

East Cleveland Neighborhood Center

CY2022 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2021 CONTRACT AMOUNT	2022 CONTRACT RECOMMENDATIONS	PRIORITY
East Cleveland Neighborhood Center			
School Based Prevention	\$ 157,000	\$ 157,000	Prevention
Total	\$ 157,000	\$ 157,000	

CY22 Program Highlights and Outcomes

East Cleveland Neighborhood Center (ECNC)

East Cleveland Neighborhood Center (ECNC) provides an array of behavioral health prevention services which promotes the health and safety of individuals in East Cleveland schools and neighboring communities.

Agency Internal Diversity, Equity and Inclusion Team and/or Policy:

This agency did not submit information related to a Diversity, Equity, and Inclusion police, plan or team.

The ADAMHS Board Funding supports the following initiative(s):

You Matter Academy/Youth Prevention

Through in-school and out-of-school-time (OST) programs, ECNC delivers an array of preventative services that enhance the health and safety of youth in East Cleveland and nearby communities. Evidence-based curricula are used to build on students' strengths and address problematic behaviors. Weekly in-school sessions are held in classrooms throughout the academic year, and OST sessions (before/after school, winter, spring, and summer breaks) occur on-site at ECNC or other community locations. All programs are designed to educate, empower, and modify at-risk behaviors through the promotion of resiliency and protective characteristics.

- **Target Population:**
 - Children ages 5-18 residing in East Cleveland and neighboring communities
- **Anticipated Number of Clients to be Served:** 1,510
- **Number of Staff Required to Implement Program:** 7
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - Recruitment and retention of qualified candidates/employees is essential to fulfilling the organization's mission. In the event of staff vacancies, the Executive Director, Program Manager and/or Social Worker are qualified and trained to provide additional direct services until replacements are recruited. In addition, there is capacity to offer part-time staff opportunities for additional work hours to ensure that clients are served; and finally, there is one credentialed PRN employee and several former ECNC prevention staff who can be contacted, if necessary, to assist with service coverage. This flexibility with utilization of personnel will help ensure continuity and consistency in the event of unexpected vacancies.
- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - Prevention and early intervention
- **Program Goals:**
 - Decrease risk-taking behaviors such as substance use through prevention education (Substance Abuse Education)
 - Enhance relationships with peers and adults through communication, conflict-management and decision-making skills (Social-Emotional Learning)

CY22 Program Highlights and Outcomes

- Strengthen capacity to regulate emotions through self-management and coping strategies (Social-Emotional Learning)
- Substance Abuse Pledge: 70% of students enrolled in program will sign substance abuse pledge agreeing to refrain from Alcohol, Tobacco and Other Drug (ATOD) use (Substance Abuse Prevention)
- Program Completion: 70% of students enrolled will complete the program
- **Program Metrics:**
 - Substance Use Prevention Milestones are measured through observation and survey and tracked on a Milestone Checklist. At the end of the program, outcomes are noted in the following areas: problem-solving skills, harmful effects of substance abuse, coping skills.
 - Panorama: an SEL instrument that measures students' SEL skills and competencies, including decision making, growth mindset and self-management.
 - Panorama: SEL instrument as described in Goal 2 metrics which will also assist in identifying students' SEL strengths, needs and differential supports.
 - Demographics: Information including gender, grade level, age, ethnicity, zip code, program start/end dates, and attendance is monitored to identify trends and ensure target population is being reached.

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 1,100
 - **ADAMHS Funded Unduplicated Clients Served:** 444
 - **Total Number of Clients Served:** 444
 - **Total Number of Clients that Completed this Program/Service:** 400
- **Average Cost Per Client:** \$177
- **Additional Information:**
 - The impact of the pandemic was a barrier that hindered this prevention program. However, ECNC is moving forward with implementing an alternative suspension program in East Cleveland City Schools and providing prevention services in Euclid City Schools.

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 1,170
 - **Total Number of Clients that were Served:** 963
 - **Total Number of Clients that Completed this Program/Service:** 315
- **Goals Met:**
 - N/A
- **Metrics Used to Determine Success:**
 - DESSA Satisfaction Surveys: 1st - 5th grade- 85% of students were satisfied with the prevention program; 6th - 8th grade - 87% of students were satisfied with the prevention

CY22 Program Highlights and Outcomes

program; 9th -12th grade - 84% of students were satisfied with the prevention program ATOD Milestones.

- **Program Successes:**
 - N/A
- **Average Cost Per Client in CY20:** \$163
- **Additional Information:**
 - N/A

Eldercare Services Institute, LLC.

CY2022 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2021 CONTRACT AMOUNT	2022 CONTRACT RECOMMENDATIONS	PRIORITY
Eldercare Services Institute			
Hoarding Connection	\$ 20,000	\$ 20,000	Specialized Pop.
Total	\$ 20,000	\$ 20,000	
Pooled Funding:			
Behavioral Health Services	\$ -	\$ -	

CY22 Program Highlights and Outcomes

Eldercare Services Institute, LLC.

Eldercare Services Institute (dba Benjamin Rose Institute on Aging) provides an array of mental health services for individuals 55 years of age and older.

Agency Internal Diversity, Equity and Inclusion Team and/or Policy:

This agency submitted information ensuring a Diversity, Equity and Inclusion policy, plan or team is in place or in progress.

The ADAMHS Board Funding supports the following initiative(s):

Behavioral Health Services

Services include Therapeutic Behavioral Services (TBS), individual and in group; case management; Community Psychiatric Supportive Treatment (CPST); and Diagnostic Evaluation. These services are provided in the office, in the community, virtually via smart device (phone or tablet) or a combination of both. All services, individual and group, are designed to provide maximum support. A client has access to services from multiple programs of Benjamin Rose. This inter-agency collaboration provides clients with a quality of care not found in other community-based organizations. Additionally, it positively impacts the quality of life by supporting clients to maintain independence rather than in institutional settings.

- **Target Population:**
 - Adults ages 55 and older who live in Cuyahoga County and experience a mental illness, including individuals with symptoms of hoarding or a hoarding diagnosis and adults who have been victims of cybercrimes, particularly romance scams.
- **Anticipated Number of Clients to be Served:** 355
- **Number of Staff Required to Implement Program:** 11
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - Review of clients, identified problems and immediacy of need
 - Review frequency of visits based on immediacy or acuity of need
 - Review of staff expertise
 - Review of staff caseload
 - Assign or reassign clients to designated staff increasing caseload
 - Ensure clients in need of immediate or acute issues are priority
- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - Trauma Informed Care Treatment, Recovery and Prevention Services
 - Inpatient and Ambulatory/Outpatient Detoxification Services
- **Program Goals:**
 - Decrease the number of psychiatric re-hospitalizations by 10% over CY21

CY22 Program Highlights and Outcomes

- Reduce amount of re-victimization through romance or other cyber scams, through participation in Romance Scam therapy group for clients who participate in at least six sessions
- Reduction in PHQ-scores by 10% over scores in CY21
- **Program Metrics:**
 - Electronic Health Record documentation, data obtained through Carelogic reports, and data reported to the ADAMHS Board on a semi-annual basis
 - Group participation session and client attendance numbers documented in EHR; client self-report on participation in cyber scams
 - PHQ-9 scores in EHR for CY22 and comparing them to PHQ-9 scores for CY21

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 228
 - **ADAMHS Funded Unduplicated Clients Served:** 105
 - **Total Number of Clients Served:** 250
 - **Total Number of Clients that Completed this Program/Service:** 43
- **Average Cost Per Client:** \$883
- **Additional Information:**
 - Benjamin Rose Institute on Aging Behavioral Health Services continues to demonstrate its commitment to meeting the evolving needs of older adults throughout the height of the pandemic and beyond. Through use of best practices and innovative programming, such as treatment for hoarding symptoms and diagnoses and victims of cybercrimes, the team continued to deliver services in-person. In a group setting or 1:1 in the office or in the community, the programs reduce isolation while helping clients meet their mental health needs.

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 220
 - **Total Number of Clients that were Served:** 238
 - **Total Number of Clients that Completed this Program/Service:** 82
- **Goals Met:**
 - Reduction in psychiatric re-hospitalization was met, as this became a staff focus due to increasing client concerns resulting from uncertainty and destabilization caused by the pandemic. There were zero psychiatric re-hospitalizations in CY20. The agency was unable to accurately measure PHQ-9 data for depression due to a computer glitch coupled with service and client interruptions. Staff began scheduling educational presentations, which were interrupted due to COVID. Many were unable to be presented as smaller facilities did not have capability to host web or video presentations. The agency did not receive the Ohio Scales until CY21.

CY22 Program Highlights and Outcomes

- **Metrics Used to Determine Success:**
 - Carelogic (Electronic Health Record) to track psychiatric re-hospitalizations
 - Carelogic PHQ-9 to track reduction in depression scores
 - Sign in sheets/minutes for in-services and educational trainings
 - Electronic Dissemination tracking form in which in-services/educational presentations are recorded
 - Quality Improvement monitors and indicators
 - Ohio Scales
- **Program Successes:**
 - There was a reduction in psychiatric re-hospitalization rate by 10% from the previous year. In CY20, there were no psychiatric hospitalizations.
- **Average Cost Per Client in CY20:** \$945
- **Additional Information:**
 - The program's approach and target population are unique, providing home and community-based services to Cuyahoga County residents, both inner and outer ring suburbs, age 55 and older suffering from a serious mental illness. The direct service team works to engage a client at intake, through the admission process and then work with the client to develop person-centered goals that help the client maintain the highest level of independence in the community and work toward self-sufficiency. Through the program's approach of in-home service delivery, staff are uniquely able to view a person in their home environment, thereby eliminating such barriers as lack of transportation, and difficulty with mobility/physical and mental health issues that may hamper someone's ability to function outside their living environment. In-home visits easily allow for staff and client to review and monitor medication, engage in education and discussion of medical or pharmacy documents, and establish linkage to community services. Satisfaction survey results from the program's clients support the agency's belief that CPST (community psychiatric supportive treatment) services provided in-home breaks down barriers, allowing for the development and strengthening of a trusting partnership between staff and client that results in a more immediate sharing of information enabling staff to more efficiently and effectively convert non-Medicaid clients (clients receiving services funded by the ADAMHS Board) to Medicaid. This allows for an increased number of Medicaid eligible clients without insurance to receive services through ADAMHS Board funding.

Hoarding Connection of Cuyahoga County

The Hoarding Connection of Cuyahoga County (HCCC) seeks to educate professionals, organizations and the larger community about hoarding disorder and promote the adoption of effective responses for persons who hoard. It does so through an annual conference and other educational opportunities, Buried in Treasures (BITS), community-based educational and support groups, and a dedicated website which offers resources and opportunities to raise awareness of hoarding in the community, as well as treatment options. In CY20, HCC changed their in-person all-day conference to a series of virtual workshops offered over a two-day period, to ensure safety measures during COVID-19. This same format was used for the October 2021 conference. All BITS groups were suspended beginning in March 2020 and continuing to the present. Again, to ensure participant and facilitator safety. Regular members of HCC said they felt offering virtual BITS groups would be too

CY22 Program Highlights and Outcomes

difficult for the participants, many of whom are older adults (55 and over), lack necessary equipment to participate or do not have internet connectivity. Included in barriers or risk factors for HCC is the ability to secure locations in the community to hold BITS groups as well as to engage qualified facilitators (people who have been through a BITS group series or hoarding treatment) that can lead an ongoing group.

- **Target Population:**
 - Older adults who were in crisis and/or who had lost their housing due to hoarding issues; individuals with hoarding symptoms or hoarding disorder diagnosis.
- **Anticipated Number of Clients to be Served:** N/A
- **Number of Staff Required to Implement Program:** 4
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:** N/A
- **Funding Priority:**
 - Prevention and Early Intervention
- **Program Goals:**
 - Host an annual conference to provide education on hoarding disorder and those diagnoses that support it, as well as allowing for a forum to disseminate information.
 - Reduce number of evictions by 10% over CY21 for clients referred to BHS who have been referred to Housing Court.
 - Resume at least two BITS groups in CY22, whether virtually or in-person.
- **Program Metrics:**
 - Written information on conference, attendance list, submitted to ADAMHS Board in year-end report
 - Data in electronic health record database, Carelogic, and reports from Housing Courts, submitted to ADAMHS Board semi-annually
 - Hoarding Connection meeting minutes, sign-in sheets and reports from BITS facilitators, also submitted to ADAMHS Board semi-annually

First Six Months of CY21 Provider Outcomes: N/A (See additional information)

- **Additional Information:**
 - COVID-19 halted our usual BITS community groups. However, HCC members were able to pivot the standard daylong conference to a successful virtual conference. Participation in this series of virtual presentations that comprised the conference was more successful than anticipated. The hoarding committee continues to work despite the pandemic by providing education, information and resources.

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 175
 - **Total Number of Clients that were Served:** 214
 - **Total Number of Clients that Completed this Program/Service:** N/A

CY22 Program Highlights and Outcomes

- **Goals Met:**

- Aimed for 175 participants for the annual hoarding conference but saw an increase to 204 that registered over the three-day event. Many people wrote on their evaluations that they liked the virtual presentation. Instead of a one-day conference, due to the pandemic, the conference committee opted to do a three-part conference series, “Perspectives on Hoarding,” “Hoarding is a Family Affair,” and “Hoarding and the Pandemic.” For the first session, 91 people responded to session evaluations, 84 responded to the second session, and 94 to the final session. Overall, those who completed an evaluation reported they learned new information and all reported that conference objectives were met or exceeded. BITS groups that formed in the fall of 2019 met in early January and February 2020 but halted due to COVID. Plans to go virtual are in the making.

- **Metrics Used to Determine Success:**

- Number of conference attendees
- Number of professions represented among conference attendees
- Number of Buried in Treasures (BITS) groups
- Number of BITS participants

- **Program Successes:**

- 26 individuals completed an online form in CY20 to be notified when a BITS group forms in their area. BITS group members had difficulty transitioning to a virtual platform, preventing them from resuming meetings after spring 2020. Due to the pandemic, the conference committee opted to do a three-part conference series, which was held December 14-16 via Zoom. 204 registrants signed up to attend one, two or three sessions. 61% of registrants were from Ohio, mostly from Cuyahoga County. The remaining registrants attended from Arizona (one), California (one), Colorado (one), Illinois (19), Kansas (one), Massachusetts (three), Maryland (one), Michigan (five), Minnesota (9), Missouri (five), Montana (two), Nebraska (six), Nevada (one), Oregon (one), Pennsylvania (one), South Dakota (five), Tennessee (two), Texas (two), Virginia (12) and Ontario, Canada (two). Continuing education credit was offered for social work and counseling and RCHs for building and maintenance professionals. 87 licensed professionals received CEs.

- **Average Cost Per Client in CY20:** \$93

- **Additional Information:**

The Hoarding Connection of Cuyahoga County (HCCC) is a task force comprised of more than 20 organizations from the public, nonprofit and private sectors. The group’s mission is to educate professionals, organizations and the larger community about hoarding disorder and promote the adoption of effective responses for persons who hoard. A major barrier to treatment for people who hoard is the lack of treatment providers. The primary treatments were developed by Randy Frost and Gail Steketee and include an adapted form of Cognitive Behavioral Therapy and Buried in Treasures (BITS) peer led groups. HCCC hosts a yearly conference and regularly held BITS groups to help people who hoard or who want to know or get support related to hoarding. Benjamin Rose provides in-kind support for the Cuyahoga County Hoarding Connection, via staff time from the marketing and communications staff. Additionally, office space and operational expenses are funded by BRIA.

Provider:	Eldercare Services Institute, LLC	2020 First Outcome Count:	1	2021 First Outcome Count:	1
Instrument:	Ohio Scales Adult	2020 Final Outcome Count:	0	2021 Final Outcome Count:	0
Program:	Mental Health Treatment for Adults	2020 % of Final:	0	2021 % of Final:	0

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

**Emerald
Development &
Economic
Network (EDEN)**

CY2022 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2021 CONTRACT AMOUNT	2022 CONTRACT RECOMMENDATIONS	PRIORITY
Emerald Development & Economic Network, Inc. (EDEN)			
Residential - Listed Below:			
Housing Assistance Program (HAP)	\$ 1,245,665	\$ 1,245,665	Housing
Property Management Consumer Operated Svs	\$ 77,215	\$ 62,012	Housing
North Ridge Commons	\$ 128,291	\$ 137,516	Housing
Property Management ADAMHS Owned Properties	\$ 166,893	\$ 271,278	Housing
Property Management Residential Facilities	\$ 197,170	\$ 250,000	Housing
Permanent Housing	\$ 1,456,163	\$ 1,399,518	Housing
Total	\$ 3,271,397	\$ 3,365,989	

CY22 Program Highlights and Outcomes

Emerald Development & Economic Network (EDEN), Inc.

EDEN has been identified as the housing development agency charged to expand affordable housing opportunities for individuals with disabilities.

Agency Internal Diversity, Equity and Inclusion Team and/or Policy:

This agency submitted information ensuring a Diversity, Equity and Inclusion policy, plan or team is in place or in progress.

The ADAMHS Board Funding supports the following initiative(s):

Property Management ADAMHS Owned Properties

The ADAMHS Board owns the Residential Care Facilities (RCFs), but EDEN provides the property management, maintenance and fiscal management for these sites. The referrals for these sites come through the ADAMHS Board to the on-site providers. EDEN ensures units are ready for occupancy and turnover. EDEN staff calculate and collect rent/utilities and food/services payments if a resident has income and works with the client and their payee to ensure payments are made. EDEN completes work orders for the properties as well as needed renovations. Pays program and facility related invoices. Property managers complete leases for the Bernard and Lakeshore properties.

- **Target Population:**
 - The clients served by the RCFs come through the CARR referral process and typically have a mental illness and/or other disabilities including substance use disorders, developmental disabilities, and/or physical health conditions.
- **Anticipated Number of Clients to be Served:** 497
- **Number of Staff Required to Implement Program:** 6
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - If staff is not otherwise available, EDEN will utilize other appropriate agency staff to fill in, whether it is completing work orders, or cutting checks for invoices, as examples. EDEN will ensure that any work or payments needed on behalf of these facilities will be carried out for all sites to have safe, continuous operations.
- **Funding Priority:**
 - High Quality Housing
- **Program Goals:**
 - 100% of emergency work orders will be addressed within 24-hours
 - 100% of routine work orders will be completed within 30 days
 - 100% of properties that undergo annual ADAMHS Board certifications will achieve this
 - All invoices will be paid within 30 days
 - Generate monthly financial ADAMHS Board report and submit by due date

CY22 Program Highlights and Outcomes

- 100% of Annual Recertifications will be achieved for lease holders at Bernard and Lakeshore properties
- Participate in monthly meetings with the ADAMHS Board to receive referrals
- 100% of the properties that undergo OhioMHAS licensure will achieve this
- **Program Metrics:**
 - Review monthly the status of completion of emergency work orders to ensure that 100% of emergency work orders are being completed within 24-hours.
 - Review monthly the status of completion of routine work orders to ensure that 100% of routine work orders are being completed within 30 days.
 - Maintenance will complete a pre-inspection of all units to ensure that 100% of properties achieve ADAMHS Board certification annually, and additionally, Property Managers will do quarterly inspections.
 - Review monthly aged accounts receivable and payables.
 - Track and review monthly submission dates of financial reporting to the ADAMHS Board.
 - Review the status of annual recertifications of Tenants in the TenMast system for Bernard and Lakeshore properties monthly.
 - Review agenda and meeting notes monthly.
 - Maintenance will complete pre-inspection of the properties to ensure 100% of properties achieve OhioMHAS licensure.

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 56
 - **ADAMHS Funded Unduplicated Clients Served:** 160
 - **Total Number of Clients Served:** 160
 - **Total Number of Clients that Completed this Program/Service:** 0
- **Average Cost Per Client:** \$522
- **Additional Information:**
 - Referrals to fill units has slowed down and the program only accepts referrals from the ADAMHS Board. EDEN also doesn't have access to information for the clients being served in all the ADAMHS properties because the agency doesn't process intakes or move outs. CSU and Flores are two properties that FLS operates, and EDEN only performs maintenance functions on.

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 53
 - **Total Number of Clients that were Served:** 153
 - **Total Number of Clients that Completed this Program/Service:** N/A

CY22 Program Highlights and Outcomes

- **Goals Met:**
 - 92% is rate for rent collection from residents= 93%
 - 95% is rate for occupancy of units = 96%
 - Units will be leased up within 15 days= avg is 15-30 days
 - 100% of emergency repairs will be completed within 24-hours = 100%
 - 100% of routine work orders will be completed within 30 days = 5% were over 30 days
 - 100% of the units meet 1 or more of the following: Local Ordinances; OhioMHAS Licensure = 100%.
- **Metrics Used to Determine Success:**
 - EDEN will use TenMast Software to track participant rent payments (if they have a payment), document a participant moving in or out of a unit if the agency is aware, and input work orders and track them for completion. Licensure Standards for Class 1 facilities will be met to ensure compliance with OhioMHAS. Current Certificate of Occupancy will exist for properties to ensure compliance with city codes.
- **Program Successes:**
 - Same as Goals Met.
- **Average Cost Per Client in CY20:** \$1,091
- **Additional Information:**
 - EDEN is not always aware of the number of clients served if they don't complete leases or collect rent from a resident. The two properties are primarily the CSU as EDEN only maintains it and it is for short-term stays and Flores Home, which is a treatment site.

North Ridge Commons

EDEN is requesting funding for Front Desk staff. Having a staff person on-site 24-hours a day is essential to the success of Permanent Supportive Housing. All guests must also sign-in and show ID. The front desk staff provide a high level of communication, as well as safety and security to the building. These staff members are the individuals who intervene when emergencies arise, including the need to call emergency services: EMS, Police, and Fire. They monitor the traffic in and out of the building, including overseeing the camera system at the property. The front desk staff receive and log all deliveries and notify the tenants and or property management. They also complete incident reports for safety systems such as smoke detectors and cameras system.

- **Target Population:**
 - Chronically homeless individuals 50 years and older who have a mental illness and/or substance use disorder or other chronic health conditions
- **Anticipated Number of Clients to be Served:** 33
- **Number of Staff Required to Implement Program:** 5
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - If there is a staff vacancy in one of these positions, the agency will fill in by using leadership staff, front desk staff from other PSH buildings, or will use temporary (PRN) staff that are called in on an as-needed basis so that the front desk is staffed 24-hours per day, 7-days per week.

CY22 Program Highlights and Outcomes

- **Funding Priority:**
 - High Quality Housing
- **Program Goals:**
 - Record and track emergency calls (EMS, Police, Fire Department) monthly
 - Enter in all emergency and routine work orders into TenMast system
 - Maintain all guest logs
 - Maintain delivery logs
 - Monitor safety systems such as camera system, fire alarms / smoke detectors, and sprinkler system
 - At least 90% occupancy will be achieved
 - At least 95% rent collection will be achieved
- **Program Metrics:**
 - Review the monthly emergency call log and tally the number of calls made.
 - Run a work order report monthly from TenMast system and review to ensure accuracy.
 - Review sign-in sheets for completion and accuracy.
 - Review delivery logs for completion and accuracy. Check for reporting documents if needed.
 - Review incident reports and shift logs for completion and accuracy; ensure functionality of safety systems.
 - Run an occupancy report monthly from TenMast system and review to ensure accuracy.
 - Run a rent report monthly from TenMast system and review to ensure accuracy.

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served: 30**
 - **ADAMHS Funded Unduplicated Clients Served: 30**
 - **Total Number of Clients Served: 30**
 - **Total Number of Clients that Completed this Program/Service: 30**
- **Average Cost Per Client:** \$2,138
- **Additional Information:**
 - This program is part of the Housing First Initiative Portfolio. The building employs a Manager of Permanent Supportive Housing, Property Manager, Maintenance Technician, Custodian and Front Desk Staff (ADAMHS Board provides funding for the Front Desk Staff only). Signature Health is the on-site supportive service provider. This program provides housing for very vulnerable persons. Applicants must meet the HUD definition of chronic homelessness and have a mental illness and/or substance use disorder.

CY22 Program Highlights and Outcomes

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 30
 - **Total Number of Clients that were Served:** 30
 - **Total Number of Clients that Completed this Program/Service:** 0
- **Goals Met:**
 - 95% of tenants will maintain housing = 100%
 - 90% of tenants will maintain or increase income = 95%
 - 100% of Prop Management services will be consistent with Ohio tenant -Landlord Law & Fair Housing = 100%
 - There will be no security incidents – there were none.
- **Metrics Used to Determine Success:**
 - EDEN uses TenMast Software to track occupancy/housing stability (length of stay) including exit destinations. EDEN uses TenMast to track income of tenants and any changes to it. TenMast is utilized to input and create reports for work orders. EDEN uses a vacancy tracker to monitor any turnover of tenants and reasons why they moved. EDEN maintains an emergency call log for each PSH building to determine what type of incidents occurred and which emergency service responded.
- **Program Successes:**
 - 100% of residents-maintained housing
 - 95% of residents increased/maintained income
 - 100% of Property Management services consistent with Ohio Landlord Tenant Law and Fair Housing Act
 - No major security incidents occurred
- **Average Cost Per Client in CY20:** \$4,276
- **Additional Information:**
 - N/A

Property Management Residential Facilities

EDEN owns the Residential Care Facilities (RCFs), and provides the property management, maintenance and fiscal management for these sites. The referrals for these sites come through the ADAMHS Board to the on-site providers. EDEN ensures units are ready for occupancy and turnover. EDEN staff calculate and collect rent/utilities and food/services payments if a resident has income and works with the client and their payee to ensure payments are made. EDEN completes any work orders for the properties as well as needed renovations. Pays program and facility-related invoices, reviews and reimburses petty cash disbursements, reviews actual versus budget expense variances, sets up credit accounts with vendors, receives and posts tenant payments, produces financial statements and prepares for annual audit. There are separate on-site providers, such as Jewish Family Services Association and Northcoast Behavioral Health System. Property Management prioritizes individuals exiting RCF for an EDEN permanent housing program.

CY22 Program Highlights and Outcomes

- **Target Population:**
 - The clients served by the RCFs come through the CARR referral process and typically have a mental illness and/or other disabilities including substance use disorders, developmental disabilities, and/or physical health conditions.
- **Anticipated Number of Clients to be Served: 93**
- **Number of Staff Required to Implement Program: 6**
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - If staff is not otherwise available, EDEN will utilize other appropriate agency staff to fill in, whether it is completing work orders, or cutting checks for invoices, as examples. EDEN will ensure that any work or payments needed on behalf of these facilities will be carried out for all sites to have safe, continuous operations.
- **Funding Priority:**
 - High Quality Housing
- **Program Goals:**
 - 100% of emergency work orders will be addressed within 24-hours
 - 100% of routine work orders will be completed within 30 days
 - 100% of units will achieve OhioMHAS Licensure when time for renewal
 - Attend monthly status meetings with Northcoast Behavioral and ADAMHS Board to discuss the status of rent payments, invoice payments, and occupancy
 - All invoices will be paid within 30 days
 - Generate monthly financial ADAMHS board report and submit by due date
 - Prioritize RCF exits for EDEN's Permanent Housing Program
- **Program Metrics:**
 - Review monthly the status of completion of emergency work orders to ensure that 100% of emergency work orders are being completed within 24-hours
 - Review monthly the status of completion of routine work orders to ensure that 100% of routine work orders are being completed within 30 days
 - A pre-inspection of all units will occur to ensure that the 100% of units achieve OhioMHAS licensure, additionally Property Managers will do quarterly inspections
 - Review monthly agenda and notes taken at meeting
 - Track and review monthly submission dates of financial reporting to the ADAMHS Board
 - Review current vacancies and target RCF exits monthly to ensure priority placement

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served: 34**
 - **ADAMHS Funded Unduplicated Clients Served: 42**
 - **Total Number of Clients Served: 34**

CY22 Program Highlights and Outcomes

- **Total Number of Clients that Completed this Program/Service:** 8
- **Average Cost Per Client:** \$2,347
- **Additional Information:**
 - EDEN is aware of how many clients its serves except for East 118th St., which is a Medically Assisted Treatment (MAT) facility. EDEN does not have record of when someone enters or exits this program but does own the property and maintain it.

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 43
 - **Total Number of Clients that were Served:** 88
 - **Total Number of Clients that Completed this Program/Service:** N/A
- **Goals Met:**
 - 92% is rate for rent collection from residents= 93%
 - 95% is rate for occupancy of units = 96%
 - Units will be leased up within 15 days= avg is 15-30 days
 - 100% of emergency repairs will be completed within 24-hours = 100%
 - 100% of routine work orders will be completed within 30 days = 5% were over 30 days
 - 100% of the units meet one or more of the following: Local Ordinances/OhioMHAS Licensure = 100% did
- **Metrics Used to Determine Success:**
 - EDEN will use TenMast Software to track participant rent payments (if they have a payment), document a participant moving in or out of a unit if they are aware, and input work orders and track them for completion. Licensure Standards for Class 1 facilities will be met to ensure compliance with OhioMHAS. Current Certificate of Occupancy will exist for properties to ensure compliance with city codes.
- **Program Successes:**
 - Same as Goals Met.
- **Average Cost Per Client in CY20:** \$2,241
- **Additional Information:**
 - EDEN is not always aware of the number of clients served if they don't complete leases or collect rent from a resident. The three properties are primarily the two Safe Havens (Broadway and Brainard) and MAT site, which EDEN maintains. East 118th is a treatment site.

Permanent Housing

This program provides permanent, affordable housing for persons linked with contracted agencies of the ADAMHS Board. EDEN owns and manages these properties and is responsible for ensuring that applicants qualify for the program, moving them into the units, and helping maintain housing stability if any issues arise. Staff are responsible for maintaining the properties, including completing

CY22 Program Highlights and Outcomes

work orders, completing any renovations needed, and complying with city ordinances like lead paint abatement. EDEN's Property Management staff have backgrounds in social work, so they have a more solid knowledge base of behavioral health issues and can work closely with CPSTs if housing issues arise.

- **Target Population:**

- Adults with little to no income who have a mental illness and/or substance use disorder and chronic health conditions. No income is required at time of move in, and EDEN accepts clients with a criminal background.

- **Anticipated Number of Clients to be Served: 215**

- **Number of Staff Required to Implement Program: 24**

- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**

- If staff vacancies occur, other staff and leadership fill in those positions/duties such as reassigning properties and tenants to complete move-ins, re-certifications, etc., completing work orders, paying invoices and any other duty. There are times the agency may get behind in completing work orders, but they review reports monthly to monitor these activities.

- **Funding Priority:**

- High Quality Housing

- **Program Goals:**

- 92% rate of rent collection will be achieved
- 95% rate of occupancy will be achieved
- Involuntary move-outs will occur in 5% or less of the units
- 100% of emergency work orders will be addressed within 24-hours
- 100% of routine work orders will be completed within 30 days
- 100% of units will achieve ADAMHS Board certifications annually
- 100% of the tenants will complete an annual re-certification
- Complete the construction of seven family units of housing to add to property portfolio
- Apply for funding to construct 6-8 new units of housing and/or rehab existing units of housing
- Generate monthly Rent and Occupancy Report for the ADAMHS board

- **Program Metrics:**

- Review monthly reports in the TenMast system to determine rent payments
- Review monthly reports in the TenMast system on occupancy of units
- Track all move-out reasons in an Excel spreadsheet and review monthly
- Review the status of completion of emergency work orders monthly to ensure that 100% of emergency work orders are being completed within 24-hours
- Review the status of completion of routine work orders monthly to ensure that 100% of routine work orders are being completed within 30 days

CY22 Program Highlights and Outcomes

- Maintenance will complete a pre-inspection of all units to ensure that the 100% of units achieve ADAMHS Board certification annually; additionally, Property Managers will do quarterly exterior inspections and annual inspections of all units.
- Review the status of annual recertifications of Tenants in the TenMast system monthly
- Review the status of completion monthly related to construction of seven family units in the property portfolio
- Review, on a quarterly basis, the funding status for construction of 6-8 units of housing and/or rehab of existing units of housing
- Track and review monthly submission dates of Rent and Occupancy reporting to the ADAMHS Board

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 204
 - **ADAMHS Funded Unduplicated Clients Served:** 194
 - **Total Number of Clients Served:** 194
 - **Total Number of Clients that Completed this Program/Service:** 182
- **Average Cost Per Client:** \$3,753
- **Additional Information:**
 - EDEN provides housing for 204 households, representing over 275 people in this program. The program has a waitlist to provide units to new households when turnover in the units occurs. EDEN had nine move-outs during this period: six due to relocation so the property could be renovated; one to comply with Violence Against Women Act; one tenant caused fire; and one relocation due to fire caused by another tenant.

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 208
 - **Total Number of Clients that were Served:** 215
 - **Total Number of Clients that Completed this Program/Service:** 14
- **Goals Met:**
 - 92% Rent Collection = 93% achieved
 - 95% Occupancy Rate = 96% achieved
 - 5%< Involuntary Move-Outs = 2.5% achieved
 - 100% Units meet the following: Local Ordinances & ADAMHS Certification = 100% achieved
 - 100% of repairs will be completed within 30 days = 95% achieved (5% exceeded 30 days)
 - 100% of emergency repairs will be completed within 24-hours = 100% achieved
 - 100% Property Management services consistent w/Ohio Landlord Tenant Law and Fair Housing Act = 100% achieved

CY22 Program Highlights and Outcomes

- **Metrics Used to Determine Success:**
 - EDEN will use TenMast Software to track participant rent payments (if they have a payment), document a participant moving in or out of a unit including reasons why someone's participation ended, and input work orders (routine/emergency) and track them for completion. Current Certificate of Occupancy or ADAMHS certifications will exist for properties to ensure compliance with city codes/ADAMHS Standards. EDEN must follow Tenant/Landlord law with rental agreements, evictions etc. Staff attend annual trainings for fair housing and LL/Tenant Law. EDEN has an attorney review all housing documents.
- **Program Successes:**
 - Same as Goals Met.
- **Average Cost Per Client in CY20:** \$6,773
- **Additional Information:** N/A

Housing Assistance Program (HAP)

EDEN is committed to assisting clients in finding and maintaining safe, affordable housing and follows HUD's Housing Quality Standards for inspections. EDEN will determine eligibility of applicants on the waiting list and ensure that they are engaged in supportive services with a contract agency of the ADAMHS Board. EDEN engages the use of Stability Specialists to provide assistance if landlord-tenant issues arise, and to also provide housing location services to new applicants, as well as current clients who are moving. EDEN completes a rent reasonable test (using GoSection8) when a client locates a unit to ensure the rent is comparable to similar units in the area and calculates what a client's portion of rent/utilities will be based on 30% of income. EDEN completes a recertification of all households, annually, including a review of the household composition and income. EDEN manages daily calls from current participants and provides assistance to address issues presented. Most of the program staff working with HAP have a background in social services, and with the populations served.

- **Target Population:**
 - Single adult clients (enrolled) in the Housing Assistance Program (HAP), who are connected to a contract agency of the ADAMHS Board and have a mental illness and/or substance use disorder, and/or other chronic health conditions.
- **Anticipated Number of Clients to be Served:** 165
- **Number of Staff Required to Implement Program:** 19
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - EDEN has several other appropriate staff who can provide coverage in the absence of the primary staff assigned to work with the program. EDEN has 11 total Housing Eligibility Specialists who are all trained on completing annual recertifications and are experienced working with the population served. One of the Eligibility Specialist is also specifically dedicated to working with processing applications and can assist in the absence of the primary Eligibility Specialists working with HAP. The ADAMHS Board completes the HQS inspections and in the absence of their Inspector, EDEN staff certified in HQS can fill in. EDEN also has additional finance staff that can fill into process rent and utility checks and register landlords to the program.

CY22 Program Highlights and Outcomes

- **Funding Priority:**
 - High Quality Housing
- **Program Goals:**
 - 100% of the units will meet HQS inspection guidelines, initially and annually
 - 95% of the households will maintain their housing subsidy or move on to another permanent option
 - 100% of the participants will complete a re-certification annually
 - Total clients served will be increased by 70 households
- **Program Metrics:**
 - Reports from TenMast software will be run monthly to determine which clients are due for an inspection.
 - Terminations will be reviewed monthly from a report generated by TenMast software. All terminations will be referred to Housing Stability Specialists, who will reach out to the client to resolve the issues relating to the termination, with the goal of re-instating the client on the program.
 - Reports are pulled monthly to determine which clients are due for their recertification.
 - The waiting list will be reviewed weekly to check the status of applicants, and new approvals will be tracked in TenMast software system.

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 112
 - **ADAMHS Funded Unduplicated Clients Served:** 95
 - **Total Number of Clients Served:** 95
 - **Total Number of Clients that Completed this Program/Service:** 93
- **Average Cost Per Client:** \$3,925
- **Additional Information:**
 - HAP received additional funding from the ADAMHS Board in April 2020 with the goal of adding 70 additional participants. EDEN currently has 160 applicants in process, but with barriers including the amount of time it is taking to communicate with Case Managers and clients and receive documents, as well as a shortage of Landlords willing to accept the rental subsidies, EDEN has not housed any additional persons. The hope is to increase numbers in the next five months of the year.

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 155
 - **Total Number of Clients that were Served:** 103
 - **Total Number of Clients that Completed this Program/Service:** 2

CY22 Program Highlights and Outcomes

- **Goals Met:**
 - 100% of units will meet HQS Standards = 100%
 - 90% of participants will maintain or increase income = 95%
 - 95% of the participants will maintain their housing subsidy = 98%
 - 100% emergency repairs shall be repaired within 24-hours = 100%
 - 100% program administration follows Ohio Landlord Tenant Law and Fair Housing Act = 100%.
- **Metrics Used to Determine Success:**
 - The TenMast system tracks HQS inspections including when the unit initially passes and when the annual inspections is due. Complying with HQS Standards ensures units being subsidized are decent, safe and sanitary. EDEN uses TenMast Software to track income and household composition changes of participants. TenMast is also used to track changes in units or end of participation in the program. TenMast also tracks any emergency inspections that were requested and done. Staff attend annual Fair Housing and Landlord Tenant Law trainings to insure they understand and are following these policies.
- **Program Successes:**
 - Same as Goals Met.
- **Average Cost Per Client in CY20:** \$7,239
- **Additional Information:** N/A

Property Management Client Operated Services

EDEN owns and maintains this property so that it can be used as a Client Operated Services site. EDEN completes any work orders to help maintain the property, and complete renovations when needed. EDEN's finance department pays all the invoices for the property, including insurance, utility bills, etc. EDEN's role is to support Future Directions in being able to remain safely operational for its clients.

- **Target Population:**
 - EDEN does not dictate who is served by this program, it only owns and maintain the property. The targeted population served by Future Directions is persons with mental illness and substance use disorders.
- **Anticipated Number of Clients to be Served:** N/A
- **Number of Staff Required to Implement Program:** 3
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - If staff is not otherwise available, EDEN will utilize other appropriate agency staff to fill in, whether it is completing work orders, or cutting checks for invoices, as examples. EDEN will ensure that any work or payments needed on behalf of this facility will be carried out for Future Directions to have safe, continuous operations.
- **Funding Priority:**
 - Recovery and Treatment Services to Specialized Populations

CY22 Program Highlights and Outcomes

- Peer Support
- **Program Goals:**
 - 100% of emergency work orders will be addressed within 24-hours
 - 100% of routine work orders will be completed within 30 days or less
 - 100% of invoices will be paid within 30 days
 - Property will attain OhioMHAS license renewal by September 2022
 - Property will meet local ordinances/code requirements, annually
- **Program Metrics:**
 - Review monthly the status of completion of emergency work orders to ensure that 100% of emergency work orders are being completed within 24-hours.
 - Review monthly the status of completion of routine work orders to ensure that 100% of routine work orders are being completed within 30 days.
 - Review dates of invoices and dates of payment to ensure that they are paid on a timely basis.
 - Maintenance will complete a pre-inspection four months before the OHIOMHAS license expiration date to ensure the premises passes OHIOMHAS inspection.
 - Maintenance will complete a pre-inspection of the building to ensure that the premises achieve ADAMHS Board certification, annually, and meets local ordinance/code requirements.

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** N/A (Clients come through Future Directions)
 - **ADAMHS Funded Unduplicated Clients Served:** N/A
 - **Total Number of Clients Served:** N/A
 - **Total Number of Clients that Completed this Program/Service:** N/A
- **Average Cost Per Client:** \$38,608
- **Additional Information:**
 - EDEN is funded by ADAMHS Board to own and manage the facility. Future Directions is the on-site operator.

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 150
 - **Total Number of Clients that were Served:** 150
 - **Total Number of Clients that Completed this Program/Service:** N/A
- **Goals Met:**
 - 100% of emergency repairs will be completed within 24-hours = 100%

CY22 Program Highlights and Outcomes

- 100% of routine work orders will be completed within 30 days = 100%
- 100% Invoices will be paid within 30 days = 100%
- Property will meet local ordinance/codes = 100%
- Property will have OhioMHAS licensure = 100% (renewal not due)
- **Metrics Used to Determine Success:**
 - EDEN uses software system called TenMast to input and track all emergency workorders including time to complete. EDEN also uses TenMast to input and track all work orders including time to complete. EDEN uses TenMast system to input and track invoices for payment. EDEN has a COO for property and no inspections took place. EDEN has OhioMHAS licensure, which is not due for renewal yet.
- **Program Successes:**
 - 100% of repairs completed within 30 days
 - No emergency work orders were called in
 - Invoices were paid within 30 days for the property
 - The building meets local code/ordinances for issuance of Certificate of Occupancy. OhioMHAS licensure wasn't due in 2020.
- **Average Cost Per Client in CY20:** \$515
- **Additional Information:**
 - In CY20, EDEN was able to replace the HVAC system and began work on a retaining wall, drainpipe, and exterior stairs of the facility, which will be fully completed in 2021.

Epilepsy Association

CY2022 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2021 CONTRACT AMOUNT	2022 CONTRACT RECOMMENDATIONS	PRIORITY
Epilepsy Association			
Pooled Funding:			
Adult Case Management	\$ -	\$ -	24/7 Access

CY22 Program Highlights and Outcomes

Epilepsy Association

The Epilepsy Association serves children, adults and families in Northeast Ohio impacted by epilepsy, raises awareness in the community, provides education, advocacy and direct services that lead to an increased understanding of the disorder and better management of the condition, allowing affected individuals to build resilience, personal fulfillment, independence and the ability to contribute meaningfully to the community.

Agency Internal Diversity, Equity and Inclusion Team and/or Policy:

This agency submitted information ensuring a Diversity, Equity and Inclusion policy, plan or team is in place or in progress.

The ADAMHS Board Funding supports the following initiative(s):

Adult Case Management

Epilepsy Association's case managers will work with adult mental health clients to build skills, as required by each person's unique needs. The program assist clients with daily planning and calendaring of all appointments with treatment providers to ensure that the clients continue to follow through with medical and mental health appointments; medication compliance to ensure that clients do not run out of medications or fail to adhere to any change in their medication regimen; symptom management of their mental and physical health in order to assess any changes that may require consultation with their neurologist, psychiatrist, or primary care doctor; learning effective coping skills; making/maintaining healthy social friendships, peer support, and other relationships to help clients understand what friendship and trusting, healthy relationships look like; managing expectations of work or training to understand workplace expectations with one-on-one help that provides the necessary tools in order for many clients to succeed in finding employment; and access to appropriate transportation.

- **Target Population:**
 - Adults with epilepsy and a mental health diagnosis
- **Anticipated Number of Clients to be Served: 80**
- **Number of Staff Required to Implement Program: 5**
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - Clients served by the program are transitioned to another case manager when vacancies occur. The Director of Community Programming also fills in to provide check-ins and visits with clients who have a case manager that leaves agency employment.
- **Funding Priority:**
 - Recovery and Treatment Services to Specialized Populations
- **Program Goals:**
 - Improved quality of life, as evidenced by improvement on the QOLIE-10
 - Reduction of depressive symptoms, as evidenced by improvement on the PHQ-9
 - Reduction of epilepsy medication side effects, as evidenced by improvement on the AEP

CY22 Program Highlights and Outcomes

- Reduced number of seizures, as evidenced by the monthly seizure tracker
- Client satisfaction scores averaging 4.8 on a five point scale
- Number of clients remaining engaged in the program
- Program will serve 5% more clients than in the previous year
- **Program Metrics:**
 - QOLIE-10
 - PHQ-9
 - AEP
 - Seizure tracker
 - Client satisfaction survey

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served: 78**
 - **ADAMHS Funded Unduplicated Clients Served: 8**
 - **Total Number of Clients Served: 68**
 - **Total Number of Clients that Completed this Program/Service: 0**
- **Average Cost Per Client:** \$933
- **Additional Information:**
 - Epilepsy Association's Adult Case Management Program provides crucial mental health services to adults diagnosed with epilepsy. EA has adapted during the COVID-19 pandemic to continue to provide high-quality, evidence-based services to individuals living in Cuyahoga County with both epilepsy and behavioral health concerns.

CY20 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served: 76**
 - **Total Number of Clients that were Served: 103**
 - **Total Number of Clients that Completed this Program/Service: 88**
- **Goals Met:**
 - 100% of average scores for outcomes utilized were at or under agency goal for the year for clients served
 - 86% of clients served during this time period remained open and active in the program and working towards individualized goals
- **Metrics Used to Determine Success:**
 - QOLIE-10 Ohio Client Outcomes, PHQ-9, AEP, Seizure Tracker, Client Satisfaction, number of clients remaining in program through CY20

CY22 Program Highlights and Outcomes

- **Program Successes:**
 - QOLIE-10: 20.68
 - PHQ-9: 6.4
 - AEP: 34.36
 - Seizures/month: 26.8%
 - Client Satisfaction: 4.67
 - Clients remaining in program: 86%.
- **Average Cost Per Client in CY20:** \$494
- **Additional Information:**
 - N/A

Provider:	Epilepsy Association	2020 First Outcome Count:	11	2021 First Outcome Count:	0
Instrument:	Ohio Scales Adult	2020 Final Outcome Count:	8	2021 Final Outcome Count:	0
Program:	Mental Health Treatment for Adults	2020 % of Final:	72.73%	2021 % of Final:	0

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

Population	Evaluation Year	Subscale	First Outcome Average	Final Outcome Average	Average Difference	Significance
Adults (18+ years)	2020	Financial Quality of Life	2.29	2.38	0.08	Not Significant
Adults (18+ years)	2020	Housing Quality of Life	4.08	3.79	-0.29	Not Significant
Adults (18+ years)	2020	Overall Empowerment	2.99	3.07	0.08	Not Significant
Adults (18+ years)	2020	Overall Quality of Life	3.21	3.22	0	Not Significant
Adults (18+ years)	2020	Overall Symptom Distress	22.71	22	-0.71	Not Significant
Adults (18+ years)	2020	Social Connectedness	3.18	3.36	0.18	Not Significant
Adults (18+ years)	2021	Financial Quality of Life				Not Significant
Adults (18+ years)	2021	Housing Quality of Life				Not Significant
Adults (18+ years)	2021	Overall Empowerment				Not Significant
Adults (18+ years)	2021	Overall Quality of Life				Not Significant
Adults (18+ years)	2021	Overall Symptom Distress				Not Significant
Adults (18+ years)	2021	Social Connectedness				Not Significant

Far West Center

CY2022 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2021 CONTRACT AMOUNT	2022 CONTRACT RECOMMENDATIONS	PRIORITY
Far West Center			
Art Therapy	\$ 51,840	\$ 57,495	Prevention
Peer Support: Compeer	\$ 59,040	\$ 63,914	Peer Support
Peer Support Specialist	\$ 26,438	\$ 26,438	Peer Support
Family Care Giver	\$ 17,280	\$ 19,088	Prevention
Bridges-Faith Based Mental Health Program	\$ 30,000	\$ 33,066	Prevention
Senior Strong: Prevention Services for Older Adults	\$ 33,447	\$ 37,818	Prevention
Total	\$ 218,045	\$ 237,819	
Pooled Funding:			
Clinical MH Treatment (Core Care Clinic)	\$ -	\$ -	24/7 Access

CY22 Program Highlights and Outcomes

Far West Center (FWC)

Far West Center provides comprehensive mental health treatment and support services to provide affordable, accessible mental health services for the under and uninsured adults under contract with the ADAMHS Board's funding.

Agency Internal Diversity, Equity and Inclusion Team and/or Policy:

This agency submitted information ensuring a Diversity, Equity and Inclusion policy, plan or team is in place or in progress.

The ADAMHS Board Funding supports the following initiative(s):

Bridges (Faith-based Mental Health Program)

The Bridges Program incorporates the 2018 publication "Mental Health: A Guide for Faith Leaders," published by the American Psychiatric Association Foundation. Elements include: clergy training providing practical information about mental health/ mental illness; suicide prevention and risk of self-harm; mental health treatment; handling crisis; making referrals; and ministering to members with mental health problems. Congregation training focuses on understanding mental health and practicing coping skills for emotional well-being, managing risks with good resiliency tools, including the role of faith and spirituality as a protective factor supporting good mental health. Program informational and educational materials about the Bridges Program circulate to local churches and clergy by mail, electronically, and in-person visits. Program announcements introduce Bridges to area churches, followed up by calls or visits with the pastors. Program educational materials can be developed to meet specific preferences, customs, values, beliefs and practices of a particular denomination so that the mental health outreach approach is individualized and responds to the unique needs of a congregation, whether Catholic, Protestant, Jewish, Hindu, Muslim, or other ecumenical ministries, while also reducing stigma in its various forms, across all faiths. Educational materials addressing primary risk factors are included in Bridges: mental health symptoms, suicide risks, isolation, anxiety and depression appearing among congregants. Also included are materials on major protective factors to prevent or reduce risks: spirituality; social connections; sense of purpose/meaning; healthy coping; cultural beliefs; hope and optimism. Bridges educational session describe mental health treatment and resources for help and the role of faith/spirituality as a protective factor for emotional health and well-being. The program includes individualized follow-up sessions for parishes or case consultations with clergy. It also includes Mental Health First Aid, a structured eight-hour training program for identifying and intervening with mental health crises.

- **Target Population:**

- Congregations in the western and southern communities of Cuyahoga County, and clergy who have members with mental health problems, and/or who want to strengthen their understanding and response to their population's mental health needs or crises.

- **Anticipated Number of Clients to be Served: 0**

- **Number of Staff Required to Implement Program: 3**

- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**

- The Program Coordinator and counselor/trainer would provide cross-coverage for one another at a time of short-term vacancy. Or, one of the other staff would accept

CY22 Program Highlights and Outcomes

additional responsibilities during a vacancy so that program participants would not be left unserved or insufficiently served until the position is filled. Program participants would be notified as soon as the staff vacancy would be known, and that a coverage plan was being developed to assure them of important program activity continuing. If necessary, in the situation, a Clinical Manager familiar with the Bridges program through supervision would be asked to step in and assume interim coverage or training/education responsibility. Or another peer provider (case manager or counselor) on staff would be asked to take on certain program duties, triaged for priority, to maintain key program components.

- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - Harm Reduction Efforts and Strategies
 - Recovery and Treatment Services to Specialized Populations
 - Prevention and Early Intervention
- **Program Goals:**
 - To build collaborative relationships between the faith community and Far West Center for improving the emotional and spiritual health and well-being of congregations
 - Increase clergy awareness of mental health issues in their ministerial role, and their ability to respond to mental health concerns among their members
 - Increase clergy/churches' awareness of faith as a protective factor in strengthening mental health and well-being
- **Program Metrics:**
 - Number of clergy and churches contacted to introduce the Bridges Program, up to 30 churches and clergy, via mailings, calls, visits and other contacts. Four churches/clergy identified for collaboration around faith and mental health.
 - Consultation and education, including up to three Mental Health First Aid trainings, provided for clergy to identify and intervene with mental health problems.
 - Number of consultation or education sessions around the link between mental health and spirituality, and spirituality as a protective factor for good mental health.

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** N/A
 - **ADAMHS Funded Unduplicated Clients Served:** N/A
 - **Total Number of Clients Served:** N/A
 - **Total Number of Clients that Completed this Program/Service:** N/A
- **Average Cost Per Client:** N/A
- **Additional Information:**
 - No clients are served directly. Bridges is a mental health education/training program focused on building partnerships between the faith and mental health communities. Grant funding supports outreach, training, case consulting and other parish-focused

CY22 Program Highlights and Outcomes

programming around mental health and spirituality. Bridges empowers faith leaders and strengthen their abilities to respond to mental health needs among those they serve. Faith leaders are often “first responders” or gatekeepers for persons facing mental health problems, crises, loss and trauma, but have not had a deep training in mental health. Bridges also reduces stigma among parishioners with mental illness and explains the role of faith in emotional health and well-being. A partnership between the faith and mental health communities is a powerful way to support protective factors of hope, a sense of purpose and meaning for congregations, that also helps good mental health. During this period, outreach to clergy and churches occurred primarily via mailings, calls and teleconferences due to COVID restrictions. Mental health guidance and support was provided to individual clergy themselves due to the overwhelming stress in their pastoral role during the pandemic, dealing with pandemic trauma firsthand. Mental Health First Aid training during this pandemic environment has been a welcome tool to manage the daily, severe stress and strain in the pastoral role in helping others. Spirituality and mental health are key elements of wellness and well-being and are major features of Bridges.

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** N/A
 - **Total Number of Clients that were Served:** N/A
 - **Total Number of Clients that Completed this Program/Service:** N/A
- **Goals Met:**
 - The Bridges Program achieved most of its goals for CY20, with consideration for the effect of the pandemic. Outreach and clergy meetings were converted to a mix of in-person and teleconferencing for the last half of the year. Nonetheless, FWC continued to build relationships, introduced Bridges and discuss program plans: had 152 clergy/churches contacts, exceeding the goal of 30 contacts; held three Mental Health First Aid trainings in-person were conducted in CY20, in addition to other teleconference educational sessions conducted; and, conducted one face-to-face, four-part Bridges training in January 2020. The goals for building new relationships and starting programming were met in CY20 despite pandemic struggles and substantial clergy challenges and stressors. A very good foundation for faith-based mental health programming was reinforced to support programming in the next year as the pandemic subsides.
- **Metrics Used to Determine Success:**
 - In CY20, success was measured by: Number of outreach contacts with clergy and faith leaders made; number of collaborative relationships established with clergy; number of training or educational programs for clergy and/or congregations scheduled. Goal was 30 contacts with clergy/churches, and five ongoing collaborations initiated.
 - Number of Mental Health First Aid training sessions conducted. Three trainings were targeted for CY20. Program evaluation/surveys of effectiveness and satisfaction:
 - 85% of Mental Health First Aid attendees score at least 60% on the post-test of learning mental health information
 - 85% of persons attending a mental health education program will score at least 20 on the evaluation

CY22 Program Highlights and Outcomes

- **Program Successes:**

- Approximately 152 (duplicated) clergy contacts were initiated in CY20, in addition to 12 parish nurse contacts established. Of the five collaborative relationships targeted for CY20, three were established and two were initiated but impacted by COVID-19 through the year. A total of 16 parish teleconference meetings with congregants and clergy were conducted for mental health support and education specifically focused on stress and isolation issues during the pandemic. The Bridges program coordinator evolved to a support person for clergy struggling with the severe challenges presented by the pandemic for themselves and their congregations; he was responding to immediate concerns for clergy well-being and stress management beyond initial program plans. One four-part Bridges educational series was conducted in-person prior to the COVID-19 outbreak; 27 persons were in attendance. In post-tests scores, 100% of participants reported increased knowledge of mental health, increased understanding of the role of spirituality in one's mental health, reduced stigma, and that they could apply the information learned in their daily life. Three Mental Health First Aid training sessions were conducted in CY20, with total attendance of 13, limited due to COVID-19 precautions. 100% of Mental Health First Aid attendees scored at least 60% on the post-test, exceeding the 85% target.

- **Average Cost Per Client in CY20:** N/A

- **Additional Information:**

- Bridges is a mental health education/training program focused on the faith community. No client services are provided, so there is no average cost of care. Grant funding supports outreach, training, case consulting and parish programming around mental health. Bridges empowers faith leaders and strengthens their abilities to respond to mental health issues among those they serve. A partnership between the faith and mental health communities is a powerful way to support protective factors of hope, purpose and meaning that also helps mental health. Despite the pandemic, FWC conducted creative teleconferencing outreach to clergy and churches in CY20. Large group sessions were prohibited, but the program was able to engage with clergy via meaningful phone and Zoom meetings. The foundation established is impressive and clergy response validates the program, even with the demands of church responsibilities due to COVID-19. "Exactly what I needed; I'm using MHFA every day," according to one pastor.

Seniors Strong: Prevention Services for Older Adults

FWC staff interact with senior center members from a minimum of four senior centers, via group sessions, virtually or in-person or hybrid, scheduled monthly contacts, screenings, talks and other help sessions to support good mental health practices and reduce risk of self-harm from isolation and hopelessness. "Seniors Strong" assists staff and volunteers to promote emotional health and reduced suicide risk among older adults by implementing these key strategies. First, promote emotional well-being in everyday life. This strategy focuses on all older adults, regardless of individual risk factors. It includes programs and activities that create positive social connections, positive outlook, hope and enjoyment as protective factors benefiting all members. The next strategy is the ability to recognize and respond to increased suicide risk from mental health problems. Senior center staff will be trained in identifying older adults who might be at risk for suicide, as well as related mental health or substance use problems, and linking them to the mental health services. Mental Health First Aid training is provided for staff to strengthen competences in recognizing mental health crises and responding effectively. With guidance, they are in a unique

CY22 Program Highlights and Outcomes

position to notice, ask and connect; to understand and identify risk factors for suicide; to enhance the protective factors of social connections and engagement at the senior center to respond to risks for suicide and harm; help create a sense of purpose or meaning; role modeling coping skills and adapting to change; and to be an emotional health “safety net” for a vulnerable older adult. Another strategy is responding to older adult life changes/risks with competencies and action plans. With guidance and training, senior center staff can respond effectively when older adults experience a crisis, loss or major life event, to aid in their recovery and restoring well-being. There is a four-part “Seniors Strong” psychoeducational group sessions for older adult patrons to learn coping skills for mental health risks including loneliness and isolation, anxiety and depression, and to improve their long-term well-being. There is a monthly older adult voluntary support group, “Older Together,” to maintain coping skills and interpersonal ties for everyday life. A range of resource materials related to staying emotionally well supplements group sessions around coping, relationships and self-care. The mental health professional works in partnership with senior center staff and older adults to provide a safe, supportive and responsive environment that “protects and prevents.”

- **Target Population:**
 - Program staff at local senior centers and older adult members (patrons) of the community senior centers
- **Anticipated Number of Clients to be Served:** N/A
- **Number of Staff Required to Implement Program:** 3
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - The Program Coordinator and counselor/trainer would provide cross-coverage for one another at a time of short-term vacancy. Or one or the other staff would accept additional responsibilities during a vacancy so that program participants would not be left unserved or insufficiently served until the position is filled. Program participants would be notified as soon as the staff vacancy would be known, and that a coverage plan was being developed to assure them of important program activity continuing. If necessary, in the situation, a Clinical Manager familiar with the program through supervision would be asked to step in and assume interim coverage or training/education responsibility. Or another peer provider (case manager or counselor) on staff would be asked to take on certain program duties, triaged for priority, to maintain key program components.
- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - Harm Reduction Efforts and Strategies
 - Recovery and Treatment Services to Specialized Populations
 - Prevention and Early Intervention
- **Program Goals:**
 - To reduce risk for self-harm, loneliness and hopelessness, and increase emotional health among older adults attending senior centers.
 - To increase a sense of belonging and decrease feelings of burdensomeness by older adults attending senior centers.

CY22 Program Highlights and Outcomes

- To build senior center staff capacity/competencies to identify emerging mental health problems among older adult patrons and to create an environment that enhances good mental health and well-being.
- **Program Metrics:**
 - Conduct “Seniors Strong” four-part psychoeducational group sessions on good mental health, mental health problems, and coping skills for older adults. Administer post-training surveys of understanding and use of coping skills for good mental health.
 - Conduct periodic “Older Together” support group sessions, virtual, in-person or hybrid, with focus on common mental health concerns and challenges and best methods for succeeding over them.
 - Offer a minimum of three Mental Health First Aid Training sessions for senior center staff. Post-training surveys will be completed for measuring new learning. Track number of other staff trainings and consultation sessions completed.

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** N/A
 - **ADAMHS Funded Unduplicated Clients Served:** 0
 - **Total Number of Clients Served:** 0
 - **Total Number of Clients that Completed this Program/Service:** 0
- **Average Cost Per Client:** N/A (does not directly serve clients)
- **Additional Information:**
 - “Seniors Strong” is an innovative early identification, intervention and educational program for older adults and senior center staff. “Seniors Strong” reduces risk factors for loneliness and suicide among older adults via senior centers, as well as teaching good practices for emotional health and well-being, and increasing senior center staff competencies in identifying and responding to the mental health needs of their population. Senior centers lacked meaningful programming for the mental health needs of members, and the growing national concern for loneliness among older adults prompted Far West Center to design “Seniors Strong.” The senior centers’ response to “Seniors Strong” was enthusiastic and decisive from the very first meeting. “Seniors Strong” does not provide clinical services directly or treat clients; therefore, the average cost per client is not applicable. The program increases senior center staff skills to identify and assist older adults at-risk for mental health problems. It provides psychoeducation group sessions for older adults to improve protective factors and prevent/reduce risks for suicide, loneliness, depression, etc. The pandemic, the public health closing of senior centers, and limited technology use among many seniors created an even more dire situation for older adult risks for severe mental health problems caused by social isolation.

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** N/A
 - **Total Number of Clients that were Served:** N/A

CY22 Program Highlights and Outcomes

- **Total Number of Clients that Completed this Program/Service:** N/A
- **Goals Met:**
 - “Seniors Strong” program goals were initially met in CY20, through March, when the pandemic closed senior centers and all programming was suspended. Senior center staff stopped providing services to seniors. FWC’s focus became staff training, consultations and program planning during the interval when other services were suspended. Staff completed outreach to five of six planned senior centers before the pandemic impacted plans. Ongoing mental health programming for three centers continued underway through the year. The weekly education series was implemented January to March in-person and resumed as weekly sessions via teleconference and Zoom beginning in May 2020. Mental Health First Aid was conducted three times in CY20 with senior center staff attending. FWC received new requests for additional programming specific to individual centers. Staff added a loneliness support group, Aging Alone, at two centers in Fall 2020. Staff facilitated multiple referrals for mental health services for older adults and senior center employees. “Seniors Strong” is increasing awareness of good mental health among older adults; reducing the risk factor of loneliness; reducing suicide risk through education and early intervention; and increasing protective factors of emotional health.
- **Metrics Used to Determine Success:**
 - Number of senior centers partnering with FWC for “Seniors Strong” services
 - Number of educational sessions and other services (staff trainings; case consultations; screenings and referrals; other talks or group sessions on request)
 - Post-tests after the four-part “Seniors Strong” educational series to measure improvements in understanding good mental health, risks and protective factors.
 - Number of Mental Health First Aid programs conducted
 - Older adults evaluation of value of loneliness support group sessions (Aging Alone Together).
- **Program Successes:**
 - Active partnership with three senior centers throughout the year, and one additional center partially involved during CY20. “Seniors Strong” educational series conducted three times (12 sessions). Older Adult program evaluations: 95% improved knowledge of mental health and risks of suicide, loneliness and depression; 95% improved understanding the relationship between physical and mental health; 95% understand signs of distress and coping methods; 100% satisfied to very satisfied with program. Senior centers participated in three Mental Health First Aid sessions. Special “Seniors Strong” programming: 60 teleconference sessions for seniors support conducted for two centers; 63 case consultation calls conducted for two centers during pandemic months. The Aging Alone Together loneliness psychoeducation support group conducted in centers by request: Westlake (three sessions); North Olmsted (two sessions); Bay Village (two sessions). Program Evaluation Survey results: 95% improved knowledge of mental health and risks of suicide, loneliness and depression; 100% satisfaction with program.
- **Average Cost Per Client in CY20:** N/A
- **Additional Information:** “Seniors Strong” is an innovative early identification, intervention and educational program for older adults and senior centers staff. A 2018 SAMHSA toolkit informs the work.

CY22 Program Highlights and Outcomes

The Compeer Program (Peer Support)

The Compeer Program is an extension of Compeer International, Inc., and is the only program of its kind in Northeast Ohio. It is an award-winning peer support program that has set an example for excellence in using the power of friendship to support recovery. Essential elements include:

One-to-One Friendship Matches: Adult community volunteers recruited and trained as “intentional friends” to persons with severe mental illness for a one-hour/week minimum, usually much more, over the course of a year. The “match” between client and lay volunteer is unique, normalizing clients’ daily life; stigma-reducing for volunteers; and, enhancing social learning to increase protective factors in recovery.

Compeer Calling: Volunteers and staff serve as telephone friends for SMD clients who need companionship support but are not psychologically ready for in-person matches, or who are wait-listed for a match. The supportive phone call makes a meaningful connection for the SMD client who struggles with self-esteem and confidence.

Compeer Community: Group activities are open to all members and volunteers, with or without matches. Best-attended activities include Walking Club; Coffee Times; Game, Movie, and Pizza Nights; no- or low-cost field trips; tours; festivals; seasonal events; annual summer/holiday celebrations. Seven activities are scheduled/month, with limitations in scheduling created by the pandemic. The innovative “Supported Volunteering” experience grows as Compeer participants volunteer their time for local assisted living facilities, churches, and the like. It is a unique method for teaching SMD clients to reach out and offer their own friendship to others in need.

Licensure: The Compeer Program is licensed to Far West Center to serve Cuyahoga County, as an affiliate of Compeer International, Inc., based in Rochester, New York. There is no other like program of peer support/intentional friendship in our area.

Energetic Staff Team: A clinical LSW coordinator and a peer support specialist form the core staff team and role models for health and well-being. PSS serves as a dynamic example of recovery and a mentor for clients. Recruiting, training and retaining lay volunteers is essential to friendship program success.

Supplies and materials: A range of creative program resources are needed for recovery group activities, such as board games, crafts, simple exercise tools and light sports games, picnic supplies, photos, DVDs, gift cards, prizes, bus tickets, etc. Regular program operating supplies and equipment are needed for announcements, calendars, bulletins, schedules, registration fees, and record-keeping, etc. The pandemic affected in-person activities, and these were replaced with virtual or telephone contacts during this period. Currently, a hybrid model combining virtual activities, games, projects electronically with small group in-person activities is used.

- **Target Population:**
 - Adults with severe mental illness
- **Anticipated Number of Clients to be Served:** N/A
- **Number of Staff Required to Implement Program:** 4
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - The Program Coordinator and counselor/trainer would provide cross-coverage for one another at a time of short-term vacancy. Or one or the other staff would accept additional responsibilities during a vacancy so that program participants would not be left unserved

CY22 Program Highlights and Outcomes

or insufficiently served until the position is filled. Program participants would be notified as soon as the staff vacancy would be known, and that a coverage plan was being developed to assure them of important program activity continuing. If necessary, in the situation, a Clinical Manager familiar with the program through supervision, would be asked to step in and assume interim coverage or training/education responsibility. Or another peer provider (case manager and counselor) on staff would be asked to take on certain program duties, triaged for priority, to maintain key program components.

- **Funding Priority:**
 - Recovery and Treatment Services to Specialized Populations
 - Peer Support
- **Program Goals:**
 - Improve wellness and recovery for SMD clients (decrease social anxiety, increase trust, increase self-esteem, confidence, hope and happiness) by the protective factor of volunteer friendship
 - Recruit dedicated adult volunteers as intentional friends to SMD clients. (Total of 30 volunteers.) Recruit five additional volunteers in CY22 for client matches.
 - To strengthen social connections and reduce loneliness and isolation by using group activities. Average of seven activities per month.
- **Program Metrics:**
 - Conduct a bi-annual client survey that gathers feedback on client improvements in sense of belonging; hope and optimism; increased social competency; reduced use of crisis/hospital services; improved symptom management; discovering humor; developing trust.
 - Record the number of Compeer Community activities per month as well as attendance from clients and volunteers. Target is 60% of Compeer clients attend monthly group activities.
 - Record the number of adult volunteers recruited into the program, and the number of Compeer matches completed and maintained. Due to the pandemic, recruiting new volunteers for matches has been difficult, and recruitment is still a challenge.

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 114
 - **ADAMHS Funded Unduplicated Clients Served:** 158
 - **Total Number of Clients Served:** 158
 - **Total Number of Clients that Completed this Program/Service:** 0
- **Average Cost Per Client:** \$187

CY22 Program Highlights and Outcomes

- **Additional Information:**

- Compeer Inc. is an international SAMHSA-designated evidence-based program of peer support. It is an intentional friendship program using community volunteers “matched” with severely mentally ill clients for the purpose of friendship. It provides peer support services in group settings, in one-to-one volunteer friend “matches,” peer calling, and mentoring experiences. Compeer uses the healing power of friendship to promote recovery. Compeer has been offered exclusively at FWC since 1989, supported in full by the ADAMHS Board. Compeer programming is “nonbillable.” All Compeer clients receive mental health services at FWC or another provider. The focus is on friendship programming, recovery support, and volunteer engagement. “Supported volunteering” by Compeer clients occurs with facilitated activities at local assisted living facilities for experiential learning. Compeer clients already face major struggles with isolation and social interaction, self-esteem and loneliness, only worsening by the pandemic. A Peer Support Specialist is employed in Compeer as a Program Assistant, a position covered by a separate ADAMHS Board recovery grant and lends lived experience to clients and volunteers.

CY20 Provider Outcomes

- **Highlights:**

- **Number of Clients that were Anticipated to be Served:** 115
- **Total Number of Clients that were Served:** 115
- **Total Number of Clients that Completed this Program/Service:** N/A

- **Goals Met:**

- The Peer Support Specialist based in the Compeer Program supported Compeer goals in CY20. The PSS used his lived experience and training to help Compeer members decrease isolation and improve social connections. The PSS helped Compeer volunteers understand mental illness and develop supportive ties with their match. From January to March 2020, contacts were in-person and telephone support and coaching. PSS met monthly contact goals with 80 wait-listed members via increased supportive telephone calls. After the pandemic restricted in-person activities, the PSS continued working by telephone or virtually. PSS supported client attendance at in-person and virtual activities and even increased participation in the Game Night by Zoom by 11%. PSS role was very important for Compeer client support in the early months of the pandemic when in-person activities were limited and as Compeer was converting to virtual, Zoom-based activities. PSS helped clients make a smooth transition to virtual activities while sustaining telephone support. The PSS completes monthly recordkeeping and reporting duties timely and accurately.

- **Metrics Used to Determine Success:**

- The PSS success is measured by: volume of Compeer contacts, program assistance hours, phone calls, and number of activities supported. Target: 150 contacts/month; 60% of time in client/volunteer contacts; recordkeeping is accurate and timely. Self-evaluation of his effectiveness as a role model for client members. Compeer member satisfaction surveys of his effectiveness in supporting recovery.

CY22 Program Highlights and Outcomes

- **Program Successes:**

- The PSS averaged 156 contacts/month with Compeer members and volunteers, exceeding the target of 150 contacts/month 67% of time, or approximately 418 hours, was in direct member service, exceeding the 60% target. 33% of time, or approximately 206 hours, was in program planning and assistance. He directly supported 80 clients on the Compeer waiting list and those in matches. He reports high satisfaction with all aspects of his role. He values sharing lessons learned and being a role model of self-care and recovery. Compeer satisfaction survey results rate the PSS as good to excellent (100%) and ability to establish relationships as good/excellent (100%).

- **Average Cost Per Client in CY20:** \$513

- **Additional Information:**

This PSS position is funded by the ADAMHS Board; there are no average costs per client for this grant. This role is 100% recovery support and Compeer program assistance. It is integral to Compeer's effectiveness and adds a perspective that is important to a quality peer-support program. Peer-to-peer support is a powerful asset in Compeer. The PSS supports the Compeer Program, client and volunteer members. He mentors and coaches Compeer members to overcome the adversity of their illness and focus on their recovery. The PSS devoted additional time and attention to the clients wait-listed for a volunteer match during the pandemic months to keep them engaged and encouraged. Client members and volunteers rate the PSS as excellent in his communications and support primarily due to his lived experience. "He makes sure I feel included." The partnership between the PSS, advanced in his recovery, and the Program Coordinator with 30 years of experience as a mental health social worker, made a positive impact on Compeer in CY20.

Peer Support Specialist (PSS)

The PSS position is part of the Compeer peer support program, and helps in training volunteers, creating successful matches, providing caring, friendly support via phone to members not yet matched, and joins in group activities as a recovery role model. The PSS coaches clients in their recovery, supports healthy coping skills, and mentors healthy living skills, including nutrition and fitness, relaxation and self-care. The PSS is integral to client engagement and satisfaction with Compeer and serves as a role model and motivator for whole-person recovery and self-care. In CY22, this PSS can provide 25 hours per week of program assistance, more than double the level of prior PSS staff. Also, prior PSS staff had sharp income limits to prevent individual problems with SSDI rules and restrictions. The current PSS does not have these restrictions and can devote more time and effort to program assistance and development without a fixed hourly rate limit.

- **Target Population:**

- Adult clients in treatment for severe mental illness, whose recovery is markedly disrupted because of isolation, lack of meaningful relationships and lack of the healing power of friends.

- **Anticipated Number of Clients to be Served:** N/A

- **Number of Staff Required to Implement Program:** 3

- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**

- The Program Coordinator and counselor/trainer would provide cross-coverage for one another at a time of short-term vacancy. Or one or the other staff would accept additional

CY22 Program Highlights and Outcomes

responsibilities during a vacancy so that program participants would not be left unserved or insufficiently served until the position is filled. Program participants would be notified as soon as the staff vacancy would be known, and that a coverage plan was being developed to assure them of important program activity continuing. If necessary, in the situation, a Clinical Manager familiar with the program through supervision, would be asked to step in and assume interim coverage or training/education responsibility. Or another peer provider (case manager, counselor) on staff would be asked to take on certain program duties, triaged for priority, to maintain key program components.

- **Funding Priority:**

- Recovery and Treatment Services to Specialized Populations
- Peer Support

- **Program Goals:**

- The Peer Support Specialist goals align with the Compeer Program goals. Compeer clients will improve their recovery challenges of social isolation, loneliness and shame via efforts of the PSS.
- To provide guidance for Compeer volunteers to reduce stigma, offer empathy and hope and build bridges of friendship and inclusion.
- To reduce isolation and increase trust by facilitating healthy group activities for Compeer members and volunteers.

- **Program Metrics:**

- Metrics are measured through Peer Support Specialist reports. The PSS completes reports of service volume, number of client/volunteer phone virtual, and in-person contacts; hours of service; and number of activities conducted for engagement.
- The PSS completes periodic evaluations of her own effectiveness as a role model and “bridge builder” to increase friendship skills between Compeer matches and reduce isolation.
- Compeer clients and volunteers complete a survey of PSS effectiveness as a role model of recovery and friendship.

First Six Months of CY21 Provider Outcomes:

- **Highlights:**

- **Number of Clients that were Anticipated to be Served:** 114
- **ADAMHS Funded Unduplicated Clients Served:** 158
- **Total Number of Clients Served:** 158
- **Total Number of Clients that Completed this Program/Service:** 0

- **Average Cost Per Client:** \$167

- **Additional Information:**

- This role is 100% recovery support and Compeer program assistance. It is integral to Compeer’s effectiveness and adds a perspective that is important to a quality peer-support program. The PSS often knows about the Compeer Program prior to employment because of its reputation in the recovery community and its innovative programming.

CY22 Program Highlights and Outcomes

Peer-to-peer support is a powerful asset in Compeer. The PSS supports the Compeer Program, client and volunteer members. Our PSS mentors and coaches Compeer members to overcome the adversity of their illness and focus on their recovery, often drawing on personal experience. The PSS devotes additional time and attention to the clients wait-listed for a one-to-one volunteer match during the pandemic months to keep them engaged and encouraged. Client members and volunteers often rate the PSS as excellent in communications and support primarily due to experience and awareness. "I feel included and not isolated." The partnership between the PSS, advanced in recovery, and the Program Coordinator with nearly 30 years of experience as a mental health social worker and recovery advocate, make a positive impact on Compeer during this uncertain time.

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 38
 - **Total Number of Clients that were Served:** 35
 - **Total Number of Clients that Completed this Program/Service:** N/A
- **Goals Met:**
 - Majority of program goals were met for CY20 even with the uncertainties of a pandemic. FWC completed five of the projected eight new matches for CY20. Additional matches are in process but on hold until the pandemic subsides. Friend matches of clients and volunteers total 35 (70 persons). The bi-annual satisfaction survey scores show between 86-100% achievement of goals (target was 50%) as reported by clients, volunteer matches, and providers. Protective factors (improved trust, social connection, self-esteem, coping skills) continue improving despite the pandemic. Group activities were converted to a partial teleconferencing format at mid-year, with little loss of programming except for large in-person group celebrations. However, they substantially achieved program activity goals due to the flexibility in the Compeer format virtual, telephone, and in-person were able to be flexible through CY20. Additional new matches after March 2020 were delayed due to the necessity of in-person introductions which were impacted by the pandemic. Clients report Compeer is essential to their recovery, especially supportive to them during the pandemic, and their means of connecting with others.
- **Metrics Used to Determine Success:**
 - Semi-annual survey of achievement of Compeer goals, rating key recovery domains: reducing isolation; increasing protective factors; empowerment; healthy lifestyle changes.
 - Client evaluation of programming - rating the value of activities to their recovery.
 - 75% of matches maintained after one-year; 10 activities/month; 60% of Compeer clients attend events; 80% of members recommend Compeer to others.
 - Annual Compeer International Survey of how Compeer benefits client-members recovery.
- **Program Successes:**
 - The Compeer Outcome and Satisfaction Survey was adapted to account for the effect of the pandemic, but was still administered semi-annually by phone, email and virtual methods.

CY22 Program Highlights and Outcomes

- Recovery: Strongly Agree/Agree: 87% increased sense of belonging; 78% increased involvement in meaningful activities; 86% reduced/no use of hospital or crisis services; 100% felt helped by Compeer in managing anxiety and depression.
 - Programs: High satisfaction with peer socializing. 100% would recommend Compeer; 100% rate Peer Support Specialist contacts as good to excellent; 100% reported their contacts with Program Coordinator as good to excellent; 100% found new ways, including technology and calls, to stay connected to others; 86% matches met and exceed the one-year commitment, exceeding the goal of 75%; 86% participated in events, exceeding the goal of 60%; 100% satisfied with contacts from their volunteer match; 32 in-person events conducted from January-March 2020, averaging just over 10 events/month, below the target of 15/month. During the pandemic, 62 virtual sessions were conducted April-December 2020. 2,249 volunteer-client hours; 1,482 Compeer staff hours with individual clients. 220 direct program hours.
 - Compeer International Survey results are comparable to the above responses.
- **Average Cost Per Client in CY20:** \$755
 - **Additional Information:**
 - Compeer Inc., is an international SAMHSA-designated evidence-based program of peer support. It is an intentional friendship program using community volunteers matched with severely mentally ill clients for the purpose of friendship. Compeer uses the healing power of friendship to promote recovery. Compeer has been offered exclusively at FWC since 1989, supported in full by the ADAMHS Board. Compeer programming is nonbillable. All Compeer clients receive mental health services at FWC or another provider. There is no average cost per client because the focus is on friendship programming, recovery support, and volunteer engagement. Compeer clients face major hurdles with isolation and social interaction skills. It is often the only meaningful interpersonal outlet in their daily life. “It’s saving my life and helped me meet the best people. Compeer is like another family to me. I’ve learned to laugh and not be afraid.” A Peer Support Specialist is employed in Compeer as a Program Assistant and lends lived experience to clients and volunteers.

The Family Program (Family Caregiver)

The Family Program offers Multi-Family Group Sessions bi-weekly using an evidence-based, psychoeducation approach modeled after the McFarlane format of family group psychoeducation. Families make a one-year commitment to the program and joining together with other families and clients for support, learning and skill-building. A mental health professional is the program facilitator, and uses group psychoeducation methods and design, along with a library of resource books, articles, DVDs, etc. for additional learning outside of the sessions. Session topics focus on understanding and managing the mental illness in family daily life; understanding the role of medication and clinical services; advocacy for family needs; prevention and early identification of relapse signs; family resiliency; supporting positive family coping; and family self-care for long-term recovery. The program also offers family screening, assessment and orientation sessions, which are required prior to formal joining, to assure the program is a good match for the family’s needs, and the group format is appropriate for the family and client, comfort levels are present, and the introduction of a new family unit is a smooth transition for all involved. The program incorporates community outreach and education to hospital psychiatric units, health and social service agencies, colleges, clergy and churches, community centers, senior centers and libraries are key sources for

CY22 Program Highlights and Outcomes

identifying and referring families of SMD clients. Community presentations and program promotion build awareness about the challenges of family caregiving for a chronic illness, and awareness about our program's availability. The Family Program has been in operation for 17 years with ADAMHS Board support and remains the only one of its kind in the county using a mental health professional as facilitator, including multiple clients and families participating together. It has been recognized and awarded by the ADAMHS Board for its unique attention to family caregiving, involvement of family units together with one another, and by NAMI for program excellence.

- **Target Population:**
 - Clients over 18 years of age diagnosed with a DSM-5 severe mental illness, currently in treatment, plus their family caregivers
- **Anticipated Number of Clients to be Served: 10**
- **Number of Staff Required to Implement Program: 2**
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - The Program Coordinator and counselor/trainer would provide cross-coverage for one another at a time of short-term vacancy. Or one or the other staff would accept additional responsibilities during a vacancy so that program participants would not be left unserved or insufficiently served until the position is filled. Program participants would be notified as soon as the staff vacancy would be known, and that a coverage plan was being developed to assure them of important program activity continuing. If necessary, in the situation, a Clinical Manager familiar with the program through supervision would be asked to step in and assume interim coverage or training/education responsibility. Or another peer provider (case manager or counselor) on staff would be asked to take on certain program duties, triaged for priority, to maintain key program components.
- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - Trauma Informed Care Treatment, Recovery and Prevention Services
 - Recovery and Treatment Services to Specialized Populations
 - Prevention and Early Intervention
- **Program Goals:**
 - To strengthen family resiliency, communication, problem-solving, well-being, and prevent relapse and burden in coping with mental illness
 - Family Caregiver Community Outreach Goal: Promote awareness of the unique challenges of family caregiving for members with mental illness, and protective factors supporting family well-being
- **Program Metrics:**
 - A quarterly survey is completed by family caregivers and by individual clients rating three key mental health domains: improvements in daily functioning; improvements in quality of life and meaningful life activity; and prevent relapse and reduce sense of burden. These are markers of improvements in overall recovery within the family. Family and client results are compared, aggregated and processed during group sessions each quarter. Results are compared from one quarter to others for progress or changes over time.

CY22 Program Highlights and Outcomes

- Family Caregiver Community Outreach Metrics: The number of community education presentations conducted are tracked, how many conducted, group size, literature distributed and total calls and consults from family caregivers completed. Far West Center has an evaluation form that is completed at the end of informational talks and sessions to measure effectiveness in meeting learning needs and provide suggestions.

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 9
 - **ADAMHS Funded Unduplicated Clients Served:** 9
 - **Total Number of Clients Served:** 9
 - **Total Number of Clients that Completed this Program/Service:** 2
- **Average Cost Per Client:** \$960
- **Additional Information:**
 - This program has multiple components: family screening and orientation sessions; multifamily psychoeducation learning sessions; family “buddy” relationships; early identification and referral of families by staff and community providers; community outreach, education and information sessions. Many clients in our western communities have some form of a family unit, so our program is attuned to this population. The family sense of burden, hopelessness and isolation can be pronounced. Family resiliency is built by using family connections developed in the program and new skills learned from psychoeducation. Family caregivers have often been overlooked but have high needs for help and guidance. The racial composition of the Family Program is varied (Caucasian, African American, Arab-American and Pakistani); the diversity of cultures and family practices enhanced the program impact by providing broader perspectives and ways of coping. The pandemic created far more opportunity than threat for the families, creating more connections and mutual support within and between families. Videoconferencing became a major therapeutic tool among families, providing opportunity for disabled or ill members to join without travel outside the home. Virtual sessions were convenient and accessible, avoiding transportation barriers, improving family communication and reducing tensions. The community outreach component interfaces with social and human service organizations serving families with multiple needs; information about family caregiving challenges has been useful to them. In-person visits and presentations were curtailed due to COVID but replaced with virtual contacts, email and mailed materials. Despite an uncertain environment, the Family Program found creative ways to aid family caregivers with dual burdens of family mental illness as well as the pandemic.

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 9 families
 - **Total Number of Clients that were Served:** 9 families
 - **Total Number of Clients that Completed this Program/Service:** 0

CY22 Program Highlights and Outcomes

- **Goals Met:**
 - Program goals have been met for CY20, with adjustments made for COVID-19 and conversion to telehealth after March 2020. Family Program group sessions continued biweekly either in-person, by Zoom for healthcare or teleconference, including nine family units who made a one-year commitment to the program. Quarterly outcomes surveys by phone show that families and clients remained the same or made progress in understanding mental illness; daily coping skills; reduced sense of burden; and preventing relapses. Two family screenings were implemented. The family buddy system goal was implemented and continued via telephone as of April 2020. Three families serve as peer supports to one another via telephone calls. Goals for Family Caregiver Community Education and Outreach were implemented but converted from in-person outreach to telecommunications after March 2020. Public awareness of family caregiving stresses, and identifying families in-need, were modified due to the pandemic, but email and telecommunications were used to support this goal to the extent possible.
- **Metrics Used to Determine Success:**
 - Quarterly surveys of improvements in: client/family daily functioning; quality of life/meaningful life activity; and overall recovery and well-being. Surveys use a point rating scale and are administered to clients and separately to their family members. Results are compared, aggregated and reviewed during group sessions.
 - Modified Outcomes Survey completed by family units.
 - Annual client/family satisfaction surveys.
 - Evaluation forms are completed when community presentations are conducted to gauge effectiveness in meeting learning needs of the audience, and to elicit feedback for program changes or additional information.
- **Program Successes:**
 - Improvements: Client and Families report Improvements in Daily Family Functioning (3.87 out of five for clients, 3.87 of five for families); Quality of Family Life (3.87 of five for clients, four of five for families); Family Recovery and Well-Being (3.87 of five for clients, four of five for families). Daily struggles continue, but overall ratings show progress in recovery, or no serious setbacks, from client and family perspectives. Modified Ohio Scales Survey show 80% increased understanding and ability to cope with mental illness, compared to the program goal of 65%; 70% reported improved daily functioning at home, compared to the program goal of 65%; 70% reported improved quality of life for client and family members, compared to the program goal of 65%; 80% of clients had a reduction in relapse, including no hospitalizations, compared to the program goal of 70%; 80% of Family Members reported reduced stress and reduced feelings of burden, compared to the program goal of 70%. Client Satisfaction surveys show highest satisfaction with these areas: learning about mental illness and coping; support from families with same struggles. 96% of families are satisfied/highly satisfied and would recommend program. Evaluation forms for one presentation conducted in first quarter of CY20: 90% Strongly Agree/Agree with increased understanding of about mental illness; 90% learned new information about good mental health and coping.
- **Average Cost Per Client in CY20:** \$1,920

CY22 Program Highlights and Outcomes

- **Additional Information:**

- The community outreach component interfaces with social and human service organizations serving families with multiple needs; our information about family caregiving challenges was useful for these organizations, even if it was by electronic communications or dropped-off materials.

Art Therapy - AHH! (Art Helps And Heals)

AHH! Art Helps and Heals Program has two components: a 10-week structured therapeutic art series, AHH, and the weekly open-ended “Open Art Studio” as a step-down or step-up from the AHH! structured group series. Open Art Studio provides a non-structured setting for using self-selected art projects for learning relaxation, enjoyment, stress-relief and social connections with peers. The overall program integrates creative media expression with client treatment to enhance mental health recovery and personal well-being. A positive, nonjudgmental art environment facilitates engagement and creative self-expression. The environment is in-person or virtual based on client choice and pandemic safety requirements.

- **Target Population:**

- Adults 18 years and older, with a qualifying DSM-5 diagnosis of severe mental illness

- **Anticipated Number of Clients to be Served: 34**

- **Number of Staff Required to Implement Program: 2**

- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**

- The Program Coordinator and counselor/trainer would provide cross-coverage for one another at a time of short-term vacancy. Or one or the other staff would accept additional responsibilities during a vacancy so that program participants would not be left unserved or insufficiently served until the position is filled. Program participants would be notified as soon as the staff vacancy would be known, and that a coverage plan was being developed to assure them of important program activity continuing. If necessary, in the situation, a Clinical Manager familiar with the program through supervision would be asked to step in and assume interim coverage or training/education responsibility. Or another peer provider (case manager or counselor) on staff would be asked to take on certain program duties, triaged for priority, to maintain key program components.

- **Funding Priority:**

- Culturally Appropriate and Evidence-based Diverse Services
- Trauma Informed Care Treatment, Recovery and Prevention Services
- Recovery and Treatment Services to Specialized Populations

- **Program Goals:**

- Improve clients’ recovery in the following areas via creative art experiences and social interaction: reduce stress; understand and express emotions in a safe and positive manner; communicate effectively with others, with and without words; increase self-awareness and empowerment over illness; develop self-esteem, hope and optimism; develop coping skills; and improve social skills.
- Improve relaxation skills, interpersonal strengths and empowerment over illness by self-directed art-making

CY22 Program Highlights and Outcomes

- **Program Metrics:**

- Conduct quarterly (at end of every 10-week series) client surveys of recovery changes in these seven areas: stress reduction/relaxation; expressing emotion; communication; self-awareness; self-esteem; coping skills; and social skills
- Conduct client satisfaction surveys every six months for those attending Open Art Studio sessions to track the degree of learning new relaxation skills, interpersonal skills in interacting with others and feeling empowerment over their illness by practicing creative expression.

First Six Months of CY21 Provider Outcomes:

- **Highlights:**

- **Number of Clients that were Anticipated to be Served: 40**
- **ADAMHS Funded Unduplicated Clients Served: 16**
- **Total Number of Clients Served: 16**
- **Total Number of Clients that Completed this Program/Service: 2**

- **Average Cost Per Client:** \$1,620

- **Additional Information:**

- AHH! Art Therapy and Open Art Studio are among the most successful, recognized programs at Far West Center. Client, provider and community response has been exceptional. 100% of clients want additional time in AHH! because it literally is transforming so many clients in meaningful ways. Costs associated with the AHH! Program, Open Art Studio, support services, planning, screening, exhibits, outreach, etc., are 100% covered by the grant program funds. Clinical mental health treatment targets illness. Art expression creates a sense of accomplishment and purpose for our clients that is not achieved by traditional clinical means. By creating art, our clients master the most overwhelming challenge of their illness – stigma. “Art sessions got me through COVID. Having art kits kept me going.” During the pandemic, the art group sessions overcame the barrier of social isolation by adapting the format to virtual “Art at Home” and help clients them manage their mental illness, successfully navigate difficult living situations, and cope with great anxiety and isolation brought on by the pandemic. Added dimensions of the program are virtual and live exhibits of client art at community locations throughout the year. Client art is displayed at Westlake Porter Library, Rocky River Library, FWC, and the ADAMHS Board. Some patrons purchased pieces on display, some commissioned additional art from our clients. A client’s reaction to the displays: “It’s unforgettable to me. Never been proud of myself until this.” Clients discover new or hidden talents through the art therapy sessions that contribute to their well-being and confidence. Creating art is creating recovery through the AHH! Program.

CY20 Provider Outcomes

- **Highlights:**

- **Number of Clients that were Anticipated to be Served: 48**
- **Total Number of Clients that were Served: 38**
- **Total Number of Clients that Completed this Program/Service: 12**

CY22 Program Highlights and Outcomes

- **Goals Met:**

- With program adjustments due to the pandemic, AHH! Art Helps and Heals met its goals for CY20 at nearly 100%. The four 10-week groups were exceeded, and 49 sessions were conducted to avoid any interruption. Sessions began in-person and then converted to telehealth, using at-home art kits. Client participation was somewhat affected by COVID-19 and technology challenges, but still averaged eight persons per series, a maximum due to distancing precautions. The open-ended weekly Open Art Studio sessions were conducted in-person in first quarter of CY20, and then converted to virtual sessions with at-home art kits provided. Here, clients are encouraged to engage in self-directed art expression and group interaction. Both components of the art program met or came close to participation goals even after converting to Zoom sessions. Weekly Open Art Studio sessions were held in-person or via Zoom with essentially no interruption. Quarterly outcomes surveys and client satisfaction results showed improvements in recovery goals (expressing emotions, self-confidence, coping skills) and positive client satisfaction with both AHH! and Open Art Studio, and client appreciation for continuing the program despite COVID-19.

- **Metrics Used to Determine Success:**

- Success is measured in these ways: Quarterly AHH! Art Therapy client outcomes surveys measuring seven areas of recovery upon group completion as agreed upon with the ADAMHS Board (stress reduction/relaxation; expressing emotion; communication; self-awareness; self-esteem; coping skills; and social skills). Art therapy sessions will contribute to these protective factors of recovery.
- The Modified Ohio Scales Outcomes Survey is administered at the beginning and completion of each AHH! Art therapy series. It focuses on outcomes responses in three key life domains: Symptom Management; Quality of Life/Meaningful Life Activity; and Recovery and Empowerment. Art therapy will contribute to recovery in three key life domains.
- Program Participation: Tracking Number of Sessions and Attendance.

- **Program Successes:**

- Quarterly Recovery Outcomes Surveys: 100% of clients agreed/strongly agreed with positive changes in all seven domains. Most significant categories: improved ability to express emotions; taking steps toward recovery. Survey results for Open Art Studio are similar, with the highest ratings in: relaxation; meaningful social connections; and creative activity. Modified Ohio Scales Outcomes Surveys: In aggregate, clients reported improvement in the three key life domains: 96% reported improvement in symptom management some or most of the time; 80% showed improvement in quality of life some or most of the time; 90% showed improvement in recovery and empowerment some or most of the time. Program Participation: 49 AHH! Group sessions were conducted, with 38 participants in CY20. A total of 50 Open Art Studio sessions were held, averaging 13 participants/week. A total of 218 hours of direct program services were recorded; 449 hours of supportive services with clients between, before and after sessions, 54% higher than 2019; 197 hours of program planning and approximately 80 hours dedicated to community client art exhibits, displays and promotions.

- **Average Cost Per Client in CY20:** \$1,364

CY22 Program Highlights and Outcomes

- **Additional Information:**

- Art expression creates a sense of accomplishment and purpose for our clients that is not achieved by traditional clinical service alone. By creating art, clients are mastering the most overwhelming challenge of their illness stigma. AHH! art therapy has given exceptional and unexpected benefits for clients who struggle with their illness.

Core Care Clinic (Clinical MH Treatment)

The Core Care Clinic provides Mental Health Assessment; Psychiatric Evaluation; Pharmacologic Management; Individual and Group CPST; Individual and Group Counseling/Therapy. An individualized service plan combines these services to meet client needs and support long-term, whole-person recovery. Experienced professional and support staff coordinate efforts to provide quality care and outcomes and uses evidence-based practices such as CBT, trauma-focused care, motivational interviewing, group psychoeducation, wellness management and recovery and CPST recovery groups. A comprehensive screening for suicide risk and for trauma is completed at admission and other intervals as needed. The health campus location mainstreams mental health with other medical services that integrates care and reduces stigma: distinct advantages.

- **Target Population:**

- Adults 18 years of age or older, with a qualifying DSM-5 diagnosis of severe mental illness (SMD), who lack resources to afford the cost of care and are not eligible for Medicaid; and adults at risk for severe mental health disorders if left untreated as a result of chaotic life circumstances, environmental factors, trauma or overwhelming stress.

- **Anticipated Number of Clients to be Served: 870**

- **Number of Staff Required to Implement Program: 13**

- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**

- Clinical Managers/Director not carrying a full caseload would accept a larger interim caseload so that clients were not left unserved or insufficiently served. Clients would be notified as soon as the provider vacancy would be known, and that a coverage plan was being developed to assure them their needs are being addressed. Some Clinical Managers would be familiar with some cases already by virtue of staff supervision and would be in the best position to step in and assume interim coverage responsibility. Or another peer provider (case manager or counselor or psychiatry prescriber) would take on added clients triaged for acuity (most acute cases transferred first to another's caseload). At times, clients affected are engaged in the process of deciding on a transfer to another FWC provider, or to wait for a new provider to fill the vacancy or consider a transfer to a provider at another agency.

- **Funding Priority:**

- Culturally Appropriate and Evidence-based Diverse Services
- Trauma Informed Care Treatment, Recovery and Prevention Services
- Harm Reduction Efforts and Strategies
- Recovery and Treatment Services to Specialized Populations

- **Program Goals:**

- Reduce or control the disabling symptoms of mental illness that interfere with daily life and functioning

CY22 Program Highlights and Outcomes

- Improve quality of life and meaningful life activity
- Improve resilience, independence and initiative
- Client satisfaction with FWC services
- **Program Metrics:**
 - Reducing or controlling symptoms of mental illness: Outcomes Measurement via Ohio Scales administered upon admission and at six-month intervals. Three key domains are reviewed and compared to baseline: improvement in reducing or controlling disabling symptoms, improved quality of life and initiative/independence.
 - Client Satisfaction Survey: Clients' report of satisfaction with quality of care and recovery progress via a survey and narrative comments. Clients will rate 80% or better on satisfaction with care and recovery.

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 810
 - **ADAMHS Funded Unduplicated Clients Served:** 465
 - **Total Number of Clients Served:** 758
 - **Total Number of Clients that Completed this Program/Service:** 72
- **Average Cost Per Client:** \$528
- **Additional Information:**
 - Clients are uninsured or underinsured "working and nonworking poor," lacking resources for care. They struggle with mental illness itself and struggle to find care, pay for it or wait for it. They are non-Medicaid-eligible or under-insured often due to poor health insurance or low-wage jobs without benefits. This year, loss of employment and housing are primary problems in our client population. Outer-ring communities served by FWC are among the fastest growing pockets of poverty, an unexpected finding. Berea, Middleburg Heights, and Lakewood are surging in poverty levels. Far West Center is the key "safety-net" provider for the large geographic area from Lakewood to Westlake and Strongsville. Primary and specialty medical providers on our health campus rely on FWC for access to mental health services. Integrated care developed due to our co-location, helping access, reducing stigma, and convenience for clients in-need. Feedback from clients related to our county funding includes: "I never thought I'd need help. Now, the meds and counseling keep me focused. I'm ready to work and get back to my old myself, and maybe I can help the next person who comes here after me." "I absolutely didn't know where to turn. I don't feel alone anymore. Much, much better." "Can't thank everyone enough – I couldn't afford any of this on my own." FWC is proud of the Suicide Safety-Track based on the Zero Suicide Initiative, for reducing risks of self-harm and hospitalizations. They are recognized for unique recovery services especially valuable this year due to the pandemic's toll: trauma; postpartum depression; family caregiving; friendship and peer support; creative arts; older adults mental health prevention; and faith-based programming. FWC just received the 2021 Hessler Award for Illuminating Hope from Community West Foundation.

CY22 Program Highlights and Outcomes

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 800
 - **Total Number of Clients that were Served:** 797
 - **Total Number of Clients that Completed this Program/Service:** 180
- **Goals Met:**
 - Clients made progress in major service goals as measured by outcomes surveys of three key life domains. Some or good improvement was reported after six and 12 months in: reduced symptoms (aggregate improved by 18%), improved quality of life (aggregate improved by 6%), initiative/independence (aggregate improved by 7%). Suicide risk and hospitalization rates have been reduced some 3% over the prior year, related to our Safety-Track risk management and suicide risk screening. All goals are in continuous progress, but some 68% of clients studied in CY20 improved in two or more key goals. The goal of average to above client satisfaction with care improved above target. Finally, even with services pivoting to telehealth in March 2020, FWC was pleased to note that the majority of services were continued and had success in client improvements in the three key treatment goals.
- **Metrics Used to Determine Success:**
 - Outcomes Measurement via Ohio Scales administered upon admission, at six- and 12-month intervals. Monitor three key recovery domains: symptom management; quality of life/meaningful life activity, and initiative/independence. Client and provider surveys are completed, and results are incorporated into client sessions to support progress or make changes to improve recovery. Client semi-annual satisfaction survey to provide feedback on quality of care, individualized treatment planning, respect, accessibility, and attention to culture and values. 80% of clients surveyed will report satisfaction with their services from Far West Center, quality of care, and would recommend FWC to others. Client engagement as measured by appointment compliance, essential to progress in recovery, with a target of 65% compliance with service appointments. Hospital Admission Management: Decrease occurrences of psychiatric hospitalizations by 5% over prior year-to-date, via use of the Safety-Track with increased service frequency and intensity to prevent inpatient admissions and promote long-term client recovery.
- **Program Successes:**
 - Ohio Scales Outcomes: On an aggregate level, clients surveyed achieved at least a 22% Improvement in Symptom Management; an aggregated 8% Increase in Quality of Life; and an aggregated 5% Improvement in Recovery and Empowerment. These improvements are encouraging, with challenging life domains during the pandemic year that are essential to long-term well-being.
 - Client Satisfaction Surveys: one survey conducted in CY20. 100% good/excellent ratings overall, exceeding the 80% threshold for overall satisfaction, and our pandemic-year goal of 50%. 100% mostly or fully satisfied with services; 90% mostly or fully satisfied with quality of care; and 99% would recommend FWC.
 - Assessment Appointment Compliance Target of 65%: 64% kept assessment visits, exceeding the industry experience of 50-60% kept visit rates. Appointment compliance is a key correlate of treatment success.

CY22 Program Highlights and Outcomes

- Hospital admissions were reduced by 3% over 2019 due to continued Safety-Track care management of clients-at-risk, near the 5% target.
- **Average Cost Per Client in CY20:** \$188.21
- **Additional Information:**
 - Primary and specialty medical providers on our health campus rely on FWC for access to mental health services. Integrated care developed because of co-location, helping access and reducing stigma. Relevant feedback from clients directly related to county funding include: “Medication and Counseling improved my life. I am thankful for the services offered with county funds.” “I am thankful that FWC has a sliding fee scale. I can’t afford my services without insurance. Most grateful for FWC and Cuyahoga.” The organization has an excellent Suicide Safety-Track for reducing risks for self-harm and hospitalizations. They are recognized for unique recovery services: family caregiving, wellness; peer support, creative arts, older adults, faith-based mental health programming; trauma; postpartum depression, etc.

Provider:	Far West Center	2020 First Outcome Count:	87	2021 First Outcome Count:	0
Instrument:	Ohio Scales Adult	2020 Final Outcome Count:	3	2021 Final Outcome Count:	0
Program:	Mental Health Treatment for Adults	2020 % of Final:	3.45%	2021 % of Final:	0

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

Population	Evaluation Year	Subscale	First Outcome Average	Final Outcome Average	Average Difference	Significance
Adults (18+ years)	2020	Financial Quality of Life	3.11	2.89	-0.22	Not Significant
Adults (18+ years)	2020	Housing Quality of Life	4	3.78	-0.22	Not Significant
Adults (18+ years)	2020	Overall Empowerment	2.78	2.96	0.18	Not Significant
Adults (18+ years)	2020	Overall Quality of Life	3.56	3.67	0.11	Not Significant
Adults (18+ years)	2020	Overall Symptom Distress	19.33	17.33	-2	Not Significant
Adults (18+ years)	2020	Social Connectedness	3.5	4	0.5	Not Significant
Adults (18+ years)	2021	Financial Quality of Life				Not Significant
Adults (18+ years)	2021	Housing Quality of Life				Not Significant
Adults (18+ years)	2021	Overall Empowerment				Not Significant
Adults (18+ years)	2021	Overall Quality of Life				Not Significant
Adults (18+ years)	2021	Overall Symptom Distress				Not Significant
Adults (18+ years)	2021	Social Connectedness				Not Significant

Friendly Inn Settlement, Inc.

CY2022 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2021 CONTRACT AMOUNT	2022 CONTRACT RECOMMENDATIONS	PRIORITY
Friendly Inn Settlement , Inc			
Behavioral Health Center	\$ -	\$ 250,000	
Total	\$ -	\$ 250,000	

CY22 Program Highlights and Outcomes

Friendly Inn Settlement, Inc.

The Geraldine Burns Behavioral Health Services Center provides services that meet the need of individuals and groups who want services to address their mental health issues.

Agency Internal Diversity, Equity and Inclusion Team and/or Policy:

This agency submitted information ensuring a Diversity, Equity and Inclusion policy, plan or team is in place or in progress.

The ADAMHS Board Funding supports the following initiative(s):

Geraldine Burns Behavioral Health Center

Provides treatment services (Individual Counseling, Group Counseling, and Assessments; Community Psychiatric Supportive Treatment (CPST); Therapeutic Behavioral Services and Psychosocial Rehabilitation; Consultation) and referrals and information.

- **Target Population:**
 - Individuals experiencing homelessness, pregnant mothers, individuals living in poverty, and older adults
- **Anticipated Number of Clients to be Served:** 200
- **Number of Staff Required to Implement Program:** 5
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - Agency will ask all staff to agree to sign a document that will state that all resignation letters must give a 30-day notice. This will allow us enough time to begin recruiting. The agency's goal is to adequately staff its program/services. If someone resigns then the Clinical Program Director will be required to cover the MSW's caseload temporarily until another qualified candidate is hired.
- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
- **Program Goals:**
 - Work in partnership with individuals to stabilize behavioral health crises and symptoms, facilitate a successful life in the community, help manage symptom reoccurrence, build resilience, and promote self-management, self-advocacy and wellness
- **Program Metrics:**
 - Monitoring attendance numbers of clients receiving case management services, needing consultation, and the number of clients successfully completing services
 - Monitoring attendance numbers of referrals, numbers of assessments, numbers of clients receiving counseling and numbers of clients successfully completing services

First Six Months of CY21 Provider Outcomes: N/A – New Program

Front Steps Housing & Services

CY2022 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2021 CONTRACT AMOUNT	2022 CONTRACT RECOMMENDATIONS	PRIORITY
Front Steps Housing & Services			
Art Therapy	\$ 43,200	\$ 36,500	Prevention
Music Therapy	\$ -	\$ 10,939	Prevention
Total	\$ 43,200	\$ 47,439	
Pooled Funding:			
IOP for Formerly Homeless with Mental Illness/Addictions	\$ -	\$ -	

CY22 Program Highlights and Outcomes

Front Steps Housing and Services

Front Steps Housing and Services (Front Steps), provides temporary housing with supports for formerly homeless individuals.

Agency Internal Diversity, Equity and Inclusion Team and/or Policy:

This agency submitted information ensuring a Diversity, Equity and Inclusion policy, plan or team is in place or in progress.

The ADAMHS Board Funding supports the following initiative(s):

Art Therapy

Art Therapy sessions are available to clients once a week. The trauma and despair of homelessness and poverty are addressed through structured, theme-based art therapy groups. Artwork includes but is not limited to drawing, painting, mask-making, work with clay, mural making, handmade papermaking, collage, and mixed media. Many of the projects embrace the diversity of the group and recognize the basic worth and dignity of each client. At the end of the year, Front Steps curates a showing of the art. Clients come to Front Steps with a persistent mental illness, traumatized by the experience of poverty and homelessness and equipped with basic survival skills. Art therapy helps them develop much needed social skills and gives them a mechanism to express their feelings and emotions in ways that had never been available to them. Not only are they able to emerge from their silence they have a finished product that reinforces their self-esteem. The aspects of the program that motivate and encourage client participation and achievement of performance targets include creative emotional expression; art interventions that address managing traumatic stress; self-regulation and resiliency; self-awareness and insight; promotes and celebrates self-worth; and restore one's power to create personal change. Ultimately, the use of art media, images and the creative process reflects clients' development, abilities, personality, interests, and concerns. Front Steps is currently contracted with two board-certified Art Therapists to conduct weekly art therapy sessions.

- **Target Population:**
 - Chronically homeless adults with mental illness and substance use disorders.
- **Anticipated Number of Clients to be Served:** 100
- **Number of Staff Required to Implement Program:** 4
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - There are two case managers and two art therapists, back-up is available to stand in if the other is missing.
- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - Recovery and Treatment Services to Specialized Populations

CY22 Program Highlights and Outcomes

- **Program Goals:**
 - The goal of the program is to create a safe environment in which participants can express themselves through their art and work towards resolving the trauma of poverty and homelessness.
- **Program Metrics:**
 - Front Steps measures progress toward goals via two methods: Ohio Scales for Adults measures how people change in treatment and determine if the services they receive have an impact. The Scales are designed to assess the effects of the program in the following areas: quality of life, symptoms of distress, and empowerment; and, satisfaction surveys are completed by clients

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 300
 - **ADAMHS Funded Unduplicated Clients Served:** 17
 - **Total Number of Clients Served:** 17
 - **Total Number of Clients that Completed this Program/Service:** 0
- **Average Cost Per Client:** \$1,271
- **Additional Information:**
 - Art Therapy has consistently served as an effective outlet for clients to restore their self-awareness and self-respect constructively and creatively in a safe and secure environment with their peers in their community. Clients come to Front Steps with a persistent mental illness, traumatized by the experience of poverty and homelessness and equipped with basic survival skills. Art therapy helps them develop much needed social skills and gives them a mechanism to express their feelings and emotions in ways that had never been available to them. Not only are they able to emerge from their silence they have a finished "product" that reinforces their self-esteem. The aspects of the program that motivate and encourage client participation and achievement of performance targets include creative emotional expression; art interventions that address managing traumatic stress; self-regulation and resiliency; self-awareness and insight; promotes and celebrates self-worth; and restore one's power to create personal change. Ultimately, the use of art media, images, and the creative process reflects clients' development, abilities, personality, interests and concerns.

CY20 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 49
 - **Total Number of Clients that were Served:** 60
 - **Total Number of Clients that Completed this Program/Service:** N/A
- **Goals Met:**
 - The goal of the program is to offer a safe environment in which participants can express themselves through their art and work towards addressing their mental health condition.

CY22 Program Highlights and Outcomes

Motivating factors that encourage client participation and achievement of performance targets include: creative expression; interventions that address traumatic stress, self-regulation and resiliency, self-awareness and insight, self-worth; and the power to create personal change. Participants have used art media, images, and the creative process to reflect their development, abilities, personality, interests, and concerns. These goals were achieved.

- **Metrics Used to Determine Success:**

- Front Steps uses the following metrics to measure success: Ohio Scales for Adults, Self-Reporting, client pre- and post-class surveys. With these tools the agency tracks: Quality of Life, Symptoms-Distress, and Empowerment. Agency also monitors stress/relaxation, ability to express emotion in a safe and positive manner and communicate effectively with others.

- **Program Successes:**

- Front Steps administered the Ohio Scales and examined the results in three areas: Quality of Life, Symptoms-Distress, and Empowerment. For the 12-month period of 2020, Quality of Life for Art Therapy participants was the only category to show a slight increase (6.41%) from the beginning to the end of the year. The other two categories showed a downward trajectory with Symptoms-Distress showing the greatest negative change (-16.22%).
Caveat: The results of the test may have been affected by the psycho-social and socio-economic effects of the COVID-19 pandemic. Under these extraordinary conditions, there are several factors that may have overwhelmed the impact of art therapy. It stands to reason that the areas most likely to have been negatively affected were Symptoms-Distress and Empowerment.

- **Average Cost Per Client in CY20:** \$720

- **Additional Information:**

- Front Steps completed construction of its new building in October 2020 and residential clients made the move to their new homes by early November. Named for the order of the nuns who founded Transitional Housing, Inc., St. Joseph's Commons is a 68-unit one-bedroom 60,000 square foot permanent supportive housing complex located at 2554 West 25th Street. Today, Front Steps is the service provider to the residents of St. Joseph's Commons, residents of other housing providers, as well as the general community. The new location and additional space will enable the agency to expand its reach to the community and offer much needed behavioral health services, including art therapy, to those in need and individuals most deeply affected by the fallout of the novel coronavirus.

IOP for Formerly Homeless Individuals (MH/SUD)

Intensive Outpatient Program (IOP) addresses the crisis of addiction among the homeless and indigent of Cuyahoga County. Program is comprised of two separate phases to offer the most comprehensive programming available and to fully track client progress: Phase One: 12 weeks of services, three times per week. Help clients handle early phases of recovery, focusing on getting honest, dealing with cravings, addressing consequences and poor decisions and coping mechanisms. Phase Two: Clients are expected to come to group one time per week for six weeks, to begin the stepdown process, to discuss any ongoing issues, and start to work on relapse prevention. Clients

CY22 Program Highlights and Outcomes

also meet with their counselor individually one to four times to work on closure, relapse prevention and learning to maintain long-term sobriety and independence.

- **Target Population:**
 - Chronically homeless adults with mental illness and substance use disorders.
- **Anticipated Number of Clients to be Served: 50**
- **Number of Staff Required to Implement Program: 6**
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - When vacancies occur, Front Steps will take advantage of any redundancies in skills among the clinical staff. There will be cross-training in positions and staff will share information on their clients during weekly staff meetings. Information on the status clients is also maintained on the Front Steps electronic health record, which ensures that clinical information is retained in the case of turnover/vacancies.
- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - Recovery and Treatment Services to Specialized Populations
 - Transportation
- **Program Goals:**
 - Acceptance of chemical dependency and active participation in the recovery program
 - Acquisition of necessary behavioral and cognitive coping skills to maintain long-term sobriety
 - Establishment of a sustained recovery program
 - Minimize the incidence of relapse and recidivism
- **Program Metrics:**
 - Number of participants, active program participation, and retention
 - Treatment progress and the number of participant relapses
 - Retention and program completion
 - Participation in aftercare and peer support groups

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served: 40**
 - **ADAMHS Funded Unduplicated Clients Served: 3**
 - **Total Number of Clients Served: 3**
 - **Total Number of Clients that Completed this Program/Service: 0**
- **Average Cost Per Client: \$1,290**

CY22 Program Highlights and Outcomes

- **Additional Information:**

- While there have been challenges with finding qualified staff during the first half of the year, the agency has been consistently looking at creative ways to address the barriers to preserve its services. Having substance use treatment at the facility will also provide an opportunity to provide services when residents are ready to engage in active treatment. The referral process will be expedient, and services can be provided during the window of opportunity. In addition, the agency also has three support groups in the evening including NA and CA.

CY20 Provider Outcomes

- **Highlights:**

- **Number of Clients that were Anticipated to be Served: 40**
- **Total Number of Clients that were Served: 23**
- **Total Number of Clients that Completed this Program/Service: 1**

- **Goals Met:**

- In the CY20 RFP, Front Steps indicated it would serve 40 individuals for the entire year. As of December 31, 2020, the program was at 23 individuals served, 57.5% of the goal.

- **Metrics Used to Determine Success:**

- Front Steps is monitoring the following to measure the success of the program: acceptance of chemical dependency; participation in the recovery program – individual and group sessions; acquisition of the skills to achieve abstinence; reduction of emotional and behavioral obstacles to recovery; assistance with engagement in community-based support systems; improvement with coping mechanisms; and, relapse prevention. Staff are also monitoring program retention, program completion, and abstinence of participants. Staff used a rating scale to assess the mood of participants before and after sessions.

- **Program Successes:**

- For the period of January 1, 2020, through December 31, 2020, Front Steps served 23 individuals who participated in 41 case management sessions, 49 individual therapy sessions, and 81 groups. One participant graduated from the program.

- **Average Cost Per Client in CY20:** \$5,127

- **Additional Information:**

- Front Steps continues to build the referral base for the program to include: United Way 2-1-1; Cuyahoga County Division of Child and Family Services S.T.A.R.T. (Sobriety, Treatment and Recovery Teams); Find Local Treatment (FTL); and Norma Herr. Staff is reaching out to the Drug Court, Cleveland Housing Network, the LGBT Center of Greater Cleveland, and the National Alliance on Mental Illness, as well as trying to establish relationships with Neighborhood Family Practice and MetroHealth. The agency is hiring an IOP Coordinator and Peer Support Specialist to work closely with the Outreach Case Manager. Finding it difficult to hire and retain quality staff, Front Steps has placed a greater emphasis on retaining undergraduate/graduate students to assist with gaining the necessary experiences and establishing their relationship with the organization.

CY22 Program Highlights and Outcomes

Music Therapy

The Music Settlement and Front Steps' Music Therapy Program consists of therapeutic sessions conducted once a week for 90 minutes for 47 weeks. Groups include five to 10 Front Steps clients per session. The specific needs of each participant are addressed through patient-centered planning for both therapy and instruction. The therapist works cooperatively with the participant to arrive at a plan that is customized to their interests and presenting condition(s).

- **Target Population:**
 - Adults 18 years and older experiencing chronic homelessness or at risk of homelessness with severe mental illness and/or substance use disorders
- **Anticipated Number of Clients to be Served: 50**
- **Number of Staff Required to Implement Program: 4**
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - There are two Case Managers and two Music Therapists; back-up is always available to stand in if one person is not available.
- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - Recovery and Treatment Services to Specialized Populations
- **Program Goals:**
 - Coping skills
 - Enhanced leisure skills
 - Heightened self-determination
 - Participation in the group process
 - Increased collaborative experiences
 - Acquisition of problem-solving skills
 - Generalization/use of skills learned
 - Improved self-esteem
 - Satisfaction with the program
 - Qualitative anecdotes
- **Program Metrics:**
 - Participants self-report each week (verbal or written) as to whether they utilized a coping skill introduced in the sessions
 - Self-report and therapist observation as to whether participant engaged with new music experience
 - Therapist observation and recording of number of independent choices made by an individual and of average for group; compare from week to week
 - Number of contributions within a group process (verbal, motor or musical)
 - Observation of experiences out of total opportunities per session

CY22 Program Highlights and Outcomes

- Number and percentage of problems identified in sessions; number and percentage of solutions identified
- Staff report of observation of generalization
- Frequency count of positive self-statements made during the group verbally or written at the end and then compare it at the end of a predetermined number of weeks of sessions to see if increased, either individually or on average
- Pre-surveys on what they want to get out of program and post-surveys on satisfaction, how helpful the program was for reaching personal goals, and whether they would recommend the program.
- Journal entries, songs/raps written, emerging themes of songs or discussions, etc.

First Six Months of CY21 Provider Outcomes: N/A - New Program

FrontLine Service

CY2022 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2021 CONTRACT AMOUNT	2022 CONTRACT RECOMMENDATIONS	PRIORITY
FrontLine Services			
Prison Linkage	\$ 63,557	\$ 67,926	Crisis
Women's Forensic Program	\$ 207,360	\$ 207,360	Specialized Pop.
Residential Treatment (Flores Home)	\$ 170,000	\$ 170,000	MH Residential
Safe Haven I	\$ 250,000	\$ 250,000	Housing
Adult Crisis Services	\$ 2,060,911	\$ 2,522,531	Crisis
Children Crisis Services	\$ 402,512	\$ 464,012	Crisis
Crisis Chat	\$ 79,515	\$ 79,515	Crisis
Strickland Crisis Stabilization Unit	\$ 1,190,000	\$ 1,190,000	Crisis
Additional Crisis Workers	\$ 415,000	\$ -	Crisis
Traumatic Loss Response Team	\$ 331,000	\$ 311,000	Crisis
Outreach Program	\$ 75,000	\$ 75,000	Prevention
Total	\$ 5,244,855	\$ 5,337,344	
Pooled Funding:			
Treatment Services	\$ -	\$ -	
Roberto Flores Residential Treatment Program	\$ -	\$ -	

CY22 Program Highlights and Outcomes

FrontLine Service

FrontLine Service is a private, non-profit community Behavioral Health Organization located in Cuyahoga County. FrontLine Service provides mental health and supportive services to children, adults and families. In addition, FrontLine Service operates the largest comprehensive continuum of care for homeless persons.

Agency Internal Diversity, Equity and Inclusion Team and/or Policy:

This agency submitted information ensuring a Diversity, Equity and Inclusion policy, plan or team is in place or in progress.

The ADAMHS Board Funding supports the following initiative(s):

Women's Forensics Program

Assists participants with linkage to critical community resources, including mental health and substance abuse treatment, medication management, transportation, entitlements, housing and employment services, as well as pre- and post-release services, peer support services, gender-specific services, groups, and psychotherapy. The greatest risks present for these individuals are unmet behavioral health needs and recidivism, return to jail. This program specifically focuses on engagement into services that address these risks. Services are voluntary, and engagement and establishment of rapport and a relationship are critical.

- **Target Population:**
 - Adult females in the Cuyahoga County jail who are diagnosed with co-occurring substance abuse and mental health disorders and are at high risk for recidivism due to their illnesses and criminogenic risk factors
- **Anticipated Number of Clients to be Served: 50**
- **Number of Staff Required to Implement Program: 4**
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - FrontLine recognizes the seriousness of challenges associated with vacancies in a program focused on individuals who are struggling with behavioral health needs and experiences of incarceration. The agency has taken additional recruitment and retention efforts within the organization to stabilize and maximize employment. The agency increased salaries of client facing staff, expanded recruitment strategies (ex. postcards and emails sent to everyone in Ohio who has a license, working closely with Indeed on verbiage in advertisements, and highlighting open positions in social media) and have been conducting exit and stay surveys with staff.
- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - Trauma Informed Care Treatment, Recovery and Prevention Services
 - Harm reduction efforts and strategies
 - Peer Support

CY22 Program Highlights and Outcomes

- **Program Goals:**
 - Program staff will link all participants that want to work to employment services.
 - Program staff will link all participants referred with identified housing needs to housing services.
 - Program staff will work to link uninsured participants that are referred and have identified healthcare needs to benefit services.
 - Program staff will provide identified wraparound services to help reduce recidivism of moderate to high-risk female offenders with co-occurring disorders.
- **Program Metrics:**
 - 25% of those clients linked to employment services will obtain employment
 - 85% of clients who are linked to housing services will secure housing
 - 85% of those eligible for healthcare will have healthcare benefits prior to exiting the program
 - 50% of high-risk female offenders with co-occurring disorders will not be incarcerated within the year of exiting the program

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 300
 - **ADAMHS Funded Unduplicated Clients Served:** 284
 - **Total Number of Clients Served:** 284
 - **Total Number of Clients that Completed this Program/Service:** 38
- **Average Cost Per Client:** \$208
- **Additional Information:**
 - The ability to provide both mental health/supportive services and financial support to clients by means of rent assistance, bus passes, paying for IDs, medication copays, and emergency assistance has been hugely beneficial to clients and staff when resources are often scarce for individuals returning from prison. FrontLine hopes that they will be able to increase admissions rate to more than 50% once they are able to begin doing prison in-reaches again. Prior to COVID, prison in-reaches were critical in engaging individuals prior to release and increased the likelihood of them presenting for their first appointment upon release. In July, Frontline hired two case managers for the program and as of August 4, 2021 has two remaining positions open, one case manager and one peer support specialist.

CY20 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 50
 - **Total Number of Clients that were Served:** 40
 - **Total Number of Clients that Completed this Program/Service:** 14

CY22 Program Highlights and Outcomes

- **Goals Met:**
 - FrontLine did not reach the goal of serving 60 individuals in this program. It did meet goal for employment: 36% of clients who wanted to work became employed during 2020. Agency did not meet goal for housing, with only 73% of clients who wanted housing finding housing during 2020. It did meet insured goal, with 98% of clients having healthcare benefits during 2020. FrontLine anticipates that the number of referrals will be higher during 2021 due to loosening of COVID restrictions and a change in who the agency can take on as new clients (program expanded criteria to include all prison referrals who meet other eligibility criteria rather than just Northeast Release Center).
- **Metrics Used to Determine Success:**
 - Program will serve 50 women. Twenty-five percent of those who want to work will become employed. Eighty-five percent who need housing will secure housing. Eighty-five percent of those eligible for healthcare will have healthcare benefits prior to exiting the program.
- **Program Successes:**
 - Program will serve 50 women: 40 were served during 2020. Twenty-five percent of those who want to work will become employed: 36% of clients who wanted to find employed were employed during 2020. Eighty-five percent who need housing will secure housing: 73% of clients who wanted housing, found housing during 2020. Eighty-five percent of those eligible for healthcare will have healthcare benefits prior to exiting the program: 98% of clients who were eligible for healthcare obtained healthcare during 2020.
- **Average Cost Per Client in CY20:** \$5,184
- **Additional Information:**
 - FrontLine hopes to receive more referrals in 2021 as COVID restrictions are loosened and there is more access to the jails. The agency is also anticipating more referrals now that it increased referral sources to all Ohio prisons as long as the individual is from Cuyahoga County, returning back to Cuyahoga County, meets criteria of being dually diagnosed (SUD and SPMI) and is homeless or at risk of homelessness.

Strickland Crisis Stabilization Unit

The CSU offers a short-term, less restrictive treatment alternative to an inpatient psychiatric hospitalization. The goal of the CSU is to provide crisis stabilization supports that reduce inpatient psychiatric hospitalizations or re-hospitalizations. The objectives of the CSU treatment program are the reduction of symptoms, the resolution of crisis, and the rapid reintegration of the resident back into the community. The program is designed to serve people who are 18 years or older and have symptoms of a serious mental illness. Expected length of stay is five to seven days. Those admitted to the CSU receive the following: room and board, personal care services (i.e., assistance with medication monitoring), mental health treatment services in a supervised, 24-hour per day, 7-days per week facility. Each resident's treatment is individualized and delivered via evidence-based interventions, inclusive of the individual's needs, strengths, abilities and preferences. Emphasis is placed on recovery. Risk factors which are addressed by the program include further deterioration of the individual's mental health status, increase in risky behavior to self or others, refusal to participate in programming and use of drugs while at the CSU. Risk factors are addressed by program design and staffing, ensuring that each resident receives the services and interactions needed to identify if any of these potential risk factors are present, and then appropriate steps are

CY22 Program Highlights and Outcomes

taken to address them. These steps typically include discussion with the resident regarding the behavior to achieve agreement. Staff abide by clearly defined protocol in these situations, to minimize risk to the resident or others at the CSU.

- **Target Population:**
 - Adult residents of Cuyahoga County who have been assessed and determined to need residential crisis intervention services in response to a mental health crisis.
- **Anticipated Number of Clients to be Served:** 400
- **Number of Staff Required to Implement Program:** 17
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - The staffing schedule at CSU is monitored daily by the Program Manager. FrontLine maintains a robust PRN staffing list that allows us to fill shifts when staff use paid time off.
- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - Mental Health Residential Treatment
 - Community and Crisis Residential Services
 - Trauma Informed Care Treatment, Recovery and Prevention Services
 - Harm reduction efforts and strategies
 - 24 Hours/Seven Days
- **Program Goals:**
 - Clients successfully complete their treatment at the CSU
 - Clients are satisfied with the services they receive at the CSU
 - Clients are successfully linked to a service provider when they leave the CSU
- **Program Metrics:**
 - 80% of client admitted to the CSU complete their treatment as determined by the CSU Treatment Team
 - 90% of clients admitted to the CSU report that they were satisfied with their services at the CSU on an anonymous satisfaction survey
 - 80% of clients who are discharged from the CSU are linked to an ongoing provider

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 300
 - **ADAMHS Funded Unduplicated Clients Served:** 107
 - **Total Number of Clients Served:** 107
 - **Total Number of Clients that Completed this Program/Service:** 92
- **Average Cost Per Client:** \$5,561
- **Additional Information:**

CY22 Program Highlights and Outcomes

- The CSU provides holistic crisis mental health services through a multi-disciplinary team of mental health professionals including psychiatrists, nurses, social workers, licensed Crisis Intervention specialists and Peer Support Specialists. The CSU utilizes a strength-based and trauma-informed care approach to treatment that emphasizes the rights of individuals to receive services that are tailored to their mental health needs and promotes a unique journey to recovery. The CSU services are accredited by CARF.

CY20 Provider Outcomes:

- Highlights:

- **Number of Clients that were Anticipated to be Served:** 600
- **Total Number of Clients that were Served:** 263
- **Total Number of Clients that Completed this Program/Service:** 263

- Goals Met:

- Except for the lower than expected number of clients served in the program during 2020, the Crisis Stabilization Unit once again exceeded expectations on all client satisfaction metrics and on the percentage of clients who were successful linked to an ongoing provider upon discharge.

- Metrics Used to Determine Success:

- At least 90% of clients report on an anonymous satisfaction survey at discharge that they were treated with dignity and respect by CSU staff. At least 80% of clients report on an anonymous satisfaction survey at discharge that they had an increase in hope for their future. Individuals who have co-occurring substance use issues and mental health issues, at least 75% report that they received support from staff in regard to both issues. At least 80% of individuals admitted to the CSU are connected to outpatient provider upon discharge.

- Program Successes:

- 94% of clients reported being treated with dignity and respect while at the CSU. 93% of clients reported an increase in their hope for their future while at the CSU. 95% of individuals with co-occurring disorders reported that they received support from staff in regard to both issues while at the CSU. 82% of clients admitted to the CSU were connected to outpatient providers upon discharge.

- Average Cost Per Client in CY20: \$4,525

- Additional Information:

- The CSU provides holistic crisis mental health services through a multi-disciplinary team of mental health professionals including psychiatrists, nurses, social workers and crisis specialists. The CSU utilizes a strength-based and trauma-informed care approach to treatment that emphasizes the rights of individuals to receive services that are tailored to their mental health needs and promotes a unique journey to recovery. The CSU services are accredited by CARF.

CY22 Program Highlights and Outcomes

Roberto Flores Residential Treatment Program

The essential elements are integrated substance use and mental health treatment services for high-risk individuals. The average length of stay is six months, but the length of the program can vary from 90 days to 12 months, depending on an individual's treatment needs and goals. Flores is the only specialized dual-diagnosis residential treatment program for housing unstable adults with severe mental illness in Cuyahoga County. Flores' programming is unique, in that individuals receive long-term, evidence-based, integrated treatment services in a safe, supportive and home-like environment that fosters the recovery process. Community integration and a strong sober support network are key components of successful maintenance of sobriety after program completion.

- **Target Population:**
 - Low-income, dually diagnosed adults (18+ years) living in Cuyahoga County who have a co-morbid severe mental illness and substance use disorder
- **Anticipated Number of Clients to be Served: 20**
- **Number of Staff Required to Implement Program: 11**
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - FrontLine has experienced workforce challenges since the beginning of the pandemic that left the agency with several life skills vacancies that have been difficult to fill, and despite those challenges, the agency continued to provide 24-hours per day, 7-days per week care to residents by leveraging existing staff within the agency who covered the open shifts. FrontLine has taken additional recruitment and retention efforts within the organization to stabilize and maximize employment and increased salaries of client facing staff, expanded recruitment strategies (ex. postcards and emails sent to everyone in Ohio who has a license, working closely with Indeed on verbiage in advertisements, and highlighting open positions in social media) and have been conducting exit and stay surveys with staff.
- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - Mental Health Residential Treatment
 - Community and Crisis Residential Services
 - Trauma Informed Care Treatment, Recovery and Prevention Services
 - Harm reduction efforts and strategies
 - Recovery and Treatment Services for Specialized Populations
 - 24 Hours/7 Days Access
- **Program Goals:**
 - Program participants will experience a decrease in distress caused by psychiatric symptoms over the course of program participation.
 - Program participants will experience individual improvement in protective and risk factor scores related to their substance use.
 - Successful graduation rates from the program

CY22 Program Highlights and Outcomes

- **Program Metrics:**

- Individual improvement in the symptom distress score on the Ohio Scales over the course of treatment
- Individual improvement in Brief Addiction Monitor (BAM) protective and risk factor scores over the course of treatment
- 40% of program participants will successfully graduate

First Six Months of CY21 Provider Outcomes:

- **Highlights:**

- **Number of Clients that were Anticipated to be Served: 20**
- **ADAMHS Funded Unduplicated Clients Served: 12**
- **Total Number of Clients Served: 12**
- **Total Number of Clients that Completed this Program/Service: 5**

- **Average Cost Per Client:** \$7,083

- **Additional Information:**

- Flores is a dual-diagnosis treatment program with an average length of stay of six to nine months. Residents receive intensive outpatient substance abuse treatment, and individual and group mental health counseling. Participants learn life skills to support independent living and achievement of their individual goals related to employment, mental health, substance use, relationships, etc.

CY20 Provider Outcomes

- **Highlights:**

- **Number of Clients that were Anticipated to be Served: 25**
- **Total Number of Clients that were Served: 20**
- **Total Number of Clients that Completed this Program/Service: 6**

- **Goals Met:**

- While Flores did not achieve the goal of a 40% successful graduation rate, 30% of program participants were able to successfully complete treatment at Flores despite the challenges of 2020. While individual scores varied, most program participants increased their protective factors and decreased their risk and symptom distress scores upon program exit.

- **Metrics Used to Determine Success:**

- Individual improvement in protective factors and reduction in risk factors and use, as measured by on the Brief Addiction Monitor assessment throughout the treatment process. Individual improvement in symptom distress scores, as measured by Ohio Scales scores over time. 40% successful program completion rate.

- **Program Successes:**

- The majority of program participants increased their protective factors and decreased their risk and symptom distress scores at program exit.

CY22 Program Highlights and Outcomes

- **Average Cost Per Client in CY20:** \$8,500
- **Additional Information:**
 - Flores is a dual-diagnosis treatment program with an average length of stay of six to nine months. Residents receive intensive outpatient substance abuse treatment, and individual and group mental health counseling. Participants learn life skills to support independent living and achievement of their individual goals related to employment, mental health, substance use, relationships, etc.

Safe Haven

Using the Clubhouse Model of Psychosocial Rehabilitation, participants and staff work side-by-side, promoting the development of social and functional skills that support recovery and independent living, such as cleaning, cooking, shopping and self-care. Through this environment of support, acceptance, and commitment, individuals can begin to experience their own strengths and successes, as they contribute to their own care, as well as care of others through meals, chores and household activities. In addition to supporting the development of life skills, staff support residents to participate in psychiatry and nursing appointments, case management, physical health appointments, and groups. Staff use evidence-based approaches to provide all services, including trauma informed care, harm reduction, and motivational interviewing.

- **Target Population:**
 - Adults struggling with homelessness and living with severe mental illness.
- **Anticipated Number of Clients to be Served:** 8
- **Number of Staff Required to Implement Program:** 6
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - As with many other companies, FrontLine has experienced recruitment challenges since the beginning of the pandemic, leaving vacancies. Despite these challenges, the agency has continued to provide care to clients by leveraging other existing FrontLine staff within the agency. Additional recruitment and retention efforts within the organization have been made to stabilize and maximize employment such as: increased salaries of client facing staff, expanded recruitment strategies (ex. postcards and emails sent to everyone in Ohio who has a license, working closely with Indeed on verbiage in advertisements, and highlighting open positions in social media) and have been conducting exit and stay surveys with staff.
- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - High Quality Housing
 - Mental Health Residential Treatment
 - Community and Crisis Residential Services
 - Trauma Informed Care Treatment, Recovery and Prevention Services
 - Harm reduction efforts and strategies

CY22 Program Highlights and Outcomes

- **Program Goals:**
 - Program participants will reduce the total number of psychiatric ER visits/inpatient psychiatric admissions over the course of program participation
 - Program participants will experience an improvement in the distress they experience from psychiatric symptoms over the course of program participation
 - Program participants will have fewer arrests and incarcerations over the course of program participation
- **Program Metrics:**
 - 95% decrease in psychiatric ER and inpatient admissions for individual participants from admission through discharge
 - Individual improvement in symptom distress scores on the Ohio Scales over the course of program participation
 - 10% reduction in legal recidivism over course of program participation

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served: 9**
 - **ADAMHS Funded Unduplicated Clients Served: 7**
 - **Total Number of Clients Served: 7**
 - **Total Number of Clients that Completed this Program/Service: 0**
- **Average Cost Per Client:** \$17,857
- **Additional Information:**
 - Unable to live in more independent settings, Safe Haven residents would either be homeless, incarcerated or hospitalized for long periods of time at great cost to the individuals and community. Using the Clubhouse Model of Psychosocial Rehabilitation, participants and staff work side-by-side to promote the development of social and functional skills that support recovery and independent living, such as cleaning, cooking, shopping, and self-care. In addition to learning life skills, residents participate in nursing appointments, individual psychotherapy, case management and groups. Services are delivered using evidence-based approaches, including trauma informed care, harm reduction, and Motivational Interviewing.

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served: 8**
 - **Total Number of Clients that were Served: 8**
 - **Total Number of Clients that Completed this Program/Service: 0**
- **Goals Met:**
 - 100% of program goals were achieved despite the challenges experienced in 2020.

CY22 Program Highlights and Outcomes

- **Metrics Used to Determine Success:**
 - Number of psychiatric ER visits/inpatient admissions during program participation, Individual improvement in symptom distress scores on the Ohio Scales, as determined through utilization of this instrument.
- **Program Successes:**
 - 100% of Safe Haven residents achieved the goal of no psychiatric hospitalizations or psychiatric ED visits during 2020, which speaks to the efficacy of the clinical services and therapeutic milieu of the program. At the end of 2020, five of seven (71%) of program participants reported no change or a decrease in their symptom distress score on the Ohio Scales instrument (one participant refuses to complete the instrument). Given the number of stressors during 2020, it is significant that participants were able to recognize a decrease in their psychiatric symptoms.
- **Average Cost Per Client in CY20:** \$31,250
- **Additional Information:**
 - Unable to live in more independent settings, Safe Haven residents would either be homeless, incarcerated or hospitalized for long periods of time at great cost to the individuals and community. Using the Clubhouse Model of Psychosocial Rehabilitation, participants and staff work side-by-side to promote the development of social and functional skills that support recovery and independent living, such as cleaning, cooking, shopping, and self-care. In addition to learning life skills, residents participate in nursing appointments, individual psychotherapy, case management and groups. Services are delivered using evidence-based approaches, including trauma informed care, harm reduction, and Motivational Interviewing.

Adult Mobile Crisis Team (AMCT)/Adult Crisis Services

The main goal of the Crisis Team is to listen and identify how to help each person in crisis regain a sense of control. AMCT responds to incoming calls on the Crisis Hotline and completes face-to-face assessments for those in crisis. FrontLine provides information about behavioral health issues, suicide risk assessment and prevention and connection to community resources and services. Staff help each caller identify the factors contributing to their distress and make recommendations about the most effective service options and/or resources to reduce or resolve the crisis. Then to reduce the possibility of future crises, staff assists in connecting each person to ongoing community-based resources and supports.

- **Target Population:**
 - Adults living in Cuyahoga County who are seeking information or assistance with behavioral health issues or a crisis, either for themselves or another individual
- **Anticipated Number of Clients to be Served:** 16,000
- **Number of Staff Required to Implement Program:** 30
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - During periods of low staffing, due to having open positions or call-offs on a given day, the staff always prioritizes answering incoming calls to the hotline and completing crisis assessments based on the number of staff available. If there is not enough staff to assess and a client's clinical needs are of an urgent nature, staff refers the person to an

CY22 Program Highlights and Outcomes

emergency department. If the client's need is not urgent, staff would complete the assessment when available.

- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - Community and Crisis Residential Services
 - Care Responder Teams
 - Trauma Informed Care Treatment, Recovery and Prevention Services
 - 24 Hours/Seven Days Access
- **Program Goals:**
 - To answer incoming calls on the hotline as quickly as possible.
 - To respond as quickly as possible to requests for a face-to-face Crisis Assessment.
 - Following a Crisis Assessment, divert individuals to the least restrictive treatment option.
- **Program Metrics:**
 - The Crisis Team staff will answer 95% of incoming calls to the Crisis Hotline within 60 seconds or less.
 - Face-to-face Crisis Assessments should be initiated, on average, within three hours of the time the assessment was requested.
 - The Crisis Team staff will divert 50% of individuals assessed in the emergency department away from hospitalization to a more appropriate level of care.

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 15,000
 - **ADAMHS Funded Unduplicated Clients Served:** 7,915
 - **Total Number of Clients Served:** 7,915
 - **Total Number of Clients that Completed this Program/Service:** 7,874
- **Average Cost Per Client:** \$130
- **Additional Information:**
 - The Adult Mobile Crisis Team completed 531 crisis assessments during this six-month period and attempted to complete an additional 111 assessments that were not completed because the individual was either not available or refused services when the team arrived. Engaging resistant individuals who are experiencing a crisis, is one of the agency's greatest challenges and one of its greatest rewards when successful. This further demonstrates why the mobile crisis teams is so critically important. All crisis services are CARF accredited, certified by the American Association of Suicidology as well as the National Suicide Prevention Lifeline, allowing the agency to accept calls made to the National Lifeline.

CY22 Program Highlights and Outcomes

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 15,000
 - **Total Number of Clients that were Served:** 15,425
 - **Total Number of Clients that Completed this Program/Service:** 15,425
- **Goals Met:**
 - The Mobile Crisis Team answered more calls than anticipated, mostly due to the pandemic. However, MCT completed fewer crisis assessments than expected, also mostly due to the pandemic. Call Answer Rate and Time to Complete an Assessment exceeded goals. Hospital Diversion rate was 3.4% lower than expected.
- **Metrics Used to Determine Success:**
 - Answer 95% of crisis hotline calls within 30 seconds. Face-to-face assessments, when needed, should be completed within three hours. Mobile crisis team will divert 50% of individuals assessed in the emergency department to a more appropriate level of care.
- **Program Successes:**
 - 97.6% of crisis hotline calls within 30 seconds. Face-to-face assessments were completed within 2.8 hours. Mobile crisis team diverted 46.6% of individuals assessed in the emergency department to a more appropriate level of care.
- **Average Cost Per Client in CY20:** \$134
- **Additional Information:**
 - The Adult Mobile Crisis Team completed 1,208 crisis assessments and attempted to complete an additional 239 assessments that were not completed because the individual was either not available or refused services when the team arrived. Engaging resistant individuals who are experiencing a crisis, is one of the agency's greatest challenges and one of its greatest rewards when successful. This is why the mobile crisis teams are one of the most valuable crisis services offered. All crisis services are CARF accredited, certified by the American Association of Suicidology as well as the National Suicide Prevention Lifeline, allowing the agency to accept calls made to the National Lifeline.

Prison Linkage Program

Essential elements of Prison Release are screening of individual's behavioral health needs, client engagement, and coordination with prison and behavioral health provider. Risk factors are the potential capacity issues of behavioral health providers, necessitating FrontLine's continued advocacy and assessment of Cuyahoga County agency's ability to receive clients and commitment to securing one. An additional risk factor is that as time goes on, the likelihood of an individual keeping their appointment decreases. For this reason, FrontLine works assertively to obtain an appointment within three days of release.

- **Target Population:**
 - Adults who are in prison, have been determined to need (or are receiving) behavioral health treatment and are being released to Cuyahoga County.
- **Anticipated Number of Clients to be Served:** 400

CY22 Program Highlights and Outcomes

- **Number of Staff Required to Implement Program: 1**
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - The Prison Linkage Program has experienced no difficulties in staff vacancies over the past several years. To ensure that there continues to be no gap in the provision of these services, several other FrontLine staff have been trained in the provision of these services. They are able to fill in when there is an absence due to illness or vacation.
- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - Care Responder Teams
 - Recovery and Treatment Services to Specialized Populations
- **Program Goals:**
 - Clients being released from prison back to Cuyahoga County are given an appointment with an on-going behavioral health (BH) provider prior to their release from prison
 - The BH appointment that the clients receive are scheduled within 72 of their arrival in Cuyahoga County
 - Clients successfully link to a provider once they have returned to Cuyahoga County
- **Program Metrics:**
 - 100% of individuals referred to the program are given a linkage appointment
 - 80% of the BH appointments are scheduled within 72 of the client's arrival in Cuyahoga County
 - Confirmed that 65% of individuals ultimately linked with the BH agency to which they were referred

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 400
 - **ADAMHS Funded Unduplicated Clients Served:** 190
 - **Total Number of Clients Served:** 190
 - **Total Number of Clients that Completed this Program/Service:** 190
- **Average Cost Per Client:** \$167
- **Additional Information:**
 - Assist each person with a behavioral health treatment need who is returning to Cuyahoga County from prison with an appointment with an ongoing treatment provider, confirming that the person has kept their appointment. Being released from prison can be a vulnerable time for those with behavioral health issues. The barriers facing the re-entry community have been well-documented and include limited financial support, employment challenges, increased risk for homelessness, and re-incarceration. Prison linkage clients are now frequently released with Medicaid benefits, which has proven helpful to reintegration, especially for individuals with behavior health issues.

CY22 Program Highlights and Outcomes

CY20 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 400
 - **Total Number of Clients that were Served:** 484
 - **Total Number of Clients that Completed this Program/Service:** 484
- **Goals Met:**
 - FrontLine was able to provide individuals returning to Cuyahoga County with an appointment with an on-going provider 100% of the time. However, the agency was only able to confirm that about 60% of these individuals kept their appointment. This is short of the 75% goal.
- **Metrics Used to Determine Success:**
 - 100% of individuals referred to the program are given a linkage appointment. Confirmed that 75% of individuals kept their appointment with the agency to which they were referred.
- **Program Successes:**
 - FrontLine was able to provide a linkage appointment to 100% of the individuals referred to the program. The agency confirmed that 60% of individuals kept their appointment with the agency to which they were referred.
- **Average Cost Per Client in CY20:** \$131
- **Additional Information:**
 - Assist each person with a behavioral health treatment need who is returning to Cuyahoga County from prison with an appointment with an ongoing treatment provider. Confirm that the person has kept their appointment. Being released from prison can be a vulnerable time for those with behavioral health issues. The barriers facing the re-entry community have been well-documented and include limited financial support, employment challenges, increased risk for homelessness, and re-incarceration. Prison linkage clients are released with Medicaid benefits, which has proven helpful to reintegration, especially for individuals with behavior health issues.

Outreach Program (AOD)

Essential elements of AOD Outreach include, but are not limited to, engaging individuals, linkage to primary care providers, linkage to ongoing mental health and substance use treatment, entitlements, and counseling services. A risk factor is that at any time an individual can decide not to receive services. For this reason, staff continue to focus on building the relationship with the client, providing encouragement and support. If a client disengages from services, staff re-initiate the engagement process after an appropriate period of time.

- **Target Population:**
 - Individuals who are struggling with primary substance use issues and homelessness that have historically been resistant to treatment, including individuals that are currently residing in an emergency shelter who have substance use issues
- **Anticipated Number of Clients to be Served:** 75

CY22 Program Highlights and Outcomes

- **Number of Staff Required to Implement Program: 2**
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - FrontLine recognizes the seriousness of challenges associated with vacancies in a program focused on individuals who are homeless and struggling with addictions. In the past six months, the agency focused on filling vacancies for the PATH outreach program, so as not to jeopardize funding from the State of Ohio. PATH is now fully staffed and attention have been turned to AOD Outreach; updates will be provided to the ADAMHS Board.
- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - Trauma Informed Care Treatment, Recovery and Prevention Services
 - Harm reduction efforts and strategies
 - Transportation
- **Program Goals:**
 - Program staff will conduct outreach efforts to identify homeless individuals in need of AOD services and support them in engaging in treatment
 - Program staff will help to identify those who might benefit from medication management of behavioral health symptoms and help them to engage in medication somatic services
 - Program staff will work to link those engaged to primary care services
 - Program staff will assist those with an identified need to receive and participate in counseling services
- **Program Metrics:**
 - 25% of outreached individuals will agree to go into treatment
 - 35% will agree to participate in medication somatic services
 - 35% will be linked to a primary care services
 - 10% of participants will receive counseling services

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served: 100**
 - **ADAMHS Funded Unduplicated Clients Served: 22**
 - **Total Number of Clients Served: 22**
 - **Total Number of Clients that Completed this Program/Service: 22**
- **Average Cost Per Client:** \$1,705
- **Additional Information:**
 - Recruiting has been a challenge in light of the pandemic. Clients have proven difficult to engage in light of community conditions and pandemic restrictions.

CY22 Program Highlights and Outcomes

CY20 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 100
 - **Total Number of Clients that were Served:** 76
 - **Total Number of Clients that Completed this Program/Service:** 76
- **Goals Met:**
 - The goals of outreaching and referring/linking to services of AOD treatment, primary care, mental health medications, counseling and entitlements were met in four out of five areas.
- **Metrics Used to Determine Success:**
 - Contact and enroll 100 clients; enroll 25% in AOD treatment; enroll 35% in primary care; refer 35% for mental health medications; enroll 10% in counseling; enroll 40% in entitlements.
- **Program Successes:**
 - 32% were enrolled in AOD treatment; 35% were enrolled in primary care; 10% obtained mental health medications; 47% obtained counseling; 1005 obtained some entitlements.
- **Average Cost Per Client in CY20:** \$987
- **Additional Information:**
 - N/A

Child Response Team/Children Crisis Services

The Child Response Team screens and assesses children/adolescents to identify risks, challenges, needs, strengths and then provides services necessary to engage child and legal caregiver in efforts designed to stabilize the crisis. Linkage to least restrictive environment to address behavioral health crisis and assist child/adolescent in regaining a sense of control is provided as well as additional resources to reduce reoccurrence of behavioral health crisis. The services are provided 24-hours per day, 7-days per week.

- **Target Population:**
 - Children, adolescents and their families in Cuyahoga County who are experiencing an emotional or behavioral health crisis
- **Anticipated Number of Clients to be Served:** 1,850
- **Number of Staff Required to Implement Program:** 5
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - The Child Response Team has two main functions: respond to incoming calls on the Crisis Hotline and complete face-to-face assessments for individuals in crisis. During periods of low staffing, due to having open positions or call-offs on a given day, the agency always prioritizes answering incoming calls to the hotline. Staff then completes crisis assessments based on the number of staff available. If there is not enough staff to assess and a client's clinical needs were of an urgent nature, staff refers the person to an Emergency Department. If it wasn't an urgent need, staff completes the assessment when available.

CY22 Program Highlights and Outcomes

- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - Care Responder Teams
 - Trauma Informed Care Treatment, Recovery and Prevention Services
 - Wrap-around Behavioral Health Services for Youth
 - Recovery and Treatment Services to Specialized Populations
 - 24 Hours/ 7 Day Access
- **Program Goals:**
 - Answer incoming calls to the hotline regarding children/adolescents as quickly as possible
 - Respond as quickly as possible to requests for a child/adolescent face-to-face Crisis Assessment
 - Following a Crisis Assessment of a child/adolescent, assure that they are linked to a provider for on-going services
- **Program Metrics:**
 - 95% of incoming calls to the Crisis Hotline about children/adolescents are answered within 60 seconds or less
 - Face-to-face Crisis Assessments should be initiated, on average, within three hours of the time the assessment was requested
 - Following a face-to-face Crisis Assessment, 80% of clients will be linked to a provider or relinked to their current provider

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 2,000
 - **ADAMHS Funded Unduplicated Clients Served:** 851
 - **Total Number of Clients Served:** 851
 - **Total Number of Clients that Completed this Program/Service:** 848
- **Average Cost Per Client:** \$236
- **Additional Information:**
 - All crisis services are CARF accredited, certified by the American Association of Suicidology as well as the National Suicide Prevention Lifeline, allowing the agency to accept calls made to the National Lifeline.

CY20 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 2,000
 - **Total Number of Clients that were Served:** 1,650
 - **Total Number of Clients that Completed this Program/Service:** 1,650

CY22 Program Highlights and Outcomes

- **Goals Met:**
 - FrontLine received only 82.5% of the calls it expected to receive in 2020 (1,650 of 2,000) but completed 99% of the assessments expected to complete (397 of 400). Staff believes the pandemic caused a reduction in calls for crisis services for children/adults but was still able to assess individuals that needed a crisis assessment.
- **Metrics Used to Determine Success:**
 - Respond to 2,000 calls to the Crisis Hotline regarding children/adolescents and complete 400 Crisis Assessments for those determined to be in crisis. Crisis Assessment will be completed within three hours of the request when appropriate. Following a face-to-face Crisis Assessment, 80% of clients will be linked to a provider or relinked to their current provider.
- **Program Successes:**
 - FrontLine received 1,650 of the expected 2,000 calls (82.5%) and completed 397 (99.2%) of the expected 400 Crisis Assessments. The agency completed 85% of the community-based Crisis Assessments within three hours. FrontLine was able to confirm linkage to an ongoing provider for 89% of the children/adolescents who received a Crisis Assessment.
- **Average Cost Per Client in CY20:** \$244
- **Additional Information:**
 - All Crisis Services are accredited by CARF and certified by the American Association of Suicidology as well as the National Suicide Prevention Lifeline, which allows us to accept calls from the National Suicide Lifeline.

Traumatic Loss Response Team

FrontLine Service's Traumatic Loss Response Team (TLRT) provides trauma-informed crisis services for children and families impacted by violence. TLRT addresses the significant emergent physical, emotional, and psychological needs of the victimized family members, providing immediate crisis stabilization, traumatic loss education and counseling, trauma symptom reduction strategies, linkage to community resources, mental health assessment and linkage to counseling, justice system navigation, estate resolution, support for custody needs, and ongoing support to reduce the negative impact and outcomes of the violent death of a loved one. The team coordinates with the Department of Children and Family Services, assists in enrolling victims' children in school, and helps the families apply for SSI, healthcare benefits, and access to safe, enriching childcare. TLRT also educates co-victims on Victims of Crime Compensation and assists with the gathering of needed documents to complete the application. Staff assist victims to obtain birth certificates, death certificates, employment records, and social security numbers. The families of homicide victims need significant external support to recover and nurture each other, and to participate in their community once again. The purpose of the TLRT program is to help co-victims navigate the complex systems and experiences they encounter because of the death of their loved ones, which may include legal, probate, child welfare access resources and benefits, and provide mental health services and trauma recovery. The essential elements of the program are as follows: TLRT staff are on call 24-hours per day, 7-days per week, to respond to referrals made to the 24-hour hotline and respond in-person wherever the co-victims are located; TLRT services are available to immediate family members or witnesses, regardless of age; experienced and licensed mental health professionals serve a myriad of additional needs that are unique to crisis and the event of homicide, such as safety planning and psychological first aid; early intervention serves to assure that co-

CY22 Program Highlights and Outcomes

victims are aware of their rights, benefits, and resources they are eligible for, and access to expertise in coping with unimaginable traumatic grief; immediate, free, confidential, home-based intervention is provided to address the impact of trauma and grief on co-victims and provides practical assistance to the victim's families or witnesses of a homicide or other traumatic loss. These services include funeral planning, advocacy with medical examiner's office, liaison with homicide detectives, completing victim's compensation applications, safety planning, crisis intervention and counseling services. Linkage and referral to any necessary ongoing service is provided. During each home visit, the Trauma Therapist assesses the family for safety, acute trauma reactions, and suicidal or homicidal ideation, and takes appropriate action as directed by their supervisor.

- **Target Population:**

- The target population of the Traumatic Loss Response Team (TLRT) is anyone in Cuyahoga County who has experienced a sudden and traumatic loss. Typically, TLRT services are provided to the survivors/co-victims of a homicide, although TLRT has also responded to scenes of death due to overdose or suicide.

- **Anticipated Number of Clients to be Served: 500**

- **Number of Staff Required to Implement Program: 6**

- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**

- Fortunately, the Traumatic Loss Response Team has a history of maintaining its full level of staff for the past several years. It appears that staff members who worked in this program are called to do this work. However, during periods of low staffing, due to having open positions or call-offs on a given day, the Program Managers in all Trauma Programs fill in as direct service workers to make sure the services needed are delivered.

- **Funding Priority:**

- Culturally Appropriate and Evidence-based Diverse Services
- Care Responder Teams
- Trauma Informed Care Treatment, Recovery and Prevention Services

- **Program Goals:**

- To reduce the traumatic impact of losing a loved one to homicide
- To increase resiliency and coping skills for those who have suffered a traumatic loss by prompt response to individuals following an incident
- To link those in need of services to on-going service provider

- **Program Metrics:**

- The TLRT staff will attempt to contact family members within 24-hours of receiving a referral for 100% of those referred to provide initial crisis intervention services
- Provide face-to-face visits with families for 75% within 72-hours of the referral (for those who agree to this service)
- The TLRT staff will successfully engage families in services offered by the TLRT program and link those in need to ongoing services for 85% of the referrals

CY22 Program Highlights and Outcomes

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 500
 - **ADAMHS Funded Unduplicated Clients Served:** 265
 - **Total Number of Clients Served:** 265
 - **Total Number of Clients that Completed this Program/Service:** 265
- **Average Cost Per Client:** \$275
- **Additional Information:**
 - The TLRT is composed of Master's level clinicians who respond to calls from the Cleveland Division of Police Homicide Unit within 24-hours. This is the only program providing outreach and support services to the survivors of these traumatic losses.

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 500
 - **Total Number of Clients that were Served:** 468
 - **Total Number of Clients that Completed this Program/Service:** 331
- **Goals Met:**
 - The TLRT Program exceeded expectations on contacting families within 24-hours of the referral and linking families to needed services. They fell a little short in their goal of making face-to-face contact with 75% of the families within 24-hours.
- **Metrics Used to Determine Success:**
 - 95% - staff will make attempt to contact family members within 24-hours of receiving a referral
 - 75% - staff will make face-to-face visits with families within 72-hours of the referral
 - 85% - staff will successfully engage families in services offered by the TLRT program
- **Program Successes:**
 - 100% - staff will make attempt to contact family members within 24-hours of receiving a referral
 - 70% - staff will make face-to-face visits with families within 72 hours of the referral
 - 95% - staff will successfully engage families in services offered by the TLRT program
- **Average Cost Per Client in CY20:** \$312
- **Additional Information:**
 - The TLRT is composed of master's level clinicians who respond to calls from the Cleveland Division of Police Homicide Unit within 24-hours. This is the only program providing outreach and support services to the survivors of these traumatic losses.

CY22 Program Highlights and Outcomes

Crisis Chat

Crisis Chat Program allows FrontLine to connect with a different (frequently younger) population than the crisis hotline. Experience has proven that it is often easier to engage with the individual who is chatting, as there is an increased sense of anonymity through chat. Crisis chats last two to three times longer than the average hotline phone call. They also typically cover more intense subject matters, such as thoughts of suicide, than the phone calls on the hotline. This enables Crisis Chat workers to spend more time with the individual exploring the issue(s) that they present and potential means of resolution.

- **Target Population:**
 - Individuals of all ages experiencing distress but are reticent to reach out for help through a phone call
- **Anticipated Number of Clients to be Served:** 1,000
- **Number of Staff Required to Implement Program:** 2
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - The staffing schedule for the Crisis Chat program is monitored daily by the Program Manager. Because the individuals providing this service are currently working part-time, each can increase their hours if the other person is absent for a period of time.
- **Funding Priority:**
 - Care Responder Teams
 - Trauma Informed Care Treatment, Recovery and Prevention Services
- **Program Goals:**
 - Clients feel that the chat experience was helpful to them
 - Clients feel that the crisis chat staff was concerned about them
 - Clients feel better at the end of the chat compared to the beginning of the chat
- **Program Metrics:**
 - 80% of those who completed the post-chat survey report that the chat was helpful, as measured by the pre- and post-chat survey embedded in the Crisis Chat platform
 - 80% felt that the chat counselor was concerned about them, as measured by the pre- and post-chat survey embedded in the Crisis Chat platform
 - 80% felt better after the chat, as measured by the pre- and post-chat survey embedded in the Crisis Chat platform

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 1,000
 - **ADAMHS Funded Unduplicated Clients Served:** 490
 - **Total Number of Clients Served:** 490
 - **Total Number of Clients that Completed this Program/Service:** 490
- **Average Cost Per Client:** \$81

CY22 Program Highlights and Outcomes

- **Additional Information:**

- Chat is a valuable way to reach individuals in distress, especially younger demographic who prefer not to call. Crisis Chat services frequently deal with suicidal individuals; however, a multitude of mental health concerns are addressed through this service including anxiety, relationship concerns and concerns for the LGBTQ community. Chat service differs from phone conversations in several ways. Chats may cover more intense subject matter due to anonymity. Chats last longer than calls. Chats reach populations that are hesitant to call.

CY20 Provider Outcomes

- **Highlights:**

- **Number of Clients that were Anticipated to be Served:** 1,500
- **Total Number of Clients that were Served:** 1,276
- **Total Number of Clients that Completed this Program/Service:** 1,276

- **Goals Met:**

- FrontLine expected to answer 1,500 text requests during 2020, but only answered 1,276 texts requests (85% of the expected total). However, the program exceeded goals of having more 80% of the people satisfied with the services provided through the Crisis Chat service.

- **Metrics Used to Determine Success:**

- FrontLine uses post-chat survey results to determine how helpful (successful) the chat services are to participants. Specifically, the agency expects that: 80% of individuals who completed the post-chat survey report that the chat was helpful; 80% felt that the chat counselor was concerned about them; and 80% felt better after the chat.

- **Program Successes:**

- The actual results of the post-chat survey for 2020 is as follows: 80% of those who completed the post-chat survey reported that the chat was helpful; 87% felt that the chat counselor was concerned about them; and 86% felt better after the chat.

- **Average Cost Per Client in CY20:** \$62

- **Additional Information:**

- Chat is a valuable way to reach individuals in distress, especially younger demographic who prefer not to call. Crisis Chat services frequently deal with suicidal individuals, however a multitude of mental health concerns are addressed through this service including anxiety, relationship concerns and concerns for the LGBTQ community. Chat service differs from phone conversations in a number of ways; chats may cover more intense subject matter due to anonymity, chats last longer than calls, chats reach populations that are hesitant to call.

CY22 Program Highlights and Outcomes

Treatment Services (Pooled Funding)

FrontLine will provide culturally appropriate and evidence-based services to individuals with SMI or COD who are experiencing or have experienced homelessness. Services are provided in the community through a combination of psychotherapy, Therapeutic Behavioral Services (TBS) and psychosocial rehabilitation. Staff build safe, trusting relationships with people whose SMI/COD symptoms impede their ability to interact with others, manage their mental health, and maintain their housing. Services focus on teaching, not doing, to increase self-sufficiency which is consistent with the Recovery Model. Psychosocial rehabilitation is comprised of individual face-to-face interventions for the purpose of rehabilitative skills building, the personal development of environmental and recovery supports considered essential in improving a person's functioning, learning skills to promote the person's self-access to necessary services and in creating environments that promote recovery and support the emotional and functional improvement of the individual. FrontLine will also provide Community Residential Services, Trauma Informed Care, Recovery and Prevention Services, and Peer Support, 24-hours per day, 7-days per week through Assertive Community Treatment (ACT) Case Management. Through patient, supportive repetition, the team will empower the client to achieve steps toward wellness. The agency will also provide recovery and treatment services at the Roberto Flores Residential Treatment Program for dually diagnosed adults.

- **Target Population:**
 - FrontLine's Therapeutic Behavioral Services (TBS), Permanent Supportive Housing (PSH), and Assertive Community Treatment (ACT) programs serve adults (18+) who experience serious mental illness (SMI) or a co-occurring disorder (COD), and who have or are experiencing homelessness. Clients supported by the Roberto Flores Residential Treatment Program are dually diagnosed adults (18+ years) who have a severe mental illness and substance use disorder.
- **Anticipated Number of Clients to be Served: 50**
- **Number of Staff Required to Implement Program: 190**
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - FrontLine has experienced recruitment challenges since the beginning of the pandemic, leaving the agency with vacancies. Despite these challenges, FrontLine has continued to provide care to clients by leveraging other existing FrontLine staff within the agency.
- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - High Quality Housing
 - Mental Health Residential Treatment
 - Community and Crisis Residential Services
 - Care Responder Teams
 - Trauma Informed Care Treatment, Recovery and Prevention Services
 - Recovery and Treatment Services for Specialized Populations
 - 24 Hours/7 Days Access

CY22 Program Highlights and Outcomes

- **Program Goals:**
 - Increase mainstream benefits enrollment for clients
- **Program Metrics:**
 - For clients participating in agency services for 90 days, FrontLine will assist 80% of those clients in enrolling in mainstream benefits.

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** N/A
 - **ADAMHS Funded Unduplicated Clients Served:** N/A
 - **Total Number of Clients Served:** N/A
 - **Total Number of Clients that Completed this Program/Service:** N/A
- **Average Cost Per Client:** N/A
- **Additional Information:**
 - Treatment services provided through pooled funding to financially support the service provision in nine programs for individuals without insurance. Data is collected for each program's outcomes. Each of those programs identified desired outcomes and what was achieved.

CY20 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** N/A
 - **Total Number of Clients that were Served:** N/A
 - **Total Number of Clients that Completed this Program/Service:** N/A
- **Goals Met:**
 - N/A
- **Metrics Used to Determine Success:**
 - N/A
- **Program Successes:**
 - N/A
- **Average Cost Per Client in CY20:** N/A
- **Additional Information:**
 - Each of the programs that Treatment Services pooled funding were used in is currently being captured in the outcomes data for FrontLine's other programs. Each of those programs identified what their desired outcomes were, and then what they achieved. Those numbers included the individuals who received 'treatment services,' or pooled funding. The pooled funding was used to financially support the service provision in those nine programs for individuals without insurance.

Future Directions

CY2022 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2021 CONTRACT AMOUNT	2022 CONTRACT RECOMMENDATIONS	PRIORITY
Future Directions			
Peer Support	\$ 405,000	\$ 500,000	Peer Support
Total	\$ 405,000	\$ 500,000	

CY22 Program Highlights and Outcomes

Future Directions

Future Directions is a client operated drop-in-center that incorporates arts and crafts into the mental health recovery process.

Agency Internal Diversity, Equity and Inclusion Team and/or Policy:

This agency submitted information ensuring a Diversity, Equity and Inclusion policy, plan or team is in place or in progress.

The ADAMHS Board Funding supports the following initiative(s):

Future Directions Client Operated Services (COS) Peer Support

Peer Support in three different formats: peer-led groups, open room discussions while engaged in a craft project, and drop-in socialization.

- **Target Population:**
 - Adults 18 and over receiving mental health services in Cuyahoga County
- **Anticipated Number of Clients to be Served:** 200
- **Number of Staff Required to Implement Program:** 12
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - None are needed as the agency will continue to provide services as long as the CDC or the Governor of the State of Ohio orders otherwise (i.e. if new COVID-19 variants deem it necessary).
- **Funding Priority:**
 - Peer Support
- **Program Goals:**
 - Provide regular support and resources in a setting that members control themselves and that cultivates peer support, develops relationships, work and meaningful activities, and power and control, confronts stigma and encourages community involvement, and education to aid the recovery process.
 - Inform and educate other mental health providers of the new and improved site for services, especially case managers, who are the first line of communication with clients.
- **Program Metrics:**
 - Annual Member Satisfaction Surveys, Member Feedback, and Member Engagement and Retention
 - Number of postal missives and emails to different agencies

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 150
 - **ADAMHS Funded Unduplicated Clients Served:** 49

CY22 Program Highlights and Outcomes

- **Total Number of Clients Served:** 49
- **Total Number of Clients that Completed this Program/Service:** 0
- **Average Cost Per Client:** \$4,133
- **Additional Information:**
 - Future Directions is a State of Ohio certified Peer Run Organization, and a drop-in center that provides puzzles and games, in-house events, coloring books and other activities for relaxation and enjoyment while creating a friendly, sociable atmosphere where people can speak freely about their experiences or problems, learn from fellow clients, and offer peer support. The program includes an arts and crafts program and peer-led educational and support groups that allow members to talk about issues that are important to them, like social or coping skills. Members support others in learning while sharing personal talents, boost self-confidence for both the individual and the rest of the group, increase independence, and educate each other and the community.

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 150
 - **Total Number of Clients that were Served:** 110
 - **Total Number of Clients that Completed this Program/Service:** 46
- **Goals Met:**
 - The goal to provide support in a safe environment for adult mental health clients continued to work well, especially in this new facility. Future Directions' plans to inform other agencies of its improved program were put on hold due to COVID-19.
- **Metrics Used to Determine Success:**
 - Future Directions uses an annual peer satisfaction survey to measure success, which was not performed in 2020 because the center was closed. A small group of members utilized online groups; staff listened to their suggestions and have provided excellent feedback about that portion of the program on an almost weekly basis.
- **Program Successes:**
 - Attendance and membership started to improve in January and February, and then COVID-19 closed the organization for the remainder of the year. In April, online groups began via Go-to-Meeting and have been operating at minimum capacity since.
- **Average Cost Per Client in CY20:** \$3,682
- **Additional Information:**
 - When the doors closed, all but two employees were laid off. When the online groups started, three individuals were rehired. Future has been in contact with all of the former staff, giving updates and checking in with them. Several hope to return to work when able, and a few have found other paths. Additionally, numbers served includes 110 individuals that participated in a group run at the Crisis Unit, as well as the 46 members of the Painters in Recovery program run by Doug Rothschild and William Denihan.

Galilean Theological Center

CY2022 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2021 CONTRACT AMOUNT	2022 CONTRACT RECOMMENDATIONS	PRIORITY
Galilean Theological Center			
SUD Educational /Training Program for Latinx Clergy	\$ -	\$ 80,000	Prevention
Total	\$ -	\$ 80,000	

CY22 Program Highlights and Outcomes

Galilean Theological Center

Provides ministerial training and sound theological information to Hispanic/Latino church leaders who generally do not have access to traditional ministerial or theological information institutions due to language barriers, socio-economic status and/or formal educational level. The goal is for students to earn a graduate degree from Ashland Theological Seminary.

Agency Internal Diversity, Equity and Inclusion Team and/or Policy:

This agency submitted information ensuring a Diversity, Equity and Inclusion policy, plan or team is in place or in progress.

The ADAMHS Board Funding supports the following initiative(s):

[Galilean Theological Center \(GTC\) Substance Use Disorders Educational and Training Program for Latinx Clergy and Church Leaders](#)

GTC Substance Use Disorders Educational and Training Program for Latinx Clergy and Church Leaders will consist of two components: spiritual caregiving to help addicted persons and families; and Latinx clergy and church leaders will be trained and will meet requirements for certification as CDCA (preliminary level or Phase I) with the Ohio Chemical Dependency Professional Board. Planning, outreach, marketing and recruitment efforts will take place during the months of January and March.

- **Target Population:**
 - Latinx Clergy and Church Leaders
- **Anticipated Number of Clients to be Served: 40**
- **Number of Staff Required to Implement Program: 7**
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - GTC is affiliated the National Hispanic and Latino Addiction Technology Transfer Center (ATTC) Network. ATTC can be contracted as a back-up plan or if needed or when staff vacancies occur.
- **Funding Priority:**
 - Prevention and Early Intervention
- **Program Goals:**
 - 100% of component one participants will complete 21 classroom hours
 - Participants learn to recognize addiction
 - Participants learn pastoral care of addicted persons and families
 - Participants gain self-understanding and understanding of prevention strategies
 - Participants understand the role of the community in recovery from addiction
 - Participants meet the requirements to be certified as CDCA (Preliminary or Phase I) with Ohio Chemical Dependency Professional Board

CY22 Program Highlights and Outcomes

- **Program Metrics:**

- Attendance sheets and certificates

First Six Months of CY21 Provider Outcomes:

- **Highlights:**

- **Number of Clients that were Anticipated to be Served: 30**
- **ADAMHS Funded Unduplicated Clients Served: 38**
- **Total Number of Clients Served: 38**
- **Total Number of Clients that Completed this Program/Service: 35**

- **Average Cost Per Client:** \$914

- **Additional Information:**

- This has been a very successful year for the Galilean Theological Center. The agency has exceeded the number of clients to be served and recognized the need to continue to build infrastructure.
- The agency underestimated the cost for delivering this program and needs at least one additional staff member.

CY20 Provider Outcomes: N/A – Program began in CY21

Golden Ciphers

CY2022 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2021 CONTRACT AMOUNT	2022 CONTRACT RECOMMENDATIONS	PRIORITY
Golden Ciphers			
SUD Prevention	\$ 76,500	\$ 77,300	Prevention
Total	\$ 76,500	\$ 77,300	

CY22 Program Highlights and Outcomes

Golden Ciphers

Golden Ciphers provides school-based and community-based substance abuse prevention and life skills programming for youth.

Agency Internal Diversity, Equity and Inclusion Team and/or Policy:

This agency submitted information ensuring a Diversity, Equity and Inclusion policy, plan or team is in place or in progress.

The ADAMHS Board Funding supports the following initiative(s):

SUD Prevention

Primary curriculum for Black Butterflies and Young Men Emerge is Keepin it R.E.A.L. (Refuse Explain Avoid and Leave), an evidence-based scientifically proven curriculum. The essential elements of the Keepin it R.E.A.L. program is the 10-week interactive program that teaches skills that address drug prevention, violence prevention and self-esteem. The acronym stands for Refuse, Explain, Avoid and Leave, which is easy to remember and easy to implement in a variety of situations. Also uses Boy's Council and Girl's Circle for Rites of Passage programs. All programs address risk and protective factors.

- **Target Population:**
 - Junior Ciphers are ages five to 11; Black Butterflies, Young Men Emerge and Entrepreneurial and Employment Program are ages 12-18, and alumni are ages 18 and older
- **Anticipated Number of Clients to be Served:** 250
- **Number of Staff Required to Implement Program:** 3
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - Golden Ciphers staff is supported by interns from Cuyahoga Community College Human Service Department, Cleveland State Social Work Department and Bryant Stratton Human Services Department, Alumni and volunteers.
- **Funding Priority:**
 - Prevention and early intervention
- **Program Goals:**
 - Increasing protective factors for participants
 - Decreasing risk factors for participants
 - Participants will learn and be able to demonstrate refusal skills
 - Participants will be able to identify harmful effects from substance abuse
 - Participants will be able to demonstrate positive communication skills
- **Program Metrics:**
 - Utilizing the ACEs Screening Tool

CY22 Program Highlights and Outcomes

- Utilizing the pre- and post-tests of the Keepin it R.E.A.L. curriculum
- Utilizing the evaluation tool from Boys Council & Girls Circle

First Six Months of CY21 Provider Outcomes:

- Highlights:
 - **Number of Clients that were Anticipated to be Served:** 220
 - **ADAMHS Funded Unduplicated Clients Served:** 45
 - **Total Number of Clients Served:** 0
 - **Total Number of Clients that Completed this Program/Service:** 0
- Average Cost Per Client: \$142
- Additional Information:

CY20 Provider Outcomes:

- Highlights:
 - **Number of Clients that were Anticipated to be Served:** 660
 - **Total Number of Clients that were Served:** 765
 - **Total Number of Clients that Completed this Program/Service:** 115
- Goals Met:
 - Golden Ciphers provided prevention education to youth and their families at its headquarters and maintained relationships with community partners (CMSD, Juvenile Detention Center, Cuyahoga Hills). Staff continued communication with youth and families via social media, phone calls, drop off resources/PPE, and eventually small group sessions practicing social distancing.
- Metrics Used to Determine Success:
 - Pre- and post-tests, internal database for attendance, completion of community service hours, projects, and program, Program Evaluation and Program Satisfaction Survey.
- Program Successes:
 - Golden Ciphers served 131 youth ages 12 to 18, 115 of these successfully completed their program. Golden Ciphers engaged 12 parents for monthly meetings and stayed connected via phone or virtually throughout the year; these parents have made referrals to the organization. Based on the surveys, youth and parents report increase in identifying risk and protective factors in their lives and environments.
- Average Cost Per Client in CY20: \$100
- Additional Information:
 - Golden Ciphers is currently serving Patrick Henry K-8th grade this year by request.

Hispanic UMADAOP

CY2022 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2021 CONTRACT AMOUNT	2022 CONTRACT RECOMMENDATIONS	PRIORITY
Hispanic UMADAOP			
School Based Prevention	\$ 45,000	\$ 45,000	Prevention
After School Prevention	\$ 30,000	\$ 30,000	Prevention
Total	\$ 75,000	\$ 75,000	
Pooled Funding:			
Treatment Services	\$ -	\$ -	

CY22 Program Highlights and Outcomes

Hispanic UMADAOP

Hispanic Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP) provides prevention and residential and outpatient treatment specific to the Hispanic/Latino population. The agency's priority is to serve youth and adults who are experiencing behavioral health issues with a focus on opiate/heroin addictions in both the Hispanic/Latino community and the community at large.

Agency Internal Diversity, Equity and Inclusion Team and/or Policy:

The ADAMHS Board Funding supports the following initiative(s):

School Based Prevention and Afterschool Prevention

The Niños Program is a year-long bilingual school-based prevention program serving children K-8th grade that utilizes a Skills for Growing model. It provides 30-36 weekly lessons that engage youth in a social and emotional learning process.

Jovenes en Acción is a community-based recreation, substance use prevention and youth leadership program serving high school students and uses a five-step community service project process that guides youth in assessing, planning, taking action and sharing results of their service experiences.

- **Target Population:**
 - Elementary and middle school students
- **Anticipated Number of Clients to be Served:** 365
- **Number of Staff Required to Implement Program:** 3
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - There are two part-time employees who have completed in-house training on the curriculum and are ready to proceed. Staff is working on hiring an additional part-time position for this program.
- **Funding Priority:**
 - Prevention
- **Program Goals:**
 - The goal of these programs is to teach life skills that help children resist drugs and other influences that may be detrimental to their growth. The LionsQuest Skills curriculum (which spans elementary school through high school) helps children with forming their identity, and in particular, the "Mariposa" (or Butterfly) Program helps young females explore the cultural components of the transition from young girls to young women.
- **Program Metrics:**
 - LionsQuest Skills for Growing Project Model is composed of six developmental units: Positive Learning Community, Personal Development, Social Development, Health and Prevention, Leadership and Services, and Reflection and Closure. Students are provided a pre- and post-test.
 - The substance use prevention metric is: identify harmful effects of substance use. Students participate in the Health and Prevention unit, which exposes students to lessons

CY22 Program Highlights and Outcomes

that discuss healthy habits relating to alcohol, tobacco and other drugs; appropriate usage of prescription drugs; and their harmful impact upon the body. Students are provided a pre- and post-test.

First Six Months of CY21 Provider Outcomes: N/A (See Additional Information)

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 0
 - **ADAMHS Funded Unduplicated Clients Served:** 0
 - **Total Number of Clients Served:** 0
 - **Total Number of Clients that Completed this Program/Service:** 0
- **Average Cost Per Client:** N/A
- **Additional Information:**
 - Prevention staff implemented the Girls Circle-La Mariposa virtual after-school program at HUMADAOP Administration Building and Buhler Dual Language Academy. Prior to the school year, prevention staff held a Virtual Summer Camp which enrolled 25 girls and met twice per week. Summer family activities included: Drive-in Family Movie Night (32 youth/parent participants) and Family BINGO Night (21 youth/parent participants), which were held in the HUMADAOP administrative building parking lot.
 - Staff enrolled three mothers in the “Journaling with Mami” virtual weekly sessions.
 - In partnership with CareSource and Woodmen Life Insurance, prevention staff distributed Back-to-School Bags containing colorful masks, pencils, notebooks and other school supplies to 23 program participants.
 - Prevention staff kept families updated with pertinent and understandable information on COVID-19 and community resources via La Mariposa-HUMADAOP Facebook.
 - In the fall, CMSD operated on a remote learning format. School buildings faced virtual classroom logistical and access challenges not only for their regular students but also for out-of-school service providers. This negatively impacted outreach and recruitment program efforts. During the fall, there were a total of 20 participants. All participants demonstrated improvement in developing healthy interpersonal and social/emotional skills. Parents reported improved confidence, social skills with peers, bonding with siblings/parents, and school engagement.

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 340
 - **Total Number of Clients that were Served:** 190
 - **Total Number of Clients that Completed this Program/Service:** 35
- **Goals Met:**
 - During the pandemic, the Prevention Program Manager, Honey Bey-Bell, a Poet Laureate, reached girls in the Mariposa Program with virtual classes. She employed life skills by using art to address issues that challenged and changed their community and home

CY22 Program Highlights and Outcomes

environment. Most of HUMADAOP participants focused on CMSD at-home virtual classes and CMSD's Summer Learning Experience.

- **Metrics Used to Determine Success:**

- The substance use prevention metric is: identify harmful effects of substance use. Students participate in the Health and Prevention unit, which exposes students to lessons that discuss healthy habits relating to alcohol, tobacco and other drugs; appropriate usage of prescription drugs; and their harmful impact upon the body. Students are provided a pre- and post-test.

- **Program Successes:**

- Virtual Workshops (Spanish/English) on Safer at Home - Cleveland Clinic COVID-19 Guide
- Virtual Town Hall (Spanish) on YRBS, Adolescent Depression, Treatment and Family Engagement
- Conducted four-session youth capacity building workshop in use of technology for youth-led substance use prevention messages.
- Distribution of 500 COVID-19 masks (390 Masks distributed to community youth/adults; 100 masks distributed to St. Michael the Archangel Church-Community Meals Program; and 90 Masks distributed to St. Augustine Church-Hunger and Community Meals Center)
- Lunch/breakfast delivery to 18 seniors/22 youth.
- Winter coat distribution to 35 children

- **Average Cost Per Client in CY20:** \$1,533

- **Additional Information:**

- HUMADAOP Prevention Programs were well received by CMSD. As CMSD moved toward a hybrid learning format, there were greater opportunities for prevention staff and teachers to coordinate and develop a mechanism for evaluations. Teachers incorporated evaluation into their in-person or online lesson plans; prevention staff held parent Zoom sessions on orientation, administration and reporting assessment findings; or prevention staff developed specific activities for parents to assess and report their child's substance use perception.
- To improve performance, prevention staff participated various webinar trainings, among which were: Marketing, Advertising, and social media with Limited Resources Training (Prevention First), Boredom, Loneliness and Apathy (ADAMHS Board), Supporting Families, Parenting in a Pandemic (Case Western Reserve University), Coaching Session (Starting Point), and Power Over Emotional Trauma-P.O.E.T. (Honey Bell-Bey, OCPS 1).

Treatment Services

Includes assessments, referrals, outpatient and intensive outpatient programs and residential treatment.

- **Target Population:**

- Hispanic/Latino adults with substance use disorders

- **Anticipated Number of Clients to be Served:** N/A

- **Number of Staff Required to Implement Program:** N/A

CY22 Program Highlights and Outcomes

- **Steps to Ensure Program Continuity if Staff Vacancies Occur:** N/A
- **Funding Priority:**
 - Recovery and Treatment Services to Specialized Populations
- **Program Goals:**
 - Increase in Recovery ratio
 - Decrease in Risk ratio
 - Increase in abstinence from non-prescribed mood-altering substances
 - Resilience and sustaining recovery
 - Access to service for substance abuse/dependency related issues
 - Retention in substance abuse services
 - Provision of quality of services via cost effectiveness, evidence-based treatment practices and client perception of care
- **Program Metrics:**
 - Brief Addiction Monitor, to measure improvement in use, risk factors, and protective factors
 - Client Satisfaction Survey, to measure value, satisfaction, and effectiveness of programs
 - Wait List / Client Stats, to measure wait times for treatment, number of persons served, client demographics, and completion rates

First Six Months of CY21 Provider Outcomes: N/A

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 200
 - **Total Number of Clients that were Served:** 158
 - **Total Number of Clients that Completed this Program/Service:** 112
- **Goals Met:**
 - The program goals were delivered to the extent possible to be operational as it adhered to the COVID-19 pandemic reality and subsequent mandates.
- **Metrics Used to Determine Success:**
 - Miguel Prieto Treatment Services-Casa MARIA (females), Casa ALMA (Males) provides bilingual/bicultural assessment, case management, individual/group counseling, urinalysis, and room/board to Hispanic individuals struggling with addiction, multiple detox episodes, active probation/parole, low self-esteem or deficient coping skills.
 - Program measurements are obtained by: Brief Addiction Monitor, to measure improvement in use, risk factors, and protective factors; Client Satisfaction Survey, to measure value, satisfaction, and effectiveness of programs; and, Wait List / Client Stats, to measure wait times for treatment, number of persons served, client demographics, and completion rates

CY22 Program Highlights and Outcomes

- **Program Successes:**
 - A total of 158 clients or 100% were placed appropriately in the assessed level of care needed or received a referral to an external agency that offered the needed level of care within seven days of first contact.
 - A total of 112 clients fully completed treatment; 16 clients continued services into 2021.
 - A total of 118 clients reported use of alcohol within 30 days prior to admission and 144 clients reported use of illegal drugs and/or abuse of prescription medications within 30 days prior to admission. A total of 111 clients reported no use of alcohol or illegal drugs and/or abuse of prescription medications 30 days after admission to treatment.
 - Satisfaction Survey results: 80.3% of participants who completed a satisfaction survey rated treatment services as helpful/effective to very helpful/very effective. 78.7% of participants who completed a satisfaction survey reported being satisfied to very satisfied with the overall services received.
- **Average Cost Per Client in CY20:** \$6,680.62
- **Additional Information:**
 - Certified and authorized by the state to do ASAM Level 3.1 (half-way house) and 3.7 (medical monitoring with high level services) and 2.5 (high-intensity outpatient, infrastructure (partial hospitalization). None of these three are offered in Spanish anywhere in city, county or state.
 - Virtual platform was successful for peer support services post-recovery but proved to be a failed platform for crisis intervention and treatment services.
 - HUMADAOP learned the building that housed the Miguel Prieto Treatment Center was sold and that the new owner would not renew its lease with HUMADAOP. The building and site will be redeveloped. The new property owners worked with HUMADAOP leadership and the lease was extended until early 2022. HUMADAOP continues to work with its contracted relocation consultants to find an ideal location within the Hispanic community.
 - HUMADAOP began to rebrand its treatment center under the Tree of Hope logo and began to roll-out its rebranding on Overdose Awareness Day (August 29, 2020) with a drive-through Street Fair. An eblast and other marketing methods to increase the number of program participants and community partnerships yielded the following results: 150 adult and 25 kid hot meals were contributed; 30 residents registered to vote and filled out their census; and 150+ Hope Care bags were given away.
 - HUMADAOP now has a YouTube channel to post videos about addiction, MAT, treatment resources, call for action, and much more as a part of a 12-month Opioid and other SUD Outreach and Awareness Campaign, supported by OhioMHAS starting in October 2020; a monthly newsletter to send to stakeholders and community members via Mail Chimp; New partnerships with Positive Recovery Solutions to become a Vivitrol provider and with the FORE Foundation to provide Virtual Peer Support Services for those transitioning out of residential, inpatient and/or incarcerations to the community, as well as expanded partnership with Circle Health Services for onsite needle exchange and HIV testing.

Provider:	Hispanic UMADAOP	2020 First Outcome Count:	351	2021 First Outcome Count:	0
Instrument:	DESSA MINI	2020 Final Outcome Count:	0	2021 Final Outcome Count:	0
Program:	Youth Prevention	2020 % of Final:	0	2021 % of Final:	0

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

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

Population	Evaluation Year	Subscale	First Outcome Average	Final Outcome Average	Average Difference	Significance
Grades 9 - 12	2020	No Scale				Not Significant
Grades K - 8	2020	No Scale				Not Significant
Grades 9 - 12	2021	No Scale				Not Significant
Grades K - 8	2021	No Scale				Not Significant

**Hitchcock Center
for Women
(HCFW)**

CY2022 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2021 CONTRACT AMOUNT	2022 CONTRACT RECOMMENDATIONS	PRIORITY
Hitchcock Center for Women			
Women's Recovery Housing	\$ 400,000	\$ 400,000	Housing
Transportation	\$ -	\$ 7,200	Transportation
Total	\$ 400,000	\$ 407,200	
Pooled Funding:			
Outpatient Services for Women	\$ -	\$ -	
Residential Treatment	\$ -	\$ -	

CY22 Program Highlights and Outcomes

Hitchcock Center for Women (HCFW)

Hitchcock Center for Women is a gender specific, trauma sensitive, substance use disorder treatment program for women.

Agency Internal Diversity, Equity and Inclusion Team and/or Policy:

This agency submitted information ensuring a Diversity, Equity and Inclusion policy, plan or team is in place or in progress.

The ADAMHS Board Funding supports the following initiative(s):

Outpatient Services for Women

Partial Hospitalization program (ASAM Level 2.5) is an outpatient service that allows women to step down from the intensive services of residential treatment and continue to receive significant treatment and support for ongoing recovery. In the Partial Hospitalization program, women are provided 20 or more hours of services in a week. Individual and group counseling, case management support, addiction and trauma education, crisis intervention and urine drug screens are included in the program week. Women in the program also attend many nontraditional therapeutic activities. They can also live in the agency's Recovery Housing program. Intensive Outpatient Services (ASAM Level 2.1) are available to clients who are stepping down from a higher level of care (Residential Treatment) as well as those who may be residing in the community and require less intensive substance use treatment programming. Typically, a client is involved in IOP programming for eight to twelve weeks, each week consist of programming for three hours within a three daytime period. Individual counseling is provided weekly and case management services are provided as need indicates to support the recovery process. Specialized groups for women with children have been incorporated into the IOP program, allowing the unique needs of women in recovery with children to be addressed. Outpatient Treatment (ASAM Level 1) are available to client who are stepping down from IOP as well as those who may be residing in the community and need services. Clients can participate in group counseling provided weekly for two hours as well as in individual counseling. Case management and urine drug screens are part of the services provided. However, the intensity of aftercare treatment is lower. Typically, a client is involved in the Outpatient group for approximately eight weeks.

- **Target Population:**
 - Adults ages 18 and older that need a full outpatient continuum of care
- **Anticipated Number of Clients to be Served: 5**
- **Number of Staff Required to Implement Program: 3**
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - Staffing from other programs can provide coverage in additional to licensed clinical leadership. HCFW maintains an active recruitment program to the agency. HCFW would bring in licensed temporary positions if needed. HCFW will make use of bonuses for excellent performance, maintaining key and quality team members.

CY22 Program Highlights and Outcomes

- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - Trauma Informed Care Treatment, Recovery and Prevention Services
 - Harm reduction efforts and strategies
 - Recovery and Treatment Services to Specialized Populations
 - Medication Assisted Treatment
- **Program Goals:**
 - Continue to link clients to Medicaid to not utilize pooled funding as much as possible
 - Successfully decrease clients' level of care for ADAMHS funded clients
- **Program Metrics:**
 - Number of ADAMHS-funded clients who were not eligible for insurance and/or Medicaid
 - Number of successful level of care changes per the discharge summary

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served: 180**
 - **ADAMHS Funded Unduplicated Clients Served: 0**
 - **Total Number of Clients Served: 51**
 - **Total Number of Clients that Completed this Program/Service: 50**
- **Average Cost Per Client:** N/A
- **Additional Information:** N/A

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served: 180**
 - **Total Number of Clients that were Served: 0**
 - **Total Number of Clients that Completed this Program/Service: 0**
- **Goals Met:**
 - HCFW submitted no billing in the ADAMHS Board pooled funds for Outpatient services in 2020. All Outpatient services were funded by Medicaid and the associated managed care organizations.
- **Metrics Used to Determine Success:**
 - Brief Addiction Monitor
- **Program Successes:**
 - N/A
- **Average Cost Per Client in CY20:** N/A
- **Additional Information:** N/A

CY22 Program Highlights and Outcomes

Residential Treatment (Pooled Funding)

HCFW provides 24-hours per day, 7-days per week care including addiction treatment through an integrated approach based on four evidence-based service models specifically to meet the needs of women. Length of treatment is 30 plus days and continuum care to Partial Hospitalization Program and Outpatient Programs to allow clinically sound treatment that will allow women to emerge with confidence in their newly learned skills and tools for sustainable abstinence. Additional risk factors that the clinical staff would address is poverty, homelessness, incarceration, lack of support, mental health issues and health literacy. HCFW provides gender-specific residential treatment solely for women. The treatment is intensive, with the following services being provided with the program: individual and group counseling, case management support, addiction and trauma counseling, crisis intervention and urine drug screens. Utilize both traditional treatment approaches as well as those approaches research has shown to be effective interventions for women. Approach is woman centered and sensitive to those issues unique to women in treatment. Current residential capacity is 24 women at any time. Length of stay is individualized to meet the client's needs; however, the average length of stay is thirty days. Importantly, clients' children may live with their mothers during the treatment phase. Up to three children, from infancy to age twelve, may live with their mother. This allows moms to focus on the treatment process and allows us to assist with linkage to any community-based services should children need help with issues resulting from their response to their mother's chemical use. Clients who are pregnant and those with children often stay upwards of sixty days. Also provide non-traditional approaches to support the ways women communicate and heal. Yoga, and Expressive therapies (art, dance and music), are used to engage and assist women in therapeutic expression of feelings and thoughts. Childcare is provided in the community for any woman bringing a child with her to treatment to support the needs of the children and to protect them from exposure to information which may cause trauma or disturbance. Work to help mother's secure childcare vouchers while here in treatment to support both their treatment process and to meet the needs of the children. School age children are also connected with a neighborhood school to continue with their education while moms are in therapy sessions.

- **Target Population:**
 - 18 or older adult women, women with children and/or pregnant with substance use disorders, and often with dual diagnosis and issues related to histories of trauma including physical and sexual abuse, physical health problems, financial challenges, homelessness or legal and/or DCFS involvement.
- **Anticipated Number of Clients to be Served: 288**
- **Number of Staff Required to Implement Program: 12**
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - Staff from other programs that can provide coverage in addition to licensed clinical leadership. HCFW maintains an active recruitment program to the agency. HCFW would bring in licensed temporary positions if needed. HCFW will make use of bonuses for excellent performance, maintaining key and quality team members.
- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - Community and Crisis Residential Services
 - Harm reduction efforts and strategies
 - Recovery and Treatment Services to Specialized Populations

CY22 Program Highlights and Outcomes

- 24 Hours/Seven Days Access
- Medication Assisted Treatment
- **Program Goals:**
 - Increase the clients served compared to CY21
 - Increase Medication Assisted Treatment access
 - Increase the number of successful discharges from the residential program compared to CY21
 - Maintain length of stay average under 45 days, timely transferring to lower level of care
 - Successfully link clients to aftercare services
- **Program Metrics:**
 - Number of clients served (unduplicated); number of admissions ADAMHS-funded (ADAMHS room and board)
 - Number of clients on Medication Assisted Treatment
 - Number of successful discharges (completed program); number of discharges unsuccessful/termination
 - Average length of stay
 - Number of clients referred to outpatient services at discharge; Number of clients discharged to Recovery or Supportive Housing

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 180
 - **ADAMHS Funded Unduplicated Clients Served:** 0
 - **Total Number of Clients Served:** 164
 - **Total Number of Clients that Completed this Program/Service:** 94
- **Average Cost Per Client:** N/A
- **Additional Information:** N/A

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 210
 - **Total Number of Clients that were Served:** 221
 - **Total Number of Clients that Completed this Program/Service:** 137
- **Goals Met:**
 - Per the contract, the goal was to submit timely data to the ADAMHS Board and this goal was met.
- **Metrics Used to Determine Success:**
 - Number of admissions

CY22 Program Highlights and Outcomes

- Number of inquiries
- Number of referrals
- Number of denials
- Number on MAT
- Number of successful discharges
- Total number unsuccessful discharges
- Average length of stay
- Total number of monthly census served
- **Program Successes:**
 - Number of admissions 221
 - Number of inquiries 264
 - Number of referrals 39
 - Number of Denials 23
 - Number on MAT 58
 - Number of Successful Discharges 137
 - Total Number Unsuccessful Discharges 89
 - Average Length of Stay 25
 - Total Number of Monthly Census Served 371
- **Average Cost Per Client in CY20:** \$1,357
- **Additional Information:**
 - N/A

Women's Recovery Housing

HCFW operates a Level III Recovery Residence and has approximately 44 Recovery Housing rooms available. The program provides housing for women who need sober and safe recovery focused residences, whether they are transitioning from a higher level of care or from the community. Women are required to commit to sobriety and participate in services whether at the agency or at another provider. The Recovery Housing program is structured to align with the National Alliance of Recovery Residences and Ohio Recovery Housing standards and recommendations. Additionally, the program is developed in line with SAMHSA's Recovery Support Strategic Initiative that identifies health, home, purpose and community as goals of recovery. As such, the Recovery Housing focuses on the following: employment, responsible living and accountability for a sober lifestyle. Groups such as life skills, art therapy, education groups related to STDS/HIV as well other essential topics occur regularly. HCFW also provides many services to its clients on an outsourced basis. These outsourced services include the following: job readiness and placement services, self-sufficiency and parenting skills, continuing education, medical care, mental health services, housing assistance and childcare/daycare. HCFW is a provider that allows Medication Assisted Treatment on its campus and helps to link residents with the needed information to obtain, including taking to appointments and safely storing on campus.

CY22 Program Highlights and Outcomes

- **Target Population:**
 - Females, 18 years of age or older, with a current substance use disorder diagnosis
- **Anticipated Number of Clients to be Served:** 100
- **Number of Staff Required to Implement Program:** 2
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - Additional licensed care specialists are onsite that can cover the service if needed. Also, executive and clinical director both possess an LPCC and a strong understanding of recovery supports and treatment.
- **Funding Priority:**
 - Culturally Appropriate and Evidence-based Diverse Services
 - High Quality Housing
 - Trauma Informed Care Treatment, Recovery and Prevention Services
 - Recovery and Treatment Services to Specialized Populations
 - 24 Hours/Seven Days Access
 - Medication Assisted Treatment
- **Program Goals:**
 - Increase the residents served from CY21
 - Increase the use and allowance of Medication Assisted Treatment in the community
 - Assist in clients maintaining sobriety from substances
 - Successfully discharge clients to lower level of care with housing
 - Limit the number of residents who leave against medical advice
- **Program Metrics:**
 - Number of residents and/or families served
 - Number of residents on MAT medications
 - Number of residents maintaining sobriety
 - Number of residents and/or families successfully discharged

First Six Months of CY21 Provider Outcomes:

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 60
 - **ADAMHS Funded Unduplicated Clients Served:** 68
 - **Total Number of Clients Served:** 68
 - **Total Number of Clients that Completed this Program/Service:** 31
- **Average Cost Per Client:** \$2,158
- **Additional Information:** N/A

CY22 Program Highlights and Outcomes

CY20 Provider Outcomes

- **Highlights:**
 - **Number of Clients that were Anticipated to be Served:** 60
 - **Total Number of Clients that were Served:** 92
 - **Total Number of Clients that Completed this Program/Service:** 39
- **Goals Met:**
 - 100%. There are limited other dollars to provide for Recovery Housing funding, although HCFW tries to collect rent and to offset costs.
- **Metrics Used to Determine Success:**
 - Brief Addiction Monitor and reporting out that data in GOSH. HCFW is also tracking the number of people that were discharged successfully, against medical advice and requested by the agency. For CY20, the numbers were 39 successful, 18 left against counselor advice, and seven were discharges requested by the agency.
- **Program Successes:**
 - The number of clients admitted. The number of clients who discharge successfully, as defined as maintaining sobriety, completing their vocational/educational goals, having no new criminal justice involvement, and moving into stable housing. 61% or 39/64 completed this goal.
- **Average Cost Per Client in CY20:** \$4,348
- **Additional Information:**
 - HCFW continues to provide much needed Recovery Housing for women with MAT and is excited about the opportunity to expand MAT access in the community.

Transportation

Providing transportation utilizing a company van and Uber Health. Projection of cost for Uber Health is a total of \$600 per month. Company van has been purchased and is not included in the totals. Uber Health would assist in linking clients with primary care and specialty medical appointments as well as transportation to court hearings and family visits through the Division of Children Services (DCFS).

- **Target Population:**
 - Clients served by the program are adult women with substance use disorders.
- **Anticipated Number of Clients to be Served:** 150
- **Number of Staff Required to Implement Program:** 1
- **Steps to Ensure Program Continuity if Staff Vacancies Occur:**
 - Uber Health oversight can be entered by lead care specialist and backup would be clinical director and executive director. HCFW believes that keeping the number who can request small will provide greater oversight to any waste and fraud. Monthly invoices are reviewed for accuracy comparing to client census.
- **Funding Priority:**

CY22 Program Highlights and Outcomes

- Transportation
- **Program Goals:**
 - Decrease barriers to transportation to medical services
 - Decrease barriers to court hearing/DCFS attendance
- **Program Metrics:**
 - Volume of transportation to medical services by visit
 - Volume of transportation to court hearings/DCFS involvement by visit

First Six Months of CY21 Provider Outcomes: N/A – New Program

Provider:	Hitchcock Center for Women	2020 First Outcome Count:	16	2021 First Outcome Count:	66
Instrument:	Brief Addiction Monitor	2020 Final Outcome Count:	2	2021 Final Outcome Count:	4
Program:	Substance Use Disorder Treatment	2020 % of Final:	12.50%	2021 % of Final:	6.06%

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

Population	Evaluation Year	SubScale	First Outcome Average	Final Outcome Average	Average Difference	Significance
Adults (18+ years)	2020	Drug_Use	10	6.5	-3.5	Not Significant
Adults (18+ years)	2020	Protective	7	8.5	1.5	Not Significant
Adults (18+ years)	2020	Risk	13	14.5	1.5	Not Significant
Adults (18+ years)	2021	Drug_Use	4.5	3	-1.5	Not Significant
Adults (18+ years)	2021	Protective	12.25	10.25	-2	Not Significant
Adults (18+ years)	2021	Risk	8.33	11.67	3.33	Not Significant