

**CY 2015 Request For Information Reviews**

**Board Approved Agency Outcome Measures**

**AGENCY NAME: The Northern Ohio Recovery Association (NORA)**

**Time Period Reported: January 1 – June 30, 2015**

**Services Provided with ADAMHSCC Funding**

**AOD:** Assessment, group counseling, individual counseling, medical somatic, family counseling, case management, urinalysis.

NORA provided services to 8 non-Medicaid clients between January 1 and June 30, 2015. Of those 8 served, 1 completed successfully, 3 are currently in treatment and are on target to complete successfully, 1 was transferred to a higher level of care and 3 were self-withdrawals who declined discharge recommendations.

NORA was allotted \$36,000.00 to provide service to non-Medicaid clients. We were able to provide 22,222.15 of services to non-Medicaid clients through June 30, 2015.

**Agency Defined Outcomes Measures**

**Assessment availability:** Non-Medicaid clients will be seen for assessment within 72 hours of initial contact.

**Treatment Engagement:** 80% of non-Medicaid clients will successfully engage in treatment.

**Treatment initiation:** 90% of non-Medicaid clients will engage in 2 treatment service visits within 14 days of completion of assessment.

<p><b>Agency Defined Outcomes Measures (cont.)</b></p>	<p><b>Treatment appropriateness:</b> 100% of non-Medicaid funded clients will be appropriate for the level of care they are admitted to.</p> <p><b>Medical:</b> Increase the attention to physical health needs by having non-Medicaid funded clients seen by a nurse to review health history/needs.</p> <p><b>Individualized services:</b> 80% of non-Medicaid funded clients will receive individualized services.</p> <p><b>Evidenced based practices:</b> 100% of non-Medicaid funded clients that entered treatment will receive evidenced based services.</p> <p><b>Treatment retention:</b> 70% of non-Medicaid funded clients will complete treatment without leaving treatment ASA or rejecting services.</p> <p><b>Consumer satisfaction:</b> 70% of clients will be satisfied with care they received.</p> <p><b>Documentation compliance:</b> Medical records will meet an 80% level of compliance with documentation requirements.</p> <p><b>AOD Reportable incidents:</b> Meet the ADAMHS Board standards for timely initial reports and follow up on reportable incidents (MUI's).</p> <p><b>Medical benefits:</b> Increase the number of initially non-Medicaid funded clients who obtain Medicaid or other health coverage by the time of discharge.</p>
<p><b>Results</b></p>	<p><b>Assessment availability:</b> 87.5% (7 of 8) of all non-Medicaid clients served received an assessment within 72 hours of their initial call to the agency. The 1 client who was not assessed within 72 hours was offered an appointment within the 72 hour window but</p>

<p><b>Results (cont.)</b></p>	<p>she declined the appointment, preferring a later date to have the assessment completed.</p> <p><b>Treatment Engagement:</b> 100% (8 of 8) of non-Medicaid clients successfully engaged in treatment. (20% over goal of 80% and an increase of 17% from last report)</p> <p><b>Treatment initiation:</b> 87.5% (7 of 8) of non-Medicaid clients engaged in at least 2 treatment service visits within 14 days completing their assessment. (2.5% below goal)</p> <p><b>Treatment appropriateness:</b> 100% (8 of 8) of non-Medicaid funded clients were appropriate for the level of care they were admitted to. (goal met) There was one client who was initially appropriate for the level of care recommended. But as treatment progressed she began to display withdrawal symptoms and was referred for detoxification. She did not return to treatment afterward.</p> <p><b>Medical:</b> 62.5% (5 of 8) of non-Medicaid funded clients were seen by a nurse to review health history/needs. This is a 10.5% decrease from previous report thus not reaching our goal. This is attributed to 3 clients leaving as self withdrawals prior to the nurse being able to meet with them. Our plan to improve in this area is to ensure that client meets with the nurse as a part of day one orientation activities.</p> <p><b>Individualized services:</b> 75% (6 of 8) of non-Medicaid funded clients received individualized services. (5% under goal) This was due to 2 clients leaving treatment as self withdrawals prior to ISP's being completed)</p> <p><b>Evidenced based practices:</b> 100% of non-Medicaid funded clients who entered treatment received evidenced based services (Motivational Interviewing, Trauma Informed Care and the Matrix model).</p>
-----------------------------------	---

<p><b>Results (cont.)</b></p>	<p><b>Treatment retention:</b> 62.5% (5 of 8) of non-Medicaid funded clients completed treatment or are on track to complete treatment without leaving ASA or rejecting services. (7.5% under goal) NORA has developed a plan to decrease the percentage of clients who leave treatment ASA through treatment planning and recovery coaches. This plan did increase our retention in the previous reporting period but we have now seen a drop off. Efforts in this area will continue.</p> <p><b>Consumer satisfaction:</b> Based on post-treatment satisfaction surveys the average level of satisfaction of all NORA clients was 4.05 based on a 1 to 5 scale. Of those who responded to the survey 83% would recommend the services of NORA to others. (13% over goal)</p> <p><b>Documentation compliance:</b> The average percentage for record completeness and compliance for all NORA records reviewed was 80.5%. (.5% over goal)</p> <p><b>AOD Reportable incidents:</b> There were not any reportable incidents (MUI) for this reporting period. (N/A)</p> <p><b>Medical benefits:</b> 37.5% (3 of 8) of initially non-Medicaid funded clients were enrolled in Medicaid or Medicaid expansion prior to discharge. This is a 37.5% decrease since last report. The decrease is attributed to the increasing numbers of persons who have found they are not meeting the criteria for Medicaid.</p>
-----------------------------------	---

CY2016 Request For Information Reviews  
Board Approved Agency Outcome Measures

**AGENCY NAME:** OhioGuidestone

**Time Period Reported:** January 1, 2015 – June 30, 2015

<p><b>Services Provided with ADAMHSCC Funding</b></p>	<p><b>MH Services:</b> Early Childhood Mental Health Prevention; Mental Health Assessment; Behavioral Health Counseling; CPST Services; Pharmacological Management Services; Prevention Services; Consultation Services.</p> <p>OhioGuidestone serves youth and adults in Early Childhood Mental Health, School Services and Outpatient Mental Health programs.</p>
<p><b>Agency Defined Outcomes Measures</b></p>	<p>OhioGuidestone uses the age appropriate <b>Achenbach</b> Behavioral Checklists across all mental health programs. The Achenbach Behavioral Checklist is completed by the parent of a youth client or self-completed by adult clients at the point of intake and discharge. OhioGuidestone uses the internalizing, externalizing, and total problems scales to monitor program effectiveness and client improvement. OhioGuidestone also collected client <b>satisfaction</b>.</p>
<p><b>Results</b></p>	<p><i>Mental Health Assessment</i></p> <ul style="list-style-type: none"> <li>• 24 ADAMHSCC funded clients served from January 1, 2015 through June 30, 2015</li> </ul> <p><i>Early Childhood Mental Health Prevention:</i></p> <ul style="list-style-type: none"> <li>• 92 ADAMHSCC funded clients served from January 1, 2015 through June 30, 2015</li> <li>• Satisfaction: 97% (January – June)</li> <li>• Achenbach CBCL 1.5 to 5 parent report:</li> </ul>

- Internalizing – 75% of clients improved from initial to final assessment
- Externalizing – 50% of clients improved from initial to final assessment
- Total problems – 75% of clients improved from initial to final assessment

*School Services:*

- 18 ADAMHSCC funded clients served from January 1, 2015 through June 30, 2015
- Client Satisfaction: 95% (January – June)
- Teaching Staff Satisfaction: 82%
- Non-Teaching Staff Satisfaction: 91%
- Achenbach CBC parent report:
  - Internalizing –75% of clients improved from initial to final assessment
  - Externalizing –75% of clients improved from initial to final assessment
  - Total problems –75% of clients improved from initial to final assessment

*Outpatient Mental Health:*

- 35 ADAMHSCC funded clients served from January 1, 2015 through June 30, 2015
- Client Satisfaction: 93% (January – June)
- Achenbach CBC parent (self- report if adult) report:
  - Internalizing –75% of clients improved from initial to final assessment
  - Externalizing –75% of clients improved from initial to final assessment
  - Total problems –75% of clients improved from initial to final assessment

**CY2016 Request For Information Reviews**  
**Board Approved Agency Outcome Measures**

**AGENCY NAME: ORCA House**

**Time Period Reported: January 1, 2015 – June 30, 2015**

<p><b>Services Provided with ADAMHSCC Funding</b></p>	<p>AOD services: ORCA House provides assessment, individual counseling, group counseling, screening, intensive outpatient and non-medical community residential treatment services with ADAMHSB funds. These services are represented by 4 different programs (2 are residential) which are directly related to level of care. ORCA participated in two grants during the evaluation period. The first was to provide AOD services to people who are homeless, have an AOD issue and are hospitalized at NCBH. The second is to provide weekend assessment and residential treatment admission services to people referred by ADAMHSB funded detox programs.</p>
<p><b>Agency Defined Outcomes Measures</b></p>	<p>ORCA House measures the number of people served in each program as well as the treatment completion rates via the former ADASB Treatment Outcome measures. ORCA compares its treatment completion rates to what it believes to be national standards for treatment completion (60% for residential and 50% for outpatient). ORCA utilizes ADAMHSB treatment retention and engagement figures to measure timeliness of admission to services as well as onset of treatment. ORCA contacts discharged consumers to follow up on their status, especially to see how they fare with the NOMs. ORCA also periodically receives long term outcome measures provided by other funding sources. Access to Recovery (ATR) has provided ORCA with follow up info on people who were provided services via ATR funds.</p>
<p><b>Results</b></p>	<ul style="list-style-type: none"> <li>• Non-Medical Community Residential Treatment (NMCRT) - ORCA projected serving 70 ADAMHSB funded Individuals in residential treatment for the evaluation period. ORCA served 91 people in this time period. .</li> <li>• ORCA House NMCRT served a total of 174 people in the reporting period, including ADAMHSB funded consumers. ORCA had projected serving 101 people. The increase appears to be due to the higher numbers of people, with an addiction entering treatment who have an addiction to opiates.</li> </ul>

- NMCRT treatment completion rates for ADAMHSB funded consumers: During the reporting period, 96 ADAMHSB funded consumers were discharged from the program; 44 or 46% successfully completed the program.
- Overall NMCRT treatment completion rates: ORCA's successful completion rate for all consumers served in NMCRT was 60% which is exactly ORCA believes is the national standard (60%). This figure is based on 161 discharges, 96 of which were successful.
- Overall successful discharges from NMCRT is down, especially in ADAMHSB funded consumers as compared to previous years (66% in CY'14 and 69% in CY '13). ADAMHSB funded client discharges dropped to 46% in the reporting period as compared to 61% in CY '14.

ORCA is looking at why these changes occurred. Team meetings have been held to discuss the importance of outcomes in services. All staff received trainings in mental health diagnosis and treatment as well as psychotropic medication in June. ORCA will continue to address this issue with staff in clinical team meetings and plans to hold focus groups with consumers who were discharged from this service to determine reasons for the decline in success treatment completions. Decisions to attribute funding to a particular funding source such as ADAMHSB, is based on overall funds available, factoring in funding of last resort, etc., not on anticipated success of the consumer.

#### **ORCA House IOP services**

- ORCA projected serving 28 ADAMHSB funded consumers in IOP during the reporting period. ORCA House actually served 16 ADAMHSB funded consumers. The reasons for the drop off in ADAMHSB funded consumers is because of the expansion of Medicaid eligibility and the inclusion of United Way funds to pay for outpatient services effective 7/1/14. Note: The United Way funds were re-purposed in May, 2015 and stopped supporting outpatient services at that time. For all funding sources, ORCA has served 46 people in IOP during the reporting period. ORCA had projected serving 41 consumers in the program. The number served reflects the need for the service as well as the availability of other funding sources to pay for it.
- Successful completion rates for ADAMHSB funded consumers was 53%, 8 of 15, in the reporting period which is less than the 61% in CY '14.
- Successful completions for all IOP consumers was 63%, 23 of 35, in CY '14 and it was 70% in CY '14.



### **ORCA House Non-Intensive Outpatient (Aftercare)**

ORCA projected providing non-intensive outpatient services (via ORCA's Aftercare Program) to 17 ADAMHSB consumers. During the reporting period, ORCA served 4 ADAMHSB consumers. The reasons for the drop off in ADAMHSB funded consumers are because of Medicaid expansion and United Way's decision to fund outpatient AOD services. Note: United Way funds have been re-posed within ORCA and effective May, 2105, no longer supported outpatient services. Both sources offered other options than ADAMHSB for funding.

- ORCA has served 25 people in total, in its Non-Intensive Outpatient Program, during the evaluation period. ORCA expected to serve 22 consumers during this time period.
- 1 of the 2, or 50% of the ADAMHSB funded individuals who completed the program completed successfully. Successful completions for all NIOP consumers for the reporting period is 63%, 10 of 16, which is higher than previous reporting periods (44%).

**Assessment Services:** ORCA provided assessment services (either full assessments or updates) to 109 ADAMHSBC funded people in the reporting period. ORCA works with assessments from other agencies and most often provides an update rather than a full scale assessment.

**Homeless Project (grant)** - ORCA assessed and admitted 6 consumers from NCBH to residential treatment. One of the six completed treatment.

**Weekend Intake Project (grant):-** This project began on 4/25/15. Since that time, ORCA has admitted 9 people into residential treatment. Of the nine, 2 carried over into the next evaluation period, 5 completed treatment successfully and 2 did not complete treatment.

**MUIs:** ORCA believes it has reported MUIs in an accurate and timely manner.

*Other sources of data*

ORCA has gathered other outcome data which reflects on ORCA's services.

ORCA was active in providing services to people referred by NCBH. In the reporting period, ORCA admitted 6 people who referred by NCBH into residential services. ORCA has been involved with the ADAMHSB and ODMHAS in a project which serves homeless people who are discharged from NCBH.

ORCA residential services admitted 45 people into residential treatment who were referred by detox centers during the reporting period. These centers include Harbor Light, Stella Maris and Rosary Hall. .

While not in this reporting period, ORCA also received outcome information from Access to Recovery (ATR). This information was gathered over a 5 year period and represents 71 people and were followed up at 6 months. The data is as follows:

- 33.3% reported being employed
- 29.4% reported having stable housing
- 92.2% report having no further arrests
- 92.2% experienced no social consequences
- 90.2% reported being abstinent from drugs/alcohol
- 94.1% reported being connected socially

The ORCA data was compared to data collected for all programs. While the results are seen very positively, ORCA was higher in some areas than the whole group, e.g. abstinence and less in theirs, e.g., employment. Interestingly, when ORCA does follow up, the people contacted usually report a lower level of employment and a higher level of stable housing.

ORCA House re-purposed its United Way funding from supporting outpatient treatment services to supporting a family counselor and a post discharge specialist. The post discharge specialist attempted to reach 52 unduplicated former consumers in two follow up "studies". She was able to reach 26 of those she attempted to contact. 5 of the consumers were involved in both studies so there was a total of 57 post

discharge inquiries. Of the 26 people contacted, all reported maintaining abstinence from alcohol and or other drugs. Their discharges ranged from October, 2014 thru May, 2015. The post discharge specialist also provided case management services to 6 consumers in the follow up projects. The re-purposed funds have also been used to hire a 1/2 time family counselor who works with their family members of people who receive treatment services at ORCA.

ORCA began using the BAM during the first half of CY '15. ORCA entered 120 BAMS at intake. However, there were internal difficulties getting the discharge BAMS entered and ORCA was only able to gather comparative data on 14 of the BAMS. The results were that the scores regarding use as well as risk factors dropped while the protective factor scores increased. ORCA plans to correct the internal difficulties and expects to have a much richer BAM data to report in the next evaluation period.

ORCA works directly with Cenpatico which is the Behavioral Health division of Buckeye, on a single case basis for residential treatment services. Periodically, Buckeye looks at financial outcome data to determine the overall service use of their referrals after they have been discharged from ORCA treatment. The most recent report received was on 7/29/15. In this report, Buckeye examined the impact of utilization of 21 people who had been referred to ORCA from 2013 thru 6/30/15. The results are that there was a 30% drop in overall cost for these consumers to Buckeye post discharge from ORCA. The figures are: Pre-\$412,138 and Post-\$287,395. The most gains were seen in the cost associated with outpatient visits which showed a 92% drop in cost. Emergency room costs dropped 40%, pressecrtiotion-14% and inpatient-4%.

ORCA provides treatment services which are grounded in evidence based best practices. ORCA staff have received training in the following practices: Cognitive Behavioral Therapy, Motivational Interviewing and Trauma Informed Interventions. One staff member has trained other staff on Motivational Interviewing.

ORCA's full time intake staff person has been trained by The Benefit Bank to help consumers apply for and access entitlements and other benefits. She has started assisting consumers with Medicaid applications.

ORCA has sober housing for men at the Crawford House. Men who have transitioned from residential to IOP sometimes live at Crawford. Other men have completed treatment and require sober housing for a

temporary period of time. ORCA has just begun participating in a sober housing program which is funded by the ADAMHSB.

ORCA continued to gather satisfaction surveys from consumers at discharge. These surveys represent all levels of care at ORCA House. Results of 63 surveys are as follows (not all respondents answered all of the questions):

- 29% were admitted within 7 days of first contact. Wait time has increased recently as demand for services has increased while ORCA's intake staff capacity has remained constant.
- 100% saw their counselor individually at least weekly. This is an important indicator for residential and IOP services.
- 71% rated the services they received as being better than expected.
- 100% felt that the program helped them to better understand the disease of addiction
- 100% responded that they would recommend the program to others.

ORCA's admissions of people within a week of being referred has dropped and needs to be reviewed internally to see why this happened.

ORCA also gathered collaborative service satisfaction surveys. 22 surveys were returned to ORCA. ORCA asked 8 questions on the survey. Examples of questions are:

Would you recommend to others or use the services of ORCA House in the future?

How would you rate ORCA's intake/assessment services?

How would you rate the quality of ORCA Services (by Program)?

Respondents were asked to use a 5 point rating scale, one being very poor and 5 being good with intervals in between. ORCA's scores ranged from 3.9 to 5. ORCA was rated the highest on quality of service questions and cooperation with other organizations.

<b>AGENCY NAME: Positive Education Program</b>	
<b>Time Period Reported: January 1 – June 30, 2015</b>	
<b>Services Provided with ADAMHSCC Funding</b>	<p>CPST, MHA, ECMH Community Consultation</p> <p>Day Treatment CPST: 687 clients served  PEP Connections CPST: 644 clients “  PEP Connections MHA: 193 clients “  ECMH Community Consultation: 229 children “</p>
<b>Agency Defined Outcomes Measures</b>	<p>CPST: Changes in Ohio Scales for Youth Scores (worker instrument) from entry to most recent score in CY 2015. Change is defined as differences in youth scale score means (i.e., paired t-tests) and in terms of changes in clinical category as defined by OhioMHAS (i.e., reliable and clinical change).</p> <p>Number and percentage of youths avoiding new out-of-home placements (PEP Connections).</p> <p>MHA: Changes in Ohio Scales for Youth Scores (worker instrument) from entry to the next score in CY 2015. Change is defined as differences in youth scale score means (i.e., paired t-tests) and in terms of changes in clinical category as defined by OhioMHAS (i.e., reliable and clinical change).</p> <p>ECMH: ECMH Community Consultation performance targets include:</p> <ul style="list-style-type: none"> <li>• Number of children referred</li> <li>• Number of families engaged in consultation</li> <li>• Average wait time</li> <li>• Number of consultations</li> <li>• Number of cases successfully closed</li> </ul> <p>Customer satisfaction as measured by surveys completed by parents/caregivers, PCSA caseworkers, and referring agencies.</p>

## Results

Results are reported separately for Connections CPST, Connections MHA, Day Treatment CPST, and ECMH Community Consultation.

### Connections CPST

Youths enrolled in PEP Connections CPST had statistically significant improvements in scores from intake to the last assessment on each of the Worker scales. In addition, substantially higher percentages of youths experienced “more desirable” changes than experienced “less desirable” changes. These results are summarized below and detailed in supplemental tables 1 and 2 at the end of this report.

#### **Summary of paired t-test results (see Table 1 for details)**

- Improvement (decrease in mean score) in Problem Severity with an effect size of 0.81.
- Improvement (increase in mean score) in Functioning with an effect size of .82.
- Improvement (decrease in mean score) in ROLES with an effect size of .17.

#### **Summary of reliable and clinical change (see Table 2 for details)**

- Substantially higher percentages of Connections CPST clients experienced “more desirable” changes than experienced “less desirable” changes. This was true for both Problem Severity and Functioning. 71 percent of clients were in a “more desirable” clinical change category for Problem Severity on the Ohio Worker instrument as compared to 29 percent in a “less desirable” clinical change category. On Functioning, 66 percent of clients were in a “more desirable” category as compared with 34 percent in a “less desirable” category.

#### **Avoiding Additional Out-of-Home Placements**

- 102 clients avoided new out-of-home placements during their enrollment in PEP Connections from 1/1/2015 to 6/30/2015. This represents 68 percent of discharged youths during the reporting time period.

### **Connections MHA**

Youths enrolled in PEP Connections MHA had statistically significant improvements in scores from intake to the next assessment on each of the Worker scales. In addition, substantially higher percentages of youths experienced “more desirable” changes than experienced “less desirable” changes. These results are summarized below and detailed in supplemental tables 3 and 4 at the end of this report.

#### **Summary of paired t-test results (see Table 3 for details)**

- Improvement (decrease in mean score) in Problem Severity with an effect size of .43.
- Improvement (increase in mean score) in Functioning with an effect size of 1.03.
- No statistically significant change in ROLES.

#### **Summary of reliable and clinical change (see Table 4 for details)**

- Substantially higher percentages of Connections MHA clients experienced “more desirable” changes from intake to the next assessment than experienced “less desirable” changes. This was true for Problem Severity and for Functioning on the Worker instrument. 61 percent of clients were in a “more desirable” clinical change category for Problem Severity on the Ohio Parent instrument as compared to 40 percent in a “less desirable” clinical change category. On Functioning, 66 percent of clients were in a “more desirable” category as compared with 34 percent in a “less desirable” category.

### **Day Treatment CPST**

Youths enrolled in PEP Day Treatment CPST had statistically significant improvements in scores from intake to the last assessment on each of the Worker scales. In addition, higher percentages of youths experienced “more desirable” changes than experienced “less desirable” changes. These results are summarized below and detailed in supplemental tables 5 and 6 at the end of this report.

#### **Summary of paired t-test results (see Table 5 for details)**

- Improvement (decrease in mean score) in Problem Severity with an effect size of .39.
- Improvement (increase in mean score) in Functioning with an effect size of .36.
- Improvement (decrease in mean score) in ROLES with an effect size of .10.

**Summary of reliable and clinical change (see Table 6 for details)**

- Higher percentages of Day Treatment CPST clients experienced “more desirable” changes from intake to the last assessment than experienced “less desirable” changes. This was true for both Problem Severity and Functioning. 54 percent of clients were in a “more desirable” clinical change category for Problem Severity on the Ohio Worker instrument as compared to 46 percent in a “less desirable” clinical change category. On Functioning, 55 percent of clients were in a “more desirable” category as compared with 46 percent in a “less desirable” category.

**ECMH Community Consultation**

**Performance Targets and Outcomes**

	<u>Target</u>	<u>Outcome</u>
Number of children referred	450	184
Number of families engaged in consultation		237
Average wait time (days)		0
Number of consultations		870
Number of cases successfully closed		192

**Customer Satisfaction Surveys (see Tables 7, 8, and 9 for details)**

PEP conducts annual surveys of parents/caregivers, referring agencies, and PCSA Caseworkers. The surveys address the extent to which PEP ECMH Community Consultation staff: are responsive to customer needs; build positive relationships with agency staff, parents, and children; possess relevant knowledge and skills; and provide useful guidance and support. Survey items are rated using the following 5-point scale: 5 = strongly agree, 4 = agree, 3 = neutral, 2 = disagree, and 1 = strongly disagree. Responses rated as not applicable as well as non-responses are given no rating. Details are shown in supplemental tables 7, 8, and 9 at the end of this report.



- Fifty-two parent/caregiver surveys were received through June 2015 (see supplemental table 7 for detailed survey results). Parents/caregivers as a group rated PEP Community-Based Consultation Services extremely highly. The mean rating across all survey items is 4.99 which is nearly identical to the maximum rating of 5.
- Seven DCFS caseworker surveys were received (see supplemental table 8 for detailed results). Caseworkers also rated ECMH Community Consultation staff and services extremely highly. The mean rating across all survey items is 4.92 which is also extremely close to the maximum rating of 5.
- Eight referring agency surveys were received (see supplemental table 9 for detailed results). Referring agency staff also rated ECMH Community Consultation staff and services extremely highly. The mean rating across all survey items is 4.88 which is also very close to the maximum rating of 5.

**Number and Percent of persons served successfully completing the program**

PEP Day Treatment and Connections both define successful completion as clients who have fully or partially met their Mental Health Goals at the time of termination. Connections additionally defines success in terms of the number of youths who avoid any additional out-of-home placements while enrolled in the program.

62 clients, which represent 70 percent, successfully completed the Day Treatment program in the first six months of 2015.

124 clients, which represent 82 percent, successfully completed the Connections program in the first six months of 2015.

102 clients, which represent 68 percent, avoided any additional out-of-home placements while enrolled in Connections.

ECMH consultation defines successful program completion as children who have participated in at least one consultative session prior to ending service.

192 children, which represent 90 percent, successfully completed consultation services from the ECMH Consultation Service in the first six months of 2015.

**Supplemental Result Tables**

**Table 1. PEP Connections CPST: Changes in Scores from Intake to Most Recent**

Ohio Worker	Sample Size	Means (intake)	Mean (most recent)	Change in Score	Significance Level	Effect Size
Problem Severity	297	33.9	24.1	-9.8	.01	0.81
Functioning	297	32.1	41.1	9.0	.01	0.82
ROLES	289	2.51	2.35	-0.16	.05	0.17

Note: Decreases in Problem Severity and ROLES (Restrictiveness of Living Environments Scale), and the increase in Functioning denote improvement. The mean and median assessment intervals were 12.1 and 8.0 months respectively.

**Table 2. PEP Connections CPST: Ohio Scales Clinical Change from Intake to Most Recent Assessment**

Ohio Worker Change Category	Problem Severity	Functioning
Reliable improvement with clinical significance	34.0 %	20.2 %
Reliable improvement without clinical significance	17.9 %	33.0 %
Partial improvement	17.2 %	12.5 %
No change—stay in non-clinical range	1.7 %	0.0 %
<b>“More Desirable” Sum of Percentages</b>	<b>70.8 %</b>	<b>65.7 %</b>
No change—stay in clinical range	14.8 %	16.2 %
Partial deterioration	3.4 %	7.1 %
Reliable deterioration without clinical significance	9.4 %	10.4 %
Reliable deterioration with clinical significance	1.7 %	0.7 %
<b>“Less Desirable” Sum of Percentages</b>	<b>29.3 %</b>	<b>34.4 %</b>

Note: Green-shaded categories denote “more desirable” clinical change outcomes as compared with “less-desirable” red-shaded categories. For example, Problem Severity green-shaded outcomes outweigh red-shaded outcomes by 71 percent to 29 percent.

**Table 3. PEP Connections MHA: Changes in Scores from Intake to Next Assessment**

<b>Worker</b>	<b>Sample Size</b>	<b>Means (intake)</b>	<b>Mean (most recent)</b>	<b>Change in Score</b>	<b>Significance Level</b>	<b>Effect Size</b>
Problem Severity	38	33.9	28.8	-5.1	.05	0.43
Functioning	38	28.3	37.3	9.0	.01	1.03
ROLES	37	2.44	2.32	-0.12	.NS	na

Note: Decreases in Problem Severity and ROLES (Restrictiveness of Living Environments Scale), and the increase in Functioning denote improvement. The mean and median assessment intervals were 2.2 months.

**Table 4. PEP Connections MHA: Ohio Scales Clinical Change  
from Intake to Next Assessment**

<b>Ohio Worker Change Category</b>	<b>Problem Severity</b>	<b>Functioning</b>
Reliable improvement with clinical significance	18.4 %	7.9 %
Reliable improvement without clinical significance	23.7 %	36.8 %
Partial improvement	15.8 %	21.1 %
No change—stay in non-clinical range	2.6 %	0.0 %
<b>“More Desirable” Sum of Percentages</b>	<b>60.5 %</b>	<b>65.8 %</b>
No change—stay in clinical range	15.8 %	29.0 %
Partial deterioration	7.9 %	2.6 %
Reliable deterioration without clinical significance	15.8 %	2.6 %
Reliable deterioration with clinical significance	0.0 %	0.0 %
<b>“Less Desirable” Sum of Percentages</b>	<b>39.5 %</b>	<b>34.2 %</b>

Note: Green-shaded categories denote more desirable clinical change outcomes as compared with less-desirable red-shaded categories. For example, Functioning green-shaded outcomes outweigh red-shaded outcomes by 66 percent to 34 percent.

**Table 5. Day Treatment CPST: Changes in Scores  
from Intake to Most Recent**

<b>Worker</b>	<b>Sample Size</b>	<b>Means (intake)</b>	<b>Mean (most recent)</b>	<b>Change in Score</b>	<b>Significance Level</b>	<b>Effect Size</b>
Problem Severity	276	35.7	30.0	-5.7	.01	0.39
Functioning	277	30.7	35.3	4.6	.01	0.36
ROLES	264	2.44	2.34	-0.10	.10	0.10

Notes: Decreases in Problem Severity and ROLES (Restrictiveness of Living Environments Scale), and the increase in Functioning denote improvement. The mean and median assessment intervals were 28.7 and 20.5 months respectively.

**Table 6. Day Treatment CPST: Ohio Scales Clinical Change**

from Intake to Most Recent

Ohio Worker Change Category	Problem Severity	Functioning
Reliable improvement with clinical significance	19.9 %	12.3 %
Reliable improvement without clinical significance	23.2 %	31.4 %
Partial improvement	8.3 %	10.1 %
No change—stay in non-clinical range	2.9 %	0.7 %
<b>“More Desirable” Sum of Percentages</b>	<b>54.3 %</b>	<b>54.5 %</b>
No change—stay in clinical range	14.9 %	16.3 %
Partial deterioration	10.9 %	6.9 %
Reliable deterioration without clinical significance	14.9 %	20.0 %
Reliable deterioration with clinical significance	5.1 %	2.5 %
<b>“Less Desirable” Sum of Percentages</b>	<b>45.8 %</b>	<b>45.7 %</b>

Note: Green-shaded categories generally denote more desirable clinical change outcomes as compared with less-desirable red-shaded categories. For example, on Problem Severity, green-shaded outcomes outweigh red-shaded outcomes by 54 percent to 46 percent.

**Table 7. Evaluation of Early Childhood Mental Health Consultation Services  
Parent/Caregiver Version (n = 52)**

<b>Survey Item: "The ECMH Specialist ... "</b>	<b>Mean Score</b>	<b>% Strongly Agree</b>	<b>% Agree or Strongly Agree</b>
was easy to contact & schedule and was responsive to my needs & the needs of my children	4.98	98.1%	100.0%
was sensitive to cultural & individual differences	4.98	98.1%	100.0%
had a strong understanding of child development, emotional issues & behavior	4.98	98.1%	100.0%
offered support and encouragement	5.00	100.0%	100.0%
provided realistic and do-able suggestions	5.00	100.0%	100.0%
had a broad awareness about community resources	4.96	96.2%	100.0%
provided services that helped me and/or my children	5.00	100.0%	100.0%
I would recommend this service to other families	4.98	97.7%	100.0%

Grand Mean: 4.99

**Table 8. Evaluation of Early Childhood Mental Health Consultation Services  
PCSA Caseworker Version (n = 7)**

Survey Item: "The ECMH Specialist ... "	Mean Score	% Strongly Agree	% Agree or Strongly Agree
was easy to contact & schedule	5.00	100.0%	100.0%
was responsive to our expressed needs	5.00	100.0%	100.0%
developed a positive relationship with agency staff	5.00	100.0%	100.0%
built positive relationships with the child(ren)	5.00	100.0%	100.0%
built positive relationships with the parent(s)	4.71	85.7%	85.7%
demonstrated sensitivity to cultural and individual differences	4.83	83.3%	100.0%
had a strong understanding of child development, behavior and mental health issues	5.00	100.0%	100.0%
had a good understanding of early childhood settings	5.00	100.0%	100.0%
offered support & encouragement	5.00	100.0%	100.0%
provided realistic and do-able suggestions	4.86	85.7%	100.0%
had a broad awareness about community resources	4.71	85.7%	85.7%

**Grand Mean:** 4.92



**Table 9. Evaluation of Early Childhood Mental Health Consultation Services Referring Agency Version (n = 8)**

Survey Item: "The ECMH Specialist ... "	Mean Score	% Strongly Agree	% Agree or Strongly Agree
was easy to contact & schedule	4.88	87.5%	100.0%
was responsive to our expressed needs	4.88	87.5%	100.0%
had a strong understanding of child development, behavior, and mental health issues	5.00	100.0%	100.0%
provided realistic and do-able suggestions	4.88	87.5%	100.0%
had a broad awareness about community resources	4.75	75.0%	100.0%
demonstrated cultural sensitivity	4.88	87.5%	100.0%

Grand Mean: **4.88**

**CY 2015 Request For Information Reviews  
Board Approved Agency Outcome Measures**

**AGENCY NAME: Recovery Resources**

**Time Period Reported: January 1 –June 30, 2015**

<p><b>Services Provided with ADAMHSCC Funding</b></p>	<p><b>Alcohol and other drug addiction services</b></p> <ul style="list-style-type: none"> <li>• Addiction treatment</li> <li>• Addiction prevention services</li> </ul>
<p><b>Agency Defined Outcomes Measures</b></p>	<p><u>Addiction (AOD) Treatment:</u></p> <ul style="list-style-type: none"> <li>• Enrollment</li> <li>• Graduation rate</li> </ul>
<p><b>Results</b></p>	<p><u>AOD Treatment:</u></p> <ul style="list-style-type: none"> <li>• RR provided 534 clients with addiction (AOD) treatment during the reporting period. 154 of these clients were served with non-Medicaid funding for some portion of their treatment.</li> <li>• 34% of these clients graduated successfully from addiction services during the reporting period.</li> </ul>

**CY 2015 Request For Information Reviews  
Board Approved Agency Outcome Measures**

**AGENCY NAME: Recovery Resources**

**Time Period Reported: January 1 –June 30, 2015**

<p><b>Services Provided with ADAMHSCC Funding</b></p>	<p><u>Mental Health services</u></p> <ul style="list-style-type: none"> <li>• CPST</li> <li>• Forensic CPST</li> <li>• Pharmacological Management</li> <li>• Partial Hospitalization Program (PHP)</li> <li>• Behavioral health counseling (BHC)</li> <li>• Warm Line</li> </ul>
<p><b>Agency Defined Outcomes Measures</b></p>	<p><u>Forensic CPST:</u></p> <ul style="list-style-type: none"> <li>• Enrollment</li> <li>• Successful completion</li> </ul> <p><u>Warmline</u></p> <ul style="list-style-type: none"> <li>• Number of calls</li> </ul>
<p><b>Results</b></p>	<p><u>P/ACT</u> There were 61 clients that received ACT services between January 1-June 30, 2015. Of the 17 clients discharged from the program, nine clients (14%) completed parole successfully.</p> <p><u>CRU</u> CRU served a total of 174 clients during the reporting period. During that time, seven (7) clients completed CRU successfully &amp; transitioned to a lower level of care at RR, or to an outside agency.</p>

MHDD

During this reporting period, the MHDD program provided services to 239 clients. During that time, 61 clients completed probation and were linked to a provider of their choice (including RR).

Pharmacological Management

In February 2015, RR implemented a walk-in process for clients needing an initial psychiatric assessment (IPA). During this reporting period, RR completed 145 IPAs through this process. This process has increased IPAs by 42% compared to the first half of CY2014.

Warmline

In the first half of CY 2015, the Warmline employed 9 operators and received 7,591 calls. Seven (7) calls were considered crisis calls and reached a point of intervention by Mobile Crisis.

**CY 2014 Request For Information Reviews  
Board Approved Agency Outcome Measures**

**AGENCY NAME: Recovery Resources**

**Time Period Reported: January 1 –June 30, 2015**

<b>Services Provided with ADAMHSCC Funding</b>	<p>Employment Services</p> <ul style="list-style-type: none"> <li>• Employment Alliance</li> </ul>
<b>Agency Defined Outcomes Measures</b>	<p><u>Employment Alliance</u></p> <ul style="list-style-type: none"> <li>• Number Served (unduplicated)</li> <li>• Number of Placements</li> <li>• Average # of weeks from Intake to Placement</li> <li>• Average # of hours worked per week</li> <li>• Average Hourly Wage</li> <li>• Percentage of those placed who had criminal backgrounds</li> <li>• Percentage placed who will receive benefits</li> <li>• Retention</li> </ul>
<b>Results</b>	<p><u>Employment Alliance</u></p> <ul style="list-style-type: none"> <li>• Number Served (unduplicated): <b>252</b></li> <li>• Number of Placements: <b>75</b></li> <li>• Average # of weeks from Intake to Placement: <b>12.5</b></li> <li>• Average # of hours worked per week: <b>29</b></li> <li>• Average Hourly Wage: <b>\$9.77</b></li> <li>• Percentage of those placed who had criminal backgrounds: <b>67%</b></li> <li>• Percentage placed who will receive benefits: <b>18%</b></li> <li>• Retention: <b>67%</b></li> </ul>

**CY 2014 Request For Information Reviews  
Board Approved Agency Outcome Measures**

**AGENCY NAME: Recovery Resources**

**Time Period Reported: January 1 –June 30, 2015**

<p><b>Services Provided with ADAMHSCC Funding</b></p>	<p><u>Housing</u></p> <ul style="list-style-type: none"> <li>• Recovery Resources housing</li> <li>• Housing peer support</li> </ul>
<p><b>Agency Defined Outcomes Measures</b></p>	<p><u>Housing:</u></p> <ul style="list-style-type: none"> <li>• Terminations</li> <li>• % clients who acquired employment</li> <li>• % client achieving self-sufficiency</li> <li>• % clients maintaining benefits</li> <li>• Average monthly occupancy rate</li> <li>• Average rent collection rate</li> </ul>
<p><b>Results</b></p>	<p><u>Housing:</u></p> <p>In 2015, RR provided housing services for a total of 62 clients, and given current turnover are expected to serve 72 clients by the end of CY15. Of those:</p> <ul style="list-style-type: none"> <li>• 8% of clients acquired employment</li> <li>• 6% clients were able to secure self sufficiency and move into their own unsubsidized housing through obtainment of employment</li> <li>• 100% clients obtained or maintained Social Security (SSI, SSDI) benefits or VA Benefits</li> </ul> <p>The average monthly occupancy rate was 79% for clients who live in RR owned housing (the change from 2014 is due to temporary closure of Clinton House for renovations). The average rent collection rate was 98%.</p>

**CY 2014 Request For Information Reviews  
Board Approved Agency Outcome Measures**

**AGENCY NAME: Recovery Resources**

**Time Period Reported: January 1 –June 30, 2015**

<p><b>Services Provided with ADAMHSCC Funding</b></p>	<p>Agency-wide outcomes</p>
<p><b>Agency Defined Outcomes Measures</b></p>	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Number of Incidents</li> <li>• Number of complaints/grievances</li> <li>• Evidence-based practices</li> <li>• Payor mix</li> <li>• Client satisfaction survey</li> </ul>
	<p><u>Assessment</u> RR assessed 857 clients through our Walk in Now (WIN) clinic in the first half of CY2015. Of those clients who were unable to gain same-day access as the result of exceeded capacity, 50% returned to WIN and were seen.</p> <p><u>Incidents</u> There were 15 reportable incidents during this reporting period.</p> <p><u>Complaints/Grievances</u> We had 14 complaints and 1 grievance during this reporting period.</p>

Evidence Based Practices:

In 2015, Recovery Resources continued to use the following evidence-based curricula/practices in our programs and services:

- Living in Balance (intensive outpatient and non-intensive outpatient treatment)
- Wellness Recovery Action Plan (CPST group)
- Illness Management & Recovery (CPST group)
- Trauma Recovery & Empowerment Model (IOP & OP groups, BH Counseling)
- Persuasion & Engagement Group (IDDT)-(Pre-Engagement Group for addiction treatment)
- Parole Assertive Community Treatment Model
- Supported Employment
- Supported Housing model
- Motivational interviewing

During the past year, RR provided intensive motivational interviewing training to all staff, including administrative support staff, and began using Hazelden's new Living in Balance Dual Diagnosis curriculum in our dual diagnosis IOP programs.

Payor Mix

Our payor mix in first half CY 2015 consisted of:

- 72% of clients covered by Medicaid
- 3% of clients covered by Private Insurance
- 28% of clients covered by Non-Medicaid and/or Grant Funding\*\*

\*\* Our new EHR will not yet allow us to split out clients with a MACSIS identifier from those who were covered as primary by another insurance source or grant funding. We should have clean data in this area by the end of CY15.

Client Satisfaction Survey

The CSS was last administered between April and June 2015. Clients rated question items on a 1-5 scale. The rating average was 4.45 (CY 2014 was 4.35) on clients being satisfied with Recovery Resources. The rating average was 4.52 (CY 2014 was 4.42) on clients referring Recovery Resources to others.



**CY 2014 Request For Information Reviews  
Board Approved Agency Outcome Measures**

**AGENCY NAME: Recovery Resources**

**Time Period Reported: January 1 –June 30, 2015**

<p><b>Services Provided with ADAMHSCC Funding</b></p>	<p>Forensic Liaison</p>
<p><b>Agency Defined Outcomes Measures</b></p>	<p>Number of linkages provided</p>
<p><b>Results</b></p>	<p><u>Community Based Correctional Facility</u> RR provided services (screening, assessment, group/individual treatment and CPST) to a total of 109 clients at the CBCF during the reporting period. This included 92 new clients in the first half of CY15.</p> <p><u>Cuyahoga County Forensic Liaison</u> During this reporting period, RR provided linkage services to 121 clients, and facilitated transfers for 81 inmates to Northcoast Behavioral Healthcare for additional treatment.</p>

CY 2014 Request For Information Reviews

Board Approved Agency Outcome Measures

AGENCY NAME: Recovery Resources

Time Period Reported: January 1 –June 30, 2015

<p>Services Provided with ADAMHSCC Funding</p>	<p><u>AOD Prevention:</u></p> <ul style="list-style-type: none"> <li>• STEPS Parenting Program</li> <li>• HALO</li> <li>• PRIME for Life</li> </ul>
<p>Agency Defined Outcomes Measures</p>	<p>See below</p>
<p>Results</p>	<p><u>STEPS Parenting Program</u></p> <p>Enrollment: <i>Projected – 160</i>      <b>Actual – 151</b></p> <p>Demonstrates positive communication skills:  <i>Projected – 100</i>                      <b>Actual – 86</b> (57% of those enrolled in the program achieved this milestone.)</p> <p>Demonstrates clear, consistent rule setting and expectations regarding substance abuse:  <i>Projected – 100</i>                      <b>Actual – 73</b> (48% of those enrolled in the program achieved this milestone)</p> <p>Demonstrates understanding of the negative impact of not meeting the basic survival needs of a child:  <i>Projected – 100</i>                      <b>Actual – 93</b> (62% of those enrolled in the program achieved this milestone)</p>

**HALO:**

Enrollment: *Projected – 40*      ***Actual – 56***

Demonstrates positive communication skills:

*Projected – 32*      ***Actual – 46*** (82% of those enrolled in the program achieved this milestone.)

Identifies harmful effects from substance abuse:

*Projected – 32*      ***Actual – 46*** (82% of those enrolled in the program achieved this milestone)

Demonstrates coping skills:

*Projected – 32*      ***Actual – 37*** (66% of those enrolled in the program achieved this milestone)

Demonstrate achievement of age appropriate benchmarks:

*Projected – 32*      ***Actual - 34*** (61% of those enrolled in the program achieved this milestone)

**PRIME for Life:**

Enrollment: *Projected – 250*      ***Actual – 210***

Identifies harmful effects of substance abuse:

*Projected – 175*      ***Actual – 168*** (80% of those enrolled in the program achieved this milestone.)

Demonstrates problem solving skills:

*Projected – 175*      ***Actual – 155*** (74% of those enrolled in the program achieved this milestone)

Identifies drug free alternative activities:

*Projected – 175*      ***Actual – 142*** (68% of those enrolled in the program achieved this milestone)

Demonstrate drug refusal skills:

*Projected – 175*      ***Actual – 136*** (65% of those enrolled in the program achieved this milestone)

**Project Success:**

Enrollment: *Projected – 150*      ***Actual – 308***

Demonstrate drug refusal skills:

*Projected – 75*      ***Actual – 199*** (65% achieved this milestone)

Identifies drug free alternative activities:

	<p><i>Projected</i> – 75                      <b><i>Actual</i> – 183</b> (59% achieved this milestone)</p> <p><b><u>Problem Identification &amp; Referral (PIR):</u></b></p> <p>Enrollment: <i>Projected</i> – 40              <b><i>Actual</i> – 55</b></p> <p>Demonstrates agreement to work on goals:</p> <p><i>Projected</i> – 25                      <b><i>Actual</i> – 47</b> (85% achieved this milestone)</p> <p>Identify harmful effects from substance abuse:</p> <p><i>Projected</i> – 25                      <b><i>Actual</i> – 38</b> (69% achieved this milestone.)</p> <p>Signs pledge to refrain from ATOD use after the program:</p> <p><i>Projected</i> – 25                      <b><i>Actual</i> – 29</b> (53% achieved this milestone)</p> <p><b><u>Project Success Detention Center:</u></b></p> <p>Enrollment: <i>Projected</i> – 150              <b><i>Actual</i> – 174</b></p> <p>Identifies drug free alternative activities:</p> <p><i>Projected</i> – 112                      <b><i>Actual</i> – 137</b> (79%achieved this milestone)</p> <p>Identifies harmful effects from substance use:</p> <p><i>Projected</i> – 112                      <b><i>Actual</i> – 138</b> (79% achieved this milestone)</p>
--	---

**CY 2015 Request For Information Reviews**

**Board Approved Agency Outcome Measures**

**AGENCY NAME: St. Vincent Charity Medical Center Psychiatric Emergency**

**Time Period Reported: January 1 – June 30, 2015**

<b>Services Provided with ADAMHSCC Funding</b>	Crisis Intervention Services for individuals experiencing a severe mental health illness  Mental Health Assessment for adult and juvenile clients presenting with urgent mental health disorders and/or mental health symptoms presenting a danger to self or others.  23 Hour psychiatric observation services
<b>Agency Defined Outcomes Measures</b>	Due to the unique nature of crisis intervention services and the transient nature of the PED patients, the PED tracks data through the PED daily logs and reports the outcomes of the log information to the ADAMHS Board on a monthly basis. Categories captured in this report include: presenting problem, referral source, PED daily census, number of patients served, number of 23 hour observation patients, number of crisis intervention patients, number of hospital pre-screenings, disposition and primary diagnosis.
<b>Results</b>	From January 1 through June 30, 2015 the psychiatric emergency department treated 2024 clients. There were a total of 288 clients who were admitted to 23 hour observation. There were 846 referrals made to the PED by police, 9 patients were referred from jail, 177 referrals from the mobile crisis team, 168 referrals from other

hospitals, 204 referrals from EMS, 95 patients were referred from probate court, 136 patients were referred from nursing homes and 497 patients who were referred by self or family. Of the total patients seen 0 were under the age of 18.

The patient disposition was as follows: 68 patients were referred to the crisis stabilization unit, 671 patients were referred to CMHC, 68 patients were sent to Northcoast Behavioral Health, 17 were sent to private hospitals, 529 were sent to the inpatient psychiatric units at St. Vincent's, 465 patients were referred to CD services, 194 were referred to the homeless shelter, 72 were referred to a group home. 649 patients were discharged to home, 52 patients were discharged to a nursing home, 40 patients were discharged to jail. 1 patient refused the recommended referrals at discharge.

The presenting problems included 605 patients with suicidal ideation or attempt, 277 patients with violent/homicidal behavior, 135 patients who were depressed, 198 patients who were psychotic, 88 patients who were under the influence, 386 patients for a behavioral evaluation, 98 patients for medical clearance for direct admission, 112 patients for medication non-compliance, 54 patients for paranoia, and 12 patients wanted detoxification services.

The Primary Diagnoses were: Schizophrenia/Psychotic Disorder 604 patients, Schizoaffective disorder 200 patients, Major Affective Disorder 410 patients, Anxiety/Adjustment Disorder 222 patients, Substance Abuse/Dependency 407 patients, Personality Disorder 52 patients, Intoxication 49 patients, Malingering 67 patients, Impulse Control Disorder 7 patients, Dementia 29 patients and Depression 135 patients.

	<p>The Secondary Diagnoses were: Substance Abuse 184 patients, Developmental Disorder 0 patients, and Medical Issue 36 patients.</p>
--	--

**CY 2016 Request For Information Reviews  
Board Approved Agency Outcome Measures**

**AGENCY NAME: Rosary Hall at St. Vincent Charity Medical Center – 2015 Outcomes Report**

**Time Period Reported: January 1, 2015 – June 30, 2015**

**Services Provided with ADAMHSCC Funding**

**AOD: Intensive Outpatient, Detoxification, Non-Intensive Outpatient, Assessment, Case Management., Crisis Intervention; Family Counseling; Individual Counseling; Group Counseling; Urinalysis; *Suboxone Grant (MAT)***

**Agency Defined Outcomes Measures**

**For consumers using sub-acute/acute detox services, the agency tracks the percentage of consumers reaching these Treatment Milestones:**

- Customer engaged in detoxification treatment
- **Customer Demonstrates/verbalizes understanding of addiction**
- **Customer commits to next level of care**
- Customer Demonstrates **improved physical health at discharge**

**For consumers using IOP services, the agency tracks the percentage of consumers reaching these Treatment Milestones:**

- Customer engages in IOP Treatment
- Customer Demonstrates a Willingness to **follow treatment recommendations**
- Customer develops a **plan to address recovery needs**
- Customer **modifies addictive / abusive behaviors**
- Customer initiates and sustains active **involvement in sober support** community
- Customer **utilizes recovery skills**
- **Customer adapts healthy lifestyle choices**
- **Consumers achieves abstinence and maintains positive and supportive relationships and at discharge.**

**Results**

**Sub Acute/Acute Detox:**



	<ul style="list-style-type: none"> <li>• Customer engages in detoxification treatment 98</li> <li>• Demonstration and verbalizes understanding of addiction 85 86.7%</li> <li>• Customer commits to next level of care 67 68.3%</li> <li>• Customer Demonstrates improved physical health at discharge 67 68.3%</li> </ul> <p>In CY 2014 Rosary Hall estimated that 65% be successful at discharge. In 2015 we succeeded that by 3.3 %. We are on target towards passing our goal of 65%</p> <p>IOP services:</p> <ul style="list-style-type: none"> <li>• Customer engages in IOP treatment 93</li> <li>• Customer Demonstrates a willingness to follow treatment recommendations 90 96.7%</li> <li>• Customer develops a plan to address recovery needs 85 91.3%</li> <li>• Customer Identifies and modifies addictive/abusive behaviors 81 87.0%</li> <li>• Customer initiates and sustains active involvement in sober support community 77 82.7%</li> <li>• Customer utilizes recovery skills 73 78.4%</li> <li>• Customer adapts healthy lifestyle choices 73 78.4%</li> <li>• Consumers achieves abstinence and maintains positive and supportive relationships and at discharge 73 78.4%</li> </ul> <p>In CY 2014 Rosary Hall estimated that 65.0% would achieve abstinence at discharge. In 2015 we succeeded that by 13.4% We are on target towards passing our goal of 65%</p>
<p><b>Agency Defined Outcomes Measures</b></p>	<p>For consumers using Non-Intensive Outpatient treatment services( NIOP – Tues &amp; Thurs), the agency tracks the percentage of consumers reaching these Treatment Milestones:</p> <ul style="list-style-type: none"> <li>• Customer engages in IOP Treatment</li> <li>• Customer Demonstrates a Willingness to follow treatment recommendations</li> <li>• Customer develops a plan to address recovery needs</li> <li>• Customer modifies addictive / abusive behaviors</li> </ul>

	<ul style="list-style-type: none"> <li>• Customer initiates and sustains active <b>involvement in sober support</b> community</li> <li>• Customer <b>utilizes recovery skills</b></li> <li>• <b>Customer adapts healthy lifestyle choices</b></li> <li>• Consumers <b>achieves abstinence and maintains positive and supportive relationships and</b> at discharge.</li> </ul>																								
<b>Results</b>	<p><b>Non-Intensive Outpatient Treatment services (NIOP) Tues &amp; Thurs:</b></p> <table border="0"> <tr> <td>• Customer <b>engages in NIOP treatment</b></td> <td style="text-align: right;"><b>20</b></td> <td></td> </tr> <tr> <td>• Customer Demonstrates a <b>willingness to follow treatment recommendations</b></td> <td style="text-align: right;"><b>20</b></td> <td style="text-align: right;"><b>100%</b></td> </tr> <tr> <td>• Customer <b>develops a plan</b> to address recovery needs</td> <td style="text-align: right;"><b>18</b></td> <td style="text-align: right;"><b>90%</b></td> </tr> <tr> <td>• Customer <b>Identifies and modifies</b> addictive/abusive behaviors</td> <td style="text-align: right;"><b>17</b></td> <td style="text-align: right;"><b>85%</b></td> </tr> <tr> <td>• Customer initiates and sustains active <b>involvement in sober support</b> community</td> <td style="text-align: right;"><b>16</b></td> <td style="text-align: right;"><b>80.0%</b></td> </tr> <tr> <td>• Customer <b>utilizes recovery skills</b></td> <td style="text-align: right;"><b>13</b></td> <td style="text-align: right;"><b>65.0%</b></td> </tr> <tr> <td>• Customer <b>adapts healthy lifestyle choices</b></td> <td style="text-align: right;"><b>13</b></td> <td style="text-align: right;"><b>65.0%</b></td> </tr> <tr> <td>• Consumers <b>achieves abstinence and maintains positive and supportive relationships and</b> at discharge</td> <td style="text-align: right;"><b>13</b></td> <td style="text-align: right;"><b>65.0%</b></td> </tr> </table> <p>In CY 2014 Rosary Hall estimated that 65% would be successful at discharge. In 2015 we are on target towards our goal of 65%</p>	• Customer <b>engages in NIOP treatment</b>	<b>20</b>		• Customer Demonstrates a <b>willingness to follow treatment recommendations</b>	<b>20</b>	<b>100%</b>	• Customer <b>develops a plan</b> to address recovery needs	<b>18</b>	<b>90%</b>	• Customer <b>Identifies and modifies</b> addictive/abusive behaviors	<b>17</b>	<b>85%</b>	• Customer initiates and sustains active <b>involvement in sober support</b> community	<b>16</b>	<b>80.0%</b>	• Customer <b>utilizes recovery skills</b>	<b>13</b>	<b>65.0%</b>	• Customer <b>adapts healthy lifestyle choices</b>	<b>13</b>	<b>65.0%</b>	• Consumers <b>achieves abstinence and maintains positive and supportive relationships and</b> at discharge	<b>13</b>	<b>65.0%</b>
• Customer <b>engages in NIOP treatment</b>	<b>20</b>																								
• Customer Demonstrates a <b>willingness to follow treatment recommendations</b>	<b>20</b>	<b>100%</b>																							
• Customer <b>develops a plan</b> to address recovery needs	<b>18</b>	<b>90%</b>																							
• Customer <b>Identifies and modifies</b> addictive/abusive behaviors	<b>17</b>	<b>85%</b>																							
• Customer initiates and sustains active <b>involvement in sober support</b> community	<b>16</b>	<b>80.0%</b>																							
• Customer <b>utilizes recovery skills</b>	<b>13</b>	<b>65.0%</b>																							
• Customer <b>adapts healthy lifestyle choices</b>	<b>13</b>	<b>65.0%</b>																							
• Consumers <b>achieves abstinence and maintains positive and supportive relationships and</b> at discharge	<b>13</b>	<b>65.0%</b>																							
<b>Agency Defined Outcomes Measures</b>	<p>For consumers using Suboxone MAT Grant, the agency tracks the percentage of consumers reaching these Treatment Milestones:</p> <ul style="list-style-type: none"> <li>• Customer <b>engages in detoxification treatment</b></li> <li>• Customer Demonstrates a <b>Willingness to follow treatment recommendations</b></li> <li>• Customer <b>develops a plan to address recovery needs and begins the Suboxone protocol</b></li> <li>• Customer <b>commits to next level of care (Residential/IOP)</b></li> <li>• Customer <b>identifies and modifies</b> addictive / abusive behaviors</li> <li>• Customer <b>initiates and sustains active involvement in sober support</b> community</li> <li>• Customer <b>utilizes recovery skills and completes IOP</b></li> <li>• Customer <b>adapts healthy lifestyle choices and completes NIOP/Aftercare</b></li> </ul>																								

	<ul style="list-style-type: none"> <li>Consumer achieves <b>abstinence and maintains positive and supportive relationships at the end of the one year grant (12 months).</b></li> </ul>																														
<b>Results</b>	<table border="0"> <thead> <tr> <th style="text-align: left;"><b>Medication Assisted Treatment (M.A.T.) – Suboxone Grant</b></th> <th style="text-align: center;"><b>Jan – April</b></th> <th style="text-align: center;"><b>May - June</b></th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>Customer engages in detoxification treatment</li> </ul> </td> <td style="text-align: center;">19</td> <td style="text-align: center;">6</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Customer demonstrates a willingness to follow treatment recommendations</li> </ul> </td> <td style="text-align: center;">19 100%</td> <td style="text-align: center;">6 100%</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Customer develops a plan to address recovery needs and begins the Suboxone protocol</li> </ul> </td> <td style="text-align: center;">19 100%</td> <td style="text-align: center;">6 100%</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Customer commits to next level of care (Residential and/or IOP) 100%</li> </ul> </td> <td style="text-align: center;">3 15.7%</td> <td style="text-align: center;">6</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Customer Identifies and modifies addictive/abusive behaviors 100%</li> </ul> </td> <td style="text-align: center;">3 15.7%</td> <td style="text-align: center;">6</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Customer initiates and sustains active involvement in sober support community 100%</li> </ul> </td> <td style="text-align: center;">3 15.7%</td> <td style="text-align: center;">6</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Customer utilizes recovery skills and completes Residential and/or IOP 50%</li> </ul> </td> <td style="text-align: center;">3 15.7%</td> <td style="text-align: center;">3</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Customer adapts healthy lifestyle choices and completes NIOP/Aftercare 0%</li> </ul> </td> <td style="text-align: center;">3 15.7%</td> <td style="text-align: center;">NA</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Consumer achieve abstinence and maintains positive and supportive relationships at the end of the program. 0%</li> </ul> </td> <td style="text-align: center;">3 15.7%</td> <td style="text-align: center;">NA</td> </tr> </tbody> </table> <p>In the early months of CY 2015 January thru April Rosary Hall was referring all patients being discharged from detox to Intensive Outpatient (IOP) treatment. Once these patient received their prescription for suboxone they never showed for IOP. The success rate was poor. Beginning in May 2015 Rosary Hall revised the program and began referring all patient being discharged from detox To Matt Talbot for 60-90 day residential treatment. Since this change the success rate has improved significantly.</p> <p>In CY 2014 Rosary Hall estimated that 65% would be successful at discharge.</p>	<b>Medication Assisted Treatment (M.A.T.) – Suboxone Grant</b>	<b>Jan – April</b>	<b>May - June</b>	<ul style="list-style-type: none"> <li>Customer engages in detoxification treatment</li> </ul>	19	6	<ul style="list-style-type: none"> <li>Customer demonstrates a willingness to follow treatment recommendations</li> </ul>	19 100%	6 100%	<ul style="list-style-type: none"> <li>Customer develops a plan to address recovery needs and begins the Suboxone protocol</li> </ul>	19 100%	6 100%	<ul style="list-style-type: none"> <li>Customer commits to next level of care (Residential and/or IOP) 100%</li> </ul>	3 15.7%	6	<ul style="list-style-type: none"> <li>Customer Identifies and modifies addictive/abusive behaviors 100%</li> </ul>	3 15.7%	6	<ul style="list-style-type: none"> <li>Customer initiates and sustains active involvement in sober support community 100%</li> </ul>	3 15.7%	6	<ul style="list-style-type: none"> <li>Customer utilizes recovery skills and completes Residential and/or IOP 50%</li> </ul>	3 15.7%	3	<ul style="list-style-type: none"> <li>Customer adapts healthy lifestyle choices and completes NIOP/Aftercare 0%</li> </ul>	3 15.7%	NA	<ul style="list-style-type: none"> <li>Consumer achieve abstinence and maintains positive and supportive relationships at the end of the program. 0%</li> </ul>	3 15.7%	NA
<b>Medication Assisted Treatment (M.A.T.) – Suboxone Grant</b>	<b>Jan – April</b>	<b>May - June</b>																													
<ul style="list-style-type: none"> <li>Customer engages in detoxification treatment</li> </ul>	19	6																													
<ul style="list-style-type: none"> <li>Customer demonstrates a willingness to follow treatment recommendations</li> </ul>	19 100%	6 100%																													
<ul style="list-style-type: none"> <li>Customer develops a plan to address recovery needs and begins the Suboxone protocol</li> </ul>	19 100%	6 100%																													
<ul style="list-style-type: none"> <li>Customer commits to next level of care (Residential and/or IOP) 100%</li> </ul>	3 15.7%	6																													
<ul style="list-style-type: none"> <li>Customer Identifies and modifies addictive/abusive behaviors 100%</li> </ul>	3 15.7%	6																													
<ul style="list-style-type: none"> <li>Customer initiates and sustains active involvement in sober support community 100%</li> </ul>	3 15.7%	6																													
<ul style="list-style-type: none"> <li>Customer utilizes recovery skills and completes Residential and/or IOP 50%</li> </ul>	3 15.7%	3																													
<ul style="list-style-type: none"> <li>Customer adapts healthy lifestyle choices and completes NIOP/Aftercare 0%</li> </ul>	3 15.7%	NA																													
<ul style="list-style-type: none"> <li>Consumer achieve abstinence and maintains positive and supportive relationships at the end of the program. 0%</li> </ul>	3 15.7%	NA																													

	<p>In 2015 Jan-Apr - 15.7% are currently succeeding in the program. We did not reach our target of 65%</p> <p>In 2015 May – June 100% of the clients remains in the program, 50.0% are currently succeeding in the NIOP/Aftercare.</p> <p>We are on target towards passing our goal of 65%.</p>

**OUTCOMES MANAGEMENT/DATA**

The following Brief Addiction Monitor data represents our current data since January 1, 2015. Our Intensive Outpatient program is a total of five months long if the client completes both the IOP and NIOP programs. Since many of our clients are still new and currently in the program, most of our data is admission data. This data represents the average percentage of **Use, Risk and Protective** factors of all clients that have taken the Brief Addiction Monitor at admissions.

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

**Average of Risk Factor Score: 6.38%.** If a patient scores a 12 or greater, it calls for further examination and clinical attention, e.g. refer for medical or mental health consultation, add CBT or relapse prevention skills training.

**Average of Protective Factors Score: 14.7%.** If a patient scores a 12 or below, it calls for further examination and clinical attention, e.g. treatment plan might include building sober support networks, 12 step facilitation, or work with a case manager for work or income assistance. It is important to compare most recent BAM scores with prior BAM scores to assess changes in functioning and risk status. The goal is to see sizeable changes on each scale with each administration of the BAM. This data will be collected upon client’s completion of their treatment program. It is important to take into consideration the relative scores on risk and protective factors: If protective factor score is greater than risk factor score, the patient is less at risk for use.

**CY 2016 Request For Information Reviews**

**Board Approved Agency Outcome Measures**

**AGENCY NAME: The Salvation Army Harbor Light Complex IOPT**

**Time Period Reported: January 1 – June 30, 2015**

**Services  
Provided with  
ADAMHSCC  
Funding**

**Intensive Outpatient**  
-Assessment  
-Case Management  
-Individual Counseling  
-Group Counseling  
-Consultation

**Agency  
Defined  
Outcomes  
Measures**

Projected goals for 12 months:  
120 Admits  
70 Complete  
  
Instrument used for results: TESCO

**Results**

Admits: 80    Completed: 40  
Projected completed: 58%  
Actual completed: 50%

**CY 2015 Request For Information Reviews**

**Board Approved Agency Outcome Measures**

**AGENCY NAME: Scarborough House**

**Time Period Reported: January 1 – June 30, 2015**

**Services Provided with ADAMHSCC Funding**

Scarborough House is a three quarter way house for women in recovery from alcohol and/or other drugs and adheres to standards of care defined by ODMHAS and NARR. Women can stay for one year as they transition from treatment to self sufficiency. During their stay they contractually agree to continue to participate in their outpatient program, participate in 12 step recovery groups in the community, attend all house meetings, participate in counseling offered once per week by a licensed counselor on site, subject to urine or breathalyzer screens, and pursue education or employment. Scarborough House has 8 beds in Tremont in the city of Cleveland. A House Manager lives onsite. Scarborough House meets the criteria for Level II under the levels defined by the National Association of Recovery Residences (NARR). Scarborough House is a recipient of ADAMHS non-Medicaid funding to help supplement the cost of providing this sober housing service to the women, which exceeds the revenue recovered through their monthly rent contribution of \$ 300 per month.

Evidence Based Practices: Motivational Interviewing; Relapse Prevention; Wellness Management

- Wait time from referral to assessment/intake above industry average
- Treatment initiation rate (2 visits within 14 days of intake/assessment)

<b>Agency Defined Outcomes Measures</b>	<ul style="list-style-type: none"> <li>- Engagement rate of person's intake/assessed (80%)</li> <li>- Retention rate of persons completing the program (70%)</li> <li>- Abstinence rate of those abstinent at discharge (50%)</li> <li>- Housing rate of those discharged to stable housing (60%)</li> <li>- Criminal justice involvement of those not incurring new charges while in program (60%)</li> <li>- Employment/education rate of those securing employment/education while in program (70%)</li> <li>- Consumer Satisfaction (70%)</li> </ul>
<b>Results</b>	<p>From 1/1/2015 – 6/30/2015, 14 women were in residence at Scarborough House, referred by area treatment centers or self referred. Fifty six percent (56%) of admissions had heroin as one or more of their reported drugs of choice at admission. Other drugs included alcohol, marijuana, crack cocaine, prescription opioids, benzodiazepines and amphetamines. Fifty five percent (55%) had a presenting MH diagnosis and were also receiving treatment for MH needs/diagnoses, which included depression, anxiety, bi-polar disorder or schizophrenia spectrum disorder.</p> <p>As noted all outcomes met or exceeded goals except retention rate. Explanations follow.</p> <ul style="list-style-type: none"> <li>- Wait time: The average wait time from referral to admission for the women showing up for their intake appointment is 2 – 7 days. Typically the Scarborough house manager schedules the appointments while the client is still in residential treatment, and at the convenience of the client and the treatment center. The appointment is set up in advance so that, if the client meets the criteria for admission, when the client is discharged from residential, they can transition directly to Scarborough House. Scarborough exceeds the industry average for wait time by 100%.</li> </ul>

- |  |  |
|--|--|
|  | <ul style="list-style-type: none"><li>- Treatment Initiation: 100% of women intake/assessed who were admitted to Scarborough, were admitted within 14 days of their assessment</li><li>- Engagement: 90% of women accepted for admission into Scarborough House followed through and were admitted</li><li>- Retention: 59% of women admitted completed successfully or are still active; this is a reduction over prior year due to higher percentage of heroin addicted women and the challenge of retention of these women. The percent is above industry average of retention rates for heroin addiction which is 45%</li><li>- Abstinence: 73 % of women admitted remained abstinent</li><li>- Housing: 85% of women discharged secured stable housing</li><li>- Criminal Justice involvement: 88% of women served had no criminal justice involvement while in the program. On 3 occasions, women relapsed and this became a probation violation for them.</li><li>- Employment/education success: 100 % of women became employed or attended school, or both, while in the program. This is a program requirement. A special initiative is underway to improve the employment/education opportunities for the clients once admitted.</li><li>- Consumer satisfaction: 85% of women indicate they are satisfied with services provided</li></ul> |
|--|--|



**CY2016 Request For Information Reviews**  
**Board Approved Agency Outcome Measures**

**AGENCY NAME: Stella Maris, Inc.**

**Time Period Reported: January 1, 2015 – June 30, 2015**

<b>Services Provided with ADAMHSCC Funding</b>	Stella Maris acts as the administrative agent for ADAMHS Board pass through funds that provide sober housing for Cuyahoga County residents. The participating agencies refer clients to sober houses that have been certified by Stella Maris.
<b>Agency Defined Outcomes Measures</b>	<p>Increased number of referral agencies          Recruited of sober houses          Number of sober houses inspected          Number of sober housing passing inspection          Number of sober housing failing inspection          Number of referrals to sober housing          Number of bed days paid through June 30, 2015          Number of clients staying between 30 – 60 days          Number of clients staying 61 – 89 days          Number of clients staying the full 90 days</p>
<b>Results</b>	<p>Increased number of referring agencies from six (6) to eleven (11) agencies          Recruited twenty-one (21) sober houses          Inspected twenty-two (22) sober houses          Twenty-one (21) sober houses passed inspection          One (1) sober house failed inspection          Thirty-four (34) referrals made to sober houses          One thousand sixty-nine (1,069) bed days paid through June 30, 2015          Six (6) clients stayed between 30 – 60 days          Seven (7) clients stayed between 61-89 days          Three (3) clients who stayed the full 90 days</p>

**CY2016 Request For Information Reviews**  
**Board Approved Agency Outcome Measures**

**AGENCY NAME: Stella Maris Inc.**

**Time Period Reported: January 1, 2015 – June 30, 2015**

<b>Services Provided with ADAMHSCC Funding</b>	The Supportive Housing Program houses 46 sober men, operated on a Stella Maris evidenced-based Therapeutic Community Model (TC). Housing is provided for an average of four (4) months for individuals during the early phase of their recovery. Clients receive three nutritionally balanced meals a day. The Supporting Housing Program is staffed 24-hours a day by Case Managers and Resident Assistants.
<b>Agency Defined Outcomes Measures</b>	Number of residents participating in the development of their individualized service plans. Number of residents participating in the Stella Maris IOP program. Number of residents reporting continued abstinence from alcohol and drugs.
<b>Results</b>	100% of residents (92 out of 92) participated in the development of their individualized service plans. 69% of residents (40 out of 58) actively participated in the Stella Maris IOP program. 82.8% of residents (48 out of 58) report continued abstinence from alcohol and drugs.

**CY 2016 Request For Information Reviews**

**Board Approved Agency Outcome Measures**

**AGENCY NAME: Stella Maris**

**Time Period Reported: January 1 – June 30, 2015**

<b>Services Provided with ADAMHSCC Funding</b>	MH: Adult drug and alcohol detoxification, crisis intervention, Pharmacological management, Psychiatric consultations and Medical History and Physicals, bio-psychosocial assessments, case management and referrals				
<b>Agency Defined Outcomes Measures</b>	1	Patient engages in treatment	185 (Projected)	179 (Successful)	Verified by intake, Assessment and Admission Materials, Individualized Treatment Plan, Progress Notes, Detoxification program survey
	2	Patient demonstrates an understanding of addiction.	185 (Projected)	179 (Successful)	Verified by Individualized Treatment Plan, Review of Treatment Plan by Multidisciplinary Team, Progress Notes in Patient Record Detoxification
	3	Patient commits to the next level of care.	111(Projected)	113 (Successfully)	Verified by Progress Notes, Discharge Summary and Documented Follow-up. Detoxification program survey.
	4	Patient demonstrates improved positive/supportive relationships.	111 (Projected)	113 (Successfully)	Verified by Progress Notes Discharge Summary and Documented Follow-up. Detoxification program survey.

<p><b>Results (Results as Compared to Previous Year)</b></p>	<ul style="list-style-type: none"> <li>• Achieved 97% projected client numbers (179 successfully engaged in treatment compared to 185 projected to be successfully engaged in treatment).</li> <li>• 97% of projected clients successfully demonstrate an understanding of addiction (179 success vs. 185 projected).</li> <li>• 102% of projected clients successfully made a commitment to the next level of care (113 successful vs. 111 projected).</li> <li>• 102% of projected clients demonstrated improved positive/supportive relationships (113 successful vs. 111 projected).</li> <li>• Clients successfully demonstrating an understanding of addiction was at 97% of projected goals, a 3% increase from FY2014.</li> <li>• Patients committing to the next level of care was at 102% of projected goals, a 3% increase from FY 2014.</li> <li>• Patients demonstrating improved positive/supportive relationships was at 102% of projected goals, a 3% increase from FY 2014.</li> </ul>
--	---

**CY 2016 Request For Information Reviews**

**Board Approved Agency Outcome Measures**

**AGENCY NAME: Stella Maris**

**Time Period Reported: January 1 – June 30, 2015**

**Services Provided with ADAMHSCC Funding**  
 MH: Adult IOP, Crisis Intervention, Individual Counseling, Intensive Outpatient and Outpatient Groups, Psychiatric and Psychological Consultations, Case-Management, Referrals, Bio-Psychosocial Assessment, and Family Groups.

<b>Agency Defined Outcomes Measures</b>	1	Patient engages in treatment	54 (Projected)	133 (Successful)	Verified by intake, Assessment and Admission Materials, Individualized Treatment Plan, Progress Notes, Detoxification program survey
	2	Patient demonstrates an understanding of addiction.	54 (Projected)	94 (Successful)	Verified by Individualized Treatment Plan, Review of Treatment Plan by Multidisciplinary Team, Progress Notes in Patient Record Detoxification
	3	Patient commits to the next level of care.	54 (Projected)	76 (Successfully)	Completes All IOP sessions, verified by Progress Notes, Discharge Summary and

					Documented Follow-up. Detoxification program survey.
	4	Patient demonstrates improved positive/supportive relationships.	54 (Projected)	81 (Successfully)	Verified by Progress Notes Discharge Summary and Documented Follow-up. Detoxification program survey.
<b>Results (Results as Compared to Previous Year)</b>	<ul style="list-style-type: none"> <li>Exceeded projected engaged in treatment client numbers by 269% (successfully engaged 145 in treatment compared to 54 projected to be successfully engaged in treatment).</li> <li>Exceeded number of projected clients that demonstrate an understanding of addiction by 174% (successfully engaged 94 in treatment to demonstrate an understanding of addiction compared to 54 projected to successfully demonstrate an understanding of addiction).</li> <li>Achieved 140% of projected goal for patients committing to the next level of care (76 patients successfully completing IOP compared to the projected 54).</li> <li>Achieved 150% of projected goal for patients demonstrates improved positive/supportive relationships.</li> <li>Engaged 145 ADAMHSB funded patients in treatment from January 1, 2015 through June 30, 2015 compared to engaging 62 patients in treatment in FY 2014.</li> <li>94 ADAMHSB funded patients demonstrated an understanding of addiction from January 1, 2015 through June 30, 2015 compared to 62 patients in FY 2014.</li> <li>76 ADAMHSB funded patients committed to the next level of care from January 1, 2015 through June 30, 2015 compared to 22 patients in FY 2014.</li> <li>81 ADAMHSB funded patients demonstrated improved positive/supportive relationships from January 1, 2015 through June 30, 2015 compared to 34 patients in FY 2014.</li> </ul>				

CY2016 Request For Information Reviews Board Approved Agency Outcome Measures	
AGENCY NAME: United Way of Greater Cleveland	
Time Period Reported: January 1, 2015 – June 30, 2015	
Services Provided with ADAMHSCC Funding	Problem Identification and Referral for Alcohol and Other Drug (AOD) Addictions Information and Referral for Mental Health (MH)
Agency Defined Outcomes Measures	<p>The following Quality Performance Indicators (QPIs) are used:</p> <p>Client Satisfaction: Goal is 90%</p> <p>Timely Response: Goal is an ASA (Average Speed of Answer) of 90 seconds</p> <p>Tracking Contacts: Goal is 12,000 AOD/MH contacts annually</p> <p>Tracking Referrals/Needs: Goal is to provide 18,000 AOD/MH agency referrals/needs annually</p>
Results	<p>Client Satisfaction</p> <p>Goal: 90%</p> <p>Score: 93%</p> <p>Client satisfaction results are from a sample of more than 6,300 2-1-1 clients from 1/1/15-6/30/15. 100% of 2-1-1 callers may opt-in to a telephone client satisfaction survey at beginning of the call.</p> <ul style="list-style-type: none"> <li>96% of those completing the survey responded they would contact 2-1-1 again if they needed assistance.</li> </ul>

- 93% reported their Specialist to be friendly / helpful.
- 88% reported having more information as a consequence of calling 2-1-1.

**Timely Response**

**Goal:** ASA (Average Speed of Answer) of 90 seconds

**Score:** ASA (Average Speed of Answer) of 112 seconds

Achieving an Average Speed of Answer of 90 seconds is an ambitious task, particularly during high call-volume times of the year such as Q1. Despite the high call volumes, 2-1-1 was only 22 seconds from its target and the 2015 ASA represents an improvement of 150% over the first half of 2014. Staffing and programmatic changes made in 2015 helped to improve this score.

**Tracking Contacts, Referrals/Needs**

**Goal, Needs/Referrals:** 12,000 AOD/MH contacts handled annually

**Goal, Agency Referrals:** 16,000 AOD/MH requests/needs handled annually

2-1-1 has responded to 5,343 clients; 89% of the 6-month goal for 2015, and has handled 7,713 requests; 86% of the 6-month goal. It is typical that requests increase in Q3 and Q4 and therefore will outpace goal (Q4 is especially higher for AOD and MH concerns due to the holidays), closing the 11-14% gap from goal.

For next CY, 2-1-1 is changing its methodology for the calculation of AOD and MH units, so that it aligns with the national AIRS problem/need categories. This is not a change in service delivery, only methodology, but will necessitate the revision of goals downward. As an example, using the new methodology, the YTD problem/need count for 2015 would become 4,359.



<b>CY 2016 Request For Information Reviews</b> <b>Board Approved Agency Outcome Measures</b>	
<b>AGENCY NAME: Visiting Nurse Association of Ohio: Psychiatric Bridge Program (Northcoast Bridge and SCALES Bridge)</b>	
<b>Time Period Reported: January 1, 2015 – June 30, 2015</b>	
<b>Services Provided with ADAMHSCC Funding</b>	Diagnostic Assessment, Pharmacologic Management  The VNA Psychiatric Bridge Program provides in-home psychiatric care and support to clients who reside in Cuyahoga County who are discharged from Northcoast Behavioral Health (NBH). "Hot Spot" funds awarded in 2012 supported similar services to clients referred from SCALES for assessment and Bridge care. Bridge services to both populations ensure the clinical stability of recently-discharged clients until the first appointment at the assigned community mental health center.
<b>Agency Defined Outcomes Measures</b>	<b>Re-hospitalization %:</b> defined as any client who is re-hospitalized during care with the Psychiatric Bridge Program.  <b>Linkage to Community Mental Health Agency %:</b> Conditions of successful linkage include evidence of improved medication management and decreased symptom distress, in addition to linkage to a community mental health agency.
<b>Results</b>	<b><u>NORTHCOAST BRIDGE PROGRAM OUTCOMES:</u></b> <b>Total referrals to Northcoast Bridge Program: 49</b>

**Total ACTIVE clients served: 40**

**Total active clients linked: 31**

**Total cases unable to be opened: 9**

**Reasons for cases not being opened: (9 clients)**

**-Unable to locate: 5**

**-Refused services: 4**

**-Re-hospitalized: 2**

**Cases still open: 1**

**RE-HOSPITALIZATION RATE: 4%**

**TOTAL LINKAGE RATE FOR ALL REFERRALS (includes unopened cases): 63%**

**LINKAGE RATE FOR ACTIVE CLIENTS : 78%**

**COMMUNITY SCALES BRIDGE PROGRAM OUTCOMES:**

**Total referrals: 7**

**Total active clients served: 7**

**Total active clients linked: 6**

**Total cases unable to be opened: 0**

**Reasons for cases not being linked: (1 client)**

**-Refused service after initial admission visit. Was later re-referred and client was successfully linked at that time.**

**-No re-hospitalizations occurred in this client population over the reporting period.**

**- Cases still open: 0**

**RE-HOSPITALIZATION RATE: 0%!!!**

**LINKAGE RATE FOR ALL REFERRALS (including unopened cases): 86%**

**LINKAGE RATE FOR ACTIVE CLIENTS: 86%**

**TOTAL PSYCHIATRIC BRIDGE PROGRAM STATISTICS:**

**AVERAGE OVERALL LINKAGE RATE FOR ALL REFERRED CLIENTS: 66%**

**AVERAGE OVERALL LINKAGE RATE FOR ACTIVE CLIENTS: 78%**

**AVERAGE OVERALL RE-HOSPITALIZATION RATE: 3%**

**CY2016 Request For Information Reviews**

**Board Approved Agency Outcome Measures**

**AGENCY NAME:** Women's Recovery Center

**Time Period Reported:** January 1, 2015 – June 30, 2015

**Services  
Provided with  
ADAMHSCC  
Funding**

**AOD:** Assessment, Case Management, Crisis Intervention; Family Counseling; Group Counseling; Intensive Outpatient, Individual Counseling, Urinalysis Screening; and other AOD Services Not Otherwise Classified.

The agency reports the following Outcomes Measures:

- Client feedback on Programs through surveys and issue oriented Focus Groups
- Client Satisfaction Surveys
- Referral source Satisfaction Surveys
- Treatment Completion Rates
- Engagement/Retention rates with specific analysis related to points that clients relapse and quit the program
- Wait time for assessment (the average number of days waiting for all who could not receive an assessment appointment within 3 business days of initial contact).

<p><b>Agency Defined Outcomes Measures</b></p>	<ul style="list-style-type: none"> <li>• Of the 62 clients engaged in Non-Medicaid funded treatment during the reporting period. Of those clients 41 became eligible for Medicaid. Of the 62 Clients 86% attended at least two treatment services, 62% were referred to the second phase of treatment with 49% successful being discharged were successfully discharged defined as clean and sober at the time of discharged, completing the required milestones, stable housing and a sober support network. Twenty-four (24) clients or 18.32% were administratively terminated from the program including those that stopped attending without response to multiple follow-up attempts. This segment of the clients also includes those clients that were referred to a higher level of care.</li> <li>• Client Feedback on Programs – The WRC engages current and former clients as key stakeholders for program and strategic planning, as well as, facilities planning. In January 2014, sixteen (16) current and former clients attended a strategic planning focus group session. In February, the Executive Director met with clients in each phase of treatment to keep them informed of the status of the facility renovations and to seek opinions on the clinical needs.</li> <li>• Client Satisfaction Surveys – Client Satisfaction surveys are given to clients during the discharge planning session and asked to complete and return it. Of the 22 anonymous surveys returned the average satisfaction score is 4.8.</li> <li>• The Women’s Recovery Center does not stagger admissions based on the funding stream. Throughout the reporting period, the average wait time has been 15 days. The organization’s capacity for clients is currently 51 and the average number of clients has been 54 clients.</li> <li>• It appears as though the client participants will be tracked to exceed the 50% IOP success rate. In 2014, the success rate was 51.9%.</li> <li>• Referral Source Satisfaction – The WRC sends satisfaction surveys to referral entities. Of the 53 surveys mailed, 29 were completed and returned. The scores of the 5 question provided the average score of 4.85 with four surveys indicating favorable comments.</li> <li>• With the treatment curriculum featuring individualized services, clients move through the program phases at different rates. The average length of stay is 27 weeks versus 29 weeks in 2013.</li> </ul> <p>Client Milestones:</p> <ul style="list-style-type: none"> <li>❖ Treatment Engagement;</li> <li>❖ Demonstrates and Verbalizes Understanding of Addiction;</li> <li>❖ Modifies Negative Behaviors;</li> <li>❖ Utilizes Recovery Skills;</li> </ul>
--	--

	<ul style="list-style-type: none"> <li>❖ Shows Long Term Commitment to Sobriety;</li> <li>❖ Positive Life Factors Achieved.</li> </ul> <p>The WRC has seen a 22% increase in the volume of clients diagnosed as poly substance dependent. The increase in opiate dependence has increased from 26% in 2013 to 48% in 2014.</p> <p>The Women's Recovery Center has not been required to report any Major or Unusual Incidents. In addition the Center has not had any grievances reported through the reporting period.</p>
<p><b>Results</b></p>	<ul style="list-style-type: none"> <li>• 81% responded positively to the Program.</li> <li>• 69% reported they were very satisfied with the services they received and 21% were fairly satisfied.</li> <li>• 84% of residential clients reported therapists have adequate time for clients</li> <li>• Average wait to assessment is 8.23 days; previous average was 6.03.</li> <li>• The average wait time from assessment to residential treatment is 9.22 days.</li> <li>• 49% of participants were admitted to residential treatment within five days of assessment.</li> </ul>