

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

AGENCY NAME: Applewood Centers

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

<p>Services Provided with ADAMHSCC Funding</p>	<p>Applewood Centers uses ADAMHSCC Non-Medicaid funding to support the agency’s outpatient and community based programs such as the Outpatient Office-Based Counseling, In-Home Counseling, After School Partial Hospitalization (ASP) program, and Psychiatry services. These programs provide: mental health assessment, behavioral health counseling, community psychiatric supportive treatment, and pharmacological management services to children and youth throughout Cuyahoga County. Additionally, the agency’s School Based Counseling (SBC) program uses the designated mental health in the schools funds to provide mental health assessment, behavioral health counseling, and community psychiatric supportive treatment to students attending schools throughout the greater Cleveland area. Also, SBC staff work with teachers and school administrators to provide consultation and prevention services.</p>
<p>Agency Defined Outcomes Measures</p>	<p>To evaluate the effectiveness of services, staff administers the Ohio Scales, an outcomes measure that assesses treatment outcomes from the perspectives of the youth client (if aged 12 or older), his/her parent, and his/her agency worker. The agency reports on the following indicators based upon data from the Problem Severity, Functioning, Hopefulness, and Satisfaction subscales of the Ohio Scales.</p> <ul style="list-style-type: none"> • Percentage of clients with improved agency worker rated Problem Severity at discharge • Percentage of clients with improved agency worker rated Functioning at discharge • Percentage of clients and parents/guardians reporting a positive future outlook at discharge • Percentage of clients and parents/guardians reporting feeling satisfied with the agency’s services at discharge
<p>Results</p>	<p><u>Number of Clients Served:</u></p> <ul style="list-style-type: none"> • According to agency electronic records, for the first half of calendar year 2015 (01/01/15 – 06/30/15), the Applewood Cuyahoga County outpatient and community based programs served 1,887 distinct clients (not all of these clients utilized ADAMHSCC Non-Medicaid funds). <p><u>Successful Program Completion & Treatment Outcomes:</u> Of the 1,887 clients served, 450 were discharged during the reporting period. Of the 450 discharged clients, 351 (78%) had pre-and-post Ohio Scales assessments completed by their primary agency worker. For a client to be considered to have successfully completed the program, the client must have</p>

demonstrated improvement in symptom severity or functioning at the time of discharge. Of the sample of 351 clients:

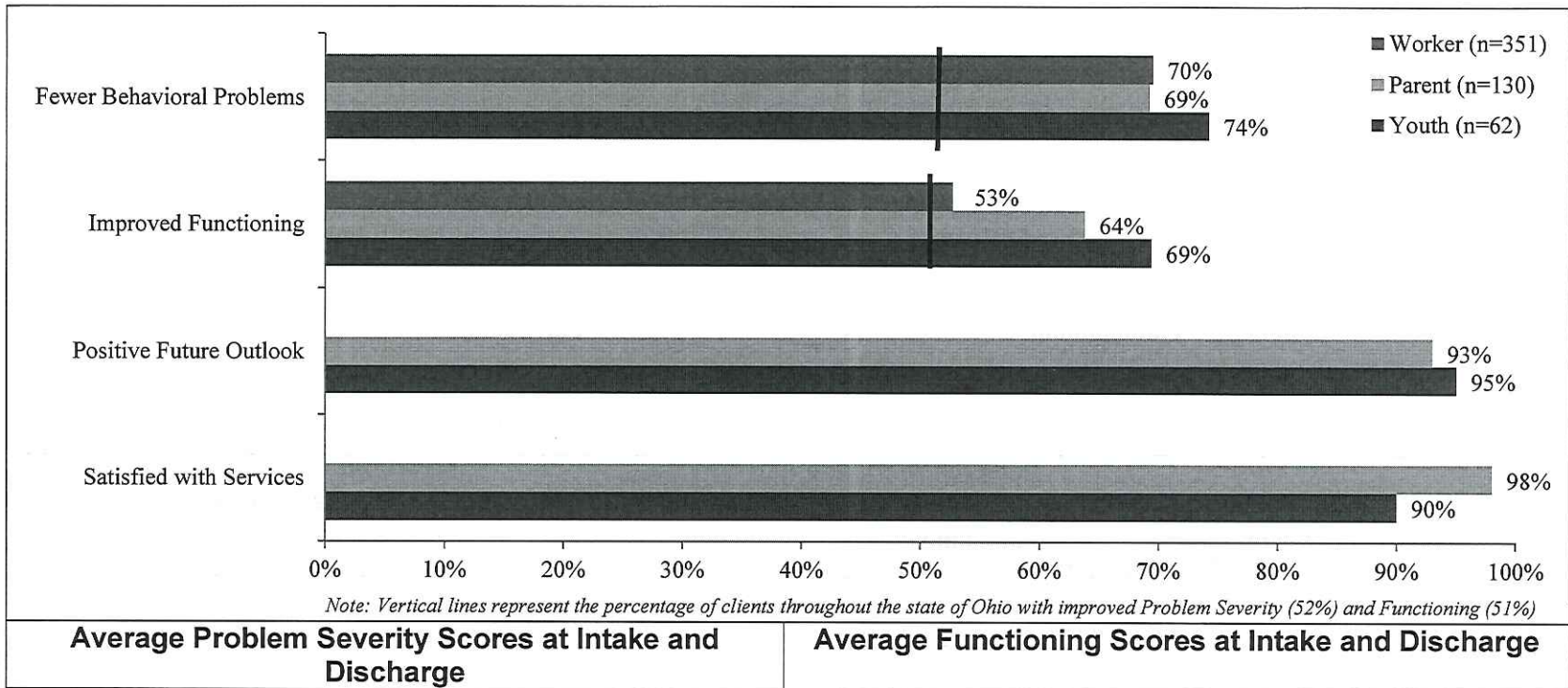
- 262 of 351 clients (75%) successfully completed the program.

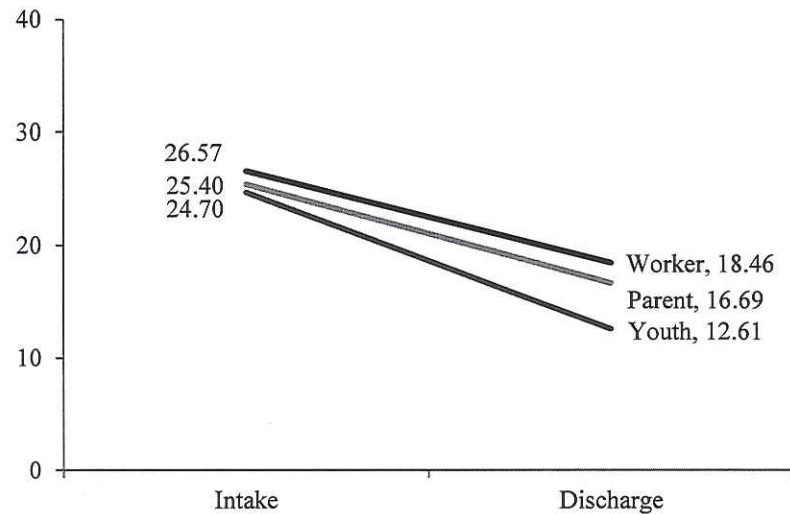
Treatment outcomes as measured by the Ohio Scales for the sample of 351 discharged clients were as follows:

- **Fewer Behavioral Problems** - 70% of clients demonstrated a reduction in agency worker-rated problem severity; also, the reported improvements in average problem severity scores were statistically significant for each rater (i.e. worker, parent, and youth).
- **Improved Functioning** - 53% of clients demonstrated an improvement in daily functioning as rated by the agency worker; also, the reported improvements in average functioning scores were statistically significant for the parent and youth assessments.
- **Positive Future Outlook** - 93% of parents and 95% of youth clients reported feeling hopeful about the future after receiving services.
- **Satisfaction with Agency Services** - At discharge, 98% of parents and 90% of clients reported feeling satisfied with the services they received from the agency.

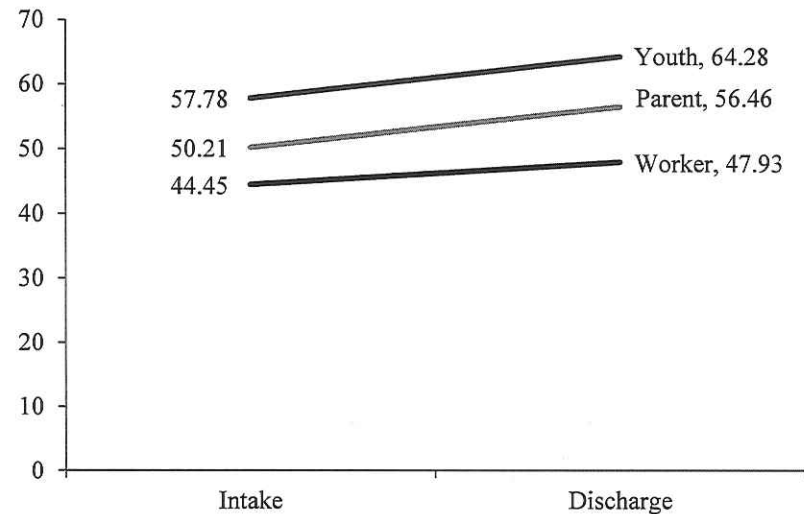
These outcomes are similar to or reflect slight improvements to the outcomes for clients discharged during calendar year 2014. Specifically, the percentage of clients demonstrating fewer behavioral problems for CY 2014 equaled 58%; whereas, for the current reporting period the percentage of clients demonstrating fewer behavioral symptoms equaled 70%. Additionally, the percentage of discharged clients demonstrating improved functioning (i.e. 53%) was slightly higher for the first six months of CY 2015 as compared to the percentage for CY 2014 (i.e. 49%). The outcomes for CY 2015 are on target to meet agency benchmark values and exceed the benchmarks reported for the state of Ohio (Ohio Mental Health Consumer Outcomes System Report 16: Benchmarks for Reliable Change and Clinical Significance on the Ohio Scales for Youth – Problem Severity and Functioning Scales).

Applewood Centers: Supplemental Charts





*Improvements were statistically significant at the $p < .005$ level;
Scores below 20 suggest a non-clinical level of behavioral problems*



*Improvements were statistically significant at the $p < .005$ level;
Scores above 50 (W/P) and 60 (Y) suggest a non-clinical level of functioning*

CY2016 Request For Information Reviews
Board Approved Agency Outcome Measures

AGENCY NAME: Applewood Centers – Residential Treatment Services

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

Services Provided with ADAMHSCC Funding

Residential services at Applewood Centers are centered around the agency’s commitment to provide individualized services and quality care to youth ages 11 through 18 experiencing acute crises and persistent or prolonged behavioral difficulties. The agency’s residential services stress a multidisciplinary approach to address the complex needs of each youth, building upon his or her strengths. The ADAMHS Board provides funding for crisis placements in the agency’s intensive care units.

Agency Defined Outcomes Measures

The agency’s residential programming stresses a multidisciplinary approach to address the complex needs of each youth, building upon his or her strengths. As such, to further assess clients’ needs and strengths, the agency’s residential program implemented the completion of the Crisis Assessment Tool (CAT) for identified youth in need of crisis care within the agency’s residential intensive treatment or critical care units. Developed by the Buddin Praed Foundation, the Crisis Assessment Tool (CAT) is a decision support tool that facilitates the measurement and communication of the needs of youth experiencing a crisis. The CAT is completed collaboratively by agency staff and the youth’s parent or guardian upon initiation and termination of crisis care. The agency reports on the following indicators based upon data from the CAT.

- Percentage of clients with fewer risk behaviors
- Percentage of clients with improved behavioral/emotional symptoms

	<ul style="list-style-type: none"> • Percentage of clients reporting improved life domain functioning • Percentage of clients reporting improved family stress levels • Percentage of clients returning home to parent/guardian <p>Percentage of clients and parents/guardians reporting feeling satisfied with the agency's services at discharge</p>
Results	<p>Of the 12 clients who received ADAMHS Board funded crisis care, 6 were discharged and also had a second CAT completed at the time of discharge. The length of stay for the 6 discharged clients ranged from 3 to 13 days with an average length of stay equal to 5 days. Upon discharge:</p> <ul style="list-style-type: none"> - 50% of clients demonstrated fewer risk behaviors - 100% of clients demonstrated improved behavioral/emotional symptoms - 17% of clients demonstrated improved life domain functioning - 33% of clients reported improved family stress levels - 100% of clients returned home to their parent or guardian

**CY 16 Request For Information Reviews
Board-Approved Agency Outcome Measures**

Agency Name: Beech Brook

Time Period Reported: January 1 – June 30, 2015

Services Provided	<p>ACT: MH Crisis Intervention; Pharm Mgt.; BH Counseling and Therapy (Group & Individual); MH Assessment; CET (Cognitive Enhancement Therapy) and CPST. The program services clients 16 to 25 years of age.</p> <p>ECMH: Prevention Assessment, Prevention Treatment</p> <p>SBMH: Psychiatric Diagnostic Interview; Assessment; Pharm Mgt.; BH Counseling and Therapy (Group and Ind.); CPST (Individual and Group); Self Help/Peer Support.</p>
Outcomes Measures	<p>ACT: The agency uses the <i>ACT Consumer Outcomes Index</i>. This is a combination of measures found in the <i>Adult Ohio Scales</i> and independent measures employed to create indexes covering crisis episodes and stability, psychiatric hospitalizations, independent housing, housing stability, criminal involvement, employment, symptom distress, quality of life, and overall quality of life. A satisfaction survey is also employed.</p> <p>ECMH: Outcomes evaluations for the ECMHPP use data from multiple sources. These include information about enrollments, demographics, and other pertinent service information which are compiled on a quarterly basis. The clinical outcome measures for the program are the <i>Child Behavioral Checklist (CBCL)</i> Externalizing, Internalizing, and Total scores, and Parent-Infant Relationship Global Assessment Scale (<i>PIR-GAS</i>). These are collected at intake, 6 weeks, 90 days, every 90 days thereafter, and at discharge. Client satisfaction is measured by a 13 question survey administered at discharge.</p> <p>SBMH: The agency uses <i>Ohio Scales</i> measures for its school-based mental health services. This includes completion of parallel instruments by the youth, parent and agency worker. The agency reports on the Problem Severity, Functioning, and School Functioning from the Worker scales and Satisfaction from the Youth and Parent scales.</p>
Results (Results as Compared to Previous Year)	<p>Total # of persons served</p> <p>ACT: 70 clients served between January 1st and June 30th of 2015. Thirty-seven (53%) clients were male, 33 (43%) were female. A total of 1,340 service hours were recorded for first half of the calendar year.</p> <p>ECMH: 52 clients served between January 1st and June 30th of 2015. Thirty-six (69%) clients were male, 16 (31%) were female. A total of 300 service hours were recorded for the first half calendar year 2015.</p>

SBMH: From August 2014 to June 2015, Beech Brook's school-based services were delivered in 85 elementary, middle and high schools. Beech Brook provided 47,924 hours of service to 2,364 children / youth while 1,109 were discharged. Average length of stay for clients was 388 days.

Total # and % of clients successfully completing program

ACT: Beech Brook defines the success of their ACT clients as someone who ages out and goes to the same level of care or lesser level of care, or someone who goes to a lower level of care prior to them aging out.

For the first half of calendar year 2015, 8 clients were discharged with an average length of stay of 960 days (2.4 years). Of this group, 5 (63%) clients successfully completed the program. The ACT Consumer Outcomes for Quality of Life and Symptom Distress were analyzed; 63% of clients reported improvement in QOL, compared to 57% the previous calendar year. Thirty-four percent (34%) reported improved Symptom Distress, compared to 41% the previous calendar year; another 7% maintained low SDS scores. Employment and Homeless status were also analyzed; although employment status is not tracked before clients enter ACT, 56% of open and discharged clients were students or employed for the first half of calendar year 2015. Comparatively, this value was 47% for the previous calendar year. One (1) consumer was homeless before ACT treatment and remained homeless during treatment. For calendar year 2014, 2 consumers were homeless before entering the program but changed status when receiving services. Comparatively, the first half of calendar year 2014 had 2 out of 3 (66%) clients successfully complete the program. Therefore, first half of calendar year 2015 saw steady performance for successful completions.

ECMH: Beech Brook defines the success of their ECMH clients by meeting 1 or more treatment goals, and improvements in assessment tools like the Child Behavioral Checklist (CBCL) and Parent Infant Relationship Global Assessment Scale (PIR-GAS).

For the first half of calendar year 2015, 24 clients were discharged with an average length of stay of 219 days. Of this group, 46% completed the program satisfactorily, 44% were withdrawn by a family member or moved away, and 8% transitioned to another program. This was an improvement from the previous fiscal year's first half program completion percentage of 42%

Group averages were analyzed using the CBCL and PIR-GAS. Clients showed significant improvement at post-test for both measures. Average CBCL total scores had a significant mean change of -6.1, $p < .001$. Average PIR-GAS total scores had a significant mean change of 7.8, $p < .001$. This was an

improvement from the previous fiscal year's first half CBCL (-5.9, $p < .05$) and PIR-GAS total scores (1.0, $p = .59$).

SBMH: Beech Brook defines the success of their SBMH clients as the improvement of Ohio Scales outcomes scores at discharge/reassessment and moderate to extreme satisfaction from parents and youth regarding perceptions of treatment.

Nine hundred forty nine (949) were discharged from SBMH during SY15. Eight hundred and sixty nine (869) clients had pre-post Ohio Scales available for analysis. As a population, 70% of clients had reduced problem severity, 65% had improved functioning, and 39% had improved their response to "attending school and getting passing grades in school." All improvements were statistically significant ($p < .001$). These results are consistent with the previous school year's findings of 73%, 67%, and 39% respectively. Pre/post Parent and Youth satisfaction scores were available for 410 parent and 410 youth (N=820). Both parents and youth were well below with in the extreme satisfaction range for perceptions on treatment. With the extreme satisfaction scale ranging from 4 to 7 (lower being better), Parents averaged a post satisfaction score of 5.7 and Youth averaged 6.5. This is on par with the previous school year's finding of satisfaction for Parents (5.4) and Youth (6.1).

Target goals and 2015 outlook

ACT: Target goals were met for this calendar year with 63% of discharged clients successfully completing the program. This was a noticeable similar performance rate compared to the previous fiscal year's period. For the second half of calendar year 2015 Beech Brook will continue to implement its high standards of treatment using effective client-centered practices and reliable assessment tools.

ECMH: Target goals were met for this calendar year with 100% of eligible discharged clients meeting at least 1 treatment goal, and significant improvement scores for the CBCL and PIR-GAS. For the second half of calendar year 2015 Beech Brook will continue to implement its high standards of treatment using effective client-centered practices and reliable assessment tools.

SBMH: Target goals were met for the 2015 SBMH clients. Although results indicated that clients were less receptive to statements of improvement toward school, their severity levels decrease and overall function tell another story i.e. positive change. This is bolstered by the very high treatment satisfaction ratings provided by parents and youth. For the second half of calendar year 2015 Beech Brook will continue to implement its high standards of treatment using effective client-centered practices and reliable assessment tools.

CY2016 Request For Information Reviews

Board Approved Agency Outcome Measures

AGENCY NAME: Bellefaire JCB

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

<p>Services Provided with ADAMHSCC Funding</p>	<p>Bellefaire JCB uses ADAMHSCC Non-Medicaid funding within its School-Based Counseling (SBC) and Parents and Children Together Substance Abuse Treatment (PACT-SAT) In-Home Counseling programs. The SBC and PACT-SAT programs provide an array of behavioral healthcare services including mental health assessment, behavioral health counseling, community psychiatric supportive treatment, and family therapy. SBC program staff deliver services to students in over 70 Cleveland-area schools in individual and group settings, and additionally work with school staff to provide consultation and prevention services. The Bellefaire PACT-SAT program provides integrated mental health and substance abuse treatment services within the home or community.</p>
<p>Agency Defined Outcomes Measures</p>	<p>To evaluate the effectiveness of services, program staff administers the Ohio Scales, an outcomes measure that assesses treatment outcomes from the perspectives of the youth client (if aged 12 or older), his or her parent, and his or her agency worker. The agency reports on the following indicators based upon data from the Problem Severity, Functioning, Hopefulness, and Satisfaction subscales of the Ohio Scales.</p> <ul style="list-style-type: none"> • Percentage of clients with improved agency worker rated Problem Severity at discharge • Percentage of clients with improved agency worker rated Functioning at discharge • Percentage of clients and parents/guardians reporting a positive future outlook at discharge • Percentage of clients and parents/guardians reporting feeling satisfied with the agency's services at discharge
<p>Results</p>	<p><u>Number of Clients Served:</u></p>

- According to agency electronic records, for the first half of calendar year 2015 (01/01/15 – 06/30/15), the Bellefaire SBC and PACT-SAT programs served 1,592 distinct clients (not all clients utilized ADAMHSCC Non-Medicaid funds). Of those clients 415 were discharged during the reporting period.

Number of Clients Successfully Completing Program:

For a client to be considered to have successfully completed the program the client must have (a) had treatment goals set and (b) partially or fully achieved his/her treatment goals at the time of discharge. Of the 415 discharged clients, 91 did not have goals set. These 91 clients are excluded from the denominator when calculating the percentage of clients who successfully completed the program (415 – 91 = 324).

- 246 of 324 clients (76%) successfully completed the program as indicated by partial or full achievement of their treatment goals.

Treatment Outcomes:

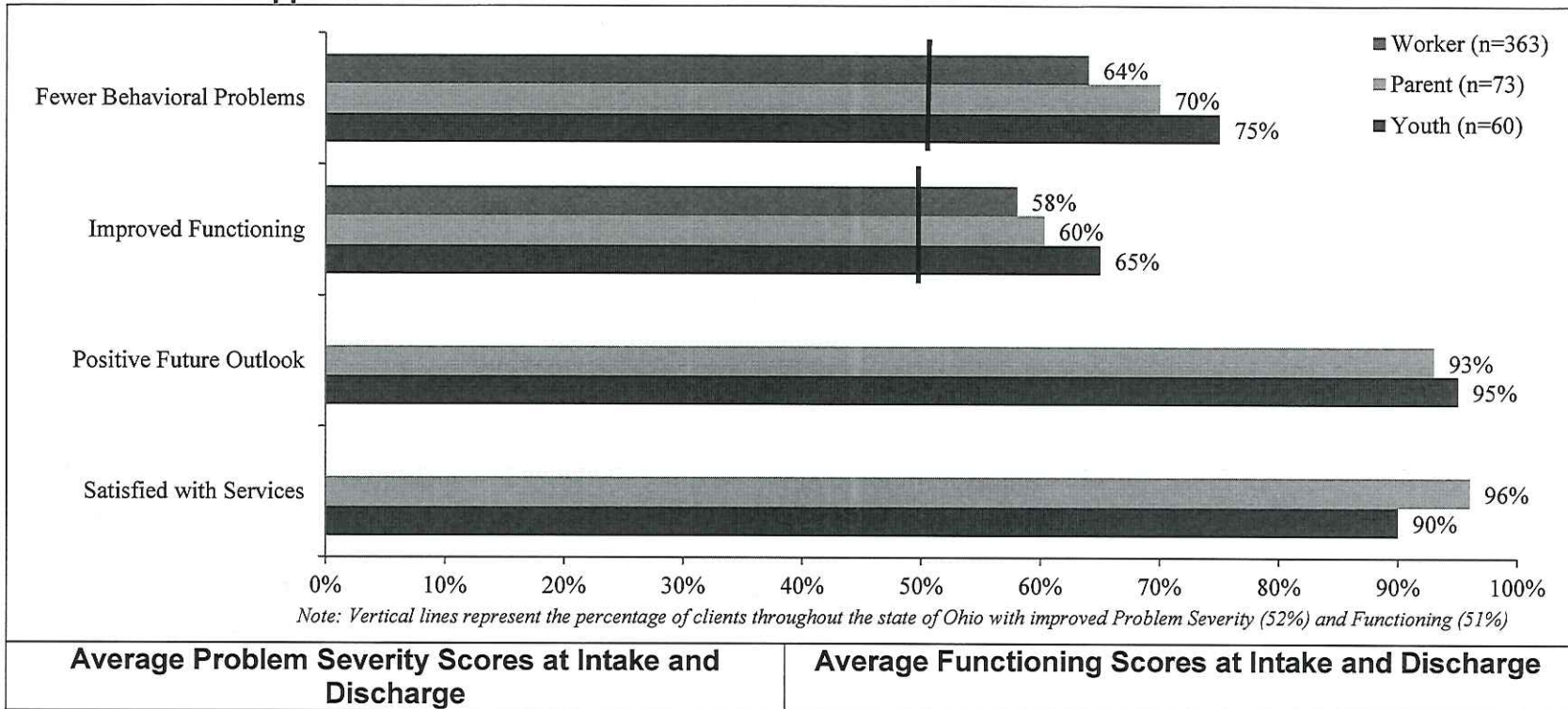
Of the 1,592 clients served 415 were discharged from services during the reporting period. Of the 415 discharged clients, 363 (87%) had pre-and-post Ohio Scales assessments completed by their primary agency worker. Outcomes for the sample of 363 discharged clients were as follows:

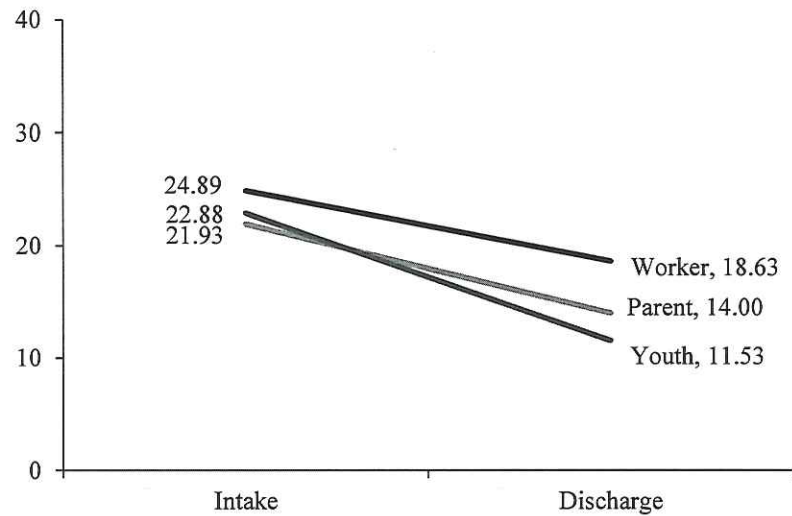
- **Fewer Behavioral Problems** - 64% of clients demonstrated a reduction in agency worker-rated problem severity; also, the reported improvements in average problem severity scores were statistically significant for each rater (i.e. worker, parent, and youth).
- **Improved Functioning** - 58% of clients demonstrated an improvement in daily functioning as rated by the agency worker; also, the reported improvements in average functioning scores were statistically significant for each rater (i.e. agency worker, parent, and youth).
- **Positive Future Outlook** - 93% of parents and 95% of youth clients reported feeling hopeful about the future after receiving services.
- **Satisfaction with Agency Services** - At discharge, 96% of parents and 90% of clients reported feeling satisfied with the services they received from the agency.

These outcomes are similar to the outcomes for clients discharged during calendar year 2014. Specifically, across the SBC and PACT-SAT programs, the percentage of clients demonstrating fewer behavioral problems for CY 2013 equaled 63% and the percentage of clients demonstrating improved

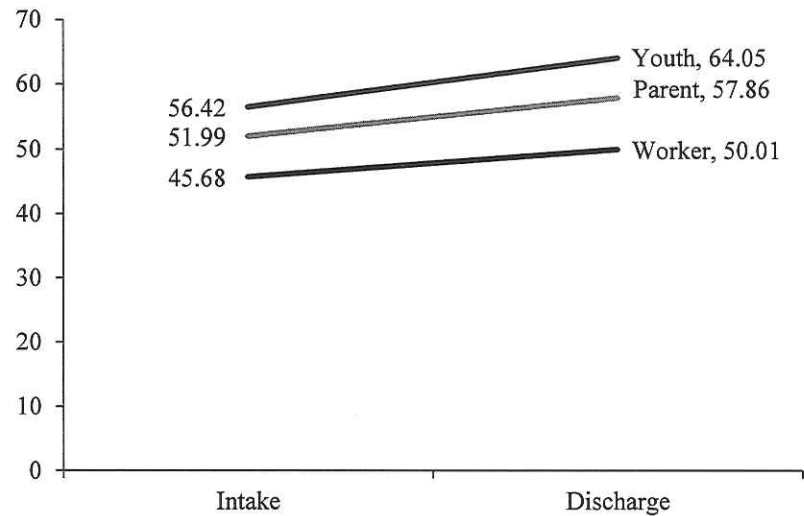
	<p>functioning equaled 56% for CY 2014. The outcomes for CY 2015 are on target to meet agency benchmark values and exceed the benchmarks reported for the state of Ohio (Ohio Mental Health Consumer Outcomes System Report 16: Benchmarks for Reliable Change and Clinical Significance on the Ohio Scales for Youth – Problem Severity and Functioning Scales).</p>
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Bellefaire JCB: Supplemental Charts





Improvements were statistically significant at the $p < .005$ level;
 Scores below 20 suggest a non-clinical level of behavioral problems



Improvements were statistically significant at the $p < .005$ level;
 Scores above 50 (W/P) and 60 (Y) suggest a non-clinical level of functioning

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

AGENCY NAME: Bellefaire JCB – Social Advocates for Youth (SAY)

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

<p>Services Provided with ADAMHSCC Funding</p>	<p>The Bellefaire Social Advocates for Youth (SAY) program utilizes master’s level social workers and counselors to provide prevention and early intervention services to students in middle and high school. Services include consultation and collaboration with teachers, school counselors, and administrators; education and prevention sessions presented in individual and class settings; screening for substance abuse and mental health issues; brief intervention and support to individuals and families; and parent education groups. ADAMHS Board funding is used to support the following SAY programs: (a) the SAY Summer Leadership Institute which is a three week interactive program that offers students the opportunity to cultivate leadership skills through community service; (b) the SAY Student Leadership Council which brings students together from area high schools to develop leadership skills and learn how to make healthy decisions; and (c) SAY early intervention and prevention services provided at Arc Learning Academy.</p>
<p>Agency Defined Outcomes Measures</p>	<p>The three SAY program monitor a range of outcome measures to track the effectiveness of provided services including:</p> <ul style="list-style-type: none"> - Number of students respectively enrolled in the SAY Summer Leadership Institute, SAY Student Leadership Council, and SAY Arc Learning Academy (formerly ArcTech) Student Assisted Services - Attendance at scheduled events - Satisfaction with programs and services <p>Additionally, evaluation surveys are distributed at the end of the academic year to determine whether students who participated in the SAY services demonstrated:</p> <ul style="list-style-type: none"> - Anger management skill(s) - Positive coping skill(s) - Problem solving skill(s) - Knowledge of harmful effects of alcohol, tobacco, or other drug (ATOD) use - Leadership skill(s)
<p>Results</p>	<p><u>Summer Leadership Institute</u></p>

The SAY Summer Leadership Institute is a three-week program held once each year in June or July. For CY 2015, the SAY Summer Leadership Institute began June 22, 2015 and ended July 9, 2015. There were a total of 21 students enrolled in the Institute for CY 2015. As the program did not conclude until after the end of the reporting period, no outcomes were available for inclusion in the current report. As such, the outcomes for CY 2014 are detailed. There were a total of 19 students enrolled in the SAY Summer Leadership Institute for CY 2014. Of the 19 students, 14 (74%) met targets for attendance and community service project participation. Also, 14 students attended the final meeting and completed an evaluation form. The percentages reported below are based on the feedback received from the 14 evaluation surveys.

- 93% demonstrated a leadership skill
- 86% demonstrated a communication skill
- 93% reported be satisfied with the program

Student Leadership Council

SAY Student Leadership Council membership fluctuates throughout the year; however, attendance projections were met or exceeded for each quarter of the calendar year. Additionally, 9 new students attended at least one meeting during the first half of calendar year 2015. At the end of each academic year, students complete a satisfaction survey. There were 15 students who attended the final meeting of the academic year ending spring 2015 and completed a satisfaction survey form. Of those students:

- 100% reported being satisfied with the program

Arc Learning Academy (formerly ArcTech) Student Assisted Services

Seven new students participated in early intervention or prevention services provided by the SAY counselor at Arc Learning Academy during the first half of calendar year 2015. There were a total of 35 students who participated during the academic year ending in June 2015. Of those 35 students, there was one who needed a referral for an assessment for a higher level of care. That one student (100%) accepted the referral. for (100%) and began receiving additional services provided by the agency. Nine (26%) of the 35 participants demonstrated academic improvement.

CY2016 Request For Information Reviews
Board Approved Agency Outcome Measures

AGENCY NAME: Bellefaire JCB – Residential Treatment Services

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

Services Provided with ADAMHSCC Funding

Bellefaire JCB provides the following four levels of residential treatment to youth ages 11 through 18 experiencing acute crises and persistent or prolonged behavioral difficulties: Stabilization Critical Care; Intensive Treatment; Transitional Living; and Co-occurring Integrated Treatment. The ADAMHS Board provides funding for crisis placements in the Stabilization Critical Care and Intensive Treatment units.

Agency Defined Outcomes Measures

The agency’s residential programming stresses a multidisciplinary approach to address the complex needs of each youth, building upon his or her strengths. As such, to further assess clients’ needs and strengths, the agency’s residential program implemented the completion of the Crisis Assessment Tool (CAT) for identified youth in need of crisis care within the agency’s residential intensive treatment or critical care units. Developed by the Buddin Praed Foundation, the Crisis Assessment Tool (CAT) is a decision support tool that facilitates the measurement and communication of the needs of youth experiencing a crisis. The CAT is completed collaboratively by agency staff and the youth’s parent or guardian upon initiation and termination of crisis care. The agency reports on the following indicators based upon data from the CAT.

- Percentage of clients with fewer risk behaviors
- Percentage of clients with improved behavioral/emotional symptoms
- Percentage of clients reporting improved life domain functioning
- Percentage of clients reporting improved family stress levels

	<ul style="list-style-type: none"> • Percentage of clients returning home to parent/guardian <p>Percentage of clients and parents/guardians reporting feeling satisfied with the agency's services at discharge</p>
Results	<p>Of the 18 clients who received ADAMHS Board funded crisis care, 13 were discharged and also had a second CAT completed at the time of discharge. The length of stay for the 13 discharged clients ranged from 3 to 28 days with an average length of stay equal to 14 days. As displayed in Figure 2, upon discharge:</p> <ul style="list-style-type: none"> - 85% of clients demonstrated fewer risk behaviors - 100% of clients demonstrated improved behavioral/emotional symptoms - 69% of clients demonstrated improved life domain functioning - 73% of clients reported improved family stress levels - 100% of clients returned home to their parent or guardian

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

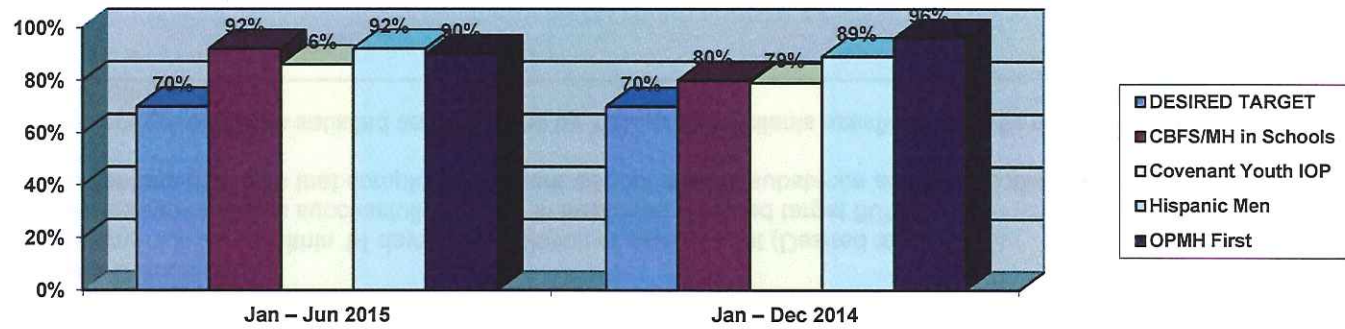
AGENCY NAME: Catholic Charities Corporation

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

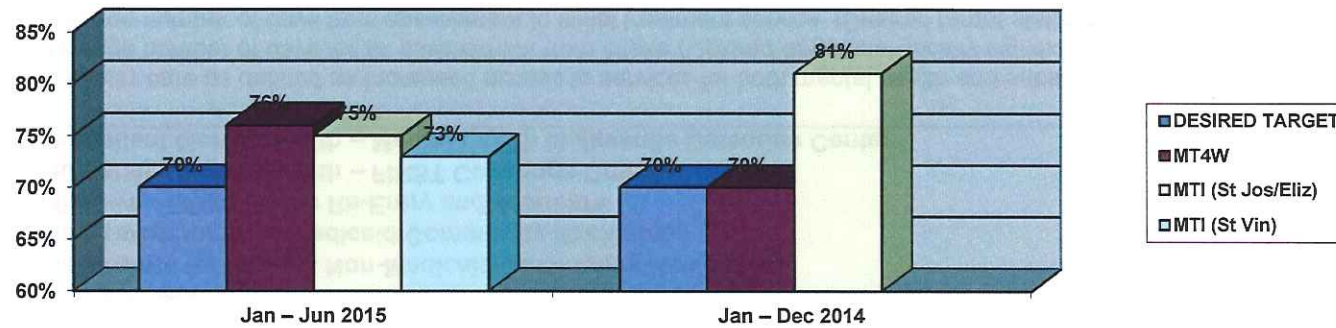
<p>Services Provided with ADAMHSCC Funding</p>	<ul style="list-style-type: none"> • Community Based Family Services – Mental Health Services in Schools • Covenant Youth Intensive Outpatient Program (IOP) • Employment and Training for MH/AoD and FIRST Cuyahoga • Hispanic Men • Matt Talbot for Women Non-Medicaid Community Residential • Matt Talbot Inn Non-Medicaid Community Residential • Midtown - ODYS Youth Re-Entry and Aftercare • Outpatient Mental Health – FIRST Cuyahoga County • Outpatient Mental Health – Mental Health in Juvenile Detention Center
<p>Agency Defined Outcomes Measures</p>	<p>Access to quality care as defined as Increased access to services for both mental health and substance abuse</p> <ul style="list-style-type: none"> - Average number of days for an assessment from intake (Desired target statistically significant improvement) - Average number of days from assessment to initial treatment service (Desired target statistically significant improvement) <p>Clinical Outcomes:</p> <ul style="list-style-type: none"> - Decreased symptoms of mental illness and improved functioning as evidenced by change from admission to discharge for rating on Ohio Scales for Youth (Desired target: statistical or clinical significant improvement) - Resilience and sustaining recovery as evidenced by National Outcomes Measures (NOMs) on discharge - Client perception of care as measured by 70% or more of clients satisfied that their needs are met and the results of treatment <p>AoD Process Outcomes:</p> <ul style="list-style-type: none"> - Treatment initiated within 14 days of completion of assessment (Desired target 90%) - Percentage of clients successfully engage in treatment (Desired target 80%) - Percentage of clients that complete treatment without alcohol/substance abuse, rejecting services (Desired target 70%) - Percentage of clients satisfied as evidenced by 70% or more clients satisfied that their needs are met and the results of treatment.

CATHOLIC CHARITIES - OUTCOME SUMMARY HIGHLIGHTS

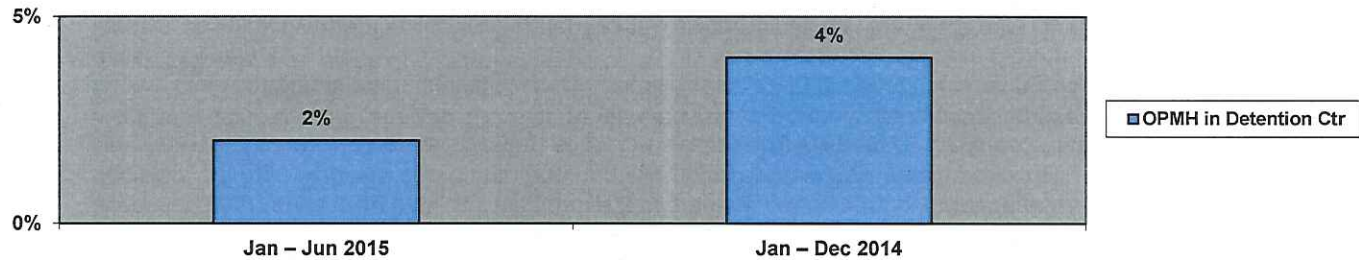
Percentage of clients who successfully complete outpatient treatment:



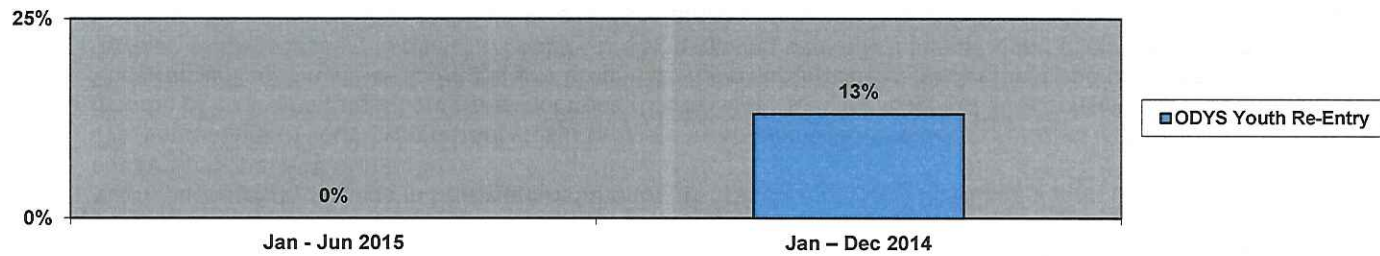
Percentage of clients who successfully complete residential treatment:



Recidivism Rate for Mental Health in Detention Center (youth returning to Cuyahoga Co. Juvenile Detention)



Recidivism Rate for Youth in ODYS Re-entry and Aftercare (returning to ODYS Institution or other incarceration while enrolled in program)



Results

Community Based Family Services/Mental Health Services in Schools

- Ohio Scales: Positive clinical significant change (decrease 10 points) in youths' problem behaviors as evidenced by average positive change of 10.4 for first six months of 2015, as well as for 2014. Positive clinical significant change (increase of 8 points) in youths' functioning ability though not met did show an average positive change of 6.5 for first six months of 2015, as well as for 2014.
- Number of schools served increased from three in 2014 to seven in 2015 all in City of Cleveland, providing a more diversified population with increased problem behaviors and lower functioning ability on admission.
- Average wait time for a mental health assessment for children exceeds the desired target of 14 calendar days as the average for the first six months of 2015 was 16.5 days, compared to 15 days in 2014. Primary barrier is the youth's availability during the school day and classroom time that does not interfere with the core curriculum. There will be training provided to staff on engagement.

- Initial mental health service provided within less than 14 days of the mental health assessment met and exceeded with average of 6.91 days for the first six months of 2015 and a significant positive decrease of three days from 9.96 days in 2014.
- Youths successful completion of treatment or current engagement in services 91.6% for first six months of 2015 as compared to 80% in 2014. Significant improvement in 2015. Desired target of 70% consistently met and exceeded.
- Percentage of referrals successfully engage in treatment decreased to 56% for the first six months of 2015, compared to 70.6% in 2014 and the desired target of 80%. Referrals not engaging in treatment due to parents/guardians rejecting services and or a need for a more intensive level of services.
- Statistically significant increase for youths receiving two treatment service visits within 14 days of completion of assessment for the first six months of 2015 at 82% compared to 48% in 2014. Below desired target of 90%. Improvement in 2015 due to effectiveness of program's efforts to address barriers with youths' availability during the school day and classroom time.
- Ninety eight percent (98%) of youth and families satisfied with their needs met and the results of treatment in first six months of 2015, compared to 95% in 2014. Desired target consistently met and exceeded.

Covenant Youth Intensive Outpatient Program (IOP)

- One hundred percent (100%) of the youth receive two or more treatment services within 14 days or less of completion of assessment for the first six months of 2015 and in 2014. Desired target of 90% consistently met and exceeded.
- Youth successfully engage in treatment at 99% for the first six months of 2015 and 2014. Desired target of 80% consistently met and exceeded.
- The percentage of youth who successfully complete treatment without rejecting services is 86% for the first six months of 2015 showing an improvement from 79% in 2014. Desired target of 70% consistently met and exceeded. The program continually encourages and emphasizes the importance of involvement and participation as the youths develop skills necessary to assist in healthy decision making and to live free of mood altering substances.
- Seventy nine percent (79%) of the youth and their families were satisfied with their needs met and the results of treatment in first six months of 2015. Significantly fewer number of completed satisfaction surveys were received so far this year compared to 2014. Smaller number of survey responses related to statistical decrease from 92% in 2014. Desired target of 70% consistently met and exceeded.
- Abstinence from drug/alcohol use 43% for first six months of 2015 as compared to 52% in 2014. The program continues to focus on alternative methods for affect regulation and distress tolerance, as well as life skills training, access to alternative drug free activities and a focus on education/employment, to assist the youth in healthy decision making. Relapse prevention and addiction education is built into the program.
- Percentage of youth who are enrolled in school or secure employment by the date of last service is 78% for first six months of 2015 as compared to 100% in 2014. Ongoing opportunity for a collaborative process involving the youth, family, and the clinical team in assisting with enrolling the youth in school or seeking/securing employment still exceeds goal.
- Reduction in involvement in criminal system as evidenced by 59% of the youth with no new involvement in juvenile justice system for first six months of 2015 as compared to 76% in 2014. The variability is explained by small number served with no Medicaid.

- Fifty nine percent (59%) of the youth secure safe, decent and stable place to live by discharge for the first six months of 2015 as compared to 100% in 2014.
- Improved social connectedness at discharge, such as healthy relationships built with family and friends, obtaining a sponsor or active involvement in meetings in the community as evidenced by 41% for first six months of 2015 compared to 55% in 2014. Accessibility is the primary barrier for the youth challenged by lack of transportation.

Employment and Training for MH/AoD and FIRST Cuyahoga

- Ongoing access and utilization of Employment & Training services as evidenced by the number of referrals and assessment completed. A total of 107 referrals received for first six months of 2015 compared to 262 for the entire year in 2014.
- The total number of assessments completed for the first six months of 2015 is 82 compared to 244 in 2014. Seventy eight percent (78%) of those referred completed an assessment for the first six months of 2015.
- Continuing engagement of services for persons assessed as evidenced by successfully completion rate of 100% for vocational rehabilitation counseling for the first six months of 2015 and in 2014. Eighty three percent (83%) successfully completed vocational skills training for the first six months of 2015 and in 2014.
- A total of 56 persons were placed in competitive employment for the first six months of 2015 as compared to 60 for the entire year in 2014. This number was re-calculated due to the fact that previous method for counting placements omitted certain enrolled clients also in the AoD and MH system. The average placements per quarter positively increased from 10 in 2013 to 15 in 2014 to 28 for 2015. The first six months of 2015 has shown a statistically significant improvement in competitive job placements.
- Consistently 100% of persons served for first six months of 2015 and in 2014 were satisfied with their needs being met and the results of services. Desired target of 70% consistently met and exceeded consumer satisfaction rates.

Hispanic Men

- Ninety four percent (94%) of the men receive two or more treatment services within 14 days or less of completion of assessment for the first six months of 2015 as compared to 92% in 2014. Desired target of 90% consistently met and exceeded.
- One hundred percent (100%) of the men successfully engaged in treatment for the first six months of 2015 and in 2014. Desired target of 80% consistently met and exceeded.
- Percentage of men who successfully complete treatment without rejecting services is 92% for the first six months of 2015 compared to 89% in 2014. Desired target of 70% consistently met and exceeded.
- One hundred percent (100%) of the men were satisfied with their needs met and the results of treatment in first six months of 2015 and in 2014. Desired target of 70% consistently met and exceeded.
- Abstinence from drug/alcohol use 87% for first six months of 2015 as compared to 92% in 2014. Program focuses on the ethnic and cultural aspects of drug and alcohol use in the Hispanic community.
- Reduction in involvement in criminal justice system as evidenced by 91% of the men having no new involvement in the criminal justice system for first six months of 2015 as compared to 95% in 2014.
- Improved social connectedness at discharge, such as with family and friends in the community, 12-step sponsor, home 12 step group and faith based community, as evidenced by 92% for first six months of 2015 compared to 93% in 2014. Culturally specific groups include the dynamics of 'extended family' relationships in the Hispanic community.

Matt Talbot for Women Non-Medicaid Community Residential

- One hundred percent (100%) of the women receive two or more treatment services within 14 days or less of completion of assessment for the first six months of 2015 and in 2014. Desired target of 90% consistently met and exceeded.
- One hundred percent (100%) of the women successfully engaged in treatment for the first six months of 2015 and in 2014. Desired target of 80% consistently met and exceeded.
- Percentage of women who successfully complete treatment without rejecting services is 76% for the first six months of 2015 as compared to 70% in 2014. Desired target of 70% consistently met and exceeded.
- Percentage of women who show improvement in one or more of the ODADAS Protocol Levels of Care Dimension 3 (Emotional/Behavioral/Cognitive Conditions and/or Complications), Dimension 4 (Treatment Acceptance Resistance), and Dimension 5 (Relapse Potential) is 79% for the first six months of 2015 as compared to 76% in 2014.
- One hundred percent (100 %) of the women were satisfied with their needs met and the results of treatment in first six months of 2015 and 99% in 2014. Desired target of 70% consistently met and exceeded.
- Abstinence from drug/alcohol use continues to be 100% for first six months of 2015 and in 2014.
- Reduction in involvement in criminal justice system as evidenced by 100% of the women having no new involvement in the criminal justice system for first six months of 2015 and in 2014.
- Improved social connectedness at discharge, such as in positive relationships with family and friends, 12 step sponsor, home 12 step group, faith based community, is 100% for first six months of 2015 and in 2014.

Matt Talbot Inn (men) Non-Medicaid Community Residential

- One hundred percent (100%) of the men receive two or more treatment services within 14 days or less of completion of assessment for the first six months of 2015 and in 2014. Desired target of 90% consistently met and exceeded.
- One hundred percent (100%) of the men successfully engaged in treatment for the first six months of 2015 and in 2014. Desired target of 80% consistently met and exceeded.
- Percentage of men who successfully complete treatment without rejecting services is 75% for the first six months of 2015. Slightly lower than 81% in 2014, due to accepting higher acuity clients in care. Desired target of 70% consistently met and exceeded.
- Eighty nine percent (89%) of the men were satisfied with their needs met and the results of treatment in first six months of 2015 as compared to 98% in 2014. Desired target of 70% consistently met and exceeded.
- Abstinence from drug/alcohol use 93% for first six months of 2015 as compared to 94% in 2014.
- Percentage of men who secure employment by the date of last service 6% for first six months of 2015. This is significantly decreased from 22% in 2014 due to high unemployment rate of men prior to admission. The men engage with CCC Employment and Training program when they are discharged from residential treatment and attending IOP in the community, where the employment results start to increase. Opportunities identified for linkage with CCC Employment and Training prior to discharge from residential,
- Reduction in involvement in criminal justice system as evidenced by 98% of the men with no new involvement in criminal justice system for first six months of 2015. Slight increase from 95% in 2014.
- Consistently 81% of the men secure a safe, decent and stable place to live by discharge for the first six months of 2015 and in 2014. This is largely the result of expanded resources for sober and recovery housing.

- Improved social connectedness at discharge as evidenced by 82% for first six months of 2015 compared to 76% in 2014.

Matt Talbot Inn “St Vincent unit” Non-Medicaid – Expansion to Address Heroin Addiction - Residential Unit Opened 1/21/2015

- One hundred percent (100%) of the men receive two or more treatment services within 14 days or less of completion of assessment from 1/21/15 to 6/30/15. Desired target of 90% met and exceeded.
- One hundred percent (100%) of the men successfully engaged in treatment from 1/21/15 to 6/30/15. Desired target of 80% met and exceeded.
- The percentage of men who successfully complete treatment without rejecting services is 73% for 1/21/15 to 6/30/15. Desired target of 70% met and exceeded.
- Eighty nine percent (89%) of the men were satisfied with their needs met and the results of treatment for 1/21/15 to 6/30/15. Desired target of 70% met and exceeded.
- Abstinence from drug/alcohol use 95% for 1/21/15 to 6/30/15.
- Percentage of men who secure employment by the date of last service at 25% for 1/21/15 to 6/30/15. Opportunities identified for linkage with other Catholic Charities programs and services, such as, Employment and Training. As above, clients work on employment goals in the community while attending intensive outpatient (IOP), and/or residing in a sober house. The majority are unemployed upon admission to residential.
- Reduction in involvement in criminal system as evidenced by 100% of the men no new involvement in criminal justice system for 1/21/15 to 6/30/15.
- Eighty five percent (85%) of the men secure a safe, decent and stable place to live by discharge for 1/21/15 to 6/30/15.
- Improved social connectedness at discharge as evidenced by 71% for 1/21/15 to 6/30/15.

ODYS Youth Re-Entry and Aftercare

- One hundred percent (100%) of the youth receive two or more treatment services within 14 days or less of completion of assessment for the first six months of 2015 and in 2014. Desired target of 90% consistently met and exceeded.
- One hundred percent (100%) of the youth successfully engage in treatment for the first six months of 2015 as compared to 90% in 2014. Desired target of 80% consistently met and exceeded.
- The percentage of youth who successfully complete treatment without rejecting services is 50% for the first six months of 2015 as compared to 60% in 2014. Staff works very hard with a tough population around engagement and retention strategies. This first half of 2015 the program encountered an unusual number of youth being transferred to out of county programs or absenting prior to their completion of their course of treatment. Program continually strives to meet the desired target of 70% through the emphasis on helping the youth develop skills necessary to assist in healthy decision making and to live free of addictive substances. Progress was made even though not all completed.
- Ninety six percent (96%) of the youth and their families were satisfied with their needs met and the results of treatment in first six months of 2015. Slight increase from 92% in 2014. Desired target of 70% consistently met and exceeded.

- Abstinence from drug/alcohol use 50% for first six months of 2015 as compared to 62% in 2014. The program continues to focus on alternative methods for affect regulation and distress tolerance, as well as life skills training to assist the youth in healthy decision making. Relapse prevention and addiction education is built into the program.
- Percentage of youth who are enrolled in school or secure employment by the date of last service is 63% for first six months of 2015 as compared to 68% in 2014. Ongoing opportunity for a collaborative process involving the youth, family, parole and probation officers, and the clinical team to assist with enrolling the youth in school or seeking/securing employment.
- Reduction in involvement in criminal system as measured by percentage of youth previously confined in ODYS that do not return to ODYS and not sent to ODRC. One hundred percent (100%) of the youth in the first six months of 2015 did not return to ODYS or were sent to ODRC as compared to 87% in 2014. The recidivism rate positively improved from 13% in 2014 to 0% in 2014. The recidivism rates for first six months of 2015 and for 2014 are positively below the Ohio Department of Youth Services published rate for 2014 of 25.6% for Youth Released from ODYS Institutions Recidivate. The program recognizes and responds to the risk factors for involvement in the juvenile justice system by creating consistent expectations for the youths following confinement.
- Fifty six percent (56%) of the youth secure a safe, decent and stable place to live by discharge for the first six months of 2015 as compared to 63% in 2014.
- Improved social connectedness at discharge, to and from others, such as positive influence of family and friends and recovery groups in the community as evidenced by 56% for first six months of 2015 compared to 78% in 2014. Accessibility is the primary barrier for the youth challenged by lack of transportation to and from others in the community, such as family and friends, obtaining a sponsor, or active involvement in meetings.

Outpatient Mental Health FIRST Cuyahoga County

- One hundred percent (100%) of clients' first appointment with psychiatrist occurs within 14 days of admission for the first six months of 2015 and in 2014. Desired target of 90% met and exceeded. Expansion of appointment availability has resulted in an average of seven days or less for psychiatric appointments for the first half of 2015.
- One hundred percent (100%) of clients are admitted within 14 days or less of referral for the first six months of 2015 and in 2014. Desired target of 80% consistently met and exceeded.
- Desired target of 65% for clients successfully remaining in treatment (retention rate) was met and exceeded in first six months of 2015 with 75% retention rate and 96% in 2014. Two clients opted to not remain in treatment in 2015, one requested services from another provider and was successfully transferred and the other did not return after the initial appointment in spite of staff's repeated attempts at engagement.
- Reduction in symptom severity as evidenced by 88% of clients compliant with medication use for first six months of 2015 as compared to 82% in 2014. One hundred percent (100%) of those compliant report reduced symptoms.
- Ninety five percent (95%) of clients did not require repeat hospitalization for their symptoms in first six months of 2015 as compared to 91% in 2014.
- Clients' participation in supported employment/education 55% for the first six months of 2015 compared to 43% in 2014.
- Ninety percent (90%) of the clients for the first six months of 2015 and 100% in 2014 were NOT dependent on social security income/disability.

- Reduction in criminal justice involvement as evidenced by 100% of clients not incarcerated in the first six months of 2015 and in 2014.
- One hundred percent (100%) of the clients reported satisfaction with their needs being met and the results of their treatment for the first six months of 2015 and in 2014. Desired target of 70% consistently met and exceeded.

Outpatient Mental Health – Mental Health Services in Juvenile Detention Center

- First six months of 2015 and in 2014, staff reviewed screening results for 100% of youth admitted into the Detention Center.
- A Clinical Summary was completed in 100% of youth where indicated and subsequent completion of a mental health assessment for those youth screened with mental health needs whereby they had no mental health assessment completed as yet. Staff develops a Clinical Summary on each eligible youth incorporating information and history from the youth, their family, current providers, and Probation if applicable. The Clinical Summary summarizes all services provided to date and provides a time frame for other supports needed to ensure a successful discharge.
- 100% completion of a psychiatric evaluation for those youth referred to a psychiatrist based on need
- For youth who remain at detention center and require ongoing psychiatric services, 100% saw the psychiatrist for follow-up. Consistently exceeds the desired target of 90%.
- One hundred percent (100%) of the eligible youth in first six months of 2015 referred for mental health services engaged with a care coordinator and the probation officer was contacted by the CCC assigned care coordinator within one week or less of initiation of services. This is consistent with 2014 though the time frame for engagement was changed from a month to one week in 2015. The desired target of 80% consistently met and exceeded.
- Fifty nine percent (59%) of the youths' parents/guardians were able to be contacted within one week or less by the assigned care coordinator. The care coordinator is more likely to be able to contact the youths' parent within one month as demonstrated by 91% in 2014 compared to 59% for contact within one week for the first six months of 2015. A high number of parents/guardians do not return calls, or are not able to be reached due to an invalid address or phone number.
- At discharge, 100% of youth served were linked to community providers for ongoing mental health and/or other needed services post release. This is consistent for first six months in 2015 and 2014 and exceeds the desired target of 70%.
- An appointment with a new or previous provider post release was met 87% for the first six months of 2015 compared to 100% in 2014. Not being able to reach parents/guardians is the primary barrier to scheduling an appointment. Either parents/guardians do not return calls, are not present for home visits, or a non-working or invalid address and phone numbers was provided.
- Ninety eight percent (98%) of the youth served in first six months of 2015 have NOT been readmitted to Detention Center. The 2% recidivism rate for the first six months of 2015 is a positive decrease from the previous rate of 4% in 2014.
- Ninety percent (90%) of youth and their families report satisfaction with their needs being met and the results of treatment for the first six months of 2015. This consistently exceeds the desired target of 70% and the previous satisfaction rating of 86% in 2014.

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

AGENCY NAME: THE CENTERS FOR FAMILIES AND CHILDREN

Time Period Reported: January 1 – June 30, 2015

Services Provided with ADAMHSCC Funding	<p>The Centers provides:</p> <ol style="list-style-type: none"> 1. Mental Health Assessment 2. Psychiatric Diagnostic Review 3. Community Psychiatric Supportive Treatment 4. Pharmacological Management 5. Wellness Programming 6. Counseling
Agency Defined Outcomes Measures	<p>Agency Outcomes Reported:</p> <ol style="list-style-type: none"> 1. Access to services within 21 days of their call for services to the Mental Health Assessment 2. Reported increase in coping skills 3. Reported increase in functioning 4. Referral source 5. Percentage of clients with Medicaid 6. Percentage of clients using Centers' pharmacies 7. Percentages of clients with an on-site primary care visit 8. Percentage of clients with an ED visit for physical health in past 90 days 9. Percentage of clients with an ED visit for mental health in past 90 days 10. Percentage of clients with a hospital admission for physical health in past 90 days 11. Percentage of clients with a hospital admission for mental health in past 90 days
Results	<p>The Centers provided behavioral health services to 6775 clients during this reporting period.</p> <ol style="list-style-type: none"> 1. 100% of potential clients have access to services within 21 days of their call for service due to Open Access model. 2. 85.37% reported an increase in the ability to take steps to address worsening mental health symptoms 3. 36.46% reported an improvement in mental health symptoms compared to the last ISP Review 4. 2156 Enrollments: 20% Current Client; 17% Caller was a Prior Client; 4% University Hospital 5. 85% of clients have Medicaid 6. 51.6% of clients have used the pharmacy over the past 6 months. 7. 14.5% of West clients received an on-site primary care visit (261 Clients seen by NFP; 1799 clients seen at West) 8. 21.4% of clients reported an ED visit for physical health in the past 90 days 9. 5.5% of clients reported an ED visit for mental health in the past 90 days 10. 9.7% of clients reported a hospital admission for physical health in the past 90 days 11. 4.9% of clients reported a hospital admission for mental health

CY2016 Request For Information Reviews
Board Approved Agency Outcome Measures

AGENCY NAME: Cleveland Christian Home, Inc.

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

Services Provided with ADAMHSCC Funding	CCH School Based program provided mental health assessments, Community Psychiatric Supportive Treatment (CPST), Prevention and Consultation services within Cleveland Metropolitan School District schools.
Agency Defined Outcomes Measures	<ol style="list-style-type: none"> 1. Clients will have a lower symptom distress score at discharge. 2. Parents/Caregivers will report "very satisfied" or "satisfied" with Overall Program Quality. 3. Referral Sources will report "strongly agree" or "agree" with statement: "The program had a positive impact on the child." 4. The client will experience improved progress during treatment.
Results	<ol style="list-style-type: none"> 1. Outcome Achievement: 76% (n=25/33) 2. Outcome Achievement: 100% (n=11/11) 3. Outcome Achievement: 94% (n= 30/32) 4. Outcome Achievement: 90% (n=26/29)

Program Specific

Indicator	Data Source	Population	Achievement Goal	Qtr 3 Achievement	Qtr 4 Achievement
The clients will have a lower symptom distress score at discharge.	Worker Problem Severity Outcome Score	Discharged Clients	80%	58% (n=7/12)	86% (n=18/21)
Parents/Caregivers will report "very satisfied" or "satisfied" with Overall Program Quality.**	Parent/Caregiver Satisfaction Survey	Parents/Caregivers at time of client discharge	90%	100% (n=2/2)	100% (n=9/9)
Referral Sources will report "strongly agree" or "agree" with the program had a positive impact on the child.	Referral Source Satisfaction Survey <i>*Includes Teacher Satisfaction Survey</i>	Referral Sources at time of client discharge	90%	100% (n=2/2)	93% (n=28/30)
The clients will experience improved progress during treatment.	Outcome Evaluation Form	Discharged Clients	75%	82% (n=9/11)	94% (n=17/18)

Outcome Scores

*4th Qtr *22 Clients Discharged*

Clinical Indicator	Average Worker Intake Rating	Average Worker Discharge Rating	Average Worker % of Change	Average Youth Intake Rating	Average Youth Discharge Rating	Average Youth % of Change	Average Parent Intake Rating	Average Parent Discharge Rating	Average Parent % of Change
Problem Severity	29 (n=21)	17 (n=21)	-31% (n=21)	28 (n=6)	15 (n=5)	-30% (n=4)	29 (n=8)	21 (n=8)	4% (n=8)
General Functioning	48 (n=21)	55 (n=21)	16% (n=21)	58 (n=6)	70 (n=5)	15% (n=4)	49 (n=19)	54 (n=9)	3% (n=9)
Hopefulness				11 (n=5)	7 (n=5)	-39% (n=3)	10 (n=19)	9 (n=9)	-6% (n=9)
Satisfaction				12 (n=2)	4 (n=5)	-66% (n=2)	8 (n=3)	6 (n=9)	-8% (n=2)
% of Outcomes Completed	95% (n=21/22)								

CY2016 Request For Information Reviews

Board Approved Agency Outcome Measures

Agency Name: City of Cleveland Department of Public Health Office of Mental Health and Substance Abuse CenterPoint Substance Abuse Treatment Program	
Time Period Reported: January 1 – June 30 2015	
Services	AOD: Assessment, Intensive Outpatient Program, Group Counseling (Non-Intensive Outpatient), Individual Counseling, Case Management, Urinalysis, Alumni Support Group
Outcomes Measures	<ul style="list-style-type: none"> • Average wait time between assessment and treatment • Treatment slot availability • Engagement in assessment process • Anonymous Client Satisfaction Surveys • Quarterly (Longitudinal) customer survey follows successful completers to 1-year post-completion • MUI and Grievance information
Results	<ul style="list-style-type: none"> • Average wait time between assessment and treatment was 0 days. • Treatment slot availability averaged 8 per week for Intensive OP; 5.5 per week for non-intensive OP. <ul style="list-style-type: none"> ○ 55% of customers reside in Glenville, Collinwood, and East Cleveland. ○ 85% of customers are referred from the criminal justice system. ○ As in CY14's report, 4 of 10 customers scheduled for assessment are no-shows. Phone contact is made with the referral source and the customers; of the 4 no shows, one (1) will eventually attend an assessment. • Of the 22 respondents to the anonymous satisfaction survey covering the time period (requested of customers post-treatment in both IOP and OP treatment programs): <ul style="list-style-type: none"> ○ 95% of customers reported that the services provided by CenterPoint were what they needed ○ 100% of customers reported that they would recommend our services to others ○ 100% of customers reported that overall they were satisfied with the services they received • Former customers' responses to the longitudinal self-report survey, which is administered every quarter up to 1 year out from customers' last date of service, indicates that an average of 82% remained abstinent. This is lower than last year's average of 89%. 89% reported having gained or maintained employment or school. This is lower

than the 97% in CY14, but is still an improvement over CY13's average of 83%. 97% of the sample reported not incurring new legal charges. This figure has been constant (within one percentage point) the last 3 years (note: customers occasionally report non-substance use related issues such as parking tickets, which are not included as a legal charge.)

- No MUI's (Major Unusual Incidents) occurred in the CenterPoint Treatment program in the first half of CY15.
- No grievances were filed relating to the CenterPoint Treatment program or staff in the first half of CY15.

CY2016 Request For Information Reviews

Board Approved Agency Outcome Measures

AGENCY NAME: Cleveland Treatment Center

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

Services Provided with ADAMHSCC Funding	Art Therapy Programming
Agency Defined Outcomes Measures	Please see attached: Outcomes Assessment and Reporting System (OAARS) and milestone tracking sheets to insure treatment engagement – demonstrates willingness to follow recommendations, demonstrates or verbalize understanding of addiction, modifies negative behaviors, adopts healthy lifestyle changes
Results	Outcomes note tremendous growth 8/10 Methadone consumers in the area of treatment engagement 80%, abstinence 90%, and healthy life style choices 80%. During this period 23 of a targeted 60 AOD consumers 70% discharged successfully.

CY2016 Request For Information Reviews

Board Approved Agency Outcome Measures

AGENCY NAME: CLEVELAND TREATMENT CENTER

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

Services Provided with ADAMHSCC Funding	Sober beds benefit coordinators services, client placement and rental costs, case management and benefit services
Agency Defined Outcomes Measures	Please see attached outcomes assessment and reporting system/Brief addictions monitoring and milestone tracking sheets to insure treatment engagement, demonstration to follow recommendations, demonstration or verbatim understanding of addiction, modifies negative behavior. adopts a healthy lifestyle
Results	Outcomes note 45 of 60 targeted person placed in sober housings, identified 22 housing providers of 137 sober beds. Clients received benefits in the areas of Medicaid, food assistance, SSI employment and other benefits.

CY2016 Request For Information Reviews
Board Approved Agency Outcome Measures

AGENCY NAME: Cleveland Rape Crisis Center

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

Services Provided with ADAMHSCC Funding	Mental Health Counseling
Agency Defined Outcomes Measures	<ul style="list-style-type: none"> • 85% of clients will report a 10-15 point reduction in PTSD symptoms measured by the PCL (PTSD Symptom Checklist, Civilian Version) after completing treatment, indicating that their PTSD is in remission • 100% of acute (crisis) clients are offered an appointment within 3-5 business days; 100% of non-acute Mental Health Counseling Clients are offered an appointment within 10-15 business days • 90% of clients report being satisfied with the services they received on the client satisfaction survey • 600 adult survivors will receive Mental Health Counseling • 100 adolescent and/or child survivors will receive Mental Health Counseling • 80 survivors of sexual violence will be provided with Group Counseling
Results	<p>Cleveland Rape Crisis Center is pleased to report that for the first 6 months, we are on track for reaching our total year goals and outcomes.</p> <p>In fact, 85% of clients report a 10-15 point reduction in PTSD symptoms (measured by the PCL). 100% of acute clients are offered an appointment within 3-5 business days; 100% of non-acute Mental Health Counseling clients are offered an appointment within 10-15 business days.</p> <p>90% of clients report being satisfied with the services they received on the client satisfaction survey.</p> <p>And we are half-way to our total year goals for adult, adolescent and child Mental Health Counseling services. Likewise, we are half-way to our total year Group Counseling goals.</p>

CY2016 Request For Information Reviews Board Approved Agency Outcome Measures	
AGENCY NAME: COMMUNITY ACTION AGAINST ADDICTION	
Time Period Reported: January 1, 2015 - June 30, 2015	
Services Provided with ADAMHSCC Funding	CAAA provides medication assisted treatment to persons addicted to heroin. The agency has expanded its treatment base of methadone to include Suboxone, Subutex and Vivitrol giving the clients greater choice in their treatment regimen. The agency has also expanded its ancillary services by creating a "stand alone" group department that includes an IOP (Intensive Outpatient Treatment Program), and new groups working in the area of Art Therapy, Grief, and Spirituality. CAAA also provides a Health Education Group conducted by the Medical Director. A pilot sober housing program for men will be coming on-line soon and will introduce Vivitrol for a portion of its residents. CAAA continues to provide follow-up annual physical examinations for all of its clients, in an effort to detect serious illnesses at the earliest possible point in the client's treatment.
Agency Defined Outcomes Measures	<ol style="list-style-type: none"> 1. <u>Urine Drug Testing</u>. In 2015, CAAA continued with its goal of 80% negative urine drug testing results for clients, and 20% positive urine drug testing results. 2. <u>Client Satisfaction Survey</u>. To increase the level of client satisfaction over previous years. 3. <u>Individual Counseling Sessions</u>. All clients will have at least one documented individual counseling session monthly with their counselor. 4. <u>Group Counseling</u>. All clients will attend at least one group counseling session every month. 5. <u>Satisfaction with Counseling Services</u>. At least 80 percent of clients will express satisfaction with the services received from their counselors. 6. <u>Reduce the Wait Time from Intake to Assessment from 5 Days to 4 days.</u>
Results	<ol style="list-style-type: none"> 1. <u>Urine Drug Testing</u>. Negative urine drug testing results indicate program compliance. Moving towards an ultimate goal of 80% negative urines and only 20% positive urines, in 2013, the agency had a total of 61% negative and 39% positive urine drug testing results. In 2014 the percentage of negative urines increased to 70% negative and 30% positive. In 2015, negative urines increased to 71% with 29% positive urines indicating a gradual but steady climb toward program compliance. 2. <u>Client Satisfaction Survey</u>. In 2014, 74% of clients responded to the survey; in 2013, 32% responded to the survey. In 2015, the results were skewed since in 2014, the survey was conducted for 5 days insuring a greater response; however, in 2015, the survey returned to 2 days resulting in fewer responses, however, out of 698 clients, 303 or 43% responded. 3. <u>Individual Counseling</u>. The agency achieved 100% compliance with this goal in 2014 and again in 2015. 4. <u>Group Counseling</u>. In 2014, 80% of clients attended at one group counseling session every month. In 2015, with the expansion of the Group Department this number increased to 87%. 5. <u>Satisfaction with Counseling Services</u>. In 2014, 88% of clients responding to the Client Satisfaction Survey expressed satisfaction with counseling services. In 2015, only 43% responded, however, the level of satisfaction was 91%. 6. <u>Reduce the Wait Time from Intake to Assessment from 5 Days to 4 Days</u>. In 2014, the wait time was reduced to 4 days; however, in 2015, the wait time was reduced to 3 days from intake to assessment.

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

AGENCY NAME: Community Assessment & Treatment Services

Time Period Reported: January 1 – June 2015

<p>Services Provided with ADAMHSCC Funding</p>	<p><i>AOD services provided:</i> IOP, Assessment, Individual Counseling, Group therapy, Case Management, Crisis intervention, urinalysis, residential treatment (multiple levels of care).</p> <p><i>AOD Levels of care:</i> Non-medical Community Residential, IOP with Residential Support, Halfway House Residential.</p> <p><i>Mental Health services provided:</i> Assessment, Individual Counseling.</p>
<p>ADAMHSCC Funded Programs Including number of consumers served and success rates.</p>	<p>Challenge To Change – 34 consumers served- 64% success</p> <p>ADAMHS Drug Court Sustainability –55 consumers served- 61 % success</p> <p>ADAMHS Funded – AOD Residential Treatment- 16 consumers served- 77 % success</p> <p>Modified Therapeutic Community (MTC)- 19 consumers served- 44% success</p> <p>Mental Health Treatment (MHT)- 3 consumers served- 100% success</p> <p>Pass Through Funding - Therapeutic Community- 50 consumers served- 51% success</p> <p>Pass Through Funding - CCPD Residential- 80 consumers served- 79% success</p>

	<p>Pass Through Funding - Early Intervention Program (EIP)- 170 consumers served- 64% success</p>
<p>Agency Defined Outcomes Measures</p>	<p>The agency reports the following Outcomes Measures:</p> <ul style="list-style-type: none"> • Client satisfaction surveys • Wait time for assessment (the average number of days waiting for all clients [non-Medicaid, Medicaid and private insurance] who could not receive an assessment appointment within 3 business days of initial contact). • Average wait time for AOD diagnostic assessment to treatment • Use of evidence based practices • Brief Addiction Monitor (BAM) <ul style="list-style-type: none"> ○ Protective factors increased ○ Risk Factors Decreased ○ Use Score Decreased • AOD and MH reportable incidents (MUIs) • Medicaid benefits- Consumers with lapsed Medicaid • BH Data- Tx Initiation, tx Engagement, tx Retention • Individualized services • Programmatic documentation compliance (Peer Record Reviews)
<p>Results of Agency Defined Outcomes Measures</p>	<ul style="list-style-type: none"> • Client Satisfaction Surveys- 98% of clients reported they were very satisfied with the services they received. • Wait time for assessment- Refer to scale central intake data.

- Average wait time for AOD diagnostic assessment to treatment- Refer to MACSIS claims data.
- Use of evidence based practices
 1. Thinking For a Change (Cognitive-Behavioral Therapy)
 2. TREM (Trauma Recovery and Empowerment Model)
 3. Criminal Conduct and Substance Abuse (Cognitive Behavioral Therapy)
 4. Behavioral Management System (University of Cincinnati)
 5. Motivational Interviewing
 6. TCU Mapping Strategies (Straight Ahead, Building Social Networks, Effective Communication, Anger Management)
 7. Various SAMHSA TIPS
- Started collecting data for the Ohio Scales for Adults. The data will be uploaded when SHARES is operational.
- Brief Addiction Monitor (BAM)
 1. The data below provides additional information regarding relevant factors pertaining to successful outcomes (successful outcomes means a minimal of 30 days of abstinence and no new legal charges)
 - Protective factors increased- 74% of clients have an increase in protective factors
 - Risk Factors Decreased- 66% of clients have decrease in Risk Factors
 - Use Score Decreased- 90% of clients have a either no change* or a decrease in Use Score

*The BAM measures Use based on the past 30 days. Since the majority of our clients come from a controlled environment, in which they cannot use, the Use score at intake is none and remains so at discharge.

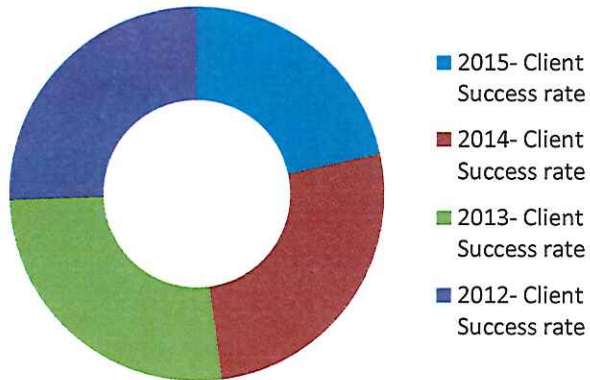
- AOD and MH reportable incidents - The agency notes 100% timely reporting.
- Medicaid benefits- Consumers with lapsed Medicaid- Refer to ODJFS Data.
 1. Out of 436 outpatient clients, for the year to date, only 2 have had a lapse in Medicaid, a decrease from 2014's data.
 2. All residential clients are sent to their Case manager with in 3 (three) days of arrival to get help signing up for Medicaid. Medicaid does not pay for residential treatment here.
- BH data- Tx Initiation, tx Engagement, tx Retention- refer to BH Data
- Individualized services- refer to Brown and Consulting Report
- Programmatic documentation compliance- Refer to Brown and Consulting Report.
- BAM data collection continues. We started data collection of the BAMS July 1st 2014. As of 7-1-2015, there are over 1960 BAMS entered. Of which 614 are complete records. Complete records mean that there is both an admission and a discharge BAM for the client.

- **Annual Satisfaction survey-**

1. Were appointments made at times convenient for you?- 99% success
2. Were you able to get all of the services you need? – 98% success
3. Was the staff sensitive to your cultural/ethnic background?- 96% success
4. Would you recommend our services to others? – 97% success
5. Overall were you satisfied with the services you received?- 99% success

Supplemental Outcome Measures

Success rate



- For the first 6 months of the 2015 year we have a success rate of 60%
- To compare: in 2014 we had a success rate of 73%
- To compare: in 2013 we had a success rate of 74%
- To compare: in 2012 we had a success rate of 71%

CATS defines successful outcomes by two (2) criteria:

1. Abstinence as measured by a minimal of 30 consecutive days of negative UAs.
2. No recidivism as measured by no new arrests after start of the treatment episode.

On the left is a quick view summary of the data above comparing the years.

We are on target for meeting our goals for the year.

Quality Improvement Activities and Accomplishments

- Added a Federal BOP program
- Applied for our CARF recertification.
- Initiated client focus groups in response to a new program whose initial outcomes were lower than expected, resulting in a 60% increase in successful completion for the program.
- Trained staff on and used the Ohio Risk Assessment System (ORAS), an instrument with demonstrated psychometric properties which is used to predict and reduce recidivism.
- Added ancillary programming in response to client surveys in which they identified too much free time as something they did not like.
- In the process of opening a new IOP building to allow for expansion of our IOP program, including our newest Federal BOP program.
- Continued to Beta-test the use of the Brief Addiction Monitor to obtain additional, objective, specific outcome data on consumers who successfully complete the program.
- Started new ancillary groups bible study, and GED prep.
- Lead-carpenter training program J-MAX enterprises. Collaborated to training and job placement.
- Celebrated our 25th Year
- Currently we are looking into becoming a smoke free facility. This will aid in the overall health of the clients.

CY 2016 Request For Information Reviews

Board Approved Agency Outcome Measures

AGENCY NAME: Connections: Health * Wellness * Advocacy

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

Services Provided

Mental Health: Mental Health Assessment, Psychiatric Assessment; Pharmacological Management, Behavioral Health Counseling and Therapy (Group & Individual); CPST

Outcomes Measures

Capacity: Connections will provide services to an additional 150 non-Medicaid patients in CY 2015.

Timely Access to Services: There will be a 10% reduction in the median number of days to the first Psychiatry, Counseling and CPST service over CY 2014. This is defined as the first billed service.

Follow Up After Hospital Discharge: There will be a statistically significant improvement in the percentage of hospitalized consumers seen by a clinician within 7 days of discharge.

Psychiatric Readmissions: Reduction in psychiatric re-admissions over CY 2014. Re-admission is defined as clients admitted 30 days or less from their discharge date.

Community: We will provide CPST services in the community more than 70% of the time.

	<p>Outcomes: Connections patients will report functioning as defined by neutral/ good/very good responses 80% of the time or more across four domains: 1) Feeling of control over their lives; 2) Symptom reduction; 3) Improved self-care and 4) Improved feeling that they can do what they want to.</p> <p>Client Satisfaction: Connections patient service rating will consistently be above 80% satisfaction (Good + Very Good).</p> <p>Peer Support: There will be an increase in the number of service hours provided by our Peer Support Team over CY 2015.</p>
<p>Results</p>	<p>Capacity:</p> <p>Connections assessed and admitted to services 68 non-Medicaid patients in the first half of 2015 compared to 110 during the first half of 2014. This reduction corresponds with the increase in the number of patients qualifying for Medicaid through Medicaid expansion.</p> <p>In the first half of CY 2015 we have provided services to 1,060 patients compared to 1,650 for CY 2014.</p> <p>Timely Access to Services:</p> <p>Psychiatry: The median number of days to the first Psychiatry service has decreased from 28 Days in CY 2014 to 18 Days in the first half of CY 2015 a 37.5 % reduction in wait time.</p> <p>CPST: The median number of days to the first CPST service has remained constant between CY 2014 and January through June 2015 at 12 days.</p> <p>Counseling: The median number of days to the first counseling service has increased slightly from 11 days in CY 2014 to 12 days in 2015.</p> <p>Follow Up After Hospital Discharge: The percentage of hospitalized patients seen in less than 7 days from discharge improved from 82% in CY 2014 to 87% in the first half of CY 2015. 99% of</p>

patients are seen by a clinician within 30 days discharge. 85% of patients were seen in the hospital prior to discharge. Through our Critical Care team we were able to link 177 new patients to services while they were in the hospital.

Psychiatric Readmissions: Between January 1 and June 30 2015 there were, 58 psychiatric admissions reported of these there were 2 re-admissions (16.8%) less than 30 days after discharge.

The improvements in hospital follow up and the reduction in psychiatric readmissions are due to the establishment of our Critical Care team whose primary task is to assess, support and link new and existing patients to services during their hospital stay and after hospital discharge. There are also improvements in supervision and training that assist in these positive changes.

Community:

For CY 2014 we provided a total of 26,053 or 70% of our CPST services in the community. For the first half of CY 2015, 74.5 % of CPST services were provided in the community an improvement of 6.4%. In addition 37.6% of our MH Assessments and 8% of our Counseling services were in the community.

Satisfaction:

Of 1006 People who completed our brief outcomes survey:

- 70.2% report feeling more in control of their lives
- 83% report a reduction in the severity of their symptoms
- 90.2% feel they are better able to take care of their needs
- 86.8% report they are better able to do the things they want to do

89.7% of client's surveyed report that they would recommend Connections to someone they know. 96% of external stakeholders reported that they would recommend our services to others.

We conduct weekly quality checks of a representative sample of active patients. We have surveyed 70 clients this year, 92% reported that they were satisfied or very satisfied with the services they are receiving from Connections.

	<p>Peer Support: In CY 2015, our Peer support team provided 987 hours of services compared to 1410 for the same period in CY 2014. The reduction is the result of the loss of one PT Peer Support Specialist and the transfer of another to the Urban Garden. We also have had 2 Peer Supports specialists on medical leave for extended periods of time.</p>
Services Provided	<p>AOD: Assessment, Case Management; Group and Individual Counseling; Crisis Intervention</p>
Outcome Measures	<p>The number of individuals served in the AOD program will increase by 10%.</p> <p>The AOD program will achieve CARF accreditation.</p> <p>Increase the services available by adding IOP, residential, detox and crisis residential services.</p>

Results	<p>In the first half of CY 2015, we provided AOD services to 71 patients compared to 67 during the same period in CY 2014.</p> <ul style="list-style-type: none">• In May of 2014 we achieved CARF accreditation for:<ul style="list-style-type: none">○ Case management: Integrated AOD/MH○ Outpatient treatment: Integrated AOD/MH○ Integrated Primary Care/Behavioral Health • New for CY 2015 is our IOP program which has begun at both our West 25th and Beachwood locations and has served 24 people during this reporting period. • Through Pinnacle Partners we have teamed up with ORCA House and Stella Maris to provide residential and detox services. We are in the planning stages of a crisis residential program in Lake County that will be available to Cuyahoga County residents.
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CY2016 Request For Information Reviews

Board Approved Agency Outcome Measures

AGENCY NAME: Consumer Protection Association

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

Services Provided with ADAMHSCC Funding Representative Payee Services	One on one coaching, to better service the clients, Open door policy for assistance in dealing with all issues, educating the client on how to better protect themselves. Education classes to better inform the clients on managing their limited incomes and accessing resources for their needs Assistance in problem solving
Agency Defined Outcomes Measures	Client is more knowledgeable as to their consumer rights and understanding policies for their betterment. Better communication for client and agency reducing miscommunication Streamlined accountability, defining measureable outcomes
Results	Clients based on their ability will understand processes for protecting themselves, and have better clarity as to the reasons that decisions are made for them Clients will be engaged in all processes for managing their lives and assisting and understanding decisions for their well-being, lessening the chance for the client to be exploited and or taken advantage of Smoother processes Contented clients

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

AGENCY NAME: Cuyahoga County Corrections Planning Board, TASC

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

Services Provided with ADAMHSCC Funding

Jail Reduction Assessments
Intensive Outpatient Treatment
TASC-Drug Court Case Management

Agency Defined Outcomes Measures

For consumers receiving Jail Reduction Assessments, the agency tracks:

- The number of referrals received
- The number of assessments completed
- The average wait time from referral to assessment completion

For consumers accessing Intensive Outpatient Treatment Services, the agency tracks:

- The number of admissions
- The number of successful completions (must complete treatment and be abstinent for at least 30 days at discharge)
- Recidivism post discharge (new charge in Common Pleas Court or Cleveland Municipal Court)

For consumers accessing Drug Court Case Management, the agency tracks:

- The number of assessments completed
- The number of admissions
- The number of successful completions (must complete treatment and be abstinent for 90 days prior to discharge)
- Recidivism post discharge (new charge in Common Pleas Court or Cleveland Municipal Court)

<p>Results</p>	<p>Jail Reduction Assessments 01/01/2015-06/30/2015</p> <ul style="list-style-type: none"> • 298 referrals received • 308 assessments completed • Average of 3.4 days to wait for a jail assessment from referral to assessment completion <p>Intensive Outpatient Treatment 01/01/2015-06/30/2015</p> <ul style="list-style-type: none"> • To date, there have been 44 admits to the two IOP programs: 1 Women's TREM group (18 admissions) and 1 Male Matrix Model IOP group (26 admissions). The Women's TREM began their first group in January of 2015, so some women continue to be actively participating in Aftercare. • There is a 14% success rate in the Women's TREM group (after adjusting for Administrative/Neutral discharges). There is a 50% success rate in the Male Matrix Model IOP group (after adjusting for Administrative/neutral discharges). • For the purposes of this report, consumers who successfully completed IOP from the previous year (CY2014) were looked at for 6 months (those discharged from 07/01/2014-12/31/2014) and 12 months for recidivism (beginning at discharge date for those discharged from 01/01/2014-06/30/2014). 0% recidivated at 6 months post-discharge for a felony charge and 4% recidivated at 12 months post-discharge for felony charge. 9% recidivated at 12 months post-discharge for a misdemeanor charge and 32% recidivated at 12 months for a misdemeanor charge. <p>Drug Court Case Management 01/01/2015-06/30/2015</p> <ul style="list-style-type: none"> • 107 Drug Court Assessments have been completed • 70 consumers have been admitted to Drug Court this year. • A 40% Success Rate has been achieved (after adjusting for Administrative/Neutral discharges). It should be noted that the new Drug Court Docket led by the Honorable Judge Joan Synenberg has been actively admitting clients; however, the clients have not been in the program for long enough to have graduated. As these clients cycle through the program and complete the year-long program, this success rate should improve. • For the purposes of this report, consumers who successfully graduated from Drug Court from the previous year (CY2014) were looked at for 6 months (those discharged from 07/01/2014-12/31/2014) and 12 months for recidivism (beginning at discharge date for those discharged from 01/01/2014-06/30/2014). 4% recidivated with a felony charge at 6 months and 2% incurred a felony charge at 12 months post-discharge. 16% incurred a misdemeanor charge at 6 months post-discharge and 12 % incurred a misdemeanor charge post-discharge.
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