

Provider Information

This Provider Information section is arranged by provider in alphabetical order.

Each provider tab includes:

- Recommended Funding
- Program Highlights
- Outcomes Summary

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Connections: Health • Wellness • Advocacy



2018 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2017 CONTRACT AMOUNT		2018 CONTRACT RECOMMENDATIONS
NAMI			
MH Family Care Givers	\$ 143,335		\$ 137,602
Faith-Based	\$ 19,000		\$ 19,000
Subtotal	\$ 162,335		\$ 156,602

PROGRAM HIGHLIGHTS

NAMI Greater Cleveland

- NAMI Greater Cleveland is dedicated to empowering persons affected by mental illness and their family members to achieve a better quality of life by providing them with mutual support, practical information, referrals, advocacy and educational resources. ADAMHS Board funding supports the following initiatives:
 - Education and Outreach**
 - Faith-Based Outreach Initiative Program**
- NAMI provides age-appropriate programming to adults, including those diagnosed with severe and persistent mental illness (SPMI), transitional aged young adults and youth, including children with serious emotional disturbance (SED).
- In CY17, NAMI provided support and education to 794 consumers and family members in support groups and education series.
- NAMI also reached 3,927 individuals through specialized educational programs presented to the community through presentations, workshops, and hospital visits.
- In addition, the Helpline received 2,247 calls and the NAMI Greater Cleveland website was visited over 9,000 times. Both are valuable resources providing vital access to information about mental illness, services, and community resources.
- NAMI Greater Cleveland is one of the five (5) contract providers that participates in the ADAMHS Board's Faith-Based Outreach Initiative Program.
- Realizing that spirituality plays an important role in the recovery process the Board approved the Faith-Based Outreach Initiative Program as a 14 month pilot with a term of October 2015 – December 2016. The program was approved to continue as a one year contracted program for 2017. The program's mission is to:
 - Integrate faith into treatment and intervention/prevention services.
 - Provide alcohol and other drug intervention/prevention services to youth and their families.
 - Increase the awareness and understanding of mental health/addiction in the faith community.
- NAMI is expanding prevention services by working with community churches to increase support, education and referral around mental health and substance use disorders within communities by connecting with individuals through their faith.

PROGRAM HIGHLIGHTS

NAMI Greater Cleveland

- NAMI promotes positive mental health and reduces stigma by promoting nurturing social environment and support systems through the establishment of culturally relevant support groups
- NAMI's outreach/engagement continues to build relationships with churches previously visited in order to gain access and promote program components.
- NAMI developed programs for numerous churches in the community based on the needs of each congregation. For example:
 - **Fellowship Church of Good** - presentation on stress and depression.
 - **Open Door Baptist Church** - provided two sessions on advanced planning for caregivers and individuals with mental illness; two (2) sessions on Substance Use Disorder in Older Adults.
- NAMI participates in numerous community events sharing information on the mental health/substance use and other services they offer.
- NAMI reached out to the Jewish community through Rabbi Hellman of Naaleh - non-profit Jewish agency similar to NAMI. Rabbi Hellman is very interested in becoming a member of NAMI.
- As of September 2017, NAMI has served and/or provided information to 712 individuals.

PROVIDER AGENCY OUTCOMES

NAMI of Greater Cleveland

The agency provides a comprehensive report of outputs and outcomes for all of its programs. NAMI provides Self-Help/Peer Support; Information and Referral; Other MH Services; and Mental Health Education. NAMI utilizes various survey instruments, including focus groups, to determine impact on participants of educational programs and self-help/peer support groups.

The agency measures outcomes based on five National Outcome Measures defined by SAMHSA and adopted by OMHAS. In 2016:

- 98% reported receiving information on mental health conditions, services and treatment options available. (95% in 2015)
- 98% reported they better understood the causes, signs, symptoms and treatment options available (95% in 2015)
- 97% reported understanding the importance of communication in recovery/support and felt comfortable communicating their needs to mental health service providers (78% in 2015)
- 97% of support group participants reported they understood the importance of supportive relationships and self-care to recovery and support. (92% in 2015)
- 87% of Hospital Network Program patients reported that after presentation they saw themselves as separate from their illness. 86% in 2015)

NAMI also provides information and referral services. The agency provided information and referral to 2944 individuals compared to 2,751 calls and materials mailed for the same period in 2015, and far exceeding its 2016 goal of 2260.

The agency provides Self-Help/Peer Support, Wellness Peer Support, Family Support Groups and a Hospital Network Program. The agency exceeded its targeted number of groups to be held.

The agency exceeded its projected number of MH education groups for the year to clients, friends and families, with 94% of program participants reported they strongly agreed/agreed in that they understood the importance of nurturing relationships and self-care.

The Agency's preliminary 6-month report for 2017 indicates they will reach or exceed their major goals.

Prevention Programs

Proposing to serve a total of 400 Children/Adult/Families. For the 712 individuals served during 2017 to date:

Faith Based Engagement/Awareness

- 35% acknowledge the importance of faith/spirituality in recovery (first time)
- 35% demonstrate a decrease in societal stigma Mental Health (first time)
- 100% received information on and increased understanding of mental/behavioral health and dual diagnosis causes, signs, symptoms and treatment options (first time)
- 100% gained access to information on mental health/dual diagnosis services and conditions (first time)

PROVIDER AGENCY OUTCOMES

Mental Health Education

- 49% acknowledge the importance of faith/spirituality in recovery (first time)
- 40% acknowledge the importance of faith/spirituality in recovery (subsequent time(s))
- 25% demonstrate knowledge of Mental Health (first time) 5% received information on and increased understanding of mental/behavioral health and dual diagnosis causes, signs, symptoms and treatment options (first time)
- 15% completed Mental Health First Aid (MHFA) Training
- 15% demonstrate knowledge of the MHFA 5 step action plan (first time)
- 5% gained access to information on mental health/dual diagnosis services and conditions (first time)
- 45% gained access to information on mental health/dual diagnosis services and conditions (subsequent time(s))
- 85% received information on and increased understanding of mental/behavioral health and dual diagnosis causes, signs, symptoms and treatment options (subsequent time(s))

Mental Health Support

- 63% acknowledges the importance of faith/spirituality (first time)
- 20% acknowledges the importance of faith/spirituality (subsequent time(s))

2018 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2017 CONTRACT AMOUNT	2018 CONTRACT RECOMMENDATIONS
New Directions		
Boys and Girls Empowerment (BaGE - youth treatment)	\$ 142,800	\$ 121,380
AoD Residential	\$ 500,000	\$ 288,000
AoD Out Patient Treatment	\$ 50,000	\$ 17,000
MH Treatment	\$ 5,000	\$ -
Subtotal	\$ 697,800	\$ 426,380

PROGRAM HIGHLIGHTS

New Directions

- New Directions provides quality life-changing treatment to chemically dependent adolescence and their families dealing with emotional, behavioral, or psychiatric needs. They provide residential treatment services for adolescents who are between the ages of 13 to 19 years old, which included pregnant teenagers. ADAMHS Board funding supports the following initiatives:
 - Alcohol and Other Drug (AOD) Residential Treatment Services**
 - Substance Use Disorder (SUD) Treatment Services**
- Thus far in CY17, ADAMHS Board's funding support services for 24 females in the residential program, 52 males in the short term residential program and 24 males in the long-term residential program.
- New Directions also provides Alcohol and Other Drugs (AOD), Intensive Outpatient Treatment Programs and residential treatment services.
- Thus far in CY17, ADAMHS Board's funding supported Intensive Outpatient (IOP) Treatment Programs and Outpatient Treatment Services for 80 youth.

PROVIDER AGENCY OUTCOMES

New Directions

New Directions serves adolescents and provides AOD Assessment, Case Management, Crisis Intervention; Family Counseling; Group Counseling; AOD Individual Counseling; Urinalysis; Medical/Somatic; Non-Medical Community Residential; Intensive Outpatient (IOP); Non-Intensive Outpatient; and Room & Board.

The agency provides a thorough report of outputs and outcomes. Primary outcomes include successful treatment completion and rates of engagement and retention.

The agency served 73 youth in its AOD residential programs in 2016, or 73% of its projected enrollment. Families sometime decline residential treatment and opt for outpatient alternatives.

- Successful completion of residential treatment ranged from 41-76%.
- Successful completion of IOP was 51%; this is compared to a 33% success rate for such care nationally.
- Successful completion of OP was 52%.

New Directions continues to participate in a national addiction benchmarking initiative "Benchmarking for Excellence in Addiction Treatment."

- The agency has consistently seen the average days between date of first contact and initial assessment being slightly less than 7 calendar days.
- The Network for the Improvement of Addiction Treatment (NIATx) reports an average of 8.3 day's wait time nationally.
- The Agency's preliminary 6-month report for 2017 indicates they will reach or exceed their major goals.

2018 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2017 CONTRACT AMOUNT	2018 CONTRACT RECOMMENDATIONS
Northcoast Behavioral Health		
MH Outpatient Treatment	\$ 25,000	\$ -
MH Respite Care	\$ 84,553	\$ -
MH Residential (Bradley & Franklin)		\$ 1,375,000
MH Subsidized Housing	\$ 2,071,922	\$ 1,989,045
Subtotal	\$ 2,181,475	\$ 3,364,045

PROGRAM HIGHLIGHTS

Northcoast Behavioral Healthcare Community Support Network (NBH/CSN)

- Northcoast Behavioral Healthcare Community Support Network (NBH/CSN) provides services to those with severe and persistent mental illness, as well as Intensive Outpatient (IOP) Treatment Programs and residential treatment services. NBH/CSN supports four (4) licensed residential care facilities with a total capacity to serve 31 adults with mental illness. The ADAMHS Board funding supports the following initiatives:
 - Residential Treatment Services**
 - Assertive Community Treatment (ACT)**
- Community Support Network's residential program has served approximately 60 adults with mental illness in CY17.
- Northcoast Behavioral Healthcare Community Support Network also provides Assertive Community Treatment (ACT) Team services to clients that reside in licensed residential care facilities, for a minimum of 20 hours per week. ACT is an evidence-based practice for individuals diagnosed with severe mental illness and whose needs have not be well met by traditional mental health services.
- In CY16, the ACT team provided comprehensive community support for 90 individuals.
- Thus far, in CY17, the ACT team provided comprehensive community support for 85 individuals.

PROVIDER AGENCY OUTCOMES

Northcoast Behavioral Healthcare Community Support Network (NBH/CSN)

The agency provides a report of outputs and measureable outcomes. NBH provides Psychiatric Diagnostic Interview (Physician); Pharmacological Management; BH Counseling and Therapy (Individual); Mental Health Assessment (non-physician); and CPST as well as the Community Support Network (CSN) (Residential Services) provided on location at various residential sites including Residential Care (Residential Treatment/Support); Subsidized Housing (Housing).

Residential Services;

- 88% of clients were maintained in the community during the year.
- Some clients were hospitalized multiple times and some hospital stays were only for one or two days;
- 95.4% had a physical exam within the past 24 months.
- The Agency's preliminary 6-month report for 2017 indicates they will reach their major goals.

2018 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2017 CONTRACT AMOUNT		2018 CONTRACT RECOMMENDATIONS
Northeast Ohio Recovery Residence Network			
AOD Recovery Housing Education	\$ 50,000		\$ 48,000
Subtotal	\$ 50,000		\$ 48,000

PROGRAM HIGHLIGHTS

Northeast Ohio Recovery Residence (NEORRN)

- A grassroots effort, the Northeast Ohio Recovery Resources Network (NEORRN) was founded in 2014 to provide leadership and bring community focus upon the formation of Ohio Recovery Housing (ORH). Created for Ohio in response to the standards and initiatives set forth by the National Association of Recovery Residences, (NARR), ORH has brought an Ohio perspective to fund and regulatory developments challenging our local recovery residences. Recovery residences serve members of the drug and alcohol recovery community with housing to support sober living. ADAMHS Board funding supports the following initiative:
 - **Recovery Housing Training**
- Ohio Recovery Housing initiatives are providing compliance parameters and clearly articulated high standards for recovery housing. NEORRN will work with interested and existing parties in Cuyahoga County in support of fully developed high quality recovery residences.
- Northeast Ohio Recovery Residence was developed by interested person gathered from the community. The program has grown and have moved beyond the place where part-time volunteers can accomplish their Vision, Mission and Purpose, which are to expand recovery housing options for persons in recovery, provide NAARR trainings and advocacy to support services for people in recovery.
- In CY17, funding supported hiring a full-time Chief Executive Officer and Administrative Assistant to further advance Northeast Ohio Recovery Residence to become an actual “program.”

PROVIDER AGENCY OUTCOMES

Northeast Ohio Recovery Residence (NEORRN)

During 2016 and 2017, Northeast Ohio Recovery Residence Network (NEORRN) hired an Executive Director who carried out the following:

1. Held an Orientation Training for all providers on the new Ohio Recovery Housing (ORH) Standards.
2. Provided additional technical assistance in the form of general information on recovery housing to 28 providers, and provided initial consults to 31 providers interested in opening recovery housing based on the ORH standards.
3. Developed a training curriculum for providers on Best Practices in Recovery Housing.
4. Beginning December 13, 2017, will be holding quarterly meetings with providers working towards their ORH certification.

2018 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2017 CONTRACT AMOUNT		2018 CONTRACT RECOMMENDATIONS
Northern Ohio Recovery Association			
AoD Out Patient Treatment	\$ 34,006		\$ 28,905
Subtotal	\$ 34,006		\$ 28,905

PROGRAM HIGHLIGHTS

Northern Ohio Recovery Association (NORA)

- Northern Ohio Recovery Association (NORA) specializes in providing Intensive Outpatient (IOP) Treatment Programs, Alcohol and Other Drugs (AOD) and HIV prevention services and recovery supports for the following populations: gender specific treatment services; recovery housing for women with children and adolescents 12 to 17 years of age, LGBT support services and Peer Recovery Support Services delivered by certified peer support specialists. The ADAMHS Board funding supports the following initiative:

- Substance Use Disorder (SUD) Treatment Services**

- NORA prioritizes referrals for pregnant women and their children as well.
- NORA's admission criteria includes adult women who are diagnosed with Substance Use Disorder (SUD) and other addictions and also in need of supportive housing services.
- In CY16, NORA served 110 women and 60 children as the agency opened another Step Recovery Housing on Cleveland's west side.
- For CY17, NORA expects to meet their target goals.

PROVIDER AGENCY OUTCOMES

Northern Ohio Recovery Association (NORA)

The agency provides a thorough report of outputs and outcomes with plans for improvement where goals are not met. NORA provides assessment, group counseling, individual counseling, medical somatic, family counseling, case management, and urinalysis.

NORA provided services to 7 Board-funded clients between January 1 and December 31, 2016.

Outcomes measures tracked include:

- 100% of all non-Medicaid clients served received an assessment within 72 hours of their initial call to the agency.
- 100% of non-Medicaid clients successfully engaged in treatment.
- 100% of non-Medicaid clients who entered treatment engaged in at least 2 treatment service visits within 14 days completing their assessment.
- 100% of non-Medicaid funded clients were appropriate for the level of care they were admitted to. (goal met)
- 100% of non-Medicaid funded clients were seen by a nurse to review health history/needs.
- 100% non-Medicaid funded clients received individualized services.
- 100% of non-Medicaid funded clients who entered treatment received evidenced based services
- 75% of non-Medicaid funded clients completed treatment
- The Agency's preliminary 6-month report for 2017 indicates they will reach their major goals.

2018 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2017 CONTRACT AMOUNT		2018 CONTRACT RECOMMENDATIONS
Ohio Guidestone			
AOD Youth Reentry and Aftercare	\$ 130,000		\$ 130,000
MH Treatment	\$ 40,000		\$ 21,250
Early Childhood Mental Health	\$ 225,000		\$ 225,000
School Based Behavioral Health Services	\$ 99,438		\$ 99,438
Faith-Based	\$ 50,000		\$ 50,000
Subtotal	\$ 544,438		\$ 525,688

PROGRAM HIGHLIGHTS

OhioGuidestone

- OhioGuidestone is a behavioral health agency in Northeast Ohio for children, adolescents and transitional youth. The ADAMHS Board funding supports the following initiatives:
 - Early Childhood Mental Health (ECMH) Programming**
 - Behavioral Health School Based Programming**
 - Behavioral Health Prevention**
 - Transitional Aged Community Treatment (TACT) Team**
 - Faith-Based Outreach Initiative**
- OhioGuidestone has been a longstanding partner within Cuyahoga County's early childhood system. Consultation and treatment services, provided by the Early Childhood Mental Health (ECMH) Agency Work Group is delivered as a family driven, strength-based community service to aid parents and caregivers with early intervention support to divert and avoid deeper penetration into the behavioral health system. In CY16/17, served approximately 53 children in the ECMH program through ADAMHS Board funding for children ages birth to six (6) years of age. Thus far in CY17, OhioGuidestone has served 14 children.
- As referenced above, the Behavioral Health School Based program is a collaborative effort that is comprised of the ADAMHS Board, Agency Providers and school districts throughout Cuyahoga County. The Behavioral Health School Based Program utilizes consultation services through brief interventions that are short-term modeled from the Ohio Georgetown Model that is extended to students, teachers, school administration and more importantly parents and/or caregivers without the need to develop a formal treatment plan in effort to intervene. In addition to the aforementioned, programming includes universal and targeted prevention groups to address mental health and social skill struggles.
- In the 2016/2017 academic year, OhioGuidestone served approximately 5,641 children and adolescents through consultation services and targeted prevention groups that are measured through the Devereux Student Strengths Assessment (DESSA).
- OhioGuidestone's Transitional Age Community Treatment (TACT) Team provides inter-disciplinary support for youth with behavioral health challenges at-risk for, or transitioning from, out-of-home placements by reducing their behavioral symptoms in an effort to progress toward stability and independence.

PROGRAM HIGHLIGHTS

OhioGuidestone

- The overarching goals of the program are to prevent homelessness, avoid or eliminate court involvement, and reduce re-admission to out-of-home placements.
- In CY17, the program will served 40 youth and young adults aged 16 to 25.
- OhioGuidestone is one of the five (5) contract providers that participates in the ADAMHS Board's Faith-Based Outreach Initiative Program.
- Realizing that spirituality plays an important role in the recovery process the Board approved the Faith-Based Outreach Initiative Program as a 14 month pilot with a term of October 2015 – December 2016. The program was approved to continue as a one year contracted program for 2017. The program's mission is to:
 - Integrate faith into treatment and intervention/prevention services.
 - Provide alcohol and other drug intervention/prevention services to youth and their families.
 - Increase the awareness and understanding of mental health/addiction in the faith community.
- OhioGuidestone is expanding efforts in providing spiritual care and support for participants in their existing Integrated Treatment Program by adding dedicated experienced members of the clergy to their staff.
- The program sends trained chaplains to meet with clients in their community as part of an integrated treatment team.
- Spirituality is thus incorporated into the sessions and becomes a building block upon which clients can learn that treatment works and is effective.
- Clergy also help clients connect/reconnect with a faith community.
- Rev. Marc Neal continues as the only community chaplain serving numerous clients in spiritual care.
- The program continues to have a number of referrals and clients waiting for spiritual care but with additional staff the wait list should decrease.
- The change in the contract from a reimbursement model to a fee for service model has already had benefits as staff spends three to four hours less time per month on administrative tasks and can refocus on client engagement.

PROGRAM HIGHLIGHTS

OhioGuidestone

- Some clients do not want to discontinue the spiritual care service despite efforts made to connect them with a faith community. This has contributed to filling our maximum capacity. Efforts will continue to connect clients.
- An increased effort will be in place to complete Achenbachs assessment, AOD outcomes and Religious Coping Indexes to report for future months.
- OhioGuidestone is able to track the progress of the 51 participates of the 2016 program that carried over into the 2017 program.
- As of September 2017, OhioGuidestone enrolled 34 youth/families into their program and continues to serve 51 youth/families that continued from 2016.

PROVIDER AGENCY OUTCOMES

OhioGuidestone

OhioGuidestone provides **Early Behavioral Health Counseling**. The agency provides a concise report with measurable outcomes.

The agency uses the age appropriate Achenbach Behavioral Checklists across all mental health programs. The Achenbach is completed by the parent of a youth or is self-completed by adult clients at the point of intake and discharge. The agency tracks the internalizing, externalizing, and total problems scales.

149 Board funded clients were enrolled, with 88 clients completed the program:

- 58% of clients completing the program showed improvement in internalizing behaviors.
- 66% of clients completing the program showed improvement in externalizing behaviors.
- 63% of clients completing the program showed improvement in total problems.
- The Agency's preliminary 6-month report for 2017 indicates they will reach or exceed their major goals.

Faith Based Prevention Programs

OhioGuidestone is expanding its Spiritual Care Program to provide spiritual care and support for participants with both mental health and addiction diagnoses.

- The program sends trained chaplains to meet with clients in their community as part of an integrated treatment team.
- Spirituality is thus incorporated in to the sessions and becomes a building block upon which clients can learn that treatment works and is effective.
- Ohio Guidestone hired two very qualified additional chaplains.
- Proposing to serve 100 Youth/Families.

For the 85 individuals served:

Integrating Spiritual care into the treatment of clients with mental health and addiction diagnoses 2017

- 67% acknowledge the importance of faith/spirituality in recovery (subsequent time(s))
- 25% connected with faith community (subsequent time(s))
- 25% demonstrate that they feel connected to a community of support (subsequent time(s))
- 17% established/improved upon a faith family-based routine in the home (subsequent time(s))
- 42% report their recovery treatment was enhanced by the spirituality sessions (subsequent time(s))

Integrating Spiritual care into the treatment of clients with mental health and addiction diagnoses- continued from 2016

- 10% acknowledge the importance of faith/spirituality in recovery (first time)

PROVIDER AGENCY OUTCOMES

- 60% acknowledge the importance of faith/spirituality in recovery (subsequent time(s))
- 10% connected with faith community (first time)
- 20% connected with faith community (subsequent time(s))
- 30% demonstrate that they feel connected to a community of support (first time)
- 20% demonstrate that they feel connected to a community of support (subsequent time(s))
- 20% established/improved upon a faith family-based routine in the home (first time)
- 20% established/improved upon a faith family-based routine in the home (subsequent time(s))
- 45% report their recovery treatment was enhanced by the spirituality sessions (first time)
- 25% report their recovery treatment was enhanced by the spirituality sessions (subsequent time(s))
- 30% show decrease in negative religious coping (first time)
- 10% show decrease in negative religious coping (subsequent time(s))
- 55% show improvement in the AOD Outcomes form and/or Achenbach scores (first time)
- 35% show improvement in the AOD Outcomes form and/or Achenbach scores (subsequent time(s))
- 25% show increase in positive religious coping (first time)
- 20% show increase in positive religious coping (subsequent time(s))

Integrating Spiritual Care into the treatment of clients with mental health diagnoses continued from 2016

- 7% acknowledge the importance of faith/spirituality in recovery (first time)
- 74% acknowledge the importance of faith/spirituality in recovery (subsequent time(s))
- 19% connected with faith community (first time)
- 16% connected with faith community (subsequent time(s))
- 7% demonstrate that they feel connected to a community of support (first time)
- 19% demonstrate that they feel connected to a community of support (subsequent time(s))
- 13% established/improved upon a faith family-based routine in the home (first time)
- 23% established/improved upon a faith family-based routine in the home (subsequent time(s))
- 23% report their recovery treatment was enhanced by the spirituality sessions (first time)
- 39% reports their recovery treatment was enhanced by the spirituality sessions (subsequent time(s))
- 32% show decrease in negative religious coping (first time)
- 23% show decrease in negative religious coping (subsequent time(s))
- 19% show improvement in the AOD Outcomes form and/or Achenbach scores (first time)
- 10% show improvement in the AOD Outcomes form and/or Achenbach scores (subsequent time(s))
- 32% show increase in positive religious coping (first time)
- 10% show increase in positive religious coping (subsequent time(s))

Integrating Spiritual Care into the treatment of clients with mental health diagnoses.

- 18% acknowledge the importance of faith/spirituality in recovery (first time)
- 5% acknowledge the importance of faith/spirituality in recovery (subsequent time(s))
- 5% connected with faith community (first time)

PROVIDER AGENCY OUTCOMES

- 5% demonstrate that they feel connected to a community of support (first time)
- 9% report their recovery treatment was enhanced by the spirituality sessions (first time)
- 5% report their recovery treatment was enhanced by the spirituality sessions (subsequent time(s))
- 14% show improvement in the AOD Outcomes form and/or Achenbach scores (first time)

OhioGuidestone Early Childhood Mental Health (ECMH) The agency's performance measures are generated through the Devereux Early Childhood Assessment (DECA) System for children birth to 6 years of age. The system has two different scales based upon age, as one reflects scales for Attachment and the other for Behavior. Ohio Guidestone's measures regarding the specific scales are reflected below for CY2016/2017:

- The DECA-Infant/Toddler (IT) was utilized to assess 51 infants of which 24% was administered a Pre/Post Assessment. The outcome measures were very positive, as the rating categories improved within a range of 17% overall.
- The DECA-Clinical was utilized to assess 39 children of which 36% was administered a Pre/Post Assessment. The 36% represents children that were not in need of treatment services, as the ECMH program is an early intervention program.
- Upon discharge from the ECMH program 2 main scales were evaluated, the "Total Protective Factors" scale improved by 23% illustrating significant improvement. The "Total Behavior Concerns" remained unchanged which indicates the behaviors may have stabilized.

School Based Mental Health – CY2016/2017

Performance measures are generated through the Devereux Student Strengths Assessment (DESSA). The DESSA is utilized to assess the social-emotional competence of children and adolescents grades K-8th. It utilized to measure individual and group interventions.

- Data submitted reflected that of the 63 children assessed,
- 0% completed a pre/post assessment. However, the data below illustrates the significant number of students categorized as "typical" which is extremely positive.
- The following areas were measured (self-management, self-awareness, social awareness, relationship skills, goal directed behaviors, personal responsibility, decision making, and optimistic thinking) as reflected below:

Rating Categories	Pre	Post
Strength	16%	
Typical	61%	
Need	23%	

2018 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2017 CONTRACT AMOUNT		2018 CONTRACT RECOMMENDATIONS
ORCA			
AoD Out Patient Treatment	\$ 50,000		\$ 21,250
AoD Residential	\$ 774,000		\$ 674,000
AOD Residential - Weekend Access	\$ 25,000		\$ -
AOD Sober Beds/Housing	\$ 17,500		\$ 14,400
Subtotal	\$ 866,500		\$ 709,650

PROGRAM HIGHLIGHTS

ORCA House, Inc.

- ORCA House, Inc, provides non-medical community residential treatment and Alcohol and Other Drug (AOD), Intensive Outpatient (IOP) Treatment Programs for men and women who are addicted to alcohol and drugs, co-occurring illness and/or in need of sober supportive housing. ADAMHS Board funding supports the following initiatives:
 - Residential Treatment**
 - Sober Beds**
- Thus far in CY17, ORCA House served:
 - 175 clients in its non-medical community residential treatment.
 - A total of 56 clients in Alcohol and Other Drugs (AOD), Intensive (24 clients) and Non-Intensive (35 clients) Outpatient programs for men and women.
- ORCA House is one of three providers of non-medical community residential treatment services participating in the board Pilot Alcohol and Other Drug (AOD) Residential Pre-Authorization Project in collaboration with the three contract providers of detoxification services.
- For CY17, ORCA'S Crawford House, which is a Level 2 Recovery Residence for men in need of a sober living environment after completing non-medical community residential treatment, will accommodate up to four (4) men. The average length of stay is 180 days.

PROVIDER AGENCY OUTCOMES

ORCA House, Inc

ORCA House, Inc., provides AOD assessment, individual counseling, group counseling, screening, intensive outpatient and non-medical community residential treatment services. The agency provides a thorough report of outputs.

ORCA House served 233 ADAMHSB funded individuals in residential treatment.

- Of this number, 202 were discharged during the reporting period. Of the 202, 119 or 59% successfully completed treatment.
- Twelve percent of ADAMHS funded clients were followed up post discharge: 88% reported continued abstinence.
- ORCA's successful completion rate for all residential was 61% (199 out of 327 discharges were successful).
- The Agency's preliminary 6-month report for 2017 indicates they will reach or exceed their major goals.