was ninety-eight (98).</p>
CY 2017 Agency 12-Month Outcomes	
Agency Name: Recovery Resources	
Time Period Reported: January 1 through December 31,2017	
Name of Program or Service Provided with ADAMHSCC Funding	<p>Community-Based Correctional Facility (CBCF)</p> <p>Cuyahoga County Forensic Liaison</p> <p>Municipal Court Liaison</p>

<p>Metrics (<i>How will success be measured?</i>)</p>	<p><u>CBCF:</u> 1. Severely mentally ill defendants will be linked to mental health treatment.</p> <p><u>Cuyahoga County Forensic Liaison:</u> 1. Severely mentally ill defendants will be linked to mental health treatment.</p> <p><u>Municipal Court Liaison:</u> 1. Severely mentally ill defendants will be linked to mental health treatment.</p>
<p>Program Goals or Objectives</p>	<p><u>CBCF:</u> Cuyahoga County (Common Pleas and Municipal Courts) identify linking severely mentally ill defendants to mental health services to divert from long term incarceration that would serve no benefit to the client or community at large. Defendants who are mentally ill are much less likely to re-offend if they are engaged in mental health treatment. <i>*Although SAMSHA and other experts recognize the value of diversion, there is not enough research to date to establish benchmarks.</i></p> <p><u>Cuyahoga County Common Pleas Forensic Liaison:</u> Severely mentally ill defendants will be linked to mental health treatment.</p> <p><u>Municipal Court Liaison:</u> Defendants will be linked to mental health and/or addictions treatment.</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p><u>CBCF:</u> During this reporting period: 1. Recovery Resources provided services (screening, assessment, group/individual treatment and CPST) to a total of five-hundred forty-four (544) clients at the CBCF during this reporting period.</p> <p><u>Cuyahoga County Common Pleas Forensic Liaison:</u> 1. Recovery Resources provided linkage to mental health services for one hundred fifty-seven (157) clients, and facilitated transfers for one hundred sixty-one (161) inmates to North Coast Behavioral Healthcare for additional treatment.</p> <p><u>Municipal Court Liaison:</u></p>

	<ol style="list-style-type: none"> 1. Recovery Resources provided linkage to mental health services to seventy nine (79) clients and had three hundred seventy-six (376) interactions with municipalities regarding client mental health and addiction needs.
Name of Program or Service Provided with ADAMHSCC Funding	<p>Mental Health Services:</p> <ol style="list-style-type: none"> 1. CPST 2. Pharmacological Management 3. Warmline
Metrics (<i>How will success be measured?</i>)	<ol style="list-style-type: none"> 1. <u>CPST:</u> % of CPST services delivered in the community. 2. <u>Pharmacological Management:</u> Increase # of clients who receive an Initial Psychiatric Assessment (IPA). 3. <u>Warmline:</u> Decrease in # of complaints due to not having unanswered calls.
Program Goals or Objectives	<ol style="list-style-type: none"> 1. <u>CPST:</u> 70% of Adult CPST is delivered in the community. (A6) <i>MACSIS claims data</i> 2. <u>Pharmacological:</u> Increase the number of clients who receive an IPA each reporting period by a statistically significant percentage. 3. <u>Warmline:</u> Decrease the number of Warmline complaints due to unanswered calls by a statistically significant percentage compared to the prior year.
Evaluation/ Outcome Data (Actual results from program)	<p>During this reporting period:</p> <ol style="list-style-type: none"> 1. <u>CPST:</u> During 2017, 57% of face-to-face CPST services were provided in the community (43% in RR office, 18% in the client's home, and 39% in other community settings). While this metric is consistent with 2016 reporting of 60% of services delivered in the community, RR will continue to emphasize community based service provision through ongoing training and supervision.

	<p>2. <u>Pharmacological Management:</u> During 2017, RR completed 444 Initial Psychiatric Assessments (IPA). This is consistent with the number of IPA's completed in 2016 (440 IPA's). While RR will strive to continue to increase the number of IPA's completed, there was no significant increase in prescriber time / capacity from 2016 to 2017. RR has already hired an additional full time prescriber in January of 2018, as well as increasing the number of assessments completed. These changes should translate to additional IPA's completed in 2018.</p> <p>3. <u>Warmline:</u> In 2017, there was no increase or decrease of complaints due to not having a call answered when data was compared to our most recent reporting period with an average of three (3) complaints due to unanswered calls.</p>
CY 2017 RFI Agency Outcome Measures	
Agency Name: Recovery Resources	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	AOD Prevention: <ul style="list-style-type: none"> • STEPS Parenting Program • HALO • PRIME for Life • Project Success • Problem Identification and Referral (PIR) • Project Success Detention Center • Life Skills
Metrics <i>(How will success be measured)</i>	<u>STEPS Parenting Program</u> Projected Enrollment of 235 participants. Of these participants, 141 (60%) will achieve the following milestones: <ul style="list-style-type: none"> • Demonstrates positive communication skills • Demonstrates clear, consistent rule setting and expectations regarding substance abuse

HALO:

Projected enrollment of 115 participants. Of these participants, 69 (60%) will achieve the following milestones:

- Demonstrates positive communication skills
- Identifies harmful effects from substance abuse

PRIME for Life:

Projected enrollment of 199 participants. Of these participants, 119 (60%) will achieve the following milestones:

- Identifies harmful effects of substance abuse
- Identifies drug free alternative activities

Project Success:

Projected enrollment of 175 participants. Of these participants, 105 (60%) will achieve the following milestones:

- Identifies harmful effects of substance abuse
- Identifies drug free alternative activities

Problem Identification & Referral (PIR):

Projected enrollment of 75 participants. Of these participants, 45 (60%) will achieve the following milestones

- Demonstrates agreement to work on goals
- Identify harmful effects from substance abuse

Project Success Detention Center:

Projected enrollment of 225 participants. Of these participants, 135 (60%) will achieve the following milestones:

- Identifies drug free alternative activities:
- Identifies harmful effects from substance use.

Life Skills Prevention Education:

Projected enrollment of 225 participants. Of these participants, 135 (60%) will achieve the following milestones:

- Identifies drug free alternative activities:
- Identifies harmful effects from substance use.

<p>Benchmarks (Industry Standards or Program Expectation Goals)</p>	<p><u>S.T.E.P. Parenting Program:</u> RR did not meet its projected enrollment of 235 participants for this reporting period. Of the 153 participants enrolled in the program:</p> <ul style="list-style-type: none"> • 125 (82%) demonstrated positive communication skills. • 98 (64%) demonstrated clear, consistent rule setting and expectations regarding substance abuse. <p><u>HALO:</u> RR exceeded its projected enrollment of 115 participants. Of the 184 participants enrolled in the program:</p> <ul style="list-style-type: none"> • 119 (65%) demonstrated positive communication skills. • 130 (71%) identified harmful effects from substance abuse. <p><u>PRIME for Life:</u> RR exceeded its projected enrollment of 199 participants. Of the 243 participants enrolled in the program:</p> <ul style="list-style-type: none"> • 219 (90%) identified harmful effects from substance abuse. • 190 (78%) identified drug free alternative activities. <p><u>Project SUCCESS:</u> RR exceeded its projected enrollment of 175 participants. Of the 452 participants enrolled in the program:</p> <ul style="list-style-type: none"> • 219 (79%) identified harmful effects from substance abuse. • 190 (67%) identified drug free alternative activities. <p><u>Problem Identification & Referral (PIR)</u> RR did not meet its projected enrollment of 75 participants for this reporting period. Of the 63 participants enrolled in the program:</p> <ul style="list-style-type: none"> • 62 (98%) agreed to work on meeting goals identified in the intervention plan. • 54 (86 %) identified harmful effects from substance abuse. <p><u>Project SUCCESS Detention Center</u> RR exceeded its projected enrollment of 225 participants. Of the 283 participants enrolled in the program:</p> <ul style="list-style-type: none"> • 219 (77%) identified drug free alternative activities. • 212 (75%) identified harmful effects from substance abuse.
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	<p><u>Life skills</u> RR exceeded its projected enrollment of 225 participants. Of the 339 participants enrolled in the program:</p> <ul style="list-style-type: none"> • 258 (76%) identified harmful effects from substance abuse. • 258 (76%) identified drug free alternative activities.
CY 2017 Agency 6-Month Outcomes	
Agency Name: Recovery Resources	
Time Period Reported: July 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Employment <ul style="list-style-type: none"> • Employment Alliance
Metrics (<i>How will success be measured?</i>)	<u>Employment Alliance</u> <ol style="list-style-type: none"> 1. Number Served (unduplicated) 2. Number of Placements 3. Average # of weeks from Intake to Placement 4. Average # of hours worked per week 5. Average Hourly Wage 6. Percentage of those placed who had criminal backgrounds 7. Percentage placed who will receive benefits 8. Retention
Program Goals or Objectives	<ol style="list-style-type: none"> 1. Achieve 170 annual placements. 2. Increase number of clients placed in competitive employment. 3. 120 persons retain positions (90 days). 4. 65% of persons retained positions. 5. Average wage per hour \$9.75. 6. Number of hours worked a week 28.
Evaluation/	During this reporting period:

Outcome Data (Actual results from program)	<ol style="list-style-type: none"> 1. Number Served: 440 2. Number of Placements: 142 (84) % 3. Average # of weeks from Intake to Placement: 10 4. Average # of hours worked per week: 29 5. Average Hourly Wage: \$9.95 6. Percentage of those placed who had criminal backgrounds: 55% 7. Percentage placed who will receive benefits: 14% 8. Retention: 67%
CY 2017 Agency 6-Month Outcomes	
Agency Name: Recovery Resources	
Time Period Reported: January 1 through June 30, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Recovery Resources Housing
Metrics <i>(How will success be measured?)</i>	<u>Recovery Resources Housing</u> % of residents who maintain occupancy (RR housing) or achieve self-sufficiency and acquire independent housing
Program Goals or Objectives	RR Housing: <ol style="list-style-type: none"> 1. 90% of the overall residents receiving services will maintain occupancy. 2. 10% of the overall residents will move into independent housing as a result of self-sufficiency.
Evaluation/ Outcome Data (Actual results from program)	RR Housing: In 2017, RR provided housing services for 70 clients, out of a potential 63 beds, with 7 beds in the Euclid House facility purposely not filled, due to the pending sale/closing of the facility. With the given turnover rate, Recovery Resources expected to serve 76 clients by the end of CY17. Of those: <ul style="list-style-type: none"> • A total of 27 terminations were completed during this period • A total of 16 or 25.3% of clients acquired employment.

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| | <ul style="list-style-type: none">• A total of 21 or 33.3% of clients were able to secure self-sufficiency and move into their own unsubsidized housing through obtainment of employment, SSI funds or family assistance, an increase from 6.45% during the prior 6 months.• 84.12% of clients obtained or maintained Social Security (SSI, SSDI) benefits or VA Benefits. |
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The average monthly occupancy rate was 88.57% for clients who live in RR owned housing. The average rent collection rate was 95.23%.

CY 2017 Agency 12-Month Outcomes

Agency Name: St. Vincent Charity Medical Center Behavioral Health

Time Period Reported: January 1 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>The PED at St. Vincent’s offers crisis stabilization, assessment and treatment for individuals experiencing mental health emergencies and linkages to appropriate inpatient or outpatient services for those in need of follow up and longer term care. The PED serves male and female clients ages 18 and older from Cuyahoga and the surrounding counties and juveniles as needed with disposition to appropriate facilities for extended stay.</p> <p>The PED is a referral source for all area hospitals, mental health facilities, public safety/first responder forces and other community agencies, and is an important training ground for medical and nursing students as well as those training to work in local/county-wide emergency services and crisis intervention (CIT). The PED completes 2nd opinions for clients who are uninsured, for admission into NorthCoast State Hospital, when there is a dispute regarding level of care needed to treat the client between local emergency room physicians and Frontline Services Crisis Workers.</p>
<p>Metrics (<i>How will success be measured?</i>)</p>	<p>On a monthly basis, the agency tracks statistics which include presenting problems, daily census, number of patients served, referral sources, disposition, and primary diagnosis. A report is submitted to the Cuyahoga County ADAMHS board on a monthly basis.</p>
<p>Program Goals or Objectives</p>	<p>The PED is one of 6 dedicated psychiatric emergency rooms across the United States. It is one of two dedicated psychiatric emergency rooms in Ohio. The PED is the only facility of its kind in Northeast Ohio.</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>For the time period between Jan. 1 - Dec. 31, 2017 the PED served 3752 patients:</p> <ul style="list-style-type: none"> • Of those 3752 patients, 2913 patients (78%) received crisis intervention services. • 23 Hour Observation services were provided to 449 patients • 1377 patients received pre-hospital screening services <p>Referral Sources to PED:</p> <ul style="list-style-type: none"> • 1321 of the referrals were police/forensic/APS

- 413 of the referrals were EMS/Fire Department
- 196 of the referrals were Probate (WOD)
- 368 of the referrals were Mobile Crisis Team
- 13 of the referrals were from jail
- 273 of the referrals were from private hospitals
- 236 of the referrals were from nursing homes
- 17 of the referrals were from group homes
- 40 of the referrals were from community mental health centers
- 1205 of the referrals were patient/family/friend referrals

Disposition:

- 90 patients were transferred to Northcoast State Hospital
- 1223 patients were admitted to St. Vincent psychiatric units
- 1422 patients were referred to Community Mental Health Centers
- 22 patients were referred to 6B inpatient Rosary Hall
- 955 patients were referred to CD services
- 47 patients were discharged to jail
- 1553 patients were discharged to home
- 461 patients were discharged to a homeless shelter
- 63 patients were discharged to a group home
- 68 patients were discharged to a nursing home
- 83 patients were admitted to a St. Vincent medical unit
- 25 patients were discharged to the crisis stabilization unit
- 17 patients were discharged to private hospitals

Primary Diagnosis:

- Schizophrenia 1063 patients
- Schizoaffective 362 patients
- Major affective Disorder 906 patients
- Depressive disorder 192 patients
- Anxiety/Adjustment disorder 519 patients
- Substance Abuse Disorder 867 patients
- Intermittent Explosive Disorder 0 patients

	<ul style="list-style-type: none"> • Impulse Control 14 patients • Dementia 60 patients • Personality Disorder 52 patients • Intoxication 157 patients • Malingering 128 patients • Other 395 patients
CY 2017	
AGENCY NAME: Rosary Hall at St. Vincent Charity Medical Center	
Time Period Reported: January 1, 2017 – December 31, 2017	
Services	AOD: Intensive Outpatient, Detoxification, Non-Intensive Outpatient, Assessment, Case Management., Crisis Intervention; Family Counseling; Individual Counseling; Group Counseling; Urinalysis; <i>Suboxone Grant (MAT) – Transportation Grant Fund</i>
Outcomes Measures	<p>For consumers using sub-acute/acute detox services, the agency tracks the percentage of consumers reaching these Treatment Milestones:</p> <ul style="list-style-type: none"> • Customer engaged in detoxification treatment • Customer Demonstrates/verbalizes understanding of addiction • Customer commits to next level of care • Customer Demonstrates improved physical health at discharge <p>For consumers using IOP services, the agency tracks the percentage of consumers reaching these Treatment Milestones:</p> <ul style="list-style-type: none"> • Customer engages in IOP Treatment • Customer Demonstrates a Willingness to follow treatment recommendations • Customer develops a plan to address recovery needs • Customer modifies addictive / abusive behaviors • Customer initiates and sustains active involvement in sober support community • Customer utilizes recovery skills • Customer adapts healthy lifestyle choices

	<ul style="list-style-type: none"> • Consumers achieves abstinence and maintains positive and supportive relationships and at discharge.
Results	<p>Sub Acute/Acute Detox:</p> <ul style="list-style-type: none"> • Customer engages in detoxification treatment 201 • Demonstration and verbalizes understanding of addiction 178 88.5% • Customer commits to next level of care 178 88.5% • Customer Demonstrates improved physical health at discharge 128 63.6% <p>In CY 2017 Rosary Hall estimated that 70% would be successful and commit to the next level of care at discharge.</p> <p>In 2017 we missed our target goal by 6.4%. This is due to the increased number of AMAs from our detox unit, which 85% of the AMA's are patients with opiate use disorders.</p> <p>IOP services:</p> <ul style="list-style-type: none"> • Customer engages in IOP treatment 89 • Customer Demonstrates a willingness to follow treatment recommendations 80 89.8% • Customer develops a plan to address recovery needs 75 84.2% • Customer Identifies and modifies addictive/abusive behaviors 70 78.6%

	<ul style="list-style-type: none"> • Customer initiates and sustains active involvement in sober support community 64 71.9% • Customer utilizes recovery skills 60 67.4% • Customer adapts healthy lifestyle choices 56 63.0% • Consumers achieves abstinence and maintains positive and supportive relationships at discharge 56 63.0% <p>In CY 2017 Rosary Hall estimated that 62.5% would achieve abstinence at discharge. In 2017 we exceeded that by 0.5%. We are on target toward reaching our goal of 70%</p>
Outcomes Measures	<p>For consumers using Non-Intensive Outpatient treatment services(NIOP – Tues & Thurs), the agency tracks the percentage of consumers reaching these Treatment Milestones:</p> <ul style="list-style-type: none"> • Customer engages in IOP Treatment • Customer Demonstrates a Willingness to follow treatment recommendations • Customer develops a plan to address recovery needs • Customer modifies addictive / abusive behaviors • Customer initiates and sustains active involvement in sober support community • Customer utilizes recovery skills • Customer adapts healthy lifestyle choices • Consumers achieves abstinence and maintains positive and supportive relationships and at discharge.
Results	<p>Non-Intensive Outpatient Treatment services (NIOP)Tues & Thurs:</p> <ul style="list-style-type: none"> • Customer engages in NIOP treatment 8

	<ul style="list-style-type: none"> • Customer Demonstrates a willingness to follow treatment recommendations 8 100% • Customer develops a plan to address recovery needs 8 100% • Customer Identifies and modifies addictive/abusive behaviors 8 100% • Customer initiates and sustains active involvement in sober support community 8 100% • Customer utilizes recovery skills 8 100% • Customer adapts healthy lifestyle choices 8 100% • Consumers achieves abstinence and maintains positive and supportive relationships at discharge 8 100% <p>In CY 2017 Rosary Hall estimated that 70% would be successful at discharge. We exceeded that by 30% with 100% completion. In 2017 we surpassed our goal of 70%.</p>
Outcomes Measures	<p>(M.A.T.) Medication Assisted Treatment – Suboxone Grant</p> <p>For consumers using services provided through the Suboxone MAT Grant, the agency tracks the percentage of consumers reaching these Treatment Milestones:</p> <ul style="list-style-type: none"> • Customer engages in detoxification treatment • Customer Demonstrates a Willingness to follow treatment recommendations • Customer develops a plan to address recovery needs and begins the Suboxone protocol • Customer commits to next level of care (IOP) • Customer identifies and modifies addictive / abusive behaviors

	<ul style="list-style-type: none"> • Customer initiates and sustains active involvement in sober support community • Customer utilizes recovery skills and completes IOP • Customer adapts healthy lifestyle choices and completes NIOP/Aftercare • Consumers achieves abstinence and maintains positive and supportive relationships at the end of the grant or after receiving Medicaid benefits.
Results	<p>(M.A.T.) Medication Assisted Treatment – Suboxone Grant</p> <ul style="list-style-type: none"> • Customer engages in detoxification treatment 12 100% • Customer demonstrates a willingness to follow treatment recommendations 12 100% • Customer develops a plan to address recovery needs and begins the Suboxone protocol 12 100% • Customer commits to next level of care (Residential/IOP) 12 100.0% • Customer Identifies and modifies addictive/abusive behaviors 7 58.3% • Customer initiates and sustains active involvement in sober support community 7 58.3% • Customer utilizes recovery skills and completes Residential and/or IOP 6 50.0% • Customer adapts healthy lifestyle choices and completes NIOP/Aftercare 4 33.3% • Consumers achieves abstinence and maintains positive and supportive relationships at the end of the grant or after receiving Medicaid benefits. 4 33.3 %

	<p>Note: With the four customers who have completed the program and the two who remain in treatment, our Completion rate is 50.0%</p> <p>In 2017, four of the twelve successfully completed the program. Two of the twelve that began are still in Residential or IOP/NIOP. Since 60-day residential treatment is a requirement after being discharged from detox, followed by three months of IOP/NIOP, <u>we have a 50.0% completion rate.</u></p> <p>In CY 2017 Rosary Hall estimated that 65% would be successful at discharge/completion of residential and IOP.</p> <p>In 2017 50.0% are currently succeeding in the program. We were not on target towards reaching our goal of 70%</p> <p><i>It is important to note that in June of 2015, we revised our program to only accept clients from detox who agreed to go to 60-day residential treatment at Matt Talbot, followed by Rosary Hall's IOP & NIOP. Since this revision, in 2017 four have completed the program and two are currently still in Rosary Hall's non-intensive treatment program. We will work harder and develop ideas and strategies to improve our completion rate for 2018. More engagement/visits with the suboxone case manager at the residential and outpatient phase of treatment and utilizing more M.I and CBT to assist the client.</i></p>
	<p>Transportation Grant Funds.</p>
<p>Outcomes Measures</p>	<p><u>ADAMHS Funded Cab Vouchers and Bus Tickets</u></p> <p>For consumers utilizing <u>Cab Vouchers</u>:</p> <ul style="list-style-type: none"> • From January 1, 2017 to June 23, 2017 we used 75 cab vouchers. • We use vouchers to not only send people to Matt Talbot for Men or Women, but to send patients to other residential treatment programs in the community, i.e. Orca

<p>Results</p>	<p>House, Hitchcock Center for Women, Leah House, Hispanic UMADOP, etc. We have use the vouchers to send people to residential programs when the residential program informs us that the client has to be there by a certain time, and our courtesy van is not available at that time. We feel that this is a barrier to getting the client to the next level of care (residential treatment) so we utilized the vouchers to make sure that the transition is a smooth one.</p> <ul style="list-style-type: none"> • NOTE: As of June 23, 2017 the Yellow Cab Company of Cleveland closed. We were approved by Frank Brickner of the ADAMHS Board on July 10, 2017, via email, to utilize the cab voucher dollars to support or Pilot Circulation/Uber program that began in June 2017. • Customer transitioned to the next level of care (Residential) 100% • Customer commits to next level of care (Residential) 100%
<p>Outcome Measures</p>	<p>For consumers utilizing <u>Bus Tickets</u>:</p> <ul style="list-style-type: none"> • How many patients in our day and evening IOP programs utilized Bus Tickets: (IOP, NIOP, OP) From January 1, 2017 to June 30, 2017 we utilized 910 bus tickets. We enabled 60 clients to attend IOP treatment, NIOP treatment, outpatient (OP) treatment, individual counseling sessions and detox. Please note that each all-day pass also assist the clients with attending their mandatory three AA/NA meetings per week. This eliminates the barrier of not having money for transportation to and from AA/NA meeting that many of our clients mention as a barrier. • Customers engaged in IOP Treatment programs that received bus tickets 60 100% • Customers receiving transportation assistance 60 100% • Consumers receiving transportation assistance achieve abstinence

<p>Outcome Measures</p>	<p>and maintain positive and supportive relationships at discharge. 35 58%</p> <p><u>Ticket Distribution:</u></p> <ul style="list-style-type: none"> • Daytime IOP & Daytime Aftercare & Daytime Individual Counseling: included in the 566 Total tickets • Evening IOP & Evening Aftercare & Evening Individual Counseling: 320 Total Tickets • Evening Non-Intensive Outpatient Program (OP): 2 Total Tickets • Detox Program: 22 Total Tickets <p>In CY 2017 Rosary Hall estimated that 50% of the clients receiving transportation assistance would be successful at discharge. In 2017 we exceeded our goal by 8 %. We are on target toward reaching our goal of 60%</p> <p><u>Note:</u> August 15, 2016 the Cleveland Regional Transit Authority raised their rate for an all-day pass from \$5.00 to \$5.50.</p> <p>This increase allows Rosary Hall to purchase only 910 all-day passes in CY 2017 instead of the 1000 that were purchased in 2016. In the ADAMHS 2018 proposed funding recommendation for Rosary Hall, they have not allotted for any transportation dollars in for the 2018 CY contract.</p>
<p>Results</p>	<p>1. <u>Did we experience any challenges with transportation?</u> Yes, we ran out of funds July 10, 2017 and were not able to continue assisting clients with the needed bus passes to assist them with accessing and completing their treatment.</p>

	<p>2. <u>Has the need for transportation resources grown, stayed the same, or declined?</u> Stayed the same, the population we serve are truly in need of assistance with transportation, without this ADAMHS grant it would cost out clients \$25/week totaling \$100/month, and this is not possible for our clients.</p> <p>3. <u>Some benefits of providing transportation for our patients.</u> One daily pass enables clients to: get to and from treatment daily, get to and from their AA/NA meeting daily, allows them to keep their appointments, which may be a part of their treatment and builds their self-esteem, confidence and their level of responsibility.</p> <p>4. <u>Personal story:</u> One client told me after she completed treatment “the bus tickets helped her to complete the program. Thank you Rosary Hall”.</p>
<p>Outcomes Measures</p>	<p><u>ADAMHS Fund Uber/Lyft Transportation</u></p> <ul style="list-style-type: none"> • Customers receiving rides to and from their initial assessment. • Customers engaging and receiving transportation assistance in IOP, OP, NIOP and Individuals • Consumers receiving transportation assistance achieve 100% participation and/or remained in the IOP programs • Number of clients remaining in the program at the end of CY 2017 • Number of clients who dropped out of treatment because of transportation reasons. <p>For consumers utilizing <u>Uber/Lyft:</u></p> <ul style="list-style-type: none"> • Customers receiving rides to and from their initial assessment. 73 100% • Customers engaging and receiving transportation assistance in IOP, OP, NIOP and Individual 65 89.0%
<p>Results</p>	

<p>Outcome Measures</p>	<ul style="list-style-type: none"> • Consumers receiving transportation assistance achieve 100% participation and/or remained in the IOP programs 44 68.0% • Number of clients remaining in the program at the end of CY 2017 21 • Number of clients who dropped out of treatment because of transportation reasons. 0 00.0% <p>In CY 2017 Rosary Hall commenced this program on June 12, 2017. Rosary Hall will provide estimates for CY 2018 based upon the 6 month data listed above. In CY 2018 we will be able to provide an achievement and participation goal for the next CY.</p> <p><u>Uber/Lyft Distribution:</u></p>
<p>Results</p>	<ul style="list-style-type: none"> • Dates of service: • Programs services provide to: assessments, IOP treatment, NIOP treatment, outpatient (OP) treatment and individual counseling sessions. • Number of clients served: • Number of rides we have provided: • Of the numbers of rides provided how many sessions were attended: • Number of session accounts for: • How many miles were covered: <ul style="list-style-type: none"> • Dates of service: June 12, 2017 to December 31, 2017 • <i>Programs served:</i> Assessments IOP treatment, NIOP treatment, outpatient (OP) treatment, and individual counseling sessions. • Number of clients served: We assisted 73 clients • Number of rides we have provided: 1, 379 rides. • Of the numbers of rides provided how many sessions were attended: 892 sessions - IOP/NIOP/OP • Number of sessions accounts for: 1,784 rides (Clients often share rides; individual sessions not included in count)

	<ul style="list-style-type: none"> • How many miles were covered: 9, 299.47 miles were covered
Results	<ol style="list-style-type: none"> 1. <u>Did we experience any challenges with Uber/Lyft transportation?</u> For clients who do not have an active cell phone or land line, we had challenges getting the Uber/Lyft driver's information to them. We purchased a cell phone for Rosary Hall and connected with sober house managers to solve this problem. 2. <u>Has the need for Uber/Lyft transportation resources grown, stayed the same, or declined?</u> The need continues to grow as more people learn about this resource. Please Note: During the beginning of the program in mid-June through July 30, 2017, we piloted the program with the sober houses in Cuyahoga county, that were receiving ADAMHS board dollars through Stella Maris, to assist their residents with 90-days of rent for clients living in sober houses. During that time we had a success rate of 100%, none of the clients had missed a day of treatment as a result of issues with transportation. In November 2017 the ADAMHS board announced that the sober housing funds would not be renewed for 2018, and many of the sober houses we were piloting the Uber transportation program with, dropped out and stopped sending their residents to Rosary Hall for IOP. We are re-engaging the owners of the sober houses as well as the owners of Recovery Homes , certified by Ohio Recovery Housing (ORH) in the February of 2018. 3. <u>Some benefits of providing transportation for our patients.</u> Clients utilizing the Uber/Lyft transportation were less stressed when they arrived for group. Uber/Lyft rides builds their self-esteem, confidence and their level of responsibility. We have eliminated transportation as a barrier to attending treatment. Door-to-door transportation allows our clients to avoid the pitfalls (i.e. running into friend who is using or dealer; being in the presence of people who are using) that using public transportation may bring. This transportation provides dignity and quiet time to process what the client learned during treatment. <p><u>Personal story:</u></p>

	<p>A female client informed her counselors: “Being able to utilize our <u>Uber/Lyft</u> transportation program, she doesn’t have to be worried about being approached by 2-3 drug dealers, asking her if she wanted to buy some drugs on her way to and from group therapy. Without <u>Uber/Lyft</u> transportation this would occur every day. She also said there is a lot of stress on the RTA bus and by utilizing <u>Uber/Lyft</u> that level of stress has been removed”.</p> <p>One client told her counselor “after I began utilizing our <u>Uber/Lyft</u> transportation program “if it had not been for the agency providing her with <u>Uber/Lyft</u> transportation, I wouldn’t have been able to complete my IOP program. I have been to other agencies and always dropped out because I couldn’t get there, but Rosary Hall was different, please keep Uber”.</p> <p>A client is IOP stated: “Rosary Hall’s <u>Uber/Lyft</u> transportation program is awesome especially, during the cold winter months when the wind chill factor is below zero, and I’m standing at a bus stop considering turning around and going back home”. This is a barrier he doesn’t have to worry about.</p>
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OUTCOMES MANAGEMENT/DATA

The following Brief Addiction Monitor data represents our current data since January 1, 2017. Our Intensive Outpatient program is a total of five months long if the client completes both the IOP and NIOP programs. Since many of our clients are still new and currently in the program, most of our data is admission data. This data represents the average percentage of **Use, Risk and Protective** factors of all clients that have taken the Brief Addiction Monitor at admissions.

Average of Use Score: 4.09%. If a patient scores a 1 or greater, it calls for further examination and clinical attention, e.g. consider addition of pharmacotherapy or higher level of care, add motivational interviewing.

Average of Risk Factor Score: 7.08%. If a patient scores a 12 or greater, it calls for further examination and clinical attention, e.g. refer for medical or mental health consultation, add CBT or relapse prevention skills training.

Average of Protective Factors Score: 14.7%. If a patient scores a 12 or below, it calls for further examination and clinical attention, e.g. treatment plan might include building sober support networks, 12 step facilitation, or work with a case manager for work or income assistance.

It is important to compare most recent BAM scores with prior BAM scores to assess changes in functioning and risk status. The goal is to see sizeable changes on each scale with each administration of the BAM. This data will be collected upon client's completion of their treatment program. It is important to take into consideration the relative scores on risk and protective factors: If protective factor score is greater than risk factor score, the patient is less at risk for use.

CY 2017 Agency 12-Month Outcomes	
Agency Name: The Salvation Army (Harbor Light Complex)	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Residential Sub Acute Detoxification
Metrics <i>(How will success be measured?)</i>	Success is measured by an individual entering in the Residential Sub-Acute Detox program, achieving abstinence with improved health status at discharge.
Benchmarks <i>(Industry Standards or Program Expectation Goals)</i>	<p>Success is measured by:</p> <ol style="list-style-type: none"> 1. Completing basic Case Management (95%) 2. Completing an Assessment (70%) 3. Completing an Individualized Treatment Plan (70%) 4. Completing Medical-Somatic Services (60%) 5. Complete referral to the next appropriate level of care (45%) <p>“During FY2017, of the 350 customers served by Salvation Army in the Sub-Acute Detox level of care, 230 will achieve abstinence and demonstrate improved health status at discharge.”</p>
Evaluation/ Outcome Data <i>(Actual program data achieved)</i>	<p>697 Clients were admitted to the Sub-Acute detoxification program.</p> <ol style="list-style-type: none"> 1. 697 Clients received Case Management services. = 100% 2. 608 Clients completed Assessment. = 87% 3. 608 Clients completed an Individual Treatment Plan. = 87% 4. 444 Clients completed Medical-Somatic services. = 64%

<i>during reporting time period)</i>	<p>5. 127 clients were successfully referred to and verified arrival at the next level of care. = 29%</p> <p>Target rate for clients verified at next level of care was 45%, achieved rate is at 29%. Agency calls clients and providers to verify client arrival that month. Some discrepancy in the number may be because the client contact information is no longer valid, or if the provider is not a contractor with the ADAMHSBCC, they may not return calls regarding the client. This rate is consistent with the rate of 27% in 2016.</p>
CY 2017 RFI Agency Outcome Measures Follow-up	
Agency Name: The Salvation Army (Harbor Light Complex)	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Halfway House (Court Ordered Treatment) – 6 week program
Metrics (<i>How will success be measured?</i>)	Success is measured by an individual entering in the Halfway House and completing 6 weeks of Substance Abuse Treatment and Cognitive Behavioral Therapy.
Benchmarks (<i>Industry Standards or Program Expectation Goals</i>)	Success is measured by: <ul style="list-style-type: none"> 6. Completing and Assessment (100%) 7. Completing an Individualized Treatment Plan (100%) 8. Completing HWH CBT and Treatment (85%) <p>“During FY2017, of the customers served by Salvation Army in the HWH 2 Program 85% will complete the program and maintain abstinence.”</p>
Evaluation/	6. 6 Clients were admitted to the HWH 2 Program.

Outcome Data <i>(Actual program data achieved during reporting time period)</i>	7. 6 Clients completed Assessments – 100% 8. 6 Clients completed an Individual Treatment Plan. - 100% 9. 6 Clients left the program over the specified time period 10.6 Clients (out of 6 that left) successfully completed -100%
CY 2017 Agency 12-Month Outcomes	
Agency Name: The Salvation Army (Harbor Light Complex)	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Intensive Outpatient Treatment Program
Metrics <i>(How will success be measured?)</i>	Success is measured by an individual entering in the Intensive Outpatient Treatment Program achieving abstinence and maintaining sobriety.
Benchmarks <i>(Industry Standards or Program Expectation Goals)</i>	Success is measured by: 9. Completing an Assessment (100%) 10. Completing an Individualized Treatment Plan (90%) 11. Completing Intensive Outpatient Services (60%) “During FY2017, of the 120 customers served by Salvation Army in the IOPT Program 60% will complete the program and maintain abstinence.”
Evaluation/ Outcome Data	195 Clients were admitted to the IOPT program. 11.195 Clients completed Assessments – 100%

<i>(Actual program data achieved during reporting time period)</i>	<p>12. 194 Clients completed an Individual Treatment Plan. - 99%</p> <p>13. 109 Clients successfully completed IOPT -56%</p> <p>At 56%, IOP came close to achieving the completion rate goal of 60%. One reason this goal was not met was staff turnover in 2017. This goal should be met during next review in six months since a Clinical Supervisor was hired in December 2017.</p>
CY 2017 RFI Agency Outcome Measures Follow-up	
Agency Name: The Salvation Army (Harbor Light Complex)	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Vivitrol MAT Pilot Project
Metrics <i>(How will success be measured?)</i>	Success is measured by an individual being educated by the Vivitrol Nurse, continuing to return monthly for the injection and maintaining Opioid abstinence.
Benchmarks <i>(Industry Standards or Program Expectation Goals)</i>	<p>Success is measured by:</p> <p>12. Completing an Educational Session on Vivitrol (100%)</p> <p>13. Receiving the first Vivitrol injection (100%)</p> <p>14. Maintaining abstinence from Opioids (50%)</p>
Evaluation/ Outcome Data <i>(Actual program data achieved)</i>	<p>14. 360 Clients completed Education – 100%</p> <p>15. 360 Received their first injection – 100%</p> <p>16. 847 Vivitrol Injections were administered</p> <p>17. 209 Clients continued to return for injections – 58%</p> <p>18. 144 Clients did not return for a follow up injection - 40%</p>

<i>during reporting time period)</i>	** The percentage is 98%. This is because some people entered the program and were not eligible for a 2 nd injection as of 12/31/17
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CY 2017 Agency 12-Month Outcomes

Agency Name: Scarborough House

Time Period Reported: January 1 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>Scarborough House is an eight-bed sober housing facility in Cleveland, Ohio (Tremont Area) that serves chemically dependent adult women, who have already embarked on a sober lifestyle by completing treatment. 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.</p> <p>Women in recovery from alcohol and/or drug addiction can reside in Scarborough House for one year as they transition from treatment to self-sufficiency. Each resident contractually agrees to continue participation in outpatient treatment, participate in 12 step recovery groups in the community at large, attend in-house group meetings and participate in on-site individual counseling. Clients are subject to random drug and alcohol screens. Clients work from a self-developed recovery goal plan in pursuit of their individual recovering goals and achieving self-sufficiency.</p> <p>Scarborough House is a recipient of ADAMHS non-Medicaid funding to supplement the cost of providing this sober housing service as the amount exceeds the sum of revenue recovered through monthly rents of \$300.00 per month/per resident. Evidenced based practices include: Motivational Interviewing, Relapse Prevention, Wellness Management.</p>
<p>Metrics (<i>How will success be measured?</i>)</p>	<p>Outcomes to be measured at Scarborough House are as follows:</p> <ol style="list-style-type: none"> 1. Length of Time from referral to assessment/intake to determine eligibility; 2. Length of time from intake to admission; 3. Women accepted for admission who follow through to become a resident; 4. Number of persons served in the program; 5. Number and percent of individuals successfully completing the program <p>(Define Success);</p> <ol style="list-style-type: none"> 6. % abstinent at discharge; 7. % who transition to stable housing at discharge; 8. % who secure employment and/or enroll in educational institution by discharge;

	9. % of all residents who are satisfied with their stay and the services at Scarborough House.
Program Goals or Objectives	<p>1. WAIT TIME - Length of time from referral to assessment/intake to determine eligibility (2-7 Days);</p> <p>2. INITIATION - Length of time from intake (to determine eligibility) to admission (14 Days);</p> <p>3. ENGAGEMENT RATE – Number of individuals who follow through on admission after acceptance. (80%);</p> <p>4. RETENTION RATE - Residents successfully complete the program (45%); **</p> <p>5. ABSTINENCE RATE – Residents abstinent at discharge (50%);</p> <p>6. HOUSING RATE – Discharged to stable housing (60%);</p> <p>7. CRIMINAL JUSTICE - involvement of those not incurring new charges while in program (60%);</p> <p>8. EMPLOYMENT/EDUCATION - Rate for those securing either while in program (70%);</p> <p>9. CONSUMER SATISFACTION – Rate of persons satisfied with program. (70%).</p> <p>**Success is defined as having complied with recovery program including attending in-house and community meetings, initiation and completion of recovery goals, complying with house rules and discharging with appropriate notice and verifiable community support.</p>
Evaluation/ Outcome Data (Actual results from program)	<p>From 1/1/17 to 12/31/17: 19 women were in residence at Scarborough House between 1/1/17 - 12/31/17. This number includes 11 discharges and 8 current residents.</p> <p>89% (17) were referred by area treatment centers, 11% (2) were self-referred; 26% (5) reported being solely addicted to alcohol; 21% (4) reported being addicted to alcohol and using other substances;</p>

32% (6) reported being solely addicted to heroin/opiates (includes Tramadol);
21% (4) reported being addicted to heroin/opiates as well as using other substances;
53% (10) reported Heroin/Opiate involvement

100% WAIT TIME - Compliance was reached relative to the desired wait time benchmark of 2-7 days;

100% INITIATION - Of those followed through to admission were admitted within 14 days of intake interview;

100% ENGAGEMENT RATE - Of those being accepted for admission into Scarborough House were admitted;

82% ABSTINENCE – 9 of 11 Scarborough residents were abstinent upon leaving, exceeding the 50% benchmark;

54% RETENTION – 3 of 11 or 27% of the residents successfully completed the program. 3 of 11 or 27% left Scarborough (referred to a higher level of care) as the result of injuries/medical concerns that required immediate medical/surgical intervention and support in excess of what is available on-site. Each of these individuals provided appropriate notice and transitioned to a more appropriate level of care.

82% HOUSING - 9 of 11 successful or self-discharged residents relocated to stable housing compared to the 60% benchmark. This includes residents that went on to live in another sober environment, a family home or to live independently in an apartment;

91% CRIMINAL JUSTICE - 10 of the 11 discharged residents had no new criminal justice involvement while in the program. This exceeds the 60% benchmark;

64% EMPLOYMENT – 7 of 11 Scarborough residents who left Scarborough were employed or receiving disability payments at the time that they left Scarborough. This falls below the 70% benchmark. 2 residents or 18% of resident leaving Scarborough were unable to work

	<p>as the result of injuries/medical concerns that required surgical intervention. 2 or 18% of residents were unemployed at the time that they left Scarborough;</p> <p>68% CONSUMER SATISFACTION – 13/19 of the current and exiting residents report satisfaction with the program and services. 3 of 19 were required to terminate their stay for failing to maintain sobriety, rules infractions and criminal arrests. 3 of the 19 left Scarborough as the result of injuries/medical concerns that required medical/surgical intervention and a higher level of care.</p>
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CY 2017 RFI Agency Outcome Measures Follow-up

Agency Name: Stella Maris Inc.	
Time Period Reported: January 1, 2018 through December 31, 2018	
Name of Program or Service Provided with ADAMHSCC Funding	Supportive Housing
Metrics (How will success be measured?)	<p>Satisfaction Surveys</p> <ul style="list-style-type: none"> To measure clients' overall satisfaction with services <p>Intake and Admission Data</p> <ul style="list-style-type: none"> To measure how many clients transferred from detoxification into the supportive housing program and engaged in treatment. <p>Performance Target Tracking</p> <ul style="list-style-type: none"> To measure how many clients achieved an understanding of addiction <p>Treatment Plans and Progress Notes</p> <ul style="list-style-type: none"> To measure clients that participated in their individual service plans, case management needs assessment and track referrals into the community. <p>Discharge Summaries</p> <ul style="list-style-type: none"> To measure clients' successful completion of all levels of care in Supportive housing
Benchmarks (Industry Standards or Program Expectation Goals)	<p>85% of all clients admitted to supportive housing from detoxification will: Be satisfied with the services that were provided</p> <p>90% of all clients admitted to supportive housing from detoxification will: Engage in treatment and participate in the development of their individualized service plan</p> <p>70% of all clients admitted to supportive housing from detoxification will: show an understanding of addiction.</p> <p>60% of all clients will: Successfully completes all levels of care in supportive housing, commit to the next level of care and follow through with referrals in the community</p>
Evaluation/ Outcome Data (Actual program data achieved)	<p>96.6% of all clients admitted to supportive housing from detoxification were satisfied with the services that were provided by Stella Maris</p> <p>100% of the 25 clients transferred from detoxification into supportive housing engaged in treatment and participated in the development of the individualized service plan, compared to 100.0% this time last year. Last year we served 19 ADAHMS clients and this year we served 25</p>

<p>during reporting time period)</p>	<p>ADAMHS clients, 32.0% increase. 90.0% agreed to actively participate in the Therapeutic Community and Intensive Outpatient Program, compared to 93.8% this time last year. 65.0% of the 25 clients admitted demonstrated an understanding of the disease concept of addiction compared to 62.5% this same time last year. 76.0% of the 25 clients admitted to supportive housing completed the intensive outpatient program and moved to the next level of care, compared to 50.0% this same time last year. 100% of these clients were opiate addicted and experience tells us these clients are more likely to relapse in the first 14 days of sobriety. Last year we piloted a program with the VNA to add additional support services to clients suffering from Post-Acute Withdrawal in the first two weeks of sobriety. We believe this had an impact in the increase in completion rate. In addition, Stella Maris will be offering a new level of care beginning March 2018. This level of care will be a Partial Hospitalization Program that benefits this population and adds additional support to this vulnerable population. 65.0% of the 25 clients admitted to supportive housing followed through on referrals to services within the community, compared to 62.5% the same time last year.</p> <p>Please note: 3 clients are still active and this is skewing the completed all levels of care and referral statistics downward.</p>
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CY 2017 Agency 12-Month Outcomes

Agency Name: Stella Maris

Time Period Reported: January 1 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>Detoxification</p>
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<p>Metrics (How will success be measured?)</p>	<p>Intake and Admission Data</p> <ul style="list-style-type: none"> To measure how many clients were actually admitted and engaged in the detoxification process <p>Performance Target Tracking</p> <ul style="list-style-type: none"> To measure how many clients achieved an understanding of addiction <p>Treatment Plans and Progress Notes</p> <ul style="list-style-type: none"> To measure clients' engagement in treatment and plans to commit to further treatment
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	<p>Discharge Summaries</p> <ul style="list-style-type: none"> To measure clients' successful completion of detoxification and engagement in the next level of care <p>NIDA</p> <ul style="list-style-type: none"> To compare national standards with our current data <p>Satisfaction Surveys</p> <ul style="list-style-type: none"> To measure clients' overall satisfaction with services
<p>Program Goals or Objectives</p>	<p>10% increase in the number of clients served 70% of all clients admitted to detoxification will engage in treatment 60% of all clients admitted to detoxification will Show an understanding of addiction 63% of all clients admitted to detoxification will Successfully complete detoxification (per national benchmark). 37% National benchmark for AMA rate 65% of all clients who completed detox will Commit to the next level of care and then follow through with those recommendations. 85% of all clients will be Satisfied overall with the services that were provided.</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<ul style="list-style-type: none"> 2.9% decrease in the number of ADAMHS clients that were admitted to detoxification for the 2017 fiscal year. We served 444 clients compared to 457 clients in 2016. We attribute this slight decrease in admissions partially due to the fact that more clients are being covered by Medicaid as well as a historical overproviding of service by Stella Maris. Due to its commitment to the neediest in our community, Stella Maris continues to provide more detox bed days to the uninsured or underinsured clients than it is being reimbursed for by the ADAMHS board (an overage of approximately 10%). Stella Maris has had no increase in the capacity in detoxification and generally runs an average daily census of 14 or greater. In 2016, we increased our average census by 22% and have continued to maintain that increase in 2017 but will not be able to increase it further without a change in the IMD ruling. 90.1% of ADAMHS clients admitted to detoxification engaged in treatment (400 out of 444 clients), compared to 88.0% this time last year. 87.6% of the ADAMHS clients admitted for detoxification showed an understanding of addiction. (389 out of 444), compared to 81.6% from this time last year. 65.5% of the ADAMHS clients admitted to detoxification completed the process. (291 of 444) compared with 64.1% this time last year which is above the national benchmark of 63%.

	<ul style="list-style-type: none"> • 82.8% of the ADAMHS clients that completed detoxification at Stella Maris had an appointment upon discharge to enter the next level of care or continue with residential treatment. (241 of the 291) compared with 76.8% this time last year. This is a 6.0% increase from the number of clients completing that had an appointment since this time last year. This is due to the increase in sober housing beds available to clients coming out of detoxification. Many of these beds were funded by the ADAMHS Board. This program was discontinued by the ADAMHS Board and we anticipate that this number will decrease next year. • 34.0% of the ADAMHS clients left AMA. (151 out of 444 clients) compared with 32.3% this time last year, Currently according to NIDA the national benchmark for AMA is 37% for most drugs, however the relapse rate for clients with opiate addictions is between 60 to 80% .Considering that the population at Stella Maris Detox is 91% opiates or some combination of opiates it is remarkable that we have managed to keep the AMA rate well below the benchmark. • 74.2% of ADAMHS clients agreed to transition to the next level of care and successfully followed through with the recommendations (216 out of 291) compared with 74.7% this time last year. This decrease is due to the keeping opiate addicts engaged in long term treatment • 99.6% of the clients who completed a satisfaction survey reported that they were satisfied with the services they received in detoxification and rated the services from good to excellent compared with 94.3% this time last year. 99.1% said they would recommend Stella Maris to others. Clients reported that they waited an average of 6 days to be admitted to Stella Maris from the time they first contacted the facility.
CY 2017 Agency Outcomes	
Agency Name: Stella Maris	
Time Period Reported: January 1 through December 31st, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Intensive Outpatient
Metrics (How will success	Satisfaction Surveys <ul style="list-style-type: none"> • To measure clients' overall satisfaction with services

<p><i>be measured?)</i></p>	<p>Intake and Admission Data</p> <ul style="list-style-type: none"> To measure how many clients had an intake assessment and how many of those engaged in treatment <p>ASAM Criteria Performance Target Tracking</p> <ul style="list-style-type: none"> To measure how many clients achieved an understanding of addiction and engaged in treatment <p>Treatment Plans and Progress Notes</p> <ul style="list-style-type: none"> To measure clients' participation in their individual treatment plans and demonstrate improved positive/supportive relationships <p>SAMSHA National Standards for completion of treatment</p> <ul style="list-style-type: none"> To compare the success of the IOP program to the national standards <p>Discharge Summaries</p> <ul style="list-style-type: none"> To measure clients successful completion of all levels of care in IOP
<p>Program Goals or Objectives</p>	<p>88.6% of all clients in IOP will: Be satisfied overall with the services that were provided.</p> <p>100% of all clients who complete an intake assessment for IOP will: Engage in treatment, and participate in the development of their individualized treatment plans.</p> <p>67.9% of all clients engaged in treatment will: Demonstrates an understanding of addiction.</p> <p>59.3% of the clients engaged in treatment will: complete the Intensive Outpatient Program (IOP) and commit to the next level of care. The National Institute of Drug Abuse benchmark is 35% for completion of an outpatient program.</p> <p>61.5% of all clients completing IOP will: Demonstrates improved/ positive/supportive relationships</p>
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<ul style="list-style-type: none"> 98.0% of the clients that completed IOP: were satisfied with the program, compared to 91.7% this time last year. 100.0% of all clients who completed an intake assessment: engaged in treatment, (89 out of 89 clients), as compared to 95.7% this time last year. 85.4% of clients engaged in treatment: demonstrated an understanding of addiction, (76 out of 89 clients), compared to 73.3% this time last year. 63.1% of the clients engaged in treatment: completed the IOP program and committed to the next level of care (53 out of 84 discharged clients, 5 clients are still active) compared to 60.0% this time last year. This rate is well above the 2014 National Standards from SAMHSA for completing an outpatient program. 88.1% of the clients completing IOP: demonstrated improved/ positive/ supportive relationships, (74 out of 84 clients), compared to 100% this time last year. This decrease is due

	<p>in part to the increased number of outside IOP clients; those clients not in Stella Maris Supportive Housing.</p> <ul style="list-style-type: none"> • Average length of stay for IOP clients was 19.8 IOP sessions.
CY 2017 Agency 12-Month Outcomes	
Agency Name: Stella Maris, Inc.	
Time Period Reported: January 1 through December, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	Sober Housing Program
Metrics (<i>How will success be measured?</i>)	<p>Sober House evaluation and intake form data:</p> <ul style="list-style-type: none"> • To measure the number of referral agencies which apply and to measure which are accepted into the referral network • To measure house ratings on inspection section • To measure the number of houses which apply to the program and are added to the referral list <p>Partner Agency Client Referral Form (including release of information and proof of residency)</p> <ul style="list-style-type: none"> • To measure the number of client referrals made to the program <p>Invoices submitted by network sober houses:</p> <ul style="list-style-type: none"> • To calculate the total dollars paid out to each house • To calculate the number of bed days utilized at the end of every month • To calculate the length of stay for each client based on money paid on each account

Program Goals or Objectives	<ol style="list-style-type: none"> 1. There will be at least a 10% increase in the number of referring agencies 2. There will be an 20%increase of the number of sober houses available 3. There will be a 100% increase in: <ul style="list-style-type: none"> • Number of referrals to sober houses • Number of bed days paid through June 30th • Number of clients staying between 0-30 days • Number of clients staying between 30-60 days • Number of clients staying between 60-90 days
Evaluation/ Outcome Data <i>(Actual program data achieved during reporting time period)</i>	<p>Increased the number of referring agencies from 13 to 16, an increase of 23% from this time last year.</p> <p>Increased the number of sober houses from 40 to 43, an increase of 7% (3 new sober houses).</p> <p>427 referrals have been made for sober housing as of December 31 compared to 346 referrals for the same time period last year an increase of 23% (81 referrals).</p> <p>27,739 bed days (\$332,868 in funding) have been paid for as of December 31, compared to 20,521 for the same time period last year, an increase of 35% (7,218 bed days).</p> <p>There were 79 clients who stayed 0-29 days.</p> <p>There were 89 clients who stayed 30-59 days.</p> <p>There were 78 clients who stayed 60-89 days.</p> <p>177 of the 427 (41%) referrals made completed the program. This is an increase of 48% from the 74 clients who completed the program last year.</p> <p>Please note: These length of stay statistics include 21 clients who are currently active in the program, which skews the average length of stay down. Adjustments were also made throughout the last quarter of the program due to unforeseen causes.</p>

CY 2017 Agency 12-Month Outcomes	
Agency Name: UH PAL program	
Time Period Reported: January 1 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	<p><u>1..Med/Som services</u> at contract agencies at the direction of the Board; all services/billings are from the agencies, not the program. Participating agencies for the CY 2017 include Applewood, CFC, Frontline Services, and the Homeless Mentally Ill program of Frontline Services, Connections/Signature Health, PEP, Recovery Resources, Ohio Guidestone, Matt Talbott and Circle Health (formerly the Free Clinic).</p> <p><u>2..Teaching/education:</u> UH Psychiatry residents receive community psychiatry education through clinical experiences, clinical supervision, annual didactics series and community case conferences</p> <p><u>3..Community Psychiatry Fellows</u> (including APNs) provide clinical services and receive supervision/didactic material from PAL faculty utilizing funds through MEDTAPP grant (PAL is used as required “matching funds”) These funds were available through June 30, 2017 when the grant was suddenly cancelled. We have just been made aware that a new RFP with guidelines for resumption of MEDTAPP activities will be forthcoming. A planning meeting is scheduled for January 4, 2018 and it is expected the proposal will be due within 3 weeks.</p> <p><u>4. APN training and clinical placements.</u> We continue to provide post-graduate training and supervision to APNs in community settings through the Nurse Fellowship (formerly the Nurse Externship) program. It is a didactic education and supervision program for individuals who seek prescriptive authority in Psychiatry practice. They are referred to as Nurse fellows and are different than the APNs who are part of the Public Psychiatry Fellowship. Once an individual has prescriptive authority, he/she may apply to the Public Psychiatry fellowship to continue a career path in agency leadership.</p>
Metrics (How will success be measured?)	Outcome measures are primarily the purview of the agencies where clinical services are provided: PAL residents/faculty do not participate in Ohio Consumer Outcomes Surveys or other approved outcomes measures. Direct measurable outcomes for PAL are numbers of trainees currently providing clinical services and/or graduates retained in community mental health setting and in Cuyahoga County:

	<p><u>1. PAL Adult resident/placements for current FY:</u> 10 PGY-3 and 3 PGY-4 adult psychiatry residents providing services at CFC East and West offices, Connections/Beachwood, and Connections/west side office, Recovery Resources, Ohio Guidestone, Frontline Services and residents and child fellows are also providing services at Circle Health (Free Clinic.)</p> <p><u>2. Child Agencies served include:</u> 7 PGY-3 and 6 Child Fellows and 1 Peds Portal fellow are serving at Applewood, Bellefaire, Carrington Youth, Centers for Families and Children, Cleveland Public Schools, Juvenile Court Clinic, New Directions, Positive Education Program (PEP/PEP Connections), and Signature Health – Willoughby.</p> <p><u>3. Fellows for 2016-17 (started July 1, 2016):</u> (* note: not all fellows are funded by PAL) <u>Physicians:</u> James Bukuts, MD, CFC, Matthew Newton, DO, UH, college MH, Applewood, Monica Tone, MD community & addiction fellow, returned to San Diego, CA, Deepa Ujwal, MD, Columbus, OH remote student, Access Clinic. Nurse Fellows for 2016-17: Andrea Abramoff and James Ward. <u>APRNs:</u> Emily Grimm, CNP <i>from Maryland</i>, now at CFC, started Feb. 2016 at UH and Frontline, Maureen Curley DNP <i>from Florida</i>, now at UH and Ohio Guidestone; and Lindsey Kershaw, CNP is at Recovery Resources.</p> <p><u>4. Fellows for 2017-18 started July 1, 2017):</u> (note not all fellows are funded by PAL) <u>Physicians:</u> John DeMott, MD, Frontline, Samantha Latorre, MD, (women’s health) MacDonald Hospitals and Connections, Veda Warriar, MD, OhioMHAS, Todd Jamrose, DO, OhioMHAS (both remote), Laura Krause, CNP, Portage Path and Julia Davidov, CNP, Frontline. Nurse Fellows: Keith Cavey CNP, CFC</p>
Program Goals or Objectives	Public Academic Liaison (“PAL”) Program between University Hospitals’ Department of Psychiatry and the ADAMHS Board, was founded in 1990. PAL has provided more than 600,000 hours of clinical services, in-service training and educational services, while developing comprehensive and model curricula for undergraduate, graduate and postgraduate medical education in community mental health services. The objective of the program is to train future leaders and medical directors in public psychiatry while encouraging PAL participants to stay in Cuyahoga County.
Evaluation/ Outcome Data	Current Medical Directors at ADAMHS board agencies: CFC: Patrick Runnels MD

<p>(Actual results from program)</p>	<p>Recovery Resources: Kathy Clegg, MD Signature: Libbie Stansifer, MD Connections: Gretchen Gardner, MD Frontline: Cyndi Vrabel, MD Asst. Medical Director Neal Goldenberg, MD Circle Health: Farah Munir, DO</p> <p>Listed below are the participants in the Public Psychiatry Fellowship since 2009, (when the program was expanded,) the leadership training (PGY-5) year for trainees who are interested in roles as administrators in community psychiatry and the disposition of their employment:</p> <p>2009-2010 Matt Vrabel – Not practicing Youssef Mahfoud - Y, (VA), Licensed Practitioner, same agency</p> <p>2010-11 Andrew Hunt - Y, same agency - CFC Kirk Caruthers - practicing in Columbus, Ohio Jana Amin - Y, same agency - Connections</p> <p>2011-12 Rosa Ruggiero, CNP - Y (not Ohio) - VA Oregon - LP Michelle Romero - Y - LP, same agency -Oberlin, CSU Peter Turkson - serving several agencies in NE Ohio Marina Damis, DO - serving rural community (Geauga) - LP</p> <p>2012-13 Lila Jenkins, CNP - N Erin Murphy, CNP - Y - same agency Maureen Sweeney, CNP - Y - LP, same county Vincent Caringi, DO - Y - LP, same agency Solomon Zaraa, DO - Y - LP, same agency Priti Purushothman, MD - Y</p>
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Blessing Igboeli, MD - at OSU in Columbus
Meg Testa, MD - Y - LP, same agency
Farah Munir, DO -Y - LP, same agency

2013-14

Katherine Proehl, DNP - Y - LP, same agency
Kathleen Clegg, MD - Y - LP, same agency
Kate Svala, MD - N
Cathleen Cerny, MD - Y - LP, same agency
Archana Brojmohun, MD - Y, same region, VA
Neal Goldenberg, MD - Y - LP, same agency
Ben Cheng, MD, N - in Public Psychiatry in Indiana

2014-2015

Kelley Kaufmann, CNP - Y, same agency
Julia Veres, CNP - Y, same agency
Jim Tudhope, CNP - Y - LP, same agency
Jenna Crocket, CNP - Y, same agency
Sarah Nagle-Yang, MD - Y - LP, same agency
Mackenzie Varkula, DO - N - out of state soon
Mary Gabriel, MD - Y – returned to Ohio after one year away
Mirada Sanders, DO - Y, same agency

2015-16

Amy Scribbs, CNP - Y - Private sector
Chandani Lewis, DO - Y - Same Agency
Douglas Misquitta, MD - Y - Same Agency
Lukas Lozanski, DO - Y - Same Agency
Delaney Smith, MD - Y, LP - Same Agency

2016-17

Emily Grimm, CNP - same agency
Lindsey Kershaw, CNP - same agency

	<p>Maureen Curley, DNP - same program (different agency) James Bukuts, MD - same agency Matthew Newton, DO - same agency Monica Tone, MD - out of state at Loma Linda, CA Deepa Ujwal, MD - same agency Columbus, OH</p> <p>2017-18 (current class) Julia Davidov, CNP Laura Krause, CNP Todd Jamrose, DO Veda Warriar, MD John DeMott, MD Samantha Latorre, MD</p> <p>45 alumni 6 current fellows</p>
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CY 2017 Agency 12-Month Outcomes

Agency Name: VNA Psych Bridge

Time Period Reported: January 1 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>Diagnostic Assessment, Pharmacologic Management</p> <p>The VNA Psychiatric Bridge Program provides in-home psychiatric care and support to clients who reside in Cuyahoga County and who have been discharged from Northcoast Behavioral Health (NBH) and or clients referred by community agencies when they cannot be seen by a prescriber in a timely fashion. VNA serves this population to ensure the stability of these recently discharged clients until the first appointment at the assigned community mental health center with a psychiatrist or clinical nurse practitioner.</p>	
<p>Metrics (<i>How will success be measured?</i>)</p>	<p>Success will be measured by:</p> <ol style="list-style-type: none"> 1. Client will not be re-hospitalized while an active client with VNA Psychiatric Bridge Program. 2. Client will keep appointment with prescriber at the community mental health center. 	
<p>Program Goals or Objectives</p>	<ol style="list-style-type: none"> 1. Fewer than 10% of all active clients will require re-hospitalization. 2. At least 60% of all active clients will be successfully linked with a prescriber at community mental health center. 	
<p>Evaluation/ Outcome Data (Actual results from program)</p>	<p>A total of 46 clients were referred to the VNA Psychiatric Bridge Program 41 from NBH and 5 from community referrals. Of those 46 referrals, 33 became active clients receiving services from VNA and the remaining 13 were unable to be opened (8 were unable to be located, 3 refused services, 1 was already receiving services from another provider, and 1 was re-hospitalized before he could be located.) All the community referrals were opened. Of the 33 active clients, 32 were successfully linked to community mental health agencies and one was re-hospitalized.</p>	

	<ol style="list-style-type: none">1. Re-hospitalization rate for active clients is 3% and re-hospitalization rate for all referred clients is 4%.2. 97% of all active clients were successfully linked to community mental health services and the linkage rate for all referred clients was 71%
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CY 2017 Agency 12 - Month Outcomes

Agency Name: Women’s Recovery Center

Time Period Reported: January 1, 2017 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>The Women’s Recovery Center’s operates an Intensive Outpatient AOD Treatment for women diagnosed with a substance use disorder. The treatment continuum of care also offers therapeutic interventions for family reunification and referrals. Specifically, the services include Assessment, Case Management, Crisis Intervention, Family Counseling, Group Counseling, Individual Counseling & Therapy, Urinalysis, and IOP.</p> <p>Additional services not otherwise categorized include Art Therapy, Integrated Physical Health, HIV Education and On-Site Testing, Domestic Violence and Safety Planning, Nutrition, Access to Clothing, and Transportation. On-site childcare and Drama Therapy will be added post-construction anticipated in May 2018 for implementation.</p>
<p>Metrics (How will success be measured?)</p>	<p>The Women’s Recovery Center utilizes multiple standards to measure program success and to make curriculum or procedural changes. The metrics implemented are based on best practice models and specifically represented the Women’s Recovery Center’s goal to offer individualized and comprehensive gender specific treatment for women and their families. Specifically, the Center monitors the following metrics which include:</p> <ol style="list-style-type: none"> 1. The waiting period for admission which measures the wait time from the point of the telephone screening to the Intake and/or Assessment appointment. 2. The “no show” rate from the point of the screening to the intake appointment. 3. The number of weeks that women require to successfully graduate from the three-phase treatment program and demonstrate sobriety for the volume of graduation. Although the curriculum is based on a 17 week and three phase process, women move through the program at an individual pace. If the milestones are not being attained, the client does not progress. 4. Substance Use Survey to measure a decrease/elimination of substance use. 5. Client feedback on Programs 6. Client Satisfaction Surveys 7. Client Pre and Post Testing Rates 8. Referral Source Satisfaction

	<p>9. The Women’s Recovery Center tracks the percentage of clients that achieve the Treatment Milestones. The Milestones include: Treatment Engagement; Demonstrates and Verbalizes Understanding of Addiction; Modifies Negative Behaviors; Utilizes Recovery Skills; Shows Long Term Commitment to Sobriety, and; Positive Life Factors Achieved.</p> <p>10. Trauma Symptom Checklist to measure a reduction in trauma symptoms and the perception in being recognized as a potential relapse trigger.</p> <p>By the end of the first quarter of 2018, the Women’s Recovery Center will be implementing the use of the Substance Use Survey to add one more evidence based tool to the curriculum metrics.</p>
<p>Program Goals or Objectives</p>	<p>With abstinence, social connectedness and stable housing serving as the core elements to the treatment curriculum, at least 55% of the women admitted to the Intensive Outpatient treatment will:</p> <ol style="list-style-type: none"> 1. Successfully complete the three phase treatment curriculum with 50% self-reporting continued sobriety at a 60 day post treatment follow-up 2. 75% of the clients will demonstrate periods of sobriety and decreased levels of illegal or illicit drug use 3. It is anticipated that 10 babies will be born drug free to women engaged in treatment 4. 100% of the clients successfully completing treatment, they will demonstrate social connectedness with document of a Home Group and engagement in family counseling 5. Of those women successfully completing the treatment curriculum, 30% will be formally reunited with their minor children. 6. 100% of the clients successfully completing treatment, they will demonstrate a pattern of safe and stable housing
<p>Evaluation/ Outcome Data</p>	<p>Of the 279 women enrolled in one of the two treatment curricula, the ADAMHS Board non-Medicaid funding was the primary payer for thirteen women and seventeen clients’ services were assigned as non-Medicaid awaiting the approval of their Medicaid coverage.</p>

<p>(Actual results from program)</p>	<ul style="list-style-type: none">• Of the 279 women enrolled, 114 successfully completed the curriculum and 28 will be carried over into 2018.• Seven babies were born drug free.• Eighty-one percent of clients showed improved understanding and knowledge of addiction as demonstrated by the pre and post testing.• Clients self-reported a reduction of cravings and demonstrated coping skills including art, journaling, exercise and meditation.• Fifty-three clients actively participated in the annual graduation ceremony.• Of the 72 clients with open DCFS cases, 42 women met the terms of the reunification plan.• Of the 92 clients with probation or parole involvement, 55 addressed the terms of the adjudication.
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CY 2017 Agency 12-Month Outcomes

Agency Name: The Woodrow Project

Time Period Reported: January 1 through December 31, 2017

<p>Name of Program or Service Provided with ADAMHSCC Funding</p>	<p>The Woodrow Project, Recovery Housing for Women</p> <p>We operate three recovery houses for women who are in recovery from drugs and alcohol. Majority of our residents have co-occurring mental health conditions. The mental health conditions include major depression, anxiety, post traumatic stress disorder, obsessive compulsive disorder, schizophrenia and schizoaffective disorder. Each house has a house manager who is a certified peer supporter. Our house manager works with each resident on their individualized recovery plan. The recovery plan is a full wellness plan that addresses the whole person.</p> <p>The Woodrow Project has been recertified by Ohio Recovery Housing meeting all quality standards for more than 3 years.</p> <p>The Woodrow Project has received capital funding for one property and all properties have had residents who receive the grant subsidy for housing for up to 3 months.</p>
<p>Metrics <i>(How will success be measured?)</i></p>	<p>Outcomes to be measured</p> <ol style="list-style-type: none"> 1. Length of time from referral to intake interview 2. Length of time from intake interview to admission 3. Women accepted for admission who follow through to become a resident 4. Number of persons in the program 5. Number and percent of individuals successfully engaged in the program. (Define Success) 6. % abstinent at discharge 7. % who transition to stable housing at discharge 8. % who secure employment and/or enroll in educational institution by discharge 9. % of residents who are satisfied with their stay and the services at The Woodrow Project
<p>Program Goals</p>	<p>Outcomes to be measured</p> <ol style="list-style-type: none"> 1. Length of time from referral to intake interview - 2-4 days

or Objectives	<ol style="list-style-type: none"> 2. Length of time from intake interview to determine admission – 2-7 days 3. Women accepted for admission who follow through to become a resident 80% 4. Number of persons in the program 5. Number and percent of individuals successfully engaged in the program. (Define Success) - 60% 6. % abstinent at discharge - 70% 7. % who transition to stable housing at discharge – 60% 8. % who secure employment and/or enroll in educational institution by discharge – 70% 9. % of residents who are satisfied with their stay and the services at The Woodrow Project – 90%
Evaluation/ Outcome Data (Actual results from program)	<p>Actual Outcomes from 01/01/2017 to 12/31/17</p> <ol style="list-style-type: none"> 1. Length of time from referral to intake interview <ul style="list-style-type: none"> - Goal 2-7 days - Actual is 2-day average, in compliance 2. Length of time from intake interview to determine admission <ul style="list-style-type: none"> - Goal 2-7 days - Actual 3-day average, in compliance 3. Women accepted for admission who follow through to become a resident. <ul style="list-style-type: none"> - Goal 80% - Actual 95%, in compliance 4. Number of persons in the program- 44 women engaged <ol style="list-style-type: none"> a. age range of women 18 to 66 b. two transgender women c. 90% were referred from treatment centers, 10% were referred by community referrals 5. Number and percent of individuals successfully engaged in the program.

	<ul style="list-style-type: none"> - Goal 60% - Actual 75% <p>Success is defined as:</p> <ul style="list-style-type: none"> - Engagement in recovery program, Sustained sobriety, Stable housing, Reduction in negative health/behavioral/social consequences, Securing Identification, Connected to support network <p>6. % abstinent at discharge</p> <ul style="list-style-type: none"> - Goal 70% - Actual 73% <p>7. % who transition to stable housing at discharge</p> <ul style="list-style-type: none"> - Goal 60% - Actual 76% <p>8. % who secure employment and/or enroll in educational institution by discharge</p> <ul style="list-style-type: none"> - Goal 70% - Actual 93% <p>9. % of residents who are satisfied with their stay and the services at The Woodrow Project</p> <ul style="list-style-type: none"> - Goal 90% - Actual 95%
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CY 2017 Agency 12-Month Outcomes	
Agency Name: YMCA of Greater Cleveland	
Time Period Reported: January 1, 2017 through December 31, 2017	
Name of Program or Service Provided with ADAMHSCC Funding	<ul style="list-style-type: none"> - Y-Haven Transitional Housing and Treatment for Homeless Men - Y-Haven's "Rising Hope Denihan Recovery Housing" for individuals with opioid dependence. This program was an addendum to the YMCA contract.
Metrics (<i>How will success be measured?</i>)	<ul style="list-style-type: none"> • Permanent housing placements of homeless persons with substance use disorder • Successful completion of recovery and treatment services for homeless persons with substance use disorder • Employment services provided to homeless persons with substance use disorder • Employment secured by homeless persons with substance use disorder • Placements into Recovery Housing of those with opioid dependence.
Program Goals or Objectives	<ol style="list-style-type: none"> 1. Permanent housing benchmark: 77% 2. Successful completion of Intensive Outpatient Treatment benchmark: 60% 3. Receive employment services benchmark: 25% 4. Employment secured: 75% of those who received employment services. 30% of all those who exit Y-Haven. 5. Provide recovery housing to 80 individuals with opioid dependence in one year.
Evaluation/ Outcome Data (Actual results from program)	<p>276 homeless men with substance use disorder (SUD) were served by Y-Haven from January 1, 2017 to Dec. 31, 2017, and there were 176 who exited the program. Data provided here for those who exited the program during this period.</p> <p>1. <u>Permanent housing</u>: 145 of the 176 homeless individuals with SUD (82%) who exited Y-Haven moved into stable, permanent housing. This permanent housing included both subsidized and non-subsidized housing and permanent placement with friends and family.</p>

2. Successful completion of treatment: Of the 176 residents who exited Y-Haven during the year 108 (60%) completed 90 days of Intensive Outpatient Treatment. (The Ohio average for IOT completion is 38%).

Additionally, many of those served during this period remained in the program past the end of the year and had also completed treatment.

3. Received employment services: 42 people participated in Y-Haven's Green Team Custodial Training program in 2017. Y-Haven also referred 30 individuals to employment training and job placement agencies.

Total receiving employment services: 72 (41%) of 176 who exited.

4. Employment secured:

- Of the 32 who completed the Y-Haven "Green Team" custodial training course, 25 obtained jobs (78%).
- Of the 176 Y-Haven participants who exited the program 36 (21%) were employed.
- Of those who were able to work (not on SSI, SSDI, Veteran Disability or retired) 38% were employed.
- Many residents were enrolled in training programs when they exited Y-Haven. Y-Haven will endeavor to increase the number of referrals to job placement programs in an effort to improve its overall employment outcomes.

5. Recovery Housing:

- Y-Haven's Rising Hope Denihan Recovery Housing program for women with opioid dependence opened on Sept. 11, 2017 and at the end year the program had 14 women participating.
- Y-Haven's Rising Hope Denihan Recovery Housing program for men with opioid dependence opened on Oct. 26, 2017 and at the end of the year had 8 residents.
- The two programs are on target to serve a combined total of at least 80 individuals in their first year of operation.