

**East Cleveland
Neighborhood
Center (ECNC)**

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
East Cleveland Neighborhood Center			
School Based Prevention	\$ 157,000	\$ 182,011	Prevention
Total	\$ 157,000	\$ 182,011	

CY23 Program Highlights and Outcomes

East Cleveland Neighborhood Center (ECNC)

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

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

You Matter Academy Prevention Education Services

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

ECNC youth-serving programs incorporate the following prevention strategies:

- **Education:** Evidence and research-based SEL curriculum, such as Girls Circle, School Connect, Second Step and Growing into Manhood will be presented to universal, selected and indicated participants in school-based and OST programs.
- **Alternatives:** Alternative activities enable the target group to engage in safe and healthful activities that are substance-free and promote emotional well-being. Participants are provided with opportunities to demonstrate positive behavior through experiential activities that complement education curriculum lessons.
- **Community-based Processes:** Participation in community coalitions and consumer/client networks, i.e., parent-teacher groups, school board meetings, city council meetings, etc., will facilitate engagement with community population to address ATOD and behavioral health challenges. ECNC will assist communities in implementing successful preventative methods and programs through increased collaboration and initiatives to plan, develop and streamline the process of delivering services to target population.
- **Information Dissemination:** Provision of information to community at large to create awareness about ECNC services as well as impart knowledge regarding the risks of ATOD abuse and promote emotional health and wellness.
- **Problem Identification & Referral:** Individuals exposed to various risk factors and/or have experimented with substance use are identified and referred to appropriate agencies or services for higher level of intervention.

Target Population:

- **Clients Served:** ECNC's prevention education programs are designed for children and youth of all genders, ages 5-18 residing in East Cleveland and adjacent neighborhoods and middle and high school students residing in Euclid.
- Children ages 0-17, All socioeconomic categories.

Anticipated Number of Clients to be Served: 1,370

Number of Staff Required to Implement Program: 7

CY23 Program Highlights and Outcomes

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Recruitment and retention of qualified candidates/employees is essential to fulfilling the organization's mission. In the event of staff vacancies, the Program Manager and/or Social Worker are qualified and trained to provide additional direct services until replacements are recruited. In addition, there is capacity to offer current part-time staff opportunities for additional work hours to ensure that clients are served; and finally, there is one credentialed PRN independently contracted staff member and several former ECNC prevention staff who can be contacted, if necessary, to assist with service coverage. This flexibility with utilization of personnel helps ensure continuity and consistency in the event of unexpected vacancies.

Funding Priority:

- Prevention

Program Goals:

- Decrease risk taking behaviors such as substance use through substance abuse education; participants will identify two negative consequences of substance use
- Enhance peer/adult relationships through communication, conflict management and decision-making skills; participants will demonstrate awareness of two positive interaction/interpersonal skills
- Strengthen capacity to regulate emotions through self-management and coping strategies; participants will identify three coping skills
- Participants enrolled in classes/program will sign substance use pledge agreeing to refrain from ATOD use; 70% percent of participants will sign this pledge
- Participants will demonstrate concepts learned and provide program feedback; 70% of participants will complete questionnaires and satisfaction surveys at the end of program period

Program Metrics:

- Substance Use Prevention Milestones measured through observation/survey (problem-solving skills, identify harmful effects of ATOD, coping skills, effective relationships, and pledge to refrain from ATOD use)
- Post program survey will be used to measure student skills and competencies, including decision making, growth mindset and self-management
- Demographic report, i.e., gender, grade level, age, race, to ensure target population is reached
- Satisfaction Survey for feedback about program content, facilitators and recommendations to others

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 630
- **ADAMHS Funded Unduplicated Clients Served:** 524
- **Total Number of Clients Served:** 524
- **Total Number of Clients that Completed this Program/Service:** 353

Average Cost Per Client: \$136.84

CY23 Program Highlights and Outcomes

Additional Information:

- ECNC's experienced, professional staff is dedicated to provision of prevention services to a school district within one of the poorest cities in Ohio. Students attending East Cleveland City Schools are representative of community social determinants including poverty, low academic performance, high absenteeism, adverse childhood experiences and behavior health issues. ECNC serves all of East Cleveland School District which includes Caledonia Elementary School, Mayfair Elementary School, Kirk Middle School and Shaw High School. Feedback from scholars' responses to the satisfaction survey indicate that our "You Matter Academy" prevention education program has had impact. Sample of answers to the question of "what did you like most about the program" included statements such as: "I like how the program helps you and cares for you." "The friendships and the respect. I think that is the most important part in any class or friendship of any kind." "How all the students are so nice, considerate, and how some of them can relate." "It helps a lot and whenever you need help you can always vent to one of them because how caring they are." "You can trust them with lots of info you possibly can't tell anybody else." "The teacher is VERY supportive, and she seems very nice."

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 1,250
- **ADAMHS Funded Unduplicated Clients Served:** 901
- **Total Number of Clients that were Served:** 901
- **Total Number of Clients that Completed this Program/Service:** 787

Goals Met:

- Scholars will demonstrate problem solving skills, positive coping skills
- Scholars will also identify harmful effects from ATOD
- Scholars will sign a pledge to refrain from using mood altering substances and scholars improve the ability to develop healthy interpersonal skills through promoting social emotional development

Metrics Used to Determine Success:

- Milestone survey

Program Successes:

- 86% of our students reported learning two new problem-solving skills
- 63% of our students reported learning two new coping skills
- 90% of our students gained an understanding of mood-altering substances
- 77% of the students took a verbal pledge not to use ATOD
- 59% of students reported improved relationships

Average Cost Per Client in CY21: \$1994.94

Additional Information: N/A

Focus on Diversity: East Cleveland Neighborhood Center (ECNC)

Program(s): You Matter Academy Prevention Education Services

Diversity, Equity and Inclusion STRENGTH from program proposal:

The agency has a policy or polices related to non-discrimination, equal employment opportunity, and/or harassment based on protected categories of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), language, disability, marital status, sexual orientation, or military status.



Region: All

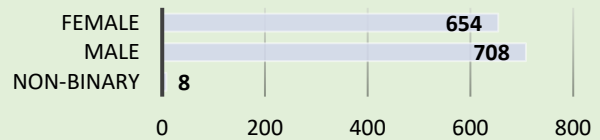
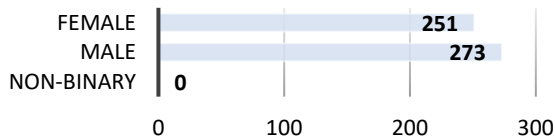
CLIENT DEMOGRAPHICS

2022 – Total Served 524

2023 – Total Projected to be Served 1,370

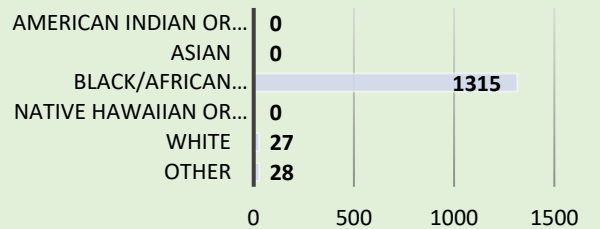
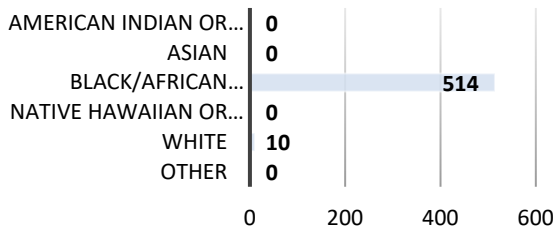
Gender

Gender



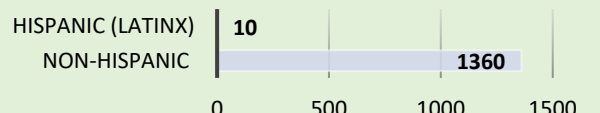
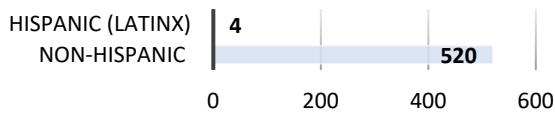
Race

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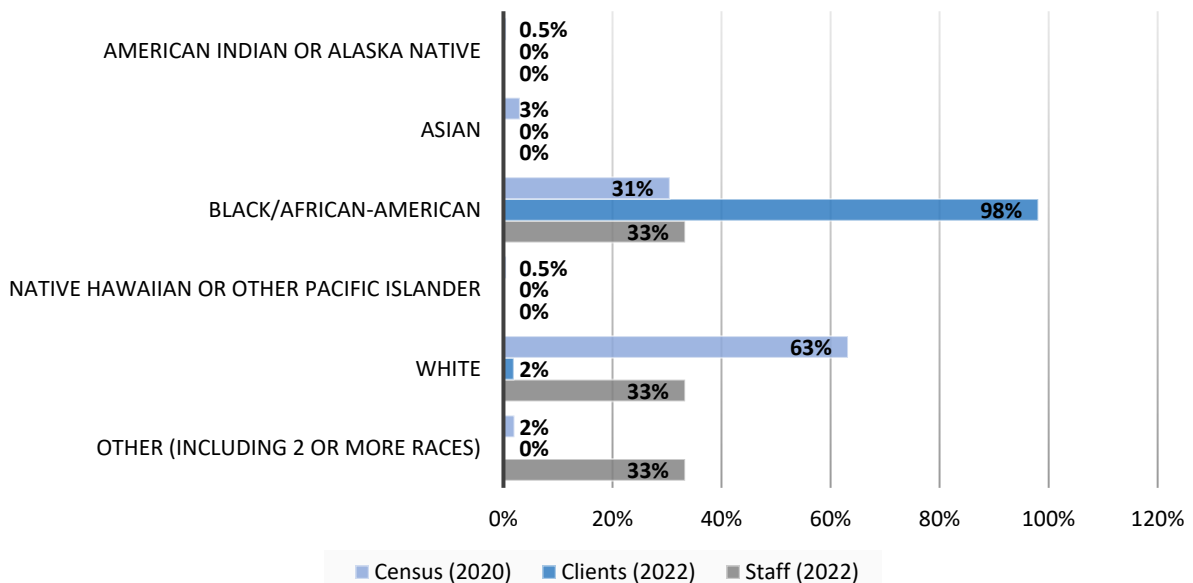


Ethnicity

Ethnicity



COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



Note: These are the best estimates based on available information. Figures may be estimated or rounded, and may not equal 100%.

Eldercare Services Institute, LLC

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Eldercare Services Institute			
Hoarding Connection	\$ 20,000	\$ 20,000	Removing Barriers
Total	\$ 20,000	\$ 20,000	
Pooled Funding:			
Behavioral Health Services	\$ -	\$ -	

CY23 Program Highlights and Outcomes

Eldercare Services Institute, LLC

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

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

Behavioral Health Services

A variety of behavioral health services (BHS) make up the programs offered through the BHS department to meet the diverse needs of clients and their caregivers. Services include Therapeutic Behavioral Services (TBS), individual and in group, Case Management (CPST) and Diagnostic Evaluation. These services are provided in office, the community, or via telehealth. The agency's home and community-based programs provide clients with a "continuum of care." A client can receive services from multiple programs at the same time. This collaboration of services provides clients with a quality of care not found in other community services. This continuum of care allows clients to live independently rather than in institutional settings.

Individual Diagnostic Evaluation by licensed staff, with client, results in a comprehensive biopsychosocial history. This report coupled with the client's presenting problem, helps identify a course of treatment and services. Staff providing individual case management and TBS reaches out to the needs of clients suffering from mental and physical disorders such as those affected by depression, bipolar disorder, schizophrenia, anxiety and hoarding behaviors, (a small number of ESI's active client caseload).

Recently, a small number of clients victimized by cybercrimes have been identified among client population. Continued support from the ADAMHS Board for this weekly, 60-minute group, will allow those adults who have been traumatized by a cyber scam, but are either not insured or have private payors or third-party payors not accepted at the agency, to receive treatment. This is especially important now that AARP and FBI research has identified the growing number of older adults as the primary victims of romance scams.

Mental Health Day Treatment: In 2022, the ADAMHS board supported TBS funding to clients who were not insured and were eligible to participate in the Day Treatment program. This three-hour group session is offered Monday through Wednesday 9 a.m. to noon via telehealth and Thursdays 9 a.m. to noon through a hybrid of telehealth and in-person at the main headquarters. This program maintains CARF certification, recently being recertified through 2025. Day Treatment helps clients with severe, chronic mental illness learn how to cope, socialize, identify and manage symptoms, work with their doctors, case managers and other practitioners. Most importantly it helps clients continue to work on the skills to live in the community, reduce hospitalizations and improve the quality of their lives.

Target Population:

- Cuyahoga County residents ages 55 and older, who experience a mental illness
- 100-199% of the federal poverty level

Anticipated Number of Clients to be Served: 270

Number of Staff Required to Implement Program: 13

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- When staff resigns clients will be reassigned. Current staff will schedule transition appointments as soon as possible to discuss plans with the client. Introductions, along with contact information, etc., will be conducted and documented before the staff person leaves the agency. Each client

CY23 Program Highlights and Outcomes

will also receive a letter informing them of who their new worker will be, a list of emergency numbers and a number to the agency, if they have any questions. Three weeks after the staff person leaves the agency, each of the clients that have been transferred will be contacted by the program coordinator inquiring to see if they have been contacted by their new worker or if they have any questions.

Funding Priority:

- Removing Barriers

Program Goals:

- Newly admitted persons served will be contacted by case manager within two business days from referral date
- Client Initial Assessments will be completed within 15 working days of referral date
- There will be a 10% reduction in client psychiatric re-hospitalizations from CY22
- PHQ-9 depression scale scores will reflect clients' positive response to treatment

Program Metrics:

- EHR Carelogic
- PHQ-9 scores

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 177
- **ADAMHS Funded Unduplicated Clients Served:** 60
- **Total Number of Clients Served:** 188
- **Total Number of Clients that Completed this Program/Service:** 12

Average Cost Per Client: \$627.76

Additional Information:

- Behavioral Health Services had a CARF survey in May. During the survey, several clients were asked to speak with one of the auditors, alone, without staff present. Four clients met separately with the auditor, and each spent about 20 minutes. The next day staff had its exit interview and the CARF auditor opened by saying she had interviewed many clients at many different agencies over the years and of those she interviewed, the BHS clients were the first that were able to not only talk about how much they enjoyed the program and services and how important it was to their lives. They were also each able to identify skills they learned and how they used those skills to help them, whether it was to cope with depression, anxiety, socialize or just manage day-to-day living. Staff continually work to meet clients where they are using best practices to make sure treatment services address modern challenges of aging. The ADAMHS Board provides funding that is essential in the continuation of programming that makes a difference in the quality of people's lives. The outcome of the funding was made very clear by what these four clients, three who live in a group home and one in a CMHA apartment, shared privately and yes, later, with some of the staff, whom they thanked for helping them live a better life.

CY23 Program Highlights and Outcomes

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served: 400**
- **ADAMHS Funded Unduplicated Clients Served: 96**
- **Total Number of Clients that were Served: 211**
- **Total Number of Clients that Completed this Program/Service: 89**

Goals Met:

- Reduce psychiatric re-hospitalizations by 20% over CY20
- Increase use of PHQ9 tool by more than 10% over CY20 to show improvement in depressive symptoms
- Increase training opportunities about older adult mental health issues by more than 10 presentations over CY20

Metrics Used to Determine Success:

- Tracked through EHR in Carelogic
- PHQ-9 tracked through EHR in Carelogic
- ZOTERO, internal tracking to count presentations
- Ohio Scales tracked through EHR in Carelogic

Program Successes:

- Zero psychiatric re-hospitalizations in 2021
- Goal met: 67% report decrease in depressive symptoms
- Goal met: Total of 30 presentations in 2021; 100% more than 2020
- Goal met: 84 Ohio Scales administered. First use of Ohio Scales at BHS.

Average Cost Per Client in CY21: \$621.75

Additional Information:

- Accredited by CARF, BHS is unique, providing services specifically to meet the needs of those 55 and older. Poverty, lack of transportation, and an overall lack of general social determinates of health all contribute to the barriers staff work to overcome every day to help clients achieve goals. CPST, counseling, assessments, individual therapy for various mental health issues can be scheduled in the home, by telehealth, or in the main office. Grant funding allowed the agency to distribute digital tablets and enroll clients in a program that instructs clients on their usage. This enabled clients to engage in telehealth services and other activities that decreased social isolation. Staff regularly participate in training designed to keep them abreast on best practices for working with older adults. The agency also provides trainings on a variety of topics specific to the needs of older adults to community, professionals, or anyone in the public. In 2021, BHS was asked to speak on Sound of Ideas, local NPR, about services with the LGBTQ+ community. Staff were invited to present at the State Attorney General's annual Elder Abuse forum. ADAMHS Board funding has allowed BHS to continue to serve those in the community who need it the most and to quickly adapt to the changes the future brings.

CY23 Program Highlights and Outcomes

Hoarding Connection of Cuyahoga County

Offer "Introduction to Hoarding" a 60-minute information program six-times-per-year. Facilitated by staff knowledgeable of hoarding disorders, community resources and support for family or loved ones. The program would be offered in a hybrid model (virtual and/or in-person) at Benjamin Rose Institute on Aging. Funding supports presenter's fee, marketing, technology and administrative support to promote the education program, and provision of annual conference to share information on topics, treatment, education, related to hoarding.

The Hoarding Connection to hold at minimum two Buried In Treasures (BITs) groups in Cuyahoga County during 2023. These are peer led 15-session groups that help hoarders address issues related to their ongoing disorder.

Presenters Circle comprised of HCCC members who have expertise in treatment of hoarding disorders and the work of the Cuyahoga County Hoarding Connection and are available to present on topics related to hoarding as it relates to the mission of the Hoarding Connection: To educate professionals, organizations and the larger community about hoarding disorder and promote the adoption of effective responses for persons who hoard. Requesting presenter's fee of \$275 for 60-minute sessions.

Administrative support to the Hoarding Connection Committee provided by staff of Eldercare Services Institute of Benjamin Rose starting at \$5,000 and billed through the grant.

Target Population:

- N/A

Anticipated Number of Clients to be Served: 0

Number of Staff Required to Implement Program: 6

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- N/A

Funding Priority:

- Removing Barriers

Program Goals:

- Host an annual conference to provide education re: hoarding disorder and those diagnoses that support it, as well as allowing for a forum to disseminate information
- Resume at least two BITs groups in CY23 virtually or in-person
- Provide at minimum six presentations on the topic of hoarding by end of December 2023.

Program Metrics:

- Written information on conference, attendance list, submitted to the ADAMHS Board in year-end report
- Data reported to Administrative Assistant from HCCC and submitted to ADAMHS Board in semi-annual reports
- Information submitted to ADAMHS Board quarterly and semi-annually through Hoarding Connection reports.

CY23 Program Highlights and Outcomes

First Six Months of CY22 Provider Outcomes:

Highlights:

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

Average Cost Per Client: \$0

Additional Information:

- The Hoarding Connection of Cuyahoga County (HCCC) seeks to educate professionals, organizations and the larger community about hoarding disorder and promote the adoption of effective responses for persons who hoard. It does so through an annual conference and other educational opportunities, including Buried in Treasures (BITs), community-based educational and support groups, and a dedicated website which offers resources and opportunities to raise awareness of hoarding in the community, as well as treatment options. Plans are underway for another virtual conference this fall. Modeled after the 2021 conference, this year's conference will be offered over a two-day period. The Hoarding Connection has found that virtual conferences not only ensure public health safety measures reducing the risk of exposure, but more people from a wider geographic area are able to attend the event. Several Behavioral Health Services staff and Hoarding Connection members have also made numerous hoarding presentations throughout Cuyahoga County and to audiences reaching out of state. BITs groups continue their suspension which started in March 2020. Core members of HCCC said they felt offering virtual BITs groups would be too difficult for the participants, many of whom are older adults (55 and over), lack necessary equipment to participate or do not have internet connectivity. There has also been a decline in engaging group facilitators. Several members of the Hoarding Connection are looking at ways to engage other members of the committee to revitalize its mission and objectives.

CY21 Provider Outcomes

Highlights:

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

Goals Met:

- Host annual conference to provide information on hoarding and allow for a forum for discussion on the disorder
- Reduce number of evictions by 10% over 2020 for clients referred to BHS by Housing Court
- Resume at least two BITs groups either virtually or in-person

Metrics Used to Determine Success:

- Number of participants through registration at ADAMHS Board
- Track through Electronic Health Record
- Internal tracking through BITs attendance sign-in sheets

CY23 Program Highlights and Outcomes

Program Successes:

- 317 participants
- Goal met: 0 evictions
- Goal not met: unable to hold any BITs groups

Average Cost Per Client in CY21: \$0

Additional Information:

- The Hoarding Connection of Cuyahoga County (HCCC) was started by a grant in 2008 under a three-year initiative of the ADAMHS Board. While separate from the Behavioral Health Services of Eldercare Services Institute, LLC (ESI), staff support this project's efforts to educate public and professionals about hoarding, offer trainings to inform those working with this population, including those in the court system, maintain the HCCC website, a listing of resources for things associated with hoarding, as well as a place where people can submit inquiries regarding hoarding situations. Local Buried in Treasures (BIT) community support groups have typically been a part of the project; however, in-person groups, especially with the older population, have not been held since the onset of COVID-19 in 2020. HCCC is planning to re-start at least one group in 2022. This unique project continues to offer education to help many throughout the community understand and treat an ongoing problem which not only impacts the lives of those who hoard but families, neighbors, judges, and those first responders who are tasked with addressing this issue.

Focus on Diversity: Eldercare Services Institute, LLC

Program(s): Behavioral Health Services; Hoarding Connection of Cuyahoga County

Diversity, Equity and Inclusion STRENGTH from program proposal:

The agency states that they “strives to achieve racial equity and social justice which are essential for ensuring healthy aging for all, through our research, consumer-responsive services, and client advocacy.”



Region: Central/E

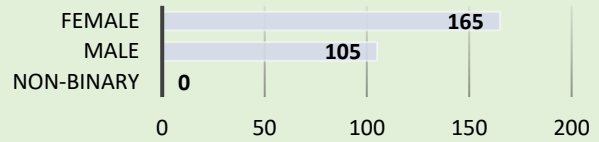
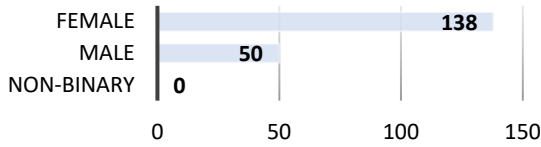
CLIENT DEMOGRAPHICS

2022 – Total Served 188

2023 – Total Projected to be Served 270

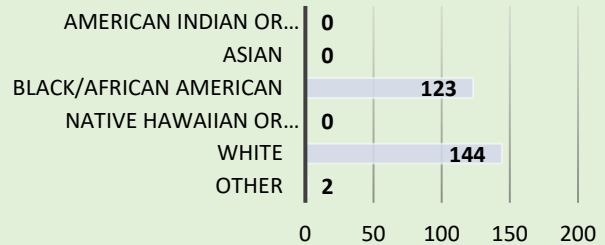
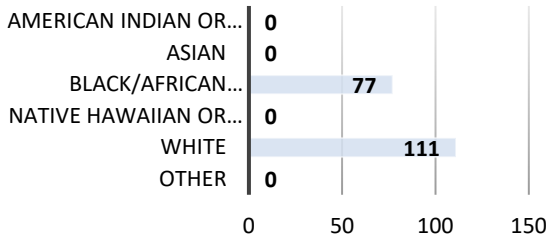
Gender

Gender



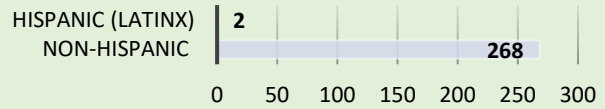
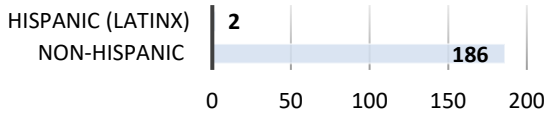
Race

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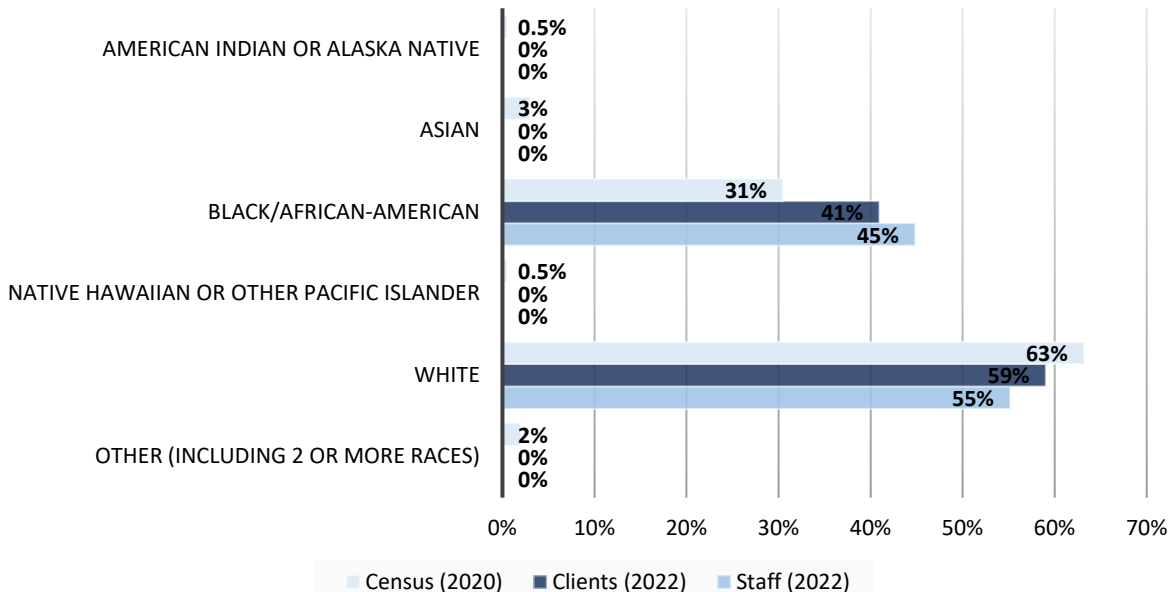


Ethnicity

Ethnicity



COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



Note: These are the best estimates based on available information. Figures may be estimated or rounded, and may not equal 100%.

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

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Emerald Development & Economic Network, Inc. (EDEN)			
Residential - Listed Below:			
Housing Assistance Program (HAP)	\$ 1,245,665	\$ 1,352,555	Housing
Property Management Consumer Operated Svs	\$ 62,012	\$ 68,802	Housing
North Ridge Commons	\$ 137,516	\$ 186,368	Housing
Property Management ADAMHS Owned Properties	\$ 271,278	\$ 350,919	Housing
Property Management Residential Facilities	\$ 250,000	\$ 348,790	Housing
Permanent Housing	\$ 1,399,518	\$ 1,485,736	Housing
Transitional Age Youth Supportive Housing	\$ -	\$ 47,800	Housing
Total	\$ 3,365,989	\$ 3,840,970	

CY23 Program Highlights and Outcomes

Emerald Development & Economic Network (EDEN) Inc.

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

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

Housing Assistance Program

EDEN is committed to assisting clients in finding and maintaining safe, sanitary, and affordable housing in the community. EDEN must determine that all applicants for assistance are eligible. With direction from the ADAMHS Board, EDEN confirms that each applicant has a mental health diagnosis, is actively involved in case management services with a contract agency of the ADAMHS Board and meets the definition of a very low-income household per HUD's income guidelines. In addition, EDEN must ensure that all units are rent reasonable and pass an HQS inspection prior to the tenant moving in. The client's portion of the rent does not exceed 40% of their total household income. EDEN completes recertifications for all households annually and manages daily calls from participants ranging from issues with their unit, changes to the household income or composition, and housing location, and often collaborates with the client's case manager and landlord to help maintain the client's housing.

Target Population:

- This program serves individuals/families where the head of household or a child has a documented behavioral health disability, and that individual is engaged in case management services with an ADAMHS Board contracted agency. Households must also meet the Federal very low-income limits.
- Less than 100% of the federal poverty level.

Anticipated Number of Clients to be Served: 175

Number of Staff Required to Implement Program: 21

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- There are several EDEN employees across multiple departments who work with this program. Within each area of work, there will be cross-training of staff to ensure coverage if primary staff are out of the office or positions become vacant. EDEN has assigned two housing eligibility specialists to this program to ensure applicants and participants are stably housed as quickly as possible.

Funding Priority:

- High Quality Housing

Program Goals:

- 100% of units will meet HQS Standards
- 95% of the participants will maintain their housing subsidy or move to another permanent option
- 100% of participants will complete a re-certification annually
- Total clients served will be increased by 70 households

CY23 Program Highlights and Outcomes

Program Metrics:

- Completing HUD's Housing Quality Standards inspections at least annually ensures units being subsidized are decent, safe and sanitary. ADAMHS Board completes inspections. EDEN utilizes Tenmast software system to track inspections.
- EDEN utilizes the Housing Stability Specialists to intervene if a situation arises that can jeopardize a participant's housing. Inspections and Recertifications are completed annually to access ongoing eligibility and any concerns that may affect the household's stability.
- EDEN uses Tenmast Software to track annual recertifications. Reports are reviewed monthly to confirm that each household is recertified annually to ensure the eligibility criteria is still met, including assessing the household income and composition.
- The waitlist will be reviewed weekly and updated monthly until the goal of increasing the number of households is met. The waitlist will then be updated at least annually to maintain current information on all applicants.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 165
- **ADAMHS Funded Unduplicated Clients Served:** 180
- **Total Number of Clients Served:** 180
- **Total Number of Clients that Completed this Program/Service:** 7

Average Cost Per Client: \$2,352.73

Additional Information:

- The agency did not add the 70 Households it hoped to. It has taken longer to get through the waiting list names. Staff recently opened the Housing Assistance Program (HAP) waiting list to new applicants with the hope that more applicants will be processed for HAP vouchers. Staff regularly meets with ADAMHS Board to talk through the issues of the program and getting available units leased.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 182
- **ADAMHS Funded Unduplicated Clients Served:** 163
- **Total Number of Clients that were Served:** 163
- **Total Number of Clients that Completed this Program/Service:** 89

Goals Met:

- 100% of units will meet HQS Standards
- 90% of participants will maintain or increase income
- 95% of the participants will maintain their housing subsidy
- 100% emergency repairs shall be repaired within 24-hours
- 100% program administration follows Ohio Landlord Tenant Law & Fair Housing Act

CY23 Program Highlights and Outcomes

Metrics Used to Determine Success:

- Annual HQS inspections ensure units are safe.
- Tenmast tracks income/household changes; reports monitor and compare any changes.
- Housing Stability Specialists intervene when situations jeopardize housing.
- Tenmast tracks annual and emergency inspections.
- Eligibility Specialist work with the tenant/ landlords regarding repairs.
- Trainings for landlord-tenant law and fair housing; HAP contract with each landlord who rents to a program participant who has a lease.

Program Successes:

- 100% of units will meet HQS Standards = 100%
- 90% of participants will maintain or increase income = 100%
- 95% of the participants will maintain their housing subsidy = 92%
- 100% emergency repairs shall be repaired within 24-hours = 100%
- 100% program administration follows Ohio Landlord Tenant Law & Fair Housing Act = 100%

Average Cost Per Client in CY21: \$4,353.37

Additional Information:

- HAP received additional funding from the ADAMHS Board in April of 2021. The agency's goal was to add 70 additional participants. Staff reviewed the top 258 waiting list applicants; four have been approved and are looking for housing, 137 updates are ready to be sent out to referral agencies to complete applications, and 117 applicants were removed from the waiting list due to no longer being linked to a contract agency of the ADAMHS Board.
- The process of approving more applicants has been impacted by COVID-19. Communications with referral agencies have been longer and by having to largely coordinate getting documents electronically. The current housing market has also been challenging due to a shortage of landlords willing to accept rental subsidies. Staff expect to see an increase in the number of applicants approved with more frequent outreach and follow up to referral agencies. Updating the waiting list will continue to be a priority and clear deadlines will be given to referral agencies to help increase the response time.

North Ridge Commons

Having a front desk staff person is on-site 24-hours-per-day is essential to the success of Permanent Supportive Housing. Residents do not have a key to the front entrance, and all guests must be buzzed into the facility. All guests must also sign-in and show ID. The front desk staff provides a high level of communication, as well as safety and security to the building. These staff members are the individuals who intervene when emergencies arise, including the need to call emergency services - EMS, Police, and Fire. They monitor the traffic in and out of the building, including overseeing the camera system at the property. The front desk staff receive and log all deliveries and notify the tenants and or property management. They also complete incident reports for safety systems such as smoke detectors and cameras system.

Target Population:

- Clients served at Northridge are chronically (long-term) homeless individuals that have a mental illness and/or substance use disorder and are at least 50 years of age or older.

CY23 Program Highlights and Outcomes

- Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 33

Number of Staff Required to Implement Program: 4.5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- If there is a staff vacancy in one of these positions, the agency will fill in by using leadership staff, front desk staff from other PSH buildings, or will use temporary (PRN) staff that are called in on an as needed basis. The front desk must be staffed 24-hours-per-day, 7-days-per-week, so there must be a person on-site, and EDEN ensures that this staffing is continuous. The third-party security company that is utilized finds a replacement for their staff if they call off.

Funding Priority:

- High Quality Housing

Program Goals:

- Record and track emergency calls (police, fire, EMS) monthly.
- Complete Incidents Report for any Reportable Incidents.
- Enter all emergency and routine work orders into Tenmast.
- Maintain daily logs including shift log, guest log, and deliveries.
- Monitor safety systems such as camera system, fire alarms/smoke detectors, and sprinkler system and respond to alerts.

Program Metrics:

- Review monthly emergency call log and tally number of calls made.
- Review monthly incident reports to ensure reports are completed as needed.
- Run monthly work order reports from Tenmast System and review for completion.
- Review sign in sheets and delivery logs to ensure completion.
- Review incident reports and shift logs for completion and accuracy; ensure functionality of safety systems.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served: 33**
- **ADAMHS Funded Unduplicated Clients Served: 30**
- **Total Number of Clients Served: 30**
- **Total Number of Clients that Completed this Program/Service: 1**

Average Cost Per Client: \$2,457.99

Additional Information:

- Cuyahoga County Health and Human Services levy funds through an agreement with the Office of Homeless Services have been utilized to cover increased wages for front desk staff, and to cover increases in security company hourly rates. This has enabled EDEN to increase salaries to a more competitive amount, to recruit and maintain staff in front desk positions.

CY23 Program Highlights and Outcomes

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served: 30**
- **ADAMHS Funded Unduplicated Clients Served: 33**
- **Total Number of Clients that were Served: 33**
- **Total Number of Clients that Completed this Program/Service: 0**

Goals Met:

- 95% of tenants will maintain housing
- 90% of tenants will maintain or increase income
- 100% of Property Management services will be consistent with Ohio Landlord Tenant Law & Fair Housing Act
- Zero Security Incidents

Metrics Used to Determine Success:

- Goal is calculated by Total Number Clients served divided by Total Move-Outs
- Total Number of Clients receiving income divided by Total Number of Clients receiving an increase in income
- Property Manager and Manager of Permanent Supportive Housing are required to uphold Tenant Law and Fair Housing Act
- Security Incidents are tracked through the agency's incident reporting system

Program Successes:

- 87% of participants maintained housing; Three of the tenants died and one moved out due to receiving another subsidy
- 94% of tenants received the annual COLA increase for Social Security; 6% have applied for Social Security Disability
- 100% of the Property Manager and Manager have complied with Tenant Law and Fair Housing Act
- Zero incidents occurred during this timeframe

Average Cost Per Client in CY21: \$4,276.37

Additional Information:

- This program is part of the Housing First Initiative Portfolio. This building employs the following personnel: Manager of Permanent Supportive Housing, Property Manager, Maintenance Technician, Custodian and Front Desk Staff. (ADAMHS Board provides funding for the Front Desk Staff only.) Signature Health is the on-site supportive service provider. This program provides housing for very vulnerable persons. Applicants must meet the HUD definition of chronic homelessness and have a mental illness/substance use disorder. Residents of this Permanent Supportive Housing Project must be 50 years of age or older.

CY23 Program Highlights and Outcomes

Permanent Housing

This program provides permanent, affordable housing for persons linked with contracted agencies of ADAMHS Board. EDEN owns and manages these properties, so staff are responsible for ensuring that applicants qualify for the program, moving them into the units, and helping maintain housing stability if any issues arise. Staff are also responsible for maintaining the properties, including completing work orders, completing any renovations needed, and complying with city ordinances like lead paint abatement. EDEN's Property Management staff have backgrounds in social work, so they have a more solid knowledge base of behavioral health issues and can work closely with CPSTs if housing issues arise.

Target Population:

- Adults with mental illness and/or substance use disorder, and chronic health conditions
- Extremely low-income households, relying mainly on SSI/SSDI and SNAPs benefits, and are linked to contract agencies of the ADAMHS Board
- Clients are homeless or unstably housed, and many have poor housing histories including evictions
- Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 215

Number of Staff Required to Implement Program: 21

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- If staff vacancies occur, other staff and leadership fill in those positions/duties such as reassigning properties and tenants to complete move ins, recertifications etc., completing work orders, paying invoices and any other duty. There are times staff may get behind in completing work orders, but they review reports monthly to monitor these activities. Staff will use temp agencies if needed.

Funding Priority:

- High Quality Housing

Program Goals:

- 90% rate of rent collection will be achieved
- 95% rate of occupancy will be achieved
- Involuntary move-outs will occur in 5% or less of the units
- 100% of emergency work orders will be addressed within 24-hours
- 100% of routine work orders will be addressed within 30 days

Program Metrics:

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

CY23 Program Highlights and Outcomes

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 215
- **ADAMHS Funded Unduplicated Clients Served:** 265
- **Total Number of Clients Served:** 265
- **Total Number of Clients that Completed this Program/Service:** 7

Average Cost Per Client: \$3,111.62

Additional Information: N/A

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 204
- **ADAMHS Funded Unduplicated Clients Served:** 287
- **Total Number of Clients that were Served:** 287
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- 92% rate of rent collection will be achieved
- 95% rate of Occupancy will be achieved
- 5% or less of tenants will have involuntary move-out
- 100% units will meet ADAMHS certifications
- 100% of repairs will be completed within 30 days

Metrics Used to Determine Success:

- Calculated by total number rents paid divided by Total budgeted – Tracked in Tenmast
- Calculated by Total occupied units divided by Total units – Tracked in Tenmast
- All Move-Out reasons are collected and tracked in Vacancy Tracker form
- Annual inspections are conducted and passed
- Work orders are entered into the TenMast system, and a daily average of completion is calculated by Date Entered minus Date Completed then total for an average

Program Successes:

- 92% is rate of rent collection – EDEN has had 95% rent collection.
- 95% is rate of Occupancy – EDEN has maintained 96% or higher Occupancy rate.
- 5% or less of involuntary move-outs – met this goal with no involuntary move-outs.
- 100% units will meet ADAMHS certifications – met all standards.
- 100% of repairs will be completed within 30 days – 84% were completed within 30 days – average days to complete is 18.5 days to make repair.

Average Cost Per Client in CY21: \$7,103.23

CY23 Program Highlights and Outcomes

Additional Information:

- EDEN provides housing for 204 households representing over 275 people on this program. The program has a waitlist to provide units to new households when turnover in the units occur.

Property Management - ADAMHS Owned Properties

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

Target Population:

- The clients served by the RCFs come through the CARR referral process. Clients typically have a mental illness, and some have other disabilities including substance use disorders, developmental disabilities, and/or physical health conditions. The residents often have low independent living skills and may need prompting around medication. These are persons who have extremely low incomes, typically receiving SSI/SSDI. Some of these individuals move in with no income benefits at all. The primary goal is to move them into a more independent living setting when possible.
- Bernard provides housing for a family and is considered permanent. Lakeshore provides housing for young adults ages 18-24.
- Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 297

Number of Staff Required to Implement Program: 19

Steps to Ensure Program Continuity if Staff Vacancies Occur:

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

Funding Priority:

- High Quality Housing

Program Goals:

- 100% of emergency work orders will be addressed within 24-hours
- 100% of routine work orders will be completed within 30 days
- 100% of properties that require annual ADAMHS Board certifications will be certified
- All invoices will be paid within 30 days
- Generate monthly financial ADAMHS Board report and submit by due date

CY23 Program Highlights and Outcomes

Program Metrics:

- Review monthly the status reports for completion of emergency work orders to ensure that 100% of emergency work orders are being completed within 24-hours.
- Review monthly the status reports for completion of routine work orders to ensure that 100% of routine work orders are being completed within 30 days.
- Annually maintenance will complete a pre-inspection of all units to ensure that 100% of properties achieve ADAMHS Board certification annually, and additionally, Property Managers will do quarterly inspections.
- Review monthly aged accounts receivable and payables.
- Track and review monthly submission dates of financial reporting to the ADAMHS Board.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 249
- **ADAMHS Funded Unduplicated Clients Served:** 144
- **Total Number of Clients Served:** 144
- **Total Number of Clients that Completed this Program/Service:** 12

Average Cost Per Client: \$1,192.96

Additional Information:

- EDEN does not own the properties but manages them for the ADAMHS board. The agency does not have leases with most of the clients and, as a result, doesn't have all the demographic information about the clients being served at these properties.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 56
- **ADAMHS Funded Unduplicated Clients Served:** 280
- **Total Number of Clients that were Served:** 280
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- 92% is rate for rent collection from residents
- 95% is rate for occupancy
- Units will be leased within 15 days
- 100% of emergency repairs will be completed within 24-hours
- 100% of routine work orders will be completed within 30 days

Metrics Used to Determine Success:

- EDEN uses the Tenmast software system to input data and track outcomes related to rent collection.
- EDEN uses the Tenmast software system to input data and track outcomes for occupancy.

CY23 Program Highlights and Outcomes

- Tenmast is used to track turn over for any units the agency is responsible for filling.
- EDEN uses the Tenmast software system to input work order data and measure the time it takes to complete the work.
- EDEN uses the Tenmast software system to input work order data and measure the time it takes to complete the work.

Program Successes:

- 92% is rate for rent collection from residents - rent collection was 100%.
- 97% is rate for occupancy. Units will be leased within 15 days – Staff is close to this timeframe but again some referrals have been delayed so vacancies have existed for longer time periods.
- 100% of emergency repairs will be completed within 24-hours – 100% were completed within 24-hours.
- 100% of routine work orders will be completed within 30 days - 96% were completed within 30 days – Average days to complete is 14.21 days.

Average Cost Per Client in CY21: \$3,476.94

Additional Information:

- Referrals to fill units has slowed down and EDEN only accepts referrals from ADAMHS Board, so they are reliant on outside agencies to make referrals to the ADAMHS Board. Staff do not have access to information for the clients being served in all ADAMHS Board properties because they do not process intakes or move outs. CSU and Flores are two properties that FLS operates, and EDEN only performs maintenance functions.

Property Management - Consumer Operated Services

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

Target Population:

- Adults ages 18-65+ with a mental health diagnosis, less than 100% of the federal poverty level.

Anticipated Number of Clients to be Served: 200

Number of Staff Required to Implement Program: 7

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- If staff leave or are not otherwise available, EDEN will utilize other appropriate agency staff (including using temp agencies) to fill in - whether that is completing work orders or paying invoices, for example. EDEN will ensure that any work needed on behalf of this property will be carried out in for Future Directions to have safe, continuous operations on-site.

Funding Priority:

- Peer Support

Program Goals:

- 100% of emergency work orders will be addressed within 24-hours

CY23 Program Highlights and Outcomes

- 100% of routine work orders will be completed within 30 days or less.
- Property will meet ADAMHS Board and local ordinance standards annually.
- 100% of invoices will be paid within 30 days.

Program Metrics:

- Provide a monthly status report of emergency work orders to ensure that 100% of emergency work orders are being addressed within 24-hours.
- Provide monthly status reports of routine work orders to ensure that 100% of routine work orders are being completed within 30 days.
- An ADAMHS Board certification will be given annually, and all local building will pass inspections.
- Provide a monthly property report for invoices and payments to ensure that they are paid on a timely basis.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 125
- **ADAMHS Funded Unduplicated Clients Served:** 123
- **Total Number of Clients Served:** 123
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: \$220.40

Additional Information:

- EDEN is the owner of the property, but Future Directions is the on-site operator. As a result, staff don't have all the demographic information about the clients being served by the agency.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 150
- **ADAMHS Funded Unduplicated Clients Served:** 0
- **Total Number of Clients that were Served:** 0
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- 100% of emergency repairs will be completed within 24-hours
- 100% of routine work orders will be completed within 30 days
- 100% Invoices will be paid within 30 days. Property will meet local ordinance/codes
- Property has OhioMHAS Certification

Metrics Used to Determine Success:

- EDEN uses software system called Tenmast to input and track all work orders including time to complete
- EDEN uses Tenmast system to input and track invoices for payment
- Agency has COO for property and no inspections took place

CY23 Program Highlights and Outcomes

- Agency has OhioMHAS certification

Program Successes:

- 100% of emergency repairs will be completed within 24 hours = 100% of Emergency work orders were completed within 24-hours
- 100% of routine work orders will be completed within 30 days = 100% of work orders were completed within 30 days
- 100% Invoices will be paid within 30 days = 100% of invoices were paid within 30 days
- Property will meet local ordinance/codes = Property met local codes
- Property will have OhioMHAS Certification = Property has OhioMHAS certification

Average Cost Per Client in CY21: \$0

Additional Information:

- EDEN is not the on-site operator of this center; EDEN owns and manages the facility. Future Directions provides services on-site. Specific program data is not made available to EDEN.

Property Management - Residential Care Facilities

EDEN owns the RCFs, and provides the property management, maintenance, and fiscal management for these sites. The referrals for these sites come through the ADAMHS Board to the on-site providers. EDEN ensures units are ready for occupancy and turnover. EDEN staff calculate and collect rent/utilities and food/services payments if a resident has income, and work with client and their payee to ensure payments are made. EDEN completes any work orders for the properties as well as needed renovations. EDEN pays program and facility-related invoices, review and reimburse petty cash disbursements, review actual vs. budget expense variances, set up credit accounts with vendors, receive and post tenant payments, produce financial statements and prepare for annual audit. There are separate on-site providers, such as FrontLine, Jewish Family Services and Northcoast Behavioral Health System. Property Management prioritizes individuals exiting RCFs for an EDEN permanent housing program and PSH for clients coming from Safe Havens.

Target Population:

- Clients typically have a mental illness, and some have other disabilities, including substance use disorders, developmental disabilities, and/or physical health conditions. The residents often have low independent living skills and may need prompting around medication. They are persons who have extremely low incomes, typically, receiving SSI/SSDI. Some residents move in with no income benefits at all.
- Frontline Service oversees the referrals for two Safe Havens. These properties provide housing for individuals who have been experiencing homelessness for a long period of time and have a behavioral health disability. Many of these clients move into Permanent Supportive Housing when they are willing and able to do so. University House who has JFSA as the on-site provider, serves clients who are hearing impaired as well as have a behavioral health disability. The MAT site is operated by Cleveland Treatment Center. Clients are referred that need to stay on site and receive medication for substance use disorders.
- Adults ages 18-65 and older, less than 100% of the federal poverty level.

Anticipated Number of Clients to be Served: 93

Number of Staff Required to Implement Program: 19

Steps to Ensure Program Continuity if Staff Vacancies Occur:

CY23 Program Highlights and Outcomes

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

Funding Priority:

- High Quality Housing

Program Goals:

- 100% of emergency work orders will be addressed in 24-hours
- 100% of routine work orders will be completed within 30 days
- 100% of units will achieve OHMAS licensure when time for renewal
- Attend monthly status meetings with Northcoast Behavioral and ADAMHS Board to discuss the status of rent payments, invoice payments, and occupancy
- All invoices will be paid within 30 days

Program Metrics:

- Review the status of completion of emergency work orders monthly, to ensure that 100% are being completed within 24-hours
- Review the status of completion of routine work orders monthly, to ensure that 100% of routine work orders are being completed within 30 days
- A pre-inspection of all units will occur to ensure that 100% of units achieve OhioMHAS licensure; additionally, Property Managers will perform quarterly inspections
- Review monthly agenda and notes taken at each meeting
- Review accounts receivable and payables monthly

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served: 93**
- **ADAMHS Funded Unduplicated Clients Served: 83**
- **Total Number of Clients Served: 83**
- **Total Number of Clients that Completed this Program/Service: 10**

Average Cost Per Client: \$4,360.48

Additional Information:

- It is important to note that the client demographic information provided in this report pertains to the EDEN-owned Residential Care Facilities only. Additionally, there are no clients-served numbers, demographic information, or other data provided in this report regarding the facility on 118th Street, as it is a Medically Assisted Treatment (MAT) site, and therefore, EDEN does not obtain such information.

CY23 Program Highlights and Outcomes

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served: 34**
- **ADAMHS Funded Unduplicated Clients Served: 45**
- **Total Number of Clients that were Served: 45**
- **Total Number of Clients that Completed this Program/Service: 0**

Goals Met:

- 92% is rate for rent collection from residents.
- 95% is rate for occupancy. Units will be leased within 15 days.
- 100% of emergency repairs will be completed within 24-hours.
- 100% of routine work orders will be completed within 30 days.

Metrics Used to Determine Success:

- Tenmast software system to input data and track outcomes related to rent collection.
- Tenmast software system to input data and track outcomes for occupancy.
- Tenmast is used to track turn over for any units the agency is responsible for filling.
- Tenmast software system to input work order data and measure the time it takes to complete the work.

Program Successes:

- 100% success rate for rent collection.
- 95% success rate for occupancy.
- Units were be leased within 15 days of referrals received.
- 100% of emergency repairs were completed within 24-hours.
- 81% of routine work orders were completed within 30 days.

Average Cost Per Client in CY21: \$4,381.56

Additional Information:

- EDEN is aware of how many clients the agency is serving except for East 118th Street, which is a Medically Assisted Treatment (MAT) facility. EDEN owns and maintains the property. Staff do not know when someone enters or exits this program. 13 clients left but staff do not know the reason since clients do not sign leases – they have residential care agreements.

Transitional Age Youth (TAY) Supportive Housing Development

The building will include one and two-bedroom single and family units that come with basic furnishings for each resident. For the safety of the residents, and sense of security it provides, there will be a 24-hour front desk with monitoring. The hope is to provide employment opportunities to young adults/adults with real life experience for some of these front desk positions.

Having a staff person on-site 24-hours-per-day is essential to the success of Permanent Supportive Housing. Resident do not have keys to the front entrance, and all guests must be buzzed into the facility. All guests must also sign-in and show ID. The front desk staff provide a high level of communication, as well as safety and security to the building. These staff members are the individuals who intervene when emergencies arise, including the need to call emergency services - EMS, Police, and Fire. They monitor

CY23 Program Highlights and Outcomes

the traffic in and out of the building, including overseeing the camera system at the property. The front desk staff receive and log all deliveries and notify the tenants and or property management. They also complete incident reports for safety systems such as smoke detectors and cameras system.

Target Population:

- The TAY development is a new, 50-unit supportive housing development for young adults and young head of household families ages 18-24 who are experiencing homelessness.
- Less than 100% of the federal poverty level.

Anticipated Number of Clients to be Served: 50

Number of Staff Required to Implement Program: 4.5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- If there is a staff vacancy in one of these positions, it will be filled using leadership staff, front desk staff from other PSH buildings, or will use temporary (PRN) staff that are called in on an as needed basis. The front desk must be staffed 24-hours-per-day, 7-days-per-week, so there must be a person actually on-site, and EDEN ensures that this staffing is continuous.

Funding Priority:

- High Quality Housing

Program Goals:

- Record and track emergency calls (police, fire, EMS) monthly.
- Complete Incidents Report for any Reportable Incidents.
- Enter all emergency and routine work orders into Tenmast.
- Maintain daily logs including shift log, guest log and deliveries.
- Monitor safety systems such as camera system, fire alarms / smoke detectors, and sprinkler system and respond to alerts.

Program Metrics:

- Review monthly emergency call log and tally number of calls made.
- Review monthly incident reports to ensure reports are completed as needed.
- Run monthly work order reports from Tenmast System and review for completion.
- Review sign in sheets and delivery logs to ensure completion.
- Review incident reports and shift logs for completion and accuracy and ensure functionality of safety systems.

First Six Months of CY22 Provider Outcomes: N/A – New Program for CY23

Focus on Diversity: Emerald Development & Economic Network (EDEN) Inc.

Program(s): Housing Assistance Program; North Ridge Commons; Permanent Housing; Property Management - ADAMHS Owned Properties; Property Management - Consumer Operated Services; Property Management - Residential Care Facilities; Transition Age Youth Supportive Housing Development

Diversity, Equity and Inclusion STRENGTH from program proposal:

EDEN noted "to continue to embed equity into our work, we will engage in honest conversations; participate in educational opportunities; seek guidance from staff, participants, partners, and the community; and continuously challenge ourselves to further justice, inclusion, and equity via services and day-to-day operations."



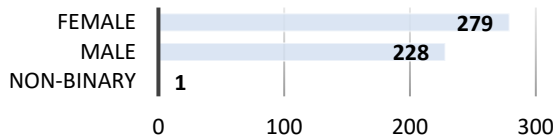
Region: All

CLIENT DEMOGRAPHICS

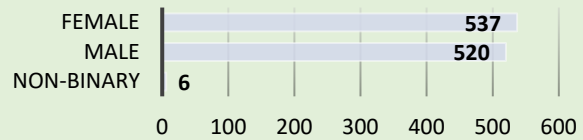
2022 – Total Served 825 (the data below reflects 508 clients, and is the most complete information available based on 2022 outcomes reports)

2023 – Total Projected to be Served 1,063

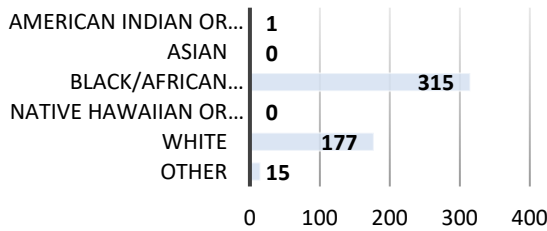
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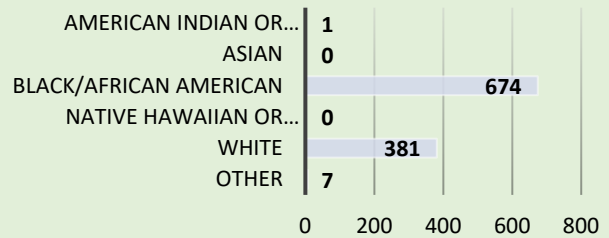
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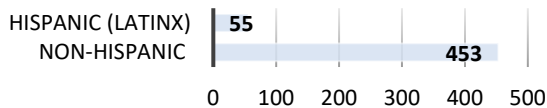
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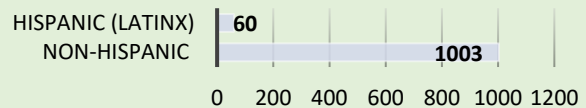
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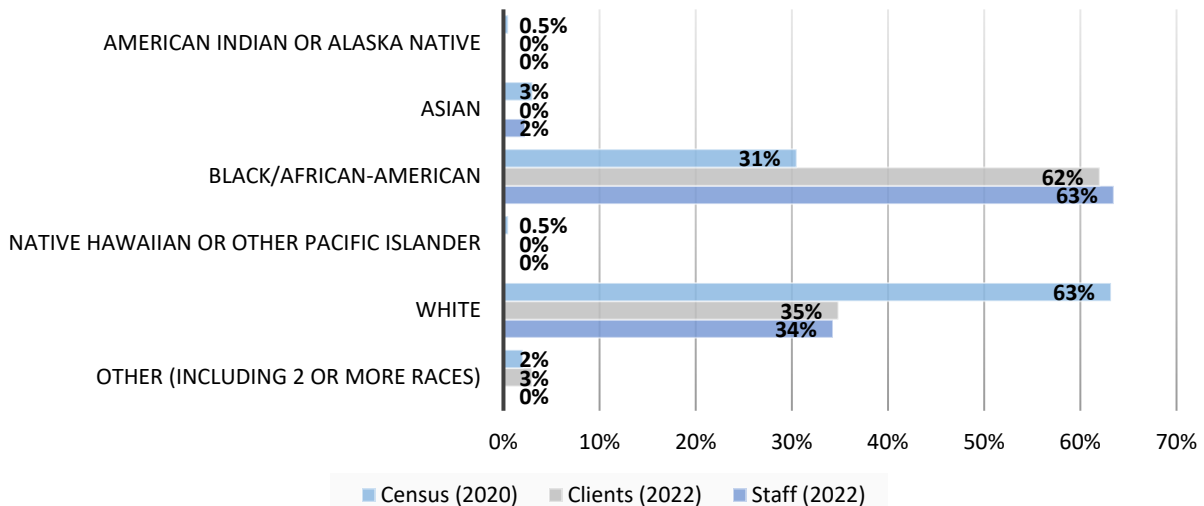
Ethnicity



Ethnicity



COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



Note: These are the best estimates based on available information. Figures may be estimated or rounded, and may not equal 100%.

Epilepsy Association

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Epilepsy Association			
Pooled Funding:			
Adult Case Management	\$ -	\$ -	

CY23 Program Highlights and Outcomes

Epilepsy Association

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

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

Adult Case Management

Epilepsy Association's case managers will work with Adult Mental Health clients to build skills in any or all of the following areas as dictated by each person's unique needs:

- Assist clients with daily planning of all appointments with treatment providers to ensure that clients continue to follow through with medical and mental health appointments. Most clients served by the agency have significant memory deficits related to their epilepsy itself or medication side effects and generally lack a support system to help with these tasks.
- Assist clients with medication compliance to help manage risk of uncontrolled seizures. Case managers help clients develop plans and schedules to ensure appropriate medication management. These help to ensure that clients do not run out of medications or fail to adhere to any change in their medication regimen.
- Assist clients with symptom management of their mental and physical health to assess any changes that may require consultation with their neurologist, psychiatrist, or primary care doctor.
- Assist clients with learning effective coping skills. Case managers help all clients develop effective ways to cope to improve quality of life. Often clients will have developed poor habits in order to manage their mental health symptoms.
- Assist clients with making/maintaining healthy social friendships, peer support, and other relationships. Adults who have had epilepsy since childhood often have been overprotected by parents with fear their child may have a seizure. Seizures can happen at any time, and far too often, others react with fear and may stigmatize the person having the seizure. EA's case managers help clients understand what friendship and trusting, healthy relationships look like.
- Assist clients with managing expectations of work/training. Epilepsy in the workplace continues to be a barrier for many clients, especially if their seizures are difficult to control. Fear of a public or workplace seizure, combined with overprotection by families lead to many individuals that have not been able to maintain employment or have never worked. Case managers help clients to understand workplace expectations; this one-on-one help provides the necessary tools for many clients to succeed in finding employment.
- Assist clients with access to appropriate transportation. Transportation is one of the largest barriers in the lives of EA clients because ongoing seizures prevent clients from driving. Case managers teach clients skills and techniques to ensure they have access to reliable transportation.

CY23 Program Highlights and Outcomes

Target Population:

- All clients served by the Adult Case Management Program have both epilepsy and a mental health diagnosis.
- Adults ages 18-65+, All socioeconomic categories

Anticipated Number of Clients to be Served: 84

Number of Staff Required to Implement Program: 5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Clients served by the program are transferred to another case manager if vacancies occur. The Director of Community Programming also fills in to provide check-ins and visits with clients who have a case manager that leaves the agency.

Funding Priority:

- Treatment Services – Pooled Funding

Program Goals:

- Improved perception of quality of life
- Reduction of depressive symptoms
- Reduction of epilepsy medication side effects
- Reduction in number of monthly seizures
- Consumer satisfaction scores averaging 4.8 on a 5-point scale

Program Metrics:

- QOLIE-10
- PHQ-9
- AEP
- Seizure tracker
- Consumer Satisfaction Survey

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served: 70**
- **ADAMHS Funded Unduplicated Clients Served: 11**
- **Total Number of Clients Served: 73**
- **Total Number of Clients that Completed this Program/Service: 0**

Average Cost Per Client: \$3,780

Additional Information:

- The agency's case management program is the only program in the area that addresses the specialized needs of individuals who struggle with both epilepsy and a mental health condition. Epilepsy is an already stigmatizing condition and coupled with a mental health diagnosis, the individuals served by the program struggle greatly with concerns such as isolation, difficulty finding and maintaining employment, social issues, fear of injury, and general lack of social

CY23 Program Highlights and Outcomes

support. Individuals served by this highly specialized program continue to report positive feedback regarding services and rely on the support of the agency to continue to live independently and successfully in the community.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served: 76**
- **ADAMHS Funded Unduplicated Clients Served: 10**
- **Total Number of Clients that were Served: 76**
- **Total Number of Clients that Completed this Program/Service: 0**

Goals Met:

- Improvements on the QOLIE-10, consumer Satisfaction, the PHQ-9, AEP, and Seizure Tracker

Metrics Used to Determine Success:

- QOLIE-10 form-average scores. Agency consumer satisfaction form-average scores. PHQ-9 form-average scores. AEP form-average scores. Seizure Tracker-average scores

Program Successes:

- QOLIE-10: 45% of clients improved their score. Consumer Satisfaction: 4.55 average on 5-point scale. PHQ-9: 84% of clients improved their score. AEP: 73% of clients improved their score. Seizure tracker: 82% of clients improved their score.

Average Cost Per Client in CY21: \$3,993

Additional Information:

- During staff vacancy in 2021, all clients remained engaged and active in the program with no clients closing for service during that time.

Provider:	Epilepsy Association	2021 First Outcome Count:	2	2022 First Outcome Count:	38
Instrument:	Ohio Scales Adult	2021 Final Outcome Count:	1	2022 Final Outcome Count:	17
Program:	Mental Health Treatment for Adults	2021 % of Final:	50%	2022 % of Final:	44.74%

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

Population	Evaluation Year	SubScale	First Outcome Average	Final Outcome Average	Average Difference	Significance
Adults (18+ years)	2021	Financial Quality of Life	2.6	3.67	1.07	Not Significant
Adults (18+ years)	2021	Housing Quality of Life	4.4	4.4		Not Significant
Adults (18+ years)	2021	Overall Empowerment	3.08	3.07	-0.02	Not Significant
Adults (18+ years)	2021	Overall Quality of Life	3.46	3.71	0.24	Not Significant
Adults (18+ years)	2021	Overall Symptom Distress	17	19.4	2.4	Not Significant
Adults (18+ years)	2021	Social Connectedness	3.38	2.94	-0.44	Not Significant
Adults (18+ years)	2022	Financial Quality of Life	3.47	3.17	-0.3	Not Significant
Adults (18+ years)	2022	Housing Quality of Life	4.07	4.22	0.16	Not Significant
Adults (18+ years)	2022	Overall Empowerment	3.05	3.29	0.24	Significant at p<.05
Adults (18+ years)	2022	Overall Quality of Life	3.59	3.74	0.15	Not Significant
Adults (18+ years)	2022	Overall Symptom Distress	16.4	19.83	3.43	Not Significant
Adults (18+ years)	2022	Social Connectedness	3	3.45	0.45	Not Significant

Focus on Diversity: Epilepsy Association

Program(s): Adult Case Management

Diversity, Equity and Inclusion STRENGTH from program proposal:
Epilepsy stated that “Cultural competence and diversity is supporting an open-minded treatment approach, asking individuals about who they are and in partnership, seek what works best for them, to apply methods and services that increase the consumer benefit from services.”

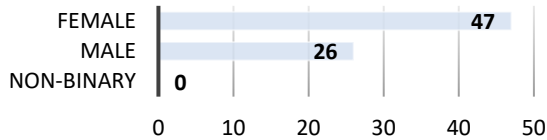


Region: Central

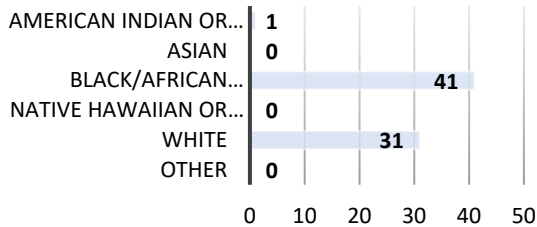
CLIENT DEMOGRAPHICS

2022 – Total Served 73

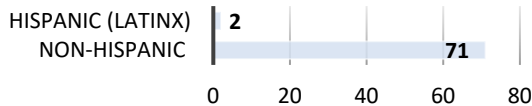
Gender



Race

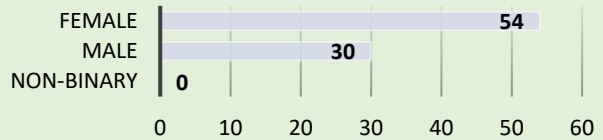


Ethnicity

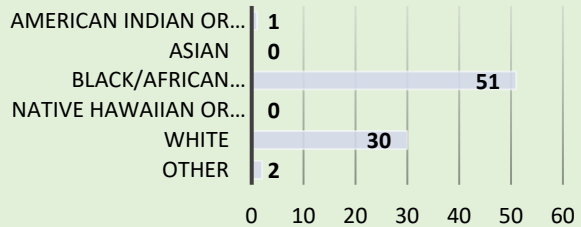


2023 – Total Projected to be Served 84

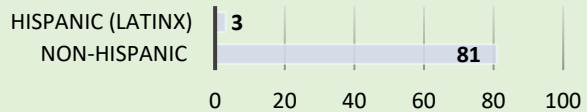
Gender



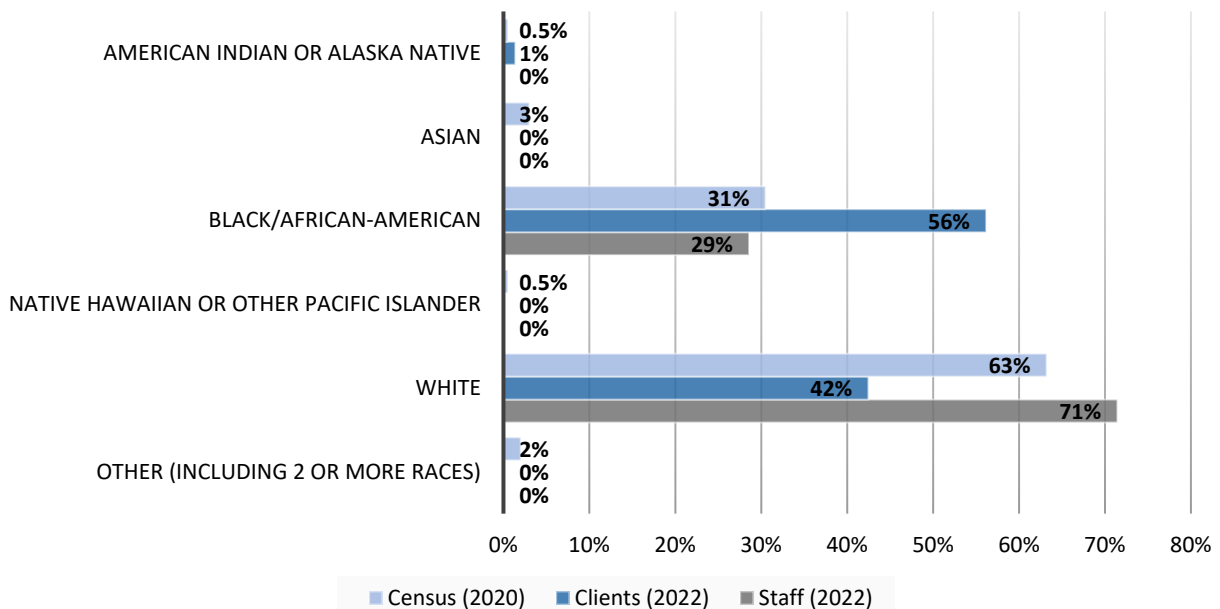
Race



Ethnicity



COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



Note: These are the best estimates based on available information. Figures may be estimated or rounded, and may not equal 100%.

Far West Center

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Far West Center			
Art Therapy	\$ 57,495	\$ 66,014	Prevention
Peer Support: Compeer	\$ 63,914	\$ 71,671	Peer Support
Peer Support Specialist	\$ 26,438	\$ 51,080	Peer Support
Family Care Giver	\$ 19,088	\$ 25,151	Prevention
Bridges-Faith Based Mental Health Program	\$ 33,066	-	Prevention
Senior Strong: Prevention Services for Older Adults	\$ 37,818	-	Prevention
Total	\$ 237,819	\$ 213,916	
Pooled Funding:			
Clinical MH Treatment (Core Care Clinic)	\$ -	\$ -	

CY23 Program Highlights and Outcomes

FAR WEST CENTER

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

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

AHH! (Art Helps and Heals) Therapeutic Art Program

Essential elements of AHH! are art-centered, using creative self-expression to build resiliency and strengthen mental health in nontraditional ways, alongside traditional therapy to enhance progress.

- AHH! Art Helps and Heals Program has two components: a. An ongoing, therapeutic art series, AHH!, connecting the creation of art using various media, and understanding art, to personal recovery and resiliency; and b. weekly open-ended "Open Art Studio" sessions providing an informal setting to create self-designed art projects for relaxation, enjoyment, stress-relief and social connections. The overall program integrates creative art expression with treatment to enhance recovery and well-being.
- The weekly AHH! therapeutic art program consists of various experiences with art media that offer opportunities for self-expression, new insight, stress-management, emotional control, self-esteem, confidence, pride in self, and healthy communication.
- The AHH! program facilitator is an experienced, recovery-oriented LSW, collaborating with a consulting registered art therapist for weekly art media sessions. Clients are introduced to the themes in the imagery they create, and ways that these images reflect, or strengthen, their emotional health and well-being.
- AHH! art interventions are individualized each session. Weekly sessions use a variety of projects and media: acrylic and water-color art-making; water-color freestyle images; clay; masks; decorative boxes; worry dolls; fiber art; metals, and recyclables, etc.
- The Open Art Studio offers self-selection of art projects meaningful to the client; clients work at their own pace, use their own methods, and identify their own goals. Clients may have completed the AHH! weekly sessions and enter Open Studio, or they may use the Open Studio as a way to try informal art-making first before the AHH! art group.
- Various art supplies are needed for clients' creative projects to capture their thoughts, images and feelings.
- Sessions focus on recovery and the personal meaning of art, not art lessons. Open Art Studio focuses on art-making as learned relaxation and connecting with others who are developing a shared curiosity together about art.
- A positive, nonjudgmental art environment facilitates engagement and creative self-expression. The environment is in-person or virtual, based on client preferences and pandemic safety requirements.
- Peer Support Specialist in program as role model and to validate art as healing modality.
- Referring providers who recognize the role of artistic expression in recovery.

CY23 Program Highlights and Outcomes

Target Population:

- The target population for "AHH! Art Helps and Heals" includes adults 18 years of age or older, with a qualifying DSM-5 diagnosis of severe mental illness, who have serious communication and interpersonal challenges that are not improving with traditional counseling approaches.
- Adults ages 18-65 and older, All socioeconomic categories.

Anticipated Number of Clients to be Served: 38

Number of Staff Required to Implement Program: 3

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- The agency would implement its standing coverage system so program sessions are not interrupted. Among the steps are:
 - Clinical Manager would step in on an interim basis so that client participants would not be left unserved, or art sessions interrupted. Likewise, Clinical Managers not carrying a full caseload would be asked to step in if needed.
 - Program participants would be notified as soon as the staff vacancy would be known, and that a coverage plan was being developed to assure them of continuity and minimize disruption.
 - One Clinical Manager would be familiar with participants already by virtue of staff supervision and would be in the best position to assume interim responsibilities. This manager is also knowledgeable in therapeutic arts, recovery-oriented care, and art history, and could bring another perspective for clients by connecting them to other artists in history who struggled with their own mental illness.
 - Another provider would take on program duties, assisting the most socially isolated clients to remain engaged and reach out to vulnerable "client-artists" to continue their connection.
 - As needed, program participants affected by a staff vacancy would be offered increased counseling or CPST services from their FWC clinical provider, or they may choose to wait for a new program staff member to fill the program vacancy. Respect for client choice would be maintained.

Funding Priority:

- 24/7 Access

Program Goals:

- To improve recovery in the following areas via creative art and guided group interaction over art: Reduce stress; Understand and express emotions in a safe, supportive way; Communicate effectively; Increase self-awareness and empowerment over illness; Develop self-esteem, hope and optimism; Develop coping skills; and improve social skills.
- To improve relaxation skills and socialization ability by self-directed art-making in Open Art Studio.

Program Metrics:

- Conduct quarterly client surveys of recovery changes in the above seven areas: Reduce stress; understand and express emotions in a safe, supportive way; communicate effectively; increase self-awareness and empowerment over illness; develop self-esteem, hope and optimism; develop coping skills; and improve social skills.

CY23 Program Highlights and Outcomes

- Conduct participant satisfaction surveys every six months for those attending Open Art Studio sessions to record improvements in relaxation and social interaction skills by creative art-making.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 16
- **ADAMHS Funded Unduplicated Clients Served:** 16
- **Total Number of Clients Served:** 16
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: \$2,009.69

Additional Information:

- AHH! Art Therapy and Open Art Studio are among the most successful, recognized programs at Far West Center. Client, provider, and community response has been exceptional. 100% of clients want additional time in AHH! because it literally is transforming so many clients in meaningful ways.
- Costs associated with the AHH! Program, Open Art Studio, support services, planning, screening, exhibits, outreach and so forth are 100% covered by the grant program funds. Clinical mental health treatment targets illness. Art expression creates a sense of accomplishment and purpose for clients that is not achieved by traditional clinical means. By creating art, clients master the most overwhelming challenge of their illness – stigma.
- “Art sessions got me through COVID-19. Having the art kits at home kept me going.” During the pandemic, art group sessions overcame the barrier of social isolation by adapting the format to virtual Art at Home and helping clients manage their mental illness and cope with great anxiety and disruption brought on by the pandemic.
- Live and virtual exhibits of client art are displayed in community locations throughout the year. Client art is showcased at Westlake Porter Library, Rocky River Library, FWC, and the ADAMHS Board. Some exhibit visitors purchased pieces on display, some even commissioned additional art from clients. Clients discover talents through the AHH! art sessions that contribute to well-being and confidence. One client captured this sentiment the best: “AHH! is my art family.” The AHH! Program offers recovery tools that are unique and creative. Also, clients learn how to use art tools to manage life stressors and build emotional strength and resiliency. The AHH! Program provides recovery centered activity and connections during a very destabilizing time. Creating art is creating recovery through the AHH! Program.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 40
- **ADAMHS Funded Unduplicated Clients Served:** 48
- **Total Number of Clients that were Served:** 62
- **Total Number of Clients that Completed this Program/Service:** 10

Goals Met:

- Improve client progress in seven recovery areas (stress reduction; expressing emotion; communication; self-awareness; self-esteem; coping; social skills).

CY23 Program Highlights and Outcomes

- Create satisfaction with creative art experiences that promotes relaxation, enjoyment, and socialization through less structured, open-ended sessions. Track the Number of Sessions and Total Attendance. These goals were agreed upon with the ADAMHS Board.

Metrics Used to Determine Success:

- Conduct client surveys measuring the seven areas of recovery. 75% of clients will show improvement in at least three areas of recovery. Administer satisfaction surveys to obtain feedback on ongoing program quality and elicit suggestions for program improvements. Record total number of sessions/hours conducted and attendance at each session conducted during the year.

Program Successes:

- Quarterly Outcomes surveys measuring seven recovery domains show 100% of participants “Agree” or “Strongly Agree” with improvements in all seven recovery domains. Participants report high satisfaction and often ask to increase sessions beyond the 10-week series and open studio. Clients report more relaxation, enjoyment, socialization, in addition to recovery. “I succeed over my illness with art!” A total of 63 AHH! sessions were held virtually and in-person, and 50 open studio sessions. 1,677 direct art program hours were recorded, and 1,157 hours of supportive client services.

Average Cost Per Client in CY21: \$836.13

Additional Information:

- AHH! Art Therapy and Open Art Studio are among the most successful, recognized programs at Far West Center. Client, provider, and community response has been exceptional. 100% of clients request additional time in AHH! because it literally is transforming so many clients in meaningful, lasting ways. “It helps me more than any other methods. I am more confident, happier, more social and learned coping skills that actually help me.” Costs associated with the AHH! Program, Open Art Studio, support services, planning, screening, exhibits, outreach and so forth are 100% covered by the grant program funds. Clinical MH treatment targets illness. Art expression creates a sense of accomplishment and purpose for clients that is not achieved by traditional clinical means. By creating art, clients master the most overwhelming challenge of their illness – stigma. “Art sessions got me through COVID-19. Having art kits kept me going.” During the pandemic, the art group sessions overcame the barrier of social isolation by adapting the format to virtual “Art at Home” and help clients them manage their mental illness, successfully navigate difficult living situations, and cope with great anxiety and isolation brought on by the pandemic. Added dimensions of the program are virtual and live exhibits of client art at community locations throughout the year. Client art is displayed at Westlake Porter Library; Rocky River Library; FWC; and the ADAMHS Board. Some patrons purchased pieces on display, some commissioned additional art from clients. A client’s reaction to the displays: “It’s unforgettable to me. Never been proud of myself until this.” The first ADAMHS Board art contest awarded the first-place ribbon to a FWC AHH! art therapy client. Community West Foundation purchased multiple art pieces created by clients for display in their offices. Clients discover new or hidden talents through the art therapy sessions that contribute to their well-being and confidence. Creating art is creating recovery through the AHH! Program.

CY23 Program Highlights and Outcomes

Clinical MH Treatment (Core Care Clinic)

Essential Elements include:

1. Service Package: Mental Health Assessment; Psychiatric Evaluation; Pharmacologic Management; Individual and Group CPST; Individual and Group Counseling/Therapy; and Recovery Group Programs. An individualized service plan combines these services to meet client needs and support long-term resilience and recovery.
2. Professional clinical staff. The treatment team coordinates quality care and outcomes, and include therapists, social workers, nursing, psychiatry, and CPST/TBS case management.
3. Use of evidence-based practices: CBT, DBT, trauma-focused care, motivational interviewing, group psychoeducation, wellness management and recovery and CPST recovery groups.
4. Comprehensive screening for suicide risk and for trauma at admission and other intervals as needed. Emphasis is on ongoing suicide risk assessment and management to prevent hospital admissions and reduce crisis care, according to the Zero Suicide Initiative.
5. An "open access" system, with timely response to calls and request for service. We practice a "no-wait list" philosophy, and do not close intake.
6. Evening services are flexible for client needs.
7. A welcoming, respectful, therapeutic environment that is physically and psychologically accessible. The strengths-based service environment supports engagement in service.
8. The health campus location "mainstreams" mental health with other medical services that integrates care and reduces stigma - distinct advantages.
9. Access by interstate and or main arteries is convenient. A bus stop in front of the building reduces barriers and offers ease of access to the one-story building.
10. Transitioning of clients to less frequent/ less intensive care when possible to support independence and recovery, and conserve resources.
11. Incorporating client outcomes into continuing care and treatment planning.
12. Clients always have a voice. Continuous client feedback through Comment Cards and client satisfaction surveys provide "real-time" feedback for ongoing quality improvement.

Target Population:

- The agency serves adults 18 years of age or older, with a DSM5 diagnosis of severe mental illness (SMI), who are uninsured or under-insured and at-risk for severe mental health disorders if left untreated as a result of chaotic life circumstances, trauma, or overwhelming stress. Clients are the working poor and the nonworking poor. 67% of clients are single or divorced, some with primary parental responsibilities. Of male clients over 45 years of age, 35% reside with elderly parents, and need wrap-around services for daily living.
- The target population include those who are not Medicaid-eligible, or are under-insured due to poor health insurance, or plans with few mental health benefits. 58% of clients are female, 42% are male. 72% are between 25-58 years of age, with a mean of 44 years, when mental health symptoms have a significant impact daily functioning.
- Approximately 93% of clients are Caucasian; 3% African American, 4% other or unknown. 4% are of Hispanic/Latino origin, and 96% are non-Hispanic. Nearly 3% of Caucasian clients are Arab-American, and 3% are Asian-American.

CY23 Program Highlights and Outcomes

- Clients who live on their own reside in low-rent or subsidized apartment housing, such as River Oaks in Rocky River, Quarry Town in Berea, Riverpark in Cleveland, or the Westerly in Lakewood. Others live in group homes, or temporary housing.
- Over 80% of the agency's population live at or below the 2022 federal poverty level, live on SSI or SSDI, and/or receive support from family, church or others.
- Adults ages 18-65 and older, All socioeconomic categories.

Anticipated Number of Clients to be Served: 830

Number of Staff Required to Implement Program: 15

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- The agency attempts to limit its clinical staff vacancies, but they do occur. The agency implement its coverage system so client services are not interrupted during a time of vacancy. Among the steps FWC takes are:
 - Clinical Managers/Director who are not carrying a full caseload would accept a larger caseload in the interim so that clients were not left un-served or un-linked.
 - Clients would be notified as soon as the provider vacancy would be known, and that a coverage plan was being developed to assure continuity.
 - Utilizing some Clinical Managers already familiar with cases by virtue of staff supervision and are in the best position to assume interim coverage responsibility.
 - Another peer provider (case manager or counselor or psychiatry prescriber) would take on added clients triaged for acuity (most acute cases transferred first to another's caseload).
 - At times, clients affected are engaged in deciding on a transfer to another FWC provider, or to wait for a new provider to fill the vacancy or consider a transfer to a provider at another agency.

Funding Priority:

- Treatment Services – Pooled Funding

Program Goals:

- To reduce or control the disabling symptoms of mental illness that interfere with daily life and functioning
- To improve quality of life and meaningful life activity
- To improve independence, initiative and empowerment
- To reduce Hospital Admissions by 5% over prior year by use of Safety-Track protocols

Program Metrics:

- Reducing or controlling symptoms of mental illness: Ohio Scales administered upon admission and six-month and 12-month intervals. Three key domains are reviewed and compared to baseline: reducing or controlling disabling symptoms; improvement in quality of life and meaningful life activity; and improvement in recovery, initiative and independence. Outcomes content is incorporated into client sessions to support care.
- Improvement in quality of life and meaningful activity: Ohio Scales administered upon admission and six-month and 12-month intervals. Three key domains are reviewed and compared to baseline: reducing or controlling disabling symptoms; improvement in quality of life and

CY23 Program Highlights and Outcomes

meaningful life activity; and improvement in recovery, initiative, and independence. Outcomes content is incorporated into client sessions to support care.

- Improvement in resilience, independence, and initiative: Ohio Scales administered upon admission and six-month and 12-month intervals. Three key domains are reviewed and compared to baseline: reducing or controlling disabling symptoms; improvement in quality of life and meaningful life activity; and improvement in recovery, initiative, and independence. Outcomes content is incorporated into client sessions to support care.
- Track admissions to FWC's Safety-Track; client completion of the six-week program of monitoring and wrap-around services to prevent readmission, and if clients are readmitted to the hospital within the next year.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 405
- **ADAMHS Funded Unduplicated Clients Served:** 101
- **Total Number of Clients Served:** 410
- **Total Number of Clients that Completed this Program/Service:** 40

Average Cost Per Client: \$632.14

Additional Information:

- According to one client, the agency serves “the brokest of the broke.” Clients are uninsured or under-insured, working and nonworking poor, lacking resources for care. They struggle with mental illness, and struggle to find care, pay for it, or wait for it. They are either non-Medicaid-eligible or under-insured due to poor health insurance or low-wage jobs without benefits. This year, loss of employment due to the pandemic, and increased medical problems from COVID-19 affected overall mental health and resulted in “being worn down and out,” as stated by one client. COVID-19 and its aftermath created a spiraling cycle of social isolation, depression and anxiety, impacting emotional health and well-being. Likewise, outer ring communities served by Far West Center (FWC) are among the fastest growing pockets of poverty. Berea, Middleburg Heights, and Lakewood surge in poverty levels. Far West Center is the key safety-net provider for the geographic area from Lakewood to Westlake to Strongsville, where requests for service increased as a result of the pandemic. On the health campus, primary and specialty medical providers rely on FWC for mental health services. Integrated care grew due to co-location, helping convenient access for shared clients. Feedback from clients supported by county funding includes: “I am on the road to a great life with the help from FWC.” “I am finding my voice and it is liberating.” “My treatment changed my life – no question.” “Thank you for offering services for those of us with no insurance. What would I have done if I wasn’t told about your center??” “It was hard for me to come here, but I am glad I did.” “Since I started FWC, I feel 10x better. This place is the only place I can go to talk about my feelings and cry. I am not sure how I would have gotten through without FWC.” “I drive 45 minutes to come to FWC because I like it (facility). I have always liked FWC. I know I will be helped, and everything will work out.” The agency is proud of the Suicide Safety-Track based on the national Zero Suicide Initiative. The agency is recognized for unique recovery programs that also reduce the pandemic’s toll and address trauma care, postpartum depression, family caregiving, friendship and peer support, creative arts, older adults mental health prevention, and faith-based programming. These are possible with funding support by the ADAMHS Board.

CY23 Program Highlights and Outcomes

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served: 810**
- **ADAMHS Funded Unduplicated Clients Served: 615**
- **Total Number of Clients that were Served: 822**
- **Total Number of Clients that Completed this Program/Service: 100**

Goals Met:

- Reduce Symptoms of Mental Illness interfering with Daily Functioning. Improve Quality of Life.
- Increase Initiative, Independence and Empowerment, associated with Recovery.
- Reduce Hospital Admissions by 5% over prior year by use of Suicide Safety-Track protocols.
- Increase assessment appointment attendance as an indicator of commitment to treatment by 5% over prior year.

Metrics Used to Determine Success:

- Administer Ohio Scales survey at admission, six- and 12-months and then annually, to track changes in Symptom Management, associated with recovery.
- Administer Ohio Scales survey as above, tracking changes in quality of life, associated with recovery. Administer Ohio Scales survey as above, tracking changes in initiative, empowerment, and level of independence, associated with recovery.
- Use Suicide Safety-Track protocols, increase service frequency and symptom monitoring to reduce costly hospital admissions or readmissions.
- Use established reminder protocols and telehealth options to increase assessment appointment attendance.

Program Successes:

- On an aggregate level, Symptom Management improved by 22% when comparing surveys completed at six or 12-months with baseline. The 15% change in test scores showed change in symptom burden, demonstrating the positive effect of beginning treatment. On an aggregate level, Quality of Life improved by 26% when comparing surveys completed at six or 12-months with baseline. The 26% change in test scores showed change in life satisfaction, demonstrating the positive effect of beginning treatment. On an aggregate level, Initiative, Independence and Empowerment improved by 14% when comparing surveys completed at six or 12-months with baseline. The 14% change showed progress in recovery, demonstrating the positive effect of beginning treatment. 21 clients had hospital admissions in 2021, compared to 23 in 2020, an 8.7% decrease, exceeding the goal of a 5% reduction in hospital admissions.
- For clients enrolled in the Safety-Track protocol, there were no hospital re-admissions during 2021. Assessment appointment compliance increased from 61% to 67% in 2021. Industry average is 40-50%. FWC attendance compliance significantly exceeds this. Assessment attendance often equates to treatment compliance and success in care.

Average Cost Per Client in CY21: \$1,021.42

CY23 Program Highlights and Outcomes

Additional Information:

- According to one client, the agency serves “the brokest of the broke.” Clients are uninsured or under-insured “working and nonworking poor,” lacking resources for care. They struggle with mental illness itself and struggle to find care, pay for it or wait for it. They are non-Medicaid-eligible or under-insured often due to poor health insurance or low-wage jobs without benefits. This year, loss of employment, housing, adequate resources for daily living, trauma, loneliness social isolation and COVID-19 illness, are primary problems in the agency’s client population. Outer ring communities served by FWC are among the fastest growing pockets of poverty. Berea, Middleburg Heights, and Lakewood are surging in poverty levels in Cuyahoga County. Far West Center is the key “safety-net” provider for the large geographic area from Lakewood to Westlake and Strongsville. Primary and specialty medical providers on the health campus rely on FWC for access to MH services. Integrated care developed due to co-location, and this helps access, reduces stigma, and gives much-needed convenience for clients in-need. For clients with a COVID-19 diagnosis, medical resources on the health campus are available to treat them while we care for the mental illness. Feedback from clients related to county funding includes: “I never thought I’d need help. Now, the meds and counseling keep me focused. I’m ready to work and get back to my old self, and maybe I can help the next person who comes here after me.” “I absolutely didn’t know where to turn. I don’t feel alone anymore. Much, much better.” “Can’t thank everyone enough – I couldn’t afford any of this on my own.” The agency is proud of its Suicide Safety-Track based on the Zero Suicide Initiative, for reducing risks of self-harm and hospitalizations.
- The agency is recognized for its unique treatment and recovery services, especially valuable this year due to the pandemic’s toll: trauma; postpartum depression; family caregiving; friendship and peer support; creative arts; older adults mental health; and faith-based programming. FWC was honored with the prestigious 2021 Hessler “Illuminating Hope” Award from Community West Foundation, which purchased and now displays pieces of client art in the foundation offices’ gallery.

Peer Support Specialist

The PSS position is based in Compeer as Compeer Program Assistant and helps in training volunteers, creating successful matches, providing friend support via phone to members not yet matched, and those with social anxiety interfering with group involvement, and the PSS joins in group activities as a recovery role model. Peer-to-peer support is a powerful asset in Compeer. The PSS improves the protective factor of social interaction in recovery, through role modeling and sharing lived experiences. The PSS coaches clients in their recovery, supports positive coping skills, and mentors healthy living skills. The PSS is integral to consumer engagement and satisfaction with Compeer and is a motivator for recovery and self-care. The PSS engages with members and volunteers by telephone, group, virtually and in-person. The PSS tracks her service hours, contacts, observations, and self-evaluates her efforts in her role as a mentor and recovery coach. The PSS works closely with the Program Coordinator in promoting Compeer in the community. The PSS provides a range of Compeer program assistance around program data collection, tabulating total hours of Compeer services, number of group events and attendance, planning group events, representing the Compeer Program, etc.

Target Population:

- Target population served by the Compeer Peer Support Specialist is the same client member base and volunteers in the Compeer Program - adult clients in treatment for severe mental illness, whose recovery is markedly disrupted because of isolation, lack of meaningful relationships and lack of the healing power of friends.

CY23 Program Highlights and Outcomes

- Adults ages 18-65 and older, All socioeconomic categories

Anticipated Number of Clients to be Served: 110

Number of Staff Required to Implement Program: 3

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- In the event of a vacancy, the Compeer Program Coordinator, or the Clinical Manager, would cover the Compeer's responsibilities and continue the planned Compeer activities, supportive telephone calling, and supporting friendship matches. The coordinator is most familiar with the PSS role and can assure informed coverage so that program participants would not be left unserved. Compeer program operations are scheduled and organized in advance, so it is reasonable for other staff to step in and maintain operations and complete events, assist matches to remain connected, and offer telephone call support for those most-isolated and in-need. Finally, at times, program participants affected would be offered increased counseling or CPST services from their clinical provider if the Compeer's absence affects their well-being.

Funding Priority:

- Peer Support

Program Goals:

- Assist Compeer clients to improve their social isolation, loneliness and shame via participation with matches, group activities, and phone support.
- Use PSS's lived experience to model success in recovery and overcoming social anxiety
- Support Compeer program operations with data collection, reporting and program promotion as Program Assistant

Program Metrics:

- Peer Support Specialist (PSS) reports her interactions with Compeer members and volunteers. The PSS tracks the number of client and volunteer contacts by phone, virtual, and in-person; records total hours of service; and total number of activities conducted for recovery support.
- The PSS completes periodic self-evaluations of her own effectiveness as a role model and bridge-builder, how she models friendship behavior between Compeer matches and how she reduces isolation for those without a match.
- Compeer reports of program activity, service hours, contacts, group activities and attendance, and other Compeer data collection, are completed timely and accurately.

First Six Months of CY22 Provider Outcomes: No clients served as it is a funded position

Additional Information:

- This PSS-C position is funded entirely by the ADAMHS Board. There are no average costs per client for this grant-funded position. This position provides no "billable" client services. This role is 100% recovery support and Compeer program assistance. It is integral to Compeer and adds a perspective that is essential to a quality peer support program. The PSS-C knew about the Compeer Program prior to employment because of its reputation in the recovery community and its innovative programming. She actually volunteered in the Compeer Program, then became employed as its PSS-C. The Program Assistant role for the PSS-C enables her to use her peer support knowledge and experience, as well as to gain valuable experience in the business side of

CY23 Program Highlights and Outcomes

the program by assisting with operations, reporting, data collection and organizing, that broadens her overall career experience. Peer-to-peer support is a powerful asset in Compeer. The PSS-C supports the Compeer Program, members and volunteers. The PSS coaches Compeer members to overcome the adversity of their illness and focus on their recovery, often drawing on personal experience. The PSS-C devoted additional time to clients wait-listed for a one-to-one volunteer match during pandemic months to keep them engaged. Client members and volunteers rate the PSS-C as excellent in communications and support. "I feel included and not isolated. I can't wait for her calls." The partnership between the PSS-C, advanced in her recovery, and the Program Coordinator with extensive experience as a mental health social worker and recovery advocate, makes a meaningful impact on Compeer during this uncertain time.

CY21 Provider Outcomes: No clients served as it is a funded position

Goals Met:

- 130 contacts/month; 60% of time in direct peer supportive contacts and 40% time in Compeer Program assistance. Keeps accurate, timely records of calls, attendance and outreach to support the impact of the Compeer Program. Conducts a self-evaluation of her effectiveness as a role model for Compeer client members. Compeer members complete semi-annual satisfaction surveys that include PSS effectiveness in supporting recovery.

Metrics Used to Determine Success:

- Total number of contacts with members. PSS hours in direct contact with members, as well as hours in program assistance (reports, data, planning). PSS records member attendance at activities and events, numbers of calls, etc., and prepares periodic reports. Documents self-evaluation of effectiveness and strengths in supporting recovery and teaching recovery skills. Reports evaluation to Coordinator. Semi-Annual Compeer member survey rates the value of Compeer, the Coordinator's effectiveness, and the PSS strengths and effectiveness.

Program Successes:

- Semi-annual Compeer member survey rates the value of Compeer, the Coordinator's effectiveness, and the PSS strengths and effectiveness. Client and volunteer participation in Compeer Program activities, calls and planning sessions increased as a result of the pandemic. The PSS kept focus on preserving social connections and finding enjoyable ways to share time with others. The PSS self-report gave a realistic, clear, and positive view of her impact. Her recovery role-modeling is reported as a strength. She is effective in interactions. Communication, empathy, hopefulness, and optimism are her key assets. The Compeer Satisfaction survey showed high satisfaction with the PSS and Program Coordinator. 100% agreed or strongly agreed that "peer support calls offered helpful information and support," and were "effective, practical and sensitive".

Average Cost Per Client in CY21: \$0

Additional Information:

- This role is 100% recovery support and Compeer program assistance. It is integral to Compeer's effectiveness and adds a perspective that is important to a quality peer-support program. A PSS usually knows about the Compeer Program prior to employment because of its excellent reputation in the recovery community and its innovative programming. Peer-to-peer support is a powerful asset in Compeer. The PSS supports the Compeer Program, client, and volunteer members. The PSS mentors and coaches Compeer members to overcome the adversity of their illness and focus on their recovery, often drawing on personal experience, and aids volunteers in

CY23 Program Highlights and Outcomes

understanding their role as an intentional friend. The PSS devotes additional time and attention to over 80 clients wait-listed for a one-to-one volunteer match during the pandemic months to keep them engaged and motivated in their recovery. Client members and volunteers rate the PSS as excellent in communications and support primarily due to her attention to their needs and concerns. "I feel included and lot less isolated." The partnership between the PSS, advanced in her own recovery, and the Program Coordinator with over 20 years of experience as a mental health social worker and recovery advocate, make a positive impact on Compeer during this uncertain time. There is no other like program of friendship and recovery in operation in the area. Compeer and its coordinator and PSS, provide an emotionally safe environment of support and well-being through intentional friendships, and socially motivating activities to reduce interpersonal anxiety and isolation. These are strong factors contributing to wellness and hope for the future.

THE COMPEER PROGRAM

The Compeer Program is an award-winning peer support program, in operation since 1989 with funding support by the ADAMHS Board. Compeer uses the power of friendship to support recovery. Essential elements include:

1. **One-to-One Friendship Matches:** Adult volunteers are recruited and trained as "intentional friends" for SMD clients for a one-hour/week minimum, over the course of a year. The friendship match is unique - normalizing members' daily life; stigma-reducing; enhancing social learning; and, increasing protective factors in recovery.
2. **Compeer Calling:** Volunteers and staff are telephone friends for SMD clients who need companionship support but are not emotionally ready for in-person matches, or who are wait-listed for a match. Supportive phone calls are meaningful connections for the SMD client who struggles with social skills and self-confidence.
3. **Compeer Community:** Group activities are open to all members and volunteers, with or without matches. Activities include Walking Club; Coffee Times; Game, Movie, and Pizza Nights; field trips; seasonal events; annual summer/holiday celebrations. Seven activities are scheduled/month, however in-person limitations are caused by the pandemic.
4. The innovative "Supported Volunteering" experience is a new branch of Compeer for members to give their own time to residents at local assisted living facilities. It is a unique way for teaching SMD clients to reach out and offer their own friendship to others in-need.
5. **Licensure:** The Compeer Program is licensed to Far West Center for Cuyahoga County, as an affiliate of Compeer International, Inc. There is no other like program of peer support/intentional friendship in the area.
6. **Compeer Staff Team:** The Program Coordinator, a recovery-oriented LSW and a certified peer support specialist form the core staff team, under supervision of a Clinical Manager. The PSS is an example of recovery and a mentor for clients.
7. **Volunteers:** Recruiting, training and retaining Compeer volunteers is essential to success.
8. **Supplies and Materials:** Various program resources are needed for group activities, such as board games, crafts, simple exercise tools, DVD's, gift cards, tokens, puzzles, etc. The pandemic impacted in-person activities, and currently, a hybrid model for Compeer groups uses virtual activities, electronic games, puzzles and other projects using technology equipment to conduct group events.

CY23 Program Highlights and Outcomes

Target Population:

- About 55% of Compeer clients are female; 45% are male. 90% of Compeer members are Caucasian, and the remainder are from African American, Hispanic or Asian backgrounds. Clients range from 25-68 years of age.
- The majority (70%) of Compeer members are unemployed, often living on SSI or SSDI income. They receive additional support (meals, transportation, funds) from family members, county service agencies, or church aid. They live with family members or in group homes, and often rely on others or public transportation for access to medical appointments or Compeer events. Fear of navigating the community and interacting with others can be disabling.
- Adults ages 18-65 and older, All socioeconomic categories.

Anticipated Number of Clients to be Served: 110

Number of Staff Required to Implement Program: 3

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- The agency is fortunate to not have Compeer staff vacancies. However, in the event of a vacancy, other staff members, Clinical Manager or peer support specialist would step in and cover the program responsibilities and continue Compeer activities and communications. Compeer program operations are well-organized so other provider staff can step in and maintain operations and conduct events, support matches, and offer telephone Compeer Calling.

Funding Priority:

- Peer Support

Program Goals:

- Improve wellness and recovery for SMD clients (decrease social anxiety, increase trust, increase self-esteem, confidence, hope and happiness) by the protective factor of volunteer friendship.
- Recruit adult volunteers as intentional friends to SMD clients. (Current total of 30 volunteers). Recruit three new volunteers in CY23 for Compeer client matches.
- Offer seven group activities per month, in-person and virtual, that strengthen social connection and reduce loneliness and isolation.

Program Metrics:

- Conduct annual client surveys to collect feedback on client improvements in each wellness and recovery indicator: sense of belonging; hope and optimism; increased social skills; reduced use of crisis/hospital services; reduced symptoms; increased trust; and, giving back. This national Compeer International, Inc. survey is completed by client members, volunteers and treatment providers about client improvements in recovery domains through Compeer.
- Record the number of adult volunteers recruited into the program, and the number of new Compeer matches completed. Recruiting new volunteers for matches is a challenge resulting from COVID-19 health fears and COVID-19-exacerbated social isolation by clients and volunteers. Nonetheless, the target is adding three new matches in CY23.
- Compeer Activity Tracking: Track the number of Compeer Community group activities, in-person and virtual, per month, as well as group attendance. Compare actual group events and attendance to the target of seven events per month.

CY23 Program Highlights and Outcomes

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 100
- **ADAMHS Funded Unduplicated Clients Served:** 119
- **Total Number of Clients Served:** 119
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: \$325.40

Additional Information:

- Compeer Inc. is an international SAMHSA designated evidence-based program of peer support. It is an intentional friendship program using community volunteers “matched” with severely mentally ill clients for the purpose of friendship. Compeer provides peer support services in group events, in one-to-one volunteer friend “matches,” in Compeer Calling for telephone support, and mentoring experiences. Compeer’s mission is to use the healing power of friendship to promote recovery. The program also engages in ongoing volunteer recruitment and training. While the program has 30 “matches” between Compeer members and volunteers, there are 62 clients wait-listed for a match or who just seek social interaction in group events. Often, Compeer is the only outlet for social interaction in their lives. Compeer has been offered exclusively at Far West Center (FWC) since 1989 and supported fully by the ADAMHS Board. Compeer programming is “nonbillable” – no clinical services are delivered. All Compeer clients receive mental health services at FWC or another provider. The focus is on friendship programming, recovery support, and volunteer engagement. One unique component developed exclusively by the Compeer Program is “Supported Volunteering” by Compeer clients. Clients themselves learn the benefits of being a volunteer by facilitating activities at local assisted living facilities for experiential learning. Compeer clients face major struggles with isolation and social interaction, self-esteem, and loneliness, worsened by the pandemic. Compeer is often the only meaningful interpersonal outlet in their daily life. “It’s saving my life and helps me meet the best people.” “Compeer is like a family to me that I can count on.” “I’m quarantined long-term because of risk factors and staying connected is important.... I don’t have family left and only a few friends.” “Compeer Night is my only socialization. Loneliness gets overwhelming.” A Peer Support Specialist is employed in Compeer as a Program Assistant, a position covered by a separate ADAMHS Board recovery grant and lends her lived experience to clients and volunteers. The PSS-C offers a dual benefit of her lived mental health experience and her studies as a graduate student in psychology. The Compeer Program has often been synonymous with Far West Center over the past 33 years because it is identified so closely with the Center. It is a straightforward, elegant program using intentional friendship for recovery.

CY21 Provider Outcomes

Highlights: Information not provided for CY21

Goals Met:

- Complete eight new “matches” annually, with 80% of matches making a one-year commitment. Offer 10 group activities per month, plus one-hour-per-week of individual, one-to-one “match” activity is completed. 60% of Compeer members attend group events, and 80% of “matches” remain together as “friends” for one one-year. Clients report improvements in recovery/protective factors (social interaction; empowerment; healthy lifestyles) through Compeer participation.

CY23 Program Highlights and Outcomes

Metrics Used to Determine Success:

- Record number of new “matches” between client and volunteers, via completed applications, interview documents, and monthly reports of interactions. Track quarterly activities calendar, with 10 group events/mo. Record client attendance at activities. “Matches” report their weekly one-to-one time. 60% of Compeer clients attend group events each month. 80% of Compeer “matches” meet the one-year friendship minimum. Semi-annual survey of client satisfaction and achieving member goals for improvements/recovery in the program. Annual Compeer International Survey.

Program Successes:

- Seven new “matches” were completed in CY21, with one in process for early 2022 despite the pandemic and public health restrictions severely challenging the process of “matches”. The outcome is still impressive given obstacles. Activities averaged over 10.5 per month, exceeding the target. Most groups were virtual, using Zoom to bridge in-person gaps. Clients with travel or health barriers/disabilities found virtual activities still created a close supportive social network. 85% of Compeer members attended the virtual or in-person events, exceeding the 60% program goal. Over 85% of client-volunteer matches exceeded their one-year friendship minimum—5% higher than goal. Total volunteer hours=2,326. Staff hours=1,898. Surveys revealed high Compeer satisfaction. 100% agreed or strongly agreed with: access to support; connection with others; reduced loneliness; learning new information. 100% of clients made at least one personal recovery improvement because of Compeer.

Average Cost Per Client in CY21: \$0

Additional Information:

- Compeer Inc. is an international SAMHSA-designated evidence-based program of peer support. It is an intentional friendship program using community volunteers “matched” with severely mentally ill clients for the purpose of friendship. Compeer uses the healing power of friendship to promote recovery. Compeer has been offered exclusively at FWC since 1989, supported in full by the ADAMHS Board. Compeer programming is “nonbillable.” The target population includes adults receiving clinical services for a DSM-5 severe mental illness, referred by their providers for recovery support through friendship-based learning. These SMD clients face significant challenges in all life domains, but specifically with interpersonal and communication skills, isolation, poor social judgment and marginal or no friendships. Fears of social settings are pronounced, as in social anxiety, social phobia, or panic, as well as lack of assertiveness to speak for their needs or even express thoughts and emotions. Compeer friendships and Compeer group activities are frequently their only meaningful outlets in daily life. “It’s saving my life and helping me meet the best people.” “Compeer is like another family to me.” “I’ve learned to laugh and not be afraid.” The Peer Support Specialist is employed in Compeer as a Program Assistant and lends her lived experience to clients and volunteers. Her position is funded by a separate PSS grant from the ADAMHS Board, not the Compeer Program grant, but her role is placed in Compeer. Compeer adds new initiatives, including the art programs, and the unique “supported volunteering” program. Compeer clients volunteer at assisted living facilities and learn how to volunteer. Learning how to have a friend, and be a friend, to another adult is a major recovery challenge that takes significant practice and support to develop. Compeer is a healthy, safe environment for a friendship to be cultivated. Stigma, lack of social connections, and overwhelming social fears are the key barriers experienced by members. These barriers are directly addressed by the Compeer Program through friendship “matches,” one-to-one connections, Compeer Calling, and Compeer community group activities. Additional satisfaction survey results: 100% of Compeer

CY23 Program Highlights and Outcomes

clients would recommend the program to others, despite the pandemic. 100% state Compeer “respects my culture, religion, ethnicity, beliefs, and gender orientation.” “As a Compeer client, I am grateful.”

THE FAMILY PROGRAM

Multi-Family Group Sessions: Bi-weekly group sessions use an evidence-based, psychoeducation approach adapted from the McFarlane model format of family group psychoeducation. Families make a one-year commitment to the program and join other families for support, learning and skill-building. A mental health professional facilitates the program, and uses group psychoeducation methods, along with a library of resource books, DVD's, etc. Sessions focus on understanding mental illness in family daily life; understanding medication and clinical services; early signs of relapse; family burden and recovery; positive family coping; and family self-care for long-term well-being.

Family screening, assessment, and orientation: These sessions occur prior to joining, to assure the group program is a good match for the family needs, and to prepare the family to join the multifamily group.

Community Outreach/Education: Hospital mental health units, health/social service agencies, colleges, churches, community centers, and libraries are resources for identifying families of SMD clients.

Community presentations and outreach build awareness about family caregiving for a chronic illness such as mental illness. It includes information dissemination and educational sessions to support family mental health.

Family Caregiver Outreach explains protective factors such as communication; mental health information; crisis prevention and early intervention; community resources; and instilling hope.

Outreach creates public awareness about the stress and strain of family caregiving, the sense of burden and guilt experienced by family members, and the efforts toward recovery.

Accessibility: The agency offers early evening group sessions, in-person and virtual. Community outreach efforts are also flexibly scheduled.

Family-to-family peer support offers nonjudgmental listening, peer encouragement and emotional support.

The Family Program has been in operation for 17 years with ADAMHS Board support and is the only one of its kind in the county using a mental health professional as facilitator, including multiple clients and families together. It has been recognized by the ADAMHS Board and NAMI for addressing family caregiving challenges and being a crucial family safety-net. Many clients in western communities have some form of a family unit, so a Multi-Family Program model is possible to implement.

Target Population:

- Individual clients over 18 years of age diagnosed with a DSM-5 severe mental illness, currently in treatment, plus their family caregivers. Mean age of clients is 40 years. 60% of clients are male, 40% female. All clients have been hospitalized at least once, are relapse-prone and/or at increased risk for self-harm or decompensation. Recent discharge from inpatient care is common when starting the Family Program. Clients have experienced disruptions in school, housing, friendships, family life, emotional control, and jobs because of their illness. Some clients have co-occurring medical conditions. Clients are often uninsured or under-insured; some are receiving Medicaid and/or supported by SSI or SSDI, along with resources provided by family members.
- Approximately 90% of families are Caucasian, 4% of Caucasian families are Pakistani and 8% Palestinian, reflecting the service area; 1% are African American or other. Over 70% of clients live with older adult caregivers, spouses and/or siblings, and others live independently in low-rent or subsidized housing or apartments. Symptom severity, poor coping skills, social problems, job and

CY23 Program Highlights and Outcomes

transportation challenges, create increased risks for relapse and long-term instability for families and clients alike. The pandemic increased the intensity of clients' symptoms and corresponding stress, worsening caregiver burden and frustration.

- Adults ages 18-65 and older, All socioeconomic categories.

Anticipated Number of Clients to be Served: 10

Number of Staff Required to Implement Program: 2

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- In the event of a staff vacancy, the agency would implement its coverage system so services, community outreach, and talks are not interrupted during the vacancy. These steps are:
 - Program participants would be notified as soon as the vacancy is known, and that a coverage plan was being developed for continuity.
 - The Clinical Manager would accept an interim role as facilitator so that family participants are not left un-served. The Clinical Manager would be familiar with family participants already by virtue of supervision and is in the best position for interim coverage.
 - Or, another peer provider/counselor would take on program sessions, to maintain multi-family connections. If a community talk could be presented by another clinical manager or counselor, that arrangement would be made before rescheduling the date.
 - If needed, family participants or clients affected would be offered increased counseling or CPST services from their FWC clinical provider, offered other family peer support, or they may choose to wait for a new staff member. Staff respect family choice of options.

Funding Priority:

- 24/7 Access

Program Goals:

- Multi-Family Groups: To strengthen family resiliency and well-being and reduce family burden in coping with mental illness.
- Community Outreach: Promote public awareness of family caregiving challenges, and protective factors supporting family well-being.

Program Metrics:

- Quarterly survey is completed by family caregivers and by clients rating improvements in three key mental health domains: daily functioning; quality of life and meaningful life activity; and preventing relapse and reducing sense of burden. These are markers of overall recovery within the family. Collective results are compared during group sessions and compared over time.
- Community education presentations and outreach contacts are tracked - the total number, group size, literature distributed, and total calls and consults related to family caregiving. An evaluation form is completed at the end of informational sessions to measure effectiveness.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served: 5**
- **ADAMHS Funded Unduplicated Clients Served: 8**
- **Total Number of Clients Served: 8**
- **Total Number of Clients that Completed this Program/Service: 0**

CY23 Program Highlights and Outcomes

Average Cost Per Client: \$2,386

Additional Information:

- The Family Program has been in operation for 20 years with uninterrupted grant support from the ADAMHS Board. It is the only program of its kind in the county using a mental health professional as facilitator, with multiple clients and family members participating all together in group psychoeducational sessions. Families make a one-year commitment to the program but may continue if there is a need for further support to stay stable and safe. This program has multiple components supported by the grant funding: family screening and orientation; multifamily psychoeducation group sessions; peer-to-peer family relationships; and community outreach. Many clients in the western communities have some form of a family unit, so the program is especially attuned to this population. The family sense of burden, hopelessness, and isolation can be pronounced, along with the guilt and shame of not being a picture-perfect family. Family resiliency develops from the information and skills learned in psychoeducation group sessions and family-to-family connections. Family caregivers experience stigma first-hand, and have often been overlooked in healthcare, not knowing where to turn. They have high needs for help since often, they are the long-term, default providers for their family member who faces ongoing challenges with care. According to one family, “Our family’s nerves are raw from coping with all these ups and downs. We’re so much more understood in the family group.” The racial composition of the Family Program is varied (African American, Arab American, Pakistani and Caucasian). The diversity of cultures and family practices enhance the program impact by providing broader perspectives and new ways of coping. The pandemic created new opportunities for the families – creating more connections, viewpoints, and mutual support among families. Despite an uncertain environment, the Family Program found creative ways to aid families coping with dual burdens of family mental illness and the pandemic.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served: 8**
- **ADAMHS Funded Unduplicated Clients Served: 8**
- **Total Number of Clients that were Served: 9**
- **Total Number of Clients that Completed this Program/Service: 2**

Goals Met:

- Educate families about causes, symptoms, and treatment of mental illness. Build good communication among family members and improve daily problem-solving skills, including signs of relapse and plan for relapse prevention. Use multi-family support to strengthen protective factors and recovery skill-building among families helping one another. Conduct community outreach around family mental health caregiving; early identification and referral of families; and promote the Family Program.

Metrics Used to Determine Success:

- Quarterly survey to measure improvement in understanding mental illness, symptoms, and treatment, on a scale of 1-5. Quarterly survey to measure improvement in family communication. Quarterly survey to measure reduction in caregiver stress, burden, and increased protective factors, on a scale of 1-5. Evaluation form for the effectiveness of community education in meeting learning goals. A record of contacts and attendance is kept.

CY23 Program Highlights and Outcomes

Program Successes:

- Families rate level of understanding of mental illness at 3.94/5, a good to better level, and clients' rating is 3.63/5, slightly lower level of understanding of their mental illness. Families rate communication and family coping at 4/5, a high level; clients' rating is lower at 3.69/5, perceiving lower levels of communication, problem-solving, and coping with relapses. Families rate caregiver burden and quality of life at 3.88/5 from the Family Program; clients' rating is 3.63/5, their well-being trending lower. Clients struggle with mental illness as caregivers find more relief. Three families serve as peer mentors. The pandemic curtailed in-person presentations in the community. Program materials were mailed, emailed or dropped-off to over 30 community organizations. Email and virtual meetings replaced site visits for six organizations.

Average Cost Per Client in CY21: \$1,920

Additional Information:

- The Family Program has been in operation for 20 years with grant support from the ADAMHS Board. It is the only one of its kind in the county using a mental health professional as facilitator, with multiple clients and family members participating together in multi-family group psychoeducational sessions. Families make a one-year commitment to the program. This program has multiple components supported by the grant funding: family screening and orientation sessions; multifamily psychoeducation learning sessions; family "buddy" system; early identification and referral of families by providers; community outreach; education and information sessions. Many clients in the western communities have some form of a family unit, so the program is tailored to this population. The family sense of burden, hopelessness and isolation can be pronounced, and often hidden. Family caregivers have often been overlooked but have high needs for help especially during the pandemic. The racial composition of the Family Program is varied (Caucasian, African American, Arab American, and Pakistani); the diversity of cultures and family practices enhanced the program impact by providing broader perspectives and ways of coping. Videoconferencing became a major therapeutic tool, providing opportunity for disabled members to join without travel outside the home and kept the focus on family communication, resiliency, and skill-building. In family satisfaction survey responses, highest satisfaction was expressed with support from families with similar concerns; feeling of being understood and not judged; learning about symptoms of the illness and practical ways to cope. 100% would recommend the program to other families struggling with mental illness; most offered to help other families as well. The community outreach component interfaces with social and human service organizations serving families with multiple needs and caregiving challenges. In-person visits and presentations were curtailed due to COVID-19 but replaced with virtual contacts, email, and US-mailed materials. Despite the pandemic's uncertainty, the Family Program found creative ways to assist family caregivers with dual burdens of family mental illness as well as COVID-19.

Provider:	Far West Center	2021 First Outcome Count:	98	2022 First Outcome Count:	128
Instrument:	Ohio Scales Adult	2021 Final Outcome Count:	8	2022 Final Outcome Count:	19
Program:	Mental Health Treatment for Adults	2021 % of Final:	8.16%	2022 % of Final:	14.84%

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

Population	Evaluation Year	SubScale	First Outcome Average	Final Outcome Average	Average Difference	Significance
Adults (18+ years)	2021	Financial Quality of Life	3.14	3.13	-0.01	Not Significant
Adults (18+ years)	2021	Housing Quality of Life	4.52	3.6	-0.92	Not Significant
Adults (18+ years)	2021	Overall Empowerment	3.03	3.04	0.01	Not Significant
Adults (18+ years)	2021	Overall Quality of Life	3.57	2.95	-0.62	Not Significant
Adults (18+ years)	2021	Overall Symptom Distress	25	24.75	-0.25	Not Significant
Adults (18+ years)	2021	Social Connectedness	3.14	2.5	-0.64	Not Significant
Adults (18+ years)	2022	Financial Quality of Life	3	2.72	-0.28	Not Significant
Adults (18+ years)	2022	Housing Quality of Life	3.83	4.1	0.26	Not Significant
Adults (18+ years)	2022	Overall Empowerment	2.79	2.88	0.09	Not Significant
Adults (18+ years)	2022	Overall Quality of Life	3.31	3.28	-0.03	Not Significant
Adults (18+ years)	2022	Overall Symptom Distress	21.91	26	4.09	Not Significant
Adults (18+ years)	2022	Social Connectedness	2.75	3.02	0.27	Not Significant

Focus on Diversity: Far West Center

Program(s): AHH! (Art Helps and Heals) Art Therapy Program; Clinical MH Treatment (Core Care Clinic); Peer Support Specialist; Compeer Program; Family Program

Diversity, Equity and Inclusion STRENGTH from program proposal:

Far West Center shared that they are “committed to a process of enhancing and transforming service delivery to mental health consumers by strengthening staff and organizational capabilities in culturally, racially and linguistically appropriate care.”

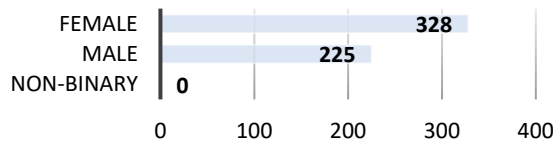


Region: NW

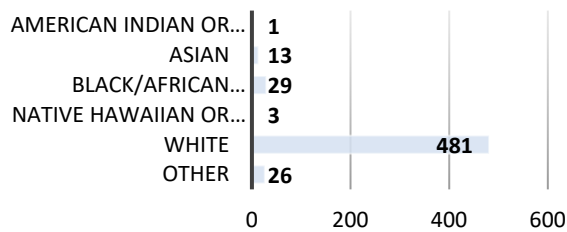
CLIENT DEMOGRAPHICS

2022 – Total Served 553

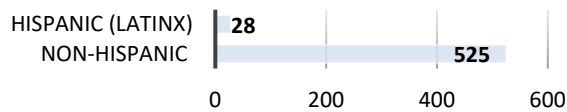
Gender



Race

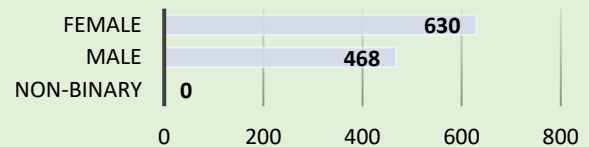


Ethnicity

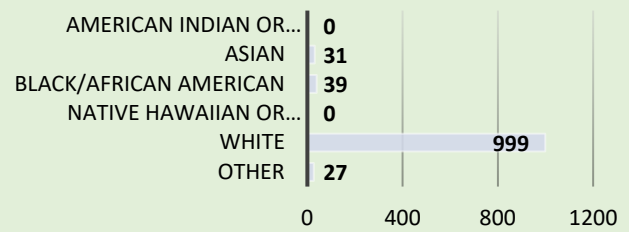


2023 – Total Projected to be Served 1,098

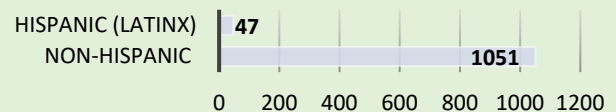
Gender



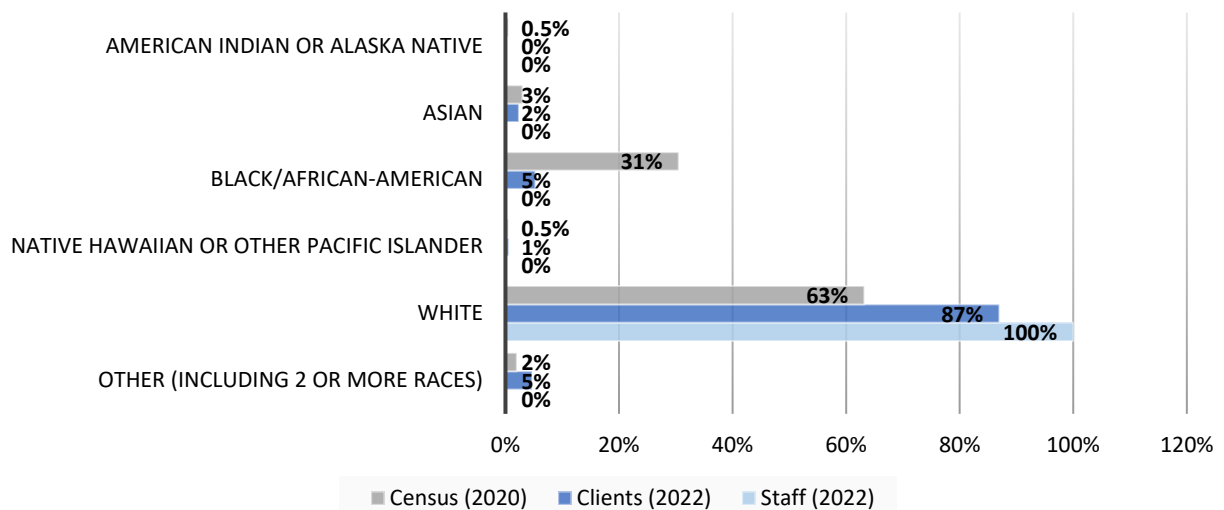
Race



Ethnicity



COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



Note: These are the best estimates based on available information. Figures may be estimated or rounded, and may not equal 100%.

Friendly Inn Settlement

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Friendly Inn Settlement , Inc			
Behavioral Health Center	\$ 250,000	\$ -	Prevention
Total	\$ 250,000	\$ -	
Pooled Funding:			
Behavioral Health Center	\$ -	\$ -	

CY23 Program Highlights and Outcomes

Friendly Inn Settlement

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

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

Friendly Inn Settlement, Inc.

Provide outpatient services that would meet clients' needs either at their homes or Friendly Inn's offices, wherever clients feel safe and supported. Services include all-encompassing behavioral health services such as addressing issues to help individuals cope better with everyday stress, become more productive people and feel healthy mentally and physically. Services will be provided individually and in group counseling formats. Provide prevention and early intervention services for community traumas such as the loss of youth by violence, suicide, overdose, etc. as well as crisis intervention when trauma affects others in the community.

Target Population:

- Clients reside in the Central, Hough and Fairfax neighborhoods. Most clients are African Americans, live below the 200% poverty level, are between the ages of youth to adulthood, and have issues with transportation, housing and food insecurities, as well as behavioral health concerns and/or crime.
- All Ages, 200% or more of the federal poverty level

Anticipated Number of Clients to be Served: 200

Number of Staff Required to Implement Program: 4

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- The clinical director will carry a caseload during staff vacancies. Staff will increase caseload to support individuals and families through this process until someone else is hired. The last resort is transferring cases to other community partners.

Funding Priority:

- Treatment Services – Pooled Funding

Program Goals:

- To hire qualified staff that are committed to serving the community
- To increase awareness of comprehensive behavioral health services
- To increase the number of clients served
- To establish partnership integration and coordination
- To provide a safe environment for staff and consumers/clients

Program Metrics:

- The number of staff hired; our goal is two more staff total of four
- Participate in a minimum of ten outreach and awareness events yearly
- The number of clients served

CY23 Program Highlights and Outcomes

- Establish ongoing partnership integration and coordination by collecting MOUs from potential partners
- Document any incidents that may occur as it relates to safety and security for staff and clients

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served: 35**
- **ADAMHS Funded Unduplicated Clients Served: 24**
- **Total Number of Clients Served: 24**
- **Total Number of Clients that Completed this Program/Service: 0**

Average Cost Per Client: \$3,972.32

Additional Information:

- When Friendly Inn applied for this grant, they had OhioMHAS certification, but it expired May 22, 2022. The agency had already gone through Council on Accreditation (COA) accreditation in 2020, but their Behavioral Health Services was waived because COA knew they planned on starting a program but didn't know when. Upon renewing certification with OhioMHAS, the agency found out it needed to move forward with a single survey through COA. The agency completed this process and is waiting on letter from COA to give to OhioMHAS.

CY21 Provider Outcomes: N/A – New Program beginning in 2022.

Focus on Diversity: Friendly Inn Settlement, Inc.

Program(s): Friendly Inn Settlement, Inc.

Diversity, Equity and Inclusion STRENGTH from program proposal:

The agency has a policy or policies related to non-discrimination, equal employment opportunity, and/or harassment based on protected categories of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), language, disability, marital status, sexual orientation, or military status.

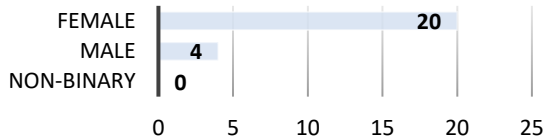


Region: NE

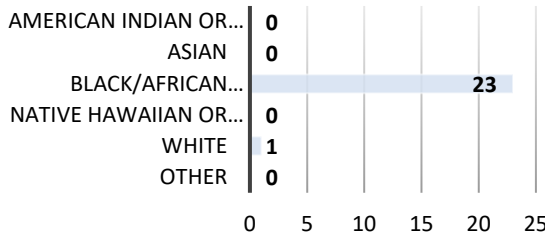
CLIENT DEMOGRAPHICS

2022 – Total Served 24

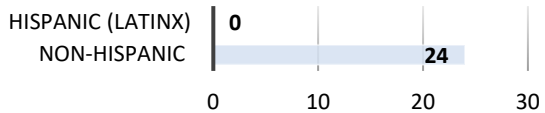
Gender



Race

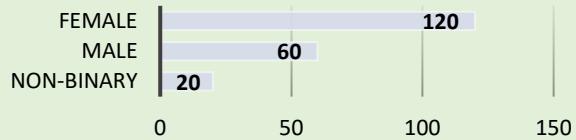


Ethnicity

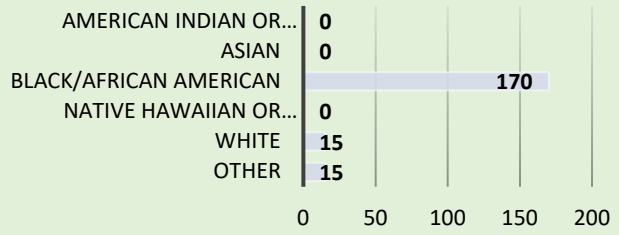


2023 – Total Projected to be Served 200

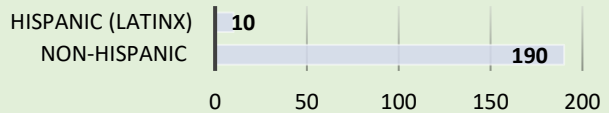
Gender



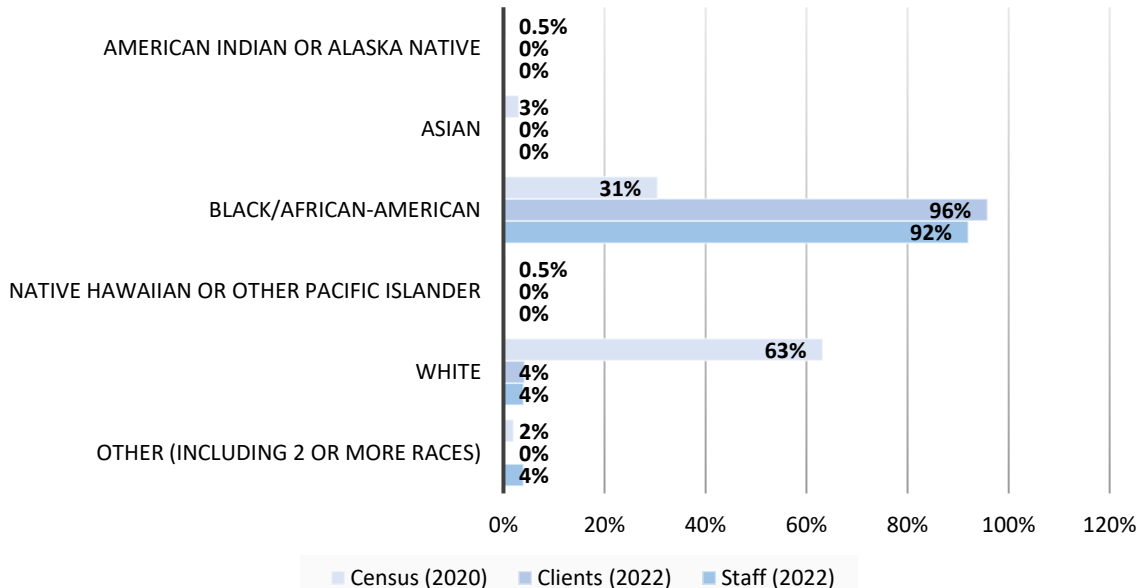
Race



Ethnicity



COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



Note: These are the best estimates based on available information. Figures may be estimated or rounded, and may not equal 100%.

Front Steps Housing and Services

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Front Steps Housing & Services			
Art Therapy	\$ 36,500	\$ 43,626	Prevention
Music Therapy	\$ 10,939	\$ 12,853	Prevention
Total	\$ 47,439	\$ 56,479	
Pooled Funding:			
IOP for Formerly Homeless with Mental Illness/Addictions	\$ -	n/a	

CY23 Program Highlights and Outcomes

Front Steps Housing and Services

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

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

Art Therapy

Over the past 36 years, Front Steps has found that formerly unhoused clients have been traumatized and living with severe mental illness (SMI) and/or substance use disorders (SUD) and lack a safe and appropriate means of expression to relieve themselves of this burden. Art therapy has been a significant outlet to bring meaning constructively and creatively to their lives in an individual and social context.

Art Therapy sessions are available to clients once a week. The trauma and despair of homelessness and poverty are addressed through structured, theme-based art therapy groups. Artwork includes but is not limited to drawing, painting, mask-making, work with clay, mural making, handmade papermaking, collage and mixed media. Many of the projects embrace the diversity of the group and recognize the basic worth and dignity of each client. At the end of the year, Front Steps curates a showing of the art.

Art Therapy has consistently served as an effective outlet for clients to restore self-awareness and self-respect constructively and creatively in a safe and secure environment with peers in their community. Art Therapy helps individuals develop much needed social skills and gives them a mechanism to express their feelings and emotions in ways that had never been available to them. Not only are they able to emerge from their silence they have a finished "product" that reinforces their self-esteem.

The aspects of the program that motivate and encourage client participation and achievement of performance targets include creative emotional expression; art interventions that address managing traumatic stress; self-regulation and resiliency; self-awareness and insight; promotes and celebrates self-worth; and restore one's power to create personal change. Ultimately, the use of art media, images, and the creative process reflects clients' development, abilities, personality, interests, and concerns.

Front Steps is currently contracted with two board-certified Art Therapists to conduct weekly Art Therapy sessions. These therapists have extensive experience working with trauma survivors who are or have been homeless, victims of domestic violence, and individuals living with severe mental illness and/or substance use disorders. They believe that each person has a unique set of talents and gifts they can forge to overcome the challenges they face.

Target Population:

- The community served by Front Steps is comprised of disenfranchised chronically homeless with SMI/SUD. The agency also reaches out to those with SMI/SUD living in poverty-stricken areas on the verge of becoming homeless.
- Clients exhibit the following demographic characteristics:
 - Gender
 - Males - 41.1%
 - Females - 55.5%
 - Unknown - 3.3%
 - Ages
 - 18 - 24 years - 3.3%
 - 25 - 34 years - 14.4%
 - 35 - 44 years - 22.2%

CY23 Program Highlights and Outcomes

- 45 - 54 years - 32.3%
- 55 - 61 years - 22.2%
- 62+ years - 5.6%
- Ethnicity/Race
 - African American - 63.5%
 - Caucasian - 27.7%
 - Hispanic - 3.3%
 - Native American - 1.1%
 - Multi-Racial - 1.1%
 - Unknown - 3.3%
- Physical and Mental Health Conditions:
 - Mental Illness - 85.6%
 - Alcohol Misuse - 7.8%
 - Drug Misuse - 28.9%
 - Alcohol and Drug Misuse - 36.7%
 - Chronic Health Condition - 26.7%
 - HIV/AIDS and Related Diseases - 2.2%
 - Developmental Disability - 4.4%
 - Physical Disability - 26.7%
- Number of Co-Occurring Physical and Mental Health Conditions
 - None - 16.7%
 - 1 Condition - 12.2%
 - 2 Conditions - 21.1%
 - 3+ Conditions - 50.0%
- Adult 18-65+, Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 125

Number of Staff Required to Implement Program: 4

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- There are two case managers and two art therapists, back-up is available to stand in if the other is missing.

Funding Priority:

- Prevention

Program Goals:

- The goal of the program is to create a safe environment in which participants can express themselves through their art and work towards resolving the trauma of poverty and homelessness.

Program Metrics:

- The Ohio Scales for Adults measures how people change in treatment and determine if the services they receive have an impact. Ohio Scales is designed to assess the effects of the program in the following areas: quality of life, symptoms-distress, and empowerment.
- Satisfaction surveys are conducted to receive participants' feedback on the Art Therapy Program.

CY23 Program Highlights and Outcomes

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 150
- **ADAMHS Funded Unduplicated Clients Served:** 21
- **Total Number of Clients Served:** 92
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: \$1,617.74

Additional Information:

- Throughout the first half of 2022, Art Therapy has continued to serve as an effective means of assisting clients with their recovery from the trauma that led to and perpetuated their homelessness, as well as the addictions and mental illness with which they are living. The program has continued to offer an immediate experience of empowerment and skill development and helps to restore participants' sense of "self" and competence. Participants interact openly and honestly in a non-threatening and nurturing environment thereby helping them to develop much needed social skills. Art Therapy has represented an opportunity for participants to freely express themselves through an untapped venue - art. They continue to use art as the medium to express themselves when words may not come to them.
- Front Steps has made an intentional effort to extend its behavioral health and addiction services to those living in the community who are experiencing hardships that have led them to the brink of homelessness. Now, the stress and trauma brought on by the COVID-19 pandemic has amplified the demand for these services, and the socio-economic and psycho-social implications have resulted in increased unemployment, poverty and homelessness. Front Steps is addressing this crisis by offering programs and services that respond to the needs of people experiencing homelessness, as well as those living in the community. It is the agency's intent to build on the services offered to its residents and broaden the reach into the community with onsite and community-based services.
- The funding awarded to Front Steps Housing and Services by the ADAMHS Board has enabled the agency to sustain the Art Therapy Program and continue to retain its licensed Art Therapist. In addition, the funding has made it possible for us to enhance the use of various materials and media that enable participants to express their feelings and emotions. ADAMHS Board funding has also supported efforts to extend services to a broader audience of individuals accessing mental health services from community-based organizations, as well as those who are on the verge of becoming homeless and have not sought services to address mental health, addictions, unemployment and housing.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 100
- **ADAMHS Funded Unduplicated Clients Served:** 23
- **Total Number of Clients that were Served:** 23
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- Offer a safe environment in which participants can express themselves through their art and work towards addressing their mental health and addictions.

CY23 Program Highlights and Outcomes

Metrics Used to Determine Success:

- The following metrics were used to measure success: Ohio Scales for Adults, Self-Reporting, Client Pre- and Post-Class Surveys.

Program Successes:

- For the 12-month period of 2021, Empowerment had the most significant increase from T1 (51.48) to T4 (63.50). Clients reported they were able to stay in the moment, and be introspective, enlightened and inspired.

Average Cost Per Client in CY21: \$1878.26

Additional Information:

- Front Steps has worked with formerly homeless individuals for over 35 years and are intensely aware of the trauma and despair they have endured. The agency offers these men and women shelter and services to support them in their recovery. The Art Therapy Program available to residents of St. Joseph's Commons – Front Steps' permanent supportive housing program – and members of the community being treated for mental illness and/or substance abuse disorders helps restore their humanity and dignity and enables them to create something that can be shared with the public to dispel the preconceptions and prejudices associated with homelessness. The annual art show gives clients the opportunity to celebrate their respective journeys out of homelessness and gives voice to the feelings and emotions associated with the extreme ordeals they have experienced.

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

Music Therapy

Front Steps works with the Music School Settlement to provide Music Therapy. The Music School Settlement's Center for Music Therapy facilitates a data-driven program based on traditional behavioral and cognitive therapy models.

Therapeutic sessions are conducted once a week for 1.25 hour sessions for 47 weeks. Groups include three to ten Front Steps clients per session. Various therapeutic music activities will be selected based on the participants' interests. The specific needs of each participant are addressed through patient-centered planning for both therapy and instruction. The therapist works collaboratively with the participant to arrive at a plan that is customized to their interests and presenting condition(s).

Primary objectives are defined by the therapist and the client, baseline levels of the responses are obtained, and the client's response to the planned intervention is measured. Measurement gives the music therapist, client and caregiver valuable information as to the effectiveness of the intervention and gives guidance to the direction of future intervention steps.

The music program is person-centered and entails individual goals established by the therapist and the participant.

Target Population:

- The community served by Front Steps is comprised of disenfranchised chronically homeless with SMI/SUD. The agency also reaches out to those with SMI/SUD living in poverty-stricken areas on the verge of becoming homeless.
- Clients exhibit the following demographic characteristics:

CY23 Program Highlights and Outcomes

- Gender
 - Males - 41.1%
 - Females - 55.5%
 - Unknown - 3.3%
- Ages
 - 18 - 24 years - 3.3%
 - 25 - 34 years - 14.4%
 - 35 - 44 years - 22.2%
 - 45 - 54 years - 32.3%
 - 55 - 61 years - 22.2%
 - 62+ years - 5.6%
- Ethnicity/Race
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 - Caucasian - 27.7%
 - Hispanic - 3.3%
 - Native American - 1.1%
 - Multi-Racial - 1.1%
 - Unknown - 3.3%
- Physical and Mental Health Conditions:
 - Mental Illness - 85.6%
 - Alcohol Misuse - 7.8%
 - Drug Misuse - 28.9%
 - Alcohol and Drug Misuse - 36.7%
 - Chronic Health Condition - 26.7%
 - HIV/AIDS and Related Diseases - 2.2%
 - Developmental Disability - 4.4%
 - Physical Disability - 26.7%
- Number of Co-Occurring Physical and Mental Health Conditions
 - None - 16.7%
 - 1 Condition - 12.2%
 - 2 Conditions - 21.1%
 - 3+ Conditions - 50.0%
- Adult 18-65+, Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 50

Number of Staff Required to Implement Program: 4

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- There are two therapists and two case managers available should staff vacancies occur. If a therapist cannot be replaced, the session will be rescheduled, and Front Steps will provide an opportunity for participants to listen to music and socialize in a group setting in place of the cancelled session.

Funding Priority:

- Prevention

Program Goals:

- 80% of participants will report utilizing coping skills

CY23 Program Highlights and Outcomes

- 85% of participants will demonstrate Enhanced Leisure Skills
- 65% of participants will demonstrate Heightened Self Determination
- 85% of participants will participate in the group process
- 85% of participants will increase collaborative experience

Program Metrics:

- Case Manager Music Therapy Report indicating if participant utilized coping skills
- Self-report and therapist observation as to whether participant engaged with the new music experience
- Self-Report on the Mood - Relaxation - Motivation (MRM) tool after each session
- Self-Report and Therapist Observation of contributions to the group (verbal, motor or musical)
- Therapist Observation of collaborative experiences

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served: 25**
- **ADAMHS Funded Unduplicated Clients Served: 19**
- **Total Number of Clients Served: 19**
- **Total Number of Clients that Completed this Program/Service: 0**

Average Cost Per Client: \$744.78

Additional Information:

- The participants provided valuable input and report finding sessions helpful. The challenge has been increasing the number of participants in the group. COVID had an impact at the beginning of the year. The agency continues to look for creative ways to increase participation.

CY21 Provider Outcomes: N/A – New Program beginning in 2022.

Focus on Diversity: Front Steps Housing and Services

Program(s): Art Therapy for Formerly Chronically Homeless with MI/SUD and Economically Disadvantaged with MI/SUD in the Community; Music Therapy for Chronically Homeless with MI/SUD and Economically Disadvantaged

Diversity, Equity and Inclusion STRENGTH from program proposal:

Front Steps plan is to “demonstrate an awareness of, respect for, and attention to the diversity of the people with whom it interacts (persons served, personnel, families and caregivers, and other stakeholders) that are reflected in attitudes, organizational structures, policies, and services.”

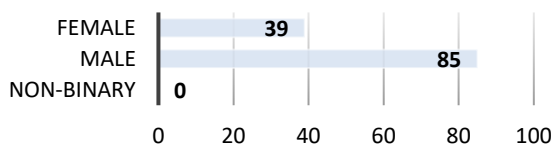


Region: Central

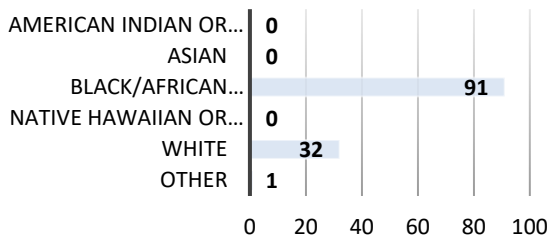
CLIENT DEMOGRAPHICS

2022 – Total Served 124

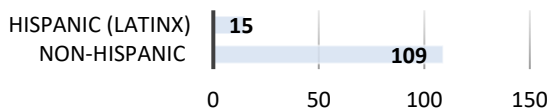
Gender



Race

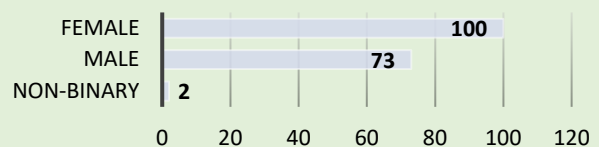


Ethnicity

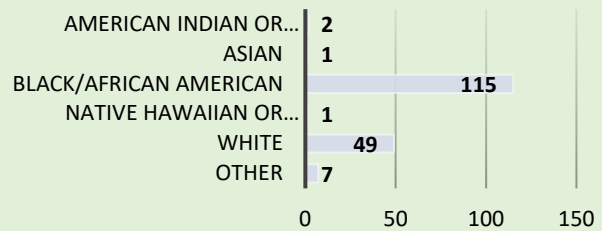


2023 – Total Projected to be Served 175

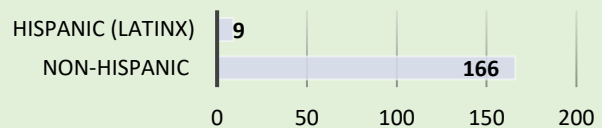
Gender



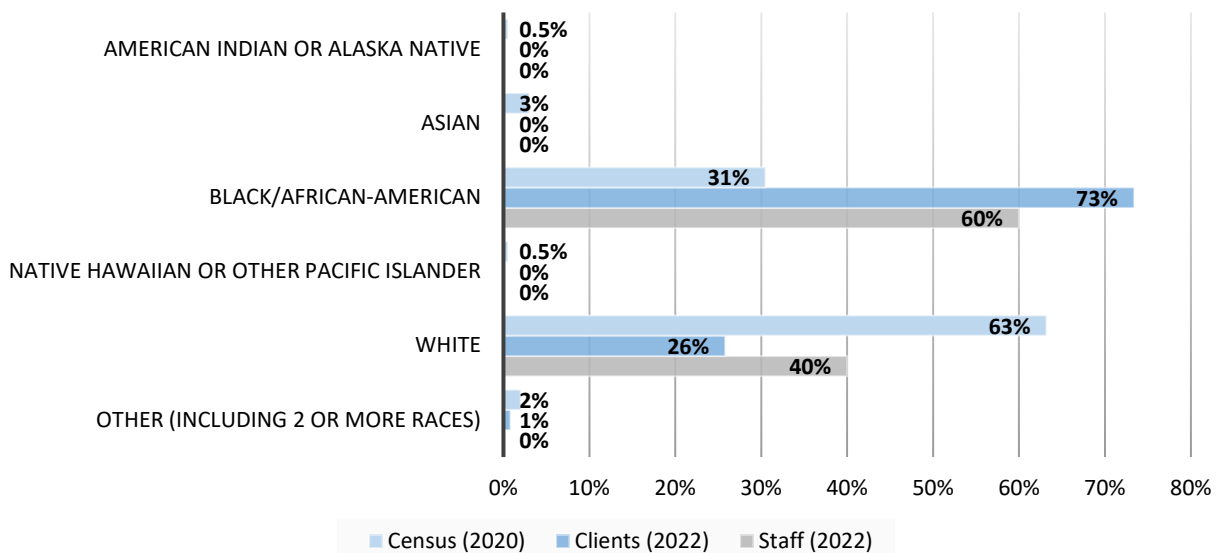
Race



Ethnicity



COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



Note: These are the best estimates based on available information. Figures may be estimated or rounded, and may not equal 100%.

FrontLine Service

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
FrontLine Services			
Prison Linkage	\$ 67,926	\$ 75,888	Crisis
Women's Forensic Program	\$ 207,360	\$ 168,574	Removing Barriers
Residential Treatment (Flores Home)	\$ 25,000	\$ -	
Safe Haven I	\$ 250,000	\$ 314,139	24/7 Access
Adult Crisis Services	\$ 2,522,531	\$ 1,694,401	Crisis
Children Crisis Services	\$ 464,012	\$ 425,640	Crisis
Crisis Chat	\$ 79,515	\$ -	Crisis
Strickland Crisis Stabilization Unit	\$ 1,190,000	\$ 1,325,938	Crisis
Additional Crisis Workers	\$ -	\$ -	Crisis
Traumatic Loss Response Team	\$ 311,000	\$ 341,986	Crisis
Outreach Program	\$ 75,000	\$ 159,606	Harm Reduction
Housing First Client Assistance	\$ -	\$ 95,625	Housing
Total	\$ 5,192,344	\$ 4,601,797	
Pooled Funding:			
Treatment Services	\$ -	\$ -	

CY23 Program Highlights and Outcomes

FrontLine Service

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

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

Adult Mobile Crisis Team (AMCT)

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

Attempting to engage individuals who are experiencing a behavioral health crisis but are ambivalent to treatment is one of the Mobile Crisis Team's greatest challenges and one of its greatest rewards when successful. Because this work is not done by many others in the community, it further demonstrates why mobile crisis team services are critically important.

The crisis hotline and team are available 24-hours-per-day, 7-days-per-week to provide assistance on the phone or through face-to-face intervention and assessment in the community. The team refers individuals to the least restrictive setting and maintains individuals in the community whenever possible.

Specifically, the essential elements are:

- Provision of behavioral health information and referral information to those calling in for themselves or on behalf of someone else.
- Screening and Assessment of individuals to identify risks, challenges, needs, strengths
- Recommendations for resources
- Linkage to least restrictive environment to address behavioral health crisis and assist individual in regaining a sense of control
- Linkage to resources to reduce recurrence of behavioral health crisis
- Maintain a 24-hour-per-day/7-day-per-week presence

Target Population:

- Adults living in Cuyahoga County who are seeking information or assistance with behavioral health issues or a crisis, either for themselves or another individual.
- Last year 28% of callers needed referrals or information, 21% had suicidal thoughts, 15% were depressed, 12% experienced delusional thoughts or were psychotic, 12% called because of relationship issues, 8% had anxiety and 5% called for challenges with substance abuse.
- Adults 18-65+, All socioeconomic categories

Anticipated Number of Clients to be Served: 16,000

Number of Staff Required to Implement Program: 30

CY23 Program Highlights and Outcomes

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- During periods of low staffing, due to having open positions or call-offs on a given day, the agency always prioritizes answering incoming calls to the hotline. Staff then complete crisis assessments based on the number of staff available. If the agency does not have staff to assess, and a client's clinical needs are of an urgent nature, staff would refer the person to the emergency department. If it was not an urgent need, staff would complete the assessment when available.
- The agency recognizes the seriousness of challenges associated with vacancies in a program focused on individuals in crisis and have taken additional recruitment and retention efforts within the organization to stabilize and maximize employment. The agency increased salaries of client-facing staff, expanded recruitment strategies (ex: Postcards and emails sent to everyone in Ohio who has a license, working closely with Indeed on verbiage in advertisements, and highlighting open positions in social media) and have been conducting exit and stay surveys with staff.

Funding Priority:

- Crisis Services

Program Goals:

- To answer incoming calls on the hotline as quickly as possible
- To respond as quickly as possible to requests for a face-to-face Crisis Assessment
- Following a Crisis Assessment, divert individuals to the least restrictive treatment option

Program Metrics:

- The Crisis Team staff will answer 95% of incoming calls to the Crisis Hotline within 60 seconds or less
- Face-to-face Crisis Assessments should be initiated, on average, within three hours of the time the assessment was requested
- The Crisis Team staff will divert 50% of individuals assessed in the emergency department away from hospitalization to a more appropriate level of care

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 8,000
- **ADAMHS Funded Unduplicated Clients Served:** 8,181
- **Total Number of Clients Served:** 8,181
- **Total Number of Clients that Completed this Program/Service:** 8,181

Average Cost Per Client: \$154.17

Additional Information:

- Due to the urgent nature of the services being provided by the AMCT program, FrontLine does not track racial and ethnic demographics for the clients served. Many of the clients are vulnerable or in crisis, and interrupting service delivery to collect demographic information could interfere with the therapeutic process. With the expansion of 988 infrastructure, FrontLine will explore ways to collect race and ethnicity information going forward.

CY23 Program Highlights and Outcomes

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 15,000
- **ADAMHS Funded Unduplicated Clients Served:** 15,224
- **Total Number of Clients that were Served:** 15,224
- **Total Number of Clients that Completed this Program/Service:** 15,224

Goals Met:

- 95% of incoming crisis hotline calls will be answered within 30 seconds
- Face-to-face crisis assessment, when needed, will be completed within three hours
- The mobile crisis team will divert 50% of individuals assessed in the emergency department to a more appropriate level of care

Metrics Used to Determine Success:

- Use of Five9 software, data Insight reporting, and individual assessment review.

Program Successes:

- 85.4% of crisis hotline calls were answered within 30 seconds
- Average completion time for face-to-face assessments was within 2.2 hours
- Mobile Crisis team diverted 50% of individuals assessed in the ED away from inpatient stays to more appropriate levels of care

Average Cost Per Client in CY21: \$174.78

Additional Information:

- The Adult Mobile Crisis Team completed 1,208 crisis assessments in 2021 but attempted to complete an additional 272 assessments that were not completed because the individual was either not available or refused services when the team arrived. Engaging resistant individuals who are experiencing a crisis, is one of the agency's greatest challenges and one of its greatest rewards when successful. Therefore, the mobile crisis teams are one of the most valuable crisis services offered. All crisis services are CARF accredited, certified by the American Association of Suicidology as well as the National Suicide Prevention Lifeline, allowing the agency to accept calls made to the National Lifeline.

Child Response Team

These strength-based, family-focused crisis services are available 24-hours-per-day, 7-days-per-week by phone as well as face-to-face intervention and assessment in homes, schools, emergency rooms and other community settings by licensed clinicians. Staff's goal is to listen, identify how to resolve the crisis, and help each person regain a sense of control. Challenges or barriers to these services are that they are voluntary and must be agreed to by the child/adolescent's legal guardian.

The essential elements of the Child Response Team are:

- Screening and Assessment of children/adolescents to identify risks, challenges, needs, strengths
- Provision of services necessary to engage child and legal caregiver, engagement into services designed to stabilize the crisis
- Linkage to least restrictive environment to address behavioral health crisis and assist child/adolescent in regaining a sense of control

CY23 Program Highlights and Outcomes

- Linkage to resources to reduce reoccurrence of behavioral health crisis
- Maintain a 24/7 presence for the community, with ability to respond telephonically as well as through outreach
- The greatest risk factor of the program is resistance of the child/legal caregiver to accept services.

Because of the agency's extensive history of working with individuals and families who are resistant to treatment, and often in crisis, staff are adept at working in these situations. The focus from initial contact is that of engagement, which staff continue to strengthen, as contacts increase.

Target Population:

- Children, adolescents and their families in Cuyahoga County who are experiencing an emotional or behavioral health crisis.
- Children 0-17, All socioeconomic categories

Anticipated Number of Clients to be Served: 1,850

Number of Staff Required to Implement Program: 5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- During periods of low staffing, due to having open positions or call-offs on a given day, the agency always prioritizes answering incoming calls to the hotline. Staff then complete crisis assessments based on the number of staff available. If the agency does not have staff to assess, and a client's clinical needs are of an urgent nature, staff would refer the person to the emergency department. If it was not an urgent need, staff would complete the assessment when available.
- The agency recognizes the seriousness of challenges associated with vacancies in a program focused on individuals in crisis and have taken additional recruitment and retention efforts within the organization to stabilize and maximize employment. The agency increased salaries of client-facing staff, expanded recruitment strategies (ex: Postcards and emails sent to everyone in Ohio who has a license, working closely with Indeed on verbiage in advertisements, and highlighting open positions in social media) and have been conducting exit and stay surveys with staff.

Funding Priority:

- Crisis Services

Program Goals:

- Answer incoming calls to the hotline regarding children/adolescents as quickly as possible
- Respond as quickly as possible to requests for a child/adolescent face-to-face Crisis Assessment
- Following a Crisis Assessment of a child/adolescent, assure that they are linked to a provider for ongoing services

Program Metrics:

- 95% of incoming calls to the Crisis Hotline about children/adolescents are answered within 60 seconds or less
- Face-to-face Crisis Assessments should be initiated, on average, within three hours of the time the assessment was requested
- Following a face-to-face Crisis Assessment, 80% of clients will be linked to a provider or relinked to their current provider

CY23 Program Highlights and Outcomes

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 1,000
- **ADAMHS Funded Unduplicated Clients Served:** 938
- **Total Number of Clients Served:** 938
- **Total Number of Clients that Completed this Program/Service:** 938

Average Cost Per Client: \$247.34

Additional Information:

- The Child Response Team (CRT) completed 276 Crisis Assessments in the first six months of CY22. CRT attempted to complete another 28 assessments; however, they were not completed because the individual was either not available or refused services when the team arrived. Engaging resistant individuals who are experiencing a crisis is one of the agency's greatest challenges and one of its greatest rewards when successful. Therefore, the Child Response Team is one of the most valuable crisis services offered. All crisis services at FrontLine Service are CARF accredited, certified by the American Association of Suicidology as well as the National Suicide Prevention Lifeline, allowing the agency to accept calls made to the National Lifeline.
- Due to the urgent nature of the services being provided by the AMCT program, FrontLine does not track racial and ethnic demographics for the clients served. Many of the clients are vulnerable or in crisis, and interrupting service delivery to collect demographic information could interfere with the therapeutic process. With the expansion of 988 infrastructure, FrontLine will explore ways to collect race and ethnicity information going forward.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 1,800
- **ADAMHS Funded Unduplicated Clients Served:** 1,838
- **Total Number of Clients that were Served:** 1,838
- **Total Number of Clients that Completed this Program/Service:** 1,838

Goals Met:

- 95% of incoming crisis hotline calls related to child/adolescent will be answered within 30 seconds
- Child/Adolescent Crisis Assessment will be completed within three hours of service request
- Following a crisis assessment, 80% of clients will be linked to a provider or relinked to their current provider

Metrics Used to Determine Success:

- Use of Five9 software, data Insight reporting, and internal monitoring and spreadsheet.

Program Successes:

- 85.4% of crisis hotline calls were answered within 30 seconds
- Average completion time for child/adolescent face-to-face assessments was within 1.9 hours
- Following a crisis assessment, 87% of clients were linked to a provider or relinked with their current provider

CY23 Program Highlights and Outcomes

Average Cost Per Client in CY21: \$218.99

Additional Information:

- The Child Response Team completed 459 crisis assessments in 2021 but attempted to complete an additional 96 assessments that were not completed because the individual was either not available or refused services when the team arrived. Engaging resistant individuals who are experiencing a crisis, is one of the agency's greatest challenges and one of its greatest rewards when successful. Therefore, the Child Response Team is one of the most valuable crisis services offered. All crisis services at FrontLine Service are CARF accredited, certified by the American Association of Suicidology as well as the National Suicide Prevention Lifeline, allowing the agency to accept calls made to the National Lifeline.

Crisis Stabilization Unit (CSU)

The CSU offers a short-term, less restrictive treatment alternative to an inpatient psychiatric hospitalization. The goal of the CSU is to provide crisis stabilization supports that reduce inpatient psychiatric hospitalizations or re-hospitalizations. The objectives of the CSU treatment program are the reduction of symptoms, the resolution of crisis, and the rapid reintegration of the resident back into the community.

The Crisis Stabilization Unit (aka: CSU) is a 15-bed, community based OhioMHAS licensed and certified Class One Residential Crisis Stabilization Unit designed to serve adult residents of Cuyahoga County who have been assessed and determined to need residential crisis intervention services in response to a mental health crisis. Individuals eligible to utilize the CSU are typically experiencing a psychiatric crisis that cannot be effectively treated in a less restrictive treatment setting. They must be willing to actively participate in a treatment planning process, including intake procedures, completing an assessment and individualized service plan (ISP), and treatment services - including pharmacological management, nursing services/medication monitoring, individual/group crisis psychotherapy, and individual therapeutic behavioral services/psychosocial rehabilitation services. Because insurance status is not a barrier to service, barriers to service would include the individual's decision to voluntarily participate in services, behaviors that place the individual or others at imminent risk, and an inability to maintain one's basic personal health and care. The building is ADA compliant, accessible to those who might need to use a wheelchair.

The expected length of stay is five to seven days. Individuals admitted to the CSU receive the following: room and board, personal care services (i.e., assistance with medication monitoring), mental health treatment services in a supervised, 24-hour-per-day, seven-days-per-week facility. Each resident's treatment is individualized and delivered via evidence-based interventions, inclusive of the individual's needs, strengths, abilities, and preferences. Emphasis is placed on recovery. Risk factors, which are addressed by the program include further deterioration of the individual's mental health status, increase in risky behavior to self or others, refusal to participate in programming and use of drugs while at the CSU. Risk factors are addressed by program design and staffing, ensuring that each resident receives the services and interactions needed to identify if any of these potential risk factors are present, and then appropriate steps are taken to address them. These steps typically include discussion with the resident regarding the behavior to achieve agreement. Staff abide by clearly defined protocol in these situations, to minimize risk to the resident or others at the CSU.

Target Population:

- Adults 18 years or older who have symptoms of a serious mental illness
- All socioeconomic categories

CY23 Program Highlights and Outcomes

Anticipated Number of Clients to be Served: 400

Number of Staff Required to Implement Program: 17

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- The staffing schedule at CSU is monitored daily by the Program Manager. The agency maintains a robust PRN staffing list that allows it to fill shifts when staff use paid time off.

Funding Priority:

- Crisis Services

Program Goals:

- Clients successfully complete their treatment at the CSU
- Clients are satisfied with the services they receive at the CSU
- Clients are successfully linked to a service provider when they leave the CSU

Program Metrics:

- 80% of clients admitted to the CSU complete their treatment as determined by the CSU Treatment Team
- 90% of clients admitted to the CSU report that they were satisfied with their services at the CSU on an anonymous satisfaction survey
- 80% of clients who are discharged from the CSU are linked to an on-going provider

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served: 200**
- **ADAMHS Funded Unduplicated Clients Served: 121**
- **Total Number of Clients Served: 121**
- **Total Number of Clients that Completed this Program/Service: 121**

Average Cost Per Client: \$495.83

Additional Information:

- The CSU provides holistic crisis mental health services through a multi-disciplinary team of mental health professionals including psychiatrists, nurses, social workers and crisis specialists. The CSU utilizes a strength-based and trauma-informed care approach to treatment that emphasizes the rights of individuals to receive services that are tailored to their mental health needs and promotes a unique journey to recovery. The Crisis Stabilization Unit is licensed by the Ohio Department of Mental Health and Addiction Services. The CSU services are accredited by CARF, the Commission on Accreditation of Rehabilitation Facilities.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served: 400**
- **ADAMHS Funded Unduplicated Clients Served: 218**
- **Total Number of Clients that were Served: 218**
- **Total Number of Clients that Completed this Program/Service: 218**

CY23 Program Highlights and Outcomes

Goals Met:

- 80% of clients admitted to the CSU complete their treatment as determined by the CSU treatment team
- 80% of clients admitted to the CSU report that they were satisfied with their services at the CSU
- 80% of the clients who are discharged from the CSU are linked to an on-going provider

Metrics Used to Determine Success:

- Internal monitoring and spreadsheet and voluntary anonymous client satisfaction survey provided at discharge.

Program Successes:

- 82% of the clients admitted to the CSU during CY21 completed their treatment as determined by the CSU treatment team
- 82.5% of the clients admitted to the CSU in CY21 reported that they were satisfied with their services at the CSU
- 84% of clients who were discharged from the CSU were successfully linked back to their current on-going provider or a new on-going provider

Average Cost Per Client in CY21: \$494

Additional Information:

- The CSU provides holistic crisis mental health services through a multi-disciplinary team of mental health professionals including psychiatrists, nurses, social workers, and crisis specialists. The CSU utilizes a strength-based and trauma-informed care approach to treatment that emphasizes the rights of individuals to receive services that are tailored to their mental health needs and promotes a unique journey to recovery. The Crisis Stabilization Unit is licensed by the Ohio Department of Mental Health and Addiction Services. The CSU services are accredited by CARF, the Commission on Accreditation of Rehabilitation Facilities.

Pooled Funding

FrontLine will provide culturally appropriate and evidence-based services to individuals with severe mental illness (SMI) or co-occurring disorders (COD) who are experiencing or have experienced homelessness. Services are provided in the community through a combination of Psychotherapy, Therapeutic Behavioral Services (TBS) and psycho-social rehabilitation. Staff build safe, trusting relationships with people whose SMI/COD symptoms impede their ability to interact with others, manage their mental health, and maintain their housing. Staff will build rapport with clients and conduct frequent outreach to keep them engaged.

Psychotherapy uses principles, methods and procedures of counseling that assist the clients in identifying and resolving personal, social, vocational, and interpersonal concerns.

Therapeutic Behavioral Services are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the individual's treatment plan. Services focus on teaching, not doing, to increase self-sufficiency which is consistent with The Recovery Model.

Psychosocial rehabilitation is comprised of individual face-to-face interventions for the purpose of rehabilitative skills building, the personal development of environmental and recovery supports considered essential in improving a person's functioning, learning skills to promote the person's self-access to necessary services and in creating environments that promote recovery and support the emotional and functional improvement of the individual.

CY23 Program Highlights and Outcomes

Target Population:

- Adults (18+) who experience serious mental illness SMI or COD, and who have or are experiencing homelessness.
- Individuals served in these programs struggle with schizophrenia, schizoaffective disorder, bipolar disorder, Major Depressive Disorder with psychotic features, PTSD with severe functional impairment, or other psychotic disorders. Most experience hallucinations, delusions, and thought disorders symptoms that create tremendous barriers to initiating or staying engaged in behavioral healthcare services and remaining housed. The extreme social and cognitive functional impairments experienced by those FrontLine serves can make a simple activity such as enrolling or reenrolling in benefits or scheduling and sticking to an appointment overwhelming or impossible.
- All socioeconomic categories

Anticipated Number of Clients to be Served: 105

Number of Staff Required to Implement Program: 190

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- FrontLine manages a flexible workforce model, covering vacancies with staff from other programs and leveraging managers and directors' leadership to fill in gaps until the vacant positions are filled.

Funding Priority:

- Treatment Services – Pooled Funding

Program Goals:

- Increase mainstream benefits enrollment for clients

Program Metrics:

- For clients participating in agency services for 90 days, FrontLine will assist 80% of those clients in enrolling in mainstream benefits.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served: 25**
- **ADAMHS Funded Unduplicated Clients Served: 40**
- **Total Number of Clients Served: 40**
- **Total Number of Clients that Completed this Program/Service: 0**

Average Cost Per Client: \$58

Additional Information:

- FrontLine continues to work with clients to apply for all benefits; however, most clients who benefited from pooled funding receive Medicare and will unlikely ever be eligible for Medicaid.

CY21 Provider Outcomes: Pooled funding not reported in 2021

CY23 Program Highlights and Outcomes

Prison Linkage Program

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

Target Population:

- Adults who are in prison, have been determined to need (or are receiving) behavioral health treatment and are being released to Cuyahoga County.
- All socioeconomic categories

Anticipated Number of Clients to be Served: 400

Number of Staff Required to Implement Program: 1

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- The Prison Linkage Program has experienced no difficulties in staff vacancies over the past several years. To ensure that there continues to be no gap in the provision of these services, several other FrontLine staff have been trained in the provision of these services. They are able to fill in when there is an absence due to illness or vacation.

Funding Priority:

- Prevention

Program Goals:

- Clients being released from prison back to Cuyahoga County are given an appointment with an on-going behavioral health (BH) provider prior to their release from prison
- The BH appointment that the clients receive are scheduled within 72 hours of their arrival in Cuyahoga County
- Clients successfully link to a provider once they have returned to Cuyahoga County

Program Metrics:

- 100% of individuals referred to the program are given a linkage appointment
- 80% of the BH appointments are scheduled within 72 hours of the client's arrival in Cuyahoga County
- 65% of individuals are linked with the BH agency to which they were referred.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served: 200**
- **ADAMHS Funded Unduplicated Clients Served: 228**
- **Total Number of Clients Served: 228**
- **Total Number of Clients that Completed this Program/Service: 0**

Average Cost Per Client: \$148.96

CY23 Program Highlights and Outcomes

Additional Information:

- Being released from prison can be a vulnerable time for individuals with behavioral health issues. The barriers facing re-entry to the community have been well documented and include limited financial support, employment challenges, increased risk for homelessness, and re-incarceration. Prison linkage clients are now frequently released with Medicaid benefits, which has proven helpful to reintegration, especially for individuals with behavioral health issues

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 400
- **ADAMHS Funded Unduplicated Clients Served:** 422
- **Total Number of Clients that were Served:** 422
- **Total Number of Clients that Completed this Program/Service:** 422

Goals Met:

- 100% of clients released from prison back to Cuyahoga County receive an appointment with an on-going provider prior to their release from prison
- 80% of the appointments that the clients receive are scheduled within 72 hours of arriving in Cuyahoga County
- 60% of clients will successfully link to a provider once they have returned to Cuyahoga County.

Metrics Used to Determine Success:

- Spreadsheet is maintained with date of release and date of referral appointment scheduled
- Spreadsheet is maintained with date of release and that date of referral appointment scheduled is within 72-hours.
- Staff reach out to each client and referred agency to try to determine if the appointment was kept

Program Successes:

- In CY21, 100% of those referred to the program received a linkage appointment.
- Staff provided a linkage appointment within 72 hours of discharge for 84.5% of those referred to this program
- Staff confirmed that 51% of the individuals referred to this program ultimately linked with the agency to which they were referred

Average Cost Per Client in CY21: \$150.61

Additional Information:

- Being released from prison can be a vulnerable time for those with behavioral health issues. The barriers facing the re-entry community have been well documented and include limited financial support, employment challenges, increased risk for homelessness, and re-incarceration. Prison linkage clients are now frequently released with Medicaid benefits, which has proven helpful to reintegration, especially for individuals with behavioral health issues.

CY23 Program Highlights and Outcomes

Safe Haven 1

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

Safe Haven (SH) is a unique and critical program in the county's continuum of services for persons struggling with homelessness and living with severe mental illness. Because of the severity of their illness, these individuals are unable to live in more independent settings. Safe Haven residents are typically referred from permanent supportive housing or traditional group home settings due to impending eviction or incarceration. Most Safe Haven residents have a long history of chronic homelessness, as well as a history of extended periods of incarceration or hospitalization for psychiatric reasons.

Safe Haven is also known as the "House of a Thousand Chances" because of the intensive, compassionate support provided to individuals who face so many barriers to service and require so many special accommodations. In addition to some of the most severe diagnoses of mental illness and the trauma of chronic homelessness, Safe Haven residents are low-income, often struggle with substance use disorders, have little to no social support networks, and due to significant periods of time being homeless, have difficulty integrating into most social environments. These individuals typically require support with basic hygiene, daily activities such as food preparation, and accessing medical or behavioral healthcare. The Safe Haven staff work side by side with the residents seven-days-per-week, and Safe Haven leadership is on-call after hours and on weekends for problem solving and crisis response.

Target Population:

- Adults, who are high utilizers of emergency services, unable to live independently, and have extensive physical illness and trauma that makes it unlikely that they will succeed in a traditional group home setting.
- Low-income, with the most severe behavioral health diagnoses

Anticipated Number of Clients to be Served: 8

Number of Staff Required to Implement Program: 5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- As with many organizations, the agency has experienced recruitment challenges since the beginning of the pandemic, leaving it with several life skill worker vacancies and a case manager vacancy. Despite these challenges, the agency has continued to provide 24/7 care to residents by leveraging other existing FrontLine staff within the agency who cover open shifts, and increased life skills salaries by 50% from January to July 2022. The agency is seeing an increase in applicants.

Funding Priority:

- 24/7 Access

CY23 Program Highlights and Outcomes

Program Goals:

- Program participants will reduce the total number of psychiatric ER visits/inpatient psychiatric admissions over the course of program participation
- Program participants will experience an improvement in the distress they experience from psychiatric symptoms over the course of program participation
- Program participants will have fewer arrests and incarcerations over the course of program participation

Program Metrics:

- 95% decrease in psychiatric ER and inpatient admissions for individual participants from admission through discharge
- Individual improvement in symptom distress scores on the Ohio Scales over the course of program participation
- 10% reduction in legal recidivism over course of program participation

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served: 7**
- **ADAMHS Funded Unduplicated Clients Served: 7**
- **Total Number of Clients Served: 7**
- **Total Number of Clients that Completed this Program/Service: 0**

Average Cost Per Client: \$20,184.50

Additional Information:

- Unable to live in more independent settings, Safe Haven residents would either be homeless, incarcerated or hospitalized for long periods of time at great cost to the individuals and the community. Using the Clubhouse Model of Psychosocial Rehabilitation, participants and staff work together to promote the development of social and functional skills that support recovery and independent living, such as cleaning, cooking, shopping, and self-care. In addition to learning life skills, residents participate in nursing appointments, physical healthcare services, case management and groups. Services are delivered using evidence-based approaches, including trauma informed care, harm reduction, and motivational interviewing. During the past two tumultuous years, Safe Haven 1 residents were able to maintain psychiatric stability and housing, which is a testament to the individualized, non-judgmental model of service delivery utilized in this milieu.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served: 9**
- **ADAMHS Funded Unduplicated Clients Served: 7**
- **Total Number of Clients that were Served: 7**
- **Total Number of Clients that Completed this Program/Service: 0**

CY23 Program Highlights and Outcomes

Goals Met:

- No psychiatric ER visits/inpatient admissions during program participation
- Individual improvement in symptom distress scores, as measured by Ohio SCALES throughout the treatment process

Metrics Used to Determine Success:

- Number of psychiatric ED visits or hospitalizations
- Ohio Scales scores

Program Successes:

- 100% of Safe Haven 1 residents achieved the “no psychiatric hospitalizations or psychiatric ED visits during CY21.”
- 70% of the program participants reported a change or a decrease in their symptom distress score on the Ohio Scales instrument (one participant consistently refuses to complete the instrument) in CY21.

Average Cost Per Client in CY21: \$40,369

Additional Information:

- Unable to live in more independent settings, Safe Haven residents would either be homeless, incarcerated or hospitalized for long periods of time at great cost to the individuals and the community Using the Clubhouse Model of Psychosocial Rehabilitation, participants and staff work together to promote the development of social and functional skills that support recovery and independent living, such as cleaning, cooking, shopping, and self-care. In addition to learning life skills, residents participate in nursing appointments, individual psychotherapy, case management and groups. Services are delivered using evidence-based approaches, including trauma informed care, harm reduction, and motivational interviewing.

Traumatic Loss Response Team

FrontLine Service's Traumatic Loss Response Team (TLRT) provides trauma-informed crisis services for children and families impacted by violence. TLRT addresses the significant emergent physical, emotional, and psychological needs of the victimized family members, providing immediate crisis stabilization, traumatic loss education, trauma symptom reduction strategies, linkage to community resources, mental health assessment and linkage to counseling, justice system navigation, estate resolution, support for custody needs, and ongoing support to reduce the negative impact and outcomes of the violent death of a loved one. The team coordinates with the Department of Children and Family Services, assists in enrolling victims' children in school, and helps the families apply for SSI, healthcare benefits, and access to safe, enriching childcare. TLRT also educates co-victims on Victims of Crime Compensation and assists with the gathering of needed documents to complete the application. Staff assist victims to obtain birth certificates, death certificates, employment records, and social security numbers. The purpose of the TLRT program is to help co-victims navigate the complex systems and experiences they encounter because of the death of their loved one - which may include legal, probate, child welfare access resources and benefits, and provide mental health services and trauma recovery.

Typically, TLRT services are provided to the survivors/co-victims of a homicide, although TLRT has also responded to scenes of death due to overdose or suicide. Referrals are made by law enforcement, hospitals, Department of Children and Family Services, victim service providers, community agencies, and individuals. The essential elements of the program are as follows:

CY23 Program Highlights and Outcomes

- TLRT staff are on call 24/7, to respond to referrals made to the 24-hour hotline and respond in person wherever the co-victims are located.
- TLRT services are available to immediate family members or witnesses, regardless of age.
- Experienced and licensed mental health professionals serve a myriad of additional needs that are unique to crisis and the event of homicide, such as safety planning and psychological first aid.
- Early intervention serves to assure that co-victims are aware of their rights, benefits, and resources they are eligible for, and access to expertise in coping with unimaginable traumatic grief.
- Immediate, free, confidential, home-based intervention is provided to address the impact of trauma and grief on co-victims and provides practical assistance to the victim's families or witnesses of a homicide or other traumatic loss. These services include funeral planning, advocacy with medical examiner's office, liaison with homicide detectives, completing victim's compensation applications, safety planning, crisis intervention and counseling services.
- Linkage and referral to any necessary on-going service is provided.
- During each home visit the Trauma Therapist assesses the family for safety, acute trauma reactions, and suicidal or homicidal ideation, and takes appropriate action as directed by their supervisor.

Target Population:

- Anyone in Cuyahoga County who has experienced a sudden and traumatic loss.
- All Ages, All socioeconomic categories

Anticipated Number of Clients to be Served: 500

Number of Staff Required to Implement Program: 6

Steps to Ensure Program Continuity if Staff Vacancies Occur:

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

Funding Priority:

- Crisis Services

Program Goals:

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

Program Metrics:

- The TLRT staff will attempt to contact family members within 24 hours of receiving a referral for 100% of those referred to provide initial crisis intervention services

CY23 Program Highlights and Outcomes

- Provide face-to-face visits with families for 75% within 72 hours of the referral (for people who agree to this service)
- The TLRT staff will successfully engage families in services offered by the TLRT program and link those in need to on-going services for 85% of the referrals

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 250
- **ADAMHS Funded Unduplicated Clients Served:** 249
- **Total Number of Clients Served:** 249
- **Total Number of Clients that Completed this Program/Service:** 202

Average Cost Per Client: \$624.50

Additional Information:

- The pandemic had a considerable influence on the way staff offered services, however, TLRT continued to provide quality services to families. Information was shared, materials would be hand delivered to their homes based on expressed needs and in-home visits offered when determined safe to do so. Screening happened first and clients were able to choose if they wanted someone to come out or not. At certain times during the year when there were COVID-19 surges, phone or virtual was considered the safest way to provide services, but in-home continued to happen when necessary. There continue to be occasions when the Homicide detectives advised that situations were “too hot,” or retaliation was expected more than they have advised us in the past. Escalating violence in the city of Cleveland has also contributed to the decision to continue with calling families first to check in about their own sense of safety – if they want to meet in their home or elsewhere. Despite these challenges, TLRT was able to maintain staffing and was 100% successful with the goal of continuing efforts to connect with families in the immediate aftermath of a devastating loss. TLRT staff remain flexible and dedicated to continuing to serve these clients, meeting both practical and clinical needs

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 500
- **ADAMHS Funded Unduplicated Clients Served:** 472
- **Total Number of Clients that were Served:** 472
- **Total Number of Clients that Completed this Program/Service:** 472

Goals Met:

- Contact family within 24 hours of referral for 100% of referred
- Face-to-face visits within 72 hours of referral for 75% of those referred to Trauma Informed therapeutic interventions
- Successfully engage families in services offered and link those in need to ongoing services for 85% of referrals

Metrics Used to Determine Success:

- Internal monitoring and spreadsheet.

CY23 Program Highlights and Outcomes

Program Successes:

- Family contact was made within 24 hours 99.5% of the time
- Face-to-face visits occurred within 72 hours 52% of the time
- TLRT engaged and/or linked 86% of the cases referred

Average Cost Per Client in CY21: \$309.32

Additional Information:

- The pandemic had a considerable influence on the ways the agency offered services; however, TLRT continued to provide quality services to families. Information was shared, materials would be hand delivered to homes based on expressed needs and in-home visits offered when determined safe to do so. Screening happened first and clients were able to choose if they wanted someone to come out or not. At certain times during the year when there were COVID-19 surges, phone or virtual was considered the safest way to provide services, but in-home continued to happen when necessary. Anecdotally, there were more times detectives advised that situations were “too hot,” or retaliation was expected more than they have advised in the past. Escalating violence in the city of Cleveland has also contributed to the decision to continue with calling families first to check in about their own sense of safety – if they want to meet in their home or elsewhere. Despite these challenges, TLRT was able to maintain staffing and had nearly 100% success with the goal of continuing efforts to connect with families in the immediate aftermath of a devastating loss. TLRT staff remained flexible and dedicated to continuing to serve these clients, meeting both practical and clinical needs. In fact, TLRT broadened the scope during this time to include helping some clients apply for jobs and benefits when due to poverty and COVID-19 restrictions, they were unable to access some other resources to do so.

Women's Forensics Program

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

Target Population:

- Adult females in the Cuyahoga County jail who are diagnosed with co-occurring substance abuse and mental health disorders and are at high risk for recidivism due to their illnesses and criminogenic risk factors.
- Most are no/low income and have few resources accessible to them to address their behavioral health needs, and for many, basic living needs.

Anticipated Number of Clients to be Served: 50

Number of Staff Required to Implement Program: 4

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- The agency recognizes the seriousness of challenges associated with vacancies in a program focused on individuals who are struggling with behavioral health needs and experiences of incarceration. The agency has taken additional recruitment and retention efforts within the organization to stabilize and maximize employment. It has increased salaries of client-facing staff,

CY23 Program Highlights and Outcomes

expanded recruitment strategies (ex: Postcards and emails sent to everyone in Ohio who has a license, working closely with Indeed on verbiage in advertisements, and highlighting open positions in social media) and have been conducting exit and stay surveys with staff.

Funding Priority:

- Removing Barriers

Program Goals:

- Program staff will link all participants that want to work to employment services
- Program staff will link all participants referred with identified housing needs to housing services
- Program staff will work to link uninsured participants that are referred and have identified healthcare needs to benefit services
- Program staff will provide identified wrap around services to help reduce recidivism of moderate-to high-risk female offenders with co-occurring disorders

Program Metrics:

- 25% of clients linked to employment services will obtain employment
- 85% of clients linked to housing services will secure housing
- 85% of clients eligible for healthcare will have healthcare benefits prior to exiting the program
- 50% of high-risk female offenders with co-occurring disorders will not be incarcerated within the year of exiting the program.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served: 25**
- **ADAMHS Funded Unduplicated Clients Served: 26**
- **Total Number of Clients Served: 26**
- **Total Number of Clients that Completed this Program/Service: 1**

Average Cost Per Client: \$2,311.68

Additional Information:

- Staff believe that this program is impactful for the individuals served. Clients benefit from case management and mental health services to reintegrate in the community after incarceration. Staff will continue to engage clients surrounding housing and employment and advocate for them in the community to attain their goals.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served: 50**
- **ADAMHS Funded Unduplicated Clients Served: 34**
- **Total Number of Clients that were Served: 34**
- **Total Number of Clients that Completed this Program/Service: 5**

CY23 Program Highlights and Outcomes

Goals Met:

- Program will engage individuals pre-released for admission and 85% of those eligible for healthcare will secure healthcare coverage prior to exiting the program

Metrics Used to Determine Success:

- Reviewed program enrollment and service records from CY21 to determine the number served during CY21. Measured by the number of individuals engaged during pre-release for admission. Housing application, acceptance, and actual placement records. Entitlement applications, acceptance, and service records are used to evaluate a client's eligibility and ability to obtain healthcare coverage. Service records and program tracking

Program Successes:

- Program served 34 clients during CY21. Program engaged five clients, 12 clients obtained housing, nine clients were eligible for and obtained health insurance, and 11 clients were able to obtain employment

Average Cost Per Client in CY21: \$4,080

Additional Information:

- The program expects to receive more referrals in 2022 as current COVID-19 restrictions are predicted to be sunset, increasing access within the jails. Staff also anticipate additional referral growth due to the Women's Forensic Program's continued partnership with referral sources across all Ohio prisons, expanding referrals to include any individual from Cuyahoga County that is returning back to Cuyahoga County upon release, meets the agency's criteria of being dually diagnosed (SUD and SPMI) and is homeless or at risk of homelessness.

Housing First Client Assistance

FrontLine operates this program to address challenges faced by Permanent Supportive Housing (PSH) clients, which include lack of basic needs items for PSH residents with no income (330 clients) and increasing isolation and substance use by PSH residents due to the pandemic (780 clients).

Approximately 42% (330 of 780) of PSH residents do not have income because they do not qualify or are still applying for SSI/SSDI. Without income, these individuals do not have toothpaste, shampoo, sponges, dish soap, and other items to maintain hygiene and maintain their leases. Amidst recovering from the trauma of homelessness and the challenge of managing behavioral health symptoms, worrying about basic needs is a compounding stressor. If an individual lacks detergent to clean their clothes or a broom to clean up a spill, these challenges can overwhelm their mental energy while they are facing bigger barriers to housing stability, such as maintaining psychiatric appointments or managing medications.

For PSH residents, the pandemic overlaid additional challenges onto the growing opioid epidemic. Some community services completely ceased (e.g., pantries and offices closed), and when services resumed, it was often via a new virtual platform that most PSH residents do not have easy access to. Within the PSH buildings, recreational activities that were designed to create connection were cancelled due to social distancing. While the rest of the world picked up and moved forward in a different way, individuals with behavioral health challenges living with limited income got left behind.

This loss of community, and the related staffing shortages that made it hard for clients to get assistance as quickly, increased mental health symptoms for nearly all PSH residents and made substance use skyrocket. The increased behavioral health symptoms led to an increase in violence and problems with housing stability.

CY23 Program Highlights and Outcomes

A key component of helping individuals overcome substance use challenges is recognizing that the opposite of addiction is not sobriety, it is connection. This was clear in the way the lack of connection impacted PSH residents' ability to manage symptoms and substance use patterns.

The program will provide resident-engagement activities at each of the twelve PSH sites, creating essential opportunities for connection for 780 residents. On-site and off-site activities will include cooking classes, holiday parties, outings, talent competitions, board games, and more.

Target Population:

- The individuals served by this project generally suffer from mental illness, co-occurring substance use disorders, histories of chronic homelessness, and histories of trauma.
- Adults ages 18-65+, Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 781

Number of Staff Required to Implement Program: 50

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- PSH has a flexible workforce model, covering vacancies with staff from other buildings and leveraging leadership to fill in gaps until the vacant positions are filled.

Funding Priority:

- High Quality Housing

Program Goals:

- Provide basic hygiene and house cleaning supplies for 300 PSH residents with no source of income
- Provide monthly laundry assistance to 300 PSH residents with no source of income
- Provide all 780 residents at 12 PSH sites with access to monthly social/recreational activities

Program Metrics:

- Budget report of how client assistance was distributed, and number of clients served
- Budget report of how client laundry assistance was distributed, and number of clients served
- Summary of activities provided and number of residents who participate in social and recreational activities

First Six Months of CY22 Provider Outcomes: N/A – New Program for CY23

AOD Outreach

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

This AOD Outreach team is a part of the agency's successful, long-standing, Projects for Assistance in Transition from Homelessness (PATH) program. The AOD Outreach team mirrors PATH's outreach work and service philosophy and serves as the outreach component to the agency's continuum of care for those who are homeless. While PATH efforts are focused on individuals challenged with a primary

CY23 Program Highlights and Outcomes

mental health issue, the AOD team outreaches to those with primary substance use issues, working to engage these individuals and work in collaboration with them to identify and secure appropriate housing, entitlements, and health and addiction services. Additionally, Specialists work closely with the Cuyahoga County's Coordinated Intake and Assessment program, which is operated by FrontLine, to obtain referrals for services for individuals that are currently residing in an emergency shelter who have substance use issues.

Target Population:

- Individuals who are struggling with primary substance abuse and homelessness, and who have historically been resistant to treatment
- All socioeconomic categories

Anticipated Number of Clients to be Served: 100

Number of Staff Required to Implement Program: 2

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- FrontLine recognizes the seriousness of the challenges associated with vacancies in a program focused on individuals who are experiencing homelessness and struggling with substance use disorders. The agency has increased recruitment efforts and raised salaries across the board to combat the employee shortages caused by the ongoing pandemic and the national behavioral health care worker deficit. FrontLine is also leveraging community partnerships to broaden available services. Through a partnership with a community doctor with dual certification in family medicine and psychiatry who will participate in outreaches, this program will now offer immediate, community-based psychiatric and primary care. The doctor will also help facilitate linkage to ongoing care. Other potential avenues for recruitment have been discussed, and one potential strategy involves leveraging FrontLine's relationship with local community colleges and their substance use certification programs, in order to gather interest in this role. This position will help graduates to gain necessary experience and hours to qualify for higher certifications and licensures in the area of substance use disorders. Understanding the importance of this role, FrontLine is committed to hiring an individual to perform this necessary service in the community.

Funding Priority:

- Harm Reduction

Program Goals:

- Program staff will conduct outreach efforts to identify homeless individuals in need of AOD services and support them in engaging in treatment
- Program staff will help identify those who might benefit from medication management of behavioral health symptoms and help them engage in medication somatic services
- Program staff will work to link those engaged to primary care services
- Program staff will assist those with an identified need to receive and participate in counseling services.

Program Metrics:

- 25% of outreached individuals will agree to go into treatment
- 35% will agree to participate in medication somatic services

CY23 Program Highlights and Outcomes

- 35% will be linked to a primary care service
- 10% of participants will receive counseling services

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served: 100**
- **ADAMHS Funded Unduplicated Clients Served: 0**
- **Total Number of Clients Served: 0**
- **Total Number of Clients that Completed this Program/Service: 0**

Average Cost Per Client: \$0.00

Additional Information:

- There has been a strategy discussed to recruit and hire qualified staff for these two roles to begin this work again. The agency has also leveled/raised salaries across the board. This strategic plan also includes leveraging the agency's relationship with a local community college and their substance use certification program to gather interest in this role that will help them gain necessary experience and clock hours to qualify for higher certifications and licensing in the area of substance use disorder.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served: 100**
- **ADAMHS Funded Unduplicated Clients Served: 22**
- **Total Number of Clients that were Served: 22**
- **Total Number of Clients that Completed this Program/Service: 22**

Goals Met:

- Link 25% of those outreached to AOD treatment
- Link 35% of those outreached to primary care
- Link 10% of those outreached to mental health medication
- Link 10% of those outreached to counseling. Link 40% of those outreached to entitlements

Metrics Used to Determine Success:

- Program enrollment and service records
- Service referrals and entry reports from EHR
- Service referrals, records, and program managers tracking sheets
- Entitlement applications, acceptance, and service records

Program Successes:

- 13% achieved linkage to AOD treatment
- 95% achieved linkage to primary care
- 4% were able to obtain mental health medications
- 45% received counseling services
- 100% were linked to one of the entitlements (food stamps, Medicaid, Social Security benefits)

CY23 Program Highlights and Outcomes

Average Cost Per Client in CY21: \$1,704.55

Additional Information:

- The agency is having great difficulty recruiting, hiring, and maintaining staff during the past two years. Reasons include the pandemic conditions, low pay, difficult clients, and unemployment compensations for those not working.

Focus on Diversity: FrontLine Service

Program(s): Adult Mobile Crisis Team; AOD Outreach; Child Response Team; Crisis Stabilization Unit; Housing First Client Assistance; Pooled Funding; Prison Linkage Program; Safe Haven 1; Traumatic Loss Response Team; Women’s Forensics Program

Diversity, Equity and Inclusion STRENGTH from program proposal:
FrontLine stated that “everyone we work and collaborate with supports ... transformation in their policies, practices, and actions. We utilize an anti-racist lens in all organizational decisions, as we work to achieve representation of our community at all levels of our agency.”

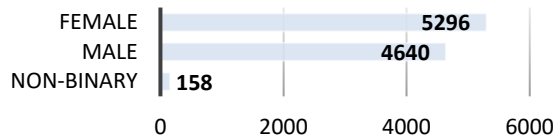


Region: Central

CLIENT DEMOGRAPHICS

2022 – Total Served 10,165 (the data below reflects 10,094 clients, and is the most complete info available based on 2022 outcomes reports)

Gender



Race

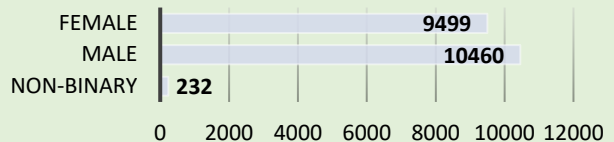
Incomplete information provided

Ethnicity

Incomplete information provided

2023 – Total Projected to be Served 20,194

Gender



Race

Incomplete information provided

Ethnicity

Incomplete information provided

COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)

Incomplete information provided

Note: These are the best estimates based on available information. Figures may be estimated or rounded, and may not equal 100%.

Future Directions

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Future Directions			
Peer Support	\$ 500,000	\$ 535,083	Peer Support
Total	\$ 500,000	\$ 535,083	

CY23 Program Highlights and Outcomes

Future Directions COS

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

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

Future Directions COS

Future Directions is a non-profit peer run organization that offers multiple paths of recovery - peer facilitated educational and support groups, an arts and crafts program, and a drop-in center.

Target Population:

- Adults 18-65+ receiving services in Cuyahoga County, All socioeconomic categories

Anticipated Number of Clients to be Served: 250

Number of Staff Required to Implement Program: 12

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- As a drop-in center, Future Directions is open from 9:00 am to 5:00 pm, Monday through Friday, except holidays and weather-related school closings.

Funding Priority:

- Peer Support

Program Goals:

- Peer led groups support others in learning while sharing personal talents, boost self-confidence for both the individual and the rest of the group, increase independence, allow members to learn new wellness skills, and educate each other.
- Open room arts and crafts help sharpen concentration, organize thoughts, develop problem solving, improve decision making, help strengthen motor skills, and support others in learning skills while sharing personal talents. Whether it is during a group session or in the open room arts and crafts area, members are free to talk, listen, and learn from fellow peers.

Program Metrics:

- Member Satisfaction Survey

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served: 100**
- **ADAMHS Funded Unduplicated Clients Served: 115**
- **Total Number of Clients Served: 115**
- **Total Number of Clients that Completed this Program/Service: 0**

Average Cost Per Client: \$133.48

CY23 Program Highlights and Outcomes

Additional Information:

- The agency is continually improving the location. One major project, to have a usable outdoor space, is nearing its conclusion. The hope is to have an Open House sometime in October when the outdoor space and art gallery are finished being renovated.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 150
- **ADAMHS Funded Unduplicated Clients Served:** 194
- **Total Number of Clients that were Served:** 194
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- Provide peer support services to adults who suffer from mental health disorders and substance use disorders residing in Cuyahoga County.
- Provide arts and crafts, community resources, education, and outreach in various locations to engage clients and promote peer support services.

Metrics Used to Determine Success:

- Seek certified Peer Support Specialists and encourage current staff to become certified.
- Use of Annual Satisfaction Surveys and Attendance Records.

Program Successes:

- Employee Records and though Annual Satisfaction Surveys and Attendance Records.

Average Cost Per Client in CY21: \$143

Additional Information: N/A

Focus on Diversity: Future Directions COS

Program(s): Future Directions COS

Diversity, Equity and Inclusion STRENGTH from program proposal:

The agency has a policy or policies related to non-discrimination, equal employment opportunity, and/or harassment based on protected categories of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), language, disability, marital status, sexual orientation, or military status.



Region: NW

CLIENT DEMOGRAPHICS

2022 – Total Served 250

2023 – Total Projected to be Served 250

Gender

Gender

No information provided

No information provided

Race

Race

No information provided

No information provided

Ethnicity

Ethnicity

No information provided

No information provided

COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)

No information provided

Note: These are the best estimates based on available information. Figures may be estimated or rounded, and may not equal 100%.

Galilean Theological Center

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Galilean Theological Center			
SUD Educational /Training Program for Latinx Clergy	\$ 80,000	\$ 100,000	Prevention
Total	\$ 80,000	\$ 100,000	

CY23 Program Highlights and Outcomes

Galilean Theological Center

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

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

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

GTC Substance Use Disorders Educational and Training Program for Latinx Clergy and Church Leaders will consist of three components:

1. **Spiritual Caregiving to Help Addicted Persons and Families:** This component will train Clergy, Pastors, and Church Leaders in four areas 1. Recognizing Addiction; 2. Pastoral/Care of addicted Persons and Families; 3. Self-Understanding / Understanding Prevention Strategies and 4. The Role of the Community in Recovery from Addiction. This component requires 21 classroom hours with trainer and participants (virtually) and will meet three-hours-per-week for seven weeks. Obtaining these trainings will help clergy and church leaders become more knowledgeable and comfortable in supporting those hurting members of their congregation and faith community begin the road to recovery.
2. **CDCA Credentialing and Certification:** Latinx Clergy and Church Leaders that have completed the first component will be trained and will meet requirements to be certified as CDCA (preliminary level or phase I or II) with Ohio Chemical Dependency Professional Board (OPCB) who require the following trainings in six areas for a total of 40 hours: 1. Theories of Addiction (five hours); 2. Counseling Procedures & Strategies with Addicted Populations (14 hours); 3. Group Process & Techniques Working with addicted populations (five hours); 4. Assessment & Diagnosis of Addiction (three hours) 5. Treatment Planning (seven hours) and Ethics (six hours). These trainings will take place one or two times per week.
3. **Integrated Management of Psychological Trauma & Interpersonal Conflicts:** This is a six-week specialized training series (once a week) that includes: Assessing and Treating Racial Trauma, Crisis Intervention and Conflict Management. Participants will develop comprehensive psychological trauma assessment and intervention skills.

Target Population:

- Hispanic/Latino pastors, clergy, church leaders and social service providers in Cuyahoga County

Anticipated Number of Clients to be Served: 40

Number of Staff Required to Implement Program: 7

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- When staff vacancies occur, capacity building services will be provided by National Hispanic and Latino ATTCN (Addiction Technology Transfer Center Network), which provides high-quality training and technical assistance to improve the capacity of the workforce serving Hispanic and Latino communities in behavioral health prevention, treatment, and recovery. They disseminate and support the implementation of evidence-based and promising practices to enhance service delivery, promote the growth of a diverse, culturally competent workforce, and bridge access to

CY23 Program Highlights and Outcomes

quality behavioral health services. They are committed to increasing health equity and access to effective culturally and linguistically grounded approaches.

Funding Priority:

- Prevention

Program Goals:

- In 2023, out of the 40 participants receiving Education and Training, 40 will complete 21 classroom hours for component I
- Learn to recognize addiction
- Learn pastoral care of addicted persons and families
- Gain understanding prevention strategies
- Understand the role of the community in recovery from addiction

Program Metrics:

- Attendance sheets, certificates, and evaluations

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served: 40**
- **ADAMHS Funded Unduplicated Clients Served: 47**
- **Total Number of Clients Served: 53**
- **Total Number of Clients that Completed this Program/Service: 47**

Average Cost Per Client: \$823.03

Additional Information:

- Galilean Theological Center (GTC) Substance Use Disorders Educational Training Program is growing so rapidly. GTC needs a program coordinator and administrative assistant. GTC would also like to begin trainings and certification for prevention specialists.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served: 30**
- **ADAMHS Funded Unduplicated Clients Served: 41**
- **Total Number of Clients that were Served: 41**
- **Total Number of Clients that Completed this Program/Service: 33**

Goals Met:

- In 2021, out of the 30 participants receiving Education & Training, 100% will: Complete 21 classroom hours for Component I; Learn to Recognize Addiction; Learn Pastoral/Care of addicted Persons and Families; and Gain Self-Understanding/Understanding Prevention Strategies

Metrics Used to Determine Success:

- Certificates of completion, post-evaluations, & certification.

CY23 Program Highlights and Outcomes

Program Successes:

- 33 successfully completed the Program Components I & II
- 35 successfully completed the Program-component I
- 33 successfully completed the Program-recognized addiction
- 33 successfully completed the Program-Learned Pastoral Care
- 33 successfully completed the Program-Gain self-understanding

Average Cost Per Client in CY21: \$1463.41

Additional Information: N/A

Focus on Diversity: Galilean Theological Center (GTC)

Program(s): Substance Use Disorders Educational and Training Program for Latinx Clergy and Church Leaders

Diversity, Equity and Inclusion STRENGTH from program proposal:
GTC provides sound theological education to Hispanic / Latino pastors and church leaders, with a focus on addressing social ills like poverty, unemployment, teenage pregnancy, school drop-out rates, domestic violence, HIV-Aids, illegal immigration, substance use disorders, mental health disorders, and social inequities.



Region: NW

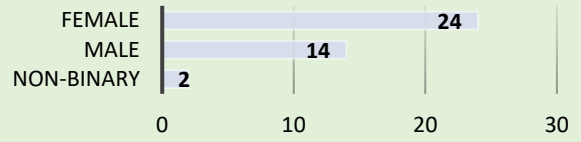
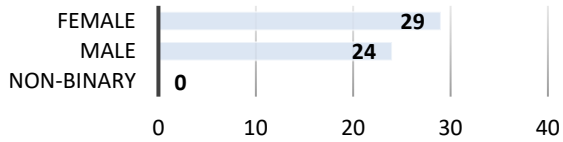
CLIENT DEMOGRAPHICS

2022 – Total Served 53

2023 – Total Projected to be Served 40

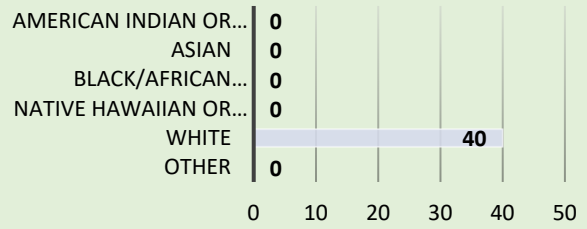
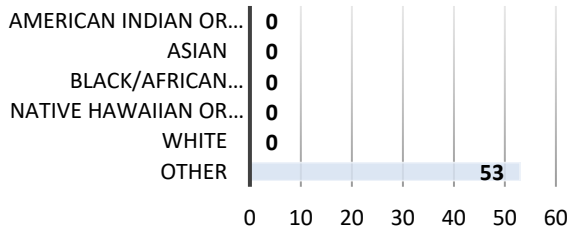
Gender

Gender



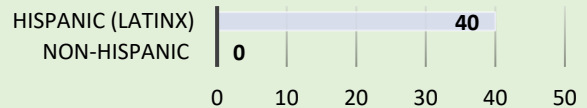
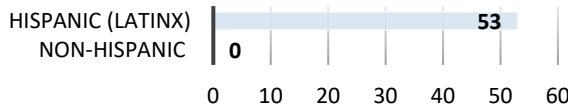
Race

Race

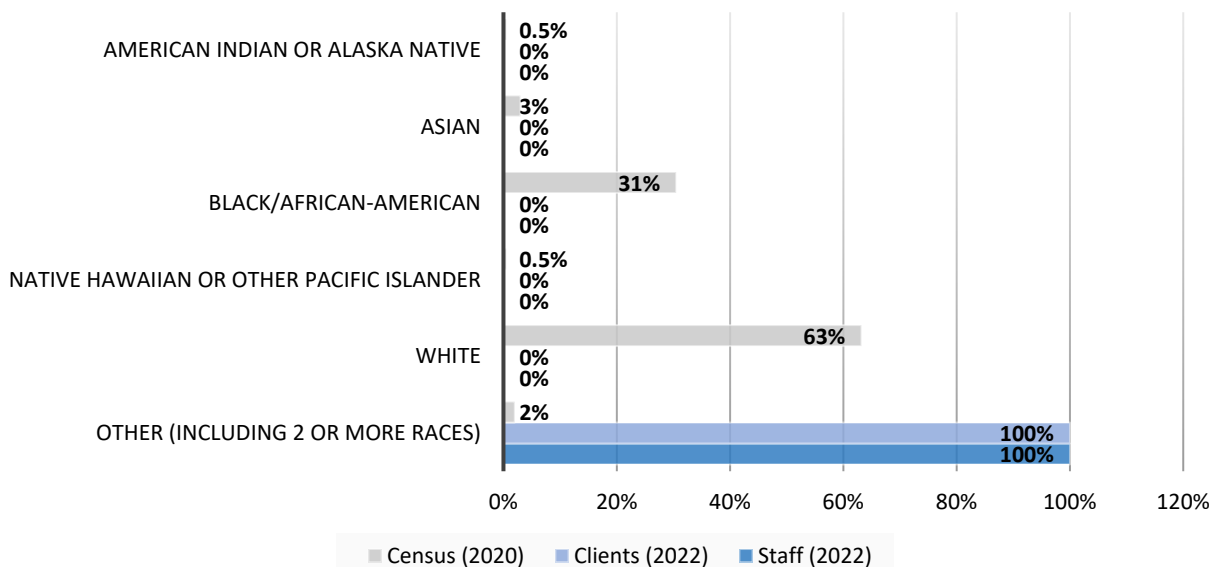


Ethnicity

Ethnicity



COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



Note: These are the best estimates based on available information. Figures may be estimated or rounded, and may not equal 100%.

Golden Ciphers, Inc.

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Golden Ciphers			
SUD Prevention	\$ 77,300	\$ 85,000	Prevention
Total	\$ 77,300	\$ 85,000	

CY23 Program Highlights and Outcomes

Golden Ciphers, Inc.

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

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

Golden Ciphers Prevention and Intervention Programs

The program targets persons who are exhibiting early signs of identified problems and are at-risk for continued or increased problems. Essential elements proposed are:

- Information Dissemination for building awareness and knowledge of behavioral health and the impact on individuals, families and communities as well as the dissemination of information about prevention services
- Identification and Referral for individuals who are currently involved in primary prevention services and who exhibit behavior that may indicate the need for behavioral health or other assessment
- Alternatives that provide opportunities for positive behavior support as a means of reducing risk-taking behavior and reinforcing protective factors
- Community-Based Process to enhance the communities access to prevention services through presentations and/or technical assistance
- Environmental factors staff will actively participate in area coalitions and community collaborations

Applicable elements of service include: COMMUNITY – Discussions regarding community norms, targeted advertising by the tobacco and liquor companies and community activities to bring awareness to other community members and youth to facilitate change; and, SCHOOL – Facilitating creative programming for schools served and the afterschool program, highlighting the importance of education and a positive view of one's future. Utilizing art, spoken word, reports, research and presentations. The Keepin it REAL (Refuse, Explain, Avoid and Leave) program is the 10-week interactive program that teaches skills that address drug prevention, violence prevention and self-esteem. It is easy to remember and easy to implement in a variety of situations. The Boy's Council and Girl's Circle programs are also used as Rites of Passage programs.

Target Population:

- Golden Ciphers continues to provide culturally competent prevention education and services to Cuyahoga County residents. Most of our participants identify as black low-income living below poverty with increased barriers to culturally responsive treatment and/or prevention services.
- Jr. Ciphers serves children ages 5-11; Black Butterflies, Young Men Emerge and Entrepreneurial and Employment Program serve youth ages 12-18 and Parents on Post and Alumni serve adults ages 18 and older. Youth are referred from the Cuyahoga County Juvenile Detention Center, schools, community partners, parents/guardian, friends and other family members. All families served, regardless of location, are facing multiple barriers regarding, housing, employment, domestic violence (youth and parents), low economic status and barriers regarding health assistance and access to services. As a result of these environmental situations and barriers, two thirds of the population served is affected by alcohol, tobacco and other drug use or influences.
- Children ages 0-17, All socioeconomic categories

CY23 Program Highlights and Outcomes

Anticipated Number of Clients to be Served: 1,755

Number of Staff Required to Implement Program: 5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Each staff person is assigned direct service roles to ensure continuity of care. Staff are also cross trained to become familiar with each role, curriculum and service in case of vacancies. Positive relationships are maintained with volunteers and higher education institutions to obtain interns and use as needed based on their qualifications and capabilities. The agency is seeking additional dollars to assist in sustaining and retaining more staff to adequately serve Cuyahoga County. Those who will fill the positions are already a part of the agency's team and increased funding will allow for equitable compensation.

Funding Priority:

- Prevention

Program Goals:

- 80% of enrolled participants will demonstrate refusal skills
- 80% of enrolled participants will demonstrate an increase in knowledge of substance use risk and protective factors
- 75% of enrolled participants will report program satisfaction

Program Metrics:

- Curriculum pre- and post-assessments

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 240
- **ADAMHS Funded Unduplicated Clients Served:** 162
- **Total Number of Clients Served:** 162
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: \$322.00

Additional Information: N/A

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 340
- **ADAMHS Funded Unduplicated Clients Served:** 47
- **Total Number of Clients that were Served:** 47
- **Total Number of Clients that Completed this Program/Service:** 148

Goals Met:

- Increasing Protective Factors for participants
- Decreasing Risk Factors for participants
- Participants will learn and be able to demonstrate refusal skills

CY23 Program Highlights and Outcomes

- Participants will be able to identify harmful effects from substance abuse
- Participants will be able to demonstrate positive communication skills

Metrics Used to Determine Success:

- Utilizing the ACES Screening Tool
- Utilizing the pre- and post-test of the Keepin it R.E.A.L. Curriculum
- Utilizing the evaluation tool from boys Council & Girls Circle

Program Successes:

- Youth will feel safe at home and in the community, learn how to recognize and avoid dangerous situations and people, demonstrate the use of R.E.A.L. (Refuse, Explain, Avoid & Leave), live a healthier, safer lifestyle with clear standards regarding drugs and be able to speak directly, with clean language.

Average Cost Per Client in CY21: \$205

Additional Information:

- The program started providing services for K-12 CMSD Say Yes. There are schools that would like to continue services after the Say Yes grant ends. Staff also started serving three units at the Juvenile Detention Center. Staff also started collaborating with other community partners and parents and caregivers, which will provide sufficient participants to meet the program goal.

Focus on Diversity: Golden Ciphers, Inc.

Program(s): Prevention and Intervention Programs

Diversity, Equity and Inclusion STRENGTH from program proposal:

The agency has a policy or policies related to non-discrimination, equal employment opportunity, and/or harassment based on protected categories of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), language, disability, marital status, sexual orientation, or military status.

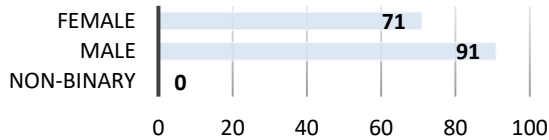


Region: Central

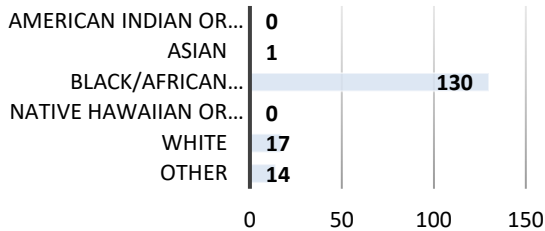
CLIENT DEMOGRAPHICS

2022 – Total Served 162

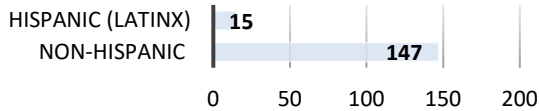
Gender



Race

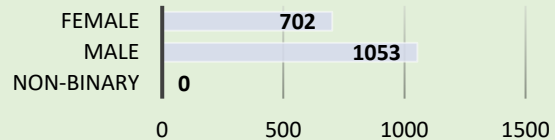


Ethnicity

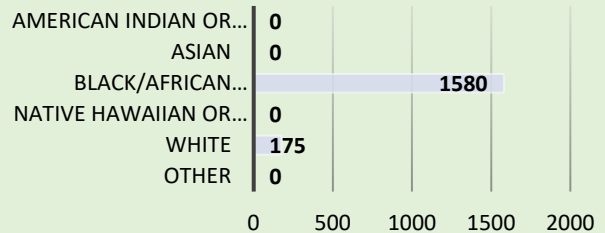


2023 – Total Projected to be Served 1,755

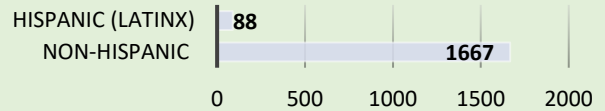
Gender



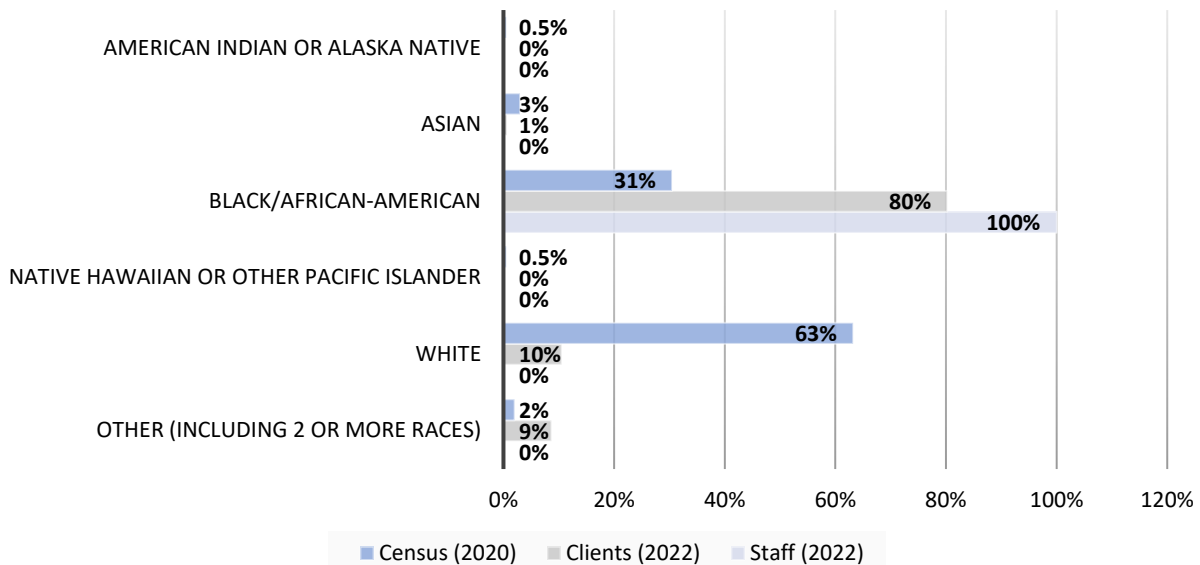
Race



Ethnicity



COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



Note: These are the best estimates based on available information. Figures may be estimated or rounded, and may not equal 100%.

Hispanic UMADAOP

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Hispanic UMADAOP			
School Based Prevention	\$ 45,000	\$ 135,000	Prevention
After School Prevention	\$ 30,000	\$ -	Prevention
Total	\$ 75,000	\$ 135,000	
Pooled Funding:			
Treatment Services	\$ -	\$ -	

CY23 Program Highlights and Outcomes

Hispanic UMADAOP

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

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

School Based Prevention

Youth prevention programming consists of Project Niños, Youth Leaders in Action, Family Connections, and La Mariposa. The prevention programs are designed and targeted to serve the youth in the near West side of Cleveland. Prevention Education Specialists deliver the programs with a culturally and linguistically competent approach. Program services are provided at in-school and out-of-school settings using evidence-based practice models. Lions Quest Skills for Growing Project Model is composed of six developmental units: Positive Learning Community, Personal Development, Social Development, Health and Prevention, Leadership and Services, and Reflection and Closure. The students participate in the Health and Prevention unit which exposes students to lessons that discuss healthy habits relating to alcohol, tobacco and other drugs; appropriate usage of prescription drugs; and the harmful impact upon the body. Students are provided a pre- and post-test and self-report assessments.

Target Population:

- Children ages 0-17, 200% or more of the federal poverty level

Anticipated Number of Clients to be Served: 360

Number of Staff Required to Implement Program: 6

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- HUMADAOP's policy is to cross-train staff. HUMADAOP staff cooperates to ensure client services are consistently delivered should a staff vacancy occur. HUMADAOP's new Executive Director implemented the following to retain its workforce: all staff had an immediate increase in pay; paid lunch hour; five additional paid personal days; immediate vested vacation (after 90 days versus one year); better and less costly healthcare benefit package; and costs covered for training and certifications.

Funding Priority:

- Prevention

Program Goals:

- Increase awareness of the negative impact of substance use on the body, mind, and decision-making, develop empowering social and emotional skills, promote community service, and begin to build a foundation for a healthy/drug-free lifestyles.
- Improve positive self-image (perception), self-esteem (value), and concept of self (think), such that the client can overcome adversity and build resiliency.
- Youth knowledge and attitudes transform into a lifelong practice of good judgment, risk-free social engagement, and positive contribution to family and society.

CY23 Program Highlights and Outcomes

Program Metrics:

- Participants will report an increase in knowledge base as it relates to the negative impact of AOD as evidenced in the post-test scores and self-reported assessments.
- Participants will report an increase in knowledge base as it relates to the negative impact of AOD as evidenced in the post-test scores and self-reported assessments.
- By way of self-report in post-test, participants will identify a positive role-model within the family, community or school environment that they admire and can provide long term role modeling and mentoring. Students will identify this individual and connect to this individual by the end of the school year.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 340
- **ADAMHS Funded Unduplicated Clients Served:** 224
- **Total Number of Clients Served:** 523
- **Total Number of Clients that Completed this Program/Service:** 435

Average Cost Per Client: \$1,532.92

Additional Information:

- The prevention program was able to reach over 12 classrooms, in three different schools. At the end of the school year, the prevention specialists held a Certificate Celebration for all the students who participated and finished the program. Each school received a pizza party at the end of the school year. Over 80 students were identified and taken on a fieldtrip to celebrate their Prevention Life Skills Journey. This outing was done as a reward for good work and commitment to the projects and program during the school year.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 340
- **ADAMHS Funded Unduplicated Clients Served:** 160
- **Total Number of Clients that were Served:** 160
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- Teach Life-skills that in turn help the youth develop a healthy concept of self and grow in resiliency against AOD.
- Help young adolescents explore cultural components related to their identity and their healthy social mental development.
- Teach the students of both programs the harmful effects of AOD use.
- Identify, compare and contrast helpful vs harmful habits and behavior that contribute to a healthy lifestyle.

Metrics Used to Determine Success:

- Pre- and post-tests and self-report evaluations.

CY23 Program Highlights and Outcomes

Program Successes:

- 165 students were served.

Average Cost Per Client in CY21: \$2,300

Additional Information:

- In the past six months, Hispanic UMADAOP has been hiring new staff at all levels. The prevention program currently has two full-time prevention specialists that are currently going to the target sites, teaching prevention education, and serving the after-school program. While we have a prevention supervisor that is available five hours a week, the agency is in desperate need of a full-time supervisor. There are other schools that are currently asking for services, but currently the agency is limited with the staff and the supervision hours needed to grow this program effectively. The agency looks forward to restoring and growing Hispanic UMADAOP's services in all the schools it has been serving for the past 30 years. While the pandemic has brought many changes in the way the programming is implemented, staff are also seeing new ways to serve and engage youth. Despite all the recent challenges faced in the agency and in the field, staff are confident that the future is bright. The agency feels a great sense of responsibility to reach and serve youth with these needed services and hopes to continue sowing seeds that benefit the whole city.

SUD Residential Treatment

This program provides intake, assessment, and entrance into a residential treatment facility for up to 30 days. Once in, clients participate in groups in Casa Alma (two groups, three-hours-per-day, intensive therapy groups), supplemented with early devotions in the morning and nightly reflections. Journaling to process the 12 Steps that each participants complete (AA 12 steps to supplement programming). Client receives a First Step packet, answers questions in their own time, works Steps and processes together with a counselor.

Target Population:

- Adults ages 18-65+, 100-199% of the federal poverty level

Anticipated Number of Clients to be Served: 100

Number of Staff Required to Implement Program: 18

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Upon hire, looking for flexible schedules. If there is a vacancy, there are people that can jump in and fill in if needed. Also, the executive director will make time available to cover if needed. Cross-training is also done with other members of staff able to fill in when needed. At least two people are also on-call ready for any shift, constantly on standby.

Funding Priority:

- Treatment Services – Pooled Funding

Program Goals:

- Client will remain sober for 30 days
- Individualized Relapse Prevention Program in place for each client by third week of treatment

CY23 Program Highlights and Outcomes

Program Metrics:

- Weekly drug testing or additional sampling; signed Covenant of Rules
- Signed documentation of the Relapse Prevention Program

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 100
- **ADAMHS Funded Unduplicated Clients Served:** 8
- **Total Number of Clients Served:** 82
- **Total Number of Clients that Completed this Program/Service:** 69

Average Cost Per Client: \$6,690.63

Additional Information:

- Overview of Services:
 - Miguel Prieto Treatment Services (MPTS): Adult substance use disorder programming consists of Casa ALMA (residential treatment for men, ASAM Level of Care 3.5), and Casa MARIA (residential treatment for women, ASAM Level of Care 3.5)
 - Intensive Outpatient (ASAM Level 2.0)
 - Outpatient (ASAM Levels 0.5 and 1.0)
 - Clients receive ongoing Assessment and Individualized Treatment Planning, Crisis Intervention services, SUD Case Management, Random Urinalysis Drug Testing, Referrals, and Individual and Group Counseling.
 - Programs serve adult men and women aged 18 or older, in English and Spanish, with a valid Ohio Driver's License/ID and proof of Cuyahoga County residency.
 - Transportation to services is available to clients in need.
 - Workforce: Clients in Miguel Prieto Treatment Center, receive weekly workforce development classes; including interviewing skills, job search help, effective communication and listening skills techniques, etc.
 - Art Therapy Recovery Groups: Clients meet once a week, for three hours with an art therapy facilitator to explore various group activities related to their recovery journey.
 - Group Outings: Clients are taken to different nature sites three times a week, for exercise and Outdoor Mindfulness Group Activities.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 103
- **ADAMHS Funded Unduplicated Clients Served:** 8
- **Total Number of Clients that were Served:** 80
- **Total Number of Clients that Completed this Program/Service:** 40

Goals Met:

- Increase in Recovery Ratio, decrease in Risk Ratio. Increase in abstinence, resilience, and sustaining recovery. Access to services for substance abuse/dependency related issues.

CY23 Program Highlights and Outcomes

Metrics Used to Determine Success:

- Client satisfaction surveys, the Brief Addiction Monitor, post-discharge follow-up, IOP compliance measures and OP compliance measures.

Program Successes:

- No program successes cited.

Average Cost Per Client in CY21: \$8,730

Additional Information:

- Hispanic UMADAOP is going through a point of transition where the agency is repositioning to improve the quality of services. Much hard work has gone into the reshaping, hiring and training of new staff. The agency is very confident that the future is bright and that it will succeed in improving all that it does for its clients. Many of the clients that have come back to the new programming are testifying of the impact the program had in their lives. The agency has a good group of clients in IOP and after care programs and are committed to recovery and are eager to come back to work for the agency carrying the message of recovery. While the agency still needs a Residential Building Facility, staff continue to diligently search to fill this need.

Focus on Diversity: Hispanic UMADAOP

Program(s): School Based Prevention; SUD Residential Treatment

Diversity, Equity and Inclusion STRENGTH from program proposal:
Hispanic UMADAOP stated that they are striving to “provide culturally competent services which are accessible and available to the different cultural groups residing in our service area and which are included as specific target populations.”



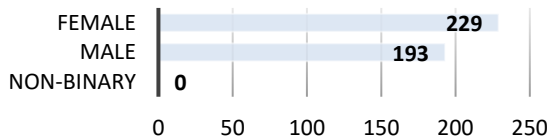
Region: Central

CLIENT DEMOGRAPHICS

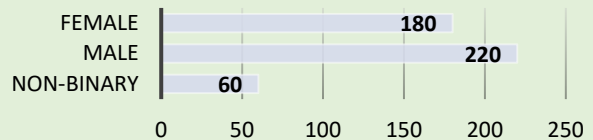
2022 – Total Served 605 (the data below reflects 422 clients, and is the most complete information available based on 2022 outcomes reports)

2023 – Total Projected to be Served 460

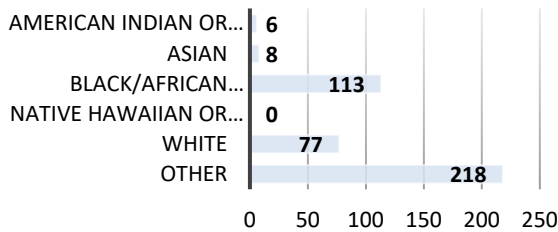
Gender



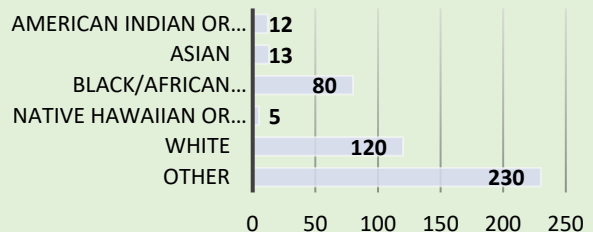
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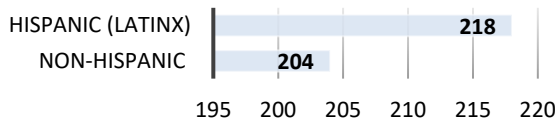
Race



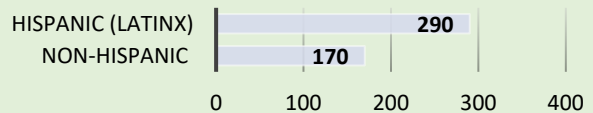
Race



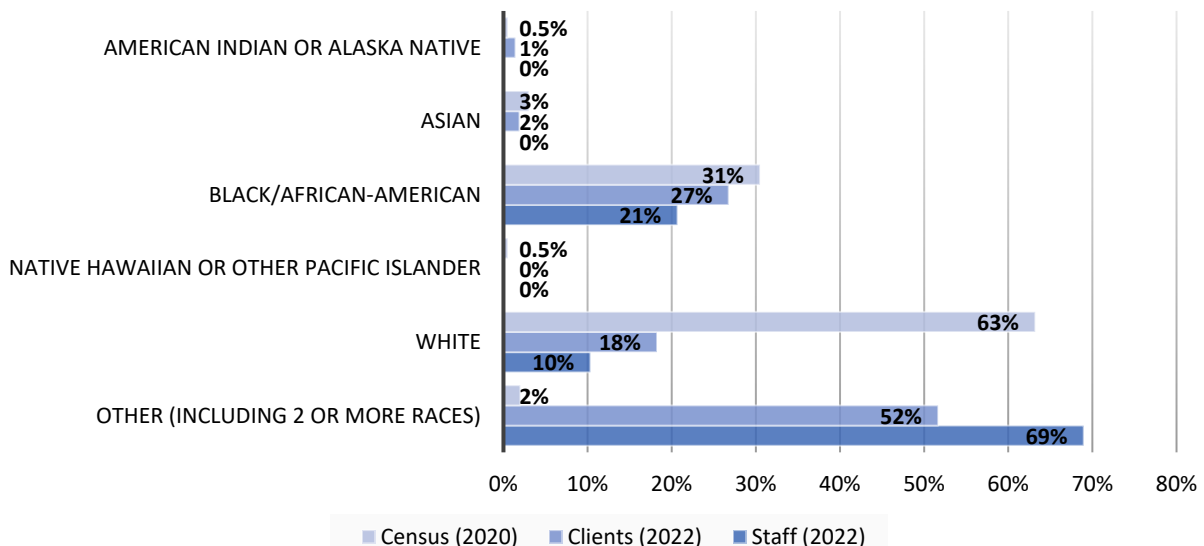
Ethnicity



Ethnicity



COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



Note: These are the best estimates based on available information. Figures may be estimated or rounded, and may not equal 100%.

Hitchcock Center for Women

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Hitchcock Center for Women			
Women's Recovery Housing	\$ 400,000	\$ 440,000	Housing
Transportation	\$ 7,200	\$ 12,500	Removing Barriers
Total	\$ 407,200	\$ 452,500	
Pooled Funding:			
Outpatient Services for Women	\$ -	\$ -	
Residential Treatment	\$ -	\$ -	

CY23 Program Highlights and Outcomes

Hitchcock Center for Women

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

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

Outpatient Services for Women

The Partial Hospitalization program (ASAM Level 2.5) is an outpatient service that allows women to step down from the intensive services of residential treatment and continue to receive significant treatment and support for ongoing recovery. In the Partial Hospitalization program, women are provided 20 or more hours of services in a week. Individual and group counseling, case management support, addiction and trauma education, crisis intervention and urine drug screens are included in the program week. Women in the program also attend many nontraditional therapeutic activities and can live in the agency's Recovery Housing program. Intensive

Outpatient Services (ASAM Level 2.1) are available to clients who are stepping down from a higher level of care (Residential Treatment) as well as those who may be residing in the community and require less intensive substance use treatment programming. Typically, a client is involved in Intensive Outpatient Program (IOP) programming for eight to 12 weeks, each week consists of programming for three hours within a three-day time period. Individual counseling is provided weekly and case management services are provided as indicated to support the recovery process. Specialized groups for women with children have been incorporated into the IOP program, allowing the unique needs of women in recovery with children to be addressed.

Outpatient Treatment (ASAM Level 1) are available to clients who are stepping down from IOP as well as those who may be residing in the community and need services. Clients can participate in group counseling provided weekly for two hours as well as in individual counseling. Case management and urine drug screens are part of the services provided. However, the intensity of aftercare treatment is lower. Typically, a client is involved in the Outpatient group for approximately eight weeks.

Target Population:

- Females, 18 years of age or older with substance use disorders
- 200% or more of the federal poverty level

Anticipated Number of Clients to be Served: 3

Number of Staff Required to Implement Program: 3

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Additional licensed counselors are onsite that can cover the service if needed. Also, the executive and clinical directors both possess an LPCC and a strong understanding of recovery supports and treatment. Lastly there are two on-call supervisors that cover shifts when others call off. Both on call supervisors have CDCAs and can provide counseling service under supervision.

Funding Priority:

- Treatment Services – Pooled Funding

Program Goals:

- Continue to link clients to Medicaid to not utilize pooled funding as much as possible

CY23 Program Highlights and Outcomes

- Successfully decrease clients' level of care for ADAMHS funded clients

Program Metrics:

- Number of ADAMHS-funded clients who were not eligible for insurance and/or Medicaid
- Number of successful levels of care changes per the discharge summary

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served: 5**
- **ADAMHS Funded Unduplicated Clients Served: 0**
- **Total Number of Clients Served: 46**
- **Total Number of Clients that Completed this Program/Service: 42**

Average Cost Per Client: \$0.00

Additional Information:

- The agency values having the ability to bill the ADAMHS Board for clients without access to insurance. Staff will continue to diligently apply for Medicaid funding so that these are funds of last resort.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served: 288**
- **ADAMHS Funded Unduplicated Clients Served: 314**
- **Total Number of Clients that were Served: 314**
- **Total Number of Clients that Completed this Program/Service: 174**

Goals Met:

- Increase clients served compared to CY20
- Increase Medication Assisted Treatment
- Increase successful discharges compared to CY20
- Maintain average length of stay under 45 days with timely transfer to lower level of care

Metrics Used to Determine Success:

- Number of clients served, and number of admissions
- Number of clients on Medication Assisted Treatment, and number of successful discharges compared to unsuccessful
- Average Length of stay, and number of clients discharged to Recovery Housing

Program Successes:

- 314 clients in CY21 compared to 220 in CY20, a 43% increase
- 80 clients served on MAT in CY21: a new metric baseline
- 56% of clients successfully completed treatment
- Average length of stay was 21 days
- 83 clients transitioned to Recovery Housing

CY23 Program Highlights and Outcomes

Average Cost Per Client in CY21: \$2,092

Additional Information:

- HCFW thanks the ADAMHS Board for supporting a residential provider that allows all MAT onsite and one of the only in the State that allows children into care, reducing cost to the community including foster care placements.

Residential Treatment

HCFW provides 24-hours per day, 7-days per week care including addiction treatment through an integrated approach based on four evidence-based service models specifically to meet the needs of women. Length of treatment is individualized and continuum care to Partial Hospitalization Program and Outpatient Programs to allow clinically sound treatment that will allow women to emerge with confidence in their newly learned skills and tools for sustainable abstinence. Additional risk factors that the clinical staff would address is poverty, homelessness, incarceration, lack of support, mental health issues and health literacy. HCFW provides gender-specific residential treatment solely for women.

The treatment is intensive, with the following services being provided with the program: individual and group counseling, case management support, addiction and trauma counseling, crisis intervention and urine drug screens. Utilize traditional treatment approaches as well as approaches research has shown to be effective interventions for women. The approach is woman-centered and sensitive to issues unique to women in treatment.

Current residential capacity is 24 women at any time. Length of stay is individualized to meet the client's needs; however, the average recommended length of stay is 30 days. Importantly, clients' children may live with their mothers during the treatment phase. Up to three children, from infancy to age twelve, may live with their mother. This allows moms to focus on the treatment process and allows us to assist with linkage to community-based services should children need help with issues resulting from their response to the mother's chemical use.

HCFW provides community approaches to support the ways women communicate and heal. Yoga, and Expressive therapies (art, dance and music), are used to engage and assist women in therapeutic expression of feelings and thoughts. Childcare is provided in the community for any woman bringing a child with her to treatment to support the needs of the children and to protect them from exposure to information which may cause trauma or disturbance. Staff help mothers secure childcare vouchers while here in treatment to support both their treatment process and to meet the needs of the children. School age children are also connected with a neighborhood school to continue with their education while mothers are in therapy sessions.

Target Population:

- Females, 18 years of age or older with substance use disorders
- 200% or more of the federal poverty level

Anticipated Number of Clients to be Served: 320

Number of Staff Required to Implement Program: 17

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Additional licensed care specialists are onsite that can cover the service if needed. Also, executive and clinical directors both possess an LPCC and a strong understanding of recovery supports and treatment. Lastly, there are two on-call supervisors that cover shifts when others call off.

CY23 Program Highlights and Outcomes

Funding Priority:

- 24/7 Access

Program Goals:

- Increase the clients served compared to CY22
- Number of clients on Medication Assisted Treatment
- Increase the number of successful discharges from the residential program compared to CY22
- Maintain length of stay average under 45 days, timely transferring to lower level of care
- Successfully link clients to aftercare services

Program Metrics:

- Number of clients served (unduplicated); number of admissions ADAMHS-funded (ADAMHS room and board)
- Number of clients on Medication Assisted Treatment
- Number of successful discharges (completed program); number of discharges unsuccessful/termination
- Average length of stay
- Number of clients referred to outpatient services at discharge; number of clients discharged to Recovery or Supportive Housing

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 144
- **ADAMHS Funded Unduplicated Clients Served:** 128
- **Total Number of Clients Served:** 152
- **Total Number of Clients that Completed this Program/Service:** 74

Average Cost Per Client: \$6,207.51

Additional Information:

- Staff want to highlight the agency's ability to take MAT clients with children. Staff are exploring CARF accreditation and hiring a consultant for next year, so it meets all requirements for residential deemed status. Also, HCFW are getting closer to securing all funding for a new HCFW building.

CY21 Provider Outcomes: N/A – Pooled funding not reported in 2021

Transportation

HCFW Provides transportation, utilizing a company van and Uber Health. Projection of cost for Uber Health is a total of \$1041 per month. The company van has been purchased and is not included in the totals. Uber Health would assist in linking clients with primary care and specialty medical appointments as well as transportation to court hearings and family visits through the Division of Children Services (DCFS).

CY23 Program Highlights and Outcomes

Target Population:

- Females, 18 years of age or older with substance use disorders
- 200% or more of the federal poverty level

Anticipated Number of Clients to be Served: 232

Number of Staff Required to Implement Program: 2

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Uber Health's oversight can be entered by the lead care specialist and backup would be clinical director and executive director. HCFW believes that keeping the number who can request small will provide greater oversight to any waste and fraud. Monthly invoices are reviewed for accuracy comparing it to the client census.

Funding Priority:

- Removing Barriers

Program Goals:

- Decrease barriers to transportation to medical services
- Decrease barriers to court hearing/DCFS attendance

Program Metrics:

- Volume of transportation to medical services by visit
- Volume of transportation to court hearings/DCFS involvement by visit

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 75
- **ADAMHS Funded Unduplicated Clients Served:** 66
- **Total Number of Clients Served:** 66
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: \$16.40

Additional Information:

- ADAMHS Board staff member, Leisha, has been supportive in getting the program setup. Staff would like to highlight the agency's ability to link clients to quick medical services. This is in addition to partnerships with Care Alliance, provide-a-ride, and transporting clients via an onsite van. Even with these partnerships in place, there is still a need for UberHealth visits as women need immediate dentistry or medical care while staff are unavailable. We have found many women do not have other connections in the community to transport them and the bus is not ideal.

CY21 Provider Outcomes: N/A – New Program beginning in 2022

CY23 Program Highlights and Outcomes

Women's Recovery Housing

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

Target Population:

- Females, 18 years of age or older with substance use disorder
- 200% or more of the federal poverty level

Anticipated Number of Clients to be Served: 130

Number of Staff Required to Implement Program: 5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Additional licensed care specialists are onsite to cover the service if needed. Also, executive and clinical directors both possess an LPCC and a strong understanding of recovery supports and treatment. Lastly there are two on-call supervisors that cover shifts when others call off.

Funding Priority:

- High Quality Housing

Program Goals:

- Increase the residents served from CY22
- Increase the use and allowance of Medication Assisted Treatment in the community
- Assist in clients maintaining sobriety from substances
- Successfully discharge clients to lower level of care with housing
- Limit the number of residents who leave against medical advice

Program Metrics:

- Number of residents and/or families served
- Number of residents on MAT medications
- Number of residents maintaining sobriety
- Number of residents and/or families successfully discharged

CY23 Program Highlights and Outcomes

- Number of residents and/or families who leave against medical advice

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 50
- **ADAMHS Funded Unduplicated Clients Served:** 77
- **Total Number of Clients Served:** 77
- **Total Number of Clients that Completed this Program/Service:** 32

Average Cost Per Client: \$5,475

Additional Information:

- Staff wants to highlight the agency's ability to take clients with children and are on MAT. The agency is exploring CARF accreditation and hiring a consultant for next year, so it can meet all requirements for community housing.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 100
- **ADAMHS Funded Unduplicated Clients Served:** 91
- **Total Number of Clients that were Served:** 93
- **Total Number of Clients that Completed this Program/Service:** 54

Goals Met:

- Increase clients served compared to CY20
- Increase Medication Assisted Treatment
- Assist in clients maintaining sobriety from substances
- Successfully discharged clients to a lower level of care with housing
- Limit the number of residents who leave against medical advice

Metrics Used to Determine Success:

- Number of residents and or families served, number of clients on Medication Assisted Treatment, number of residents maintaining sobriety and number of residents and or families successfully discharged.

Program Successes:

- 93 residents and families served compared to 91 residents and families the previous year
- 23 clients in Recovery Housing were served with MAT (25% of all residents served)
- 31 residents out of 93 relapsed while in Recovery Housing
- 66% maintained sobriety which is a significant increase over the national average of 53%
- Out of 54 clients who left the program on one was against medical/counselor advice

Average Cost Per Client in CY21: \$7,300

CY23 Program Highlights and Outcomes

Additional Information:

- Staff supports clients with all forms of Medication Assisted Treatment in receiving care. HCFW is also the only provider that allows children up to the age of 12 years old to live with their mothers while in treatment and on campus. The agency is currently exploring CARF community homes accreditation so that it can follow Director Lori Criss's April 2022 memo for Recovery Housing Providers. Staff have also met with representatives from OhioMHAS who toured the facility. OhioMHAS stated that calling the program transitional living might be more appropriate. Over the next year with continued discussion with CARF, Ohio Recovery Housing, OhioMHAS, and the ADAMHS Board, HCFW will settle on the appropriate language. Until then, staff will move forward with the Recovery Housing title and the same policies and procedures as the previous year. HCFW is excited for the growth in program understanding and national accreditation.

Provider:	Hitchcock Center for Women	2021 First Outcome Count:	99	2022 First Outcome Count:	75
Instrument:	Brief Addiction Monitor	2021 Final Outcome Count:	87	2022 Final Outcome Count:	53
Program:	Substance Use Disorder Treatment	2021 % of Final:	87.88%	2022 % of Final:	70.67%

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

Population	Evaluation Year	SubScale	First Outcome Average	Final Outcome Average	Average Difference	Significance
Adults (18+ years)	2021	Drug_Use	4.17	1.33	-2.83	Not Significant
Adults (18+ years)	2021	Protective	12.64	10	-2.64	Not Significant
Adults (18+ years)	2021	Risk	7.9	8.6	0.7	Not Significant
Adults (18+ years)	2022	Drug_Use	3.5	1.32	-2.18	Significant at p<.05
Adults (18+ years)	2022	Protective	11.83	15.09	3.26	Significant at p<.05
Adults (18+ years)	2022	Risk	14.33	8.2	-6.13	Not Significant

Focus on Diversity: Hitchcock Center for Women

Program(s): Outpatient Services for Women; Residential Treatment; Transportation; Women’s Recovery Housing

Diversity, Equity and Inclusion STRENGTH from program proposal: *Hitchcock Center For Women stated that they are “committed to modeling diversity and inclusion for the addiction treatment service sector, including our community partners and suppliers, and to maintaining an inclusive environment with equitable treatment for all.”*



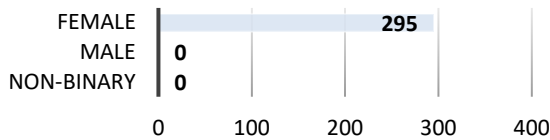
Region: NE

CLIENT DEMOGRAPHICS

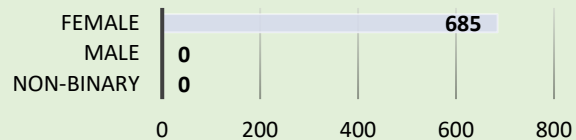
2022 – Total Served 341 (the data below reflects 295 clients, and is the most complete information available based on 2022 outcomes reports)

2023 – Total Projected to be Served 685

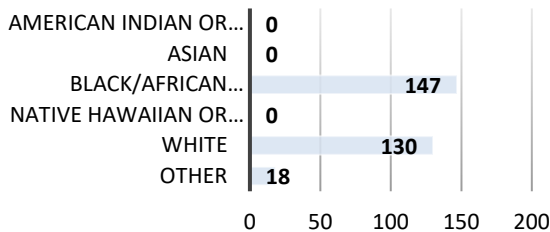
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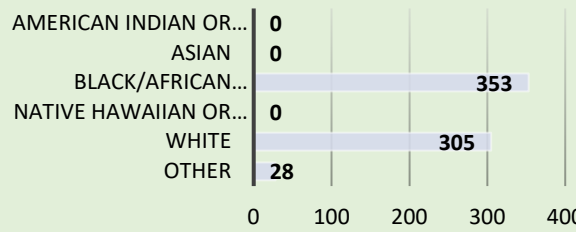
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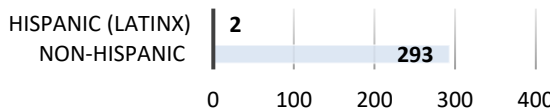
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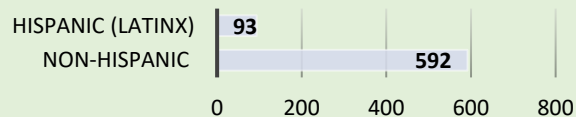
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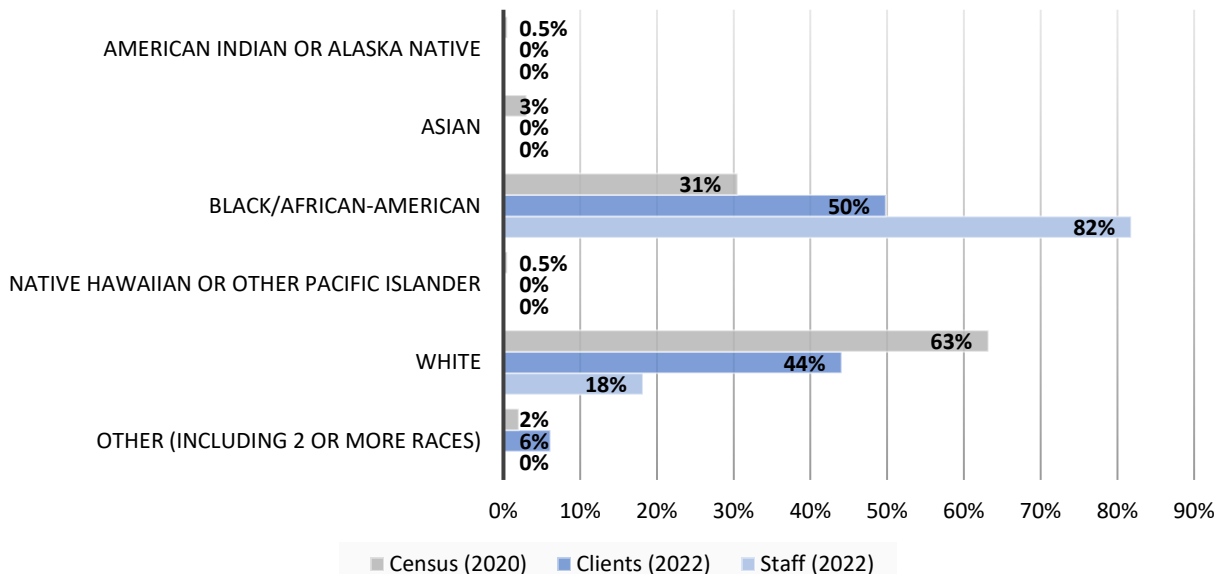
Ethnicity



Ethnicity



COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



Note: These are the best estimates based on available information. Figures may be estimated or rounded, and may not equal 100%.