I'm In Transition

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
I'm In Transition			
SUD Recovery Housing	$ 225,000	$ 259,355	Housing
Total	**$ 225,000**	**$ 259,355**	

CY23 Program Highlights and Outcomes

I'm In Transition

I'm In Transition (IIT) provides a drug-free recovery residence setting and redirection housing program where clients are provided with a multitude of resources to sustain their recovery.

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

IIT Recovery Housing

I'm In Transition's Recovery Housing (ORH Certified) are offers safe, structured and supportive, drug and alcohol-free housing, equipped with comprehensive care and medical monitoring. 12-step meetings, evidence-based practices and Recovery Oriented activities are also implemented to meet each client's specific needs. Additional services also include the following: Fully furnished and remodeled homes, equipped with full kitchens, laundry facilities, game rooms, work out areas, Wi-Fi and computer access, Air Conditioner/Heat and COVID-19 sanitation stations.

Target Population:

- I'm In Transition offers recovery housing to adults ages 18 years and older experiencing Opiate Use Disorder (OUD), stimulant and other co-occurring disorders. While IIT's services are open to all, the organization's target population is the Hispanic/Latino, African American (Non-Hispanic), and White (Non-Hispanic) suffering from OUD, stimulant and other co-occurring disorders.
- 100-199% of the federal poverty level

Anticipated Number of Clients to be Served: 105

Number of Staff Required to Implement Program: 12

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- IIT's Executives make valiant efforts to ensure effective leadership and high morale is evident within the organization. Should staffing vacancies occur, there is a large network of qualified part-time staff and volunteers on standby that are cross-trained and willing to execute the duties of the Recovery Housing Staff.

Funding Priority:

- High Quality Housing

Program Goals:

- Promote sustainable recovery
- Provide safe, drug free housing for clients
- Reduce overdose related fatalities within Cuyahoga County
- Decrease the risk of relapse by providing a continuum of care
- Increase clients' ability to think, behave and live a sober life

Program Metrics:

- Promote sustainable recovery by using group home meetings, IOP, PHP and aftercare meetings to reinforce sober thinking
- Provide house managers, security systems, rules and regulations regarding allowing substance related drugs in each sober home and maintaining strict adherence to those rules

CY23 Program Highlights and Outcomes

- Introduce different facets of Medicated Assisted Treatment (MAT) to clients and encourage use to reduce overdose possibilities
- Frequent discussions in group settings and/or individually with clients about maintaining their sobriety to eliminate the risk of relapse
- Employ skill building classes and activities to steer client into thinking, behaving and living a sober life

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 62
- **ADAMHS Funded Unduplicated Clients Served:** 45
- **Total Number of Clients Served:** 50
- **Total Number of Clients that Completed this Program/Service:** 6

Average Cost Per Client: $6,030

Additional Information:

- The agency added outpatient treatment and are 80% finished on the completion of the NOAH house which would house seven additional individuals.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 57
- **ADAMHS Funded Unduplicated Clients Served:** 27
- **Total Number of Clients that were Served:** 42
- **Total Number of Clients that Completed this Program/Service:** 26

Goals Met:

- Provide a clean safe Drug-free home like setting
- Assist with MAT Services management
- Assist in learning a lifestyle change
- Teach skills that will sustain
- Build a foundation in their faith

Metrics Used to Determine Success:

- Make sure the houses are clean and safe; chores are required; homecooked meals are provided three-days-per-week. The nurse (RN) monitors and audits the MAT prescriptions.
- Work with clients in breaking habits that propelled them to become addicted
- Teach clients skills such as carpentry, window installation, demolition, painting, etc.
- Work with clients on how to acquire faith and to trust in the God of their understanding

CY23 Program Highlights and Outcomes

Program Successes:

- By replacing old negative habits with new positive habits. Learning a skill that a person enjoys and help to make a living provides a sense of value and accomplishment. With a foundation in their faith, it helps the client to stand.

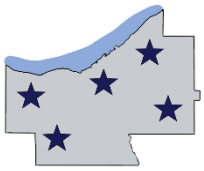
Average Cost Per Client in CY21: $890.50

Additional Information:

- The agency partnered with CBCF and working with another agency to strengthen its work in the community.

Focus on Diversity: I'm in Transition

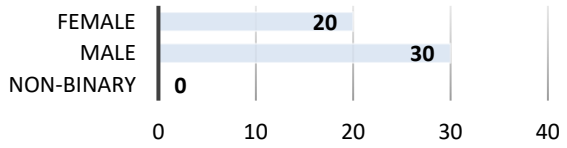
Program(s): Recovery Housing

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

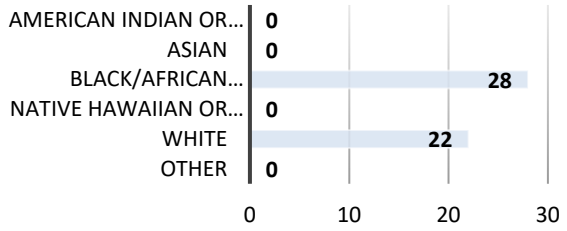
CLIENT DEMOGRAPHICS

2022 – Total Served 50

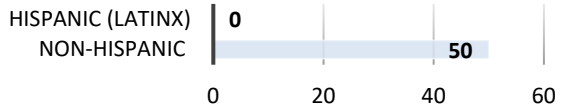
Gender



Race

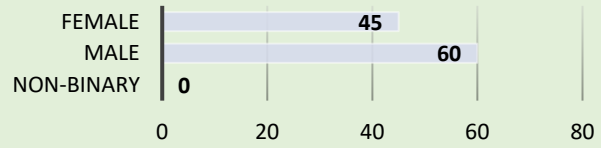


Ethnicity

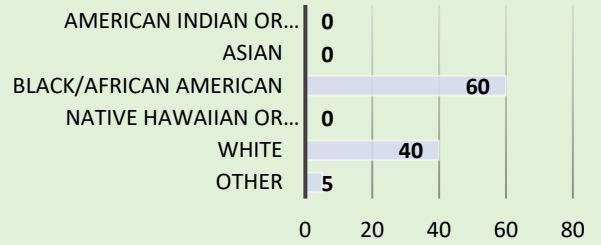


2023 – Total Projected to be Served 105

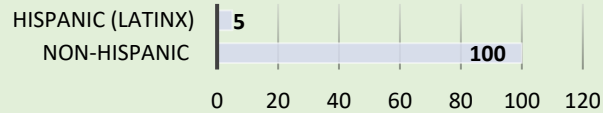
Gender



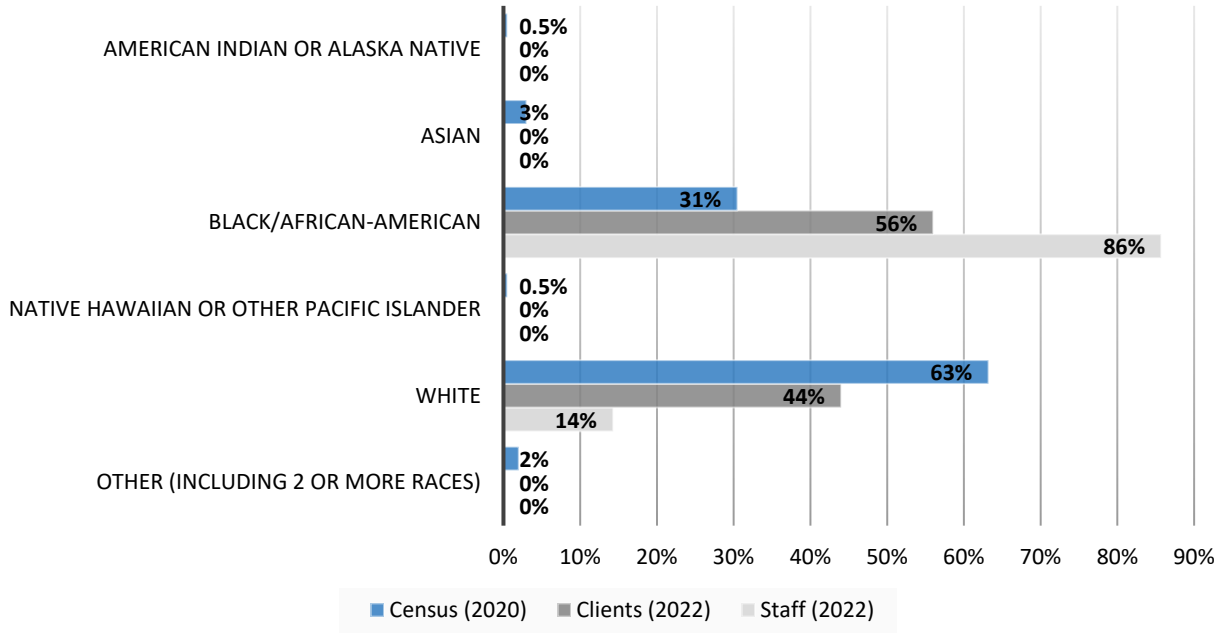
Race



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%.

Its Not a Moment, but a Movement

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
It's Not a Moment, But A Movement			
The Faith Movement	$ -	$ 100,000	Removing Barriers
Total	**$ -**	**$ 100,000**	

CY23 Program Highlights and Outcomes

It's Not a Moment. It's a Movement. (INAMIAM)

A program of the City of God Church, located in the Collinwood neighborhood with a ministry goal to stay connected to the community.

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

The Faith Movement

It's Not a Moment, but a Movement, seeks to provide faith leaders of all races and denominations with tools and resources necessary for developing Mental Health Ministries aimed at reducing the stigma of mental illness and investing in the important role of spirituality in the treatment and recovery process. This initiative will: Educate Faith Communities to Increase Mental Health Literacy and Awareness; Use educational and training methods to increase understanding of mental illness, reduce stigma, and increase capacity to refer for services; Establish System Level efforts to Promote Faith and Mental Health Collaboration; Organize mental health conferences, training and education events that develop opportunities for faith leaders and behavioral health professionals to improve system access and mental health outcomes; Embed Mental Health Services in Faith Communities

Target Population:

- Faith leaders, All socioeconomic categories

Anticipated Number of Clients to be Served: 200

Number of Staff Required to Implement Program: 5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Cross-training is provided for all staff to ensure services continue when others are absent or positions are vacant. There are also dedicated volunteers who, if needed, are able to provide day-to-day support to ensure core staff are able to focus on direct services and program goals.

Funding Priority:

- Removing Barriers

Program Goals:

- Collaborate with behavioral health professionals to deliver services within faith institutions
- Train 100 institutions of faith in creating Mental Health Ministries
- Provide mental health education and/or counseling sessions to 200 faith leaders

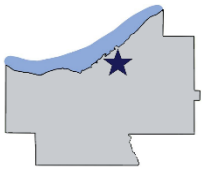
Program Metrics:

- 40% increase the number of times BH services and/or referrals are provided in their place of worship
- 75% will express an increase of preparedness in supporting persons with mental illness
- 80% will express an increase in their attitudes towards behavioral health

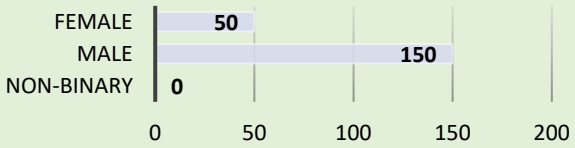
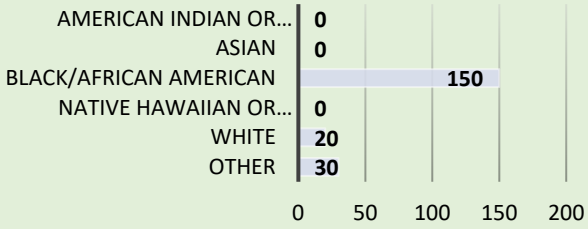
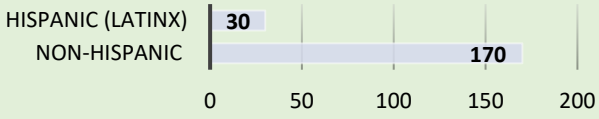
First Six Months of CY22 Provider Outcomes: N/A – New Program for CY23

Focus on Diversity: It's Not a Moment, but a Movement

Program(s): The Faith Movement

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: NE

CLIENT DEMOGRAPHICS

2022	**2023 – Total Projected to be Served 200**
Gender	Gender
Program is new to the ADAMHS Board	
Race	Race
Program is new to the ADAMHS Board	
Ethnicity	Ethnicity
Program is new to the ADAMHS Board	

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

Program is new to the ADAMHS Board

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

Jewish Family Service Association of Cleveland

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Jewish Family Services Association			
Supported Employment	$ 156,600	$ 192,555	Employment
Employment Staffing	$ 44,804	$ -	
Residential	$ 125,000	$ 170,338	Housing
Peer Support for Living Services	$ 30,000	$ 19,673	Peer Support
Peer Support for Employment Services	$ 30,000	$ 19,673	Peer Support
Transportation	$ 3,544	$ 4,500	Removing Barriers
Total	**$ 389,948**	**$ 406,739**	
Pooled Funding:			
Achieving Potential Core Mental Health Services	$ -	$ -	

CY23 Program Highlights and Outcomes

Jewish Family Service Association of Cleveland

Jewish Family Services (JFSA) serves people with mental health and cognitive disorders and provides evidence-based, recovery oriented therapeutic and supportive living services.

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

MH Residential - University House

The program provides residential treatment (Class 1) to University House residents who live in EDEN housing in University Heights. Direct Service Professionals (DSPs), funded by Medicaid Waiver, provide 24-hours-per-day, seven-days-per-week, 365-days-per-year (24/7/365) supports, including assistance with daily living skills, cooking, shopping, linkage and transportation to medical appointments, management of medication (delegated nursing), and other HPC (Homemaker/personal care) services. Mental health staff provide counseling, assistance with interpersonal issues, and coping skills. Psychiatry is also provided. OhioMHAS and the county provide Room and Board funding as well as needed mental health services. DODD provides for the in-home services and staffing 24/7/365.

Target Population:

- Four men who are deaf and have severe mental illness and developmental disabilities.
- Less than 100% of the federal poverty level.

Anticipated Number of Clients to be Served: 4

Number of Staff Required to Implement Program: 10

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Staff are trained to cover shifts and caseloads. Managerial staff are also prepared to assist when necessary.

Funding Priority:

- High Quality Housing

Program Goals:

- Maintain community residence tenure for residents
- High client self-reported satisfaction with services

Program Metrics:

- Continued residence in the home without need for hospitalization or increased level of care (i.e., nursing home, ICF, etc.).
- High client satisfaction with services self-reported annually via Adult Outcomes Survey and DLA-20 Housing anchor

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 4
- **ADAMHS Funded Unduplicated Clients Served:** 4
- **Total Number of Clients Served:** 4
- **Total Number of Clients that Completed this Program/Service:** 0

CY23 Program Highlights and Outcomes

Average Cost Per Client: $20,880

Additional Information:

- Because residents are deaf, communication is a huge barrier. Staff working in the home need to be able to communicate via sign language, sometimes requiring an interpreter as well.
- The staff meet the requirements for both OhioMHAS and DODD and receive specialized training. When possible, staff from the deaf community are hired to ensure community inclusion.
- University House was created in response to litigation against the State of Ohio, OhioMHAS, and DODD when specialized services were not meeting client need. The needs of the residents of University House are very complex on several levels. JFSA aims to provide them with the security and stability of community residential services and high quality of life. Additional funding is necessary to provide these residents with access to the appropriate mental health supports as well as IDD/DD services and disability and resource services for the deaf.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 4
- **ADAMHS Funded Unduplicated Clients Served:** 4
- **Total Number of Clients that were Served:** 4
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- Community Tenure and Client Satisfaction

Metrics Used to Determine Success:

- Continuous community residence without a need for hospitalization or increased long term care
- Adult Ohio Scales and self-reported client satisfaction

Program Successes:

- All residents resided in the home for the entire calendar year; 100% client satisfaction with housing.

Average Cost Per Client in CY21: $42,584.55

Additional Information: N/A

Peer Support - Employment Services

The essential elements of the program include the provision of emotional support, sharing knowledge and lived experience, teaching skills, providing practical assistance such as acquiring appropriate job interview clothing or personal hygiene products, and connection with resources and opportunities. Peer Support Specialists (PSSs)/coaches can model successful recovery in ways that professional supports cannot, including living with mental illness while successfully working (i.e., arriving daily on time, dressing appropriately, displaying good behavior and communication).

Target Population:

- Adults residing in Cuyahoga County who have a severe mental illness diagnosis (62.5% Schizophrenia, Schizoaffective or Bipolar
- Demographics: White 50%, African American or Black 50%, Female 60%, Male 40%
- All socioeconomic categories

CY23 Program Highlights and Outcomes

Anticipated Number of Clients to be Served: 15

Number of Staff Required to Implement Program: 1

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Employment Specialists have access to the supports provided by the Peer Support Specialist/coach and can assist the client, when necessary, with those goals in the absence of the PSSs/coach. If the PSSs is not available, the service is not offered, and the funding is not utilized.

Funding Priority:

- Peer Support

Program Goals:

- Improved overall functioning associated with successful obtainment and/or retention of employment.
- High self-reported satisfaction with peer support service.

Program Metrics:

- Gauged by client's ability to obtain and/or retain employment.
- High client satisfaction reported annually via annual client survey.

First Six Months of CY22 Provider Outcomes:

Highlights:

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

Average Cost Per Client: $825

Additional Information:

- Peer Support Service (PSS) is difficult to provide to clients remotely as it takes much longer to develop trust and build rapport. Once the rapport is established, however, staff see significant progress; 88% (7 out of 8) of the clients who received peer support service during this period have been able to obtain and maintain employment.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 17
- **ADAMHS Funded Unduplicated Clients Served:** 17
- **Total Number of Clients that were Served:** 17
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- Supports beyond supported employment services

CY23 Program Highlights and Outcomes

Metrics Used to Determine Success:

- Demonstration of support hours and services provided by PSSs as logged in client's progress notes

Program Successes:

- Clients receive support and services via PSS as logged and remain active. Client with employment services at least until goal of employment is reached

Average Cost Per Client in CY21: $5,597.65

Additional Information:

- The essential elements of the Peer Support Program include emotional support, sharing knowledge and lived experiences, teaching skills, providing practical assistance like finding job interview clothing or hygiene products, and connecting people with resources and opportunities. Peer Support Coaches can model successful recovery in ways professional staff cannot, including living with mental illness while successfully working (coming in daily and timely, dressing appropriately, behaving and communicating well).

Peer Support Supportive Housing

Peer Support is an evidence-based model of practice aimed to improve quality of life and whole health. Having Peer Support Specialists (PSSs) available to the individuals living in Supportive Housing has made an important impact. Modeling healthy behaviors such as food personal hygiene, providing education about viruses and vaccinations, assisting with transportation need to medical appointments, and providing a listening ear during the pandemic and beyond has proven to be invaluable. While case managers and counselors can also provide some of these supports, evidence shows that it is often better received and more effective when offered or modeled by a peer, particularly someone who has lived the mental health experience. Anxiety has ramped up during the recent health crisis and having someone model coping skills or share ways to self-soothe has helped those receiving services to self-manage their illness, remain in the community, and not require hospitalization. PSSs also help with communication between clients and staff, including care teams and/or medical staff. This includes assisting with technology necessary to access and navigate telehealth visits with providers.

Target Population:

- Adults with severe mental illness (SMI) residing in Cuyahoga County in Supportive Housing who need encouragement and supports to achieve or maintain their highest level of functioning in the community.
- All of these individuals have low socioeconomic status and do not drive

Anticipated Number of Clients to be Served: 20

Number of Staff Required to Implement Program: 1

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- If the PSS is not available, the service is not offered, and the funding is not utilized. Case managers and counselors have access to supports provided by the PSS and can assist clients when necessary, with those goals in the absence of the PSS.

Funding Priority:

- Peer Support

CY23 Program Highlights and Outcomes

Program Goals:

- Improved overall functioning
- High self-reported satisfaction with peer support service

Program Metrics:

- Improved overall functioning as measured by DLA-20
- High client satisfaction with peer support service as reported annually via annual client survey

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 10
- **ADAMHS Funded Unduplicated Clients Served:** 8
- **Total Number of Clients Served:** 8
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $1,520

Additional Information:

- Jewish Family Service Association (JFSA) provides independent living with supports to clients with SMI (severe mental illness) who desire to live independently in the community. These individuals possess some, but not all, of the necessary skills to do so. As a result, they require formal supports. Some are also receiving supported employment services through JFSA to assist them in obtaining and maintaining gainful employment and better situate them for independence. While non-peers can provide some supports, a peer is uniquely positioned to share their own real-life experience and to demonstrate problem solving and coping skills firsthand to clients as they strive to be successful in living independently in the community.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 20
- **ADAMHS Funded Unduplicated Clients Served:** 14
- **Total Number of Clients that were Served:** 14
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- Improved functioning and increased participation in community events

Metrics Used to Determine Success:

- Improved functioning as measured by the DLA-20 Housing Anchor
- Increase participation in community activities

Program Successes:

- Average score of 4.4 - Increased satisfaction compared to CY20 (4.2)
- Increased participation in community activities as measured by staff reporting via progress notes

Average Cost Per Client in CY21: $2,857.14

Additional Information:

- Peer Support service is an evidence-based practice (EBP) aimed to improve quality of life and whole health. Having Peer Support Specialists (PSSs) available to individuals living in Supportive Housing has made an important impact especially during the pandemic. Modeling healthy behaviors and coping behaviors, including wearing masks, social distancing, handwashing, education about the pandemic and vaccinations, assisting with transportation to medical appointments, and providing a listening ear during some very scary years has been invaluable. While case managers and counselors could also provide some of these services and supports, evidence shows that it is often better received when delivered by a peer, particularly someone with lived mental health experience. Anxiety has ramped up during the health crisis and having someone model coping skills or share ways to self-soothe has helped those receiving this service to self-manage their illness, remain in the community, and not require hospitalization. Peer Support staff also help with communication between clients and teams or medical staff – especially now when so many visits and appointments occur via Telehealth; peer support staff assist with the use various forms of technology.

Supported Employment

The essential elements of the program are to provide client-centered comprehensive employment services that result in recovery and integration into the workplace. The program is designed to address barriers preventing clients from working and helping them to obtain and retain employment. The program also assists with building skills and assisting with finding better, more challenging, and often higher paying jobs which can result in improved quality of life and create a more stable, inclusive and long-term member of the workplace. The program incorporates job readiness skills, skills assessment, job trials, resume building, job development, job coaching, and job retention. The program will offer basic computer training to allow clients to participate more fully in their job searches and to possess the necessary and required basic computer skills needed for employment today. This program will provide benefits analysis services and provide specialized services to those clients who have been out of the workforce for several years and/or reportedly lost their jobs in recent years by offering job coaching as they start a new job or via a simulated training environment with participating employers.

Target Population:

- Adult clients residing in Cuyahoga County that have a mental health diagnosis.
- The majority served live under the poverty level; however, the range of income varies from zero income to a few individuals making over $40,000 (and looking for continued upward mobility).
- Over 50% have a diagnosis of Schizophrenic Spectrum Disorders or bipolar disorder, with the remaining having diagnoses of Major Depressive Disorder, Generalized Anxiety Disorder, or other mental health diagnoses.

Anticipated Number of Clients to be Served: 80

Number of Staff Required to Implement Program: 4.5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Team members can cover for one another during staff absences and vacancies. Managers also will work directly with clients to cover vacancies as needed. JFSA has a robust HR Department that is constantly marketing to the community and hiring staff. Contractors are also available when needed.

CY23 Program Highlights and Outcomes

Funding Priority:

- Employment Programs

Program Goals:

- Clients will become gainfully employed.
- Client will retain employment.
- High self-reported satisfaction with services.

Program Metrics:

- At least 35% of clients served will obtain employment.
- At least 60% of clients who obtain employment will retain jobs for at least 90 days.
- At least 90% of client s served will self-report high satisfaction with services via annual client satisfaction survey.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 60
- **ADAMHS Funded Unduplicated Clients Served:** 58
- **Total Number of Clients Served:** 58
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $1,249.59

Additional Information:

- Supported Employment services continues to provide professional, client-centered, comprehensive employment services to a very diverse clientele. These services promote recovery and employment stability. However, during the COVID-19 pandemic and beyond staff have recognized and addressed the need for clients' emotional support and coping skill development needs in addition to job application completion and job preparedness resources. Many times, clients report fear and anxiety related to COVID-19 which can lead to barriers to employment. The team spends considerable time with clients building self-confidence and self-esteem while continuing to remain goal-oriented, ability-based concentrated and incorporating individual choice in securing and maintaining employment. Staff work with clients as they surmount multiple steps in their career development and trajectory. Services identify and address serious barriers to employment which are very common to clients. Not only are lives changed and recovery goals addressed though job placement, but staff has also witnessed several clients choosing a career in social services as a result of their experience of working with JFSA.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 60
- **ADAMHS Funded Unduplicated Clients Served:** 66
- **Total Number of Clients that were Served:** 66
- **Total Number of Clients that Completed this Program/Service:** 77

CY23 Program Highlights and Outcomes

Goals Met:

- At least 25% of consumers will obtain employment
- At least 25% of consumers will retain employment for at least 90 days
- At least 90% of consumers will self-report satisfaction with services via client surveys

Metrics Used to Determine Success:

- Divide number of clients seeking employment by number who obtained employment
- Divide number of clients who became employed by number who maintained employment for at least 90 days
- Determine percent of consumers reporting satisfaction with services via client satisfaction

Program Successes:

- 55% of consumers obtained employment
- 80% of consumers who obtained employment retained employment for at least 90 days
- 100% of consumers self-reported high satisfaction with services in CY21

Average Cost Per Client in CY21: $2,182

Additional Information:

- The essential elements of the program are to provide client centered comprehensive employment services that result in recovery and integration into the work force. This program is designed to address barriers to obtaining and maintaining employment. JFSA's supported employment program assists the employed in continuously building and strengthening skills and assists in securing an even better, more challenging, and often higher paying position that will truly alter one's life and security and standing in the work force. This program incorporates the provision of job readiness skills identification, skill building, and assessment, job trials, resume building, job development, job coaching and job retention skills.

Transportation Assistance

Transportation Assistance is designed to get adults with severe mental illness (SMI) to mental health appointment, physical/medical and other necessary appointments, and locations. The program uses a variety of ways to meet needs, including bus passes and tickets, JFSA's Shuttle-on-the-GO (a door-to-door service specializing in transporting persons with mental illness), as well as the use of Lyft/Uber and Fare-CLE (Uber-type service that utilizes drivers specially trained in behavioral health).

Target Population:

- Adults living in Cuyahoga County with severe mental illness (SMI) linked with JFSA services; many have co-occurring disabilities and/or mobility issues.
- Less than 100% of the federal poverty level.

Anticipated Number of Clients to be Served: 100

Number of Staff Required to Implement Program: 3

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- The vehicles can be driven by multiple agency staff. While the Shuttle-on-the-GO has a full-time driver, other agency staff can fill-in as necessary. Facilities staff are also available to assist as needed.

CY23 Program Highlights and Outcomes

Funding Priority:

- Removing Barriers

Program Goals:

- Provide necessary transportation services to 100 clients with severe mental illness for them to access mental health and other necessary appointments.

Program Metrics:

- A log is maintained for the vehicles and types of transportation services provided (i.e., bus pass) as well as the number of clients with SMI served.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 43
- **ADAMHS Funded Unduplicated Clients Served:** 90
- **Total Number of Clients Served:** 90
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $47

Additional Information:

- The funds received for this service are used to provide necessary rides via JFSA Shuttle-on-the GO. This funding has proven to be beneficial to clients who need transportation to their physician, counseling, psychiatry, and other necessary appointments.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 86
- **ADAMHS Funded Unduplicated Clients Served:** 70
- **Total Number of Clients that were Served:** 70
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- Provide necessary transportation to clients with SMI to access mental health and other appointments.

Metrics Used to Determine Success:

- Log maintained for the vehicles used, bus passes, or other transport services
- Number of rides provided, expenses associated with a variety of modes will be recorded and billed annually

Program Successes:

- N/A

Average Cost Per Client in CY21: $642.86

Additional Information:

- Transportation assistance is provided by a variety of modes. It is designed to get adults with SMI to mental health appointments, physical health appointments, and other necessary locations including grocery, bank, and pharmacy. The program uses a variety of methods to meet the needs including bus passes and tickets, JFSA Shuttle on the go (door to door service van that acts like Uber) the JFSA COVID-19 car (designed to transport clients with COVID-19 exposure or symptoms and need testing) as well as the use of Fare-Cle (another Uber like service with specially trained behavioral health drivers) and Lyft. During the pandemic additional essential elements of this program have included masks available for client use, installing plexiglass partitions and extra time and supplies for cleaning and sanitizing vehicles between rides.

Mental Health (MH) Treatment

Core Mental Health Services include individualized and group counseling, nursing, psychiatry, TBS, PSR, and CPST. JFSA is able to integrate these services with many other JFSA services such as homecare, housing, primary care, domestic violence services, home delivered meals, life planning, payee services, and recreational services so that most needs are met in one location within one trusted agency. Multiple family members often receive services from JFSA across generations. Services differentiators include: small caseloads (typically<30), which allow for personalized and trusting relationships; evidence-based practices such as Eye Movement Desensitization and Reprocessing therapy (EMDR), Cognitive Enhancement Therapy (CET), Motivational Interviewing, Art Therapy, and Permanent Supportive Housing, which help to ensure the best science-based services possible. Strong family supports are embraced by the program as well with the understanding that staff come and go, but family is forever. Nurturing natural supports provides better outcomes for those served as well as more efficient services.

Target Population:

- Adults residing in Cuyahoga County (majority in the southeastern suburbs) with severe and persistent mental illness; over 60% of those served with ADAMHS Board funding are diagnosed with Schizophrenia Spectrum Disorders, Bipolar Disorder, or Major Depression.
- Most live at or below 133% of poverty.

Anticipated Number of Clients to be Served: 70

Number of Staff Required to Implement Program: 25

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Core Mental Health services are provided by a team that can cover for the absence or loss of several team members. During vacancies, the team divides and covers caseload of the absent staff. Additionally, supervisors can assist with coverage as needed. Lastly, when necessary, JFSA has relationships with several contractors that may fill-in short term until new staff are hired and trained.

Funding Priority:

- Treatment Services – Pooled Funding

Program Goals:

- Decreased self-reported symptoms.
- High self-reported satisfaction with services.
- Improved overall functioning.

CY23 Program Highlights and Outcomes

Program Metrics:

- Self-reported annually via Adult Outcomes Survey.
- High client satisfaction with services self-reported annually via client satisfaction survey and Adult Outcomes Survey.
- Measured annually via DLA-20 assessment scores.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 35
- **ADAMHS Funded Unduplicated Clients Served:** 40
- **Total Number of Clients Served:** 500
- **Total Number of Clients that Completed this Program/Service:** 2

Average Cost Per Client: $1,305

Additional Information:

- Mental health treatment (Achieving Potential-Behavioral Health) aims to serve non-Medicaid GOSH clients. The number of qualifying GOSH clients requiring ADAMHS Board funding for services has decreased significantly over the past several years due to Medicaid expansion and JFSA efforts to assist clients with benefit acquisition. JFSA's mental health services differ from those of other agencies in 3 major ways: 1) maintenance of small caseload (30 or less); 2) focus on severe/persistent mental illness (90% have Dx of Schizophrenic Spectrum, Bipolar, or Recurrent Major Depressive D/O0; and 3) family inclusion services are provided to the best of JFSA's ability. JFSA serves a very diverse non-Medicaid clientele.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 70
- **ADAMHS Funded Unduplicated Clients Served:** 39
- **Total Number of Clients that were Served:** 563
- **Total Number of Clients that Completed this Program/Service:** 25

Goals Met:

- Client satisfaction, decreased reported symptom distress and improved level of functioning.

Metrics Used to Determine Success:

- Using Adult Outcomes Scale, clients will self-report satisfaction with services and decreased symptom distress compared to previous year.
- Counselor/Case manager will assess functional improvement based on increased DLA-20 scores.

Program Successes:

- 90% reported satisfaction with services.
- 60% reported decrease in symptoms distress; 20% reported remaining stable with no change in symptom distress.
- DLA-20 scores average functional scores improved for 40% of clients; 50% no change and 10% experienced decrease.

CY23 Program Highlights and Outcomes

Average Cost Per Client in CY21: $2,087.07

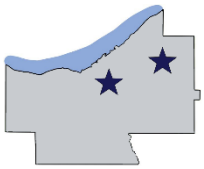
Additional Information:

- Core Mental Health Services targets adults with SMI without barriers to full participation regardless of race, ethnicity, religion, gender/gender ID, sexual orientation, or other divisive characteristics. ADAMHS Board funding provides funds specifically to cover mental health services for clients who do not have insurance or other means to pay for services. Many are Medicaid eligible and will quickly convert from GOSH funding to Medicaid benefits. A few may have Medicare or private insurance that will not pay for critical services such as TBS or PSR. Others may be unable to qualify for Medicaid for unique reasons. Barriers to service that JFSA has overcome for clients include the ability to provide services for individuals whose native language is not English, are part of the deaf community, or who desire culturally specific services. Core MH services include individual and group counseling, nursing, psychiatry, TBS, PSR, and CPST. JFSA can integrate these services with many other JFSA services and programs such as homecare, housing, primary care, domestic violence service, emergency financial assistance, home delivered meals, life planning, payee services, and social recreational services so that most needs are met in one location by one trusted service agency. Multiple family members often received services from JFSA across generations. Service differentiators include small caseloads which allows personalized and trusting relationships to develop; evidence-based practice (EBP) modalities such as EMDR, Cognitive Enhancement Therapy, Motivational Interviewing, Art Therapy, and Permanent Supportive Housing which help to ensure the goal standard approach whenever possible; Strong family supports are embraced and supported by program with the understanding that staff may come and go, but family is forever. Natural supports provide better outcomes for success for those served as well as more efficient and enhancement of provision of services. Over the past year, staff have used a variety of additional formats including Peer Support and volunteers to assist with technology, provided clients with devices when necessary to access services, outdoor activities and services, modified vehicles for transportation. JFSA also became a COVID-19 vaccine provider which allowed access to staff in late 2020 and nearly 100% compliance. This also allowed for easier access for clients and promoted higher vaccine rates and health among clients.

Focus on Diversity: Jewish Family Service Association of Cleveland

Program(s): Mental Health (MH) Treatment; MH Residential - University House; Peer Support - Employment Services; Peer Support Supportive Housing; Supported Employment; Transportation Assistance

Diversity, Equity and Inclusion STRENGTH from program proposal:
JFSA "values the individual, and his or her right to self-determination, promoting the delivery of services that are age, gender and gender identity, developmental, linguistically and culturally competent to all individuals, including individuals with diverse cultural/ethnic backgrounds and limited English proficiency."

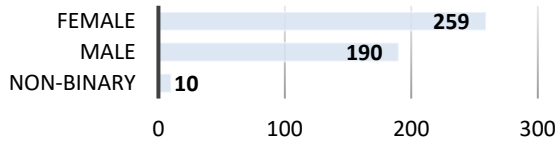


Region: Central/E

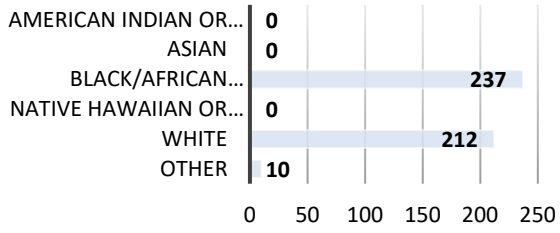
CLIENT DEMOGRAPHICS

2022 – Total Served 966 *(the data below reflects 459 clients, and is the most complete information available based on 2022 outcomes reports)*

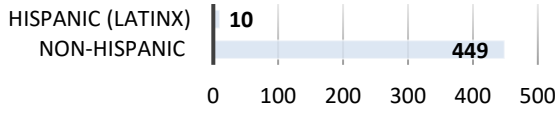
Gender



Race

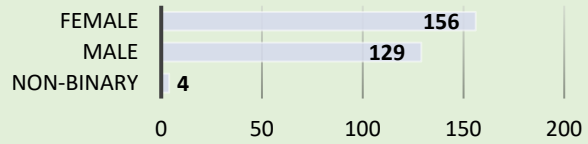


Ethnicity

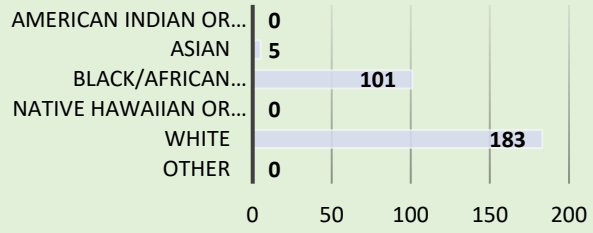


2023 – Total Projected to be Served 289

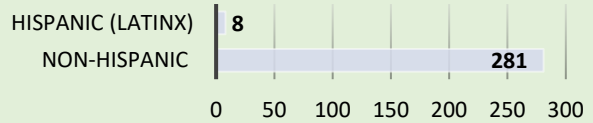
Gender



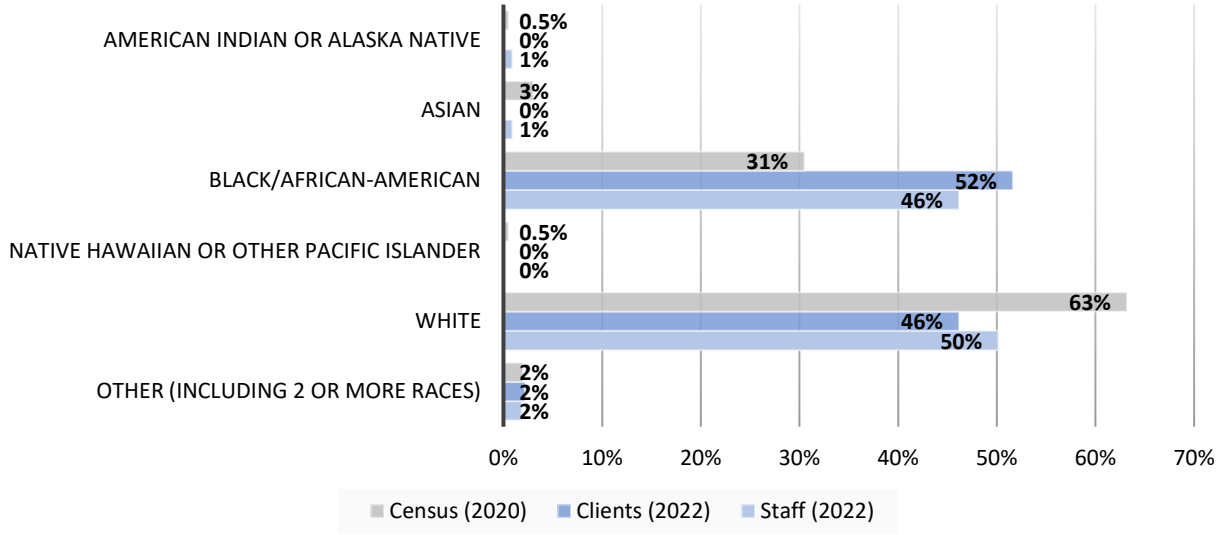
Race



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%.

Jordan Community Residential Center

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Jordan Community Residential Center			
Transportation	$ 10,000	$ 10,000	Removing Barriers
Recovery House	$ 75,000	$ 100,000	Housing
Supported Employment	$ -	$ 37,050	Employment
Total	**$ 85,000**	**$ 147,050**	

CY23 Program Highlights and Outcomes

Jordan Community Residential Center

Jordan Community Residential Center (Jordan CRC) provides women with recovery housing, employment preparation and other supportive services since its inception in 2004.

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

Recovery Housing

Jordan CRC's Recovery Housing Program incorporates the following essential elements: Certified by Ohio Recovery Housing and based on best practice guidelines; Expertly trained staff with the knowledge, values and skills necessary to achieve project goals, objectives and resident outcomes; Board of Directors, management and project staff reflect the cultural and racial diversity of recovery housing residents; Access to an array of community-based SUD and MH treatment, including MAT and other recovery support services; Program incorporates the principles of a Recovery Oriented System of Care (ROSC) by facilitating access to multiple pathways for recovery.

Orientation - Upon entrance to recovery housing participants are provided an orientation that provides an overview of house rules and expectations and sign an agreement of understanding. The Resident Policies and Procedures Manual was approved by Ohio Recovery Housing as part of the certification process. Each resident is provided a manual. The recovery housing environment is designed to support personal growth and prepare residents for self-sufficiency.

Recovery Housing - Residents are assigned to a double occupancy bedroom and have access to common living areas. Consistent with ORH standards, the duration of stay is time unlimited meaning that a residents' length of stay in not defined by an arbitrary or fixed amount of time, but based on the needs of the resident, goals achieved, progress in recovery and compliance with house rules.

Access to Supports - While residing in recovery housing residents have access to a full continuum of SUD treatment, including MAT and other community-based recovery supports. Specialized SUD treatment includes gender-specific and trauma informed services provided by Jordan CRC's outpatient certified treatment program, Phoenix Counseling Solutions.

A key to the success of this program is the degree to which cultural competence, including gender-specific and trauma-informed care is integrated into SUD treatment, recovery housing and in the case of residents who are court involved, judicial supervision. Consistent with the ADAMHS's Boards policy on Non-Discrimination and Cultural Competence this program embraces sensitivity, awareness, understanding and responsiveness of the beliefs, values and customs of the residents.

Target Population:

- The target population for the project is adult women, regardless of race and diagnosed with a primary diagnosis of substance use or co-occurring substance use and mental disorder, who are actively engaged in treatment and who reside in Cuyahoga County; a specific focus are women who have histories of sex trafficking and/or sexual exploitation and criminal justice involvement
- A representative participant in this project is likely to be an English speaking, female, and African American or White
- Ages will range from 18 to 65 with the average age being 35
- All socioeconomic categories

Anticipated Number of Clients to be Served: 100

Number of Staff Required to Implement Program: 5

CY23 Program Highlights and Outcomes

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- The Executive Director will assume the responsibilities of the Program Coordinator in the event of a vacancy and the three resident monitors will share responsibilities until another monitor is hired. Residents of recovery housing will continue to receive the same amount, duration and scope of services regardless of staff vacancies.

Funding Priority:

- High Quality Housing

Program Goals:

- By the end of CY23, 100 women diagnosed with a SUD will be enrolled in recovery housing and have access to SUD treatment, peer recovery support and other recovery support services.

Program Metrics:

- Number of women enrolled in recovery housing.
- Successful accomplishment of project objectives will result in stable housing, decreased substance use (abstinence), decreased criminal justice involvement (criminal justice), increased family and social relationships (social connectedness) and improved emotional well-being (mental health).
- Ohio Recovery Housing's tool will be used to collect resident outcome measures. The tool will be administered at three points in time by project staff. The data will be monitored quarterly to inform continuous quality improvement.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 15
- **ADAMHS Funded Unduplicated Clients Served:** 22
- **Total Number of Clients Served:** 51
- **Total Number of Clients that Completed this Program/Service:** 12

Average Cost Per Client: $2,250

Additional Information:

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 33
- **ADAMHS Funded Unduplicated Clients Served:** 19
- **Total Number of Clients that were Served:** 80
- **Total Number of Clients that Completed this Program/Service:** 14

Goals Met:

- By the end of CY21, recovery housing and other support services will be provided to 33 women diagnosed with SUD.

CY23 Program Highlights and Outcomes

Metrics Used to Determine Success:

- Number of participants that report abstinence at discharge. Number of participants that report no new arrests or criminal charges. Number of participants that report increased family and social relationships. Number of participants that report involvement in employment and educational activities.

Program Successes:

- 100% of participants reported abstinence at discharge
- 100% of participants reported no new arrests or criminal charges
- 84% of participants reported increased family and social relationships
- 79% of participants reported involvement in employment and educational activities

Average Cost Per Client in CY21: $2,250

Additional Information:

- Thank you for your continued support

Supported Employment

A Supported Employment (SE) advisory group represented by project staff, additional staff across Jordan Community Residential Center and other interested key stakeholders will be trained in Supported Employment to develop a general understanding of the model. Training, technical assistance, employment consultation, support on SE evidence-based core principles and the importance of maintaining fidelity to the model will be provided by a trainer and consultant identified by OhioMHAS.

The project will establish program standards that support implementation based on the eight core principles of the Supported Employment model. These include: Zero-exclusion, Rapid job search, Services are integrated with comprehensive substance use disorder and co-occurring mental health disorder treatment, Competitive employment, Personalized benefits counseling, Systematic job development, Time unlimited supports, and Eligibility is based on consumer preferences.

This program is inclusive of and engages all individuals interested in working with no eligibility requirement to enter the program reflecting a zero-exclusion policy. Participants will not be excluded from the Supported Employment program because of substance use or cognitive impairment. Supported Employment services will be integrated into the participant's substance use and/or co-occurring disorder treatment experience through the implementation of an interdisciplinary team of Jordan Community Residential Center staff reflecting employment, SUD treatment and recovery housing. Participants will receive benefit coordination services to inform them about the impact of work on their governmental benefits and to assist them manage their benefits and health care coverage as they work more and increase their earnings.

Relationships have been developed with local businesses to hire participants of the project including Popeyes Louisiana Kitchen and University Hospitals.

Target Population:

- The target population for the proposed project is adult women, regardless of race and diagnosed with a primary diagnosis of SUD or co-occurring disorders, who are actively engaged in treatment and who reside in Cuyahoga County; a specific focus are women who have histories of sex trafficking and/or sexual exploitation and criminal justice involvement
- A representative client in this project is likely to be an English speaking, female, and African American or White

- Ages will range from 18 to 65 with the average age being 35
- All socioeconomic categories

Anticipated Number of Clients to be Served: 20

Number of Staff Required to Implement Program: 2

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Jordan Community Residential Center staff will all be trained in the Supported Employment Model. Cross-training will ensure program services continue in the event of staff vacancies.

Funding Priority:

- Employment Programs

Program Goals:

- The goal of this program is to provide employment opportunities in the competitive labor market for women with SUD and co-occurring disorders.

Program Metrics:

- Number of participants enrolled, and number of participants placed in competitive employment

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

CY23 Program Highlights and Outcomes

Transportation Program

Transportation services are designed to reduce barriers to SUD treatment and other community-based services including court hearings. These services are provided to and from the participants recovery house to the needed service or appointment on an as needed basis. The transportation driver is a former resident of Jordan CRC's recovery housing and is trained in first aid. She has an active driver's license. Records of mileage, number and places of trips are maintained.

Target Population:

- The target population for the Transportation Program is adult women, regardless of race and diagnosed with a primary diagnosis of substance use or co-occurring substance use and mental disorder, who are actively engaged in treatment and are residents of Jordan Community Residential Center's Recovery Housing Program. A specific focus are women who have histories of sex trafficking and/or sexual exploitation and criminal justice involvement.
- A representative participant in this project is likely to be an English speaking, female, and African American or White. A small number of women may be Puerto Rican. Ages will range from 18 to 65 with the average age being 35. Women presenting with a substance use disorder will be from a variety of socioeconomic levels with a majority being indigent and uninsured. Most will be unemployed or employed part-time and many may only have a high school diploma or GED. Often these women will be or have been involved with other public systems such as child welfare, public assistance, and behavioral health systems. Although most list marital status as single, many of these defendants are likely to be parents and are challenged to meet parental responsibilities. They may be "doubling up"with family members to avoid homelessness. It is anticipated that most of the population will be court-involved.
- Adult 26-64, 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:

- Agency staff are qualified to transport participants in the event of a vacancy in the Transportation Program. Bus vouchers and UBER may also be used.

Funding Priority:

- Removing Barriers

Program Goals:

- By the end of 2023, 100 participants of Jordan Community Residential Center's Recovery Housing Program will receive transportation services to and from SUD treatment and other community-based services in an effort to reduce barriers to and improve participant satisfaction.

Program Metrics:

- Number of participants receiving transportation services; Number of trips to community-based organizations.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 50
- **ADAMHS Funded Unduplicated Clients Served:** 22

CY23 Program Highlights and Outcomes

- **Total Number of Clients Served:** 51
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: Jordan Community Residential Center (Jordan CRC) provides women with recovery housing, employment preparation and other supportive services since its inception in 2004. 7.00

Additional Information:

- ADAMHS Board funding supports transportation services for 30 residents of Jordan Community Residential Center services per year

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 33
- **ADAMHS Funded Unduplicated Clients Served:** 19
- **Total Number of Clients that were Served:** 80
- **Total Number of Clients that Completed this Program/Service:** 14

Goals Met:

- By the end of 2021, 33 participants of recovery housing will receive transportation services.

Metrics Used to Determine Success:

- Number of participants provided transportation services. Number of trips for substance use disorder treatment. Number of trips for community-based recovery support services.

Program Successes:

- 100% of participants received transportation services. 100% of participants received transportation services to substance use disorder treatment. 100% of participants received transportation services to community-based recovery support services.

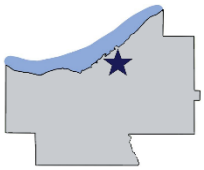
Average Cost Per Client in CY21: $7

Additional Information:

Focus on Diversity: Jordan Community Residential Center

Program(s): Recovery Housing; Supported Employment; Transportation Program

Diversity, Equity and Inclusion STRENGTH from program proposal:
Jordan Community Residential Center noted that they "respect and value diverse life experiences and heritages and ensure that all voices are valued and heard. We are committed to maintaining an inclusive environment with equitable treatment for all."

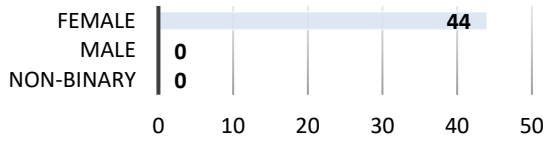


Region: NE

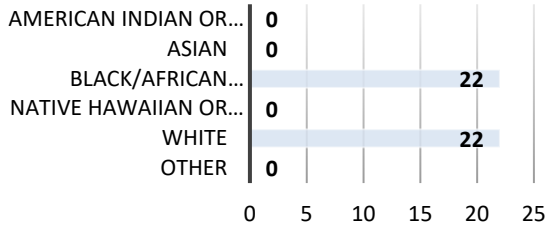
CLIENT DEMOGRAPHICS

2022 – Total Served 102 *(the data below reflects 44 clients, and is the most complete information available based on 2022 outcomes reports)*

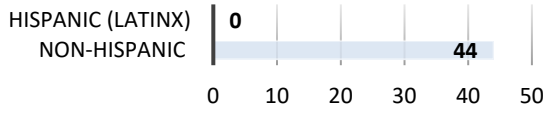
Gender



Race

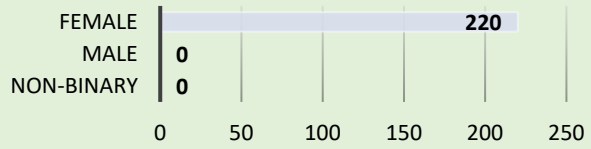


Ethnicity



2023 – Total Projected to be Served 220

Gender



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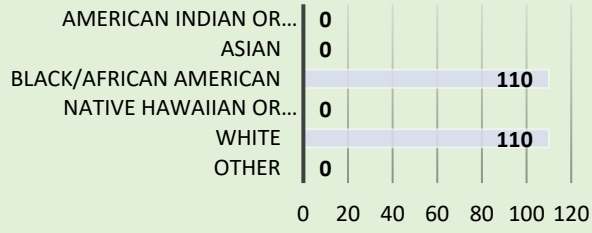

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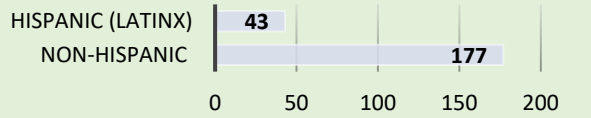
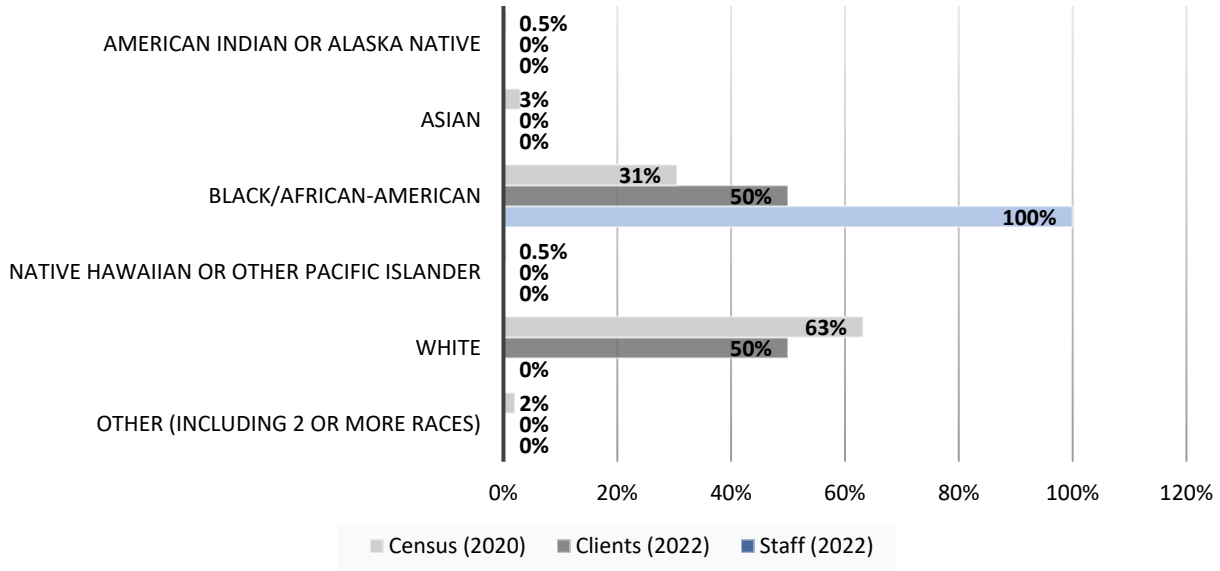


COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



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

Joseph's Home

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Joseph's Home			
Recovery Support Services	$ 60,000	$ 60,000	Peer Support
Total	**$ 60,000**	**$ 60,000**	

CY23 Program Highlights and Outcomes

Joseph's & Mary's Home

The mission of Joseph's & Mary's Homes is to provide a nurturing, caring environment to individuals without resources who have acute medical needs, helping them heal and achieve independence. They are the only homeless provider in Cuyahoga County exclusively focused on delivering medical respite care.

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

Medical Respite Care for Individuals Experiencing Homelessness

Given the prevalence and detrimental effects of untreated substance use disorder (SUD) and Severe Mental Illness (SMI) among people experiencing homelessness, Joseph & Mary's Home provides a peer recovery support program; utilizes trauma informed care; implements harm reduction; and reduces barriers to critical treatment services, including transportation and coordinating care.

Joseph & Mary's Home follows the National Health Care for the Homeless Council's (NHCHC) clinically informed Standards for Medical Respite Care, recently reaching 92% fidelity. Integrated care starts with a safe, peaceful environment in two adjacent facilities - Joseph's Home (men) and Mary's Home (women) - with temporary housing in private rooms, 24-hours-per-day, seven-days-per-week, 365-days-per-year (24/7/365) staff supervision and support, onsite medical clinic with nursing care, food service, access to technology, case management, care coordination and individual and group therapeutic activities. Through a comfortable environment, staff build trust with residents who likely have long histories of trauma and distrust of health and social service providers. Moreover, by employing a diverse staff, including staff with lived experience, staff can provide culturally competent services and further build trust. Earlier this year, Joseph & Mary's Home was one of five organizations nationwide to receive funding from the CDC Foundation and NHCHC for its success integrating behavioral health in medical respite.

Joseph & Mary's Home incorporates evidence-based practices under the Substance Abuse and Mental Health Services Administration (SAMHSA), including motivational interviewing and Housing First. Motivational interviewing is a practice in which individuals can be helped to generate self-motivation, and harm reduction, which seeks to mitigate negative outcomes associated with substance use. Housing First prioritizes housing and does not require people to stabilize before receiving housing; instead, interventions focus on helping people achieve stability in housing. Once housed, evidence shows that people take better advantage of supportive services.

Guided by evidence-based practices, Peer Recovery Supporters help residents navigate transitions in care, as they move from residential care to community care, and offer interventions to prevent worsening health conditions, relapse and recidivism. By providing added support and wrap-around services to alumni, staff ensure they remain stable in the community. This effectively creates a bridge that moves people more seamlessly from hospital to shelter to home and increases the likelihood that they will independently access community resources. By decreasing barriers to accessing treatment, staff increased adherence to treatment, improved health outcomes and reduced mortality rates.

Target Population:

- Medically fragile individuals experiencing co-occurring behavioral and physical health conditions and homelessness who no longer require hospitalization but are too frail or sick to be discharged to the streets or a traditional congregate shelter.

- In 2021, 67% of residents had a diagnosed SMI, 67% presented with various SUDs, 85% had at least one chronic physical health condition, and 38% were considered chronically homeless.
- Adults ages 18-65 or older, less than 100% 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:

- Joseph & Mary's Home benefits from HR support from the Sisters of Charity Health System and has generally been able to post and rehire positions quickly. The organization has implemented a solid organizational structure to help ensure services remain consistent despite potential vacancies or staff changes. Joseph & Mary's Home uses two PRN positions that offer flexibility to cover shifts when needed, and a third PRN is slated to be hired in late August 2022. Consequently, even in the face of some turnover, COVID-19 quarantines and opening of a second facility, Joseph & Mary's Home has maintained building coverage, experienced no disruption in services and has continued to achieve strong outcomes.

Funding Priority:

- Peer Support

Program Goals:

- The Peer Recovery Supporter will assist residents/alumni with effectively transitioning to Community Care and independently accessing community resources.
- As a result of Peer Recovery Support, residents/alumni will increase their stage of readiness for treatment as measured by the Substance Abuse Treatment Scale (SATS) for Mental Illness and Substance Use Disorders.
- As a result of the Peer Recovery Supporters' routine follow-up and connection with program alumni, graduates of Joseph & Mary's Home will improve outcomes for remaining medically stable and maintaining permanent housing destinations.

Program Metrics:

- At least 90% of residents who receive PRS services will have a post-discharge plan.
- 100% of residents who need it will receive some form of travel training during their admission. All alumni will be evaluated for travel training needs.
- At least 50% of residents will show transportation independence by discharge and 75% of alumni will be independently transporting themselves to appointments.
- At least 50% of residents and alumni receiving behavioral health and peer support services will have an increase by at least one stage of readiness by discharge.
- At least 50% of program alumni with a SUD or SMI will remain medically/behaviorally stable as evidenced by participating in routine healthcare care appointments, abstaining from harmful substances, taking medications as prescribed and engaging/accessing community resources.
- At least 80% of program alumni will attain and maintain permanent housing.

CY23 Program Highlights and Outcomes

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 50
- **ADAMHS Funded Unduplicated Clients Served:** 69
- **Total Number of Clients Served:** 69
- **Total Number of Clients that Completed this Program/Service:** 41

Average Cost Per Client: $6,267

Additional Information:

- The ADAMHS Board's support of peer support services at Joseph's Home and now Mary's Home has been essential to helping individuals served to build a path to health and housing stability. Peer recovery supporters help residents and alumni use and navigate a myriad of resources focused on social support and housing stability. Peer support has been even more important with the pandemic and its aftermath. Peers are trusted voices, and residents and alumni know that they can go to them and count on them. These trust-based relationships are the foundation to help people find their motivation for change, cope with the stress of homelessness, work through trauma and build resilience.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 90
- **ADAMHS Funded Unduplicated Clients Served:** 85
- **Total Number of Clients that were Served:** 85
- **Total Number of Clients that Completed this Program/Service:** 43

Goals Met:

- Help residents/alumni transition to community care and independently access treatment and supports
- Help residents/alumni overcome barriers to recovery through peer support
- Help residents/alumni attain and maintain wellness, through housing and other social determinants of health

Metrics Used to Determine Success:

- 90% of residents will have a post-discharge plan, connecting them to community-based resources
- 50% of residents and alumni receiving behavioral health and peer support services will increase their stage of readiness by one stage
- 50% of program alumni with a SUD or SMI diagnosis will remain medically/behaviorally stable

Program Successes:

- 90% of residents worked with staff to develop a discharge plan, connecting them to community-based resources
- 97% of residents achieved transportation independence and 95% of alumni are self-transporting to appointments
- 60% of residents/alumni receiving behavioral health and peer support services increased their stage of readiness

CY23 Program Highlights and Outcomes

- 91% of alumni maintained medical/behavioral health stability; 50% of residents exited directly into permanent housing; 89% of alumni remained in stable housing

Average Cost Per Client in CY21: $6,745.10

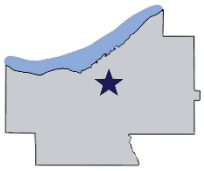
Additional Information:

- Joseph's Home's partnership with the ADAMHS Board is crucial to getting individuals served on the path to health and housing stability. Peer recovery supporters help residents utilize a myriad of resources with their focus being social support and housing stability. They help men (and now women) find housing and access resources they need to maintain housing. The peer recovery supporters were essential in supporting clients during the pandemic. Whether one-on-one interaction, phone calls or ensuring that virtual music and art therapy can take place, peers have helped clients cope, work through trauma and build resilience.

Focus on Diversity: Joseph's Home

Program(s): Medical Respite Care for Individuals Experiencing Homelessness

Diversity, Equity and Inclusion STRENGTH from program proposal:
Joseph's Home stated that "every person is welcomed and respected as their authentic self. Through courage, compassion, and collaboration, we work to create a health system rooted in justice, in which all our ministries embrace diversity and create equitable, inclusive spaces of belonging."

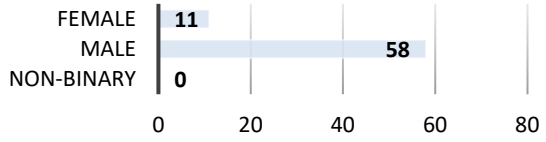


Region: Central

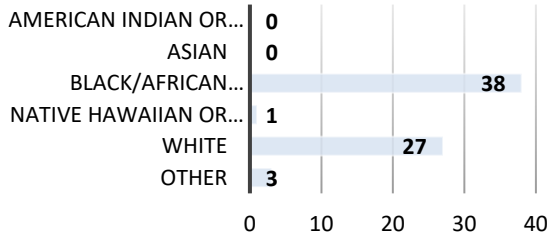
CLIENT DEMOGRAPHICS

2022 – Total Served 69

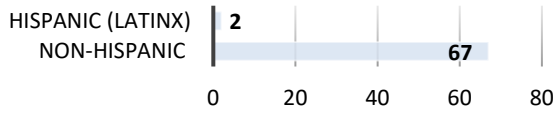
Gender



Race

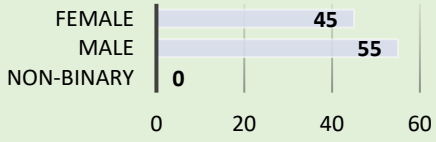


Ethnicity

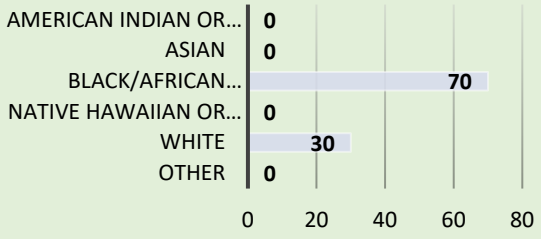


2023 – Total Projected to be Served 100

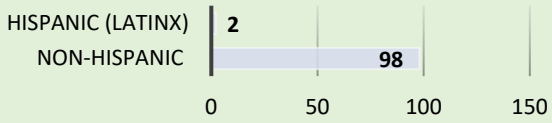
Gender



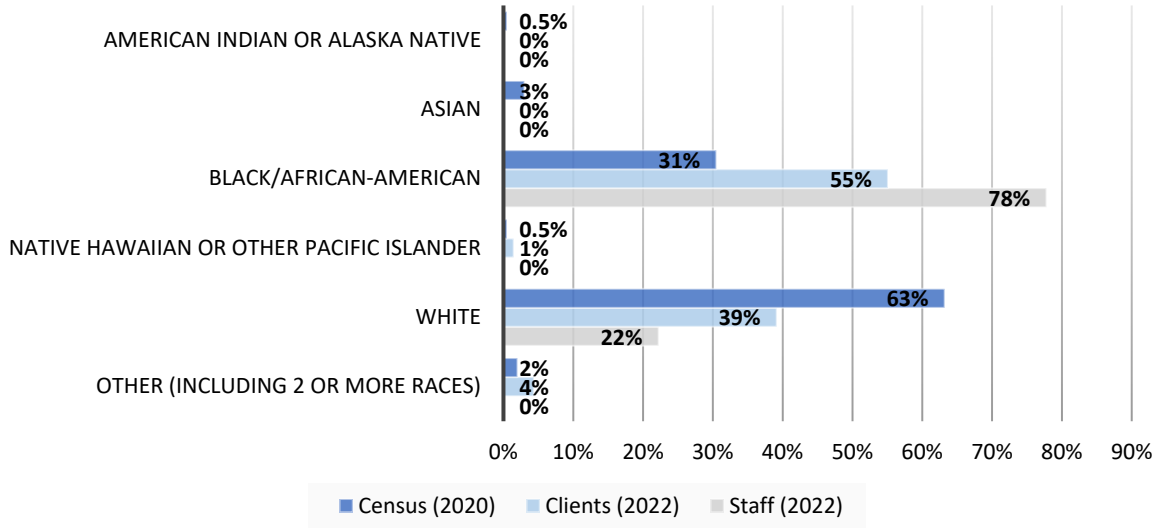
Race



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%.

Journey Center for Safety and Healing

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Journey Center for Safety & Healing			
Domestic Violence & Family Help Line	$ 15,000	$ 15,000	Crisis
Trauma Services	$ 50,000	$ 75,000	Prevention
Total	**$ 65,000**	**$ 90,000**	

CY23 Program Highlights and Outcomes

Journey Center for Safety and Healing

Journey Center for Safety and Healing (JCSH) is the result of a merger between the Domestic Violence Center and Bellflower Center for Prevention of Child Abuse. Its mission is to end child abuse and domestic violence, empowering victims, educating the community, and advocating for justice. JCSH offers a wide variety of prevention and intervention services.

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

Trauma Services

Journey's Trauma Services program currently includes therapy services that address the precipitating trauma and the underlying mental health disorders which become problematic as a result. While other organizations offer shorter term therapy services and crisis counseling, Journey offers long term trauma therapy services that are not time-limited and specialize in serving victims of domestic violence and child abuse. Journey therapists are trained in the most recent and effective evidence-based trauma specific therapeutic modalities, including Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Internal Family Systems therapy (IFS), expressive art techniques, and Eye Movement Desensitization and Reprocessing therapy (EMDR). The field of trauma-informed treatment is growing in its understanding of how abuse affects the deepest brain functions, including memory, stress regulation, and sensations, which impact the development of how an individual views themselves, the world, and others.

Because Journey uses a client-led, victim-centered approach, there is not a linear path through the agency's program that is the same for every person. Individuals seeking therapy services initiate contact with the agency typically through the 24-hours-per-day Helpline, but also internally from other programs within Journey and through many referral sources in the community, including community behavioral health centers, Division of Children & Family Services, other non-profits, hospitals, Federally Qualified Health Centers, courts and law enforcement. Journey's Trauma Services staff complete comprehensive behavioral health assessments that assess mental health, substance use and functional needs as well as determine which services are appropriate. Clients participate in as many or as few services as they choose. Journey has great expertise in working with families impacted by violence from a wide variety of cultures, socio-economic levels, and backgrounds. This includes families living in poverty, experiencing generational abuse, with multiple levels of pressure and violence in their lives (family, school and neighborhood), and suburban families who may have the same or very different pressures and perspectives. Incorporating cultural realities, addressing language and other barriers is necessary to be effective.

Target Population:

- While abuse happens in all communities and at all socio-economic levels, many of the individuals Journey serves come primarily from the City of Cleveland and inner-ring suburbs with incomes below poverty level and may have difficulty affording the needed treatment.
- Journey's target population is individuals with a history of trauma caused by exposure to domestic violence and child abuse. Most clients have anxiety, post-traumatic stress disorder, or mood-related diagnoses.
- All Ages, All socioeconomic categories.

Anticipated Number of Clients to be Served: 170

Number of Staff Required to Implement Program: 5

CY23 Program Highlights and Outcomes

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Any vacancies in staff will result in the Program Director taking on a case load while the position is being filled to avoid a lapse in services for clients.

Funding Priority:

- Prevention

Program Goals:

- Help individuals impacted by domestic violence and/or child abuse to understand their trauma and develop skills for dealing with its effects.

Program Metrics:

- Journey will provide individual therapy services to 170 adult and children survivors of domestic violence and/or child abuse. 60% of individuals in therapy will experience a decrease in problem severity and an increase in functioning after one year of treatment or their treatment cycle, as measured by the Ohio Scales.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 85
- **ADAMHS Funded Unduplicated Clients Served:** 79
- **Total Number of Clients Served:** 79
- **Total Number of Clients that Completed this Program/Service:** 6

Average Cost Per Client: $2,886.57

Additional Information:

- Two clients did not report their race, and three did not report their ethnicity. Those clients are not included in the demographic data.

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

Domestic Violence and Family Helpline

The Helpline offers crisis support, safety planning, information and referrals to survivors of domestic violence and child abuse via calls, texts, and chats. Advocates assist with the immediate needs of the victim and their families, including a need for immediate shelter. When prospective Shelter clients call the Helpline, a staff member conducts a phone intake to verify that the caller is a survivor of domestic violence, help them assess their safety, and develop an escape plan. It is important for domestic violence shelters to provide an intake process 24-hours-per-day. Hospitals, safe rooms, and police departments know they can use the hotline as resource at any hour. In addition, the Helpline serves as the intake process for Journey's Trauma Services program and offers information and referrals. As a child abuse prevention line, the Helpline assists parents in coping with issues and offers tools and support to parents looking to increase their parenting skills. Family, friends, and professionals can turn to the Helpline when they need assistance or information to support their loved ones or clients.

The Helpline is answered 24-hours-per-day, seven-days-per-week, 365-days-per-year (24/7/365), by trained professionals and volunteer Advocates with knowledge of child development, child abuse, domestic violence, teen dating violence, stalking, and community resources. Staff offer crisis intervention, information, referrals, and support. Trauma-informed skills are applied to maintain a

calming, patient, non-judgmental, and supportive relationship with the caller. Through use of two evidence-based crisis intervention models - Motivational Interviewing and Safety, Security, Ventilate, Validate, Prepare, and Predict (SSVVPP) - Advocates help clients to feel safe, heard, and, most importantly, believed. The models incorporate the basic tenants of crisis management with a victim-centered approach.

The confidential nature of the Helpline encourages individuals who are embarrassed or ashamed of their situation to reach out for help. Fear of being judged, reported to authorities, or having children taken away often prohibits individuals from reaching out for help in a traditional manner (through DCFS or other in-person services). The Helpline allows callers to describe their circumstances, vent, ask for help or services, make a plan, learn how to become safe, learn about new parenting techniques, coping skills, and much more.

Target Population:

- All Ages, All socioeconomic categories

Anticipated Number of Clients to be Served: 7,000

Number of Staff Required to Implement Program: 3

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- In the case of vacancies, other Helpline and Shelter staff fill in, distributing tasks as necessary to avoid disruption to clients' services. Journey advertises for open positions on its own website and job boards to recruit qualified candidates as quickly as possible.

Funding Priority:

- Crisis Services

Program Goals:

- The goal of the Domestic Violence and Family Helpline is to provide practical information, emotional support, and referrals to those accessing the Helpline 24-hours-per-day via calls/texts/chats.

Program Metrics:

- 100% of help seekers to the Domestic Violence & Family Helpline will receive an immediate response from a trained responder and will be given accurate information and referrals.
- Current level of safety will be assessed for 100% of callers on the helpline by a trained responder.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 3,750
- **ADAMHS Funded Unduplicated Clients Served:** 2,659
- **Total Number of Clients Served:** 2,659
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $52.78

Additional Information:

- Client demographic data is provided as zero earlier in the survey, as this data is not collected due to the confidential nature of the Helpline.

CY23 Program Highlights and Outcomes

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 7,500
- **ADAMHS Funded Unduplicated Clients Served:** 5,122
- **Total Number of Clients that were Served:** 5,122
- **Total Number of Clients that Completed this Program/Service:** 5,122

Goals Met:

- To provide practical information, emotional support, and referrals to callers accessing the Domestic Violence & Family Helpline 24-hours-per-day.

Metrics Used to Determine Success:

- Percentage of callers who receive an immediate response from a trained responder and are given accurate information and referrals.

Program Successes:

- 100% of the 5,122 unduplicated callers received an immediate response from a trained responder and were given accurate information and referrals.

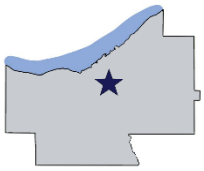
Average Cost Per Client in CY21: $18.81

Additional Information:

- The Helpline operates 24-hours-per-day, 7-days-per-week. For 40-hours-per-week, the program is staffed by employees who exclusively answer the Helpline. For the remaining 128 hours, the Helpline is answered by shelter staff cross-trained on the Helpline. ADAMHS Board funding supports the Helpline Advocate roles specifically.

Focus on Diversity: Journey Center for Safety and Healing

Program(s): Domestic Violence and Family Helpline; Trauma Services

Diversity, Equity and Inclusion STRENGTH from program proposal: *Journey Center is "committed to modeling our work through a lens of anti-racism and equity. We are committed to an intentional examination of how our own internal structure, our community partners may be unknowingly reinforcing these systems of oppression that we wholeheartedly oppose."*	 Region: Central

CLIENT DEMOGRAPHICS	
2022 – Total Served 2,738	**2023 – Total Projected to be Served 7,170**
Gender	Gender
Incomplete information provided	Incomplete information provided
Race	Race
Incomplete information provided	Incomplete information provided
Ethnicity	Ethnicity
Incomplete information provided	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%.

Life Exchange Center

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Life Exchange Center			
Art Therapy	$ 37,640	$ 40,000	Peer Support
Peer Support	$ 389,430	$ 411,400	Peer Support
Transitional Youth Housing	$ 173,250	$ 179,000	Peer Support
Total	**$ 600,320**	**$ 630,400**	

CY23 Program Highlights and Outcomes

Life Exchange Center

The Life Exchange Center (LEC) is a peer-oriented, member-driven drop-in center that offers peer support services and other recovery-oriented services to persons with a mental illness and/or addiction in Cuyahoga County.

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

Peer Run - Drop-In Center

There are five elements of the client-operated program that differ from traditional mental health services: control by clients, voluntary participation, mutual benefit, natural (i.e., peer) support, and experiential learning. Control by members occurs in many ways. Once a week members have a member meeting with staff where they talk about what activities they are interested in such as field trips, holiday celebrations, types of groups, what they like about member rules, how they are applied and what they do not like. Discussions range from what they do/don't to see on the menu, temperature of the building, more exercise activities, types of music played, community/civic advocacy issues and a host of other topics.

Voluntary participation has been a topic of such meeting and members are clear on what groups, filed trips and more solitary type activities they wish to partake in. That is why there is an array of educational, recreational, social, or other activities that are available at any one time. For example, some members will attend art therapy, while others may be playing pool a small group of friends will listen to music and talk, a few might watch tv and others may be in a managing your finances group. Some may be out shopping at a second-hand store with a staff member and the van driver. The agency has a computer room that can be used throughout the day and there is often someone who just wants/needs to be alone, and they use the quiet room that is equipped with soft lights, waterfall, chairs/table, and books. No one is ever forced to participate in any activity. Of course, the peer staff may suggest to a member who abuses substances to go to an AA group with other members. But members have the final choice. If members are displaying problematic behaviors the rules the members themselves developed are applied.

Mutual Benefit occurs because of a supportive environment where staff emphasize opportunity through group empowerment, equal relationships, member activity and participation and practice in improved skills. Peer Support provides positive role modeling and the sharing of life experiences that have and have not resulted in their role in recovery.

Opportunities for Experiential Learning takes place routinely. There will be a new computer trainer starting soon. Staff teach all kinds of life skills such as banking, cooking, washing clothes and healthy activities such as yoga, dancing, photography and acting.

Target Population:

- Adults ages 18 and older with mental health and/or substance use disorders residing on the Eastside of Cuyahoga County, primarily in the Mount Pleasant community, living independently or in Adult Care Facilities.
- The members LEC serves typically are poor and Black with long histories of psychiatric hospitalizations or criminal activity, are heavy users of crisis services, and/or experienced homelessness.
- Over 50% of participants are dually-diagnosed with a mental illness and substance use disorder. The common diagnoses of our membership are Schizophrenia, Depression, Bipolar I and II, Major Depression and Schizoid-Affective Disorder.

CY23 Program Highlights and Outcomes

- Adults ages 18-65 and older, Less than 100% of the federal poverty level.

Anticipated Number of Clients to be Served: 60

Number of Staff Required to Implement Program: 10

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Staff will ensure clients in the program continue to receive services consistent with the contract when vacancies occur by adjusting schedules so that there is sufficient peer support for clients. In addition, the use of changes in programming will occur as needed. The Executive Director Administrative Assistant may have to assist with lunch set-up/clean-up. Staff pitch in to make sure the total day works. Staff are encouraged to give advance notice when they will be off when possible.

Funding Priority:

- Peer Support

Program Goals:

- Serve 75 members a minimum of twice-a-week during CY23.
- 75% of members will rate their satisfaction with LEC Services as either good or very good.
- Reduce the number of regularly participating members psychiatric hospitalizations.

Program Metrics:

- This data will be collected by direct report by member, mental health provider or family member and documented in member file and transferred to internal agency database with built-in security features.
- A standardized client satisfaction survey will be administered during the fall of 2022 to determine levels of program satisfaction. The survey will be administered by a consumer who is not a member of the agency to increase confidence in the process.
- Data will be collected utilizing daily sign-in sheets.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 50
- **ADAMHS Funded Unduplicated Clients Served:** 45
- **Total Number of Clients Served:** 45
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $761.80

Additional Information:

- Staff is creating a marketing plan to increase the number of individuals served in the next six months. Staff are working with members to ensure they are meeting with Case Managers and maintaining their mental health. The Life Exchange Center expects to continue to keep members engaged in educational, skill building, social and recreational programs to enhance overall well-being and decrease maladaptive behaviors through the Peer Recovery Support Model.

CY23 Program Highlights and Outcomes

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 75
- **ADAMHS Funded Unduplicated Clients Served:** 432
- **Total Number of Clients that were Served:** 432
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- Daily participants will have a safe space to attend Monday-Friday from 8:30 a.m. to 4:00 p.m.
- Regularly attending participants will increase social interactions and social interactions.
- Regularly attending participants will maintain their behavioral health.
- Regularly attending participants will decrease their relapse.

Metrics Used to Determine Success:

- Provide a safe, secure environment for participants to attend Monday-Friday.
- Increase social interactions and increased confidence.
- 75 participants will attend group on a regular basis.
- Regularly attending participants will maintain their behavioral health.
- Decrease the number of individuals relapsing.

Program Successes:

- 100% of participants reported having a safe, secure environment to congregate during the day.
- 90% of participants completing the survey reported increased social interactions and increased confidence.
- Over 75 participants attended the Drop-In Center on a regular basis.
- Over 90% of regularly attending participants were able to monitor their behavior.
- Less than 2% of regularly attending participants relapsed.

Average Cost Per Client in CY21: $770.73

Additional Information: N/A

Transitional Youth Housing Program

By providing supports to vulnerable youth who transition out of the foster care system or who have faced chronic homelessness, the Transitional Youth Housing Program (TYHP) will help ensure youth have stable housing, which allows them to be more productive citizens.

TYHP is designed as a Peer Support Program that aids young adults to gain independent living skills and self-sufficiency through a non-clinical peer support model with the ultimate goal of permanent housing. Young adults receive one-one-one peer support to meet their goals in the following areas: financial, and housing. Each young adult will work one-one-one with a Peer Recovery Support Specialist to provide encouragement and assistance to achieve permanent housing and long-term recovery. Research demonstrates that Peer Supporters "offer emotional support, share knowledge, teach skills, provide practical assistance, and connect people with resources, opportunities, communities of support, and other individuals." The Peer Support Model has demonstrated success in assisting individuals in their recovery.

CY23 Program Highlights and Outcomes

Target Population:

- Five young adults ages 18-25 years that have aged out of foster care, have limited family support or are homeless and have a DSM-5 diagnosis (i.e., mental health and/or substance use disorder). Individuals must demonstrate the potential to living and a source of income. Felony offenders will be considered on a case-by-case basis.

Anticipated Number of Clients to be Served: 5

Number of Staff Required to Implement Program: 5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Staff ensured clients in the program continue to receive services consistent with the contract when there are vacancies by adjusting schedules and providing additional peer support to clients, as needed. All staff will work to ensure all contractual obligations will be met and job duties will be reassigned until the vacancy is filled.

Funding Priority:

- Peer Support

Program Goals:

- Maintain behavioral health symptoms effectively.
- Provide tools and social support resources to achieve one or more of the following goals: social interaction, increased community engagement, reduce denial of treatment and institutional confinement.
- Become financial stable and obtain permanent housing upon completion of the program.

Program Metrics:

- Youth complete surveys, provide monthly feedback during housing meetings, reported by case manager and individual peer sessions.
- Youth complete surveys, provide monthly feedback during housing meetings, reported by case manager and individual peer sessions.
- This is measured when a young adult has completed the program, has obtained housing (Lease agreements and Move-out Date) and reported by Case Manager.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 5
- **ADAMHS Funded Unduplicated Clients Served:** 5
- **Total Number of Clients Served:** 6
- **Total Number of Clients that Completed this Program/Service:** 2

Average Cost Per Client: $4,812.50

Additional Information:

- Over the past six months, Young Adults and staff participated in gardening, yoga, park walks and the Asian Lantern Festival. These activities provided supports to maintain their mental health, encourage self-care, and increase pro-social skills. Individuals in the program must demonstrate the potential to live independently. To achieve this goal, Life Exchange Center purchased a set of

stainless-steel pots to support the Young Adults in developing cooking skills. The Young Adults are encouraged to seek employment and/or enroll in educational programs. The agency has achieved the goal of serving the anticipated number of clients for CY22 and plans to meet the goal of 33% successfully completing the program and obtaining permanent housing.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 5
- **ADAMHS Funded Unduplicated Clients Served:** 7
- **Total Number of Clients that were Served:** 7
- **Total Number of Clients that Completed this Program/Service:** 3

Goals Met:

- Maintain behavioral health symptoms effectively, provide tools and social support resources to achieve social interaction and increased community engagement.

Metrics Used to Determine Success:

- Youth complete surveys, provide monthly feedback during house meetings, reported by case manager and individual peer sessions.

Program Successes:

- 100% of participants completed the evaluation reported the participating in Peer Sessions and Case Management
- 100% of participants reported one or more of the following: improved behavioral health management; 80% reported achieving employment and/or educational goals; and enhanced their independent living skills
- 80% of participants reported community engagement
- 80% of participants reported reduce of treatment
- 100% of participants reduced institutional confinement

Average Cost Per Client in CY21: $57.26

Additional Information: N/A

Art Therapy

The Life Exchange Center (LEC) will contract with the Art Therapy Studio (ATS) to facilitate three workshops per week (Monday, Wednesday, and Thursday). Classes are designed to engage participants in a healthy leisure activity and provide a support system that encourages recovery and reintegration into the community.

Target Population:

- Adult ages 18-65 and older, Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 30

Number of Staff Required to Implement Program: 2

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- The agency and the ART Therapy Studio will ensure clients participating in the programs continue to receive services consistent with the contract when staff vacancies occur by reassigning classes

to other ART Therapy Studio Staff. If ART Therapy Studio therapists are unable to attend, Peer Support Specialist will facilitate a group or sessions will be rescheduled.

Funding Priority:

- Peer Support

Program Goals:

- Provide innovative avenues for persons in recovery by offering Art Therapy resources to consumers attending the Drop-in Center.
- Provide therapeutic Art Therapy that will provide a safe place for creative expression in support of individuals in recovery from mental health and substance use disorders.
- Provide group connectedness and cohesion.

Program Metrics:

- Quarterly evaluations are completed by participants to measure the impact of the program.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 50
- **ADAMHS Funded Unduplicated Clients Served:** 30
- **Total Number of Clients Served:** 30
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $474.51

Additional Information:

- The group has had the opportunity to have group held outside where they created nature inspired artwork. Group members were allowed to select the type of mediums that will be used to provide self-expression, such as ceramics and clay. By incorporating daily meditation and some guided imagery, this allowed individuals to decrease stress, increase coping skills and increase social interactions. The new format and location of sessions within the building has continued to provide benefits for group integration and cohesion. Sessions are not smaller and group agreements hold group members accountable for arriving on time and remaining engaged in the session. These changes promote psychological safety, and as a result, group processing has continued to become more meaningful and significant. Additionally, the new structure and setting has created a safe space that encourages those who do not normally participate to safely join and “check out” services. By continuing to hour, the programming at the time and current format will optimize program outcomes.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 30
- **ADAMHS Funded Unduplicated Clients Served:** 237
- **Total Number of Clients that were Served:** 237
- **Total Number of Clients that Completed this Program/Service:** 0

CY23 Program Highlights and Outcomes

Goals Met:

- Decreasing anxiety, depression, isolation, and maladaptive behaviors. Identifying positive coping skills. Identifying emotions. Positive group connectedness/cohesion. Exploring different art media and learning skills.

Metrics Used to Determine Success:

- Program measurements include quarterly self-evaluations conducted with participants, participants' verbal self-report and therapist report.

Program Successes:

- 100% percent of participants completed the evaluation reported the following: Art Therapy helped me reduce stress; helped me better express myself; helped me improve my self-esteem; improve my social skills and cope with stress
- 67% of participants reported Art Therapy taught them a new coping skill; helped identify and cope with triggers
- 67% of participants reported Art Therapy helped with express emotions in a safe and supported manner
- 67% of participants reported Art Therapy increased relaxation skills
- 100% of participants used different to learn new skills and art mediums

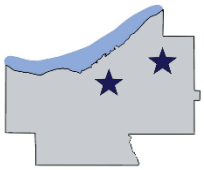
Average Cost Per Client in CY21: $141.92

Additional Information: N/A

Focus on Diversity: Life Exchange Center

Program(s): Art Therapy; Peer Run - Drop-In Center; Transitional Youth Housing Program

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.

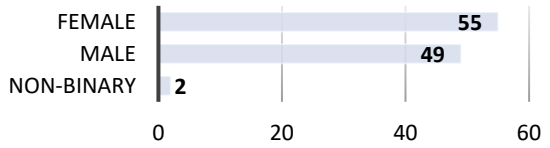


Region: Central/E

CLIENT DEMOGRAPHICS

2022 – Total Served 106

Gender



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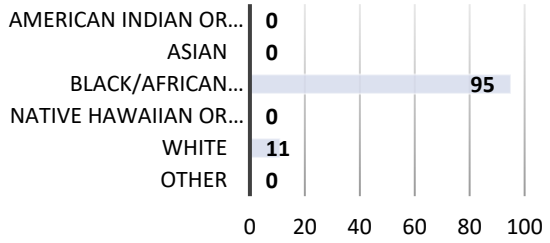
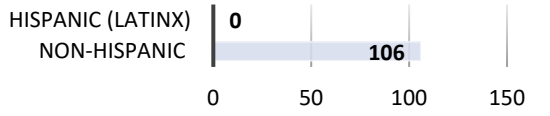
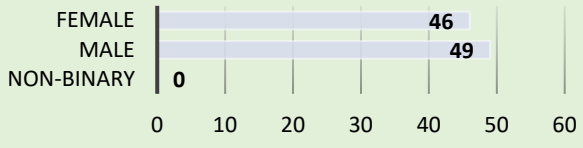


Ethnicity



2023 – Total Projected to be Served 95

Gender



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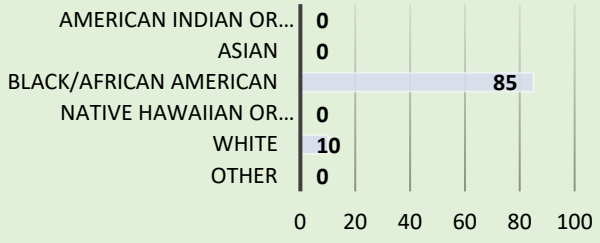

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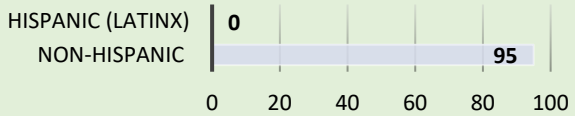
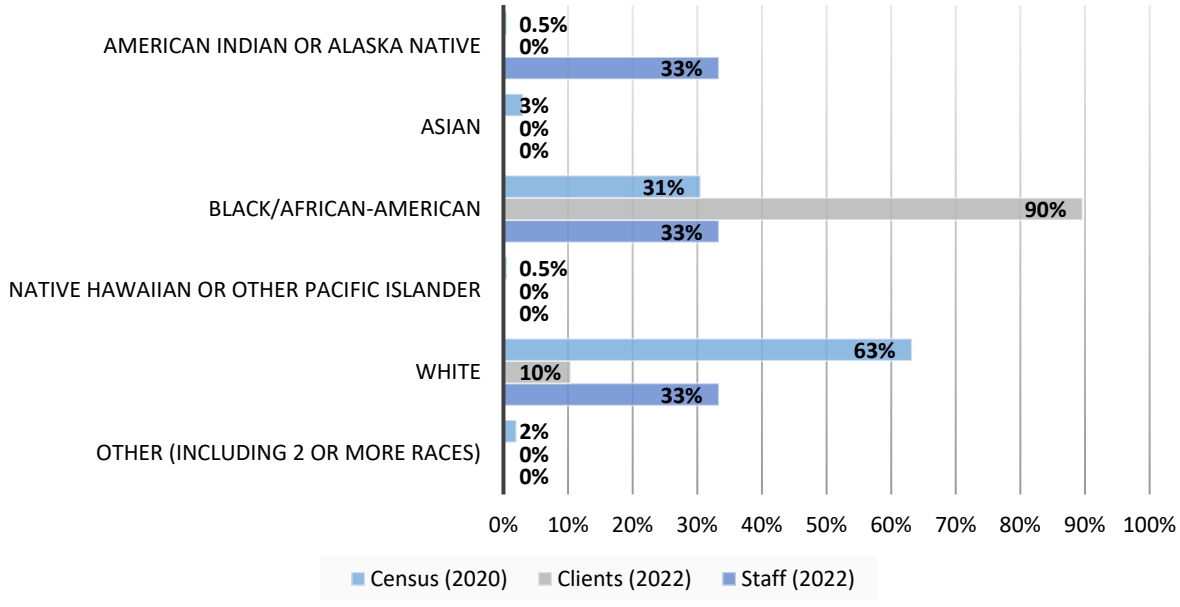


COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



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

Life Long Transportation, LLC

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Life Long Transportation, LLC			
Non-Emergency Medical Transportation	$ 75,000	$ 80,000	Removing Barriers
Total	**$ 75,000**	**$ 80,000**	

CY23 Program Highlights and Outcomes

Life Long Transportation, LLC

Life Long Transportation, LLC., is a transportation service for clients residing in ADAMHS Board funded group homes and residential facilities needing non-emergency transportation for behavioral health services. Each driver has gone through a background check, has a clean driving record and goes through training before driving clients. Transportation team members participate in HIPAA training, vehicle operation training and shadow an experienced transportation specialist before driving the passenger van or other automobiles. Transportation staff is also trained in Motivational Interviewing.

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

Non-Emergency Medical Transportation

Life Long offers quality transportation services by qualified drivers who are not only trained in the safe use of their assigned vehicles, they are also trained in CPR, First Aid and administering Narcan. Life Long prides themselves on hiring employees who are compassionate about helping others and being of service to their fellow man. Emphasis is placed on the importance of open communication, trust, honesty, and a willingness to help others. An expectation for Life Long employees is to continue to increase their knowledge with completion of trainings with a focus on addiction/mental health issues/trends. Life Long has added an additional focus on environmental health and safety due to the COVID-19 protocols. Life Long Transportation employs a team of professionals that follow up and follow through on each transaction. Life Long staff are trained in Motivational Interviewing, preparing them to converse with clients during the trips in a non-confrontational manner because it is important to interact with clients professionally and compassionately. This program offers non-emergency medical transportation for individuals with substance use disorders and mental illness.

Target Population:

- Cuyahoga County residents receiving treatment and/or recovery support services for mental illness and/or substance use disorders that need non-emergency medical transportation.

Anticipated Number of Clients to be Served: 1,800

Number of Staff Required to Implement Program: 9

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Communicate with the supervisors or partners organization to advise them of any incidents timely which may occur preventing inability to perform service.

Funding Priority:

- Transportation.

Program Goals:

- Meet all objectives required by the ADAMHS Board to assure compliance.
- Maintain adequate transportation for all clients.
- Maintain open communication between clients, partners and the ADAMHS Board.
- Assure all staff meet requirements mandated by the State of Ohio.
- Network with more partners to assure more clients are receiving the services needed by assuring adequate transportation.

CY23 Program Highlights and Outcomes

Program Metrics: None provided by agency.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 1,728
- **ADAMHS Funded Unduplicated Clients Served:** 0
- **Total Number of Clients Served:** 1,103
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $36

Additional Information:

- Life Long is a small business operation, very much committed to the clients served. Staff is also committed to the ADAMHS Board and all partners to assure each client receives the care and services needed by the most professional, efficient, certified, courteous, caring staffing we can find.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 2,143
- **ADAMHS Funded Unduplicated Clients Served:** 1,041
- **Total Number of Clients that were Served:** 1,041
- **Total Number of Clients that Completed this Program/Service:** 1,041

Goals Met:

- Provide professional transportation services to all clients within the organizations.
- Assure all staff is certified as required by the State.
- Meet the required request for all clients.
- Provide Non-Emergency Medical Transportation (NEMT) only.
- Adhere to all contract rules and regulations.

Metrics Used to Determine Success:

- Screening, training, professional skills.
- Assuring all staff meet requirements for NEMT.
- Assure all clients are transported safely and timely to appointments.
- Provide NEMT.
- Assure Life Long Transportation is within guidelines of contract.

Program Successes:

- Successes cited as same as above

Average Cost Per Client in CY21: $28

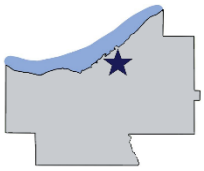
Additional Information:

- Provider Service Plan identifies services and information.

Focus on Diversity: Life Long Transportation, LLC

Program(s): Life Long Transportation, LLC

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.

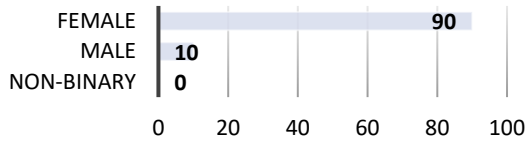


Region: NE

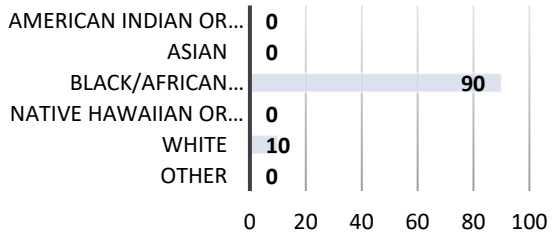
CLIENT DEMOGRAPHICS

2022 – Total Served 1,103 *(the data below reflects 100 clients, and is the most complete information available based on 2022 outcomes reports)*

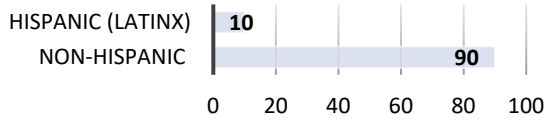
Gender



Race

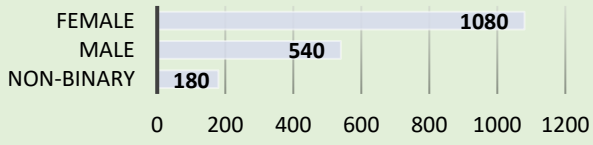


Ethnicity



2023 – Total Projected to be Served 1,800

Gender



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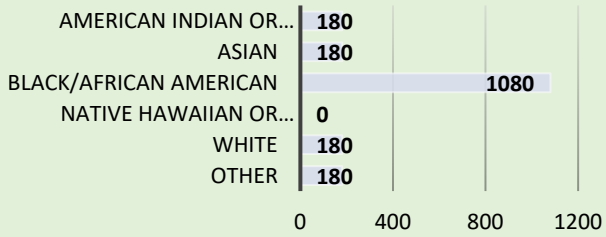
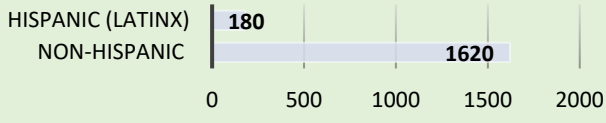
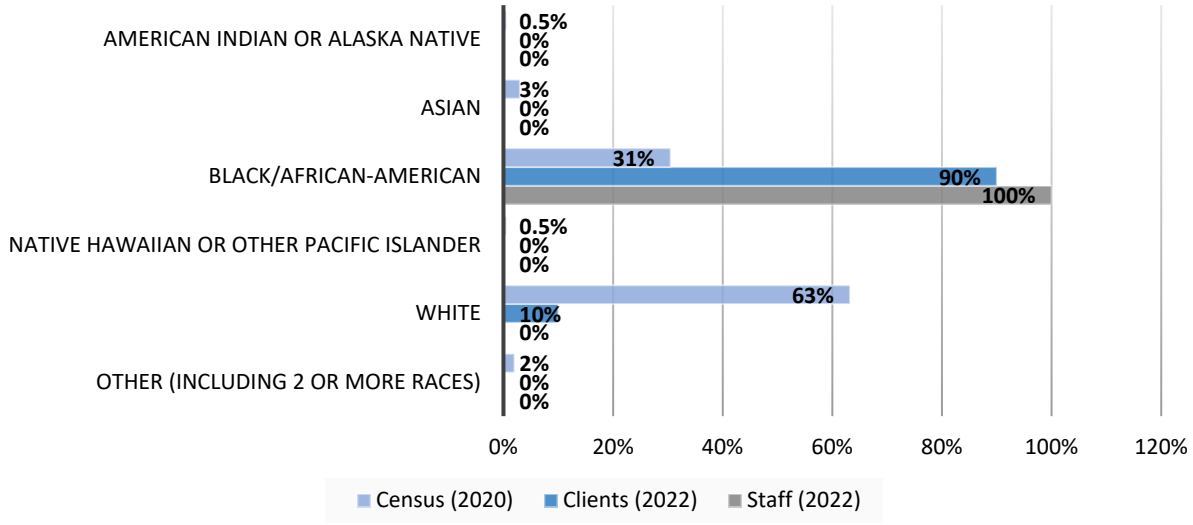


Ethnicity



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%.

Lutheran Metropolitan Ministry

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Lutheran Metropolitan Ministries			
Adult Guardianship	$ 221,450	$ 236,952	Prevention
Women's Reentry Program	$ 43,200	$ 45,500	Prevention
Youth Afterschool Prevention	$ 76,500	$ -	
Wrap Around Case Management	$ 100,000	$ 115,000	24/7 Access
Total	**$ 441,150**	**$ 397,452**	
Pooled Funding:			
Non-Medicaid Treatment Services	$ -	$ -	

CY23 Program Highlights and Outcomes

Lutheran Metropolitan Ministry

Lutheran Metropolitan Ministry (LMM) provides Behavioral Health Services, that empower individuals to overcome barriers, obtain job skills, gain employment, locate stable housing, access counseling and support services, secure second chances and become self-sufficient, productive members of our community.

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

Adult Guardianship Services

Guardianship Services (GS) operates under the Council on Accreditation and National Guardianship Association's Standards of Practice. Services are provided to adults of Cuyahoga County who are indigent, deemed incompetent and/or without family or friends. The program accepts referrals from a variety of community partners. Throughout the referral, intake and assessment process, GS works closely to ensure that all less restrictive alternatives have been exhausted. The program provides trained legal guardians to serve as concerned, caring advocates and surrogate decision-makers. Individuals referred are often in crisis and have a pending medical and/or placement decision after suffering from abuse, neglect or exploitation. During the intake process, an assessment is made to determine if an individual is appropriate for guardianship and alternatives are explored. Intake information is collected, and a guardianship application is submitted to the probate court. Through due process and after further investigation, the court makes the determination that an individual (ward) is incompetent and assigns a guardian. A legal guardian makes decisions such as authorizing medical treatment or hospital admission. Guardianship provides a means of stabilizing the individual in the short-term. In the long-term, the individual's overall well-being is impacted by addressing compliance with a mental health plan of care. Specifically, guardianship is a part social and part legal relationship. Guardians are responsible for managing all aspects of care for the life of the ward, including: 1) basic living necessities; 2) timely and appropriate medical care; 3) placement in safe, stable housing; 4) securing benefits to which wards are entitled; 5) making appropriate legal/financial decisions; 6) implementing advanced directives to ensure proper end-of-life care; and 7) funeral planning.

Guardians are available 24-hours-per-days, seven-days-per-week and providing services where the ward resides. Within five days of a guardianship appointment, an individualized, person-centered Guardian Service Plan is implemented, that guides service delivery. Services are regularly monitored to ensure the ward's needs are identified, appropriate interventions applied, and attention given to the health, safety and quality of life of clients. Medical decision-making is a primary responsibility of guardianship, as incompetent individuals may be unable to seek appropriate care and are not able to make their own medical decisions due to lack of understanding and/or comprehension of such complex issues as their diagnosis, disease processes, or disease management. As advocates, guardians play a key role in facilitating collaboration between physical and behavioral health care providers for holistic approach in support of continuity of care.

Target Population:

- Ninety-three (93) indigent, vulnerable adults who are Cuyahoga County residents, have a primary SPMI diagnosis and deemed incompetent by the Cuyahoga County Probate Court
- 44% have a primary SPMI diagnosis (schizophrenia, paranoid schizophrenia, schizoaffective disorder, bipolar disorder, depression, major depressive disorder) and another 18% have a secondary SPMI diagnosis

CY23 Program Highlights and Outcomes

- The current client profile of persons under guardianship is: 82% adults ages 60 and older; 54% male, 46% female; 43% African-America, 50% Caucasian, 2% Hispanic, and 5% Other.
- More than 90% are living in poverty.
- More than 95% of persons served are considered indigent (Medicaid eligible).

Anticipated Number of Clients to be Served: 93

Number of Staff Required to Implement Program: 17

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- When a vacancy occurs, the supervisor guardian takes over the caseload and cases are transferred to other guardians until the vacancy is filled. No services will be disrupted to any of the ward during a vacancy. LMM has a full HR department that assists each program with recruitment, hiring and orientation to fill vacancies in a timely manner.

Funding Priority:

- Prevention

Program Goals:

- All persons under guardianship who have a mental health disorder have proper access to and coordination of physical and behavioral healthcare to meet their individualized needs and significantly improve their quality of life. A person-centered care approach will be used to develop and monitor the service plan to ensure individual needs are identified, appropriate interventions applied identifying least restrictive options, and attention given to the health, safety, quality of life, and dignity for the clients.
- To ensure adults diagnosed with severe and persistent mental illness have their basic needs met, have timely and appropriate medical care, receive entitled benefits, live in safe affordable housing, have advanced directives in place, a funeral plan, and appropriate legal decisions made on their behalf. Guardians will coordinate, assess, and monitor interventions which will be made using the principles of "best interest “consistent with ethical guardianship practice resulting in improved quality of life.

Program Metrics:

- These interventions are implemented through the lens of a person-centered care approach. Within 90 days after guardianship is appointed, 90% of the goals outlined in the individual guardianship service plan will be implemented including: safe, appropriate housing established; benefits applied for; appropriate medical decisions made; ongoing medical care sought; advanced care planning completed; and collaborations established with community providers.
- Medical decision making is most paramount and 35% of guardianship decision-making is focused on medical needs. Guardians will visit 100% of their wards at least monthly when residing within the county and quarterly if residing out of county. These visits will be in-person or virtual as appropriate to ensure safety protocols are in place during the COVID-19 pandemic.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 93
- **ADAMHS Funded Unduplicated Clients Served:** 84
- **Total Number of Clients Served:** 487

- **Total Number of Clients that Completed this Program/Service:** 84

Average Cost Per Client: $3,317

Additional Information:

- While guardianship can be very challenging, we encourage guardians to share stories to highlight how the program has impacted the individual and has made a difference in the quality of their life. Here is one such success story: Mr. C is a client that was living independently in a Senior Citizen high rise and was no longer able to safely clean or cook for himself. His apartment was in bad condition due to his limitations, but as a proud Veteran he was very resistant to all intervention and assistance offered to him in that setting. He eventually had a medical emergency and was admitted to the Veterans Affairs (VA) hospital. The VA realized that he was not safe to return to his home due to his underlying mental health and mobility issues and they requested a Guardian. The client was very difficult and made constant attempts to escape and even physically attacked a staff member. He refused to assist with any of the benefit enrollment process or provide any financial information. Once Guardianship was approved, staff was able to secure his finances and get the client approved for Medicaid. Placement at just any group home would not be appropriate, so the Guardian took the time to find a good match for the client's comfort and security. He has settled in well and hasn't tried to escape or attack the staff. He is participating in some activities and more importantly, his needs are being met and he seems content.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 93
- **ADAMHS Funded Unduplicated Clients Served:** 86
- **Total Number of Clients that were Served:** 547
- **Total Number of Clients that Completed this Program/Service:** 86

Goals Met:

- 2,500 hours of guardianship decision-making being provided annually
- 90% of the goals within Individualized Guardianship Service Plan implemented
- 35% of guardianship decision-making focused on meeting physical and behavioral health needs

Metrics Used to Determine Success:

- New guardianships are appointed by the court within four to six weeks of filing
- Monthly visits conducted, depending on restrictions, to receive updates and advocate for client residing in the county and quarterly for out of county
- Guardianship Service Plan (GSP) developed within two working days of appointment
- 90% of the goals outlined in the GSP implemented within 90 days
- 35% of guardianship decision-making is focused on meeting physical and behavioral health needs

Program Successes:

- 86 unique clients were served and funded by ADAMHS
- 2,860 hours of guardianship decision-making provided, 95% residing in county received monthly visit (virtual or in-person) and 100% residing outside the county received quarterly visits

- 95% of goals within the GSP were implemented
- 37% of guardianship decision-making was focused on meeting physical and behavioral health needs

Average Cost Per Client in CY21: $2,949

Additional Information:

- While guardianship can be very challenging, we encourage guardians to share stories to highlight how the program has impacted the individual and has made a difference in the quality of their life. Below are two success stories.
    - Mr. M is a veteran with a serious mental illness who was living in a group home when it became apparent that he needed a guardian. After a guardian was assigned, the guardian worked hard with Mr. M to apply for additional financial assistance from the VA. These benefits have allowed him to move into a senior apartment building living independently. He is doing well and is thriving in his new place that he can call his own. Mr. M's sister has also become more involved in his life now that is he stable and easier to get along with. She is planning to move back to Cleveland from Columbus so she can be more connected with him.
    - Mrs. L has been living in a group home for many years. She enjoyed her freedom to come and go and the staff was able to manage her, despite some behavioral issues. When she was appointed a guardian, she did not talk much and would only grunt to answer questions. After a few years under guardianship, she fell sick with pneumonia and kidney failure and had to be moved to a local nursing home facility. It is always hard for the guardian to take someone out of an independent environment and place them in a restrictive environment. However, due to health concerns, it was the right decision. Mrs. L has been in the nursing home for four months and is doing great. The staff really enjoys Mrs. L, and she has settled in nicely. She now talks openly with her guardian, and she has made real progress socially since moving to the facility.

Women's Reentry

The essential elements of the program/services are a 12-week trauma education/intervention program, consisting of trauma education groups sessions; individual counseling; and yoga classes. Trauma education groups are conducted four-days-per-week; two, two-hour sessions; two, one-hour sessions; Yoga classes are offered two times per week; two, one-hour sessions; individual sessions are provided on an as needed basis for participants requiring a trauma intervention and/or additional support. The program utilizes an evidenced-based curriculum; Beyond Trauma: A Healing Journey For Women with accompanying participant workbooks and videos. This program is an integral component of a comprehensive pre-release employment training program that provides women currently incarcerated at the Northeast Reintegration Center in Cleveland, Ohio an opportunity to come into the community to gain employment skills and a meaningful work experience; empowering them to rejoin the workforce upon release and helping to reduce the likelihood of future involvement with the criminal justice system.

Target Population:

- Participants served by this program are currently incarcerated females fulfilling their sentence obligations at the Northeast Reintegration Center in Cleveland, Ohio, and participating in LMM's Chopping for Change (C4C) culinary training program.
- Demographics 2020-2022: Ages: 20-24 (6); 25-34 (16); 35-44 (23); 45-54 (9); 65-74 (1); Race/Ethnicity: Caucasian (33); African American (22); Ethnically Hispanic (1).

- Adult ages 18-65 and older, 200% or more of the federal poverty level

Anticipated Number of Clients to be Served: 25

Number of Staff Required to Implement Program: 4

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- In the event of staff vacancies, the VP, HWS will be responsible for ensuring that services continue and that a replacement will be recruited as quickly as possible. During the interim, the Contract Therapist and intern(s) familiar with the program will be utilized to facilitate groups and provide individual support sessions until a replacement staff is recruited, trained, and prepared to take full responsibility for group facilitation. The VP will also be available to provide administrative and direct service support as needed.

Funding Priority:

- Prevention

Program Goals:

- Increase participant knowledge of trauma and its effects on functioning.
- Increase participant knowledge of sexual and domestic violence.
- Increase participant capacity to self-regulate their emotions.

Program Metrics:

- Pre- and Post-Knowledge Survey, Participant Qualitative Post-Survey
- Difficulties in Emotion Regulation Scale (DERS); Pre- and Post- and Participant Qualitative Post-Survey

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 15
- **ADAMHS Funded Unduplicated Clients Served:** 13
- **Total Number of Clients Served:** 13
- **Total Number of Clients that Completed this Program/Service:** 11

Average Cost Per Client: $1,421

Additional Information:

- In 2020, there was a study, of the program, conducted by John Carroll University that found of the 183 women that had completed the program, only four (2%) had returned to prison; which is significant when compared to the state recidivism rate of approximately 18%. In addition to reporting a change in attitudes and behaviors, participants have consistently reported that they have felt welcomed, safe, and respected during their time with us. Program participants are permitted to come into the community to participate in Lutheran Metropolitan Ministry's (LMM) Culinary Training Program of which the Trauma Education group, funded by the ADAMHS Board, is an integral component. In addition to the Culinary Training program, the ladies are also afforded an opportunity to earn an associate degree of Applied Science (AAS) in Culinary Arts as well as to engage in employment opportunities with local restaurants. The program is well-received by both the ladies and the institution, however, the screening process, which is

completed primarily by the institution, is rigorous and as might be expected, security, is a high priority. This being the case, the number of participants permitted to enroll varies and participation is contingent upon the resident maintaining a high standard of conduct within the institution and while in the community, in addition to several other factors. During this reporting period, the number of participants enrolled were consistent with the number of individuals we projected to serve; however, the number completing was less than projected, due to extenuating circumstances. If this pattern continues, we may not meet the projected number of individuals to be served; however, we feel confident that we will be able to meet program goals as it pertains to outcomes for those completing the program.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 40
- **ADAMHS Funded Unduplicated Clients Served:** 17
- **Total Number of Clients that were Served:** 17
- **Total Number of Clients that Completed this Program/Service:** 17

Goals Met:

- To increase participant's knowledge of trauma and its impact and to increase resiliency.

Metrics Used to Determine Success:

- Pre- and Post-Testing; Assignment Completion; Self-Reflection; Resiliency Survey.

Program Successes:

- 100% of participants increased their knowledge of trauma and 100% of participants demonstrated an increase in resiliency.

Average Cost Per Client in CY21: $824.52

Additional Information:

- This program was staffed by a part-time group Facilitator and a .05 FTE prevention supervisor.

Wrap Around Case Management

LMM serves individuals in Cuyahoga County who are "oppressed, forgotten, and hurting." Through a variety of program areas, LMM provides critical safety-net services to individuals and families experiencing homelessness, youth aging out of foster care and DCFS involved-youth, vulnerable adults requiring guardianship, and justice involved adults.

LMM's Wrap Around Case Management program ensures vulnerable individuals are promptly referred or connected to appropriate behavioral health resources and their needs are addressed onsite in real-time. As stated earlier, at least 25% of individuals accessing shelter have severe mental health disorders and 30% have active substance use disorders. Many of those we serve also have significant trauma histories. LMM Wrap Around Staff are available onsite to inform clients of BH resources available in the community, meet with them to address current and immediate needs, and offer guided linkage to these resources. Program staff are also available to intervene when mental health crises arise, which is an ongoing and regular need at the Shelter. LMM values the partnership with Community Mental Health Centers, and will link to them for pharmacological management, BH case management, and/or counseling. These CMHC's sometimes have waiting times to get enrolled and see a provider, and LMM Wrap Around staff are able to spend time to meet with clients and attend to any emergent BH needs while waiting to see a professional there.

CY23 Program Highlights and Outcomes

In addition to CMHC's, LMM Wrap Around staff will link people to inpatient psychiatric hospitals, the new mental health urgent care, nursing homes, detox and substance use treatment centers, consult with probate court, when necessary, to name a few. Staff link people to individual counseling onsite at 2100 or at other providers of their choice in the community. Referrals come from both shelter staff and clients who refer themselves.

Although LMM is a Medicaid/Medicare provider and contracted with the ADAMHS Board to provide services, these vitally important front-end services are not eligible for reimbursement. Due to the transient nature of those served and the requirement for participants to have a diagnosis to bill for services, many interventions provided in effort to connect clients to BH services are not reimbursable, however, are necessary for the client to obtain safety net BH services. This program increases protective factors including access to mental health and substance use services and improve likelihood for moving clients from homeless to housed.

Target Population:

- Clients in this program are a subset of individuals accessing shelter at LMM Men's Shelter at 2100 Lakeside and adults in LMM's Workforce Development program at the Richard Sering Center. LMM Men's Shelter serves all individuals 18 years and older who wish to be served at a single sex men's facility. Approximately 25% of people who experience homelessness have a severe mental illness i.e., Schizophrenia, Bipolar, and 30% have substance use disorders (based on self-report).
- Most clients being served in this program are at or below poverty level, 75% Black/African American, and 4% Hispanic or Latino

Anticipated Number of Clients to be Served: 208

Number of Staff Required to Implement Program: 1.3

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Client service and access to critical mental health linkage and referral is the foundation of this program. In the event of an unexpected staff vacancy, LMM would offer coverage from other staff currently in this program and immediately post the position to refill as soon as possible. Additionally, the supervisors of the direct service staff in this program would assist with coverage, as the supervisors are licensed mental health professionals. At both 2100 Lakeside and Richard Sering Center, there are staff who are not employed in the Wrap Around program but who work closely with this staff who can supplement linkage and referral to ensure all clients who need mental health services can be identified, linked, and not "lost" due to staffing vacancies.

Funding Priority:

- 24/7 Access

Program Goals:

- Program staff will outreach and make aware of available program to 1,320 clients in program year/reporting period.
- Program staff will meet with and enroll into caseload 208 unduplicated clients into program.
- Program staff will have 942 encounters with enrolled clients over program/reporting year leading to BH linkage.
- Program staff will ensure linkage to ongoing BH services with 168 clients of the total enrolled.

CY23 Program Highlights and Outcomes

Program Metrics:

- Track number of people who are outreached and given information on how and when to access program and what program is, will be shared at intake.
- Track how many clients seek services or are referred by staff and are enrolled into program for engagement services.
- Track how many times staff meet with enrolled clients for services.
- Track number of clients who are linked to ongoing BH services by scheduling intake/assessment with BH partner (warm hand-off).

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 104
- **ADAMHS Funded Unduplicated Clients Served:** 103
- **Total Number of Clients Served:** 103
- **Total Number of Clients that Completed this Program/Service:** 65

Average Cost Per Client: $610.48

Additional Information:

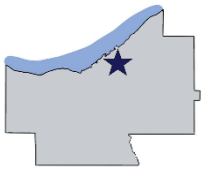
- In 2021, 36.51% of all people served at Lutheran Metropolitan Ministry's (LMM) Men's Shelter at 2100 Lakeside reported a mental health condition and 25% reported a substance use related disorder.
- LMM knows the importance of trained staff to be able to immediately respond to a mental health crisis or mental health service request. There is on average one to two mental health emergencies a week in the shelter, and of those, at least one a month where police conveyance or probate is required. While partnership with other community mental health agencies is beneficial, onsite staff at the shelter who specialize in behavioral health increases not only the response time to individuals seeking service, but the amount of people who are able to be linked to mental health services and not "fall through the cracks." Clients are often transient with complex barriers that make onsite service crucial to ensure linkage to mental health medication management, counseling, psychoeducation, and Alcohol and Other Drugs (AOD) services. The Wrap Around Case Management program at LMM is primarily based at LMM's Men's Shelter at 2100 Lakeside. Each year, LMM Men's Shelter will serve approximately 2,500 unique individuals and is anticipated to inform/outreach 1,940 of them of the services available to them onsite. So far, LMM has outreached 660 people and has enrolled 103 people into the program to receive services. In addition to 2100 Lakeside, Wrap Around Case Management services are available to participants in LMM's Workforce Development programs including the Culinary Arts Training Programs at the Richard Serving Center location. The Clinical Coordinator and Clinical Case Manager had 468 encounters with clients, resulting in 84 people being linked to behavioral health services. Though staff are outreaching less people than projected, staff are on pace to enroll 208 individuals in the program and have far exceeded the number of encounters anticipated and the number of people expected to link to services. As the purpose of outreach is to make clients aware of services, staff believe this program is a success even though the outreach number is lower than projected. LMM believes this is a critical program serving the most vulnerable in the community.

CY21 Provider Outcomes: N/A – New Program beginning in CY22

Focus on Diversity: Lutheran Metropolitan Ministry

Program(s): Adult Guardianship Services; Women's Reentry; Wrap Around Case Management

Diversity, Equity and Inclusion STRENGTH from program proposal:
LMM "commits to addressing injustice through our program expertise in housing, job readiness, adult guardianship, youth resiliency and behavioral health, and through working to empower program participants to effect change. We further commit to race equity as a primary principle in future program development."

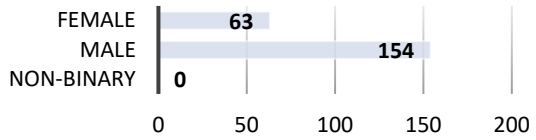


Region: NE

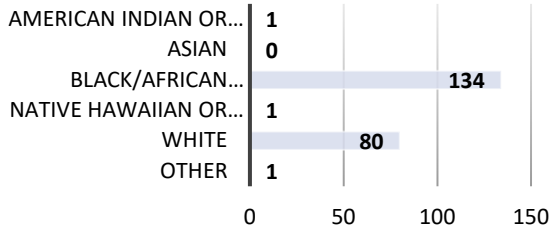
CLIENT DEMOGRAPHICS

2022 – Total Served 654 *(the data below reflects 217 clients, and is the most complete information available based on 2022 outcomes reports)*

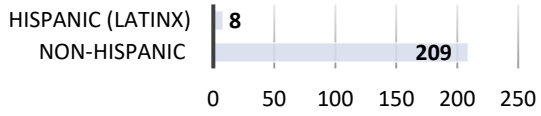
Gender



Race

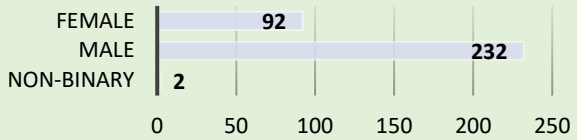


Ethnicity



2023 – Total Projected to be Served 326

Gender



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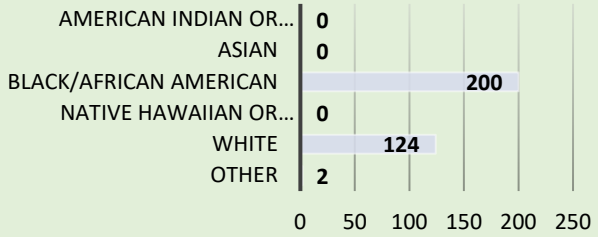

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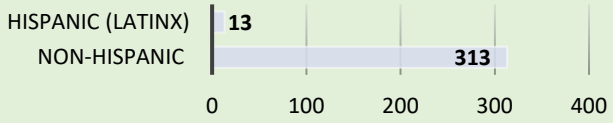
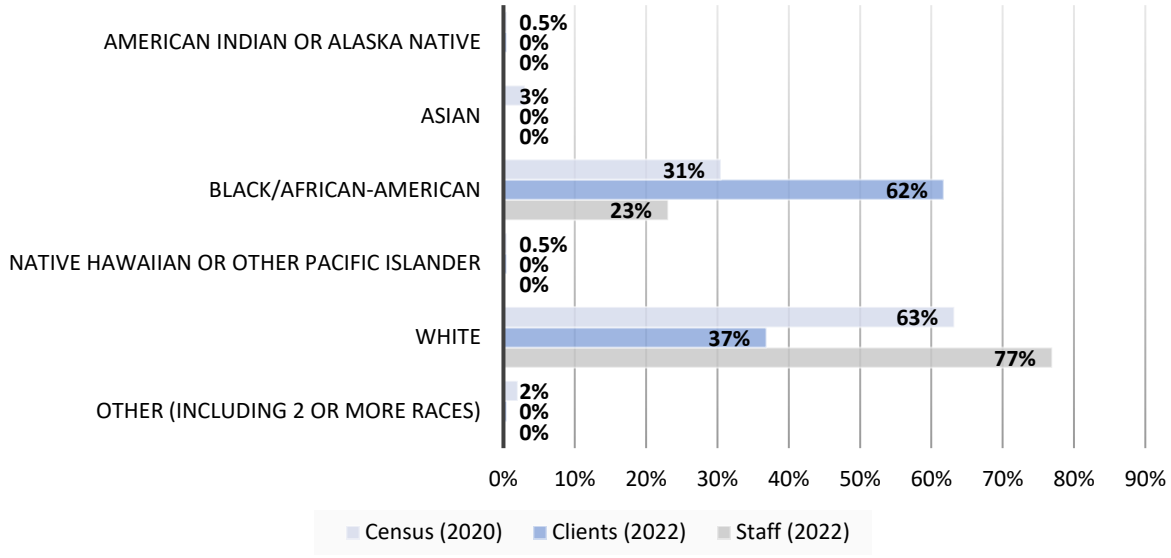


COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



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

Magnolia Clubhouse

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Magnolia Clubhouse			
Clubhouse Programs and Employment	$ 579,840	$ 623,972	24/7 Access
Transportation	$ -	$ 12,000	Removing Barriers
Total	**$ 579,840**	**$ 635,972**	

CY23 Program Highlights and Outcomes

Magnolia Clubhouse

Magnolia Clubhouse, a center of psychiatric rehabilitation for people living with mental illness, is part of an international evidence-based, best practice Clubhouse Model recognized by the Substance Abuse and Mental Health Services Administration (SAMSHA). The clubhouse community supports employment, education, and health and wellness.

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

Magnolia Clubhouse

The essential elements of the Clubhouse service are comprehensive psychiatric rehabilitation. Following the international evidence-based best practice Clubhouse Model, Magnolia Clubhouse offers high-quality mental health and recovery services in a comprehensive intentional therapeutic community of mental health professionals and peers working in partnership. The Clubhouse supports employment, education, and housing and includes advocacy and community education. Magnolia Clubhouse also offers onsite integration of psychiatric and primary care services. The services are trauma-informed and are also preventive of more severe negative outcomes. Research demonstrates members of Clubhouses have lower rates of hospitalization and incarceration, higher rates of employment, and a better quality of life. Magnolia Clubhouse collaborates with other organizations in the community and in the behavioral healthcare system. The Clubhouse is focused on reaching young adults and others as early as possible in the course of their illness. Essential elements include equity, cultural competence, diversity, and inclusion. The operations of the Clubhouse, the diversity and outcomes of its membership and community, and the engagement of Magnolia Clubhouse in advocacy and education in the broader community are some examples of the prioritization of these essential elements of the services of Magnolia Clubhouse. Recent advocacy has been focused on a Care Response to mental health crises when a police response is not needed.

Target Population:

- Adults 18 years and older with a mental illness
- All socioeconomic categories

Anticipated Number of Clients to be Served: 500

Number of Staff Required to Implement Program: 27

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Staff are cross trained as much as is feasible, and members are reassigned when vacancies occur. The service is provided as a group service with an individual focus and the community functions very well as a team.

Funding Priority:

- 24/7 Access

Program Goals:

- Recovery as defined by the individual, and enhanced quality of life, for each member
- Opportunities for vocational, educational and social success for each member
- Improved health for each member

CY23 Program Highlights and Outcomes

- Program achievements of the highest quality and outcomes including accreditation at the highest levels
- Increased membership and increased Clubhouse services in the community

Program Metrics:

- Members report progress on individual goals; Level of independence in housing, hospitalization and incarceration are tracked
- Clubhouse Model accreditation including employment benchmarks, education progress, and CARF accreditation at the highest levels; Strong outcomes of the Clubhouse Satisfaction and Outcome Survey
- Members report progress on health goals, and data is taken and assessed for by Clinic staff (BMI, weight, blood pressure, annual assessment for metabolic syndrome)
- Clubhouse Model accreditation including employment benchmarks, and CARF accreditation at the highest levels. Strong outcomes of the Clubhouse Satisfaction and Outcome Survey.
- Increased number of people served; Increased number of Clubhouses in the county/nearby counties.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 425
- **ADAMHS Funded Unduplicated Clients Served:** 0
- **Total Number of Clients Served:** 373
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $3,058.07

Additional Information:

- The agency has steadily been able to recover from the impacts from the pandemic, seeing attendance increase monthly, as well as membership increasing, and referrals for new members.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 376
- **ADAMHS Funded Unduplicated Clients Served:** 0
- **Total Number of Clients that were Served:** 425
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- Recovery-Positive outcomes in metrics, related to recovery for a majority of Clubhouse members; Accreditation; Individual progress towards goals. Attendance-Sustained, increased daily attendance. Employment-Meeting Clubhouse model benchmarks. Education-Majority of members report satisfaction with educational supports. Health and Wellness-Sustained program efforts and member participation and gains in health and wellness activities

CY23 Program Highlights and Outcomes

Metrics Used to Determine Success:

- Annual Clubhouse Satisfaction and Outcome survey, accreditation status, member progress as indicated on individual goals; Recorded daily
- Clubhouse model benchmarks - Total members employed and members in newly obtained employment
- Descriptions and number of members in educational pursuits and progress
- Report of health and wellness activities in the Clubhouse, and member reported gains

Program Successes:

- 80% of members report a good or excellent experience with the Clubhouse; June 2019 we were reaccredited for three years by both CARF and Clubhouse International; and most members report progress on each goal.
- The Clubhouse served 425 during calendar year 2021, the Average Daily Attendance was 45.
- During CY21, 129 members were employed, with 34 members in new and ongoing employment. These outcomes exceed Clubhouse model benchmarks.
- During CY21, 36 members continued to work towards educational pursuits, and continued to receive support from Clubhouse staff.
- During CY21, 10 members participated virtually in Whole Health Action Management (WHAM) meetings.

Average Cost Per Client in CY21: $4,130.99

Additional Information:

- Despite more than 6 months in virtual operations by the Governor's orders for congregate adult day and vocational settings, due to COVID-19, Magnolia Clubhouse continued to stay connected to its membership and deliver a high quality of service. Staff continued to exceed model benchmarks for employment and sustained several people employed in line with pre-COVID-19 levels. Staff were happy to get back into full on-site operations as of mid-June and continued to support the return of members and the engagement of new members. Over the year, the agency continued its work in developing an Ohio Clubhouse coalition and met virtually with Clubhouse coalitions around the country and world to develop a method of best practice for its work. The agency worked with OhioMHAS to develop RFPs for start-up Clubhouse funding and for Coalition funding. Staff continued advocacy efforts for a Care Response- a mental health focused response to mental health crisis and made steady gains. Staff conducted a second well-attended health fair/barbeque.

Magnolia Clubhouse Transportation

Magnolia Clubhouse will provide transportation to members when all other resources have been exhausted. This money would be used for transportation such as Uber health for members who do not have another way to attend the Clubhouse but would benefit from being at the Clubhouse. This need would be assessed by mental health staff and approved by the Clinical Director or the Clinical Director's appointee.

Target Population:

- Adults living with severe and persistent mental illness.

Anticipated Number of Clients to be Served: 60

CY23 Program Highlights and Outcomes

Number of Staff Required to Implement Program: 5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- This responsibility will be covered by available staff and the Clinical Director appointee

Funding Priority:

- Removing Barriers

Program Goals:

- Clubhouse members will demonstrate an improved quality of life by removing barriers to access to Clubhouse day treatment services

Program Metrics:

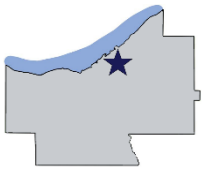
- This will be measured by assessing an increase in the average daily attendance and an increase in the number of people who return after they have completed an enrollment

First Six Months of CY22 Provider Outcomes: N/A – New Program for CY 2023.

Focus on Diversity: Magnolia Clubhouse

Program(s): Magnolia Clubhouse; Transportation

Diversity, Equity and Inclusion STRENGTH from program proposal:
Magnolia Clubhouse, Inc. noted that they are "fully committed to the concept and practice of equal opportunity and racial equity in all aspects of the provision of our service and employment or our staff. There is no exclusion of anyone."

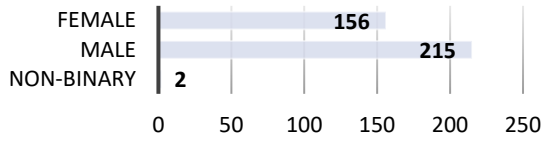


Region: NE

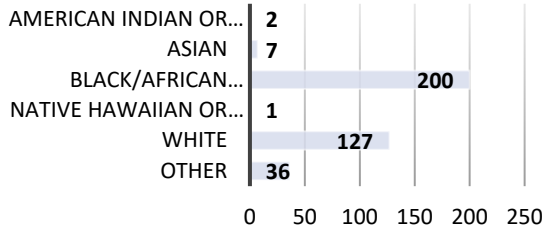
CLIENT DEMOGRAPHICS

2022 – Total Served 373

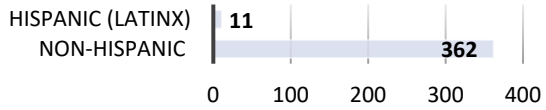
Gender



Race

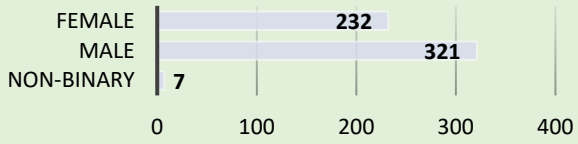


Ethnicity



2023 – Total Projected to be Served 560

Gender



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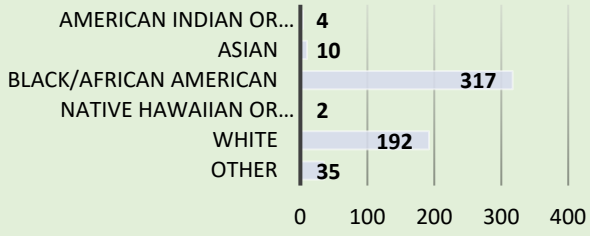

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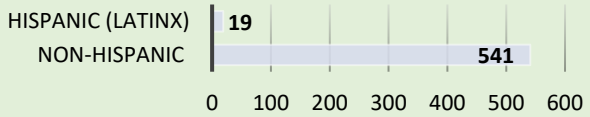
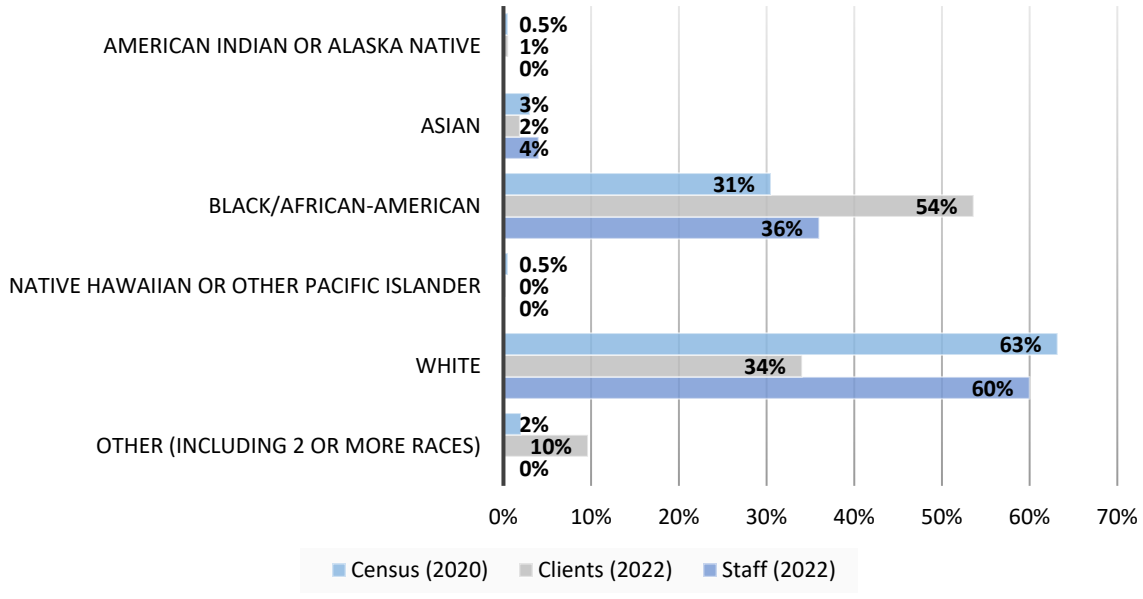


COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



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

May Dugan Center

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
May Dugan Center			
MH Prevention - Transitional Transgender Youth	$ 6,000	$ -	
In-Home Coordinated Behavioral Health for Aging Adults	$ 19,208	$ -	
Total	**$ 25,208**	**$ -**	
Pooled Funding:			
Behavioral Health Treatment Services	$ -	$ -	
Substance Use Disorder IOP	$ -	$ -	

CY23 Program Highlights and Outcomes

Near West Side Multi Service Corp. dba May Dugan Center

May Dugan Center (MDC) is certified to provide Mental Health Services to adults, adolescents and children. Mental Health Counseling, Case Management, Prevention Services and Wrap-Around Services are provided as well as trauma-informed services. Target populations are low-income individuals and the Lesbian, Gay, Bisexual and Transgendered (LGBT) Community in need of Counseling or Community Psychiatric Support Treatment.

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

Behavioral Health Services Treatment (i.e., Non-Medicaid Pooled Services)

Psychotherapy sessions are provided two to four times per month, on average, based on the needs of the client served. A variety of group counseling sessions are also offered to fully address a client's needs such as art group and anger management. Counseling is offered in-home, in office and via telehealth, depending on the needs and preferences of the client served. TBS/ CPST support is provided, as needed to coordinate care and address environmental and psychosocial stressors that are affecting mental health and impeding the client's ability to achieve optimal outcomes. The agency offers comprehensive substance abuse services, including IOP, individual counseling and case management support. Due to the number of clients in substance abuse treatment who are struggling with co-occurring mental health issues, MDC staff are trained to provide IDDT support as part of all addiction services. To address the needs of clients who are struggling with multiple psychiatric hospitalizations and emergency room visits, MDC provides an in-person, comprehensive Mental Health Day Treatment program.

Client engagement and retention are important issues, and MDC continually analyzes data and addresses factors that may impede client retention throughout the entire treatment continuum. The intake process at MDC is a walk-in process that is offered four days each week. This ensures comprehensive enrollment in all the agency's integrated and wrap-around services, as well as a "no wrong door" approach to care. Once intake is complete, the assessment in Behavioral Health Services is then completed within one week. To improve retention, reminder calls and texts are provided the day before appointments.

Target Population:

- Low-income adults, roughly half live on the near-west side, and the other half live elsewhere in Cuyahoga County.
- Based on program data, 46% are female, 52% are male, 2% are transgender or gender non-conforming, and 20% identify as members of the LGBTQ+ community; 47% are African American, 43% are white, 10% are Latinx; and average age is 41
- Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 450

Number of Staff Required to Implement Program: 12

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- MDC has enough staff to triage and address the needs of clients in the event of vacancies. In the event of a vacancy, affected clients will be temporarily re-assigned to other therapists, substance abuse counselors or case managers until the vacant position is filled.

CY23 Program Highlights and Outcomes

Funding Priority:

- Treatment Services – Pooled Funds

Program Goals:

- Provide CPST/ TBS support to reduce the number of clients who are uninsured
- 100% of non-Medicaid pooled services clients with receive either Ohio Scales or BAMS assessment
- 80% of individuals receiving peer support services and/or extended trauma counseling will demonstrate improvement using a pre/post assessments for Ohio Scales or Brief Addiction Monitor (BAM)

Program Metrics:

- Number of clients who attain Medicaid coverage during the program year
- Number of clients ADAMHS Board-funded clients who completed an Ohio Scales or BAMS
- Number of clients who received an Ohio Scales or BAMS pre or post assessment who demonstrated reduced distress and/or disability

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 81
- **ADAMHS Funded Unduplicated Clients Served:** 67
- **Total Number of Clients Served:** 146
- **Total Number of Clients that Completed this Program/Service:** 41

Average Cost Per Client: $638.94

Additional Information:

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 450
- **ADAMHS Funded Unduplicated Clients Served:** 62
- **Total Number of Clients that were Served:** 433
- **Total Number of Clients that Completed this Program/Service:** 66

Goals Met:

- Administer BAMS Outcomes Survey for all ADAMHS Board funded clients enrolled in addiction services, assist non-Medicaid clients to obtain Medicaid, when feasible.

Metrics Used to Determine Success:

- Number of Ohio Scales Outcomes Surveys completed for all ADAMHS Board-funded clients enrolled in mental health services
- Number of BAMS Outcomes Survey completed for all ADAMHS Board-funded clients enrolled in addictions services
- Number of ADAMHS Board-funded clients who obtain Medicaid

CY23 Program Highlights and Outcomes

Program Successes:

- In 2021, 34 Ohio Scales Outcome Surveys (Adult Form), were completed for ADAMHS Board-funded clients enrolled in mental services
- In 2021, 64 BAM Surveys were completed for ADAMHS Board-funded clients enrolled in addictions services
- Of the 62 ADAMHS Board-funded clients enrolled, 15 obtained Medicaid in 2021

Average Cost Per Client in CY21: $1,640.99

Additional Information:

- Between January 1 and December 31, 2021, MDC provided behavioral health services to more than 433 individuals (all insurance). Due to COVID-19, intake was largely moved to a remote, appointment-based format. Many services were provided largely via telehealth during the first six months of 2021, and this may have impacted enrollments and client engagement in services. Substance Abuse IOP, Anger Management Group, Art Group and Mental Health Day Treatment were provided in the second half of 2021. Counseling was largely provided in a hybrid format, depending on the needs of the client. Because MDC began to shift its focus to providing specialized counseling to several high-risk groups – including older adults and LGBTQ+ individuals – a large amount of counseling was also provided in-home and community settings. This increased focus on home-based, in-person counseling, sets MDC apart from many other community mental health centers. Service utilization data indicates most clients engage in long-term services at MDC.
- Between January 1 and December 31, 2021, the average length of stay was 210 days. For clients enrolled in substance abuse treatment, the average length of stay was 177 days.
- The average age of clients enrolled was 41.5 years. When looking at age groups, it was noted that 3% of clients who received behavioral health services were under 18; 13% were ages 18-24; and 28% were 55 years and older. Additionally, roughly one-half of clients receiving behavioral health services lived in just three City of Cleveland neighborhoods Detroit-Shoreway (44102) 19%, Westpark (44111) 10% and Brooklyn Centre (44109) 10%.
- More than 7,668 hours of quality mental health and substance abuse treatment services were provided through MDC. In 2021: 268 diagnostic assessments were completed, 2,601.75 hours of counseling were provided, 3,685.75 hours (1229 sessions) of substance abuse treatment was provided, 897 hours (299 sessions) of mental health day treatment was provided, 182.75 hours of CPST was provided, Rates of services generally increased during the last half of 2021. Additionally, to ensure no one in need of behavioral health services was turned away – regardless of insurance status or ability to pay - more than 776 hours of uncompensated care was provided between January 1 and December 31, 2021, which translated into $51,385.97.

Substance Use Disorder Intensive Outpatient Program (SUD-IOP)

MDC follows the guidance of Ohio's Trauma-Informed Care Initiative by promoting a greater sense of safety and security for clients. Every program understands the impact of trauma on the individuals they serve and adopts a culture that considers and addresses this impact. MDC is certified by the Ohio Department of Mental Health and Addiction Services and adopts a trauma-informed approach. MDC adheres to SAMHSA's Six Key Principles of a Trauma-Informed Approach. MDC is uniquely positioned in expertise with behavioral health services to integrate mental health services throughout the Center's programming connecting clients with services that support the whole client. Clients can access all MDC services from one point of contact, providing continuity of care without having to change providers. The proposed program is for MDC's Substance Use Disorder Intensive Outpatient Program (SUD IOP). The

CY23 Program Highlights and Outcomes

IOP lasts 16 weeks, 3 times a week and is followed by 12 more weeks of aftercare. SUD clients are monitored using Brief Addiction Monitor (BAM) to help support their individualized care. Staff use the PCL-C for trauma screening and the Seeking Safety curriculum. Staff have found that the individual clients who completed the program preferred coming to MDC because the counselors treated them with respect and no judgement. MDC seeks to ensure that clients coming for trauma recovery and dependency treatment, and the portion looking for inpatient care, are not lost while they wait for such treatment. Thus, MDC is that crucial piece of collaboration aimed at helping people overcome substance abuse addiction. MDC is requesting funds to assist with the elimination of common barriers faced by SUD IOP clients. This includes funds to purchase tablets and internet access for clients to participate virtually as well as funds for transportation (bus passes and/or UBER/LYFT). MDC's Education Resource Center (ERC) will provide training and assistance regarding use of the tablet as necessary. Finally, MDC will work as an organization to reduce stigma regarding addiction and substance use disorder. This will include an education campaign and focus on modeling non-stigmatizing behaviors. Materials will be developed and distributed regarding stigma. Staff training will focus on non-stigmatizing behavior to ensure all agency staff, not just those in behavioral health, recognize stigma and are offering compassion and support to those with substance use disorder.

Target Population:

- Adult 18-65+ who are struggling with addiction and co-occurring mental health/substance use disorders in all socioeconomic categories

Anticipated Number of Clients to be Served: 81

Number of Staff Required to Implement Program: 5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- In the event of a staff vacancy, the Manager of Behavioral Health Services will identify staff who are qualified to fill the position temporarily. MDC has a robust staff roster with a depth of clinical and chemical dependency experience.

Funding Priority:

- Treatment Services – Pooled Funds

Program Goals:

- Remove barriers to Substance Use Disorder Intensive Outpatient Programming (SUD IOP) for low and moderate-income people.
- To improve health, well-being and self-sufficiency of clients struggling with addiction through a decrease in symptoms and increase in daily functioning.
- Reduce stigma through educational programs and modeling of non-stigmatizing behavior.

Program Metrics:

- Offer trauma-informed intake four times a week with no waiting period, 52-weeks-per-year
- Offer 100% of clients needing BHS and SUD services within one week of contact, or referred to community partners
- Screen 100% of clients through a thorough intake process to determine trauma recovery score, mental health, education level, and basic needs to ensure services address possible barriers
- Provide tablets and/or internet service to at least 20 clients

CY23 Program Highlights and Outcomes

- Provide transportation assistance to at least 20 clients
- Conduct pre- and post-assessments of all BHS clients using Ohio SCALES and/or Trauma Recovery Scale, to demonstrate reduction in effects of trauma and in symptoms and improved level of functioning: At least 80% of randomly sampled clients will report being satisfied, and needs were met in annual client satisfaction surveys.
- Develop and disseminate information to increase awareness and knowledge of the nature and extent of addiction related stigma and its impact on individuals, families, and the community with a brochure and fact sheet that: describe stigma, its effects, and examples and share cliental stories of stigma: Conduct all-staff training regarding addiction, stigma, and non-stigmatizing behaviors.

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

Provider:	**May Dugan Center**	2021 First Outcome Count:	**20**	2022 First Outcome Count:	**0**
Instrument:	**Brief Addiction Monitor**	2021 Final Outcome Count:	**17**	2022 Final Outcome Count:	**0**
Program:	**Substance Use Disorder Treatment**	2021 % of Final:	**85%**	2022 % of Final:	**0**

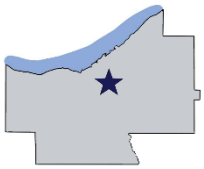
The Brief Addiction Monitor (BAM) is a measurement instrument originally designed for the Veterans Administration to provide an assessment of substance use disorder among adults (18+ years). The instrument is used to monitor progress and help guide treatment.

Population	Evaluation Year	SubScale	First Outcome Average	Final Outcome Average	Average Difference	Significance
Adults (18+ years)	2021	Drug_Use	2		-2	Not Significant
Adults (18+ years)	2021	Protective	15.33	16.33	1	Not Significant
Adults (18+ years)	2021	Risk	4.67	3.67	-1	Not Significant
Adults (18+ years)	2022	Drug_Use				Not Significant
Adults (18+ years)	2022	Protective				Not Significant
Adults (18+ years)	2022	Risk				Not Significant

Focus on Diversity: May Dugan Center

Program(s): Substance Use Disorder Intensive Outpatient Program (SUD-IOP); Behavioral Health Services Treatment (i.e. Non-Medicaid Pooled Services)

Diversity, Equity and Inclusion STRENGTH from program proposal:
May Dugan Center noted that they "recognize the racial inequities in our community and the systemic poverty that has led to disparities in minority communities, and it is our mission to eliminate all barriers to education, healthcare, justice, and employment."

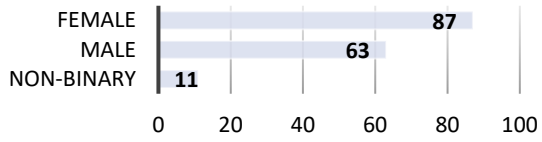


Region: Central

CLIENT DEMOGRAPHICS

2022 – Total Served 266 *(the data below reflects 161 clients, and is the most complete information available based on 2022 outcomes reports)*

Gender



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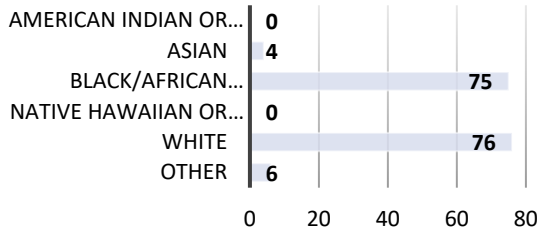
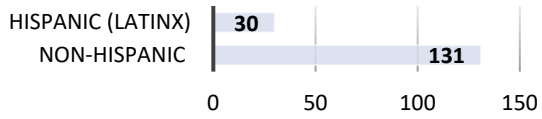
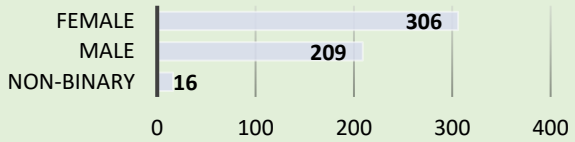


Ethnicity



2023 – Total Projected to be Served 531

Gender



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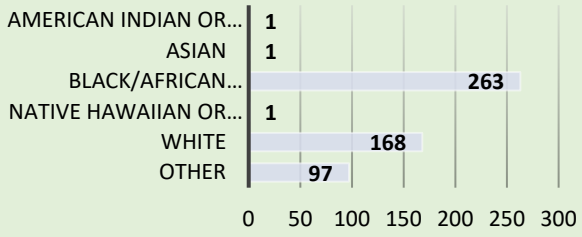

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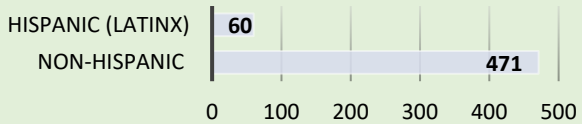
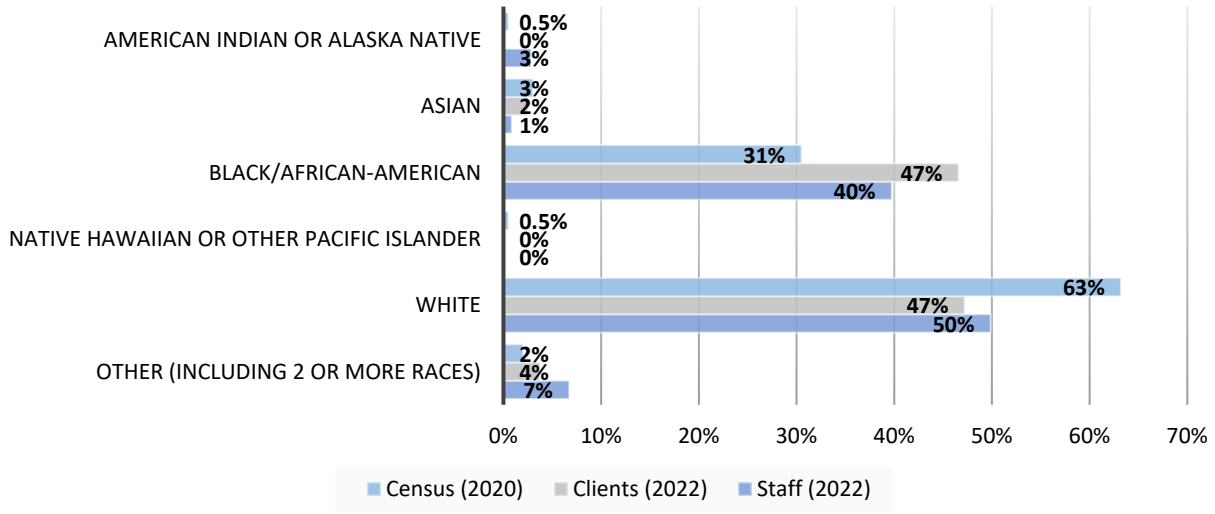


COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



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

MetroHealth System

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
The MetroHealth System			
Jail Liaison Program - Wellness Re-Entry Assistance	$ 78,000	$ 100,000	Removing Barriers
Specialized Recovery Housing	$ 120,090	$ 131,843	Housing
Psychiatric Emergency Department	$ -	$ 1,502,185	Crisis
Total	**$ 198,090**	**$ 1,734,028**	

CY23 Program Highlights and Outcomes

The MetroHealth System

Founded in 1837, MetroHealth operates four hospitals, four emergency departments and more than 20 health centers and 40 additional sites throughout Cuyahoga County. MetroHealth also offers a wide array of behavioral health services. The System serves more

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

The Moms House

The MetroHealth System has opened a sober house for its Mother and Child Dependency Program to enhance its holistic approach to addressing the special and complex needs of drug-dependent mothers and their newborns. The Moms House will provide a safe, supportive, and convenient environment to complete pregnancy and continue recovery. The program is connected to a medical center that has expertise in high-risk pregnancies and substance abuse disorders. Staff ensures that the women in the program will have immediate access to the health care services provided by this center.

The Moms House provides care to three drug-dependent pregnant women and their children at any given time. The women are referred through MetroHealth's Mother and Child Dependency Program and can join the program at any point during their pregnancy. They may live at The Moms House, if necessary. They must be in treatment and demonstrate a willingness to comply with program requirements.

MetroHealth's Department of Public Safety will regularly round on the property to support a safe environment for both the residents and the neighbors.

Target Population:

- Pregnant and postpartum women in recovery from substance use disorders (especially opioid use disorder)
- All Ages; 200% or more of the federal poverty level

Anticipated Number of Clients to be Served: 6

Number of Staff Required to Implement Program: 5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- MetroHealth will continue to have a department of obstetrics and gynecology that focuses on high-risk pregnancies to provide care for the residents of The Moms House. If other staff vacancies occur, the human resources department with the talent acquisition team will assist in obtaining new staff for The Moms House.

Funding Priority:

- High Quality Housing

Program Goals:

- The women will remain sober
- The women will remain in good standing in a treatment center of their choice
- The women will attend prenatal and post-partum appointments

CY23 Program Highlights and Outcomes

Program Metrics:

- The Moms House will be evaluated both qualitatively and quantitively, with key metrics including Continued sobriety of women; Continued custody of children, including newborn child; Continued services through a drug treatment center; Completion of prenatal and post-partum appointments; Readiness to transition from sober housing to a stable environment; Number of women who are not able to remain in housing - "evictions"; Number of police interventions at home.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 10
- **ADAMHS Funded Unduplicated Clients Served:** 4
- **Total Number of Clients Served:** 4
- **Total Number of Clients that Completed this Program/Service:** 2

Average Cost Per Client: $15,011

Additional Information:

- The Moms House is a success thanks to the services provided by MetroHealth. Here is a brief video that made in April about the program: https://vimeo.com/703778332.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 6
- **ADAMHS Funded Unduplicated Clients Served:** 3
- **Total Number of Clients that were Served:** 3
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- The women will remain sober, in good standing in a treatment center of their choice and will attend prenatal and post-partum appointments.

Metrics Used to Determine Success:

- Continued sobriety of women; Continued custody of children, including newborn child; Continued services through a drug treatment center; Completion of prenatal and post-partum appointments; Readiness to transition from sober housing to a stable environment; Number of women who are not able to remain in housing - "evictions"; Number of police interventions at home.

Program Successes:

- All the women at The Moms House remained sober! Two residents moved into The Moms House in June of 2021 and a third resident came in August of 2021. They remained sober while they were living at The Moms House! Each resident remained in good standing at a treatment center of their choice. They each completed IOP and an aftercare program. Each of the women attended their prenatal and post-partum appointments at MetroHealth.

Average Cost Per Client in CY21: $3,333

Additional Information:

- The Moms House is a new sober home for pregnant women with OOD. Dr. Jennifer Bailit lobbied to have a supportive home for pregnant women to continue their lives in recovery. Because of this program, several women and children are benefitting from a wonderful life in recovery. I have included some unedited testimonials. How have you benefitted from The Moms House? "I have seriously benefitted emotionally, mentally, and spiritually from the Moms House! Being here with all the ladies has motivated me not only in my recovery journey, but also that I am going to do amazing and make it as a first-time mom in recovery!" "I now get overnights with my daughter. I'm currently going on four months sober. I have custody of my newborn son. I am getting my life in order so I can move on from the Moms' House and start the next chapter of my life with my children. "I have benefitted from the Moms House because it has structured my lifestyle. It showed me a different way to live."

The Wellness Re-entry Assistance Program at the Cuyahoga County Jail

The MetroHealth Wellness Re-entry Assistance Program (WRAP) program works to accomplish several goals within the Agnew: Beck, Institute for Healthcare Improvement, and SAMHSA's GAINS Center for Behavioral Health and Justice Transformation Sequential Intercept Model. Incarcerated individuals will be given an opportunity to engage and restore with MetroHealth's Correctional Health and WRAP program. At the point of discharge, the WRAP program works to ensure a smooth reentry for SPMI clients and helps to meet needs around the continuum of care.

The WRAP program is a collaborative effort with other agencies and institutions to provide fully integrated care to the most seriously challenged patients moving from county jail back to the community. The program draws together mental health care, addiction services, primary care, specialty medical care, medication, health education and case management. Community mental health agency (CMHA) partners provide all case management; MetroHealth provides medical care and medications and labs; mental health and addiction care is provided based on client preferences, need, history and accessibility. MetroHealth also provides Peer Recovery support for inmates with SUD during incarceration at the Jail to stabilize and provide short-term treatment. These services include recovery support, motivation, and resources to promote successful reentry upon release. Staff have demonstrated that providing intensive, integrated care in coordinated partnership across agencies can dramatically reduce jail bed days and re-bookings, and increase and stabilize health care, in this highly vulnerable population.

Target Population:

- Adults with severe mental illness who are incarcerated in the Cuyahoga County Jail
- Predominately male (86%), African American (64%) or White (31%), non-Hispanic (93%), ranging in age from 18 to 64 with an average age of 38 years, and not employed (85%)
- About 38% are diagnosed with schizophrenia or a schizophrenia-type disorder, 30% are assessed with bipolar disorder, 45% with Major Depressive Disorder and 30% present with Post-traumatic stress disorder
- Many clients experience co-occurring substance disorder
- Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 550

Number of Staff Required to Implement Program: 4

CY23 Program Highlights and Outcomes

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Jail Liaison/Forensic Coordinator is incumbent; the LPCC/LISW and Outpatient Navigator will need to be recruited and hired. Mental Health services and support will be provided by the onsite MetroHealth team in the event of staff vacancies.

Funding Priority:

- Crisis Services

Program Goals:

- Reduce clients' recidivism and jail bed days
- Increase and improve outpatient care in the community
- Ensure integration of primary and specialty medical care with psychiatric and substance use care and combine them with active case management

Program Metrics:

- Monitoring and reporting on recidivism and jail bed days reduction
- Monitoring and reporting on follow up compliance and coordination of care
- Reporting and monitoring care received during incarceration and post incarceration

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 220
- **ADAMHS Funded Unduplicated Clients Served:** 303
- **Total Number of Clients Served:** 303
- **Total Number of Clients that Completed this Program/Service:** 71

Average Cost Per Client: $100.98

Additional Information:

- In 2021, only 36 clients were rearrested out of 347 clients booked into the Cuyahoga County Jail. The program is intensive coordination of integrated services that begins before clients leave the jail and continues in community. Staff advocates for clients in the jail and assists with the release planning of clients. Often this requires heavy collaboration and collateral communication with family members, court personnel, treatment providers and sometimes guardians to ensure the most effective and successful transition of the client back into the community and to provide them with the tools and linkages for them to succeed and keep the community safe.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 440
- **ADAMHS Funded Unduplicated Clients Served:** 347
- **Total Number of Clients that were Served:** 347
- **Total Number of Clients that Completed this Program/Service:** 266

CY23 Program Highlights and Outcomes

Goals Met:

- Reduction in jail bed days and recidivism. Increase in the use of outpatient services. Connection to medical services.

Metrics Used to Determine Success:

- Staff use jail records to identify the number and dates of jail bookings and releases
- Staff collects data and tracks outpatient services through EPIC, IMACS (Incarceration management and Cost Recovery System Control Panel) and Excel
- Staff collects data to track medical services through EPIC.

Program Successes:

- 36 were rearrested (9.6% of Metro Health clients)
- 100% were linked with at least one community service: 47% linked with OP Pharmacological services, 91% linked with CPST services, 49% linked with Substance use treatment including medication assistance treatment, and 3% were placed in group homes
- 60% were linked with primary medical care services.

Average Cost Per Client in CY21: $100.98

Additional Information:

- From January 2021-December 2021, Metro Health Liaison program completed 120 mental health and level of care assessments. With the average case load of forty-nine per month, 27% of patients were released from jail each month. Of the patients released, 100% were linked with at least one service in the community, for example: 47% were linked with Outpatient Psychiatric Pharmacological services, 91% were linked with CPST services, 60% were linked with primary medical care services, 49% were linked with Substance use treatment including medication assistance treatment, and 3% were placed in group homes. Metro WRAP Collaborates with the CAP clinic (Community Advocacy Program) located at the Broadway community center provides primary care, mental health services and referral for people recently released from incarceration. CAP has provided services for clients who have been previously unidentified with untreated mental illness. CAP collaborates with the WRAP program to identify clients and facilitate their care. All services of the MetroHealth System are available to these patients. Utilizing Metro's CAP clinic to assist with medical and mental health needs has also increased outpatient visits. Forensic Liaison also collaborates with MAT (Medication Assisted Treatment) program for opioid addiction to coordinate Vivitrol and Suboxone for people leaving the jail for placements into residential or intensive outpatient treatment programs. This has also increased outpatient visits.

MetroHealth Psychiatric Emergency Department

MetroHealth will open a Psychiatric Emergency Department within its new behavioral health hospital that opened in 2022 in Cleveland Heights. Essential program elements will include: 24/7 Access to Emergency Psychiatric Care via walk in/Drop Off/Law Enforcement/EMS; Crisis Stabilization; Care Management/Navigation; Medical Clearance/Exam; Psychological Evaluation; Admission to Inpatient Status as needed and Return to Community with Follow Up Referrals/Appointments. MetroHealth is committed to screening all adult patients for social needs, including social connection, employment, intimate partner violence physical activity, stress, digital connectivity, food insecurity, transportation, housing and utilities, and financial resource stress. This will allow staff to deploy appropriate wraparound services for patients and their families.

CY23 Program Highlights and Outcomes

Target Population:

- Patients ages 13 years of age or older who are experiencing a behavioral health crisis
- All socioeconomic categories

Anticipated Number of Clients to be Served: 3,000

Number of Staff Required to Implement Program: 35

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- MetroHealth's staffing plans include cross-training the behavioral health staff at the Cleveland Heights Behavioral Health Hospital. MetroHeatlh will have two options to temporarily fill staff vacancies to continue to provide consistent program services: 1. Utilization of cross-trained staff from within the Cleveland Heights Behavioral Health Hospital; and 2. MetroHealth is a large hospital system which is actively engaged in training additional Behavioral Health Caregivers such as Psychiatrists, Psychologist, Nurses, Patient Care Nursing Assistants and Behavioral Health Specialists. The organizational structure at MetroHealth is substantial and inherent in the structure are backup resources should vacancies occur due to the establishment of key program descriptions, job duties, and detailed plans. As a result, we will also be able to draw from staff within the MetroHealth System to cover program services at the Cleveland Heights Behavioral Health Hospital until staff vacancies can be filled.

Funding Priority:

- Crisis Services

Program Goals:

- To provide Cuyahoga County Residents in psychiatric crisis with immediate access to assessment, stabilization, and disposition plans
- To provide an access point for Law Enforcement/EMS to bring patients that are experiencing a psychiatric crisis
- Connect patients being discharged to community with their current (or new) provider(s)

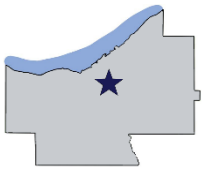
Program Metrics:

- Number of Cuyahoga County patients served each year
- Number of patients admitted to Behavioral Health Inpatient Status (Target: 40%)
- Number of patients discharged to Community (Target: 60%)
- Number of patients who return within 48 hours (Target: <10%)
- Number of patients arriving by Law Enforcement/EMS (Target: 50%)
- Number of patients being screened for social determinants of health (SDOH) (Target: 100%)
- Number of patients leaving with referral to community agency/provider (Target: 80% initially, then 5% increase every quarter)

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

Focus on Diversity: The MetroHealth System

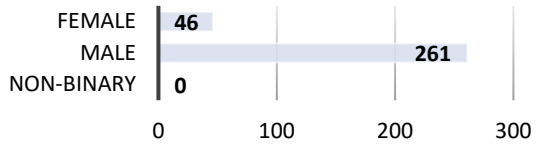
Program(s): The Moms House; The Wellness Re-entry Assistance Program at the Cuyahoga County Jail

Diversity, Equity and Inclusion STRENGTH from program proposal: *MetroHealth shared goals for building sustainable equity, including "improve Black and other minority representation at senior levels of the organization; eliminate or substantially reduce health disparities among our patients; promote economic equity and participation in all our activities," etc.*	 Region: Central

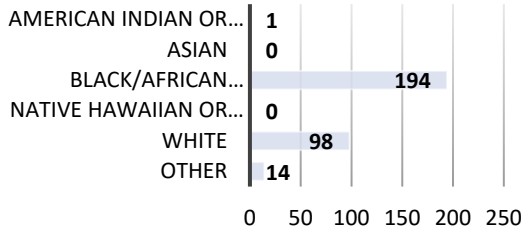
CLIENT DEMOGRAPHICS

2022 – Total Served 307

Gender



Race



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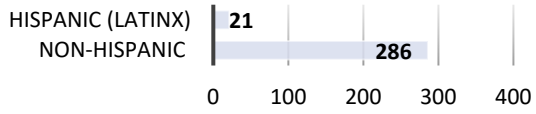
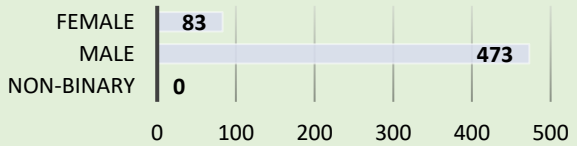


2023 – Total Projected to be Served 556

Gender



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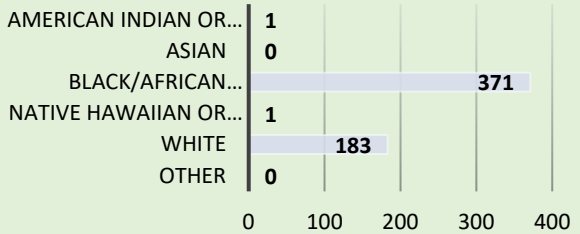
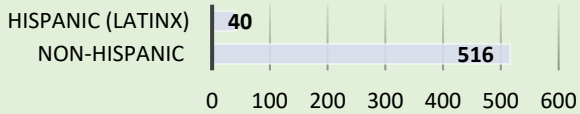
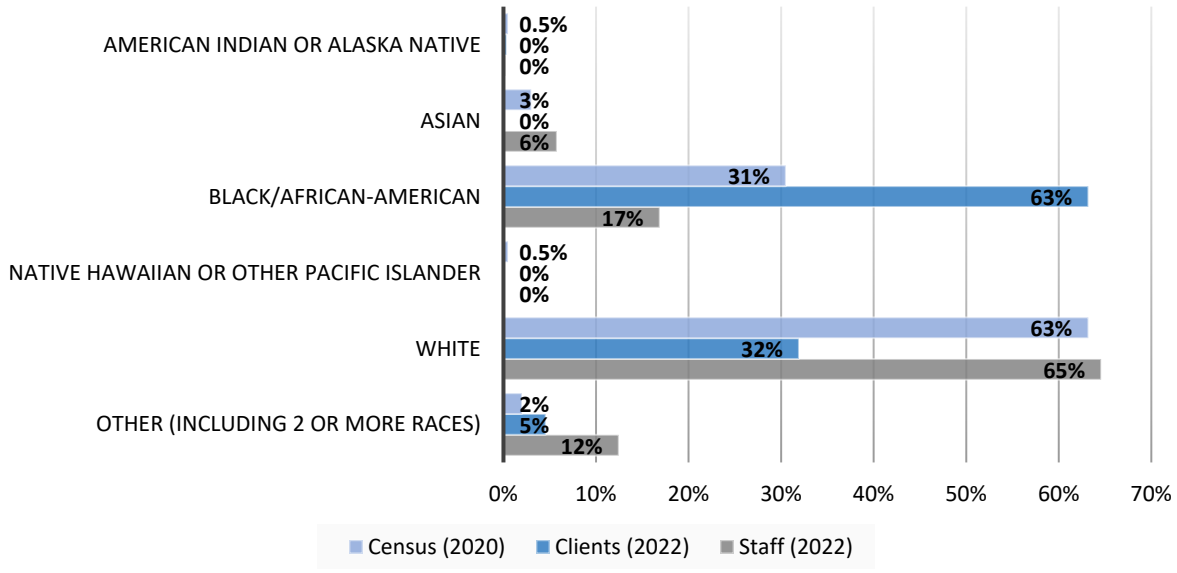


Ethnicity



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%.

Moore Counseling & Mediation Services, Inc.

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Moore Counseling & Mediation Services			
Pooled Funding:			
Treatment Services	$ -	$ -	

CY23 Program Highlights and Outcomes

Moore Counseling & Mediation Services Inc

Moore Counseling & Mediation Services, Inc. (MCMS) is a confidential, compassionate, responsive and professional organization which provides services in mental health treatment, substance use disorder treatment, mediation, employee assistance programs and professional development. MCMS has been delivering services to the communities since 1999. It is their mission to provide the most comprehensive services possible to individuals, as well as to organizations committed to taking care of their employees. MCMS assists clients to achieve a healthy and productive lifestyle and seek outcomes that improve the status of the individual and the community.

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

Treatment Services

The essential elements of the outpatient treatment program include an extensive biopsychosocial assessment involving assessment for comorbidity of other behavioral health disorders. The findings from the assessment will determine if there is a DSM-V TR diagnosis. From the assessment, the ASAM criteria will be used, including the assessment of the client's risk factors, to determine the level of care to best address the client's treatment needs. Other elements of the services provided include individual counseling from a practitioner that holds a dual license of SUD and behavioral, as well as group therapy including levels of care Outpatient (1.0) and Intensive Outpatient Program (2.1), case management, psychiatry, and Medicated Assisted Treatment (MAT). The agency's theoretical orientation of choice is person-centered therapy, along with cognitive behavioral therapy. Staff added trauma-focused programming, including Eye Movement Desensitization Reprocessing (EMDR), equine therapy and art therapy.

Target Population:

- Over 80% of the clients serviced through this program are also in need of psychiatry and other behavioral healthcare services. Many of the clients meet the clinical criteria for an Opiate Use Disorder (Moderate to Severe) and are in need of Medication Assisted Treatment (MAT).
- Adults 18-65 and older; All socioeconomic categories

Anticipated Number of Clients to be Served: 90

Number of Staff Required to Implement Program: 22

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- MCMS has a robust recruitment plan that includes a relationship with universities and employment agencies. MCMS has had less than 10% employee vacancies over the past year due to its ongoing commitment to hiring and providing great benefits to employees.

Funding Priority:

- Treatment Services – Pooled Funding

Program Goals:

- Increase the number of clients entering treatment by 10% with the utilization of the pooled funding
- Improve client retention rates in treatment by 15%
- Expand co-morbid disorders programming

CY23 Program Highlights and Outcomes

- Increase the use of MAT among the minority population
- Increase the employment rate of unemployed clients

Program Metrics:

- Measure the assessments completed and clients entering treatment monthly
- Review of discharge summaries monthly measuring successful and unsuccessful outcomes
- Measure the assessments completed for comorbid disorders and clients entering treatment monthly
- Measure the assessments completed for Opiate Use Disorders (OUD) and clients entering treatment monthly
- Measure the number of unemployed clients after completed assessment and clients entering treatment monthly

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 120
- **ADAMHS Funded Unduplicated Clients Served:** 35
- **Total Number of Clients Served:** 85
- **Total Number of Clients that Completed this Program/Service:** 45

Average Cost Per Client: $6,868.25

Additional Information: N/A

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 200
- **ADAMHS Funded Unduplicated Clients Served:** 60
- **Total Number of Clients that were Served:** 133
- **Total Number of Clients that Completed this Program/Service:** 67

Goals Met:

- Improve client retention rate and improve relapse prevention

Metrics Used to Determine Success:

- Using multiple measurement categories at the time of assessment such as health coverage, employment, and legal history.

Program Successes:

- Successfully treated 72 clients with the ADAMHS Board pooled funding in the year reported. Of those clients, 100% were assessed and treated or offered co-occurring treatment.

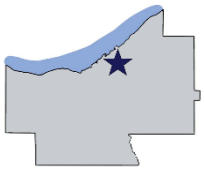
Average Cost Per Client in CY21: $5,100

Additional Information: N/A

Focus on Diversity: Moore Counseling & Mediation Services Inc

Program(s): Behavioral Health Services

Diversity, Equity and Inclusion STRENGTH from program proposal:
Moore Counseling stated that they "recognize the racial inequities in our community and the systemic poverty that has led to disparities in minority communities, and it is our mission to eliminate all barriers to education, healthcare, justice, and employment."

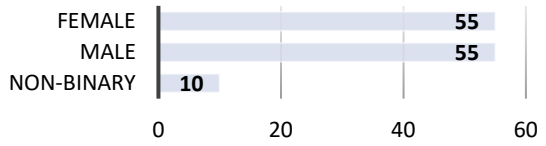


Region: NE

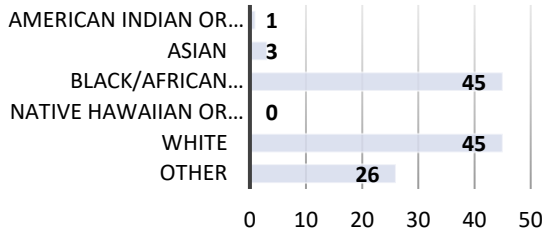
CLIENT DEMOGRAPHICS

2022 – Total Served 120

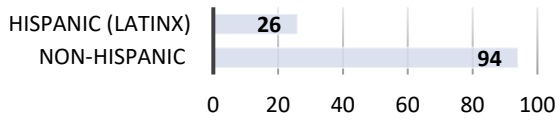
Gender



Race

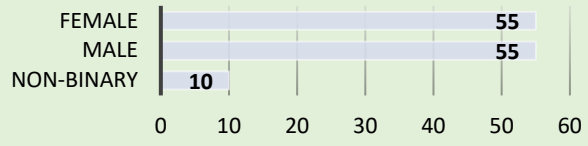


Ethnicity

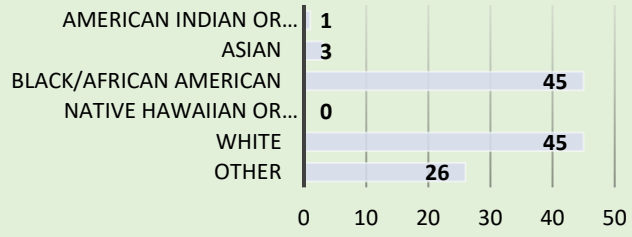


2023 – Total Projected to be Served 120

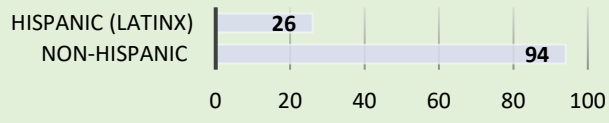
Gender



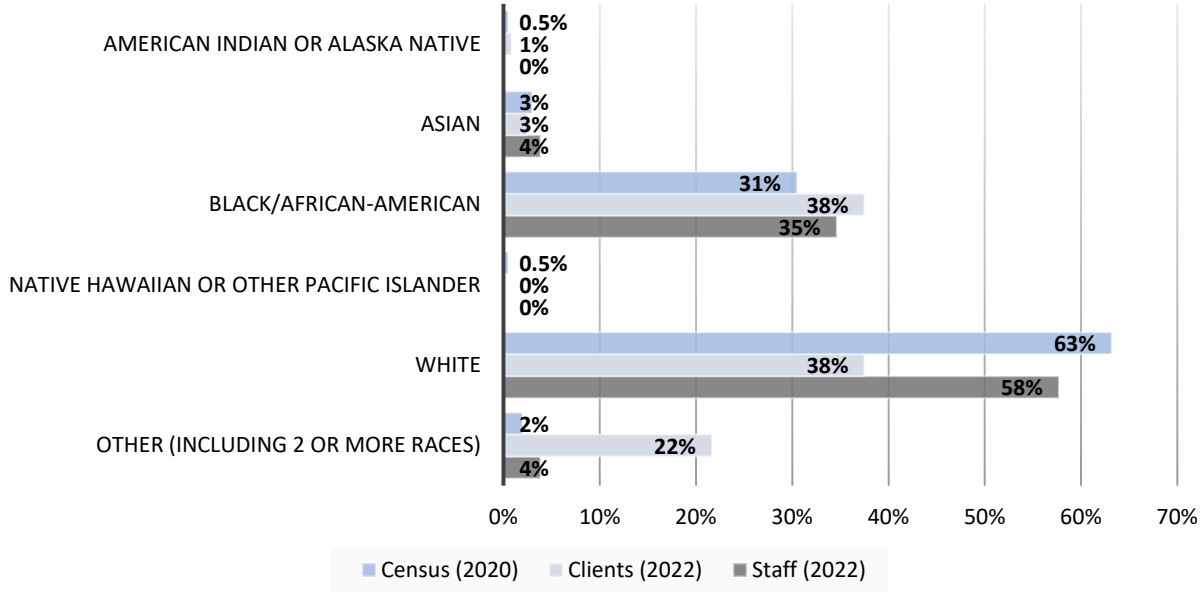
Race



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%.

Murtis Taylor Human Services System

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Murtis H. Taylor			
MH Residential	$ 536,676	$ 649,975	Housing
MH Suburban Jail Liaison	$ 77,612	$ 100,000	Removing Barriers
Jail Liaison Program	$ 78,000	$ 100,000	Removing Barriers
Peer Support at St. Clair House	$ 90,391	$ 90,390	Peer Support
MH Representative Payee	$ 150,000	$ 183,337	Removing Barriers
School Based Prevention	$ 125,693	$ 125,693	Prevention
Transportation	$ 50,000	$ 50,000	Removing Barriers
Early Childhood Mental Health**	$ -	$ -	Prevention
Total	**$ 1,108,372**	**$ 1,299,395**	
Pooled Funding:			
Mental Health/DD Treatment Services	$ -	$ -	
Mental Health Treatment Program	$ -	$ -	
Prison Outreach	$ -	$ -	

**** ECMH Providers Pooled Funding**

CY23 Program Highlights and Outcomes

Murtis Taylor Human Services System

Murtis Taylor is a comprehensive behavioral health organization that also provides a variety of other services in the community to both children and adults.

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

ADAMHS Transportation Project

The provision of transportation will reduce no-show rates of clients for scheduled appointments at MTHSS clinics and as a social determinant of health, it is fundamental to healthy communities because it touches many aspects of a person's life. Transportation issues can affect a person's access to health care services. These issues may result in missed or delayed health care appointments, increased health expenditures and overall health outcomes.

Missing appointments limits opportunities for individuals to manage their mental health needs, often resulting in the need for more costly health care services and leading to worse health outcomes. Without timely care, people with mental illness have their symptoms worsen and often end up in emergency rooms, hospitals and even jail, leading to higher costs and worse outcomes. Transportation also can be a vehicle for wellness. Developing affordable and appropriate transportation options can help boost health.

Murtis Taylor Human Services System's {MTHSS) Transportation Program will consist of three (3) components or ways that mental health clients can be transported at no charge, round-trip to/from MTHSS sites for office-based appointments including but not limited to Psychotherapy Sessions, Pharmacological Management Visits, Medication Injections, Blood Monitoring Visits, and Vital Sign Monitoring visits, on leased MTHSS Vans with MTHSS Drivers, with Bus Tickets or with a voucher through a partnership with Lyft transportation service.

MTHSS will provide transportation to mental health clients including those with co-occurring disabilities by leasing vans, hiring drivers, and providing bus tickets to clients who are assessed as capable of navigating public transport. MTHSS will also partner with Lyft to provide vulnerable patients with transportation services to and from MTHSS sites.

For van transport, when a client makes his/her next clinic appointment or when a staff person, generally a Case Manager along with the client makes an appointment, a transport reservation will be made at the same time with the Dispatcher. For bus tickets, Case Managers, who know their caseloads and when their clients' next appointments are, will requisition a number of bus tickets to have on hand to give their clients a one round-trip set of tickets for their next appointment. Clients who will be using the services of Lyft will receive one round-trip voucher for their next scheduled appointment.

Target Population:

- Severely mentally disabled adults (SMD) and those with co-occurring disabilities, 18 years and older. Adults ages 18 and older, live in poverty and/or live independently or in Adult Care Facilities
- Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 2,000

Number of Staff Required to Implement Program: 6

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Current drivers will share routes of vacant position, hiring of temporary driver(s) if needed, qualified existing program staff if available. If there is a need to replace staff during the grant period, an MTHSS interview team, will be part of the interview process.

Funding Priority:

- Removing Barriers

Program Goals:

- Appointment Show-Rate: Participating clients will achieve an appointment show rate of 80% for office-based appointments, including but not limited to Psychotherapy sessions, Pharmacological Management Visits, Medication Injections, Blood Monitoring visits, and Vital Sign Monitoring visits as measured by Electronic Health Record data.
- Average Days from Post-Hospital Discharge to Pharmacological Management Visits: Participating clients will experience an average of seven or fewer days between hospital discharge and the next pharmacological management visit as measured by Electronic Health Record data analysis.
- Symptom Distress: Participating clients will experience a 0% - 25% decrease in Symptom Distress. As measured by the Ohio Scales Adult Consumer Outcomes instrument.
- Quality of Life: Participating clients will experience a 0% to 25% increase in Quality of Life as measured by the Ohio Scales Adult Consumer Outcomes instrument.
- Rate of State Re-hospitalizations: Participating clients will experience a decrease in the number of psychiatric hospitalizations as measured by Incident Report analysis.

Program Metrics:

- Appointment Show-Rate: Using the Electronic Health Record the dates/times of office-based appointments scheduled will be compared to the dates/times of office-based appointments completed.
- Average Days from Post-Hospital Discharge to Pharmacological Management Appointment: Using the Electronic Health Record the dates/times of hospital discharges and pharmacological management visits will be analyzed to determine the average number of days between Post--Hospital Discharge to Pharmacological Management visits.
- Symptom Distress: Symptom distress related metrics in the standardized Ohio Scales Adult Consumer Outcomes Instrument will be used to determine percentage change in symptom distress. The most recently administered pre and the most recently administered post Ohio Scales instruments will be utilized to perform the pre and post analysis.
- Quality of Life: Quality of life related metrics in the standardized Ohio Scales Adult Consumer Outcomes Instrument will be used to determine percentage change in Quality of life. The most recently administered pre and the most recently administered post
- Rate of State Re-hospitalizations: Using incident reporting data related to psychiatric hospitalization, a time-series of psychiatric hospitalizations will be analyzed to measure State re-hospitalizations of clients.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 170

- **ADAMHS Funded Unduplicated Clients Served:** 44
- **Total Number of Clients Served:** 44
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $259.88

Additional Information: N/A

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

Jail Liaison

Clients are provided mental health treatment and linked to community services that support recovery and reduce their involvement in criminal activity. The level of intensity of service provision is a feature of this service. Rehabilitation and environmental support activities reduce the symptoms of psychiatric illness, build resilience, and improve their quality of life and integration into the community.

Information will be shared with the Jail and Common Pleas Court by several methods. After the Release of information is signed by the client, copies will be distributed to the named individuals, departments in the jail in the form of a hard copy and/or electronically as well as verbally. Information will also be shared in meetings such as Case Coordination and Compliance Meetings. The Jail Liaison will also prepare reports as requested/required and/or needed on client status as well as share information via other appropriate and secured (confidential) lines of communication.

The following data elements will be shared: client's name, date of program enrollment, projected release date, assigned Jurist, Community Psychiatric Supportive Treatment (CPSD worker, client date, of birth, current location, upcoming community mental health, appointments (psychiatry, therapy, CPST), name of assigned Probation, Officer and next Probation contact date.

Target Population:

- Severely and persistently mentally ill adults (SPMI), 18 years and older, who are incarcerated on a felony offense and without past or current involvement (more than 90 days) with a community-based provider
- Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 200

Number of Staff Required to Implement Program: 2

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Existing staff will share responsibilities and HR will outreach and recruit for new hires immediately. If there is a need to replace staff during the grant period, an MTHSS interview team, will be part of the interview process.

Funding Priority:

- 24/7 Access

Program Goals:

- Serve 200 clients
- Provide initial contact and/or follow-up to 300 clients
- Assess and/or screen 300 clients
- Provide 100% of client assessments at the Cuyahoga County Jail

- Complete re-entry checklists for 300 clients

Program Metrics:

- Number of clients enrolled
- Initial contact and/or follow-up completed
- Assessment and/or screening completed
- Number of Assessments Psychiatric Diagnostic Assessments provided in the Jail
- Number of clients receiving re-entry checklist and review

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 200
- **ADAMHS Funded Unduplicated Clients Served:** 91
- **Total Number of Clients Served:** 91
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $461.31

Additional Information:

- Murtis Taylor Human Services System (MTHSS) employs an experienced forensic liaison that has worked in the criminal justice system for over ten years and is committed to providing quality support to those that are arrested at the county jail. The ability to serve clients in the jail system and to meet the 200-client expectation will be impacted by the safety protocols and access limitations that the Justice Center / County Jail enacted in response to the public health emergency.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 200
- **ADAMHS Funded Unduplicated Clients Served:** 1,131
- **Total Number of Clients that were Served:** 1,131
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- Serve 200 clients. Provide 300 initial contact and/or follow-up. Assess and/or screen 300 clients. PDE's w/o medical will be completed in or at the Cuyahoga County Jail. Complete re-entry checklist for 300 clients.

Metrics Used to Determine Success:

- 200 clients will be served., 200 clients will receive an initial contact or follow-up service, and 200 clients will be assessed or screened. 100% of PDE's w/o medical will be completed in the County Jail. Also, 200 clients will receive a Re-Entry checklist.

Program Successes:

- 131 clients were served. 376 initial and / or follow up contacts were made with clients. 131 clients were assessed or screened. 100% of 65 PDE's w/o medical were completed in-person or

by telehealth while the client was in Cuyahoga County Jail. 131 clients received a Re-Entry Checklist.

Average Cost Per Client in CY21: $635.24

Additional Information: N/A

Mental Health & Developmental Delays

MTHSS is a participating agency in the Mental Health and Developmental Disabilities Court. The purpose of the MHDD court is to provide early identification and improved care of offenders with severe mental health/developmental disabilities while promoting increased safety for the community through therapeutic approaches and evidence-based practices in the courts system.

Services are provided under a behavioral health model that is driven by the needs and preferences of the individual (and family members as appropriate) through a strength-based approach. Services are responsive to the cultural context and characteristics of participants and families who are partners in planning, implementation and evaluation. The client and family members work as a team to develop a service plan with staff that addresses the needs and preferences of client and family members.

Case Managers provide more intense contact compared to those located in other program areas, but less contact than in an intensive unit. Case Managers meet weekly with clients to provide support, link to services, track and monitor progress. Case Managers will meet monthly with the Probation Unit officers to review each client's progress and treatment services.

Elements to engage, retain and motivate clients as well as and move toward performance targets include motivational interviewing, traditional case management model, assessment of needs, documentation of client strengths and weaknesses, establishment of trust, linkage to social, employment and recreational programs and meaningful activities. Treatment planning is done with the clients' goals and steps customized in measurable steps the client can achieve. Clients are encouraged to ask questions and to know and understand their medications. Services are delivered at community locations where the client prefers.

Target Population:

- Clients referred from the County MHDD Probation Department who are on active County probation with the County's MHDD unit. Severely mentally disabled adults (SMD) 18 years and older who live in poverty and/or live independently or in Adult Care Facilities.
- Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 100

Number of Staff Required to Implement Program: 6

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Current Case Managers share providing coverage. The Team Leader also assists with providing coverage. If there is a need to replace staff during the grant period, an MTHSS interview team, will be part of the interview process.

Funding Priority:

- 24/7 Access

Program Goals:

- Reduce symptoms of psychiatric illness and recidivism

- Improve coping skills
- Recovery and reduction of involvement in criminal activity in a community setting
- Community integration and successful completion of probation

Program Metrics:

- Reduced symptoms of psychiatric illness and recidivism
- Improved coping skills
- Recovery and reduced involvement in criminal activity in a community setting
- Community integration and successful completion of probation

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 53
- **ADAMHS Funded Unduplicated Clients Served:** 104
- **Total Number of Clients Served:** 104
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $587.64

Additional Information:

- During the first six months the agency saw an increase in referrals to the program when compared to last year. Four clients who participated in the Fighting Recidivism by Elevating Excellence (FREE) Program participated in a special graduation ceremony, an event which was very motivating for these clients.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 53
- **ADAMHS Funded Unduplicated Clients Served:** 106
- **Total Number of Clients that were Served:** 106
- **Total Number of Clients that Completed this Program/Service:** 5

Goals Met:

- Reduced symptoms of psychiatric illness and recidivism
- Recovery and reduced involvement in criminal activity in the community
- Improved coping skills and community integration and successful completion of probation

Metrics Used to Determine Success:

- Reduced symptoms of psychiatric illness and recidivism
- Recovery and reduced involvement in criminal activity in a community setting
- Improved coping skills. Community integration and successful completion of probation

CY23 Program Highlights and Outcomes

Program Successes:

- The program served 106 clients during CY21. Two clients were hospitalized for a total of three and a half days. One client was arrested during CY21 and served 33 days in jail. Six clients were gainfully employed and stayed employed for 30 days before COVID-19 ended their employment. Five clients completed probation and graduated from the FREE program, Judge Gayle Williams-Byers, South Euclid Municipal Court Mental Health Docket.

Average Cost Per Client in CY21: $1,350.86

Additional Information:

- The program was very complimentary of the five clients who participated in the South Euclid FREE Program. They participated in a special graduation ceremony, an event which was very motivating for these clients, as well as other clients who were not participants in the graduation ceremony.

Mental Health Residential

The Mental Health Residential program provides treatment in a residential setting and teaches clients how to live independently. Residential provides the structure, treatment and support needed to individuals at risk for hospitalization, those stepping down from inpatient stays and reducing the rate of hospital admissions/readmissions.

Essential Elements include rehabilitation and environmental support activities that assist in reducing the symptoms of psychiatric illness, build resilience and improve the quality of life and re-integration into the community. Group sessions focus on de-institutionalization, self-awareness, relationships with others, community socialization, and daily living skills, medication monitoring and education. Residents assist with menu planning, cooking, cleaning and gain day-to-day personal care skills. Services are relevant to the diversity of the persons served.

Target Population:

- Severely mentally disabled adults (SMD) 18 years and older who are currently unable to live independently
- Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 16

Number of Staff Required to Implement Program: 11

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Existing staff will share duties and responsibilities and MTHSS's Human Resource Department will outreach and recruit, interview and onboard as soon as potential candidates are identified. If there is a need to replace staff during the grant period, an MTHSS interview team, will be part of the interview process.

Funding Priority:

- High Quality Housing

Program Goals:

- Improve environmental supports that reduce symptoms of psychiatric illness
- Improve resilience
- Improve quality of life

- Improve integration into the community

Program Metrics:

- Number of Medication Refusals; number of incidents involving rehospitalizations and police assistance
- Number of Medication Refusals; number of incidents involving rehospitalizations and police assistance
- Number of times per month Activities of Daily Living (ADL's) and rules/regulations are disregarded
- Number of times per month ADL's and rules/regulations are disregarded

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 14
- **ADAMHS Funded Unduplicated Clients Served:** 10
- **Total Number of Clients Served:** 10
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $226.95

Additional Information: N/A

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 14
- **ADAMHS Funded Unduplicated Clients Served:** 14
- **Total Number of Clients that were Served:** 14
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- Improve environmental support that reduces symptoms of psychiatric illness, improve resilience, improve quality of life, and improve integration into the community.

Metrics Used to Determine Success:

- Number of medication refusals, number of incidents involving rehospitalization and police assistance, number of times per month ADL's and rules/regulations are disregarded.

Program Successes:

- 21 medication refusals; one rehospitalization; 21 medication refusals; four calls to police for assistance

Average Cost Per Client in CY21: $238.21

Additional Information: N/A

Mental Health Treatment

Services are responsive to the cultural context and characteristics of participants and families who are partners in planning, implementation, and evaluation. The client and family members work as a team to develop a service plan with staff that addresses the needs and preferences of client and family members.

CY23 Program Highlights and Outcomes

Day Treatment: Provides highly structured, clinically intensive group psychotherapy, counseling, medication education, and psychoeducation to stabilize or increase a patient's level of functioning. It is a transitional model of acute care that is an alternative to hospitalization and leads to recovery or stabilization at the highest level of functioning for the person served. PH is applicable to an array of clinical conditions and diverse client populations.

PDE without Medical: Clinical evaluation by a licensed clinician in response to treatment or when significant change occurs and includes a diagnostic evaluation to determine needs and appropriate treatment such as Counseling/Psychotherapy, Case Management assignment and/or referral.

Psychotherapy: Identification, evaluation, and assessment of needs and strengths and development of an ISP.

Pharmacological Management services provide mental health clients with face-to-face psychiatric evaluations, treatment, and medication/pharmacological services for relief from symptoms of an imbalance of chemicals in the brain and better manage of symptoms, under the direction of a licensed physician. Services include Nurse Injection, Nurse Service, Office Visit Existing, Office Visit New and PDE w/ Medical, Psychotherapy.

Case Management provides community support and advocacy to adults diagnosed with a severe mental illness. The Case Manager-client relationship includes meeting the person where they are, respect, cultural competency and treatment based on the recovery model.

There are three categories, Case Management, Case Management-Therapeutic Behavior Services and Case Management-Psychosocial Rehabilitation. Case Management: Specific, measurable, and individualized services delivered by community-based staff that address individual mental health needs of the client; type and intensity of services, depending on the changing needs of the individual. Case Management-Therapeutic Behavior Services: goal-directed supports and solution-focused interventions and activities intended to achieve the identified goals or objectives per the Individual Service Plan. Case Management-Psychosocial Rehab: Implementation of interventions outlined within the ISP to compensate for, or eliminate, functional deficits and interpersonal and/or behavioral health barriers associated with an individual's behavioral health diagnosis. Nursing Services including exams and injections.

Target Population:

- Severely mentally disabled adults (SMD), 18 years and older who live in poverty and/or live independently or in Adult Care Facilities and few have supportive families.
- Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 600

Number of Staff Required to Implement Program: 90

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- There is consistency and a team approach so another Case Management team member or the supervisor can provide services with no loss of continuity. MTHSS will also use existing Supervisors to provide coverage. If there is a need to replace staff during the grant period, an MTHSS interview team, will be part of the interview process.

Funding Priority:

- Treatment Services – Pooled Funding

CY23 Program Highlights and Outcomes

Program Goals:

- Change in Satisfaction: Client and Provider Satisfaction will report an overall 75% - 100% satisfaction rating for the mental health services they receive from MTHSS
- Symptom Distress: Clients receiving services between one and five years will experience a 0% - 25% decrease in Symptom Distress; between five and nine years a 0%- 25% decrease; between nine and nineteen years a 0% to 10% decrease
- Quality of Life: Clients receiving services between one and five years will experience an increase in Quality of Life of 0% - 25%. Clients receiving services between nine and nineteen years will experience an increase in Quality of life of 0% - 25
- Rate of State Re-hospitalizations 75% of clients discharged will not be readmitted to the hospital within 14-90 days of discharge during the report period
- Days to appointment. Days from post-hospital discharge to case management appointment will be less than 21

Program Metrics:

- Change in Satisfaction. Client and Provider Satisfaction as measured by an annual Client Satisfaction Survey
- Symptom Distress as measured over time using the Ohio Scales measure
- Quality of Life as measured over time across all core mental health programs by a modified version of the Ohio Scales measures
- Rate of State Re-hospitalizations. The total number of clients discharged from NBH Hospital and admitted to MTHSS divided into the total number of clients readmitted to NBH Hospital
- Days from post-hospital discharge to case management appointment

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 1
- **ADAMHS Funded Unduplicated Clients Served:** 1
- **Total Number of Clients Served:** 1
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $20,781.91

Additional Information:

- The referrals picked up at the end of the period with six active participants in the outpatient competency restoration education program. Fifty percent of the referrals from the courts do not have a primary mental health provider. Murtis Taylor Human Services System (MTHSS) has admitted three clients into the behavioral health department to ensure the clients have a case manager and psychiatry provider to improve or maintain their mental stability. MTHSS also received a client that was hearing impaired who required the additional contacting of interpretation service to ensure their access to the service. Cuyahoga county courts have become more aware of the service that could result in more than the projected 35 referrals being served in the fiscal year.

CY23 Program Highlights and Outcomes

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 300
- **ADAMHS Funded Unduplicated Clients Served:** 390
- **Total Number of Clients that were Served:** 3,781
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- Client and Provider Satisfaction will report an overall 75% - 100% satisfaction rating for the mental health services they receive from MTHSS
- Clients served between one and five years of treatment experience a 0% - 25% decrease in Symptom Distress; Clients served between five and nine years of treatment experience a 0%-25% decrease in Symptom Distress; Clients served between nine and 19 years of treatment experience a 0% to 10% decrease in Symptom Distress
- Clients served between one and 19 years of treatment experience an increase in Quality of Life of 0%-25%
- 75% of Clients discharged will not be readmitted to the hospital within 14-90 days of discharge during the report period. Days from Post-Hospital Discharge to Case Management Appointment will be less than 21

Metrics Used to Determine Success:

- Change in Client and Provider Satisfaction as measured by an annual Client Satisfaction Survey
- Symptom Distress as measured over time using the Ohio Scales measure
- Quality of Life as measured over time across all core mental health programs by a modified version of the Ohio Scales measures
- The total number of Clients discharged from NBH Hospital & admitted to MTHSS divided into the total number of Clients readmitted to NBH
- Days from Post-Hospital Discharge to Case Management Appointment

Program Successes:

- Client and Provider Satisfaction reported an overall 81% satisfaction rating for the mental health services they receive from MTHSS
- Clients receiving services between one and five years of treatment experience a 4% decrease in Symptom Distress; Between five and nine years, a 2% decrease in Symptom Distress; Between nine and 19 years a 1% decrease in Symptom Distress
- Clients receiving services between one and five years of treatment experience an increase in Quality of Life of 1%; Between five and nine years of treatment experience increase in Quality of life of 3%; Between 10 and 19 years of treatment experience an increase in Quality of life of 2%
- 100% of clients discharged from NBH not re-admitted 90 days of discharge
- 93% of clients received an appointment in 14 days; 100% in 30 days; 100% in 60; 100% in 90
- 47% of clients receiving Pharmacy Management (PM) appointment in 14 days; 60% receiving PM appointment in 30; 73% receiving PM appointment in 60; 80% receiving PM appointment in 90. 15 Clients received a case manager

- Post-Hospital discharge; 93% of client received a case management service in 14 days; 12 Clients were seen by PM providers post discharge. 47% were seen in 14, 60% were seen in 30, 73% were seen in 60, and 80% of Clients were seen in 90 days

Average Cost Per Client in CY21: $538.18

Additional Information: N/A

Peer Support at Saint Clair House

Peer Support provides stable, short term, specialized, intensive residential treatment services. Case Management Teams work with clients who have been released from prison and have a high number of contacts with the criminal justice system. Services are designed to stabilize their mental health, reduce recidivism and support community reintegration.

Peer support service is provided to self-identified individuals in recovery from mental illness, substance use disorder (SUD), or both. Individuals who receive the peer support service are committed to their own recovery. Peer support staff or Peer Supporters give and receive support and education from individuals with similar or comparable life experiences. Peer supporters encourage, inspire, and empower their peers to reach their recovery goals through modeling the recovery way of life. They assist in exploring options and overcoming barriers and provide person-driven support that taps into peer strengths related to illness self-management. Peer Supporters do not provide clinical care or tell their peers what to do. A Peer Supporter is certified by the Ohio Department of Mental Health and Addiction Services and has declared that s/he is in recovery and has a lived experience of mental illness, SUD, or co-occurring disorders. MTHSS' collaborates with Saint Clair House a 501 c (3) community housing non-profit corporation to provide services to their residents.

Services are provided under a behavioral health model that is driven by the needs and preferences of the individual (and family members as appropriate) through a strength-based approach. Services are responsive to the cultural context and characteristics of participants and families who are partners in planning, implementation and evaluation. The client and family members work as a team to develop a service plan with staff that addresses the needs and preferences of client and family members.

Target Population:

- Adults with a primary diagnosis of mental illness who have been released from treatment by the Mental Health & Developmental Delays MHDD (formerly MOO) Court of the Cuyahoga Common Pleas Court
- Less than 100% of the federal poverty level

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:

- Existing staff will assume duties and responsibilities and Agency will continue to recruit, interview and hire new staff as quickly as possible. If there is a need to replace staff during the grant period, an MTHSS interview team, will be part of the interview process.

Funding Priority:

- Peer Support

Program Goals:

- Reduction in homelessness

- Retention of benefits
- Reduction in hospitalization
- Reduction in arrests

Program Metrics:

- Number of unduplicated males served
- Number of unduplicated males with medical and financial support
- Number of hospitalizations during this period
- Number of arrests during the period

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 10
- **ADAMHS Funded Unduplicated Clients Served:** 5
- **Total Number of Clients Served:** 5
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $1,631.20

Additional Information: N/A

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 10
- **ADAMHS Funded Unduplicated Clients Served:** 7
- **Total Number of Clients that were Served:** 7
- **Total Number of Clients that Completed this Program/Service:** 1

Goals Met:

- Reduction in homelessness, retention of benefits, reduction in hospitalization and reduction in arrests

Metrics Used to Determine Success:

- Number of unduplicated males served
- Number of unduplicated males with medical and financial support
- Number of hospitalizations during this period
- Number of arrests during this period

Program Successes:

- Reduction in homelessness: 7. 6 males with medical and financial support 1 male employed. Reduction in hospitalizations: 0. Reduction in arrests: 0

Average Cost Per Client in CY21: $1,384.07

Additional Information: N/A

CY23 Program Highlights and Outcomes

Prison Outreach

Prison Outreach is a specialized, intensive unit with a Case Management Team that works with clients who are released from prison and have a high number of contacts with the criminal justice system. Individuals are supported for re-integration back into the community with the goal of stabilizing their mental health and reducing recidivism back into prison.

Intensive treatment and support of individuals reentering the community; Clients are provided mental health treatment and linked to supports that focus on recovery and reduce their involvement in criminal activity. Rehabilitation and environmental support activities reduce the symptoms of mental illness, build resilience, and improve quality of life and re-integration into the community.

Services are provided under a behavioral health model that is driven by the needs and preferences of the individual (and family members as appropriate) through a strength-based approach. Services are responsive to the cultural context and characteristics of participants and families who are partners in planning, implementation and evaluation. The client and family members work as a team to develop a service plan with staff that addresses the needs and preferences of client and family members.

Target Population:

- Severely mentally disabled adults (SMD), 18 years and older, with a severe and persistent mental illness, history of incarceration and are returning from the Ohio Department of Corrections for any level of felony offense and meet medical necessity for intensive Case Management services.
- Most live in poverty and/or live independently or in Adult Care Facilities, a few have supportive families.

Anticipated Number of Clients to be Served: 125

Number of Staff Required to Implement Program: 5.5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Existing staff will share duties and responsibilities. Human Resources will immediately and actively outreach and recruit, and with the help of Managers and Supervisor, interview, hire/provide training and orientation to new staff. If there is a need to replace staff during the grant period, an MTHSS interview team, will be part of the interview process.

Funding Priority:

- 24/7 Access

Program Goals:

- Reduce recidivism/re-admissions to hospitals (relapse prevention)
- Reduce recidivism/re-admissions to jail and prisons (relapse prevention)
- Increase employment

Program Metrics:

- Number and percentage of clients hospitalized, and average number of days/months spent in hospital
- Measured by the number and percentage of clients jailed per month and number and percentage of those clients who went on to prison
- Measured by the average number of days employed per month per client

CY23 Program Highlights and Outcomes

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 122
- **ADAMHS Funded Unduplicated Clients Served:** 98
- **Total Number of Clients Served:** 98
- **Total Number of Clients that Completed this Program/Service:** 3

Average Cost Per Client: $1,011.57

Additional Information:

- The South Euclid Court was very complimentary of the three clients who stepped down to less intensive case manager services, because of the positive outcome of the program and successful re-integration back into the community.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 122
- **ADAMHS Funded Unduplicated Clients Served:** 98
- **Total Number of Clients that were Served:** 98
- **Total Number of Clients that Completed this Program/Service:** 9

Goals Met:

- Reduced recidivism to hospitals, reduced recidivism to jail and prisons, and employment.

Metrics Used to Determine Success:

- Reduced recidivism to hospitals - measured # and % of clients hospitalized and average # of days/month spent in hospital. Reduced recidivism to jail and prisons - measured by the # and % of clients jailed per month and # and % of those clients who went on to prison.
- Employment is measured by the average number of days employed per month per client.

Program Successes:

- 98 clients were served during the reporting period; one client had an average of five days hospitalization; two clients averaged one and a half days in jail.
- Seven clients were employed; four were employed full-time, and three were employed part-time. They were employed an average of 90 days due to COVID-19.

Average Cost Per Client in CY21: $2,365.83

Additional Information:

- The CARES program served 204 unduplicated clients during a public health emergency supporting them with remaining stable in the community, accessing resources, overcoming barriers to treatment, and interventions that reduced the cost of recidivism on the mental health and criminal justice systems during CY21.

Protective Services / Representative Payee Services

The Representative Payee Program will provide competent financial management of a client's (beneficiary's) Social Security payments. Staff will assist with budget revisions, bill paying, purchases, savings, maintaining Medicaid eligibility, financial education, etc. MTHSS Staff will provide face-to-face

services with clients and have necessary attributes of patience, being helpful and understanding of the feelings that clients will have in relation to their lack of control over their own money. Clients will be provided services as needed or requested by the client and at least quarterly. Staff will interface with the client's Case Manager (internal or external Case Manager) as needed. Services will also include working with the client to educate the client on the value of creating a budget and working to empower the client to begin self-management of his/her budget.

The evidence base model for the program approach is the Psychosocial Rehabilitation Model of mental health recovery. Clients are linked to services, resources and peers that reduce the symptoms of psychiatric illness, build resilience and improve quality of life and re-integration into the community. These services are relevant to the diversity of the persons served and consistent with their needs. The rationale is that it is client-oriented, links clients to resources and services and helps clients improve their quality of life.

Murtis Taylor Human Services System, as the Representative Payee, will help to ensure that benefit payments are used for basic needs first, providing the client with a more stable living environment. Staff attempt to motivate clients to work toward more independent living which can improve their response to therapy, rehabilitation and a relationship with their family. Staff are patient, helpful and understanding of the feelings that clients have in relation to their lack of control over their money.

Target Population:

- Severely mentally disabled {SMD) male and female adults, 18 years and older
- Diagnoses include Schizophrenia, Substance Use Disorder (SUD), Major Depression Recurrent, Bipolar I and II, Major Depression with Psychosis and Schizoaffective Disorder and more.
- Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 250

Number of Staff Required to Implement Program: 3

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Remaining staff and/or supervisor will share duties and responsibilities previously assigned position. If there is a need to replace staff during the grant period, an MTHSS interview team, will be part of the interview process.

Funding Priority:

- Harm Reduction

Program Goals:

- 250 clients will receive competent financial management of Social Security beneficiary's payments
- 100% of clients will receive support and maintenance of stable housing by way of Representative Payee services
- 100% of clients will receive support and maintenance of necessities (food, medication, shelter, electricity, and water) by way of Representative Payee services
- 100% of clients will receive support and maintenance of personal amenities (recreational and social) by way of Representative Payee services
- 100% of clients will receive maintenance of Medicaid eligibility

CY23 Program Highlights and Outcomes

Program Metrics:

- MTHSS measures the success of its Representative Payee program by tracking and quantifying a set of metrics which includes number of clients referred, referral source, number of clients served, number of clients on the waiting list, number and percentage of clients who were terminated and the reason, timeliness of disbursements (number and percentage), number and percentage of client concerns addressed in a timely manner and to the client's satisfaction, number and percentage of clients receiving financial skills development and instruction. For all those goals, MTHSS is using the client counts as a metric to assess the goals achievement.
- MTHSS measures the success of its Representative Payee program by tracking and quantifying a set of metrics which includes number of clients referred, referral source, number of clients served, number of clients on the waiting list, number and percentage of clients who were terminated and the reason, timeliness of disbursements (number and percentage), number and percentage of client concerns addressed in a timely manner and to the client's satisfaction, number and percentage of clients receiving financial skills development and instruction. For all those goals, MTHSS is using the client counts as a metric to assess the goals achievement.
- MTHSS measures the success of its Representative Payee program by tracking and quantifying a set of metrics which includes number of clients referred, referral source, number of clients served, number of clients on the waiting list, number and percentage of clients who were terminated and the reason, timeliness of disbursements (number and percentage), number and percentage of client concerns addressed in a timely manner and to the client's satisfaction, number and percentage of clients receiving financial skills development and instruction. For all those goals, MTHSS is using the client counts as a metric to assess the goals achievement.
- MTHSS measures the success of its Representative Payee program by tracking and quantifying a set of metrics which includes number of clients referred, referral source, number of clients served, number of clients on the waiting list, number and percentage
- MTHSS measures the success of its Representative Payee program by tracking and quantifying a set of metrics which includes number of clients referred, referral source, number of clients served, number of clients on the waiting list, number and percentage

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 250
- **ADAMHS Funded Unduplicated Clients Served:** 220
- **Total Number of Clients Served:** 220
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $59.52

Additional Information: N/A

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 250
- **ADAMHS Funded Unduplicated Clients Served:** 243
- **Total Number of Clients that were Served:** 267
- **Total Number of Clients that Completed this Program/Service:** 0

CY23 Program Highlights and Outcomes

Goals Met:

- 250 clients will receive competent financial management of Social Security beneficiary's payments. 100% will receive support and maintenance of stable housing by way of Representative Payee services. 100% will receive support and maintenance of necessities (food, medication, shelter, electricity, water) by way of Representative Payee services. 100% will receive support and maintenance of personal amenities (recreational, social) by way of Representative Payee services. 100% will receive maintenance of Medicaid eligibility.

Metrics Used to Determine Success:

- Number of clients served, number of disbursements made, timeliness of disbursements (%), number of clients on waitlist, and number of client concerns reported.

Program Successes:

- 267 clients served. 15,511 payment disbursements
- 100% Timeliness of disbursements (%)
- One client on waitlist and 26 client concerns reported

Average Cost Per Client in CY21: $60.60

Additional Information: N/A

School-Based Prevention and Consultation

Mental Health School Prevention Programs are school-based prevention groups. Essential Element and core features are identified students receive mental health screenings, assessments and/or referrals to services. Prevention groups use evidence-based curriculums to increase resiliency, school success, increase protective factors, provide supports and decrease stigma. Risk factors addressed by the program and protective factors the program will increase follow. Risk factors include absence of familial and community supports, a lack of connection to family and school, increased and unsupervised access to drugs and alcohol, lack of active participation and engagement in pro-social activities, risky sexual behaviors, effects of poverty and disadvantaged family background. External Protective Factors to be addressed include relationships and opportunities needed in families, schools and communities. Internal Protective Factors include social-emotional strength and values and commitments.

Services are provided under a behavioral health model that is driven by the needs and preferences of the individual through a strength-based approach. Services are responsive to the cultural context and characteristics of participants and families who are partners in planning, implementation and evaluation. The client and family members work as a team to develop a service plan with staff that addresses the needs and preferences of client and family members.

Therapists provide prevention and treatment services to include case management, clinical intervention, support and advocacy. Specific tasks and activities are diagnostic assessment, child psychiatric interview, counseling/psychotherapy, psychological testing, pharmacological management, identification of barriers to functioning, preparation of and periodic review and update of Individual Treatment Plans. Additional services include support services, service coordination among service providers, school-community linkage and family support. Case Managers work with youth clients and their families to implement the Individual Service Plan goal(s) with measurable, achievable steps that the client will be able to accomplish. Case Managers work with clients and families to address mental health symptoms and link clients and families to community-based services and supports as needed. Case Managers assist with transportation or coordination of transportation to help them get to important appointments.

CY23 Program Highlights and Outcomes

Case Managers work hard to make sure youth understood how their behavior impacts others and their future, and how keeping doctors' appointments are critical to their health and well-being. Youth are given help in understanding the need to follow directives and given positive reinforcement when there were even small and incremental demonstrations of changes in behavior and attitudes.

Target Population:

- Severely emotionally disturbed (SEO) youth between the ages of 3 to 22 years and families who are enrolled in any school in Cuyahoga County where Murtis Taylor Human Services System provides services.
- Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 400

Number of Staff Required to Implement Program: 25

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Cases are assigned to existing staff; families will be contacted to make an introduction when there is a change in staff. The organization will continue to recruit, hire, and train additional staff.
- If there is a need to replace staff during the grant period, an MTHSS interview team, will be part of the interview process.

Funding Priority:

- Prevention

Program Goals:

- Serve the 20+ schools as assigned
- Serve 400 Children
- Refer 100 children to treatment after screening

Program Metrics:

- Provision of onsite and or virtual services to schools
- Completed consultation service with students, parents, staff and completed prevention group with students
- Number of referrals that result in an admission into treatment

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 120
- **ADAMHS Funded Unduplicated Clients Served:** 394
- **Total Number of Clients Served:** 616
- **Total Number of Clients that Completed this Program/Service:** 5

Average Cost Per Client: $65.70

Additional Information:

- 125% of the goal was met; 20% of the goal was met; 170% of the goal was met.

CY23 Program Highlights and Outcomes

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 120
- **ADAMHS Funded Unduplicated Clients Served:** 429
- **Total Number of Clients that were Served:** 966
- **Total Number of Clients that Completed this Program/Service:** 7

Goals Met:

- Served the 23 schools assigned by CMSD (20 of assigned schools served)
- Serve 120 children for Consultation/Prevention (429 children served)
- Refer 35 children to treatment after screening (90 children referred to treatment)

Metrics Used to Determine Success:

- Service is provided to the assigned CMSD School
- Completed consultation and prevention services with students, parents, and staff
- Number of referrals that result in admission into treatment

Program Successes:

- 23 CMSD schools received services from MTHSS staff; 115% of the goal met
- 429 Students/Scholars received completed consultation and prevention services; 356% of the goal met
- 90 children were referred to treatment after screening; 257% of the goal met

Average Cost Per Client in CY21: $51.96

Additional Information: N/A

Suburban Municipal Liaison

The Suburban/Municipal Jail Liaison meets with clients who are arrested by an Eastside Municipality on a misdemeanor offense, screens/assesses a client's mental state and need for medication and communicates with the Courts and/or Probation Department to facilitate mental health and Substance and Other Drug (SUD) treatment needs.

The Suburban/Municipal Jail Liaison is an intensive treatment and support of individuals re-entering the community. Clients are provided mental health treatment and linked to supports that focus on recovery and reduce their involvement in criminal activity. Rehabilitation and environmental support activities reduce the symptoms of mental illness, build resilience and improve quality of life and re-integration into the community. Services are provided under a behavioral health model that is driven by the needs and preferences of the individual (and family members as appropriate) through a strength-based approach. Services are responsive to the cultural context and characteristics of participants and families who are partners in planning, implementation and evaluation. The client and family members work as a team to develop a service plan with staff that addresses the needs and preferences of client and family members.

Target Population:

- Severely mentally disabled adults (SMD), 18 years and older who are incarcerated in a suburban jail on a misdemeanor offense and without past or current involvement with MTHSS.

- In general, they live in poverty and/or live independently or in Adult Care Facilities and few have supportive families.

Anticipated Number of Clients to be Served: 100

Number of Staff Required to Implement Program: 1.5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Existing staff will provide services and MTHSS's HR will work to recruit and hire to fill the vacancy. If there is a need to replace staff during the grant period, an MTHSS interview team will be part of the interview process.

Funding Priority:

- 24/7 Access

Program Goals:

- 100 Clients will be served
- Initial contact and or follow-up will be provided to 125 clients
- Assessment and/or screening will be provided to 125 clients.

Program Metrics:

- Clients enrolled completed
- Initial contact and or follow-up completed
- Assessment and/or screening completed

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 100
- **ADAMHS Funded Unduplicated Clients Served:** 68
- **Total Number of Clients Served:** 68
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $599.75

Additional Information:

- The ability to engage and deliver services will depend on suburban municipalities safety precautions and protocols.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 100
- **ADAMHS Funded Unduplicated Clients Served:** 136
- **Total Number of Clients that were Served:** 136
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- 100 clients will be served, initial contact and/or follow-up will be provided to 100 clients, and assessment and/or screening will be provided to 100 clients.

CY23 Program Highlights and Outcomes

Metrics Used to Determine Success:

- Number of clients served, number of initial contacts and/or follow-ups provided, and number of assessments and/or screenings provided.

Program Successes:

- 136 clients were served, 136 clients received an initial or follow up service, and 136 clients received an assessment or screening.

Average Cost Per Client in CY21: $591.99

Additional Information:

- Telehealth was the predominant method of service delivery during CY21.

Provider:	**Murtis Taylor Human Services System**	2021 First Outcome Count:	**6**	2022 First Outcome Count:	**4**
Instrument:	**DESSA MINI**	2021 Final Outcome Count:	**6**	2022 Final Outcome Count:	**4**
Program:	**Youth Prevention**	2021 % of Final:	**100%**	2022 % of Final:	**100%**

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

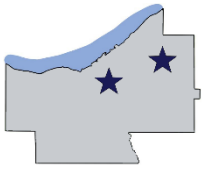
When the data contains both an initial (first) and follow-up (final) instrument administration, a paired t-test was used for comparing individual scores at those two different points in time. It is the most powerful test for showing changes in individuals. The green highlighted rows suggest that changes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

Population	Evaluation Year	SubScale	First Outcome Average	Final Outcome Average	Average Difference	Significance
Grades K - 8	2021	No Scale	42.33	49.00	6.67	Not Significant
Grades 9 - 12	2021	No Scale				
Grades K - 8	2022	No Scale	42.33	49.00	6.67	Not Significant
Grades 9 - 12	2022	No Scale				

Focus on Diversity: Murtis Taylor Human Services System

Program(s): ADAMHS Transportation Project; Jail Liaison; Mental Health & Developmental Delays; Mental Health Residential; Mental Health Treatment; Peer Support at Saint Clair House; Prison Outreach; Protective Services / Representative Payee Services; School-Based Prevention and Consultation; Suburban Municipal Liaison

Diversity, Equity and Inclusion STRENGTH from program proposal:
Murtis Taylor stated that they "recognize, respect, and address the diverse needs, customs, beliefs, and values of all persons served." They are also committed to the promotion of diversity and cultural competency in all Murtis Taylor Human Services Systems' activities and associations.

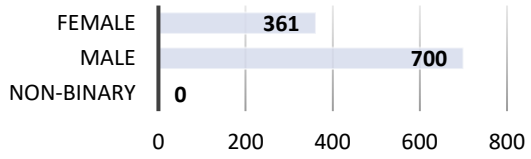


Region: Central/E

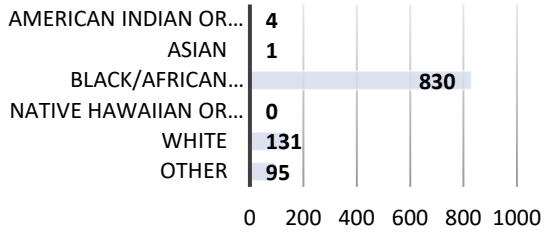
CLIENT DEMOGRAPHICS

2022 – Total Served 1,283 *(the data below reflects 1,061 clients, and is the most complete information available based on 2022 outcomes reports)*

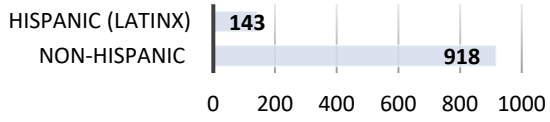
Gender



Race

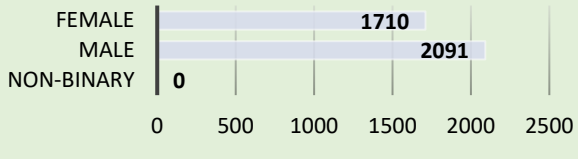


Ethnicity

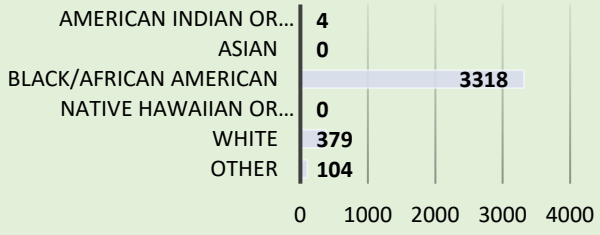


2023 – Total Projected to be Served 3,801

Gender



Race



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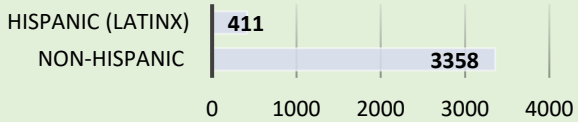
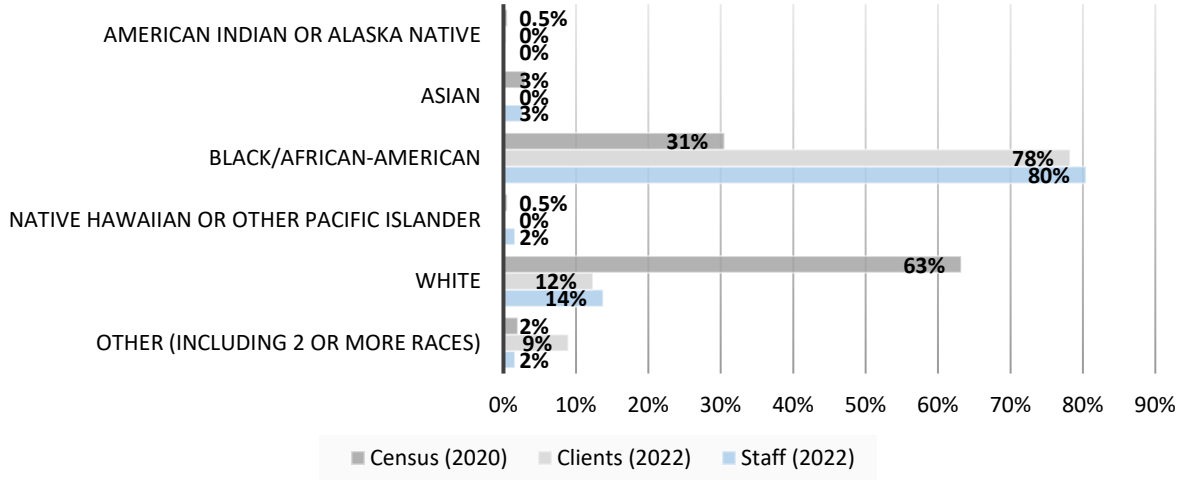


COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



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

Music Settlement

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Music Settlement Center for Music Therapy			
Music Therapy Svs for Detox and Recovery	$ 13,300	$ 28,794	Prevention
Total	**$ 13,300**	**$ 28,794**	

CY23 Program Highlights and Outcomes

The Music Settlement

Established in 1966, the Music Settlement Center for Music Therapy positively impacts the lives of children and adults facing a wide range of life's challenges.

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

Project Community Empowerment- Music Therapy for Detox and Recovery at Stella Maris

The Music Settlement uses evidence-based practices in music therapy at any and all phases of the detox/recovery process. Assessment, treatment planning/implementation, and documentation occur for individual and group sessions, primarily within settings of community partners. Just as art therapy has been shown to be effective with individuals with substance use disorders, so too has music therapy proven beneficial with this population. There is a growing evidence base for music therapy interventions in the treatment of substance use disorders. In addition, awareness of harm with music use is a key component music therapist's address since music listening may be tied directly to and/or may act as a trigger for substance use. Music therapy interventions utilized in detox/recovery include but are not limited to lyric analysis, songwriting, music rituals, instrument playing, music sharing, music facilitated discussion, and music assisted relaxation. Music therapy is currently being provided in the Detox, Partial Hospitalization, and Men Residential programs at Stella Maris.

Target Population:

- 98% of clients live at or below the poverty line
- Many individuals have dual diagnosis and face physical and/or mental illness in addition to their addictions.
- Adults 26-64

Anticipated Number of Clients to be Served: 2,100

Number of Staff Required to Implement Program: 5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- If and when vacancies occur, the Chair for the Center of Music Therapy and/or Clinical Supervisor and Director of Human Resources will first look to fill the position utilizing Music Therapists currently on staff who have experience working with the specified population. If there are no available music therapists on staff, the Chair and/or Clinical Supervisor will post a position to hire a new music therapist. The Music Settlement has staff retention as one of its agency goals under its Strategic Plan. The Chair and/or Clinical Supervisor for the Center of Music Therapy has identified specific objectives to meet this goal such as increasing salaries and hourly rates, and increasing agency contract hours to help minimize the number of agency assignments given to therapists.

Funding Priority:

- Prevention

Program Goals:

- 60% of the participants will improve their motivation to make it through the day, following music therapy services
- 60% of the participants will improve their motivation towards continuing treatment, following music therapy services

CY23 Program Highlights and Outcomes

- 60% of the participants will improve their motivation towards addressing feelings and emotions, following music therapy services
- 60% of the participants will improve their motivation towards addressing their thoughts and beliefs, following music therapy services
- 60% of the participants will improve their mood following music therapy services

Program Metrics:

- Likert scale- self report, post sessions - ratings: improved/stayed the same/got worse

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 750
- **ADAMHS Funded Unduplicated Clients Served:** 504
- **Total Number of Clients Served:** 504
- **Total Number of Clients that Completed this Program/Service:** 806

Average Cost Per Client: $4.88

Additional Information:

- Qualitative comments from clients:
  - Detox: "I'm glad I chose to share that song and came in here today. It put me in a better mood." "I feel like the song applies to so many areas of my life."
  - Partial Hospitalization Program: "This song is motivational to me, it keeps me going." "Music is my form of healing."
  - Men's Residential: "This is the highlight of my week - we all say this is our favorite group." "Music saved my life. - It can and always will help me."

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 160
- **ADAMHS Funded Unduplicated Clients Served:** 504
- **Total Number of Clients that were Served:** 667
- **Total Number of Clients that Completed this Program/Service:** 1,589

Goals Met:

- 60% of the participants will gain knowledge to develop healthy relationships
- 60% of the participants will learn skills to increase self-worth to enhance their internal beliefs and values
- 60% of the participants learn strategies to develop/enhance self-motivation to increase independence
- 60% of the participants will learn how to self-regulate without the use of substances and negative influences

Metrics Used to Determine Success:

- Devereux Adult Resilience Survey (DARS) 1 and 2

CY23 Program Highlights and Outcomes

Program Successes:

- 48% of the clients showed an increase from DARS 1 to DARS 2 related to relationships
- 51% of the clients showed an increase from DARS 1 to DARS 2 related to internal beliefs
- 53% of the clients showed an increase from DARS 1 to DARS 2 in initiative
- 45% of the clients showed an increase from DARS 1 to DARS 2 in self-control

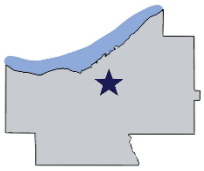
Average Cost Per Client in CY21: $0.16

Additional Information: N/A

Focus on Diversity: The Music Settlement

Program(s): Project Community Empowerment- Music Therapy for Detox and Recovery at Stella Maris

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.

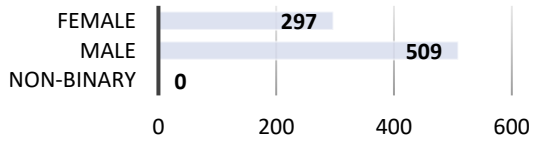


Region: Central

CLIENT DEMOGRAPHICS

2022 – Total Served 806

Gender



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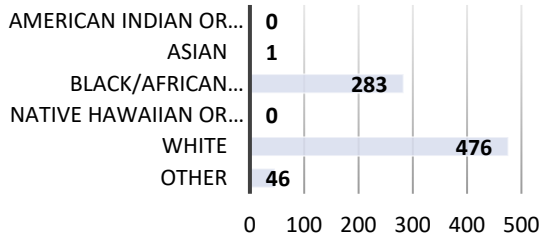
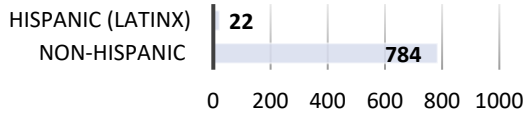
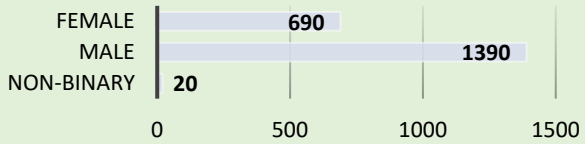


Ethnicity



2023 – Total Projected to be Served 2,100

Gender



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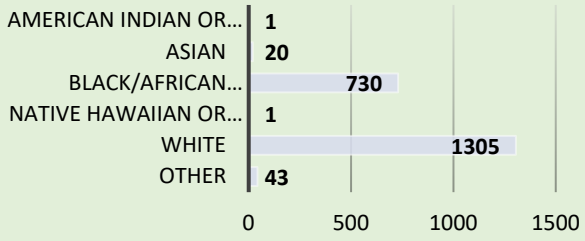

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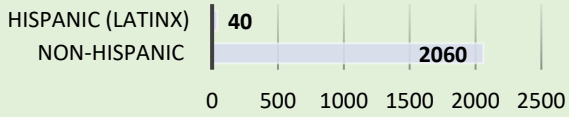
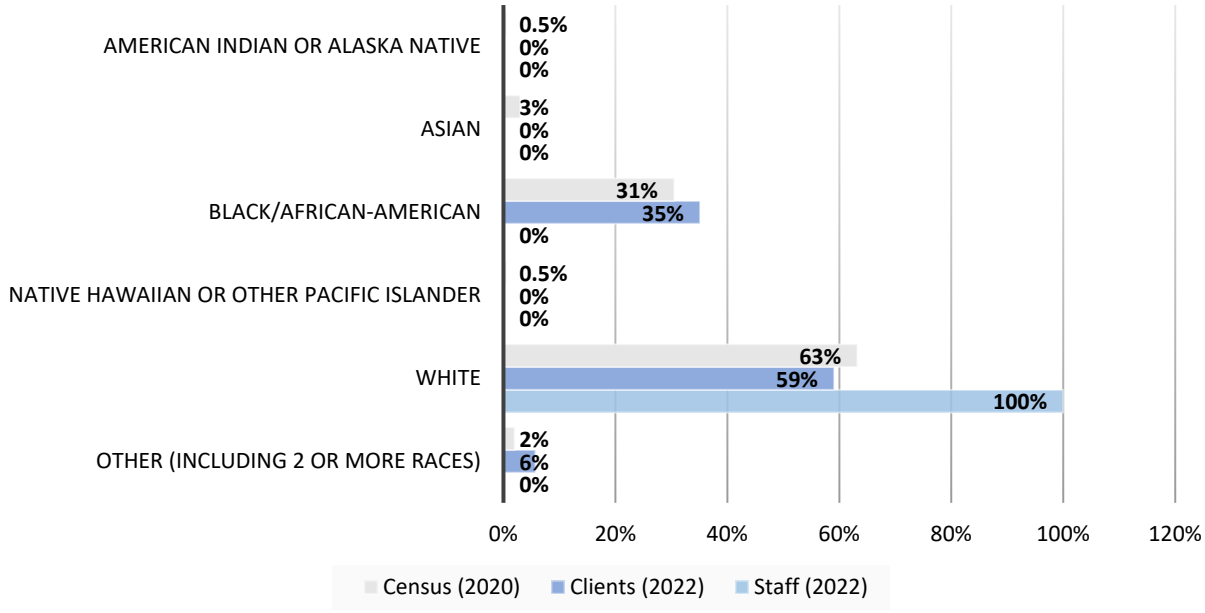


COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



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Naaleh Cleveland, Inc.

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Naaleh Cleveland			
High Risk Teen Mentorship Program	$ 35,400	$ 35,400	Prevention
Total	**$ 35,400**	**$ 35,400**	

CY23 Program Highlights and Outcomes

Naaleh Cleveland Inc

Naaleh is an organization specifically geared to helping Jewish individuals in the Cleveland area experiencing mental health issues. Naaleh's expert guidance assists individuals in navigating the resources available in the community.

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

Faith Based High-Risk Teen Mentorship Program

One of Naaleh's main goals for this program is to provide high quality mentorship by building healthy relationships with struggling teens. Due to the profound stigma surrounding mental health concerns, parents are often hesitant to allow their children to join programming. Naaleh networks with community Rabbis and school principals to best identify the kids that are most in need and help encourage parents to enroll children for mentorship. The agency aims to engage the community and build rapport with these teens to help them get the professional help that they need, so they can lead happier and more productive lives.

Another goal for the High Risk Teen Mentorship Program is to build skills in self-awareness, emotional intelligence. Staff focus on minimizing risky behavior and helping prevent relapses for individuals with addictions. Through projects and thought-provoking discussion, staff use the time with the teens to build self-esteem and a sense of value. Mentors use the Devereux Student Strength Assessment system (DESSA) to assess mentees and track their progress in the areas of emotional intelligence and social success.

Naaleh's teen program focuses on ensuring the completion of high school or GEDs and on building job skills. These are vital components towards being a productive member of society. Mentors work on construction projects, art projects and vocational skills, taking the teens to job interviews and helping them find gainful employment. Staff teach and implement basic cleanliness and personal hygiene. Staff also set physical fitness goals for the teens, helping them enroll and train for marathons. In order to participate in these highly coveted events, participants must pass drug tests and avoid all types of smoking so the lungs will be able to endure prolonged running. These are basic life skills and when they are combined with emotional intelligence training, and goal-setting techniques, staff can hope for a much brighter future for these struggling teens.

Target Population:

- Children 13-17; Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 40

Number of Staff Required to Implement Program: 5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Naaleh has been steadily addressing the stigma surrounding mental health in the community for the last five years. The agency's work has influenced community members towards working in the mental health care field. Naaleh currently has three interns that are working for us and are ready to step in and volunteer in the teen program should the need arise.

Funding Priority:

- Harm Reduction

CY23 Program Highlights and Outcomes

Program Goals:

- Providing mentorship to struggling teens in the community having a difficult time with substance use, mental health issues, and family dysfunction
- Creating a safe place for teens to feel free to express themselves with supervision and guidance
- Aiding with academics and education of life skills
- Building self-esteem and self-confidence through learning life skills and physical fitness

Program Metrics:

- Uses the DESSA system to measure social and emotional improvement.
- Consistently assesses sobriety rates, employment, and engagement with mental health professionals
- Assesses participants' frequency of engagement with program leadership, consistent communication with teens' parents for feedback about child's feelings about the program
- Reviews high school academic achievements and enrollment rates; also, commitment to volunteer and employment opportunities
- Consistently processes with the teens and parents about how they view themselves, commitment to fitness achievements, willingness to participate in opportunities to learn new skills or use them

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 40
- **ADAMHS Funded Unduplicated Clients Served:** 60
- **Total Number of Clients Served:** 60
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $1,764.75

Additional Information:

- Several of the boys in the program who struggled with self-confidence and self-esteem turned to drugs and "partying" as an outlet to feel good about themselves. These clients were the ones who benefited the most. Several of these boys have gotten into better physical shape, developed skills that can be used to build careers, felt good about having made money, and used all of these things to develop better healthy relationships with their parents. Several of the boys also were accepted to out-of-town private schools during this time. Anecdotally, one client who has been in this program for over a year, was accepted to a local private school that is very competitive. A large part of his interviews and acceptance were based on the skills, self-worth, and motivation he developed in this program.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 35
- **ADAMHS Funded Unduplicated Clients Served:** 45
- **Total Number of Clients that were Served:** 45
- **Total Number of Clients that Completed this Program/Service:** 35

CY23 Program Highlights and Outcomes

Goals Met:

- This program aims to provide mentorship to struggling teens in the community having a difficult time with substance use, mental health issues, and family dysfunction. To create a safe place for teens to feel free to express themselves with supervision and guidance. Aid with academics and education of life skills. Build teens' self-esteem and self-confidence through learning life skills and physical fitness.

Metrics Used to Determine Success:

- Uses the DESSA system to measure social and emotional improvement.
- Consistently assesses sobriety rates, employment, and engagement with mental health professionals
- Assesses participants' frequency of engagement with program leadership, consistent communication with teens' parents for feedback about child's feelings about the program
- Reviews high school academic achievements and enrollment rates; also, commitment to volunteer and employment opportunities
- Consistently processes with the teens and parents about how they view themselves, commitment to fitness achievements, willingness to participate in opportunities to learn new skills or use them

Program Successes:

- This program consistently sees a decrease in frequency and intensity of substance use, and with some exceptions sees a consistent pattern of heathier family dynamics, which is often related to the teens being more productive with time and achieving academic and fitness goals. Many participants and their parents report comfort and support by having a safe and compassionate place for teens to be led and supported in the community. After being involved with the program, many participants caught up in academics, got re-enrolled in school, and frequently end up successfully reengaging in school after time with the program's mentors. Participants routinely report feeling better about themselves, having more confidence, and taking "healthy risks" when engaging in the program, specifically in physical activity and physical goals.

Average Cost Per Client in CY21: $555

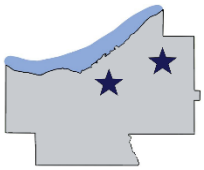
Additional Information:

- Staff has seen tremendous success in the areas of academic achievements, reduction or complete remissions of substance use, and growth in self-esteem which participants report is due to physical fitness goal achievement, improvement in relationships within the family, and feeling supported by the "community."

Focus on Diversity: Naaleh Cleveland

Program(s): Faith Based High-Risk Teen Mentorship Program

Diversity, Equity and Inclusion STRENGTH from program proposal:
Naaleh Cleveland stated that they are "committed to modeling diversity and inclusion for the entire mental health nonprofit sector and our community, and to maintaining an inclusive environment with equitable treatment for all."

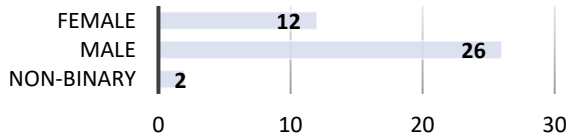


Region: Central/E

CLIENT DEMOGRAPHICS

2022 – Total Served 60 *(the data below reflects 40 clients, and is the most complete information available based on 2022 outcomes reports)*

Gender



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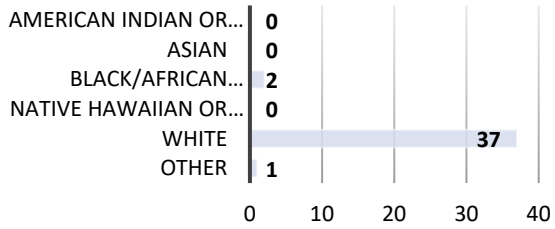
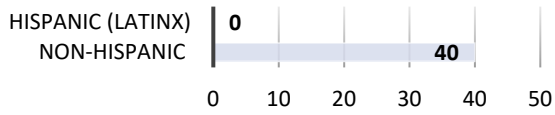
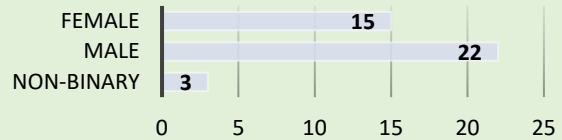


Ethnicity



2023 – Total Projected to be Served 40

Gender



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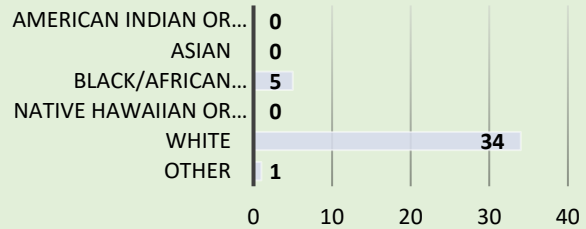

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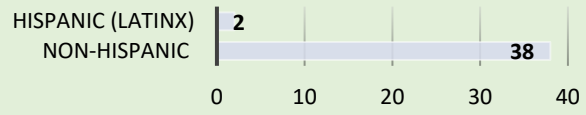

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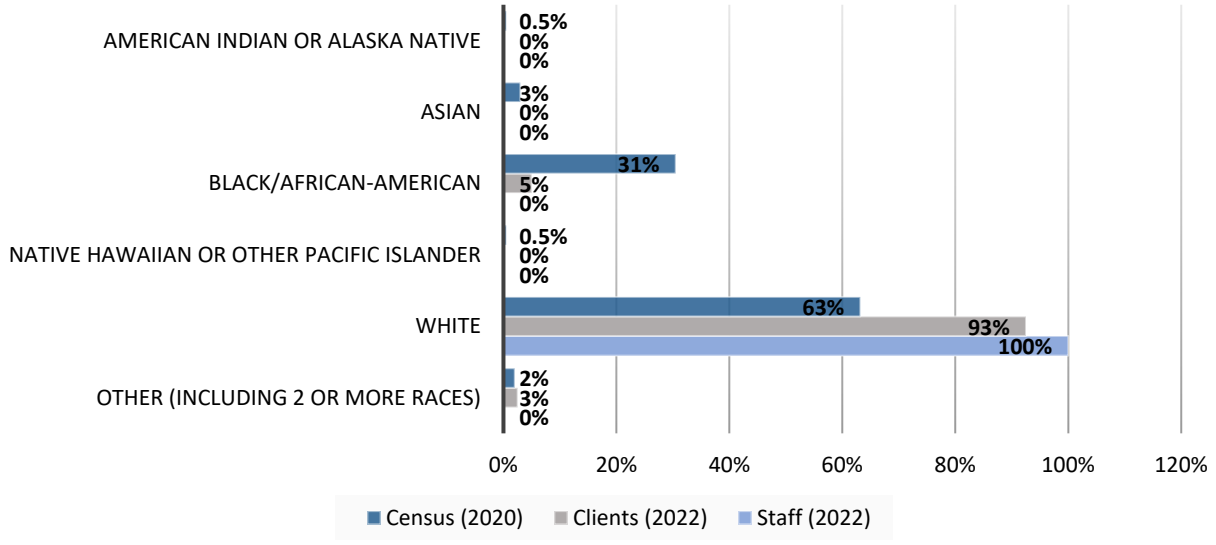

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NAMI Greater Cleveland

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
NAMI of Greater Cleveland			
Community Prevention Education Program	$ 154,068	$ 154,068	Prevention
Family Caregivers Education Program	$ 42,028	$ 42,028	Peer Support
Peer Support	$ 85,417	$ 85,417	Peer Support
Diversion Center Peer Support	$ 25,254	$ 25,254	Peer Support
Faith Based Program	$ 10,000	$ 21,528	Prevention
Teen and Young Adult Community Awareness Campaign	$ 19,343	$ -	
Total	**$ 336,110**	**$ 328,295**	

CY23 Program Highlights and Outcomes

NAMI Greater Cleveland

NAMI Greater Cleveland is dedicated to empowering persons affected by mental illness and their family members to achieve a better quality of life by providing them with mutual support, practical information, referrals, advocacy and educational resources.

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

Community Prevention Education

NAMIGC staff and speakers, including clinicians and subject matter experts, make community presentations to the professional community and the public on topics related to community resources, diagnosis, treatment, and recovery, helping to reduce the stigma surrounding mental illness.

Staff members present information about NAMI and its programs/services to selected audiences including human services organizations, community mental health agencies, hospital staff, nursing and medical students and faculty at area schools.

Individuals call the NAMIGC Helpline for support navigating the mental health system and accessing community resources, including NAMIGC's own programs and services. Individuals can also access help through a live chat app on the NAMIGC website.

Mental Health First Aid: A national evidence-based 6-hour virtual course taught by trained facilitators, which teaches members of the public how to provide basic help to a person developing a mental health problem, experiencing a worsening of an existing mental health problem, or in a mental health crisis.

NAMI Ending the Silence helps raise awareness and change perceptions among middle and high school students, teachers, parents and community groups around mental health conditions. During a 50-minute presentation, a young adult living with mental illness and a family member tell their stories about mental health challenges, including what hurt and what helped and learn how to help a young person showing signs and symptoms of mental health distress

Target Population:

- All Ages; All socioeconomic categories

Anticipated Number of Clients to be Served: 300,000

Number of Staff Required to Implement Program: 8

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- NAMIGC Staff are cross-trained on programming and will be able to step in in the absence of staff vacancies. Additionally, the agency continues to expand the volunteer pool that can facilitate services.

Funding Priority:

- Prevention

Program Goals:

- Provide Community Prevention Education events, to consist of twelve education webinars serving 120 individuals; two Ending the Silence events serving 30 individuals; fifteen Speakers Bureau events serving 300 individuals; three Mental Health First Aid events serving 30 individuals.
- Helpline will serve 1,370 contacts including calls, emails, etc.

CY23 Program Highlights and Outcomes

- Provide 30 staff presentations on NAMI's mission, programs and services that will serve 450 individuals.
- Provide and maintain a website to make mental health information and resources available to persons with mental illness, their family members and the community that achieves 20,000 hits and 16,000 visitors to the website.

Program Metrics:

- Number of times program offered and total served
- Total served

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 18,700
- **ADAMHS Funded Unduplicated Clients Served:** 927
- **Total Number of Clients Served:** 1,292
- **Total Number of Clients that Completed this Program/Service:** 40,553

Average Cost Per Client: $2.30

Additional Information: N/A

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 20,000
- **ADAMHS Funded Unduplicated Clients Served:** 500
- **Total Number of Clients that were Served:** 500
- **Total Number of Clients that Completed this Program/Service:** 25,714

Goals Met:

- Conducted 12 webinars serving 120 individuals, measured survey domains, and 2 sessions serving 30 individuals.

Metrics Used to Determine Success:

- Number of sessions and persons served
- Program evaluation tools
- Number of sessions and persons served
- Program evaluation tools
- Number of sessions and individuals served

Program Successes:

- 24 sessions serving 215 persons; 107% of 2021 goal
- 8 sessions serving 156 persons, 130% of 2021 goal
- 12 sessions serving 358 persons, 1,193% of 2021 goal

Average Cost Per Client in CY21: $4.60

Additional Information: N/A

CY23 Program Highlights and Outcomes

Diversion Center

Peer Support Groups provide emotional support, promote problem-solving strategies, and assist in developing a support network outside the formal mental health system. Utilizing NAMI Connection support group model developed by NAMI National (the umbrella organization of NAMIGC), the group follows a support group curriculum that helps participants to navigate common barriers to maintaining recovery. Support Groups include resource presentations on topics such as reentry, housing, and employment, and provide information and referral for relevant services and providers.

Inform & Inspire (I & I) Presentations are NAMIGC's Hospital Network Program (HNP) by a different name for the Diversion Center, which just celebrated its 20th anniversary serving inpatient psychiatric units at major medical systems in the Greater Cleveland area. I & I presentations provide the opportunity to inspire hope among participants, share information about participating in NAMIGC programs, and provide additional resources for SMI/SA recovery and maintenance. Presentations are facilitated by NAMI-trained volunteers who share powerful personal stories of recovery, resilience, and hope. During these one-hour presentations, NAMIGC volunteers and staff provide an overview of NAMIGC programming, including the benefits of expressing oneself within the safety of a support group. Participants are encouraged to engage in community-based programming such as the support groups as well as education courses, and to volunteer with NAMIGC, when they are in a healthier position to do so. Finally, I & I presentation participants also each receive a paper folder filled with information about connecting to community resources, navigating a behavioral health crisis, communicating with behavioral healthcare professionals, and how to advocate for themselves for better outcomes.

Target Population:

- Adult individuals experiencing serious mental illness/mental health crises and who are currently engaged in treatment at the Cuyahoga County Diversion Center
- All socioeconomic categories

Anticipated Number of Clients to be Served: 100

Number of Staff Required to Implement Program: 5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- NAMIGC will rely on cross-training its staff and volunteer cohort to ensure services are consistent with contract should staff vacancies occur.

Funding Priority:

- Peer Support

Program Goals:

- NAMI Greater Cleveland will work with the Diversion Center to increase participation and provide a support group to a minimum of 50 individuals
- NAMI Greater Cleveland will work with the Diversion Center to increase participation and provide Inform and Inspire to a minimum of 50 individuals

Program Metrics:

- Number served

CY23 Program Highlights and Outcomes

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 120
- **ADAMHS Funded Unduplicated Clients Served:** 20
- **Total Number of Clients Served:** 21
- **Total Number of Clients that Completed this Program/Service:** 33

Average Cost Per Client: $292.53

Additional Information:

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

Family Caregivers Education

NAMI Family-to-Family (F2F) is a free, evidence-based, 8-week educational program for family, significant others and friends of people with mental health conditions. In this program, NAMI Greater Cleveland uses a broad concept of family to embrace all expressions of family life, such as adoptive, extended, lesbian, gay, bisexual, transgender, intentional, and stepfamilies.

NAMI Family Support Group is an evidence-based support group for family, significant others, and friends of people with mental health conditions.

Understanding Mental Illness is a free, 1-hour educational course for the general public. This course also targets Spanish-speaking audiences in Greater Cleveland and is presented in Spanish to virtual and live audiences by NAMIGC's Hispanic Outreach Specialist.

Target Population:

- Adult 18-65+; All socioeconomic categories

Anticipated Number of Clients to be Served: 425

Number of Staff Required to Implement Program: 6

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- NAMI Greater Cleveland cross-trains staff to ensure that programming continues despite staff vacancies. The agency has a robust volunteer core to support programming and services.

Funding Priority:

- Peer Support

Program Goals:

- Family-to-Family will be taught to a minimum of 20 individuals
- Family Support Group will serve a minimum of 300 individuals
- Understanding Mental Illness (UMI) will be presented to a minimum of 100 people

Program Metrics:

- Number served

CY23 Program Highlights and Outcomes

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 810
- **ADAMHS Funded Unduplicated Clients Served:** 209
- **Total Number of Clients Served:** 254
- **Total Number of Clients that Completed this Program/Service:** 311

Average Cost Per Client: $71.48

Additional Information: N/A

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 60
- **ADAMHS Funded Unduplicated Clients Served:** 88
- **Total Number of Clients that were Served:** 88
- **Total Number of Clients that Completed this Program/Service:** 88

Goals Met:

- Number of classes and individuals served: 20 F2F in 2 classes and 40 UMI in 4 courses
- SAMHSA Outcomes adopted by Ohio Mental Health & Addiction Services (OhioMHAS), measured by pre- and post-test evaluation tools

Metrics Used to Determine Success:

- Number of courses and individuals served. SAMHSA Outcomes adopted by Ohio Mental Health & Addiction Services (OhioMHAS), measured by pre- and post-test evaluation tools.

Program Successes:

- NAMIGC conducted two Family-to-Family courses serving 56 individuals (140% of program goal) and seven UMI courses serving 32 individuals (87.5% of program goal)
- NAMIGC exceeded F2F outcomes goals in all domains measured. NAMIGC exceeded program goals for UMI. NAMIGC successfully adapted UMI for the Spanish speaking community in Greater Cleveland; staff were able to offer this program in Spanish to community-based organizations in 2021.

Average Cost Per Client in CY21: $242.55

Additional Information:

Peer Support

NAMI Connection Recovery Support Groups. Connection groups are free, peer-led support groups for any adult who has experienced symptoms of a mental health condition.

Peer-to-Peer: NAMI Peer-to-Peer is a free, eight-session educational program for adults with mental health conditions who are looking to better understand themselves and their recovery.

In Our Own Voice: In Our Own Voice is a free, 40-90-minute personal recovery testimony by a trained volunteer.

Caring Calls: Caring Calls pairs isolated individuals who have mental illness with volunteers for regular check-ins.

CY23 Program Highlights and Outcomes

Target Population:

- Adult 18-65+; All socioeconomic categories

Anticipated Number of Clients to be Served: 1,300

Number of Staff Required to Implement Program: 8

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- NAMIGC staff are cross-trained to ensure that programs continue despite staff vacancies. The agency also relies on a robust volunteer core to deliver many programs.

Funding Priority:

- Peer Support

Program Goals:

- NAMI Connection Support Group will be provided to a minimum of 350 individuals
- NAMI Peer-to-Peer will be provided to a minimum of 10 individuals
- NAMI In Our Own Voice (IOOV) will be provided to 210 individuals
- NAMI HNP will be presented to a minimum of 700 individuals
- NAMI Caring Calls will serve a minimum of 75 individuals

Program Metrics:

- Number served

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 903
- **ADAMHS Funded Unduplicated Clients Served:** 78
- **Total Number of Clients Served:** 516
- **Total Number of Clients that Completed this Program/Service:** 191

Average Cost Per Client: $206.21

Additional Information: N/A

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 2,070
- **ADAMHS Funded Unduplicated Clients Served:** 564
- **Total Number of Clients that were Served:** 564
- **Total Number of Clients that Completed this Program/Service:** 2,025

Goals Met:

- Outcome domains: Illness Maintenance, Recovery and Nurturing Social Functioning
- Outcome domains: Access to information, Recovery and Stigma.
- Offer two courses serving 10 individuals

CY23 Program Highlights and Outcomes

Metrics Used to Determine Success:

- Number of support groups and individuals served, measured by post-test program survey tools.
- Number of hospital network visits and individuals served as documented in HNP database and measured by post-test program survey tools
- Number of classes and individuals served

Program Successes:

- 12 groups and 196 total meetings; 77% of 2021 goal
- 104 HNP visits to 577 patients, 72% of the 2021 goal
- 2 courses and 13 people served

Average Cost Per Client in CY21: $28.48

Additional Information:

Faith-Based

NAMIGC's faith-based project builds relationships with faith-based organizations and encourages inclusion of families and persons with mental illness within their ministries. Consultation with religious leaders and elders is essential to building trust and gaining access to opportunities to provide mental health education and support to local congregations. The faith-based program at NAMI meets the congregation where they are and offers support and education programming customized to their unique needs, including psychoeducation by NAMI staff or mental health clinicians, and Mental Health First Aid training. MHFA courses address risk factors such as stigma, lack of information about signs/symptoms of mental illness and how to access help in crisis, and increase protective factors such as reducing stigma, normalizing mental health care, and increasing participants' capacity to accept and support themselves or others in seeking help for mental health conditions/crises. Education presentations address risk factors such as stigma, lack of support, and information about symptoms of and treatment for mental illness, and increase protective factors such as reducing stigma, normalizing mental health care, and increasing participants' capacity to accept and support themselves or others in seeking help for mental health conditions.

Target Population:

- Adults 18-65+; All socioeconomic categories.

Anticipated Number of Clients to be Served: 170

Number of Staff Required to Implement Program: 6

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- NAMIGC relies on cross-training to ensure that even when vacancies occur, programming is not effected. The agency also has a robust volunteer pool and the ability to receive support from other NAMI affiliates across the country

Funding Priority:

- Removing Barriers

Program Goals:

- Provide education programs to a total of 140 individuals
- Provide Mental Health First Aid to communities of faith, serving a minimum of 30 people

CY23 Program Highlights and Outcomes

- Develop relationships with a minimum of five communities of faith for future collaborations

Program Metrics:

- Number of people served
- Number of relationships created

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 65
- **ADAMHS Funded Unduplicated Clients Served:** 72
- **Total Number of Clients Served:** 72
- **Total Number of Clients that Completed this Program/Service:** 90

Average Cost Per Client: $94.50

Additional Information: N/A

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 300
- **ADAMHS Funded Unduplicated Clients Served:** 81
- **Total Number of Clients that were Served:** 81
- **Total Number of Clients that Completed this Program/Service:** 81

Goals Met:

- Increase awareness and provide mental health education and support within faith-based communities by serving 300 individuals
- Present to diverse audiences on mental illness and courses that promote mental health wellness
- Work with Naaleh Cleveland to increase mental health awareness and education in their community

Metrics Used to Determine Success:

- Number of individuals served, program evaluation tools, and number of classes offered

Program Successes:

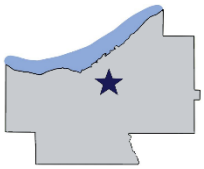
- 94 individuals served
- Worked with organizations that represented Muslim, Buddhist, Islamic, Judaic, and Christian beliefs

Average Cost Per Client in CY21: $123.46

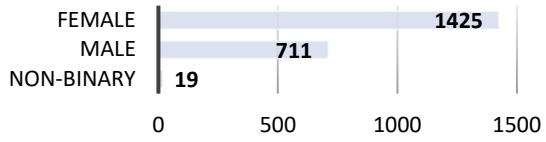
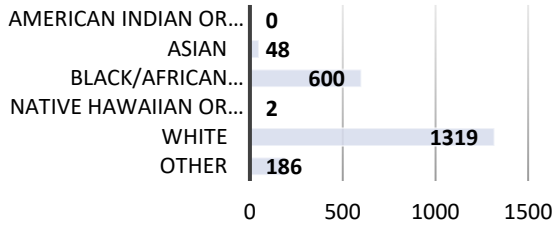
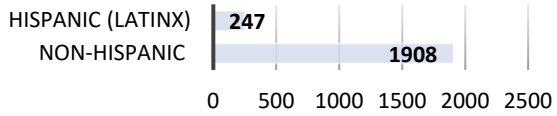
Additional Information: N/A

Focus on Diversity: NAMI Greater Cleveland

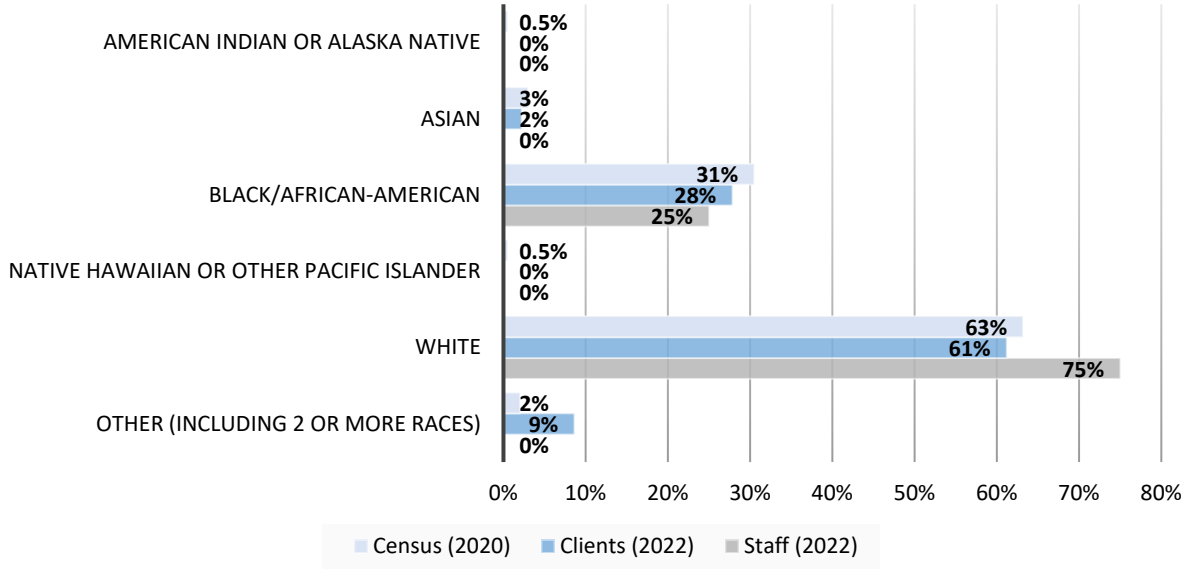
Program(s): Community Prevention Education; Diversion Center; Faith-Based; Family Caregivers Education; Peer Support

Diversity, Equity and Inclusion STRENGTH from program proposal: *NAMI noted that they are "committed to providing informed, authentic leadership for cultural equity and modeling diversity and inclusion for the entire NAMI alliance."*	 Region: Central

CLIENT DEMOGRAPHICS

2022 – Total Served 2,155	**2023 – Total Projected to be Served - Unknown**
Gender	Gender
	Incomplete information provided
Race	Race
	Incomplete information provided
Ethnicity	Ethnicity
	Incomplete information provided

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%.

New Directions
(A Crossroads Health Organization)

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
New Directions (A Crossroads Health Organization)			
Boys and Girls Empowerment (BaGE)	$ 150,000	$ -	
Connections Recovery App	$ 24,000	$ 24,000	24/7 Access
Weekend On-Call Assessments, Intakes and Admissions	$ 10,000	$ 10,000	24/7 Access
Young Adult Recovery Housing	$ 100,000	$ 150,000	Housing
Total	**$ 284,000**	**$ 184,000**	
Pooled Funding:			
Adolescent & Young Adult Residential Treatment (BaGE)	$ -	$ -	
Adolescent & Young Adult Outpatient Services	$ -	n/a	

CY23 Program Highlights and Outcomes

New Directions (A Crossroads Health Organization)

New Directions has been providing a continuum of quality life-changing behavioral health services to children, adolescents, young adults, adults and families, including specialized treatment for chemically dependent adolescents. The agency offers a vast array of programs and services that evaluate, educate, strengthen, and support thousands of children, adults and their families each year.

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

Adolescent Recovery Housing

Essential elements include access to care, access to support when in crisis, ability to connect with adolescents/young adults using methods familiar to them (via technology), all within a well-established trauma informed provider focused on the use of evidence-based practices. Given the needs of this special population, the ability to provide supervision by trained staff is necessary. New Directions is a certified Level IV Recovery House with Ohio Recovery Housing (ORH). The agency adopted National Association of Recovery Residences (NARR) standards and is committed to providing high quality recovery housing to adolescents/transitional age youth including those on psychotropic medications, those who may be involved with Medication Assisted Treatment (MAT) with other providers and those who may be pregnant.

Additionally, access to treatment services within the agency and the incorporation of evidence-based practices including cognitive behavioral therapy, trauma informed care, gender specific programming, motivational enhancement, reality therapy, strengths-based treatment within the Recovery Housing (RH) program are critical to the residents' success in their ongoing recovery journey. Quality staff ensure the client and family are receiving the best care. Staff receives continuing education on adolescent issues and treatment methods; regular supervision; and continuous quality improvement initiatives geared toward increasing staff competence and service delivery. New Directions operates under the principle that obtaining feedback from clients and families and external sources is essential to the implementation of successful and meaningful treatment. The agency continually assessed and reassess the quality and efficacy of the services provided.

Target Population:

- Adolescents and young adults who are transitioning from residential treatment programs or from the community who are demonstrating early recovery and unable to return to stable housing
    - Average age: 17
    - Gender: 48% Female; 52% Male
    - Ethnicity: 80% Caucasian; 18% African American, 2% Hispanic
    - Income: 15% below 100% federal poverty level; 45% 100-150% of federal poverty level; 15%-151%-200% of Federal Poverty Level
    - Primary SUD Diagnoses: Cannabis Use - 49%; Opioid Use - 27%; Cocaine Use - 17%; Sedative and Other Use - 7%
    - Average years of substance use - 4.33
    - Legal involvement: 70%
    - Mental Health Diagnosis: 100%

Anticipated Number of Clients to be Served: 12

Number of Staff Required to Implement Program: 24

CY23 Program Highlights and Outcomes

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- New Directions cross-trains therapeutic staff in the program/services provided. Treatment specialists (those who provide 24/7/365 supervision of the youth) are trained to work in any of the gender-specific residential and recovery housing programs on various shifts, thereby preparing them to be ready and competent to provide the needed service. The agency has made efforts over the last few years to "hire 1-up" (meaning hiring, onboarding, and training) with the most frequently vacated position (treatment specialist). This approach has helped us manage the staff shortages experienced during COVID-19 and continue to meet staffing requirements and ensure ongoing delivery of services and safety. Lastly, supervisors and managers further ensure continued services when needed by working shifts including evenings and overnights.

Funding Priority:

- High Quality Housing

Program Goals:

- Ensure adolescents and young adults have stable, supportive housing
- Engagement in ongoing drug-free status, sober environment, and sober supports
- Completion of education and vocation goals
- No new legal charges and/or relief of current legal charges
- Client/Family/Caregiver satisfaction: atmosphere supportive of growth and recovery; culturally competent; obtaining needed services including mental health services and medications; trauma informed care, and family reunification when possible

Program Metrics:

- 85% or greater adolescents and young adults will have stable, supportive housing at time of program completion
- 85% or greater will demonstrate ongoing drug-free status, and engagement with sober environments and sober supports
- 85% or greater will demonstrate completion of education/vocation goals
- 85% or greater will demonstrate no new legal charges - and/or relief of current legal charges
- 80% or greater with report satisfaction in the following: atmosphere supportive of growth and recovery; culturally competent services and obtaining needed services while in program

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 6
- **ADAMHS Funded Unduplicated Clients Served:** 10
- **Total Number of Clients Served:** 10
- **Total Number of Clients that Completed this Program/Service:** 9

Average Cost Per Client: $260

CY23 Program Highlights and Outcomes

Additional Information:

- Staff continues to see a need for Recovery Housing among the adolescent population, which allows clients to achieve additional goals such as completing high school coursework; obtaining additional sober supports; and deepening family connection). The average length of stay in Recovery Housing is 30-45 days. Given the multiple needs of these adolescents (trauma and other mental health issues, legal, educational delays/barriers) and their families (often in recovery themselves, struggling with mental health issues and managing multiple systems), these additional days are crucial to plan and coordinate a successful discharge back into the community. New Directions has approximately five RH beds for each gender that are available for youth to maintain safe, recovery-focused housing for an estimated three to four-months stay, depending on their individual needs and circumstances. Residents may have co-occurring mental health disorders, are beginning to address their trauma issues related to physical, emotional or sexual abuse, and/or witnessing violence. Many have ongoing legal, school or relationships issues related to substance use, or may have limited sober supports.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 12
- **ADAMHS Funded Unduplicated Clients Served:** 7
- **Total Number of Clients that were Served:** 7
- **Total Number of Clients that Completed this Program/Service:** 4

Goals Met:

- Ensure adolescents and young adults have stable, supportive housing
- Support engagement in ongoing drug-free status, sober environments, and sober supports
- Completion of educational goals
- No new legal charges and/or relief of current legal charges
- Client satisfaction in the following: atmosphere supportive of growth and recovery, culturally sensitive, obtaining needed services while in program

Metrics Used to Determine Success:

- 80% or greater of those discharge have stable housing
- 80% or greater are maintaining sobriety and using recovery supports
- 80% or greater completed or on track to complete educational goals
- 80% or greater have no legal charges and/or relief of current legal charges
- 80% or greater satisfaction regarding supportive environment, culturally sensitive atmosphere/staff and obtaining needed services.

Program Successes:

- 100% had stable housing
- 100% were sober and using recovery supports
- 100% completed or were on track to complete educational goals
- 100% had no new legal charges and/or relieved of current legal charges
- 92% reported being very satisfied in all areas

CY23 Program Highlights and Outcomes

Average Cost Per Client in CY21: $201.50

Additional Information:

- Despite the challenges posed by COVID-19, staff has been successful in providing clients with Recovery Housing services while maintaining COVID-19 safety precautions. At the start of CY22, there were three Cuyahoga County youth who had COVID-19 in late December, were quarantined at home, and returned to RH to further gain in their recovery.

Boys and Girls Empowered (BAGE) Adolescent Residential Treatment

Essential elements include high quality, evidenced based residential treatment and family/caregiver involvement, all within a well-established provider focused on the use of evidence-based practices especially trauma informed care. The above are some examples of how the agency meets the Board's CY2023 Funding Priorities specifically those related to high quality housing and 24/7 access.

To ensure high-quality, staff incorporate evidenced-based practices including cognitive behavioral therapy, trauma informed services, gender responsive programming, motivational enhancement, strengths-based treatment, and the inclusion of family in the program model. Inclusion of effective and culturally appropriate treatment elements are part of the overall program model. Residential treatment is viewed as a temporary situation and not as long-term placement. For this reason, length of stay is closely monitored to ensure transition to less restrictive and less costly services as soon as therapeutically indicated. Given the multi-system involvement and multiple needs of the youth in residential treatment, this can take 45-60 days. Education attainment and family recovery are key components and must be included.

Quality staff guarantees the resident receives the best care. Staff obtain continuing education on adolescent issues and treatment methods; regular supervision; and continuous quality improvement initiatives geared toward increasing staff competency and service delivery. Staff are licensed and trained to provide both substance use disorder (SUD) and Mental Health services, thereby addressing the co-occurring needs of the clients.

New Directions is the only adolescent residential treatment agency of its type in Northeast Ohio and have a proven history of obtaining positive, life-saving outcomes. Staff identify and build on the unique strengths of each adolescent to mitigate risks, and create protective factors within their families, education, peer relationships, and community supports. Staff bring the needed resources to the Residential Program builds a foundation of ongoing health by staffing a Medical Director, Full-Time RN, Wellness Facilitator and Youth Aftercare Worker who assist in addressing areas of physical health including obtaining COVID-19 vaccination; physicals and wellness visits; medications including assisting those who may be on traditional MAT protocols, as well as those on modified "comfort" protocols.

Target Population:

- Adolescents and teens diagnosed with SUDs and meet ASAM Level of Care placement criteria for 3.5 Clinical Managed Medium Intensity Residential Treatment.
    - Average age: 16.5
    - Ethnicity: Male: 76% Caucasian, 20% African American, 7.0% Hispanic; Female: 72% Caucasian, 27% African American, 1.0% Hispanic
    - Primary drug of choice: Cannabis; Secondary drug of choice: Alcohol; Opiates - between 10-30% note as either primary or secondary depending on gender
    - Average years of substance abuse: 3.69
    - Average age of first substance use: 13
    - Average household income: $43,000.00 annually

- Legal involvement: Males 76%, Females 72%
- Family substance abuse: 73%
- Mental health diagnosis: Male 90%, Females 97%

Anticipated Number of Clients to be Served: 60

Number of Staff Required to Implement Program: 24

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- New Directions cross-trains therapeutic staff in the program/services provided. Treatment specialists (those who provide 24/7/365 supervision of the youth) are trained to work in any of the gender-specific residential and recovery housing programs on various shifts, thereby preparing them to be ready and competent to provide the needed service. The agency has made efforts over the last few years to "hire 1-up" (meaning hiring, onboarding and training) with the most frequently vacated position (treatment specialist). This approach has helped us manage the staff shortages experienced during COVID-19 and continue to meet staffing requirements and ensure ongoing delivery of services and safety. Lastly, supervisors and managers further ensure continued services when needed by working shifts including evenings and overnights.

Funding Priority:

- High Quality Housing

Program Goals:

- Provide timely access to ASAM 3.5 Residential Treatment for Adolescents and Young Adults
- Successful treatment completion as evidenced by reduction in ASAM criteria including ongoing drug-free status, stabilization of mental health challenges, engagement in sober support system, completion of educational goals, no legal charges and/or relief of current legal charges
- Positive client/caregiver experience - satisfaction with services

Program Metrics:

- Number of admissions into residential treatment. Prompt access to treatment = 100% of admission within fourteen days; 60% within seven calendar days of assessment
- 70% or greater successful treatment completion as evidenced by reduction in ASAM criteria including: ongoing drug-free status, decrease in mental health challenges and medication management if indicated, engagement in sober support system, completion of educational goals, no legal charges and/or relief of current legal charges
- 70% or greater positive client and caregiver satisfaction with services received

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 30
- **ADAMHS Funded Unduplicated Clients Served:** 18
- **Total Number of Clients Served:** 18
- **Total Number of Clients that Completed this Program/Service:** 12

Average Cost Per Client: $260

CY23 Program Highlights and Outcomes

Additional Information:

- The number of clients served in CY22 has been significantly impacted by the COVID-19 pandemic. For the six-month period of From January 2022 through to June 2022, staff served eighteen Cuyahoga County youth which is approximately 50% of the year's projected clients. Despite ongoing COVID-19 concerns and changes, staff anticipate that adolescents and young adults will continue to be referred to SUD Residential services at pre-pandemic levels if not higher and have begun to see an increase in referrals for residential services from Cuyahoga County providers including juvenile court. The average length of stay for residential treatment is 30-45 days. Staff met projected outcomes goals and believed that by implementing various program elements (trauma informed care, Therapeutic Crisis Intervention (TCI)), there will be higher completion rates. Given the multiple needs of these adolescents (trauma and other mental health issues, legal, educational delays/barriers) and their families (often in recovery themselves, struggling with mental health issues and managing multiple systems), this level of care remains critical within the system of care.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 60
- **ADAMHS Funded Unduplicated Clients Served:** 32
- **Total Number of Clients that were Served:** 32
- **Total Number of Clients that Completed this Program/Service:** 20

Goals Met:

- Provide prompt access to treatment and have positive Client/Caregiver experience - satisfaction with services.

Metrics Used to Determine Success:

- Number of admissions into residential treatment
- 100% of admission within 14 days; 60% within 7 calendar days of assessment
- 70% or greater successful treatment completion
- 70% or greater positive Client and Caregiver satisfaction

Program Successes:

- Numbers served: 32 youth or 50% of the 60-youth goal
- Access to treatment: 78% or 11 of 14 admissions occurred within seven days of assessment, three clients delayed admission due to COVID-19
- Treatment Completion: 68% or 19 of the 28 discharges successfully completed treatment
- Satisfaction: 90% of clients and 93% of caregivers/families reported "definitely yes" or "somewhat yes" to satisfaction with services, cultural sensitivity of staff and atmosphere supportive of growth

Average Cost Per Client in CY21: $78

Additional Information:

- Despite the challenges of the pandemic, staff continued to provide quality Residential Services. The impact of the hiring market has made it difficult to retain and recruit staff especially with the increasing competition among other providers and continued rise in wages and other incentives.

In many instances the reimbursement rates from Medicaid and commercial insurance have not kept pace with the rising cost of providing these lifesaving services.

Connections Recovery App

Essential elements include access to care/support when in crisis; ability to connect with adolescents using methods familiar to them (via technology) all within a well-established provider focused on the use of evidence-based practices. The above are examples of how the agency meets Board priorities, specifically those related to client access, crisis and 24/7 connection, removing barriers, all with the goal of ensuring clients' success in the community.

Staff implemented the innovative approach of using a "recovery app" to offer expanded crisis services 24-hours-per-day, 7-days-per-week. Through the "app" clients can access recovery content (video, audio, and text). They participate in a Teen Community group to be supported in their recovery. The App and Teen Community group afford a "safe" forum as this group is monitored and moderated by Chess Engagement Specialist and New Directions staff. Subjects like reduction of anxiety, managing urges, and boredom are a few topics covered in the app. Individuals securely interact with their therapist and peers through text message-type features. A "support locator" feature allows for location of support resources in their immediate area. The app is configured with emergency supports National Suicide Prevention hotline number, the SAMHSA National Helpline number, National Crisis text line, 911 and New Directions. Using the Recovery Help feature, individuals can reach any of the programmed agencies 24/7/365. Results of the Case Western Reserve University study on the use of the "app", found a 20% increase in treatment completion.

Target Population:

- All clients engaged with New Directions. The clients served include any youth who is involved in any of the agency's services. The app is offered to all those who are in outpatient level of services, including those leaving residential treatment or recovery housing.
- Children under 17, All socioeconomic categories

Anticipated Number of Clients to be Served: 50

Number of Staff Required to Implement Program: 16

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- New Directions cross-trains therapeutic staff in the program/services provided. Treatment specialists (those who provide 24/7/365 supervision of the youth) are trained to work in any of the gender-specific residential and recovery housing programs on various shifts, thereby preparing them to be ready and competent to provide the needed service. The agency has made efforts over the last few years to "hire 1-up" (meaning hiring, onboarding and training) with the most frequently vacated position (treatment specialist). This approach has helped us manage the staff shortages experienced during COVID-19 and continue to meet staffing requirements and ensure ongoing delivery of services and safety. Lastly, supervisors and managers further ensure continued services when needed by working shifts including evenings and overnights.

Funding Priority:

- 24/7 Access

Program Goals:

- Provide clients with ongoing age-appropriate recovery tools including the Connections App
- Engage clients in developing and using sober supports and recovery tools via technology

- Client satisfaction with the app and resources provided within the app

Program Metrics:

- Number of clients offered the app and number of clients who consent to use the app and download it onto their phone
- 75% or greater of clients will identify the app as being helpful in developing and using sober supports and recovery tools
- 75% or greater of clients will report overall satisfaction with the app

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 50
- **ADAMHS Funded Unduplicated Clients Served:** 12
- **Total Number of Clients Served:** 12
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $2,000

Additional Information:

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

Weekend and On-Call Assessments, Intakes and Admissions

Essential elements include access to care, access to support when in crisis, family/caregiver involvement, and a well-established provider focused on the use of evidence-based practices available after hours and on weekends. The above are some examples of how the agency meets Board and Recovery Oriented Systems of Care priorities specifically those related to client access, crisis and 24/7 availability, and removing barriers and delays in care. This program will provide an on-call clinician available after hours and weekends, including responding to family and referral source requests via email or by phone; performing virtual or in-person assessments in local hospitals/Emergency Departments; and arranging for and conducting admissions. Quality staff guarantees the customer receives the best care. Staff obtain continuing education on adolescent issues and treatment methods; regular supervision; and continuous quality improvement initiatives geared toward increasing staff competency and service delivery. Additionally, staff providing on-call and weekend services have been trained on how to locate and connect callers with appropriate/needed services.

Target Population:

- Cuyahoga County residents who reach out to New Directions after hours and on weekends
- All Ages, All socioeconomic categories

Anticipated Number of Clients to be Served: 200

Number of Staff Required to Implement Program: 11

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- New Directions cross-trains therapeutic staff in the program/services provided including the use of the app. Additionally, all clinical staff have been trained in the screening and intake process; use of virtual appointment; and admission processes. As part of this service staff would have "back-up" on-call clinicians if designated on-call were to be unexpectedly unable to provide

coverage. Furthermore, Clinical Supervisory staff are available for consultation 24/7/365 on-call clinicians rotate throughout the weeks to allow for staff to maintain personal work/life balance.

Funding Priority:

- 24/7 Access

Program Goals:

- Provide on-call clinical staff 24-hours-per-day, 7-days-per-week, 365 days a year for Cuyahoga County individuals

Program Metrics:

- Number of after-hours and weekend contacts from Cuyahoga County clients/families, hospitals, emergency departments and other providers
- Number of services performed, including phone calls, emails, virtual sessions, in-person sessions number of assessments, and admissions

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 26
- **ADAMHS Funded Unduplicated Clients Served:** 82
- **Total Number of Clients Served:** 82
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $150

Additional Information:

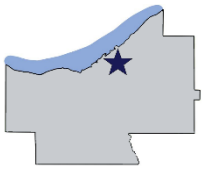
- Staff are pleased with above anticipated numbers of contacts received during the first six months, and that callers were able to quickly receive information about accessing care. Many callers did not share demographic makeup, but of those who did, approximately 45% were female, 55% were male; eight were adults in need of detox services (not a service New Direction provides); Fairview Hospital and Rainbow Babies and Children were highest in number of weekend contacts. The number of family or clients not wanting assessments afterhours or on weekends was somewhat surprising, however, family most often noted that the adolescent was not available to meet at the time of contact (e.g., in hospital, not at home at the time, and family had not yet made their concerns known to the youth and wanted time to discuss with them).

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

Focus on Diversity: New Directions (A Crossroads Health Organization)

Program(s): Adolescent Recovery Housing; Boys and Girls Empowered (BAGE) Adolescent Residential Treatment; Connections Recovery App; Weekend and On-Call Assessments, Intakes and Admissions

Diversity, Equity and Inclusion STRENGTH from program proposal:
New Directions noted that they have an "ongoing commitment to the importance of diversity, equity and inclusion in regard to staff, clients, family/caregivers, and the greater community."

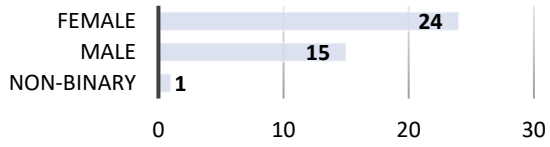


Region: NE

CLIENT DEMOGRAPHICS

2022 – Total Served 110 *(the data below reflects 40 clients, and is the most complete information available based on 2022 outcomes reports)*

Gender



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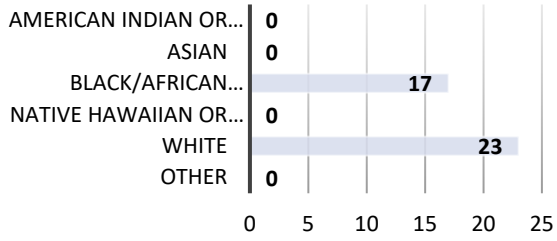

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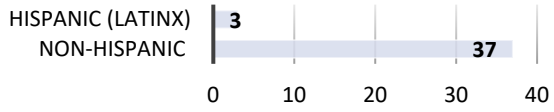
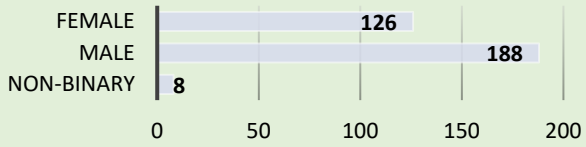


2023 – Total Projected to be Served 322

Gender



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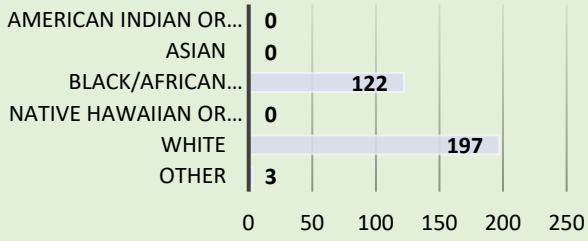

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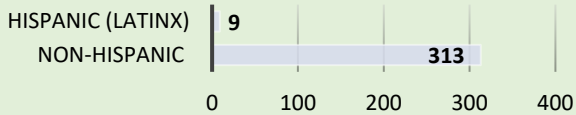
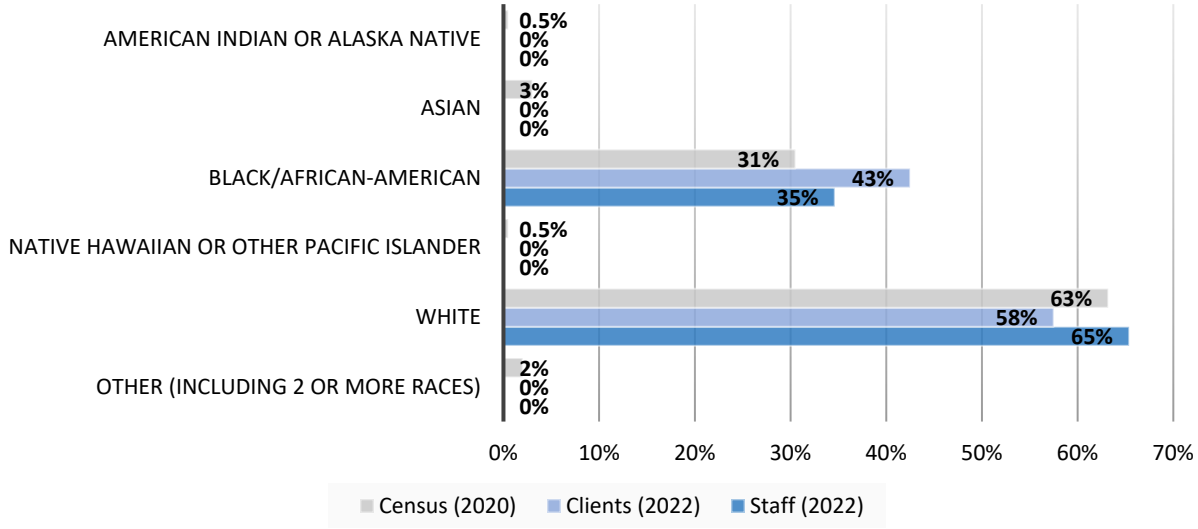


COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



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

Northcoast Behavioral Healthcare

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Northcoast Behavioral Health			
Community Support Network-MH Residential	$ 3,903,519	$ 4,024,511	Housing
Total	**$ 3,903,519**	**$ 4,024,511**	

CY23 Program Highlights and Outcomes

Northcoast Behavioral Healthcare

Northcoast Behavioral Healthcare Community Support Network (NBH/CSN) provides services to those with severe and persistent mental illness, as well as Intensive Outpatient (IOP) Treatment Programs and residential treatment services. The CSN MH Subsidized Housing consists of 62 beds, across six residential sites, that are designed to provide 24-hour per day supervised transitional housing to persons diagnosed with severe mental illness.

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

Mental Health Residential Treatment

The Community Support Network (CSN) MH Residential Housing program consists of 62 beds, across six Class 1 Mental Health residential facilities that provide 24-hour-per-day, 7-days-per-week supervised transitional housing. The residential staff are experienced and/or trained in the teaching, reinforcing skills and interventions outlined in each resident's Residential Service Plan (RSP) based upon the Functional Assessment Process which identifies acquired skills and areas of challenge. Residential staff are versed in the Boston Skills training curriculum as a basis for resident habilitation, training and capable of actively engaging in personalized services, in addition to facilitating crisis intervention. The primary focus is to improve the resident's quality of life in the community by guiding activities of daily living which include assistance with self-management of their psychiatric care. It is critical to uphold a culture of respect and dignity to support the recovery process.

Target Population:

- The target population for the CSN MH Residential Housing programs are persons diagnosed with chronic mental health and substance abuse diagnoses, ages 18-years or older, and residents of Cuyahoga County.
- Priority is given to clients residing in inpatient psychiatric hospitals who require the highest level of care offered in the community to ensure successful transition from the hospital and increased tenure in the community upon discharge. It is important to note, clients identified with co-occurring substance abuse problems, developmental disorders, multiple medical needs, and/or a physical disability will not be excluded from eligibility to the residential programs, as CSN's Residential Housing programs serve as the "safety net" of the community.
- 100-199% of the federal poverty level

Anticipated Number of Clients to be Served: 93

Number of Staff Required to Implement Program: 60

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- NBH utilizes floating staff from other Cuyahoga MH Residential sites, utilizing ETA's (part-time therapeutic program workers) and overtime during times of staff vacancies.

Funding Priority:

- High Quality Housing

Program Goals:

- Residents will transition to a more independent or supported environment within 18 months from admission

CY23 Program Highlights and Outcomes

- Fewer residents who are discharged will be referred back or readmitted within 90 days
- Fewer residents who are discharged will be re-hospitalized
- The baseline score of the skill scale measurement tool will increase for those moving into independent living settings

Program Metrics:

- 80% of the residents will transition to a more independent or supported environment within 18 months from admission
- 10% or fewer of residents who are discharged will be referred back or readmitted to the residential program within 90 days
- Fewer than 20% of the residents who are discharged will be re-hospitalized
- The baseline score of the skill scale measurement tool will increase by at least two points for those moving into more independent living settings

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 70
- **ADAMHS Funded Unduplicated Clients Served:** 70
- **Total Number of Clients Served:** 70
- **Total Number of Clients that Completed this Program/Service:** 21

Average Cost Per Client: $27,882.28

Additional Information:

- Although goals are being met or progressing toward achievement, the plan for the upcoming calendar year is to restructure the format of the goals to ensure they are measuring effectiveness of services.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 96
- **ADAMHS Funded Unduplicated Clients Served:** 93
- **Total Number of Clients that were Served:** 93
- **Total Number of Clients that Completed this Program/Service:** 38

Goals Met:

- 100% of MH residential clients will have completed Functional Assessments
- 100% of MH residential clients will have Skill Scale Measurement scores present and updated every 90 days
- 100% of MH residential clients will have a current annual residential service plan
- 90% of MH residential clients will have a RSP review every 90 days
- 100% of MH residential clients will have a physical exam upon admission

CY23 Program Highlights and Outcomes

Metrics Used to Determine Success:

- MH residential clients will have completed Functional Assessments
- MH residential clients will have Skill Scale Measurement scores present and updated every 90 days
- MH residential clients will have a current annual residential service plan. MH residential clients will have a RSP review every 90 days
- MH residential clients will have a physical exam upon admission

Program Successes:

- 100% of MH residential clients completed Functional Assessments
- 100% of MH residential clients received a Skill Scale Measurement score and updated every 90 days
- 100% of MH residential clients received an annual residential service plan
- 100% of MH residential clients' RSP was reviewed every 90 days
- 100% of MH residential clients had a physical exam upon admission

Average Cost Per Client in CY21: $3,600

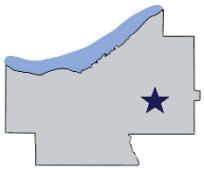
Additional Information:

- The MH Residential Program consists of 62 beds between six residential sites, that are designed to provide 24-hours-per-day supervised transitional housing to persons diagnosed with severe mental illness. The primary goals of the program are to provide assistance, support, and aid in the development of adult daily living skills. Additionally, the MH Residential Program serves as the "safety net" of the community and will not turn away clients who present with difficult to manage behaviors.

Focus on Diversity: Northcoast Behavioral Healthcare

Program(s): Mental Health Residential Treatment

Diversity, Equity and Inclusion STRENGTH from program proposal:
NBH noted that one their Diversity and Inclusion Committee's action is to "promote practice that respect individual differences and identifications, allowing for patients to designate how they'd prefer to be addressed and treated, within the parameters of treatment guidelines and policy expectations."

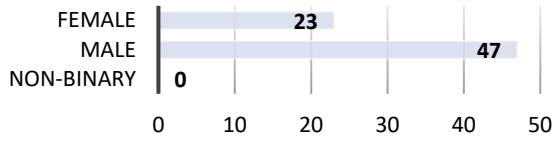


Region: SE

CLIENT DEMOGRAPHICS

2022 – Total Served 70

Gender



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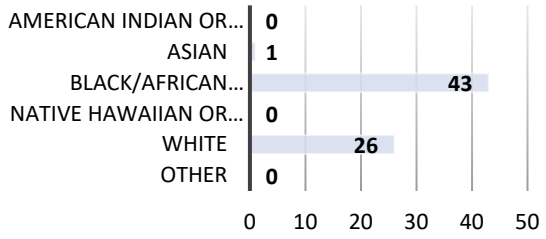

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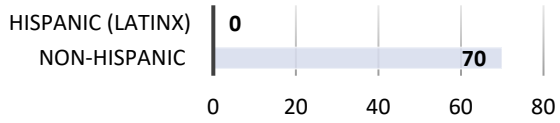
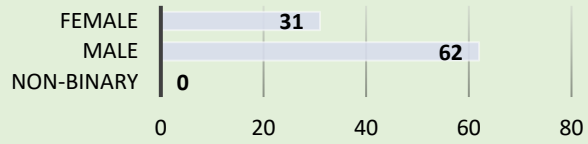


2023 – Total Projected to be Served 93

Gender



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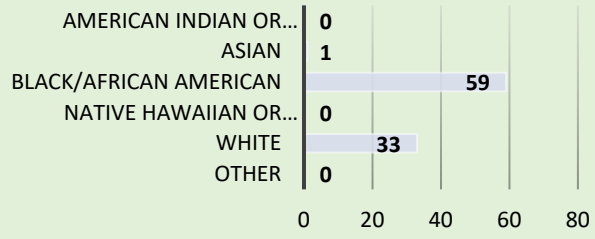

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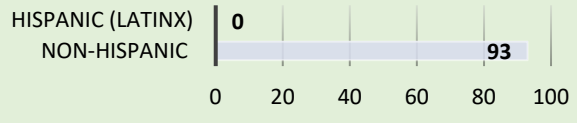
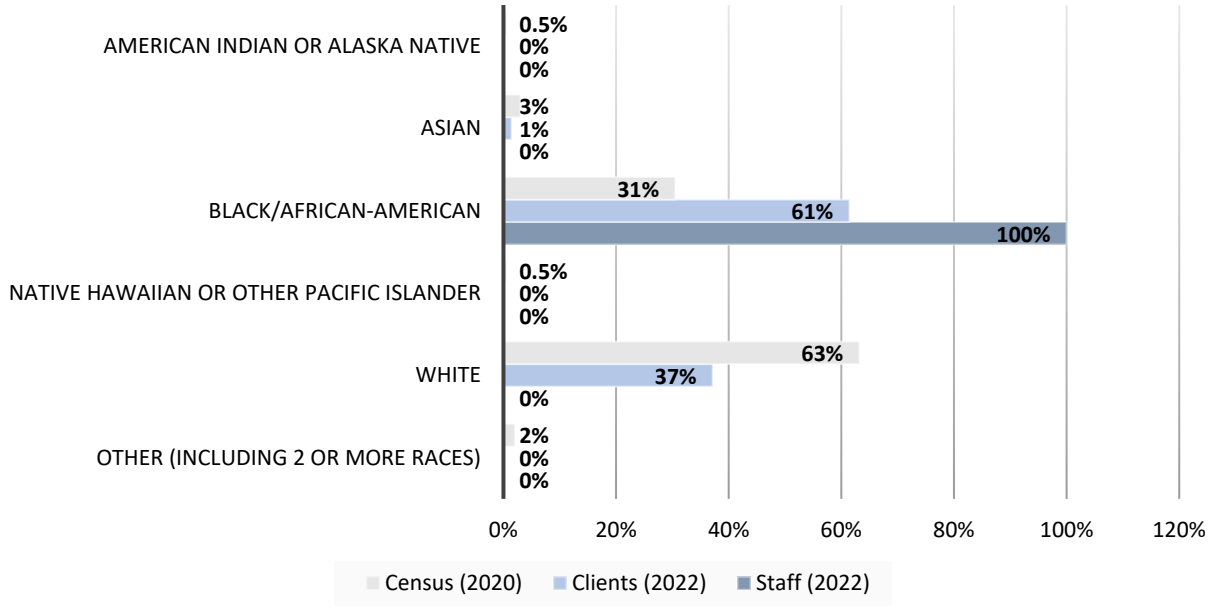


COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



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

Northeast Ohio Neighborhood Health Services Inc.

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Northeast Ohio Neighborhood Health Services, Inc.			
The B.E.S.T Me	$ 125,000.00	$ 125,000.00	Prevention
Total	**$ 125,000.00**	**$ 125,000.00**	

CY23 Program Highlights and Outcomes

Northeast Ohio Neighborhood Health Services Inc. (NEON)

NEON is a Federally Qualified Health Center (FQHC) network dedicated to improving access to health care and reducing health disparities in Greater Cleveland.

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

The B.E.S.T. Me: Behavioral Wellness (B), Education (E), Screening (S), and Fitness Training (T)

The program will include services addressing overall health and wellness. There will be a safe environment for children to get physical exercise and social engagement through sport and recreational activities. Participants will have the opportunity to complete screens for depression (Patient Health Questionnaire, PHQ-9), childhood adversity/trauma (Adverse Childhood Experiences Questionnaire, ACE-Q), and substance use (Alcohol Use Disorder Identification Test Concise, AUDIT-C), which will have dual purposes. The screens will be given pre- and post-test from participation in a program to evaluate improvement in these areas that can lead to health issues both immediately and in adulthood. Additionally, a NEON case manager will track screening results. Linkage to services through the NEON Behavioral Health Department will be offered to participants with positive screens. A curriculum or series focusing on psychoeducation of emotional regulation and social skills will be offered at each session.

The prevention program for the specific demographics of children, adolescents, and families of Cleveland residents needs to target risk factors of community violence, low socioeconomic status, and low self-esteem. Community violence, low socioeconomic status and low self-esteem are major risk factors for depression, adversity/trauma and addiction. Typically, people with low self-esteem and depression lack energy and motivation for physical activity. For participants not experiencing these risk factors at the current time, staff hopes the skills on emotional regulation will prevent the development of mental health obstacles in the future. For participants struggling with more substantial mental health or environmental obstacles, staff will try to help link them to the appropriate services.

Target Population:

- Youth ages 5 to 17 years of age who reside within Cleveland and East Cleveland
- The racial composition of the service area includes 79.2% people of color, of which 73.3% are African American/Black
- All socioeconomic categories

Anticipated Number of Clients to be Served: 150

Number of Staff Required to Implement Program: 5

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- NEON has a total of 194 employees and a complement of licensed and credentialed Case Managers, Behavioral Health Counselors, and Social Workers can assume interim responsibility for all program services in the event of a vacancy. Sustaining permanent staffing to ensure the provision of services will be accomplished through progressive staff recruitment efforts. NEON maintains an active Employee Retention & Recruitment Plan. This plan uses a variety of internal and external applicant referral sources, online platforms, and job posting engines that consistently generate an ample pool of skilled job candidates. The agency's recruitment and hiring process is effectively streamlined and supports the ability to onboard incumbent employees within a few weeks. Three of the program staff (i.e., Fitness Trainers) will be classified as contractors. These contractors are representative of an inclusive group of Fitness Trainers who

are former National Basketball Association (NBA) players and members of the NBA Retired Players Association (RPA)- Cleveland Chapter. The RPA has more than 35 Fitness Trainers across the state of Ohio who will be available as permanent and replacement Fitness contractors, as needed, for the duration of the project.

Funding Priority:

- Prevention

Program Goals:

- To provide and complete the full panel (PHQ-9, ACE-Q, AUDIT-C) of screens for each program participant
- To provide psychoeducation on self-esteem and emotional regulation to each program participant
- To engage each participant in fitness training to bolster body confidence
- To conduct pre- and post-evaluation of the PHQ-9, ACE-Q, AUDIT-C screen scores
- To provide continuity of care for each program participant referred to NEON's Behavioral Health Services Department

Program Metrics:

- 80% of all participants to complete the screening panel
- 100% of participants who complete screening panel will receive psychoeducation
- 70% of participants will report self-perceived improvement on the pre- and post-body confidence questionnaire
- Pre- and post-measures will show a 25% reduction in depression and substance use, and greater stability in adverse experiences
- 50% of program participants and/or family members will receive follow-up Behavioral Health Services at NEON as may be required

First Six Months of CY22 Provider Outcomes:

Highlights:

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

Average Cost Per Client: $1,893.94

Additional Information:

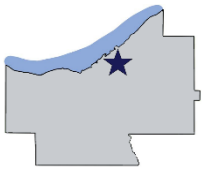
- The participants have been successfully incorporating program information into their daily activities particularly regarding emotional regulation. Participants have adopted many of the coping skills learned in the program to respond to stressful situations and difficult interpersonal interactions. Many of the participants and parents have asked to continue the program even after the cohort has been completed.

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

Focus on Diversity: Northeast Ohio Neighborhood Health Services Inc.

Program(s): The B.E.S.T. Me: Behavioral Wellness (B), Education (E), Screening (S), and Fitness Training (T)

Diversity, Equity and Inclusion STRENGTH from program proposal:
Northeast Ohio Neighborhood Health Services is committed to promoting diversity and inclusion in the workplace as it accomplishes its mission to improve health outcomes and address health disparities through access to quality services, a skilled health workforce, and innovative, high-value programs.

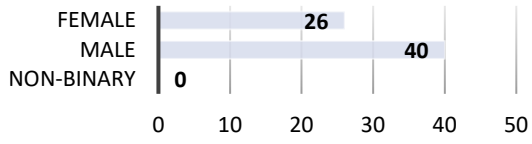


Region: NE

CLIENT DEMOGRAPHICS

2022 – Total Served 66

Gender



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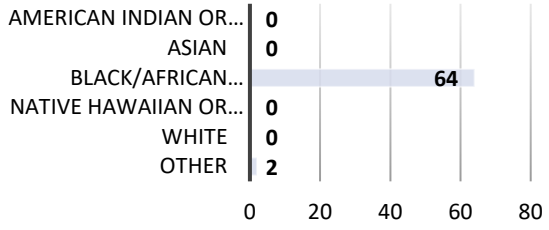

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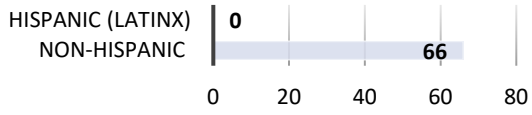
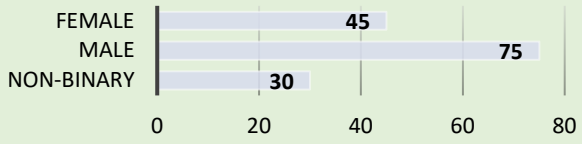


2023 – Total Projected to be Served 150

Gender



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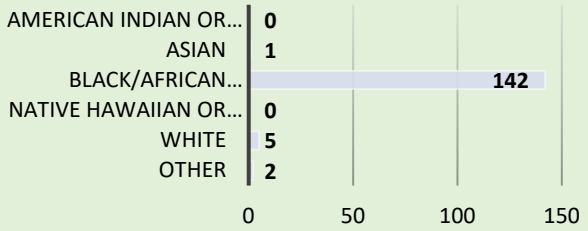

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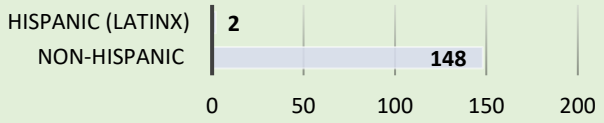

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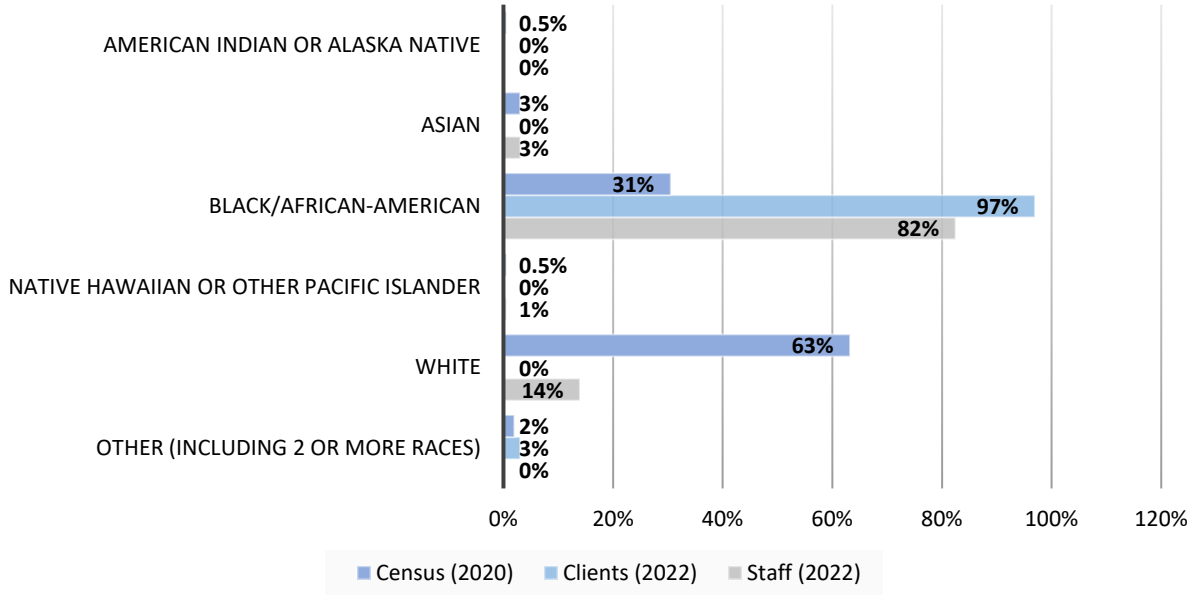


Note: These are the best estimates based on available information. Figures may be estimated or rounded, and may not equal 100%.

Northern Ohio Recovery Association

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Northern Ohio Recovery Association, Inc. (NORA)			
Crisis Intervention and Harm Reduction Services	$ -	$ 210,392	Crisis
Total	$ -	$ 210,392	
Pooled Funding:			
SUD Outpatient Treatment Program	$ -	$ -	

CY23 Program Highlights and Outcomes

Northern Ohio Recovery Association

Northern Ohio Recovery Association, Inc. (NORA) is a community-based substance abuse prevention and peer recovery support organization. NORA provides culturally relevant chemical dependency services with dignity and respect to youth, adults and families in Northeast Ohio.

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

Expansion of crisis intervention and harm reduction services

NORA's crisis services program is made up of three elements:

Mobile Crisis Services (Sprinter): The Mobile Crisis Services Sprinter will provide mental health and substance use screenings and assessment linkages, referral and follow-up by a nurse and licensed counselor. The sprinter will also provide de-escalation, referrals to hospitals, treatment, information and referrals for children and youth mental health services when needed. The sprinter will increase access to harm reduction services. The sprinter will operate three times per week from 5 pm to 1 am and will rotate staff and/or contractors to support community residents in accessing treatment. The team will consist of the several of the following: Peer Specialist, Nurse, Counselor, Outreach Worker, and Case Manager.

Crisis Center: The crisis center operates Monday to Friday from 9:00 a.m. to 5:00 p.m. With ADAMHS funds, NORA will expand the crisis center hours to operate from 5:00 p.m. to 1:00 a.m. Monday to Friday and on weekends. Funds will be used to hire a second shift of four employees to manage the hotline and the crisis center.

Harm Reduction at Crisis Center and on Mobile Crisis Unit: Funds will be used to offer harm reduction services at the crisis center and on the mobile crisis unit.

- Education: One-on-one overdose education, safe sex education and referral to resources, resources to obtain sterile injection supplies, education on HIV/AIDS and Hepatitis
- Distribute materials: Disseminate information on safer injection practices; provide education on HIV and viral hepatitis and prevention, testing, treatment, and care services, distribute free condoms
- Navigation services: Ensure linkage to HIV and viral hepatitis prevention, testing, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prevention of mother to child transmission and partner services, providing linkages to single syringe providers, providing linkages to emergency departments
- Harm Reduction: Provide Fentanyl test strips, wound care kits to treat open wounds, distribute naloxone (Narcan)
- Medical Screening: Medical screening and referral to treatment and sexual health screening by a nurse
- Referral Services: Provide referrals for essential needs including medical services, ID services, food, housing needs, clothing access, vaccination access, infectious disease testing, education needs

CY23 Program Highlights and Outcomes

Target Population:

- Adults, ages 18 and over, who primarily reside in Cleveland East. The target population will be majority black/African American and white/Caucasian, most have low socioeconomic status and live in poverty, have low educational attainment, and most have dual substance use and mental health disorders.

Anticipated Number of Clients to be Served: 50

Number of Staff Required to Implement Program: 12

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- First, NORA identifies the critical roles in every department. Then, throughout the year, NORA frequently cross-trains staff members for those critical roles so when a vacancy occurs, program implementation is not impeded. Also, NORA has a hiring team that has working relationships with workforce development boards and has a large network for partners it can leverage to receive referrals for open positions. Lastly, NORA provides internships to students and frequently recruits from its pool of student interns to fill important job roles.

Funding Priority:

- Crisis Services

Program Goals:

- Increase outreach services to underserved and under-resourced communities in Cleveland by establishing a mobile response unit and expanding the crisis center hours.
- Increase assessments and referrals for mental health and substance use treatment through consultations with a nurse and counselor.
- Increase access to harm reduction through educational, medical, navigation and linkage, and medical services, as well as one-on-one counseling through the mobile crisis unit.
- Reduce the risk of overdose deaths by disseminating fentanyl test strips and NARCAN kits and providing overdose education.
- Reduce the risk of infectious disease transmission by providing navigation services, prevention, testing, treatment and care services, and providing links to obtain sterile injection supplies.

Program Metrics:

- By March 1, 2023, launch one mobile response unit staffed by a registered nurse and licensed counselor and operate three days per week; By February 1, 2023, increase access to crisis services by expanding crisis hotline hours by establishing a second shift to operate from 5:00 p.m. to 1:00 a.m. and on weekends; By January 1, 2024, provide outreach services to 500 individuals through mobile unit log forms (which will document the number of interventions provided, to whom, and when, and notes for follow-up).
- By January 1, 2024, provide 100 referrals per quarter for mental health and substance use treatment from the mobile response unit and crisis hotline through assessment and intake records, and call logs (which will document the number of assessments completed and referrals to treatment completed).
- By January 1, 2024, distribute 1,000 flyers offering harm reduction education to individuals engaged in mobile response unit services. Mobile unit log forms to track number of flyers distributed per day.

- Disseminate 100 Narcan kits per month and 100 fentanyl test strips per month as reported by in-house inventory records.
- By January 1, 2024, provide navigation services to 50 individuals by certified peer supporters as reported by intake and assessment records.

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

SUD Outpatient Treatment Program

Northern Ohio Recovery Association (NORA) provides treatment and prevention services including assessments, group counseling, individual counseling, peer support, urinalysis, nurse services, medical services, family services, outreach services and Medication Assisted Treatment (MAT). The agency also provides life skills and job readiness programs to adult men and women in treatment at the facility. The program will base client care on clinical analysis and recommendations from the team. The medical doctor and clinical director work with the counseling staff to ensure the best care for clients. The purpose is to ensure that the men and women receiving treatment at our agency can navigate through day-to-day obstacles. The agency's mission is to equip adults and youth participants with the necessary skills to become independent adults, allowing them to take care of themselves and their families. The year-long program is multi-dimensional and teaches skills such as interview prep, reading and writing 101, managing savings accounts, 20-dollar family meal demos, and Conscious Discipline, a method of de-escalating conflict for parents and children taught by Dr. Rebecca Bailey. LIFE classes will help those who participate in the program become better prepared for the real world. The risk factors of the youth staff targets include poverty, low academic success, family history of addiction, mental health, trauma, sexual abuse.

Target Population:

- Adults 18 years and older with substance use disorders, transitional aged youth and women with children

Anticipated Number of Clients to be Served: 25

Number of Staff Required to Implement Program: 8

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- NORA has multiple employees in place who can pick up the duties of a staff member who should leave. In addition, the agency is a host site for Cleveland State University, Case Western Reserve University, John Carroll, and Cuyahoga Community College.

Funding Priority:

- Treatment Services – Pooled Funding

Program Goals:

- Increase long-term recovery and improve heath outcomes by providing personal and workforce development activities to increase employment and vocational opportunities to individuals in recovery
- Expand peer recovery supportive services that incorporate pre-employment readiness assessment employment soft and hard skills sets, training and enhance the client's employment connections for self-sufficiency
- Expand, enhance and incorporate additional peer recovery supportive services that will eliminate client social isolation, learn new coping strategies and build health social support networks and relationships necessary for recovery

CY23 Program Highlights and Outcomes

- Decrease mental health symptoms amongst adults and youth on medications and decrease the need for hospitalization
- Increase medication assisted treatment for individuals with opioid use disorders

Program Metrics:

- Percentage of participants who successfully complete the year-long program
- Percentage of program participants who received employment or joined a vocational
- program after completion of the program
- Percentage of program participants who are in recovery or actively going through the
- recovery process.
- Collect urinalysis and conduct pre- and post-test surveys with indicators for substance use
- Collect data and compare census with historical data to compare number of MAT clients

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 25
- **ADAMHS Funded Unduplicated Clients Served:** 12
- **Total Number of Clients Served:** 74
- **Total Number of Clients that Completed this Program/Service:** 18

Average Cost Per Client: $10,000

Additional Information: N/A

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 12
- **ADAMHS Funded Unduplicated Clients Served:** 25
- **Total Number of Clients that were Served:** 179
- **Total Number of Clients that Completed this Program/Service:** 12

Goals Met:

- 100% non-Medicaid clients will be seen for assessment within 72 hours of initial contact.
- 80% of non-Medicaid clients will successfully engage in treatment.
- 90% of non-Medicaid clients will engage in two treatment service visits within 14 days of completion of assessment.
- 100% of non-Medicaid clients will be appropriate for the level of care they are admitted to.
- 80% of non-Medicaid clients will be seen by a nurse to review health history/needs.

Metrics Used to Determine Success:

- Assessment availability, treatment engagement, treatment initiation, treatment appropriateness, and medical.

Program Successes:

- 100% (25 of 25) of all non-Medicaid clients received an assessment in 72 hours
- 80% (20 of 25) of non-Medicaid clients successfully engaged in treatment services

CY23 Program Highlights and Outcomes

- 80% (20 of 25) of non-Medicaid clients engaged in at least 2 treatment service visits within 14 days of completing the assessment
- 100% (25 of 25) of non-Medicaid clients were appropriate for the level of care to which they were admitted
- 80% of non-Medicaid visited with the nurse upon admission

Average Cost Per Client in CY21: $10,000

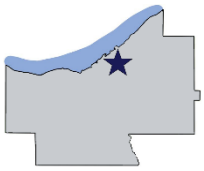
Additional Information:

- NORA provided services to 25 non-Medicaid clients between January 1, and December 31, 2021.

Focus on Diversity: Northern Ohio Recovery Association

Program(s): Expansion of crisis intervention and harm reduction services

Diversity, Equity and Inclusion STRENGTH from program proposal:
NORA stated that "management is committed to a nondiscriminatory approach and ensures that departments and programs provide equal opportunities for employment and advancement. We respect and value diverse life experiences and are committed to hiring those with lived experience to ensure that all voices are valued and heard."

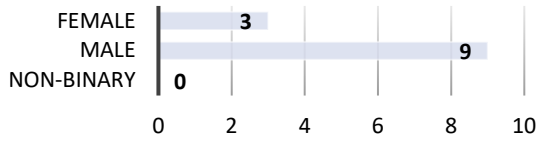


Region: NE

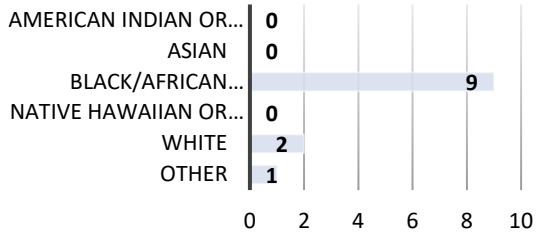
CLIENT DEMOGRAPHICS

2022 – Total Served 74 *(the data below reflects 12 clients, and is the most complete information available based on 2022 outcomes reports)*

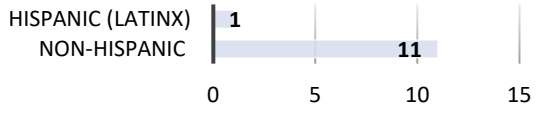
Gender



Race

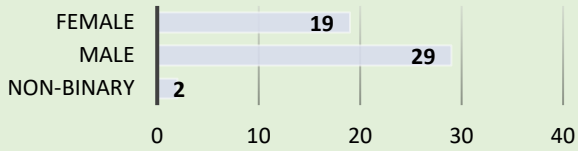


Ethnicity



2023 – Total Projected to be Served 50

Gender



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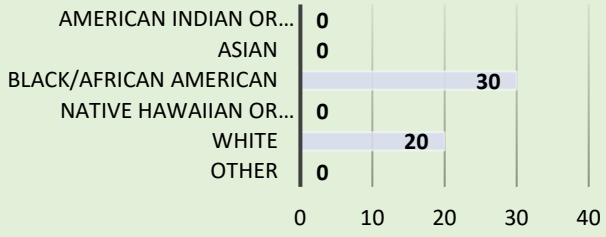
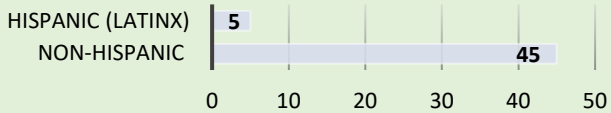
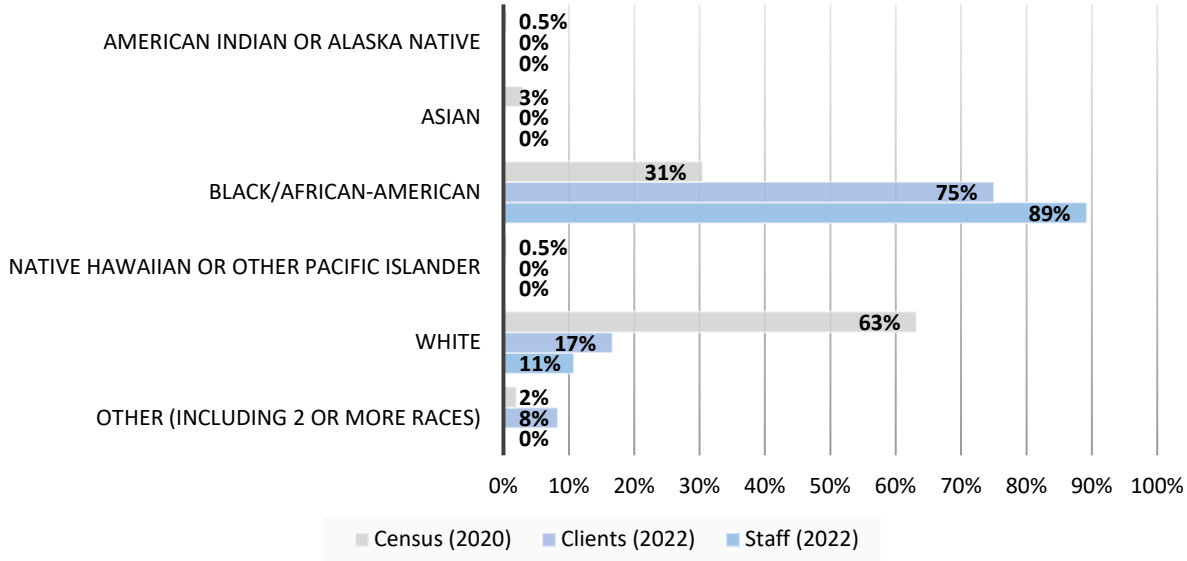


Ethnicity



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%.

OhioGuidestone

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
OhioGuidestone			
Early Childhood Mental Health**	$ -	$ -	Prevention
School Based Prevention	$ 74,578	$ 100,000	Prevention
Spiritual Care as a Bridge to Mental Health	$ 52,500	$ 58,969	Prevention
Paternal Depression	$ 10,000	$ 100,000	Prevention
Residential Treatment Crisis Beds	$ -	$ 881,608	Crisis
Total	**$ 137,078**	**$ 1,140,577**	
Pooled Funding:			
Non-Medicaid Treatment	$ -	$ -	

**** ECMH Providers Pooled Funding**

CY23 Program Highlights and Outcomes

OhioGuidestone

OhioGuidestone is one of the leading children's behavioral health agencies in Northeast Ohio for children, adolescents and transitional youth.

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

Crisis Beds

OhioGuidestone's residential campus provides out-of-home care for boys and girls with complex trauma, mental health needs, academic struggles, and severe emotional and behavioral concerns, which prevent them from living safely at home. Residential programming is individually focused, trauma-informed, and clinically grounded and offers structured, therapeutic, and educational services, as well as clinical interventions to give residents the tools for an independent future. While residents prepare for reunification with their family or a transition to a more permanent family-based setting, they are cared for in a safe and supportive environment.

Staff provide individualized, age-appropriate, holistic care for each resident's developmental, physical, and emotional needs, including intensive mental health care, physical health care, spiritual care and education at the resident's appropriate developmental level. To ensure that each resident receives age-appropriate programming that best addresses their needs, residential services are provided in cottages on campus. The cottage format provides a safe and supportive home-like environment where residents can receive care alongside others within the same age group who have been experiencing similar challenges. The cottages promote the development of positive peer groups, which help residents learn how to establish healthy relationships and begin to trust others.

Clients in residential treatment receive the following essential elements of care: mental health assessments, individual, group, and family therapy, care coordination, medical care, psychiatric care, experiential therapies, spiritual care, recreational and enrichment activities, independent living skills development, and academic supports and schooling onsite.

Target Population:

- Individuals served will be children and adolescents, boys aged 6-15 and girls aged 6-13, who are in crisis and need immediate access to residential treatment. Clients will likely be experiencing mental illness and/or severe behavioral disorders that need crisis stabilization in a residential setting, so they can return to their family. Individuals may be experiencing a combination of the following challenges: Mental health challenges such as Bipolar Disorder, Conduct Disorder, Mood Dysregulation, Oppositional Defiant Disorder, Post-Traumatic Stress Disorder, Depression, Reactive Attachment Disorder, Attention Deficit/Hyperactivity Disorder, Intermittent Explosive Disorder, Anxiety, or Suicidal Ideation; Behavior problems or impulsivity; Attendance/school issues; Self-injurious behavior; Substance use; History of physical or sexual abuse or neglect; Poor self-esteem; and/or Sexually maladaptive behaviors.
- All socioeconomic categories

Anticipated Number of Clients to be Served: 30

Number of Staff Required to Implement Program: 109

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Participant progress is tracked in departmental documentation and written protocols for continuity exist in the event of staff turnover. For example, all staff in department will be cross-trained, even if not staff assigned to project, to ensure continuation if staff vacancies occur.

Additionally, supervisors are required to provide regular outreach until a primary care provider can be reassigned. Positions are rehired if vacancies occur. Any changes to staffing will be communicated to clients/participants, as possible and appropriate. Staffing needs for this program are prioritized by OhioGuidestone's Talent Acquisition Department, to ensure timely replacement of staff.

Funding Priority:

- Crisis Services

Program Goals:

- 50% of clients at discharge will demonstrate improvement in anxiety, anger, depressive symptoms, and meaning and purpose
- 50% of clients at discharge will return home to their parent/guardian
- 50% of clients will demonstrate fewer risk behaviors

Program Metrics:

- 50% of clients at discharge will demonstrate the following outcomes as measured by Patient Reported Outcome Measures (PROMs): improved anxiety symptoms, improved anger symptoms, improved depressive symptoms, and improved meaning and purpose
- Outcome will be measured by recording client discharge placement
- Outcome will be measured by a reduced number of critical incident reports noted during residential treatment program

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

Father's Feelings Project

The program will serve clients by screening 45 perinatal fathers for paternal depression using the Yates Screening Tool and a clinical diagnostic assessment; and conducting brief intervention session with fathers; and refer to health, community-based, and safety net resources to improve childhood and family outcomes (e.g., educational, health, economic).

Additionally, the program will train 100 child-serving, male-serving, and family-serving professionals (e.g. home visiting professionals, early childhood educators, medical health providers) in fatherhood services and paternal depression awareness, and offer two additional consultation coaching sessions for 10-member cohort implementing screening-referral protocol with fathers in their programs.

Target Population:

- Target population is male fathers 14 years old and older during perinatal period; specifically, fathers with children 12 months old or younger or expectant fathers, and with a particular focus on TANF-eligible families

Anticipated Number of Clients to be Served: 45

Number of Staff Required to Implement Program: 4

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Progress, procedures, and participants are tracked in departmental documentation and written protocols for continuity in the event of staff turnover. For example, all staff in department will be cross-trained, even if not staff assigned to project, to ensure continuation if staff vacancies.

CY23 Program Highlights and Outcomes

Funding Priority:

- Prevention

Program Goals:

- Offer three 90-minute virtual professional development trainings between March-October 2023 to train 100 professionals (capacity 30-50 per virtual or in-person session). CEU offered.
- Facilitate 10-person consultation cohort with two additional 1-hour professional development sessions that focus on implementing the screening-referral protocol to serve perinatal fathers; cohort members will identify 2-4 perinatal fathers to serve as part of their cohort implementation. Cohort members will be offered CEUs and receive $150 stipend for completing both sessions and implementing protocol with 2-4 perinatal fathers.
- Implement perinatal paternal depression screening, brief intervention, and referral protocol with 45 fathers.

Program Metrics:

- Attendance records will reflect that three 90-minute professional development trainings were facilitated for up to 100 professionals.
- Attendance records will reflect that ten professionals completed two additional professional development sessions; each will identify and refer 2-4 perinatal fathers for paternal depression screening
- Attendance records will reflect that 45 fathers received paternal depression screening, and records will track outcomes from screenings. Track number of visits/sessions completed for each client. Track referrals for any client who receives them. Track parent stress levels (through Parent Stress Index) and parent-child social and emotional health (through Devereux Early Childhood Assessment) pre- and post-program participation.

First Six Months of CY22 Provider Outcomes:

Highlights:

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

Average Cost Per Client: $294.12

Additional Information:

- Preliminary outcomes and feedback from fathers: fathers reported improved pre- to post-total parent stress improvements (decreased stress) for themselves, subdomains of family protective factors improved for family functioning, nurturing and attachment, social supports, caregiver-practitioner relationship, and concrete supports. Facebook became the most impactful recruitment, engagement, and enrollment tactic.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 75
- **ADAMHS Funded Unduplicated Clients Served:** 18

- **Total Number of Clients that were Served:** 18
- **Total Number of Clients that Completed this Program/Service:** 8

Goals Met:

- Provide licensed and trained mental health professionals for the provision of screenings and diagnostic interviews for major depressive disorder. Provide two home visits to research participants to complete research enrollment and study data. Ensure research participants are linked to behavioral health services and supports to address depressive symptoms.

Metrics Used to Determine Success:

- Number of unduplicated fathers screened, number of fathers enrolled, number of completed visits, number referred to prevention services, and number referred for treatment services.

Program Successes:

- 66 fathers screened, 18 fathers enrolled, 42 completed visits, 4 fathers referred to prevention services and 4 fathers referred to treatment services.

Average Cost Per Client in CY21: $315

Additional Information: N/A

School Based Prevention & Consultation

OhioGuidestone's School-Based Mental Health, Support and Prevention Services provide mental health and other support services primarily in the school environment. Therapists also maintain connections to parents and families, meeting monthly in the home or community settings to help keep families involved with their child's academic environment. The unique program is custom designed to meet the needs of each school and can include individual, group, parent/family psychotherapy, therapeutic behavioral services (TBS), case management, consultation, and prevention. OhioGuidestone works from a trauma-informed systemic approach with the goal of building resiliency in the face of trauma and toxic stress. On-site services allow providers the ability to collaborate and consult with school personnel and parents to increase services for students and reduce or eliminate barriers that can prevent families from accessing needed services for their children. Therapists, Behavioral Health Specialists, school personnel, parents and families work together as a team to enhance students' social and emotional well-being and success in schools with formal and informal supports.

Consultation and prevention services provided adhere to the Georgetown model of consultation to interact with and triage students in need; meet with school personnel; assist teachers with developing behavior intervention strategies; and enlighten school personnel and parents on the signs, symptoms, and management of students' behavioral, and social and emotional issues.

OhioGuidestone School Services professionals provide behavioral health assistance within the school setting, collaborating and building a team relationship between the mental health staff, school staff, students and families. This consultation partnership helps address the social and emotional issues for students and reduces or eliminates the barriers for families seeking services outside the school setting. These services afford students, parents, and school personnel brief strategies to manage behavioral health symptoms, help with skill building and determine what additional services may be needed. The consultation/prevention services encompass a student's individual factors (attitudes and perceptions); social factors (school, family and peer); and environmental factors (community and life events).

CY23 Program Highlights and Outcomes

Target Population:

- Children and adolescents, pre-kindergarten through high school, displaying social, emotional, and mental health symptoms in 100 Cuyahoga County schools in the following cities: Cleveland Metropolitan School District, Parma City Schools, Berea City Schools, Lakewood City Schools, Euclid High School, South Euclid, Lyndhurst, East Cleveland, Garfield Heights City Schools, Brooklyn City Schools, Charter Schools and Parochial Schools.
- All socioeconomic categories

Anticipated Number of Clients to be Served: 1,000

Number of Staff Required to Implement Program: 75

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Participant progress is tracked in departmental documentation, and written protocols for continuity exist in the event of staff turnover. For example, all staff in department will be cross-trained, even if not staff assigned to project, to ensure continuation if staff vacancies. Additionally, supervisors are required to provide regular outreach until a primary care provider can be reassigned. Positions are rehired if vacancies occur. Any changes to staffing will be communicated to clients/participants, as possible and appropriate. Staffing needs for this program are prioritized by OhioGuidestone's Talent Acquisition Department, to ensure timely replacement of staff. Additionally, OhioGuidestone can utilize telehealth services to access additional students in need by assigning workers to cover additional schools to eliminate a waitlist.

Funding Priority:

- Prevention

Program Goals:

- Provide licensed or trained Mental Health Specialists for the provision of Mental Health Education Services
- Inform the ADAMHS Board of any changes relative to capacity, scheduling, etc. that may impact programming
- Deliver consultation services through the Ohio Consultation Model and deliver mental health and trauma prevention groups to assigned school(s) as requested
- Maintain communication with faculty and administrative staff at each assigned school regarding the agencies' scheduling and capacity
- Adhere to the assigned school list provided by CMSD's Flexible Content Expert Humanware Liaison

Program Metrics:

- Ohio Licensed Clinician or Qualified Behavioral Health Specialist Certification. Outcome: OhioGuidestone employs Licensed Social Workers and Licensed Professional Counselors as well as Behavioral Health Specialists who complete a Qualified Behavioral Health Specialist Competency training.
- Submit school roster with staff assignments and communicate with liaison on staffing. Outcome: OhioGuidestone provides regular updates on staffing, placements, and capacity to complete

services at monthly meetings. Meets with ADAMHS Board staff and Zerrine Bailey in monthly meeting to specifically discuss capacity to serve CMSD schools.

- Tracking services provided at schools. Outcome: OhioGuidestone provides consultation and prevention services to all assigned schools as requested by staff, students, or parents.
- Regular liaison check-ins and satisfaction surveys. Outcome: OhioGuidestone has a supervisor assigned as the School Liaison for all schools. Liaisons complete regular communications, either in-person, by phone, email or video.
- Adhere to assigned list as agreed upon by CMSD. Outcome: OhioGuidestone provides mental health services only to assigned CMSD schools and refers students from other CMSD schools to appropriate provider.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 500
- **ADAMHS Funded Unduplicated Clients Served:** 538
- **Total Number of Clients Served:** 2,440
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $107

Additional Information:

- This year there was many one-time consultations with students as well as a large increase in prevention and consultation work with educators and parents. These categories do not get captured in the data because a DESSA is not completed with one-time consults or with teachers or parents, and yet valuable services were delivered.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 350
- **ADAMHS Funded Unduplicated Clients Served:** 1,404
- **Total Number of Clients that were Served:** 3,546
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- Provide licensed staff & Mental Health Specialists for the provision of MH Education Services
- Inform the ADAMHS Board of any changes relative to capacity or scheduling that may impact programming
- Deliver consultation services through the Ohio Consultation Model and deliver mental health and trauma prevention groups as requested
- Maintain communication with faculty and administrative staff at each assigned school
- Adhere to the assigned school list provided by CMSD's Flexible Content Expert Humanware Liaison

Metrics Used to Determine Success:

- Ohio Licensed Clinician or Qualified Behavioral Health Specialist Certification

- Submit school roster with staff assignments and communicate with liaison on staffing
- Tracking services provided at schools
- Regular liaison check-ins and satisfaction surveys
- Adhere to assigned list as agreed upon by CMSD

Program Successes:

- Employ Social Workers, Licensed Professional Counselors and Behavioral Health Specialists.
- Provide regular updates on staffing, placements, and capacity to complete services at monthly meetings.
- Provide consultation and prevention services to all assigned schools as requested. A supervisor is assigned as the School Liaison for all schools.
- Provide mental health services only to assigned CMSD schools and refer students from other CMSD schools to appropriate provider.

Average Cost Per Client in CY21: $92.96

Additional Information:

- This year there were many one-time consultations with students as well as a large increase in prevention and consultation work with educators and parents. All these categories did not get captured in the data because DESSA is not completed with one-time consults or with teachers or parents, and yet valuable services were delivered.

Treatment for Non-Medicaid Clients

The services for which the agency utilizes funding for uninsured clients include Evaluation and Management Services, Individual SUD or MH Psychotherapy, Diagnostic Evaluation services, RN/LPN services, Family Therapy, Group Counseling, Intensive Outpatient, Community Psychiatric Supportive Treatment (CPST), Psychological Testing, Psychosocial Rehabilitation Services (PSR), Therapeutic Behavioral Services (TBS), Psychotherapy for Crisis, Case Management, ACT services, SUD Targeted Case Management, and various add-on services including Prolonged Services and Interactive Complexity.

Diagnostic Evaluation is provided for clients in their homes, schools, or other community settings convenient for the client. Psychotherapy, PSR and TBS may be provided in an office setting, if that is the client's preference, to support client engagement, decrease barriers to treatment, and assist clients in managing their mental health symptoms in their natural environment. CPST Services support those with significant mental health challenges. The primary features of CPST include educating the client and family members about the symptoms and management of mental illness; assisting the client in successfully identifying and maneuvering the network of community services most appropriate to individual needs; advocating for the client in school, work, family, and community relationships; and assisting the client in overcoming the emotional and behavioral challenges that negatively impact the development of independent living and social skills. Evaluation and Management Services are provided to clients in need of psychiatric treatment or Medication Assisted Treatment. These services are provided by medical professionals in an office-based setting, and focus on the provision, monitoring, and evaluation of medications to minimize the impact of mental illness. In 2012, OhioGuidestone began offering an Integrated Treatment Program, providing (in-home) simultaneous mental health and substance abuse treatment.

The agency's full-time client advocate is on call 24-hours-per-day to respond to client or referral source concerns and has a well-established and long-term relationship with Board staff.

CY23 Program Highlights and Outcomes

The frequency and duration of services is variable by service type, practice model, and client need. All services are provided in accordance with OhioMHAS certification standards, Council on Accreditation practice requirements, and medical necessity guidelines. The delivery strategy for services is variable, based upon service type, practice model, and client need. Most work is done after hours and on weekends, as needed, to accommodate client schedules and improve engagement.

Target Population:

- Cuyahoga County residents that have significant mental health challenges
- Adults 18-65+; 100-199% of the federal poverty level

Anticipated Number of Clients to be Served: 130

Number of Staff Required to Implement Program: 75

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- Participant progress is tracked in departmental documentation and written protocols for continuity exist in the event of staff turnover. For example, all staff in department will be cross-trained to ensure continuation if staff vacancies occur. Additionally, supervisors are required to provide regular outreach until a primary care provider can be re-assigned. Positions are rehired if vacancies occur. Any changes to staffing will be communicated to clients/participants, as possible and appropriate. Staffing needs for this program are prioritized by OhioGuidestone's Talent Acquisition Department, to ensure timely replacement of staff.

Funding Priority:

- Treatment Services – Pooled Funding

Program Goals:

- Determination of eligibility and secured payment for mental health services
- Identification of behavioral health needs
- Improved relationships and performance
- Increased understanding of mental health symptoms
- Increased management of mental health symptoms

Program Metrics:

- 100% of clients are evaluated, intake and assessment processed
- 100% of individuals referred will be offered a diagnostic evaluation
- 60% of individuals will demonstrate improvement on Patient Reported Outcome Measures (PROMs)
- Psychoeducation provided for all appropriate Individual Treatment Plans as indicated by PROMs
- 60% of individuals will demonstrate improvement on Patient Reported Outcome Measures (PROMs)

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 50
- **ADAMHS Funded Unduplicated Clients Served:** 66

CY23 Program Highlights and Outcomes

- **Total Number of Clients Served:** 8,589
- **Total Number of Clients that Completed this Program/Service:** 1,803

Average Cost Per Client: $1,243

Additional Information:

- A connections specialist is used to quickly work to get Medicaid to clients without insurance which shortens drastically any need to continue using pooled funding.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 100
- **ADAMHS Funded Unduplicated Clients Served:** 139
- **Total Number of Clients that were Served:** 3,500
- **Total Number of Clients that Completed this Program/Service:** 0

Goals Met:

- Determination of eligibility and secured payment for mental health services
- Identification of behavioral health needs. Improved relationships and performance
- Increased understanding of mental health symptoms
- Increased management of mental health symptoms

Metrics Used to Determine Success:

- 100% of clients are evaluated, intake and assessment process
- 100% of individuals referred will be offered a diagnostic evaluation
- 60% of individuals will demonstrate improvement on Patient Reported Outcome Measures (PROMs)
- Psychoeducation provided. Individualized Treatment Plans (ITP)

Program Successes:

- 100% of clients received Intake and Assessment
- 100% of clients received a Diagnostic Evaluation
- 72% reported reliable improvement on PROMs
- 100% of applicable clients received psychoeducation
- 90% of clients reported reliable improvement on at least one symptom in PROMs

Average Cost Per Client in CY21: $1,243

Additional Information:

- OhioGuidestone has historically utilized non-Medicaid funding from the ADAMHS Board for clients in Cuyahoga County lacking Medicaid or other insurance coverage, or those who subsequently lose coverage while being treated. OhioGuidestone diligently works with clients to recover their Medicaid coverage so that these funds are used for the shortest duration possible. This program serves Cuyahoga County residents that have significant mental health challenges. Some may need psychiatric treatment. Others may have simultaneous mental health and substance abuse needs. Because barriers to treatment often include transportation, OhioGuidestone will most often provide behavioral health counseling services in a client's home.

OhioGuidestone has a history of working with clients and the ADAMHS Board to assure that Medicaid-eligible clients become enrolled and/or re-enrolled (if lapsed) in the Medicaid system. This agency is an outstanding steward of local dollars and is highly efficient and effective in its billing and collection processes.

Workforce 360°- Faith-Based Services

OhioGuidestone's Workforce 360° offers employment services and supports for individuals ages 18 and older to succeed in professional environments. The department currently operates in five counties, including Cuyahoga. The Workforce 360° model provides job readiness training, occupational skills training, academic remediation, case management services, and wraparound supportive services tailored to meet the needs of each participant to reduce barriers. Staff embedded academic, entrepreneurship, and occupational components into a contextualized employability skills training, which culminates in stackable credentials. These credentials facilitate entry and/or advancement into in-demand opportunities.

Cuyahoga Workforce 360° supplements workforce soft skills and credential training with the Faith-based Services Program. The Faith-based Program offers a deep dive into self-determination, resiliency, soft-skills, self-care, healthy relationships, and internal-regulation capacity. These skills are necessary for successful employment and can prevent and mitigate mental health and substance use disorders.

High quality spiritual care services are provided in a culturally competent and appropriate context. Equity and inclusion are prioritized by ensuring that spiritual care services are equally accessible to participants of any, or no personal faith. Through the Faith-based initiative, OhioGuidestone utilizes spiritual care as a bridge to mental health services and uses both group and individual sessions to promote resiliency, supportive relationships, and healthy coping mechanisms. There is a pre- and post-evaluation to monitor participant progress and comprehension.

Services are evidence-based, and outcomes are measured using the Devereux Adult Resiliency Survey (DARS). While protecting client identity, the DARS captures individual strengths and provides self-reflection in the following areas: relationships, mutual and long-lasting bonds with others, internal beliefs, feelings and thoughts about self and how individuals take action in life, self-initiative, ability to make positive decisions and act upon them, self-control, and how to express feelings. The DARS assessment is based on self-perception of the individual at the time the assessment is taken.

The Community Chaplain collaborates with Workforce 360° staff to provide resources and support in the classroom weekly. The Community Chaplain is also available to support individual clients as needed in situations of crisis, high-emotion, and life decisions.

Target Population:

- Out-of-school youth, ages 18-24, and adults ages 18 and older with a diagnosis of substance use disorder, all residing throughout Cuyahoga County
- Targeted populations will include young adults not attending any school with at least one identified barrier to employment including: disabled, school dropout, youth subject to juvenile or adult justice system, homeless, runaway, foster youth or aged out of foster care, pregnant or parenting, basic skills deficient high school graduate, and/or a low-income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment.
- The other targeted population will include adults ages 18 and older with substance use disorder.
- All socioeconomic categories

Anticipated Number of Clients to be Served: 115

CY23 Program Highlights and Outcomes

Number of Staff Required to Implement Program: 2

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- If there is a staff vacancy during the contract period, the Program Manager and/or OhioGuidestone Workforce 360° staff will step in and continue offering the Faith-based Program to individuals until the position is filled. The Program Manager is kept abreast of the services offered to participants through the Faith-based Program and conducts individual supervision and bi-weekly team meetings with other Workforce 360° staff to review participant progress, contract/outcome performance, modifications to services, and any other updates regarding the program. In addition, the Community Chaplain works closely with the other instructors within the workforce department to deliver services. The Faith-based curriculum and lesson plans are consistent and kept in a shared location for all instructors to utilize and have access to. All program lessons and the pre- and post-DARS assessments can be facilitated by Workforce 360° instructors if needed.

Funding Priority:

- Prevention

Program Goals:

- Enroll 115 individuals in Faith-based services, which include a spiritual care component, spirituality lessons in both group settings and individual spiritual counseling sessions, and support resiliency, healthy relationships, and increased healthy coping skills
- 60% of participants will gain knowledge in healthy relationships
- 60% of participants will gain skills to increase self-worth and enhance internal beliefs and values
- 60% of participants will learn strategies to develop and enhance self-motivation to increase independence
- 60% of participants will learn how to self-regulate and control without the use of substances and negative influences

Program Metrics:

- Number of individuals enrolled in the program and engaging and participating in Faith-based services will meet or exceed 115
- Based on the results from the pre- and post-DARS assessments, 60% of participants will show increased capacity for participants in the area of relationships
- Based on the results from the pre- and post-DARS assessments, 60% of participants will show increased capacity for participants in the area of internal beliefs and values
- Based on the results from the pre- and post-DARS assessments, 60% of participants will show increased capacity for participants in the areas of self-motivation and independence
- Based on the results from the pre- and post-DARS assessments, 60% of participants will show increased capacity for participants in the area of self-control/regulation

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 115

CY23 Program Highlights and Outcomes

- **ADAMHS Funded Unduplicated Clients Served:** 51
- **Total Number of Clients Served:** 51
- **Total Number of Clients that Completed this Program/Service:** 51

Average Cost Per Client: $448.40

Additional Information:

- The goal of the program is to create a bridge to mental health services. During January 1, 2022-June 30, 2022, ten participants received both mental health services and spiritual care services. Forty-one participants received spiritual care services only.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 115
- **ADAMHS Funded Unduplicated Clients Served:** 92
- **Total Number of Clients that were Served:** 92
- **Total Number of Clients that Completed this Program/Service:** 92

Goals Met:

- Enroll 115 participants in services
- Utilize the DARS assessment for all enrolled participants
- 60% of enrolled participants will gain knowledge in healthy relationships
- 60% of enrolled participants will learn skills to increase self-worth to enhance internal beliefs and values
- 60% of enrolled participants will learn strategies to develop and enhance self-motivation to increase independence
- 60% of enrolled participants will learn how to self-regulate and control without the use of substances and negative influences

Metrics Used to Determine Success:

- Based on Enrollment of participants, measured through the pre- and post-DARS survey

Program Successes:

- OhioGuidestone enrolled 92 participants in Faith-based services from January 1, 2021-December 1, 2021
- 58% gained knowledge to develop healthy relationships
- 62% learned skills to increase self-worth to enhance their internal beliefs and values
- 51% learned strategies to develop/enhance self-motivation to increase independence (initiatives)
- 39% learned how to self-regulate without the use of substances and negative influences (self-control)

Average Cost Per Client in CY21: $570.65

Additional Information:

- Although COVID-19 prevented the expected number of enrollments, staff saw engagement in the Faith-based Services provided. Client-facing staff interacted with clients twice a week and were available for one-on-one sessions when requested.

Provider:	**OhioGuidestone**	2021 First Outcome Count:	**92**	2022 First Outcome Count:	**0**
Instrument:	**DARS**	2021 Final Outcome Count:	**62**	2022 Final Outcome Count:	**0**
Program:	**Adult Prevention**	2021 % of Final:	**67.39%**	2022 % of Final:	**0**

The Devereux Adult Resilience Scale (DARS) is a measurement instrument designed by the Devereux Advanced Behavioral Health organization for adults (18+ years). The instrument is utilized to identify an individual's personal strengths in four domains.

Providers currently report aggregated data for programs utilizing the DARS instrument. Results reflect the percentage of individuals for whom there was an increased score from the initial (first) and follow-up (final) instrument administration

Population	Evaluation Year	SubScale	% Who Improved	Significance
Adults (18+ years)	2021	Initiative	50%	Not Significant
Adults (18+ years)	2021	Internal Beliefs	61.96%	Not Significant
Adults (18+ years)	2021	Overall	67.39%	Not Significant
Adults (18+ years)	2021	Relationships	56.52%	Not Significant
Adults (18+ years)	2021	Self Control	36.96%	Not Significant
Adults (18+ years)	2022	Initiative		Not Significant
Adults (18+ years)	2022	Internal Beliefs		Not Significant
Adults (18+ years)	2022	Overall		Not Significant
Adults (18+ years)	2022	Relationships		Not Significant
Adults (18+ years)	2022	Self Control		Not Significant

Provider:	**OhioGuidestone**	2021 First Outcome Count:	**28**	2022 First Outcome Count:	**12**
Instrument:	**e-DECA**	2021 Final Outcome Count:	**28**	2022 Final Outcome Count:	**12**
Program:	**Early Childhood Mental Health**	2021 % of Final:	**100%**	2022 % of Final:	**100%**

The Devereux Early Childhood Assessment (DECA) is a set of assessment instruments designed by the Devereux Advanced Behavioral Health organization for pre-school age children that focuses on identifying key social and emotional strengths. The instruments are tailored to specific age categories and vary in the number of Subscales.

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

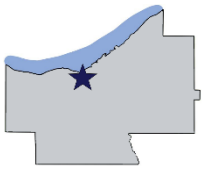
Population	Evaluation Year	SubScale	First Outcome Average	Final Outcome Average	Average Difference	Significance
Infant (1-18 months)	2021	AT- Attachment	52	64	12	Not Significant
Infant (1-18 months)	2021	IN- Initiative	32	52	20	Not Significant
Infant (1-18 months)	2021	TPF- Total Protective Factors	38	58	20	Not Significant
Toddler (18-36 months)	2021	AT- Attachment	40.82	42.65	1.82	Not Significant
Toddler (18-36 months)	2021	IN- Initiative	43.29	47.06	3.76	Not Significant
Toddler (18-36 months)	2021	SC- Self Regulation	38.41	40.71	2.29	Not Significant
Toddler (18-36 months)	2021	TPF- Total Protective Factors	39.88	42.59	2.71	Not Significant
Child (2 - 5 years)	2021	AG- Aggression	57.96	54.04	-3.93	Significant at p<.05
Child (2 - 5 years)	2021	AP- Attention Problems	62.46	59.61	-2.86	Not Significant
Child (2 - 5 years)	2021	AT- Attachment	46.79	52.11	5.32	Significant at p<.05
Child (2 - 5 years)	2021	ECP- Emotional Control Problems	66	62.14	-3.86	Significant at p<.05
Child (2 - 5 years)	2021	IN- Initiative	45.18	48.86	3.68	Significant at p<.05
Child (2 - 5 years)	2021	SC- Self Regulation	41.43	45.86	4.43	Significant at p<.05
Child (2 - 5 years)	2021	TBC- Total Behavioral Concerns	62.64	58.61	-4.04	Significant at p<.05
Child (2 - 5 years)	2021	TPF- Total Protective Factors	42.79	47.64	4.86	Significant at p<.05
Child (2 - 5 years)	2021	WD- Withdrawal/Depression	54.32	51.07	-3.25	Not Significant

Infant (1-18 months)	2022	AT- Attachment				Not Significant
Infant (1-18 months)	2022	IN- Initiative				Not Significant
Toddler (18-36 months)	2022	TPF- Total Protective Factors	35.75	39	3.25	Not Significant
Child (2 - 5 years)	2022	WD- Withdrawal/Depression	55.92	52.17	-3.75	Not Significant
Infant (1-18 months)	2022	TPF- Total Protective Factors				Not Significant
Toddler (18-36 months)	2022	AT- Attachment	37.13	42.75	5.63	Significant at p<.05
Toddler (18-36 months)	2022	IN- Initiative	39.75	42	2.25	Not Significant
Toddler (18-36 months)	2022	SC- Self Regulation	36.13	37	0.88	Not Significant
Child (2 - 5 years)	2022	AG- Aggression	57.58	56	-1.58	Not Significant
Child (2 - 5 years)	2022	AP- Attention Problems	64.25	65.33	1.08	Not Significant
Child (2 - 5 years)	2022	AT- Attachment	46.33	47.92	1.58	Not Significant
Child (2 - 5 years)	2022	ECP- Emotional Control Problems	63.5	63.92	0.42	Not Significant
Child (2 - 5 years)	2022	IN- Initiative	42.42	44.75	2.33	Not Significant
Child (2 - 5 years)	2022	SC- Self Regulation	39.92	42.67	2.75	Not Significant
Child (2 - 5 years)	2022	TBC- Total Behavioral Concerns	64.33	62.75	-1.58	Not Significant
Child (2 - 5 years)	2022	TPF- Total Protective Factors	40.42	42.83	2.42	Not Significant

Focus on Diversity: OhioGuidestone

Program(s): Crisis Beds; Father's Feelings Project; School Based Prevention & Consultation; Treatment for Non-Medicaid Clients; Workforce 360°- Faith-Based Services

Diversity, Equity and Inclusion STRENGTH from program proposal: *OhioGuidestone believes that "the collective sum of the individual differences, life experiences, knowledge, unique capabilities and talent that our employees invest in their work represents a significant part of not only our culture, but our reputation and agency's achievement as well."*

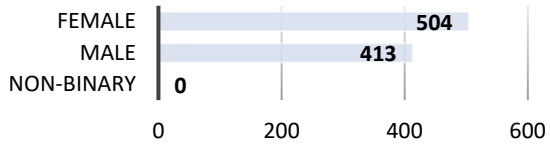


Region: NW

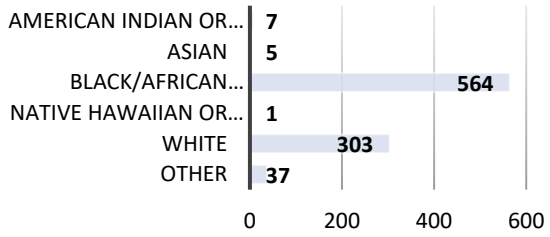
CLIENT DEMOGRAPHICS

2022 – Total Served 11,836 *(the data below reflects 917 clients, and is the most complete info available based on 2022 outcomes reports)*

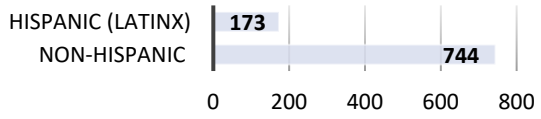
Gender



Race

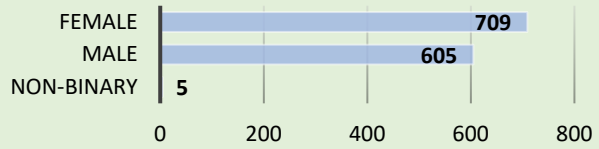


Ethnicity



2023 – Total Projected to be Served 1,320

Gender



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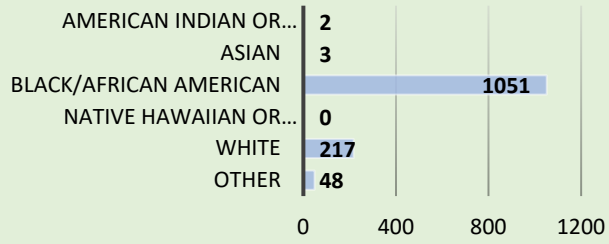
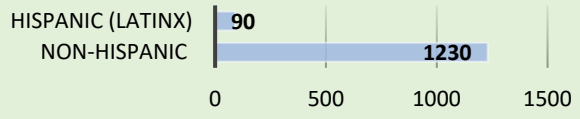
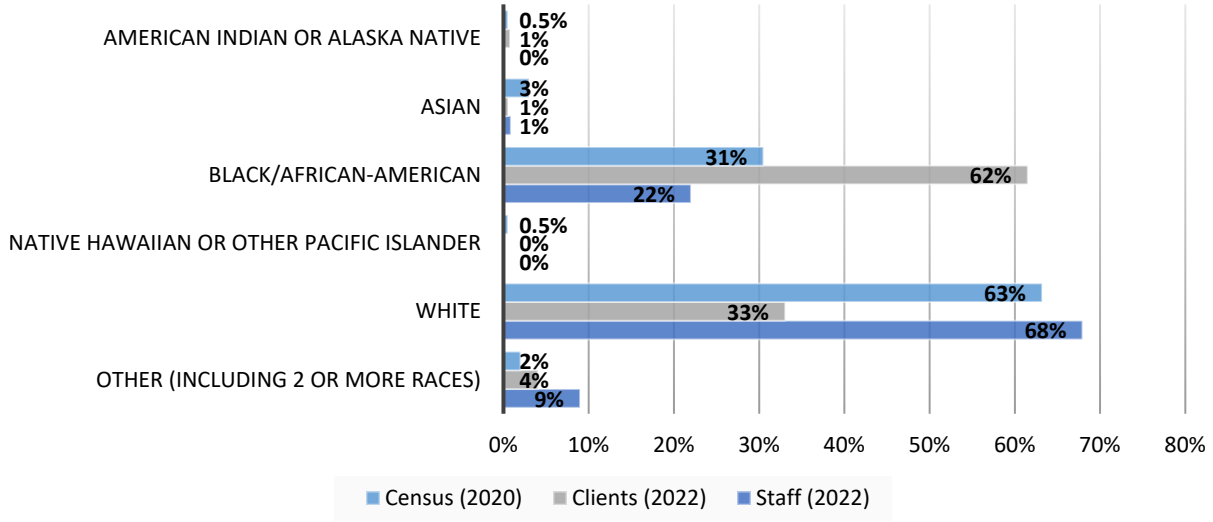


Ethnicity



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%.

Oriana House, Inc.

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Oriana House, Inc.			
Healthy Families	$ 142,000	$ 142,000	Removing Barriers
Total	**$ 142,000**	**$ 142,000**	
Pooled Funding:			
MAT - Vivitrol Injections	$ -	$ -	

CY23 Program Highlights and Outcomes

Oriana House, INC

Oriana House supports an individual's continuous commitment to recovery over the course of his or her life. Its programming sends individuals on a multi-step journey to rehabilitation through their own admission of a problem, abstinence, avoidance of relapse, and a daily dedication to recovery.

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

Healthy Families Build Strong Communities

The Healthy Families Program is an innovative, collaborative endeavor between Oriana House, Inc. (OHI) and FrontLine Service will enhance the assistance to incarcerated fathers, their children, and the custodial parents/caregivers through the addition of the following services: program coordination including bi-weekly program/case meetings, expanded family orientation at the CBCF, co-parenting classes, in-home trauma-informed assessment and intensive case management, increased visitation and communications among all family members, transportation, specialized family reentry services, and wrap-around services as needed addressing basic needs, mental health and substance abuse treatment, etc.

CBCF clients are in the program for four to six months where they are closely monitored, participate in extensive programming, and are subject to routine and random alcohol and drug testing. Their needs are assessed in the following areas substance abuse, education, employment, cognitive skills, and family reunification. Soon after CBCF admission and intake, the OHI Family Development Specialist and the FrontLine Family Development Coordinator will participate in the bi-weekly CBCF orientation for family members and begin recruitment into the program. Once a family is successful engaged, the Intake Assessment Coordinator will meet with the family to complete the basic needs assessment, as well as the Family Assessment Needs and Strengths Trauma Exposure and Adaption tool (FANS-TEA) which will be reviewed with the family. An individualized family reunification plan will be developed to address each family member's unique needs such as a resiliency group for caregivers, linkage to treatment services as FrontLine Service or other agencies, and critical resources in the community needed to stabilize and sustain the family. All expectant fathers and those with children under 18 years of age will participate in an eight-week curriculum on fathering and a MetroHealth Hospital program for expectant fathers at the CBCF. A range of creative, accessible approaches to enhancing communications will be available to connect all family members including in-person visits, book reading audio tapes, video conferencing, depictions of the activities of the incarcerated father and child over a day, etc. Visitation between parents and children will be supported by reliable transportation scheduled and managed by FrontLine Service staff. After the father demonstrates readiness to be in the community to his CBCF caseworker, appointments for job searching, school, 12-step programs, etc., will be verified and approved. Fathers prepare to reenter the community by establishing housing and fiscal responsibility and by enrolling at the North Star Neighborhood Reentry Resource Center for continued aftercare and family reunification.

Target Population:

- Children, parent/caregiver and incarcerated parent sentenced for felony and misdemeanor offenses that enter the McDonnell Center Community Based Correctional Facility (CBCF).
- All Ages, All socioeconomic categories

Anticipated Number of Clients to be Served: 250

Number of Staff Required to Implement Program: 2

CY23 Program Highlights and Outcomes

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- In order to ensure client services are not interrupted due to staff vacancies, the Family Services Supervisor and Family Development Specialist who are funded separately through the United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention will step in to provide coverage to continue client services. Additionally, the in-kind services of case management provided by Oriana House, Inc. case managers at the CBCF, fatherhood programming provided by the Healthy Fathering Collaborative at the CBCF and the reentry services provided at the North Star Neighborhood Reentry Resource Center will all work in conjunction to fill any gaps in programming due to staff vacancies.

Funding Priority:

- Crisis Services

Program Goals:

- Implement regular and meaningful activities to strengthen the relationships between incarcerated fathers and their children
- Reduce the incarcerated father's behavioral infractions during incarceration and recidivism post-release
- Provide assistance to children of incarcerated father and the custodial parent/caregiver to achieve a more stable and healthier situation

Program Metrics:

- Number of contacts between incarcerated father and child through in-person visits, writing, video conferencing, audio recordings, community activities etc.
- Number of sessions attended on healthy fathering, number of behavioral infractions while in the CBCF, and number of new incarcerations after release to the community
- Number of in-home assessments and case plans, number of services receiving/participating in, number of successful completions of case plans

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 375
- **ADAMHS Funded Unduplicated Clients Served:** 345
- **Total Number of Clients Served:** 345
- **Total Number of Clients that Completed this Program/Service:** 85

Average Cost Per Client: $194.40

Additional Information:

- Staff are diligently working towards achieving goals and overcoming barriers. Frequent meetings are held with partners to continue to work towards serving clients to the best of the staff's ability.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 375

CY23 Program Highlights and Outcomes

- **ADAMHS Funded Unduplicated Clients Served:** 331
- **Total Number of Clients that were Served:** 331
- **Total Number of Clients that Completed this Program/Service:** 89

Goals Met:

- Provide Child Safe Visitation Options in person or zoom. Provide ongoing parenting programming for fathers through FrontLine and Oriana House. Provide ongoing activities for parents and children. Increase parenting and coping skills for fathers.

Metrics Used to Determine Success:

- Evaluation Forms, number served, attendance sheets, activities schedule, and Quality Assurance forms. Reduce recidivism in fathers, improve behavioral health, and in-house violations.

Program Successes:

- Utilized zoom technologies to assist with COVID protocols limiting in-person visitation for most of the year. Staff were able to begin fieldtrips and craft nights at the end of 2021. Fathers participated in parenting programming, focus groups were resumed for children/caregivers. Both were able to participate in zoom visits and fieldtrips based on availability. Continued to offer options of art nights, zoom, better together events, orientations, field trips. Staff has no record of new incarcerations after release.

Average Cost Per Client in CY21: $136

Additional Information:

- The needs of children of incarcerated parents and their family members are complex and differ between families. Creating a streamline process between all programs involved has assisted in increasing client participation. With a quicker assessment turn around, staff can engage family members quicker. COVID-19 hindered a lot of face-to-face interactions, but staff were able to utilize other technological resources to link families (zoom visitations). In the middle of the year, staff was able to begin to incorporate in-person art nights, field trips, and events with the father, caregiver, and children.

Medication Assisted Treatment (MAT) - Vivitrol Injections

OHI is proposing to expand the current MAT program from just Injectable Naltrexone (Vivitrol) to include Buprenorphine and Injectable Buprenorphine (Sublocade). The CBCF Clinical Coordinator or designee will ensure that clients diagnosed with an opioid use disorder are given specific and targeted education on the benefits of receiving MAT. They will be the contact person for questions or concerns prior to beginning MAT. In addition to receiving MAT services, clients are also involved in substance use disorder (SUD) treatment while incarcerated at the CBCF. Group and individual sessions are available to each client. In addition to the mentioned clinical services that target each client's behavioral health needs, all clients have access to cognitive skills programming that targets their criminogenic needs. This approach allows for an opportunity for clients to make change in the areas of their lives that require change. Employment and education services are also available as needed on a referral basis. Upon release from CBCF, clients are referred to the Rigel Recovery Services program to continue with MAT and SUD services. While incarcerated, funding is required to pay for MAT medication, associated lab work and staff time. Prior to release, the CBCF Clinical Coordinator or designee assists each client in obtaining Medicaid so that ongoing payment for the medication is possible while in the community. Every client is engaged in a discussion with both treatment and medical staff about the benefits of MAT.

CY23 Program Highlights and Outcomes

Target Population:

- The clients who will receive this service are males who are incarcerated at the McDonnell Center, a Community Based Correctional Facility (CBCF) located in Cuyahoga County. Those clients who are diagnosed with an opioid use disorder will qualify for the use of MAT, which the agency proposes to expand from just Injectable Naltrexone (Vivitrol) to also include Buprenorphine and Injectable Buprenorphine (Sublocade). Clients admitted have been sentenced to the CBCF by a Cuyahoga County Common Pleas judge because of a felony conviction. Male clients could range in age from 18-99 and they can remain in the CBCF for up to 180 days. Currently, this population does not have access to Ohio Medicaid due to their incarcerated status, and therefore, this creates a barrier to seeking MAT in the community. Having access to this funding will allow for not only medication assisted treatment (currently just Vivitrol) but to any form of MAT that is appropriate for their individual needs.

Anticipated Number of Clients to be Served: 75

Number of Staff Required to Implement Program: 1

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- There are two LPNs located at the CBCF and both are trained and equipped to provide the Vivitrol and Sublocade injections if the one position is vacant. Additionally, OHI provides outpatient treatment services including MAT at its Rigel Recovery Services location in Cleveland, Ohio. The Rigel Recovery Certified Nurse Practitioner would also be available on a limited basis to deliver the clients' Vivitrol and Sublocade injections while they are at the CBCF.

Funding Priority:

- Treatment Services – Pooled Funding

Program Goals:

- Clients will reduce positive opiate drug screens during their CBCF placement
- Clients will maintain engagement for four months after successful release from CBCF
- The MAT program will reduce positive opiate drug screens during four months of the community treatment phase

Program Metrics:

- Number of negative opiate drug screens while at CBCF
- Number of clients who maintain engagement for four months after successful release from CBCF
- Number of negative opiate drug screens after successful release from CBCF

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 75
- **ADAMHS Funded Unduplicated Clients Served:** 4
- **Total Number of Clients Served:** 4
- **Total Number of Clients that Completed this Program/Service:** 4

Average Cost Per Client: $1,176.55

CY23 Program Highlights and Outcomes

Additional Information:

- Clients will have access to more forms of MAT to ensure the medication chosen for them is the most appropriate for their level of need. Clients who may not be successful on one form may have the opportunity to try another. Staff will now be able to accept clients from the Cuyahoga County Jail who are on Buprenorphine or Sublocade.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 75
- **ADAMHS Funded Unduplicated Clients Served:** 9
- **Total Number of Clients that were Served:** 9
- **Total Number of Clients that Completed this Program/Service:** 6

Goals Met:

- Clients will continue to reduce positive opiate drug screens during their CBCF placement
- Clients will increase community engagement for four months after successful discharge with Vivitrol services
- The Vivitrol program will reduce positive opiate drug screens during the community treatment phase

Metrics Used to Determine Success:

- Urine Drug Screen Tracking Report and Excel Tracking

Program Successes:

- All clients engaged in MAT services submitted negative drug testing for opiates during their CBCF placement
- Out of 2,391 UDS collected, two were positive for opiates for the year 2021
- All clients were linked to Metro upon release for MAT services, follow up was not available due to linkage with community provider

Average Cost Per Client in CY21: $3,175

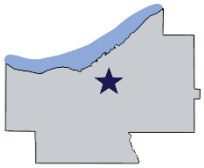
Additional Information:

- Although some clients elect not to engage in services through Rigel Recovery Services at release, clients are linked with appointments for treatment follow-up and community resources to assist with ongoing sobriety goals. The Clients' supervising officers are also given the appointment information to assist with encouraging clients to continue engagement at the time of release from CBCF.

Focus on Diversity: Oriana House, Inc

Program(s): Healthy Families Build Strong Communities; Medication Assisted Treatment (MAT) - Vivitrol Injections

Diversity, Equity and Inclusion STRENGTH from program proposal:
The agency included a statement of racial inequality that says, in part, "we acknowledge and share the frustration and pain being felt across our country and in our own communities resulting from racial inequality…We support the call to respond to the discrimination, inequity and injustices…."

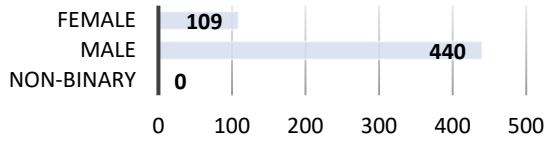


Region: Central

CLIENT DEMOGRAPHICS

2022 – Total Served 549

Gender



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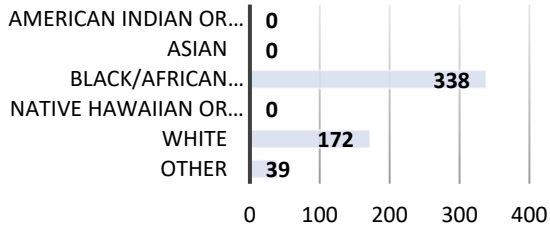
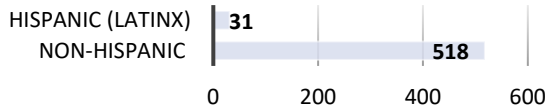
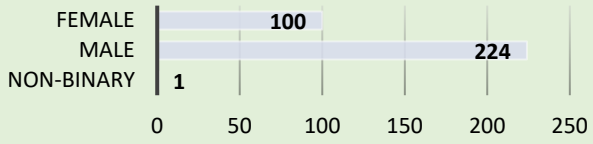


Ethnicity



2023 – Total Projected to be Served 325

Gender



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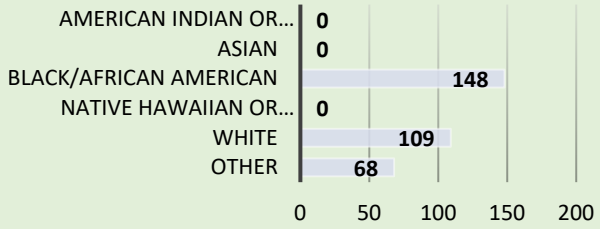
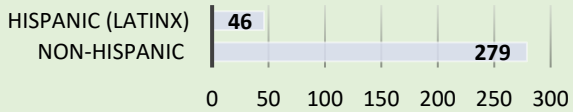
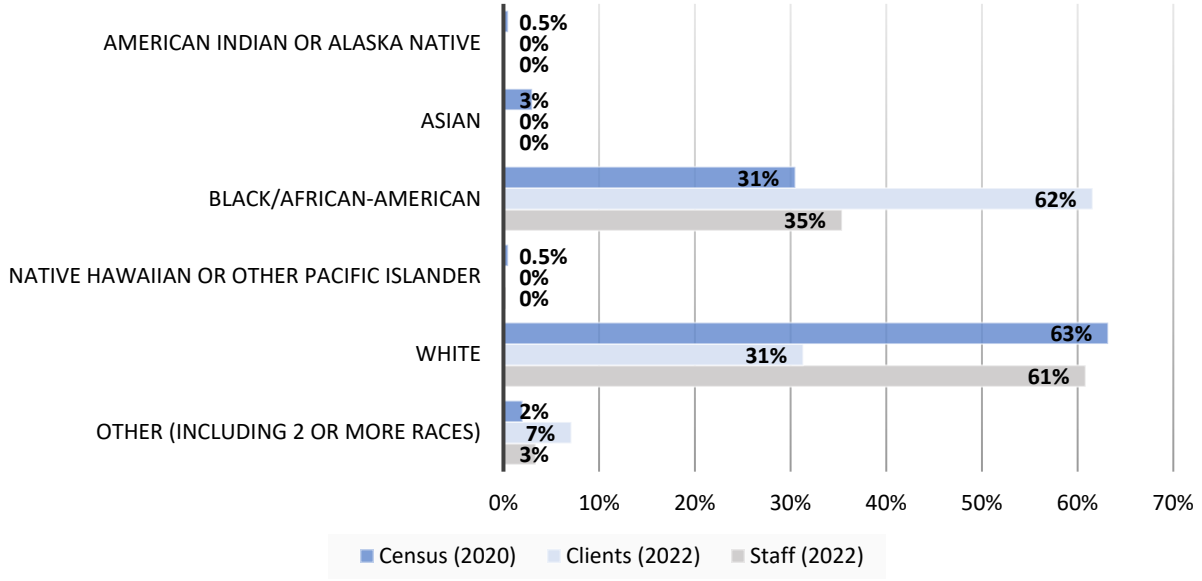


Ethnicity



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%.

People, Places, and Dreams

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
People, Places, and Dreams			
LGBTQ Recovery Housing	$ 100,000	$ 200,000	Housing
Total	**$ 100,000**	**$ 200,000**	

CY23 Program Highlights and Outcomes

People, Places, and Dreams

People, Places and Dreams (PPD) provides Peer Supportive Services, Recovery Housing, Substance Use Disorder Treatment and Gambling Addictions Treatment.

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

Women, Men, and LGBTQ Recovery Housing

Recovery Housing is a sober, safe, and healthy living environment that promotes recovery from alcohol and other drug use and associated problems. Individuals build resources while living in a recovery house that will continue to support their recovery as they transition to living independently and productively in the community. The strength of PPD's recovery-focused housing is its ability to provide ongoing peer support while promoting sobriety in a natural home environment. PPD's mission is to collaborate with local housing authorities to find recovery housing participants permanent housing.

PPD operates recovery housing for men, women and non-binary at six sites for a total of 66 beds. These houses are dedicated as follows: one for men, one for women, two for LGBTQ, and one for PHP (specializing in mental health stabilization).

PPD is minority owned and operated organization that focuses on increasing access to treatment and recovery supports for African American, Hispanic/Latino American, LGBTQ+, and other minority communities in Cuyahoga County. PPD believes in the implementation or support of a continuum of care, including evidence-based and or research-based treatment and recovery supports provided by culturally competent staff for African American and Hispanic/Latino American women and LGBTQ+ communities. PPD is made up of diverse staff who use their shared experience of recovery from mental illness and/or addiction, plus skills learned in formal training (certifications), to deliver peer support services to individuals diagnosed with opioid use disorder (OUD), including perinatal women or to individuals with a history of opioid overdoses. PPD recruits and trains peer support specialist and case managers from AA, Hispanic and LGBTQ+ communities to enhance their ability to function as culturally sensitive peer supporters and case managers.

Critical services offered at each of these sites include: 24-hours-per-day support and encouragement, access to ongoing clinical services and support, connection to Peer Recovery Support, connection to Mental health and SUD outpatient support, video surveillance for incoming and outgoing awareness, assigned licensed program supervisor, including all-night monitoring by a licensed professional (either Certified Peer Support Supervisor or CDCA), connection to IOP/Group support and house daily meetings, AA/NA meeting encouragement, random and frequent urine screening, assess to a gym and healthy eating encouragement, peer transportation to and from appointments, MAT appointments, and community activities. Our goal is to provide a safe and stable environment to remain clean and sober.

Target Population:

- PPD also prides itself on focusing access to its service to a variety of marginalized/vulnerable populations that have difficulty finding services through other agencies including Individuals with co-occurring SUD and mental health disorders, chronically homeless individuals, Individuals coming out of the Diversion Center, detox facilities or mental health/SUD related hospitalizations and individuals who experience chronic relapse issues.
- PPD also specializes in providing Recovery Housing for vulnerable populations including chronically homeless individuals, Transgender individuals and LGBTQ+ individuals who usually land in the shelter after treatment in Cuyahoga County, individuals with MAT, including Methadone, which is barred from most recovery homes.

- Adult ages 26-64
- Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 264

Number of Staff Required to Implement Program: 11

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- PPD's CEO and Clinical Director are both capable of providing all the agencies training classes and conducting groups, as well as receiving back-up from the Director of Peer Support Services. To support that cross-training, PPD also employs a core staff of five independently licensed social workers and professional counselors. As an organization, PPD maintains a staff depth and flexibility that results from its unique approach to training across multiple functions. PPD is in the process of hiring additional case managers and Certified Peer Supporters to manage its continued and projected growth.

Funding Priority:

- High Quality Housing

Program Goals:

- Provide safe, secure, and supportive recovery housing to 264 of individuals in CY23
- Provide affordable recovery housing to 264 of individuals in CY23
- Provide mental health and substance use outpatient support to 264 in CY23
- Provide peer support to all individuals in PPD recovery housing in CY23
- Increase recovery housing opportunities for individuals who are using Methadone as MAT by 56 individuals

Program Metrics:

- The number of individuals who receive safe, secure, and supportive recovery housing at PPD
- The number of individuals who receive affordable recovery housing at PPD
- The number of individuals receiving mental health and substance abuse support at PPD
- The number of individuals receiving peer support in PPD recovery housing
- The number of individuals receiving recovery housing opportunities for individuals who are using Methadone as MAT

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 34
- **ADAMHS Funded Unduplicated Clients Served:** 34
- **Total Number of Clients Served:** 122
- **Total Number of Clients that Completed this Program/Service:** 4

Average Cost Per Client: $6,000

CY23 Program Highlights and Outcomes

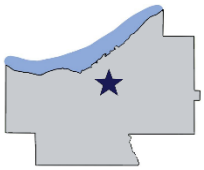
Additional Information:

- Staff are very excited about the direction of the agency's recovery housing and the client satisfaction. PPD have had over 122 clients enter the facility, staying an average of 90 days, and completing their intensive outpatient (IOP) treatment. Staff have had the LGBTQ community embrace the agency's kind of treatment, support, recovery, and encouragement, while discovering PPD is an alternative to the other LGBTQ recovery system. Clients have expressed relief in feeling like they are "home," in safe and supportive, culturally appropriate housing. One client stated "I sat on the porch, and it was so peaceful. I heard the rain hit the leaves. I have never heard that before or paid attention to it." It is statements like that that drive staff to continue to grow and open more housing to marginalized individuals. PPD had a barrier of trying to figure out how to isolate the Cuyahoga County residents from other counties with needs, but now understand the process for screening. Staff are excited to have a total of six houses for the rest of the year and in 2023.

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

Focus on Diversity: People, Places, and Dreams

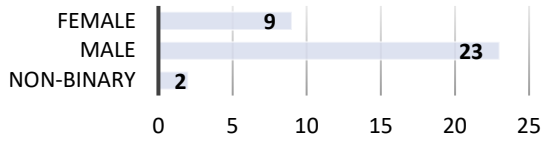
Program(s): Women, Men, and LGBTQ Recovery Housing

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: Central

CLIENT DEMOGRAPHICS

2022 – Total Served 122 *(the data below reflects 34 clients, and is the most complete information available based on 2022 outcomes reports)*

Gender



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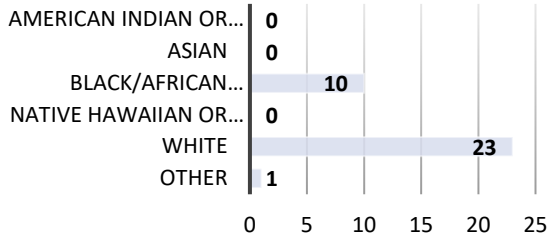
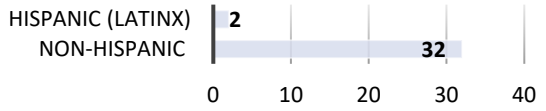
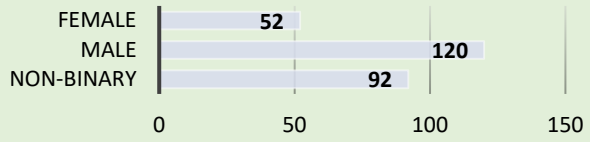


Ethnicity



2023 – Total Projected to be Served 264

Gender



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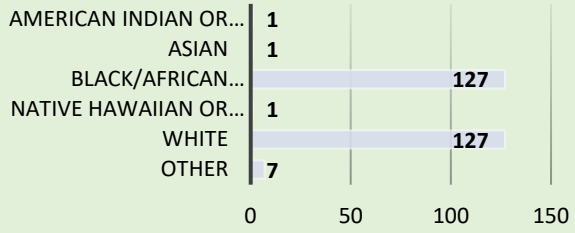

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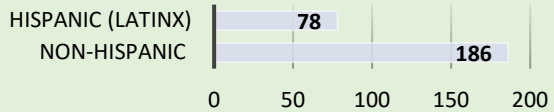
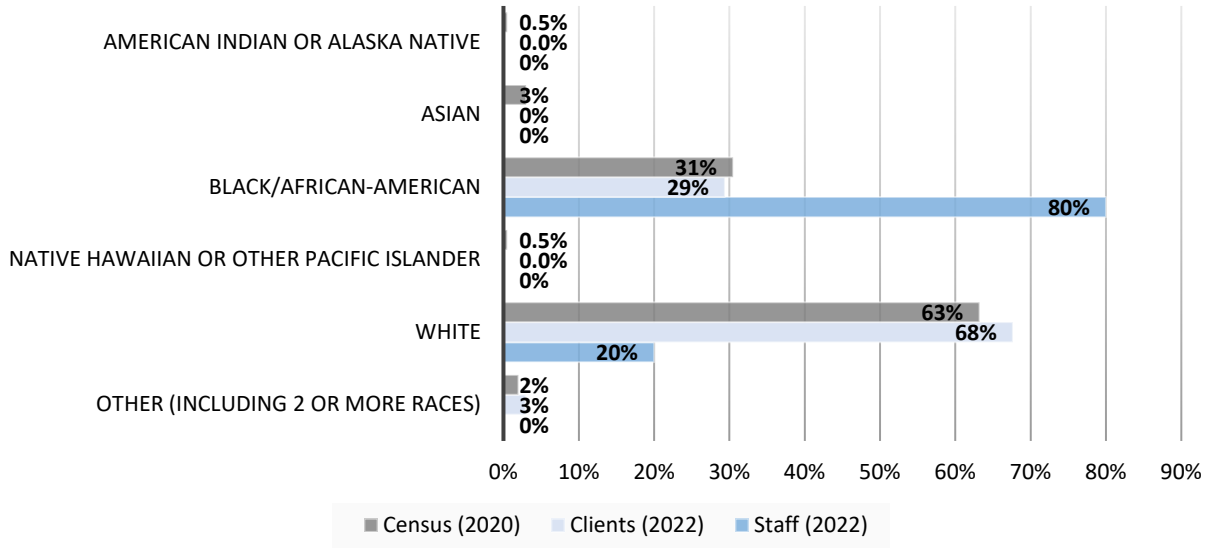


COMPARISON OF RACE DATA BY %: Cuyahoga County Census (2020), Clients (2022), Staff (2022)



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

Positive Education Program (PEP)

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Positive Education Program (PEP)			
Early Childhood Mental Health**	$ -	$ -	Prevention
MH Children's WRAP	$ 603,000	$ -	
Total	**$ 603,000**	**$ -**	
Pooled Funding:			
PEP Connections	$ -	n/a	

**** ECMH Providers Pooled Funding**

Provider:	**Positive Education Program**	2021 First Outcome Count:	**4**	2022 First Outcome Count:	**2**
Instrument:	**e-DECA**	2021 Final Outcome Count:	**4**	2022 Final Outcome Count:	**2**
Program:	**Early Childhood Mental Health**	2021 % of Final:	**100%**	2022 % of Final:	**100%**

The Devereux Early Childhood Assessment (DECA) is a set of assessment instruments designed by the Devereux Advanced Behavioral Health organization for pre-school age children that focuses on identifying key social and emotional strengths. The instruments are tailored to specific age categories and vary in the number of Subscales.

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

Population	Evaluation Year	SubScale	First Outcome Average	Final Outcome Average	Average Difference	Significance
Infant (1-18 months)	2021	AT- Attachment				Not Significant
Infant (1-18 months)	2021	IN- Initiative				Not Significant
Infant (1-18 months)	2021	TPF- Total Protective Factors				Not Significant
Toddler (18-36 months)	2021	AT- Attachment				Not Significant
Toddler (18-36 months)	2021	IN- Initiative				Not Significant
Toddler (18-36 months)	2021	SC- Self Regulation				Not Significant
Toddler (18-36 months)	2021	TPF- Total Protective Factors				Not Significant
Child (2 - 5 years)	2021	AG- Aggression	52.25	45.5	-6.75	Not Significant
Child (2 - 5 years)	2021	AP- Attention Problems	65.5	58	-7.5	Not Significant
Child (2 - 5 years)	2021	AT- Attachment	44.25	49.25	5	Not Significant
Child (2 - 5 years)	2021	ECP- Emotional Control Problems	62.75	53.25	-9.5	Not Significant
Child (2 - 5 years)	2021	IN- Initiative	46	50.75	4.75	Not Significant
Child (2 - 5 years)	2021	SC- Self Regulation	45.5	51	5.5	Not Significant
Child (2 - 5 years)	2021	TBC- Total Behavioral Concerns	62.5	49.75	-12.75	Not Significant
Child (2 - 5 years)	2021	TPF- Total Protective Factors	44.5	50	5.5	Not Significant
Child (2 - 5 years)	2021	WD- Withdrawal/Depression	62	48.25	-13.75	Not Significant

Infant (1-18 months)	2022	AT- Attachment				Not Significant
Infant (1-18 months)	2022	IN- Initiative				Not Significant
Toddler (18-36 months)	2022	TPF- Total Protective Factors				Not Significant
Infant (1-18 months)	2022	TPF- Total Protective Factors				Not Significant
Toddler (18-36 months)	2022	AT- Attachment				Not Significant
Toddler (18-36 months)	2022	IN- Initiative				Not Significant
Toddler (18-36 months)	2022	SC- Self Regulation				Not Significant
Child (2 - 5 years)	2022	AG- Aggression	72	72		Not Significant
Child (2 - 5 years)	2022	AP- Attention Problems	72	70.5	-1.5	Not Significant
Child (2 - 5 years)	2022	AT- Attachment	34	39.5	5.5	Not Significant
Child (2 - 5 years)	2022	ECP- Emotional Control Problems	72	70.5	-1.5	Not Significant
Child (2 - 5 years)	2022	IN- Initiative	51	36	-15	Not Significant
Child (2 - 5 years)	2022	SC- Self Regulation	32	34	2	Not Significant
Child (2 - 5 years)	2022	TBC- Total Behavioral Concerns	72	72		Not Significant
Child (2 - 5 years)	2022	TPF- Total Protective Factors	37.5	33	-4.5	Not Significant
Child (2 - 5 years)	2022	WD- Withdrawal/Depression	69.5	67.5	-2	Not Significant

Project LIFT Behavioral Health Services

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Project LIFT Behavioral Health Services			
Get LIFTED	$ 116,074	$ 116,074	Prevention
Total	**$ 116,074**	**$ 116,074**	

CY23 Program Highlights and Outcomes

Project LIFT Behavioral Health Services

Project LIFT is dedicated to improving the lives of at-risk teens and their families through treatment of substance use disorders, mental health counseling, mentoring and vocational skills training.

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

Get LIFTED

The Get LIFTED Program includes 12 sessions facilitated over six weeks, with two group sessions per week. Each session is 60-90 minutes. The goal is to facilitate two cohorts simultaneously. This is an open group to allow youth to make up sessions as necessary and begin at the time of the referral. Each group will host between 8-10 youth. The program will serve 64-80 youth over the course of one year. In addition to the group sessions, the participants will receive individual coaching and support to assist with obtaining their state ID/driver's license, obtaining their GED, and applying for Medicaid and SNAP benefits.

Youth will receive education to develop life skills and emotional regulation tools to address the impact of isolation on their mental health, as well as healthy community engagement opportunities which will include volunteerism, social programming, as well as self-empowerment training to promote sustainable independence. While this is not a treatment program for mental health, all youth will complete a behavioral health screening and will be provided options for treatment, if appropriate.

The other aspect of the agency's programming is related to advocacy with adult males, ages 18 and older. Project LIFT Services has a partnership with Cuyahoga Hills Juvenile Correctional Facility to provide transitional services to young men discharging and aging out. Cuyahoga County represents 26% of the total ODYS population, and most of those youth are returning to Cleveland with limited education and support, coupled with a higher risk for homelessness, mental health crisis, and reoffending. The agency wants to increase services to those youth to disrupt the cycle of release-offend-reincarceration, by providing services as they prepare for discharge.

Black males are more likely to be referred to discipline and confinement than diversion and treatment. Part of this is due to the limited research on Black male expressions of mental health and distress symptoms. More often than not, their anxiety and agitation is read as aggression and hostility, reducing the chances of behavioral health intervention or supports. The agency believe prioritizing Black male wellness will not only impact their individual lives, but the lives of their families, their community, and their future children. Project LIFT Services will work with youth attending alternative schools, who have a history of violence and instability, and do not have access to behavioral health or prevention programming.

The agency created a respected presence in the community, where teen and young adults reach us through barbershop partners. The agency will continue to host monthly Wellness Pop Ups. During these community educational forums, staff provides information about physical and mental health, distribute resource directories, and complete onsite behavioral health and pardon project screenings. This is a means of engaging individuals who would greatly benefit from services in a relaxed and neutral setting.

Target Population:

- Black males, ages 13-19, as they have the highest risk levels for exposure to violence, substance use, premature parenting, incarceration, death by homicide and suicide, HIV, poor education outcomes, and mental health instability.

- Project LIFT also established a partnership with University Hospitals and Dr. Edward Barksdale of the Antifragility Initiative. The Antifragility Initiative is a hospital-based violence intervention program for teens shot and/or assaulted in the Cleveland area. It is designed as an intervention at the most vulnerable moment for victims of violence. Project LIFT Services facilitates the trauma recovery group "Beyond the Moment" for Black males ages 13-15.
- Children ages 13-19, 100-199% of the federal poverty level

Anticipated Number of Clients to be Served: 300

Number of Staff Required to Implement Program: 3

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- As a small nonprofit, Project LIFT have been able to meet the needs of clients by cross training all staff. All employers are doing their best to manage issues impacting the hiring process. At the beginning of this year, the agency hired a staff who did not work out and quickly pivoted and reassigned a different staff person who was qualified, because she had received the training and was near completion of her prevention specialist certification. There are several social work interns who will be trained to provide services to reduce the potential for gaps in services. The program administrator is also open to step in and provide services, as she has done this year, when the agency was unable to hire a full-time coordinator.

Funding Priority:

- Prevention

Program Goals:

- Provide adult readiness and emotional regulation programming to youth ages 14-24 who are at-risk of housing instability, emotional/behavioral disturbances, or contracting HIV/AIDS to increase their capacity and knowledge for a successful transition into independence.
- Participants will reduce risk factors related to poor health determinants by understanding the key components to nutrition, preventive medical care, mental health wellness, completing HIV/AIDS education, as well as accessing wellness supports for problem-solving.
- Participants will engage in social events in partnership with First Tee, to support healthy socialization, while promoting the practice of emotional regulation and communication skills.
- Develop and maintain partnerships with local barbershops, providing outreach and educational workshops on mental health, wellness, pardon project application process, and community resources.

Program Metrics:

- Partnership and youth self-report of progress towards goals, number attending weekly groups, number of referrals made for community linkage, and the number of youth completing the program.
- Youth will complete a pre- and post-program survey to assess changes in what they have learned and their capacity to utilize the information.
- Participant and First Tee staff self-reports will be utilized to assess their ability to utilize the skills learned in group. The agency will also request parents/caregivers complete a report of observed changes in their youth's behavior.

CY23 Program Highlights and Outcomes

- Barbershop self-report and tracking the number of referrals for community services, pardon applications, and number in attending monthly workshops.

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 120
- **ADAMHS Funded Unduplicated Clients Served:** 154
- **Total Number of Clients Served:** 174
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: $309.86

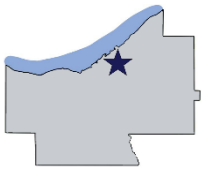
Additional Information: N/A

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

Focus on Diversity: Project LIFT Behavioral Health Services

Program(s): Get LIFTED

Diversity, Equity and Inclusion STRENGTH from program proposal:
The agency states that they are "committed to creating an environment that is culturally inclusive and responsive by ensuring our policies, leadership, services, and community engagement are reflective of the needs, identity expressions, and practices of our clients." The program serves Black males, ages 13 to 19.

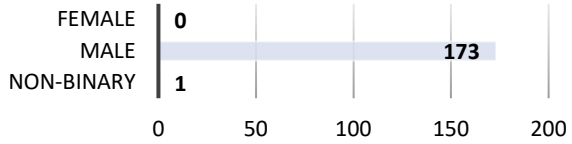


Region: NE

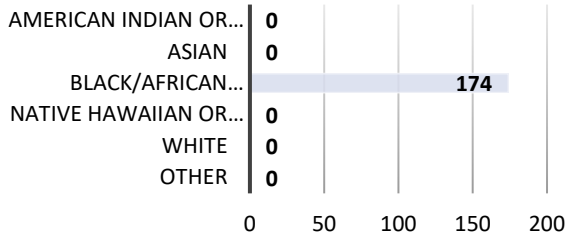
CLIENT DEMOGRAPHICS

2022 – Total Served 174

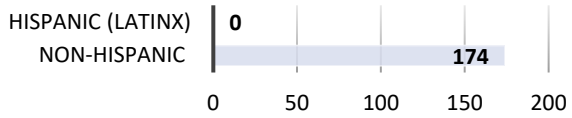
Gender



Race

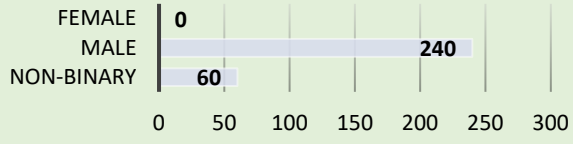


Ethnicity



2023 – Total Projected to be Served 300

Gender



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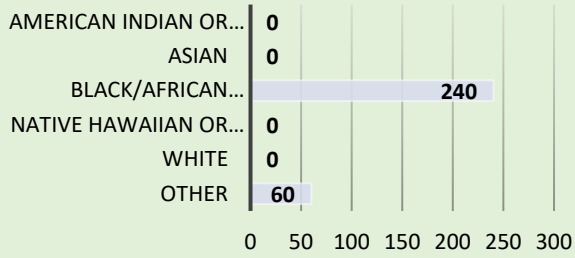
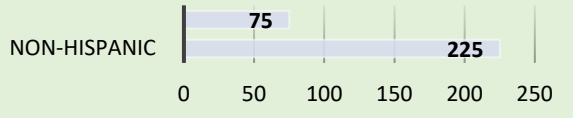
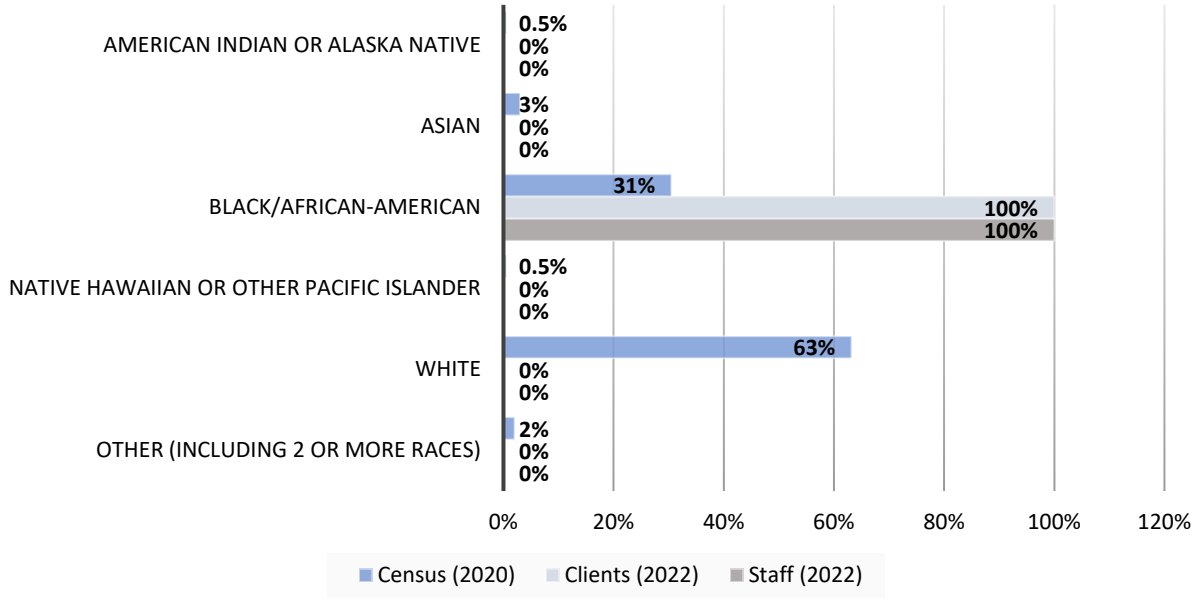


Ethnicity



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%.

Providence House, Inc.

CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Providence House, Inc.			
Children's Shelter	$ 50,000	$ 100,000	Removing Barriers
Total	**$ 50,000**	**$ 100,000**	

CY23 Program Highlights and Outcomes

Providence House, Inc.

Providence House is Ohio's first and one of the nation's longest operating crisis nurseries.

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

Children's Shelter to Support Parents Receiving Mental Health and Substance Abuse Treatment

One of the barriers that parents and guardians who are seeking treatment for mental health or addiction may face is securing reliable care for their child(ren). When a parent knows that their child(ren) are safely cared for in a loving environment, they can focus on their own recovery and wellbeing. Unfortunately, not every parent or guardian has a family or friend support network or can obtain services from a parent/child treatment program. With support from Providence House, that barrier can be removed.

Funding from the ADAMHS Board supports families seeking inpatient treatment for mental health and substance use disorders, outpatient treatment for mental health and substance use disorders, and respite services for sobriety and mental health maintenance. While parents or guardians obtain these vital services, their child(ren) will receive emergency shelter in a trauma-informed setting and individualized, loving care. Trained childcare staff provide direct care while reinforcing attachment and enhancing developmental, social-emotional, and educational milestone achievements. During their stays at Providence House, children participate in daily curriculum and activities to strengthen social and emotional competence.

While children ages newborn to 12-years-old stay at Providence House, parents and guardians receive case management services with a Licensed Social Worker and participate in the voluntary 12-month Aftercare Program upon reuniting with their child(ren). In the Aftercare Program, parents and guardians receive continued case management and referral support, while also building a peer support network, attending group education sessions, and receiving basic need items.

The combination of family preservation services, parent education, direct care, and service referrals has helped 99% of families reunite after engaging with services at Providence House over the last five years. Beyond discharge, families are stronger and more self-sufficient with a 73% increase in employment, 33% increase in income, and a 16% increase in families living in their own house or apartment. These successful outcomes serve as protective factors for families as they seek to achieve long-term family health, stability, and success.

In response to COVID-19, staff adapted some of its parent/guardian-focused services to virtual formats. Moving to these virtual platforms helped families who have difficulty making on-site visits or are receiving inpatient mental health and/or substance use treatment overcome many transportation and logistical barriers to accessing support and family preservation services. A virtual or hybrid delivery model ensures that clients do not have to delay receiving family preservation services.

Target Population:

- The children and infants cared for at Providence House are aged newborn to 12 years of age and primarily from economically disadvantaged families in approximately 30 zip codes throughout Greater Cleveland. They often face a range of compounded crises that place them at risk of abuse or neglect.
- Last year, over 90% of clients were single female headed households of color and 88% of the children and parents and guardians served have self-disclosed a history of involvement with the child welfare system.

- Children ages 0-17, Less than 100% of the federal poverty level

Anticipated Number of Clients to be Served: 60

Number of Staff Required to Implement Program: 40

Steps to Ensure Program Continuity if Staff Vacancies Occur:

- The Nursery Operations Manager oversees the daily management and preparation of all staff schedules to ensure that we meet required staff to child ratios during any vacancies or PTO. The Nursery Operations Manager also oversees that the children's curriculum, daily activities, and care policies are consistently followed by each staff provider. This ensures consistency across programs and services so that each child receives the highest level of care and that all of their individual needs are attended to for the entirety of their stay at Providence House by all childcare providers.
- Each daily childcare shift has a Shift Supervisor who, in addition to providing daily care for the children, is also responsible for coordinating all shift responsibilities for childcare staff and volunteers, including staff management, administrative tasks, and childcare provider support. Shift Supervisors also administer and document medication, review all critical incident reports, make the shift schedules, and supervise the childcare providers on their team. In addition, five on-call childcare workers fill in on shifts where there is an opening, and a staff person is needed to maintain mandated ratios of one staff for every five children.
- The Clinical Team consists of five Licensed Social Workers. Each is assigned families based on clinical expertise and experience related to the level of family crisis. The team meets regularly and is cross trained to accommodate any short or long-term coverage in the event of a vacancy or absence to ensure uninterrupted support for family case management and preservation services.

Funding Priority:

- Removing Barriers

Program Goals:

- Families will reunite after using Providence House services
- Families will be fully engaged in services
- Parents/guardians will strongly agree their children's daily care and medical needs were provided for while staying at Providence House
- Families who need additional services will receive a referral
- Eligible families will enroll in Aftercare

Program Metrics:

- 80% of families will reunite after utilizing Providence House services
- 80% of families will be fully engaged in services
- 90% of parents/guardians will agree or strongly agree their children's daily care and medical needs were provided for while staying at Providence House
- 90% of families who need additional services will receive a referral
- 80% of eligible families will enroll in Aftercare

CY23 Program Highlights and Outcomes

First Six Months of CY22 Provider Outcomes:

Highlights:

- **Number of Clients that were Anticipated to be Served:** 50
- **ADAMHS Funded Unduplicated Clients Served:** 9
- **Total Number of Clients Served:** 130
- **Total Number of Clients that Completed this Program/Service:** 9

Average Cost Per Client: $2,893.53

Additional Information:

- Providence House completes outreach appointments quarterly to about six agencies to share about services and highlighting the support that the agency can offer to the recovery community. Providence House has also presented to the ADAMHS Board and to the Trauma Collaborative.

CY21 Provider Outcomes

Highlights:

- **Number of Clients that were Anticipated to be Served:** 30
- **ADAMHS Funded Unduplicated Clients Served:** 21
- **Total Number of Clients that were Served:** 222
- **Total Number of Clients that Completed this Program/Service:** 220

Goals Met:

- 90% of parents/guardians agree or strongly agree that their child's basic needs and care were provided for while sheltered
- 90% of discharged children were successfully linked with services and supports, if needed
- 90% of children discharged were reunited with their parent or guardian
- 90% of eligible families enrolled in the voluntary Aftercare Program

Metrics Used to Determine Success:

- Excel Databases for tracking discharge satisfaction scores and tracking referral linkages per child and/or family
- Access database to track reunification status of children between intake and discharge points of contact
- Pre- and post-test survey questions tracked in Excel Database
- Access tracking enrollment rates in Aftercare

Program Successes:

- 100% of children's basic needs and care were provided for as reported by parent/guardian
- 100% of children were connected with a partner agency for supports and services following discharge as reported by parent/guardian
- 100% of children served and funded by the ADAMHS Board for emergency shelter were reunited with their admitting parent/guardian
- 29% of parents/guardians reported that their stability improved; 71% said their stability stayed the same

CY23 Program Highlights and Outcomes

- 100% of parents/guardians enrolled in Aftercare (all seven families)

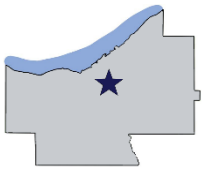
Average Cost Per Client in CY21: $2,031.68

Additional Information:

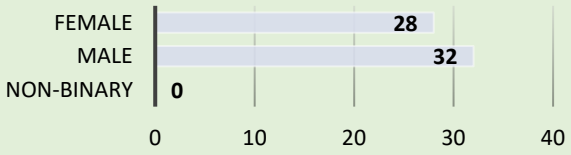
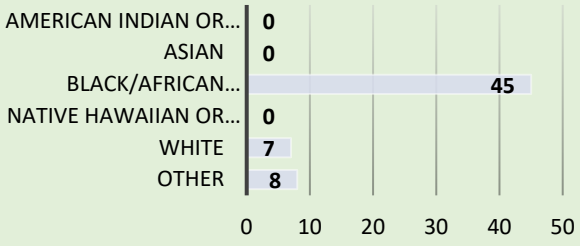
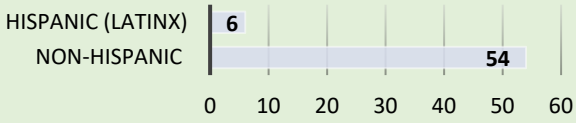
- Last fiscal year, 170 children from 94 families were admitted and provided with 3,048 days of care (157 children through traditional services and 13 through the Emergency Placement Program in partnership with the Cuyahoga County Division of Children and Family Services).
- Providence House is thankful to be a part of the continuum of care for families in Cuyahoga County!

Focus on Diversity: Providence House, Inc.

Program(s): Children's Shelter to Support Parents Receiving Mental Health and Substance Abuse Treatment

Diversity, Equity and Inclusion STRENGTH from program proposal: *A core pillar of the agency's strategic plan is "focused on culture, emphasizing equity and inclusion both in and outside of our organization."*	 Region: Central

CLIENT DEMOGRAPHICS

2022 – Total Served 130	**2023 – Total Projected to be Served 60**
Gender	Gender
Incomplete information provided	
Race	Race
Incomplete information provided	
Ethnicity	Ethnicity
Incomplete information provided	

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Incomplete information provided

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