

# **Recovery Resources**

## CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
<b>Recovery Resources</b>			
SUD Prevention	\$ 393,000	\$ 275,000	Prevention
MH Housing	\$ 500,000	\$ 500,000	Housing
MH Employment	\$ 897,000	\$ 700,000	Employment
MH Peer Support	\$ 222,000	\$ 222,000	Peer Support
Jail Liaison Program	\$ 78,000	\$ 100,000	Removing Barriers
MH Jail Liaison Suburban	\$ 65,458	\$ 100,000	Removing Barriers
MH/SUD Prevention for Transitional Aged Adults	\$ -	\$ -	
<b>Total</b>	<b>\$ 2,155,458</b>	<b>\$ 1,897,000</b>	
<b>Pooled Funding:</b>			
Non-Medicaid Treatment	\$ -	\$ -	

# CY23 Program Highlights and Outcomes

## Recovery Resources

Recovery Resources is a comprehensive outpatient behavioral health organization that provides services to children, adolescents and adults using evidence-based practices and client-centered strategies.

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

### Behavioral Health Prevention Across the Lifespan

Recovery Resources' (RR) prevention programming provides a holistic approach to prevention that addresses risk and protective factors to the individual, school, family and community; provides prevention across the lifespan and serves communities across Cuyahoga County. RR plans to provide all six of the Center for Substance Abuse Prevention strategies for a greater impact on the communities it serves with an emphasis on utilizing evidence-based curricula in prevention education services.

Information dissemination, alternatives, Problem Identification & Referral (PIR), community-based process and environmental strategies will be used to increase community level support and-promote prevention activities and messages to create an environment that coincides with the prevention interventions conducted at the individual and group levels. These strategies will also support education and awareness campaigns about various drug use and behavioral health trends impacting each individual community.

The prevention programs are geared toward transitional-aged adults on college campuses and the goals of the programs are to create and promote behavioral health conducive environments, and to increase students' awareness of mental health and substance use. Programming on the college campuses include a holistic approach that address individual, school, and community risk factors. Recovery Resources' campus-based programming implements environmental strategies, community-based processes, information dissemination and prevention education.

### **Target Population:**

- Youth from Pre-K through 12th grade, transitional aged students and adults.
- School-based programs service schools within the Cleveland Metropolitan School District (CMSD)

**Anticipated Number of Clients to be Served: 5,405**

**Number of Staff Required to Implement Program: 5**

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

- Staff within the prevention department are crossed-trained on all the prevention interventions and are able to cover programming in the event there are staff vacancies.

### **Funding Priority:**

- Prevention

### **Program Goals:**

- Alcohol and other drug (AOD) Prevention (Lifeskills; HALO; Project SUCCESS; Lion's Quest; Prime for Life): Projected enrollment of 2,280 participants. Of those participants, 1,596 (70%) will achieve the following milestones: Participants will perceive substance use as risky and/or harmful.

# CY23 Program Highlights and Outcomes

- Youth Mental Health Prevention (Sources of Strength): Projected enrollment of 50 participants. Of those participants, 35 (70%) will achieve the following milestones: Participants will demonstrate positive coping skills.
- Active Parenting: Projected enrollment of 30 participants. Of those participants, 21 (70%) will achieve the following milestones: Participants will demonstrate an increased knowledge of family management.
- Mental Health First Aid: Projected enrollment of 30 participants. Of those participants, 21 (70%) will achieve the following milestones: Participants will satisfactorily complete significant amount of homework and/or assignments. Participants will report satisfaction with the program.
- Cuyahoga Campus Mental Health Coalition: Projected enrollment of 15 participants. Of those participants, 11 (70%) will achieve the following milestones: Participants will attend coalition-based organizing, training and planning meetings. Participants will influence community laws and norms promoting healthy lifestyles.

## Program Metrics:

- AOD Prevention (Lifeskills; HALO; Project SUCCESS; Lion's Quest; Prime for Life): Participants of AOD Prevention education programs will complete a curriculum-specific pre-assessment and post-assessment to measure milestone completion.
- Youth Mental Health Prevention (Sources of Strength): Participants of Project SUCCESS complete a curriculum-specific pre-assessment and post-assessment to measure milestone completion.
- Active Parenting: Participants of Sources of Strength complete a curriculum-specific pre-assessment and post-assessment to measure milestone completion. Active Parenting: Participants of Sources of Strength complete a curriculum-specific pre-assessment and post-assessment to measure milestone completion.
- Mental Health First Aid: Participants of MHFA must complete a two-hour webinar prior to the live training and pass the post training exam which measures their knowledge on how to recognize signs and symptoms of someone experiencing a behavioral health challenge and how to offer assistance. Program evaluations are also completed at the end of each MHFA training.
- Cuyahoga Campus Mental Health Coalition: Participants of the Campus Based Mental Health Coalition are tracked for their attendance at coalition meetings. Coalition members also report on any activities they have planned or participated in.

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 458
- **ADAMHS Funded Unduplicated Clients Served:** 1,531
- **Total Number of Clients Served:** 1,531
- **Total Number of Clients that Completed this Program/Service:** 1,269

Average Cost Per Client: \$128

### Additional Information:

- Prevention staff experienced a significant increase in the number of students they provide social emotional learning to within multiple school districts across Cuyahoga County. Staff are looking forward to the potential increase this upcoming school year. Access to sites where staff have

# CY23 Program Highlights and Outcomes

previously provided adult prevention programs have continued to be restricted and individual enrollment in Parenting and Prime for Life classes have not rebounded back to pre-pandemic numbers. Staff will conduct additional outreach both internally and to external partners promoting the adult prevention services to increase enrollment numbers.

## **CY21 Provider Outcomes**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served:** 500
- **ADAMHS Funded Unduplicated Clients Served:** 855
- **Total Number of Clients that were Served:** 855
- **Total Number of Clients that Completed this Program/Service:** 385

### **Goals Met:**

- 105 students demonstrated the ability to identify the harmful effects of substance use, 105 students perceived substance use as risky and/or harmful, and 35 students identified harmful effects from substance use and demonstrated leadership skills.

### **Metrics Used to Determine Success:**

- Pre-assessments and post-assessments

### **Program Successes:**

- 100% of participants demonstrated an increased knowledge about family management
- 69% of participants demonstrated positive communication skills
- 100% perceived substance use as harmful and/or risky
- 99% of students identified the harmful effects from substance abuse
- 82% of participants perceived substance use as risky and/or harmful
- 100% of participants identified harmful effects from substance use
- 100% of participants demonstrated leadership skills

### **Average Cost Per Client in CY21:** \$137

### **Additional Information:**

- Prevention programming continued to be impacted by restrictions due to COVID-19. Staff collaborated with many school partners to recognize students' need for prevention services and social emotional learning. As many of the schools continued with virtual or hybrid learning staff were able to adjust service delivery to meet those needs. Consistent participation in virtual learning and changing class schedules, however, had a direct impact on program completion. Access to in-person programming as a part of the CMSD Summer School Experience allowed for increased outreach to students from second grade to eleventh grade. Staff are currently planning for prevention programming to continue during the school year at many of the schools where programming was previously provided. Many school districts recognize the mental and emotional toll the pandemic has had on students and want to ensure additional programming and supports are in place to meet those needs as schools re-open. Staff anticipates that this increased need for programs and services will allow them access to additional schools and communities and to meet and exceed program goals for youth prevention programming. Access to sites where staff have previously provided adult prevention programs have continued to be restricted and individual enrollment in Parenting and Prime for Life classes have not rebounded back to pre-pandemic numbers. Staff will conduct additional outreach both internally and to external partners

# CY23 Program Highlights and Outcomes

promoting the adult prevention services to increase enrollment numbers. Completed curriculum-specific pre-assessments and post-assessments will be used to measure milestone completion.

## Housing

Recovery Resources provides independent single and shared housing to men and women, along with recovery housing for up to nine women. RR helps residents learn how to function as quality tenants and neighbors while in housing programs. Staff work to help residents learn how to maintain a quality of life that leads to increased self-determination/self-confidence, and which facilitates the capacity of residents to obtain and maintain healthy social interactions both within and outside of their home. The two peer support Recovery Coaches at the Level 2 Sober House (Monarch House) model successful recovery and work with the residents to maintain recovery and develop the skills necessary to successfully re-enter the community. There is a Peer Supporter who offers services to residents in community-based housing sites (Franklin Manor, Edgewater Landing, Westgate House, River Oaks, and Golden Oaks). This Peer Supporter works with residents to develop independent living skills, maintain stability and independence in the community. RR ensures that available housing meets the physical needs of residents. Staff greatly values the well-being and comfort of residents and communicates with them as needed regarding accommodations that may need to be made, such as addressing mobility challenges, installing grab bars or retractable shower heads into bathrooms to facilitate residents' ability to maintain hygiene.

## **Target Population:**

- Clients at or below 200% of the federal poverty level and are of working age (27-83). Of the total adult housing clients, 43% were men, and 57% were women. 57% of housing clients were white, 41% were black, and 2% were Hispanic or "other" races. and the racial demographics are 57% white, 41% black, 2% Hispanic, or "other" races.
- Adults 18-65+; all socioeconomic categories

**Anticipated Number of Clients to be Served: 71**

**Number of Staff Required to Implement Program: 5**

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

- When staff vacancies occur, remaining department staff may be asked to work alternative hours to help meet the needs of residents in the program. Outside help from other agency departments may be sought as needed to assist with a staffing vacancy until that vacancy is filled.

## **Funding Priority:**

- High Quality Housing

## **Program Goals:**

- Residents receiving services will maintain occupancy
- Residents will move into independent housing because of self-sufficiency

## **Program Metrics:**

- 90% of the residents receiving services will maintain occupancy
- 20% of residents will move into independent housing

## **First Six Months of CY22 Provider Outcomes:**

## **Highlights:**

- **Number of Clients that were Anticipated to be Served: 56**

# CY23 Program Highlights and Outcomes

- **ADAMHS Funded Unduplicated Clients Served: 0**
- **Total Number of Clients Served: 66**
- **Total Number of Clients that Completed this Program/Service: 7**

**Average Cost Per Client:** \$4,366.56

**Additional Information:** N/A

## **CY21 Provider Outcomes**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served: 56**
- **ADAMHS Funded Unduplicated Clients Served: 0**
- **Total Number of Clients that were Served: 74**
- **Total Number of Clients that Completed this Program/Service: 9**

### **Goals Met:**

- 90% of the overall residents receiving services will maintain occupancy and 25% of the overall residents will move into independent housing because of self-sufficiency.

### **Metrics Used to Determine Success:**

- Percent of residents who maintain residency and percent of residents who achieve self-sufficiency.

### **Program Successes:**

- 88.34% of the residents receiving services maintained occupancy, and 12.1% of the overall residents moved into independent housing as a result of self-sufficiency.

**Average Cost Per Client in CY21:** \$5,708

### **Additional Information:**

- While the COVID-19 pandemic impacted residents, Housing Peer Support staff shared updates from the Ohio Department of Health and CDC regarding proper hygiene procedures to follow and signs/symptoms to be mindful of regarding COVID-19. Housing Peer Support staff observed residents self-administer rapid COVID-19 tests as needed. Peer Support staff were diligent in supporting residents who tested positive for COVID-19 during this time, advising them of proper procedures to follow to help keep themselves and others safe. Peer Supports at various housing sites continued to make residents aware of local availability of COVID-19 vaccine and of opportunities for the COVID-19 booster shot. All Housing Peer Support staff were able to confirm proof of COVID-19 vaccination, which became an agency staff requirement during this time. Housing Peer Support staff continued reaching out to residents regularly to help assess needs they had related to accessing food, hygiene items as well as alternatives for transportation to appointments and recovery supports.

## **Mental Health Jail Liaison**

The jail liaison provides diagnostic assessments for clients who are incarcerated so that upon release they can seek services in the community based on the release plans that are created in collaboration with the Court, the probation officer, public defender, legal counsel, and others involved in the case disposition. The release plans contain elements such steps to secure housing, medication needs, family support, referral to substance use programming (if applicable), and any other referral needed as noted in

# CY23 Program Highlights and Outcomes

the Diagnostic Assessment. The liaison also advocates for the client by attending court and hearings, as well as any other meetings regarding the client's transition back into the community post-release.

## **Target Population:**

- Existing Recovery Resources clients who are incarcerated at the Cuyahoga County Jail, as well as referrals from the Cuyahoga County Court of Common Pleas Mental Health Developmental Disabilities (MHDD) Docket. Client demographics: 73% African American, 16% Caucasian, 6% Hispanic, and 5% Multiple Races/Ethnicities. 90% male and 10% female. 98% of RR clients who participate in treatment services live below 200% of the Federal Poverty Guidelines (\$52,400 for a family of four)
- Adults 18-65+

**Anticipated Number of Clients to be Served: 225**

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

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

- Recovery Resources Municipal Liaison is cross-trained to cover this role in case of a vacancy. In addition, the manager would assist until an appropriate replacement was hired.

## **Funding Priority:**

- Removing Barriers

## **Program Goals:**

- 90% Of clients referred to the Cuyahoga County Jail will be linked with services before being released from the jail

## **Program Metrics:**

- Total number of agency clients incarcerated throughout the month
- Number of new referrals
- Number of face-to-face contacts
- Number of collateral contacts
- Number released
- Number of reintegration plans written
- Number of MHDD Court Docket attended

## **First Six Months of CY22 Provider Outcomes:**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served: 87**
- **ADAMHS Funded Unduplicated Clients Served: 87**
- **Total Number of Clients Served: 87**
- **Total Number of Clients that Completed this Program/Service: 70**

**Average Cost Per Client: \$348.21**



# CY23 Program Highlights and Outcomes

## Additional Information:

- Despite challenges posed by COVID-19 restrictions in the jail, the mental health liaison was able to assess all referred clients and develop comprehensive release plans to present to the judges.
- In March 2020, there was an effort to reduce the jail population to control the spread of the COVID 19 virus. Since transmission rates have decreased, more clients are being incarcerated and trials are once again being scheduled. As a result, the Judges are requesting release plans for clients to be in the community where they can receive services to address mental health and addiction needs. For individuals booked into the Cuyahoga County Jail (CCJ), the need for services is even greater. Data from the MetroHealth System, which provides behavioral health services to individuals during incarceration, show that in 2020, 65% of individuals who were booked (8,471) had a mental illness and 50% (5,864) had a severe mental illness (SMI).[1] Data shows that 50-70 individuals are released from jail each day, and if half of those individuals have a SMI, that means 25-35 newly released individuals need treatment and support services daily.

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served: 200**
- **ADAMHS Funded Unduplicated Clients Served: 144**
- **Total Number of Clients that were Served: 144**
- **Total Number of Clients that Completed this Program/Service: 80**

### Goals Met:

- 90% of defendants served by the Jail Liaison will be linked to treatment services prior to release from the Cuyahoga County Jail.

### Metrics Used to Determine Success:

- Total number of agency clients incarcerated throughout the month, number of New Referrals, number of face-to-face contacts, number of collateral contacts, and number released.

### Program Successes:

- 417 agency clients incarcerated, 45 new referrals, 157 face to face contacts, 5,519 collateral contacts, and 80 released.

**Average Cost Per Client in CY21:** \$328.24

### Additional Information:

- The MH Jail Liaison was able to assess all referred clients and develop comprehensive release plans to present to the judges in MHDD Court. This process assured that the client would have all necessary services in place upon release to the community.

### Non-Medicaid Treatment Funding

RR provides the following treatment to clients: Community Psychiatric Support Treatment Individual, Community Psychiatric Support Treatment Group, Therapeutic Behavioral Services, Group Therapeutic Behavioral Services, Psychosocial Rehabilitation, Individual Counseling, Pharmacological Management, Mental Health Assessment Drug Screening Analysis, Substance Use Disorder (SUD) Assessment, SUD Case Management, SUD Individual Counseling, and SUD Group Counseling.

# CY23 Program Highlights and Outcomes

## **Target Population:**

- Client demographics report 43% African American; 33% Caucasian; 13% Multiple Races/Ethnicities; 5% Hispanic; 1% Native American; and 4% undefined. 98% of RR clients who participate in treatment services live below 200% of the Federal Poverty Guideline
- Adults 18-65+

**Anticipated Number of Clients to be Served: 220**

**Number of Staff Required to Implement Program: 45**

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

- When staff vacancies occur, remaining department staff may be asked to work alternative hours to help meet the needs of clients.

## **Funding Priority:**

- Treatment Services – Pooled Funding

## **Program Goals:**

- The desired target is 80% engagement (per Claims Data and BH Data) with demonstrated, statistically significant improvement in the percentage of discharge rates over the prior year.
- Mental Health - Participants will show a significant improvement in subscales measured by the Ohio Scales for Adults.

## **Program Metrics:**

- Addiction Services:
  - Number of clients who are engaged in addiction treatment
  - Number of uninsured individuals who receive addiction treatment services
  - Number of clients who successfully discharge from addiction treatment services
- Care Coordination:
  - 70% of adult care coordination is delivered in the community
- Pharmacological:
  - Increase the number of clients who receive an IPA each reporting period by a statistically significant percentage
- Behavioral Health Care (BHC):
  - Number of clients who are engaged and retained in BHC
  - Number of uninsured individuals who receive BHC services
  - Number of clients who successfully discharge from BHC services

## **First Six Months of CY22 Provider Outcomes:**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served: 85**
- **ADAMHS Funded Unduplicated Clients Served: 85**
- **Total Number of Clients Served: 1,021**
- **Total Number of Clients that Completed this Program/Service: 243**

# CY23 Program Highlights and Outcomes

**Average Cost Per Client:** \$696.61

**Additional Information:**

- Recovery Resources utilizes a financial counselor during the intake process to identify clients who do not have insurance and assist them with benefits applications. Staff also ensures that clients maintain benefits throughout their service period. Telehealth has positively impacted the agency's ability to continue services and connect with clients. Staff noticed an uptick in live visits since Covid restrictions have become less stringent.

**CY21 Provider Outcomes**

**Highlights:**

- **Number of Clients that were Anticipated to be Served:** 300
- **ADAMHS Funded Unduplicated Clients Served:** 57
- **Total Number of Clients that were Served:** 2,586
- **Total Number of Clients that Completed this Program/Service:** 642

**Goals Met:**

- Engaged clients in addiction treatment, delivered CPST services, and increased clients receiving IPA each period.

**Metrics Used to Determine Success:**

- Clients who are engaged and retained in addiction treatment
- Uninsured clients who receive addiction treatment services
- Clients who successfully discharge from addiction treatment services
- CPST services delivered in the community
- Increase the number of clients who receive an IPA each reporting period by statistically significant percentage

**Program Successes:**

- 2,568 clients were engaged and retained in addiction treatment
- 57 uninsured clients received addiction treatment services
- 885 clients successfully discharged from addiction treatment service
- 64% of CPST services have been delivered in the community
- 590 clients received an IPA

**Average Cost Per Client in CY21:** \$695

**Additional Information:**

- The agency utilized a financial counselor during the intake process to identify clients who do not have insurance and assist them with benefits applications. Staff also ensure that clients maintain benefits throughout their service period. Telehealth has positively impacted the agency's ability to continue services and connect with clients. Staff has noticed an uptick in live visits since COVID-19 restrictions have become less stringent.

# CY23 Program Highlights and Outcomes

## Peer Support

Peer Support(s) help extend the reach of treatment beyond the clinical setting and into the client's daily environment, supporting a successful and sustained recovery. Two Recovery Coaches at the Level 2 Sober House (Monarch House) model successful recovery and work with the residents to maintain recovery and develop the skills necessary to successfully re-enter the community. This is also true for the Peer Supporter who offers services to residents in five community-based housing sites (Franklin, Edgewater Landing, Westgate House, River Oaks, and Golden Oaks). This Peer Supporter works with clients to develop their independent living skills, maintain stability and independence in the community.

The Employment Program Peer Supporter has a caseload of 15-20 individual clients for bi-weekly, one-on-one meetings. These meetings provide support, encouragement, information on local resources, and assist clients in job interview preparation.

Five Peer Navigators are located at the Pearl Road location. They welcome clients, help them connect with their treatment providers, and assist them with keeping appointments. They have developed great relationships with their peers and help reduce the level of uncertainty and anxiety around engaging in treatment.

Care Coordination Peer Supporters have multiple encounters with clients and provide services and support on an ongoing basis. These services include phone calls, well checks/home visits, transportation, and co-facilitating Anger Management classes. Other general job duties include: Developing client life skills such as budgeting and accessing community resources, assisting clients with developing natural support systems, working with clients towards personal recovery goals, and encouraging hope during the clients' recovery journey.

## **Target Population:**

- Cuyahoga County residents 18 years of age or older and are living with addiction, mental illness, or dual diagnosis. 2021 client demographics: 43% African American; 33% Caucasian; 13% Multiple Races/Ethnicities; 5% Hispanic; 1% Native American; 4% undefined. 98% live below 200% of the Federal Poverty Guideline

**Anticipated Number of Clients to be Served: 3,000**

**Number of Staff Required to Implement Program: 10**

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

- Fellow Peer Supporters and staff will ensure the program/service continues until the vacancy is filled.

## **Funding Priority:**

- Peer Support

## **Program Goals:**

- Employment, Care Coordination and Housing Peer Recovery Supporters will be assigned to individuals in need of additional recovery support
- Connected RR clients engaged in office-based services will interact with a Peer Navigator
- Clients interacting with Peer Supporters will express high satisfaction with support and services
- Peer Supporters will retain employment for at least six months
- Peer Supporters will maintain their certification

# CY23 Program Highlights and Outcomes

## Program Metrics:

- Each will carry a caseload of 9 for recovery housing and a maximum of 55 for housing, employment and care coordination
- 80% of all clients engaging in office-based services will interact with a Peer Navigator
- 80% of all clients interacting with Peer Supporters will express high satisfaction with support and services
- 80% of Peer Supporters will retain employment for at least six months
- 100% of currently certified Peer Supporters will maintain their certification

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 1,500
- **ADAMHS Funded Unduplicated Clients Served:** 3,701
- **Total Number of Clients Served:** 3,701
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: \$30.00

### Additional Information:

- The Peer Navigators are located at the Pearl Road location. They welcome clients, help them connect with their treatment providers, and assist them with keeping appointments. They have developed great relationships with their peers and help reduce the level of uncertainty and anxiety around engaging in treatment. The peer supporters and recovery coaches assigned to the care coordination, employment, and housing teams assist their clients in developing life skills, accessing health care and community resources, providing relapse support and working with them to identify and achieve their personal recovery goals. As important as peer support has been in the past, it continues to be even more so important during the ongoing pandemic. The peer support team ensures that clients are educated on COVID-19 symptoms, testing, vaccinations, and other resources. The peer support team makes outreach calls and provides support, encouragement, and hope to their clients.

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 1,000
- **ADAMHS Funded Unduplicated Clients Served:** 1,802
- **Total Number of Clients that were Served:** 1,802
- **Total Number of Clients that Completed this Program/Service:** 0

### Goals Met:

- Engagement; client satisfaction; employment retention; certification

### Metrics Used to Determine Success:

- 80% of all clients engaging in office-based services will interact with a Peer Navigator. 80% of all clients interacting with Peer Supporters will express high satisfaction with support and services.

# CY23 Program Highlights and Outcomes

- 80% of all Peer Supporters will retain employment for at least six months. 100% of currently certified Peer Supporters will maintain their certification.

## **Program Successes:**

- Goals set for this program were achieved.

**Average Cost Per Client in CY21:** \$114

## **Additional Information:**

- At Recovery Resources, Peer Support is an essential component to successful service delivery. Peer Support is available to all RR clients. RR serves more than 10,000 people each year who present with a broad spectrum of behavioral health needs. A Client Navigator is the first person to meet a client at the door, welcome them and assist them in negotiating the different departments and services. They provide support and reassurance to those who may be anxious or uncertain about seeking assistance. The Employment Alliance Peer Supporter acts as a role model for job-seeking clients and assists with accessing resources and services within the agency and the community. The Employment Alliance Peer Supporter makes follow-up calls and explains the Employment Alliance (EA) program to new referrals. The two Recovery Coaches at the Level 2 Sober House (Monarch House) model successful recovery and work with the residents to maintain recovery and develop the skills necessary to successfully re-enter the community. This is also true for the Peer Supporter who offers services to residents in five community-based housing sites (Franklin, Edgewater Landing, Westgate House, River Oaks, and Golden Oaks). This Peer Supporter works with clients to develop their independent living skills, maintain stability and independence in the community.

## **Suburban Municipal Court Liaison**

The services provided by the Municipal Liaison include screening, assessment, referral, and linkage to services in the community, or re-linking clients to an agency they have worked with in the past. In addition, the Municipal Liaison offers consultation to the Courts regarding the coordination of mental health and addiction services. A comprehensive report is submitted to the court following each screening with findings and recommendations. This report is shared with the Judge as well as the probation officer of that court to determine the next steps for the client, which may lead to treatment rather than incarceration. The program also provides support to clients who are involved in the Municipal Court Specialized Docket Program which is a part of the Cleveland Municipal Court. They are present at Court hearings and are prepared to provide updates to the Judge and to Court staff.

## **Target Population:**

- The clients served by this program are predominantly Cuyahoga County residents who either live in and/or have been arrested by a police officer from one of the many suburbs of Cuyahoga County (Shaker Heights, Rocky River, Bay Village, Solon, Strongsville, North Olmsted, Fairview, Westlake, and Beachwood, etc.). Program demographics report 46% African American; 39% Caucasian; 10% Multiple Races/Ethnicities; 2% Hispanic, and 3% were undefined, 70% male and 30% female.
- Adults 18-65+; All socioeconomic categories

**Anticipated Number of Clients to be Served:** 125

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

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

# CY23 Program Highlights and Outcomes

- Recovery Resources has a Mental Health Jail Liaison who is cross-trained to temporarily fill the position if there is a staff vacancy. The MH Jail Liaison collaborates with the Forensic Manager to assure there are no gaps in service delivery until a replacement is hired.

## **Funding Priority:**

- Removing Barriers

## **Program Goals:**

- To screen referred clients
- Provide linkage to community services to clients identified as having mental health and/or addiction needs
- Follow up with referred clients to assess progress and connection with linkages

## **Program Metrics:**

- 100% referred clients screened
- Tracked number of interactions, number of screening reports complete, and number of referrals
- Tracked number of interactions and follow-ups with clients to assess progress

## **First Six Months of CY22 Provider Outcomes:**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served:** 63
- **ADAMHS Funded Unduplicated Clients Served:** 35
- **Total Number of Clients Served:** 35
- **Total Number of Clients that Completed this Program/Service:** 35

**Average Cost Per Client:** \$295.89

### **Additional Information:**

- Although there were several challenges due to COVID-19, restrictions became less stringent, and the Municipal Liaison was able to provide screening and referrals to all referred clients. Recovery Resources has assured that clients were given appropriate referrals to services in the community so that their mental health and substance use needs were addressed and they would be successful in the community post-release.

## **CY21 Provider Outcomes**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served:** 100
- **ADAMHS Funded Unduplicated Clients Served:** 76
- **Total Number of Clients that were Served:** 76
- **Total Number of Clients that Completed this Program/Service:** 3

### **Goals Met:**

- To screen 100% of referred clients and provide linkage to community services to 95% of clients identified as having mental health and/or addiction needs.

# CY23 Program Highlights and Outcomes

## **Metrics Used to Determine Success:**

- Total Interactions, number of reports, number of referrals, number of linkages, and number of follow-ups.

## **Program Successes:**

- 356 total interactions, 42 reports, 15 referrals, 13 linkages, and 447 follow-ups.

## **Average Cost Per Client in CY21:** \$716.92

## **Additional Information:**

- Although COVID-19 still posed some risk and impacted the number of referrals received, the Municipal Court Liaison was able to continue screening all referred individuals face-to-face and refer/link clients to the appropriate resources, both inpatient and in the community.

## **The Employment Alliance**

Upon admission into the program, clients complete a comprehensive vocational profile and non-employment needs inventory. The menu of employment services is reviewed with the client so that they may make an informed choice as to which service(s) will meet their needs and goals. Clients are assigned an Employment Specialist who will assist them in obtaining and retaining a competitive job in the community. Peer Support is also offered to the client at this time to strengthen engagement and support the client. Services are tailored to emphasize the strengths and address the barriers of the individual client throughout the placement and retention process. Services such as Career Exploration, Work Incentives Planning, Travel Training, Job Seeking Skills Training, Job Development/Placement, Job Retention/Follow Along, and Job Coaching assist the client in preparing for, securing, and retaining employment. The Employment Alliance team utilizes the evidence-based Integrated Peer Support (IPS)/Supported Employment (IPS/SE) Model. The core principles of IPS/SE are Zero Exclusion, Consumer Preferences, Rapid Engagement, Competitive Job Goal, Systematic Job Development, Integration of Employment and Mental Health Services, Time Unlimited Supports, and Personalized Benefits Planning.

The Employment Specialist, and Peer Supporter, may also assist clients in dealing with issues that are unique to the population we serve, such as employment exploration/readiness, expungement, work and benefits/entitlements, managing mental health at work, interpersonal skills, computer skills evaluation, access to resources to obtain ID cards, Social Security cards, RTA fare cards, and other community supports to help them be successful and achieve their work and personal goals. The Peer Supporter assigned to the Employment team also assists the clients in developing life skills, accessing health care, community resources, and working with them to identify and achieve their personal recovery goals. As important as Peer Support has been in the past, it is even more so important during the ongoing pandemic. The Employment Services Peer Supporter ensures that clients are educated on COVID-19 symptoms, testing, vaccinations, and other resources. The Peer Supporter makes outreach calls and provides support, encouragement, and hope to clients.

## **Target Population:**

- The Employment Alliance at Recovery Resources serves adults in Cuyahoga County who have been diagnosed with severe and persistent mental illness/substance use disorder who express the desire to work. More than half (56%) of the clients served in the program reside in the 44102, 44103, 44105, 44107, 44108, 44109, 44110, 44111, 44112, 44134, and 44070 zip codes.
- Adults 18-65+; All socioeconomic categories

**Anticipated Number of Clients to be Served: 550**



# CY23 Program Highlights and Outcomes

**Number of Staff Required to Implement Program: 11**

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

- Cases are temporarily assigned to other staff.

**Funding Priority:**

- Employment Programs

**Program Goals:**

- 144 placements
- Average wage of \$9.75 or above
- A minimum of 28 hours per week worked
- 65% of clients placed will retain their jobs 90+ days
- 550 clients will be served

**Program Metrics:**

- Track number of placements
- Average wage per placement
- Average number of hours worked per placement
- Percentage of employed clients who retained their positions 90+ days
- Track number current clients, admissions, and terminations

**First Six Months of CY22 Provider Outcomes:**

**Highlights:**

- **Number of Clients that were Anticipated to be Served: 250**
- **ADAMHS Funded Unduplicated Clients Served: 230**
- **Total Number of Clients Served: 281**
- **Total Number of Clients that Completed this Program/Service: 48**

**Average Cost Per Client: \$1,003.20**

**Additional Information:**

- A client, "J," worked in the Recovery Works Program for many years. When the program ended last summer, he was unsure of what he would do moving forward. He wanted to take some time to think about it, play golf, and enjoy the summer. When he was ready to begin his job search this spring, he and his Employment Specialist discussed his options and agreed that an application to the Metroparks would be a good place to start. "J" was hired as a starter at one of the golf courses! One of his favorite "perks" is free golf and the friendships that he's made since he started. He describes this position as his "dream job" and plans to "never retire." "J" continues to request retention services so that he and his Employment Specialist can talk about any issues that may arise on the job and to assist "J" in reporting his income to the Social Security Administration.
- The Employment Alliance at Recovery Resources has provided quality employment services to the people of Cuyahoga County for nearly 25 years. The team is solid and stable with an average of ten years of experience in the field. All services are individualized and based on the principles of

# CY23 Program Highlights and Outcomes

supported employment (IPS). The team will participate in a fidelity review administered by OHMHAS in 2023 to begin the IPS certification process. Forty-eight percent of the clients placed this year have significant involvement with the justice system. The average time from intake to placement, year-to-date, is ten weeks. The team has placed their clients in a variety of jobs such as concierge, trivia host, tech support, baker's assistant, peer supporter, HHA, security guard, administrative assistant, golf starter, and maintenance technician.

## **CY21 Provider Outcomes**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served:** 500
- **ADAMHS Funded Unduplicated Clients Served:** 396
- **Total Number of Clients that were Served:** 0
- **Total Number of Clients that Completed this Program/Service:** 123

### **Goals Met:**

- 500 clients served, 168 Placements, average hourly wage of \$9.75, average number of hours worked per week was 28, retention rate of 65%

### **Metrics Used to Determine Success:**

- Admissions, Client Roster
- Placement Reports
- Retention and follow-along documented in client record in EVOLV, and ES report

### **Program Successes:**

- 396 served, Goal 79% Achieved
- 109 Placements, Goal 65% Achieved
- Average hourly wage was \$13, Goal met
- Average number of hours worked being 30, Goal was met
- Retention rate being 67%, Goal was met

**Average Cost Per Client in CY21:** \$2,204

### **Additional Information:**

- As the COVID-19 crisis continued in 2021, the EA team worked diligently to provide information, resources, and support to clients. The team aided in securing new positions, assisting clients who were working to address their anxiety and apprehension about work and travel during the pandemic. They also helped those affected by layoffs to access community resources, apply for and navigate unemployment benefits and other entitlements. The team provided information on COVID-19 testing and vaccination opportunities. The Peer Support Specialists continued to be a great source of support and resources to job-seeking clients, particularly during this stressful and uncertain time.

Provider:	<b>Recovery Resources</b>	2021 First Outcome Count:	<b>68</b>	2022 First Outcome Count:	<b>42</b>
Instrument:	<b>Brief Addiction Monitor</b>	2021 Final Outcome Count:	<b>63</b>	2022 Final Outcome Count:	<b>35</b>
Program:	<b>Substance Use Disorder Treatment</b>	2021 % of Final:	<b>92.65%</b>	2022 % of Final:	<b>83.33%</b>

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				Not Significant
Adults (18+ years)	2021	Protective	17	15	-2	Not Significant
Adults (18+ years)	2021	Risk	8.4	7.6	-0.8	Not Significant
Adults (18+ years)	2022	Drug_Use	2.2	2.71	0.51	Not Significant
Adults (18+ years)	2022	Protective	17	16	-1	Not Significant
Adults (18+ years)	2022	Risk	8	11.14	3.14	Not Significant

Provider:	<b>Recovery Resources</b>	2021 First Outcome Count:	<b>53</b>	2022 First Outcome Count:	<b>26</b>
Instrument:	<b>Ohio Scales Adult</b>	2021 Final Outcome Count:	<b>2</b>	2022 Final Outcome Count:	<b>4</b>
Program:	<b>Mental Health Treatment for Adults</b>	2021 % of Final:	<b>3.77%</b>	2022 % of Final:	<b>15.38%</b>

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

Population	Evaluation Year	SubScale	First Outcome Average	Final Outcome Average	Average Difference	Significance
Adults (18+ years)	2021	Financial Quality of Life				Not Significant
Adults (18+ years)	2021	Housing Quality of Life				Not Significant
Adults (18+ years)	2021	Overall Empowerment				Not Significant
Adults (18+ years)	2021	Overall Quality of Life				Not Significant
Adults (18+ years)	2021	Overall Symptom Distress				Not Significant
Adults (18+ years)	2021	Social Connectedness				Not Significant
Adults (18+ years)	2022	Financial Quality of Life	3.00	2.67	-0.33	Not Significant
Adults (18+ years)	2022	Housing Quality of Life	3.33	3.75	0.42	Not Significant
Adults (18+ years)	2022	Overall Empowerment	3.00	2.67	-0.33	Not Significant
Adults (18+ years)	2022	Overall Quality of Life	3.18	3.21	0.02	Not Significant
Adults (18+ years)	2022	Overall Symptom Distress	20.7	22	1.33	Not Significant
Adults (18+ years)	2022	Social Connectedness	3.00	2.67	-0.33	Not Significant

# Focus on Diversity: Recovery Resources

Program(s): Behavioral Health Prevention Across the Lifespan; Housing; Mental Health Jail Liaison; Non-Medicaid Funding; Peer Support; Suburban Municipal Court Liaison; The Employment Alliance

## Diversity, Equity and Inclusion STRENGTH from program proposal:

The agency says their philosophy is that their “work culture will reflect and embrace the rich fabric of experiences, beliefs, traditions and backgrounds that our employees bring to the workplace.” They embrace “cultural aptitude, which implies that our growth reflects a dynamic process of learning, understanding and behaving.”



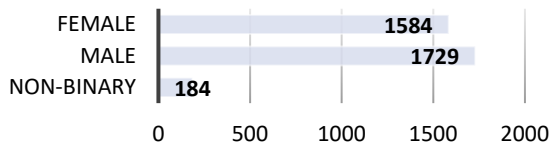
Region: Central

## CLIENT DEMOGRAPHICS

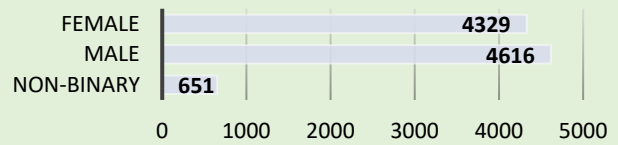
**2022 – Total Served 6,687** (the data below reflects 3,497 clients, and is the most complete information available based on 2022 outcomes reports)

**2023 – Total Projected to be Served 9,596**

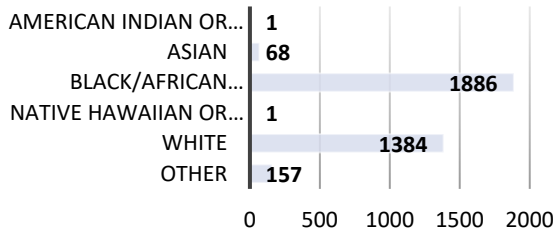
### Gender



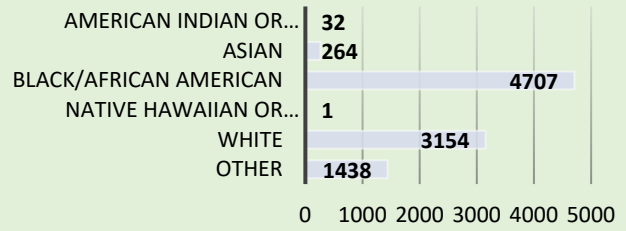
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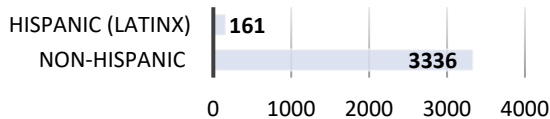
### Race



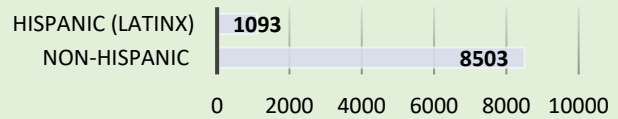
### Race



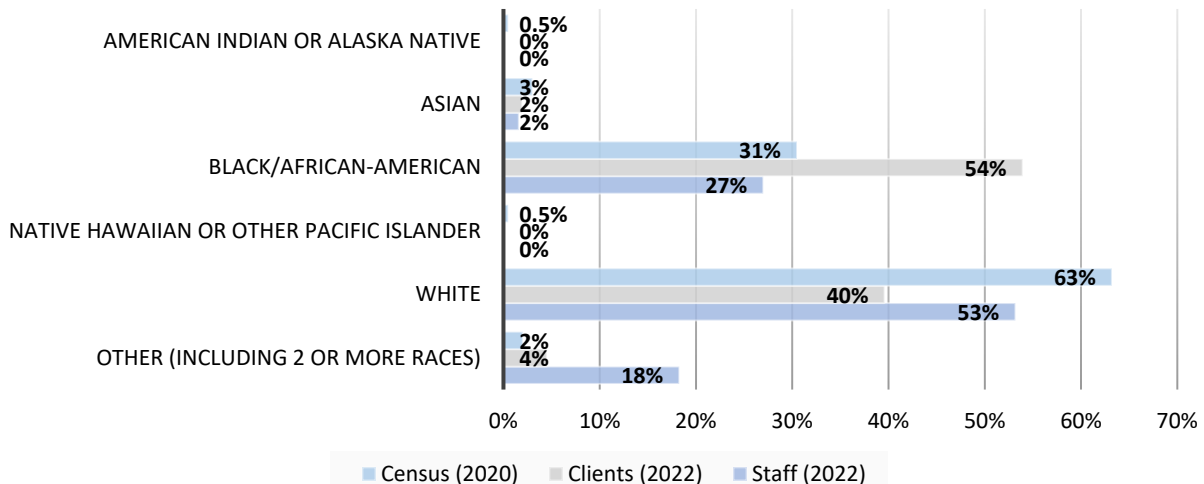
### Ethnicity



### Ethnicity



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



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

# **Recovery Solutions of Northeast Ohio**

## CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
<b>Recovery Solutions of Northeast Ohio</b>			
Recovery Housing	\$ 80,000	\$ 118,625	Housing
<b>Total</b>	<b>\$ 80,000</b>	<b>\$ 118,625</b>	

# CY23 Program Highlights and Outcomes

## Recovery Solutions of Northeast Ohio

Recovery Solutions of Northeast Ohio (RSNO) provides recovery housing to adult men engaged in treatment or recovering from substance use disorders. RSNO is a community-based housing program dedicated to working with men to maximize the height of their unique potential by means of living and sustaining a substance-free lifestyle, while promoting the following as needed: education and employment training, parenting, relationship, and social skills training. Also provides medical and mental health alliances, faith recognition and affiliation, community group participation, and medically assisted therapy.

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

### Recovery Housing

The essential elements of Recovery Housing is to provide a safe, substance free, family style, spiritual and therapeutic environment for men to thrive and succeed in living and maintaining a substance free lifestyle.

#### **Target Population:**

- Males, 18 years or older that experience challenges with independently maintaining sobriety
- All socioeconomic categories

**Anticipated Number of Clients to be Served: 50**

**Number of Staff Required to Implement Program: 5**

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

- The team has been in place and working together since the inception of RSNEO. Fortunately, the agency has only had two staff positions vacate since 2018. Services remained consistent through the vacancies by all other staff members assuming multiple roles and duties due to vacant positions. RSNEO will continue to provide staff advance learning opportunities, schedules and role responsibilities consistent with an individuals' abilities, knowledge, education and capabilities to be successful.

#### **Funding Priority:**

- High Quality Housing

#### **Program Goals:**

- To serve and support 50 adult males with living and maintaining a healthy, sober, substance free and independent lifestyle

#### **Program Metrics:**

- The success, failure and relapse rate of the residents that reside and leave the housing unit

#### **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: 12**



# CY23 Program Highlights and Outcomes

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

**Average Cost Per Client:** \$4,500

**Additional Information:**

- As RSNEO enters its fifth year of operation, staff strives to provide residents with genuine holistic support. The staff form very close relationships with residents which resembles that of a familial bond. This results in low staff turnover and long-term residency.

**CY21 Provider Outcomes**

**Highlights:**

- **Number of Clients that were Anticipated to be Served: 15**
- **ADAMHS Funded Unduplicated Clients Served: 15**
- **Total Number of Clients that were Served: 15**
- **Total Number of Clients that Completed this Program/Service: 0**

**Goals Met:**

- To provide sober supports to 50 unique diverse men in a nonrestrictive environment that promotes a drug and alcohol-free lifestyle.

**Metrics Used to Determine Success:**

- To actively track and document the number of men that remain drug and alcohol free.

**Program Successes:**

- 13 unique and diverse men actively participated and remained drug and alcohol free
- Seven sought and maintained gainful employment

**Average Cost Per Client in CY21:** \$700

**Additional Information:**

- RSNEO remains dedicated to assisting men living in recovery to maintain a positive drug and alcohol-free lifestyle. Providing positive social supports, encouraging men to seek and maintain employable skills and employment, and education in the areas of relationship building, problem solving, anger management and financial literacy.

# Focus on Diversity: Recovery Solutions of Northeast Ohio

Program(s): Recovery Solutions of Northeast Ohio

**Diversity, Equity and Inclusion STRENGTH from program proposal:**

*The agency says their staff is their most valuable asset. "The collective sum of the individual differences, life experiences, knowledge, inventiveness, innovation, self-expression, unique capabilities and talent that our employees invest in their work represents a significant part of ... our culture."*



Region: NE

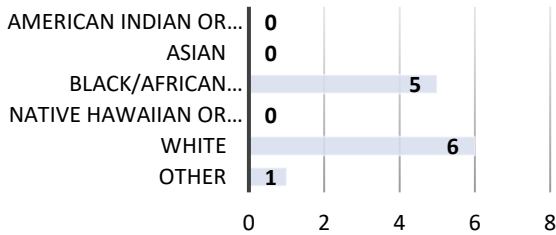
**CLIENT DEMOGRAPHICS**

**2022 – Total Served 12**

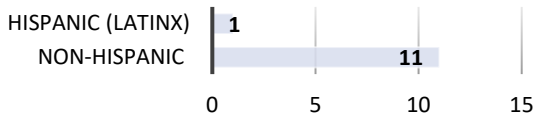
Gender



Race

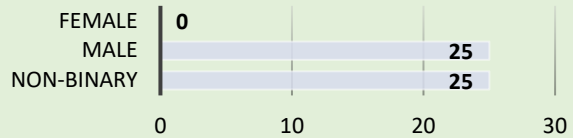


Ethnicity

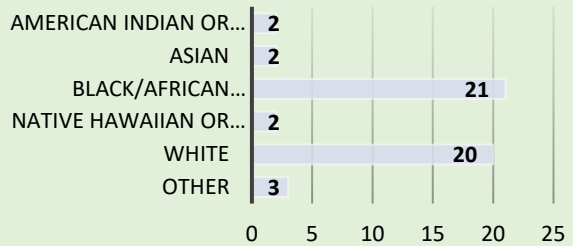


**2023 – Total Projected to be Served 50**

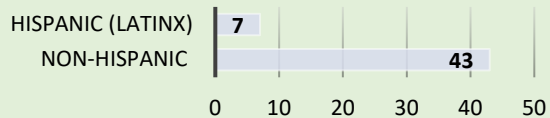
Gender



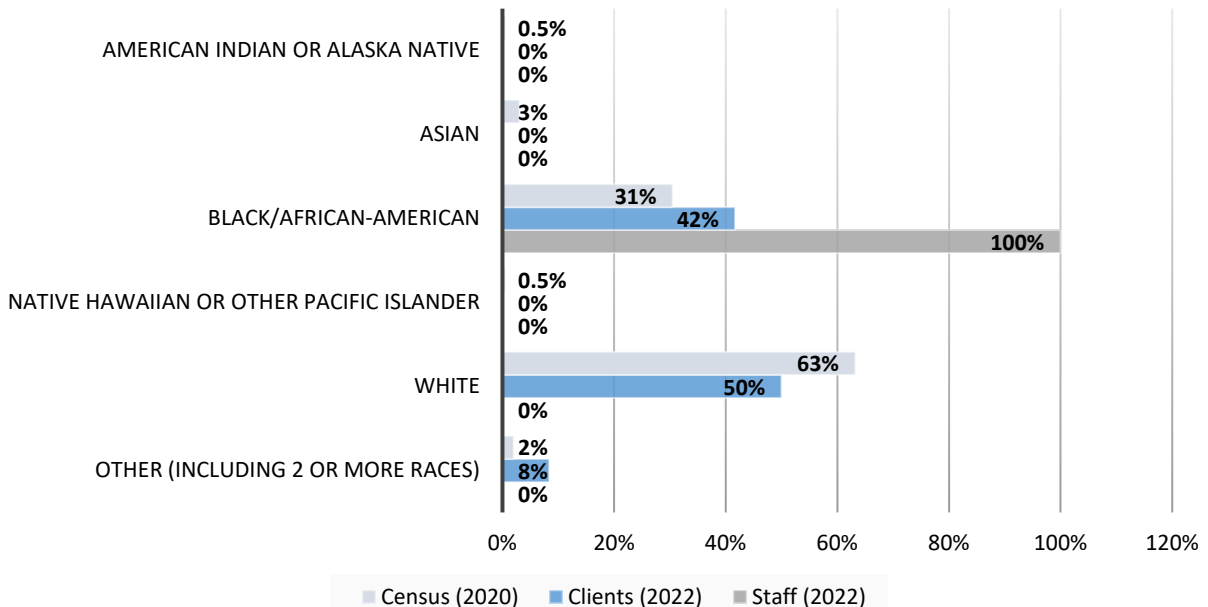
Race



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%.

**Salvation Army  
Harbor Light  
Complex**

## CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
The Salvation Army			
<b>Pooled Funding:</b>			
Detoxification & Intensive Outpatient	\$ -	\$ -	

# CY23 Program Highlights and Outcomes

## The Salvation Army Harbor Light Complex

The Salvation Army is an international movement and is an evangelical part of the universal Christian church. Its message is based on the Bible. Its ministry is motivated by the love of God. Every day, the agency helps thousands of people throughout Cleveland with unique, local programs, designed to meet the specific needs of the community.

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

### Detox (Withdrawal Management)

The Salvation Army utilizes Medicaid and significant discretionary resources to be able to provide services to those in the most need. The Army allows most clients to be entered into the program the next business day. This has provided significant benefit with the increase in opiate/heroin usage. The ability to respond quickly to a person with an opioid addiction for a detox intake when the client requests it is critical. A real strength of the program is the ability to utilize interim housing post-detox for as long as the client needs it, increasing the probability to be successfully linked to a residential treatment program or the next appropriate level of care. The Harbor Light Complex administers a medically approved alcohol and other drug (AOD) withdrawal program designed and supervised by Dr. Ted Parran of St Vincent Charity Hospital. A board approved physician makes daily visits to the detoxification program, and licensed nurses attend to the daily needs of clients experiencing AOD withdrawal. Essential elements include: provide the client with an understanding of the cycle of addiction as well as the effects of alcohol and other drugs on the body; gain awareness of relapse "triggers" and learn relapse prevention skills; learn how to manage anger, stress and cope with grief; identify and cope with feelings and emotions; identify family roles and addictive relationships; familiarize the client with Twelve-step support programs; and, develop a social support system of family, friends, community and work.

### **Target Population:**

- Client ages range from 18 to 65 years old; the typical client is self-referred and is on average 35 years old
- The racial composition of clients is 26% African American, 73% White and 1% Hispanic/other
- Client gender is 64% male and 36% female
- Detox for opiates/heroin (85%), alcohol (12%) alcohol and other drugs (3%)
- Virtually all detox clients are indigent or have income below the poverty level; about 40% are homeless
- Less than 100% of the federal poverty level

**Anticipated Number of Clients to be Served: 350**

**Number of Staff Required to Implement Program: 18**

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

- During COVID-19 the agency replaced staff from other areas of the agency and overtime was offered to maintain program coverage; this will continue.

### **Funding Priority:**

- Treatment Services – Pooled Funding

# CY23 Program Highlights and Outcomes

## Program Goals:

- Complete basic Case Management
- Complete Assessment
- Complete Individual Treatment Program
- Complete Med-Som Services
- Referral to next level of care

## Program Metrics:

- Client coming into detox and agreeing to engage with staff with basic services
- Client completing a bio psychosocial assessment with staff
- Client agreeing on an Individualized Treatment Plan with staff.
- Client completes detox services
- Client agrees and goes to next appropriate level of care

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 324
- **ADAMHS Funded Unduplicated Clients Served:** 34
- **Total Number of Clients Served:** 322
- **Total Number of Clients that Completed this Program/Service:** 188

Average Cost Per Client: \$1,545.00 for the IOPT; \$2,250.00 for Detox.

### Additional Information:

- This combined the Detox and IOPT program results. In addition to intensive outpatient (IOP) services, Harbor Light offers medication-assisted treatment with Vivitrol through a partnership with Positive Recovery Solutions mobile clinic. Clients completing IOP transition to aftercare services in the same building; staff assists clients with legal issues by communicating with Harbor Light Complex corrections staff, parole, and probation as appropriate. The Withdrawal Management Program suspended operations for two weeks in January due to Covid. Since then, the program has been open and available 24/7 for clients regardless of their insurance status. Clients can be screened and admitted at any time of day with no waiting list.

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 470
- **ADAMHS Funded Unduplicated Clients Served:** 609
- **Total Number of Clients that were Served:** 609
- **Total Number of Clients that Completed this Program/Service:** 431

### Goals Met:

- Complete Basic Case Management
- Complete Assessment

# CY23 Program Highlights and Outcomes

- Complete Treatment Plan
- Complete referral to next level of care, complete Detox, and complete IOPT

## **Metrics Used to Determine Success:**

- For Detox: 95% complete basic Care Management, 70% complete assessment, 70% complete their treatment plan, 60% complete Detox, and 45% complete referral to the next level of care
- For IOPT: 100% complete assessment plan. 90% complete treatment plan, and 60% complete IOPT

## **Program Successes:**

- For Detox: 100% completed basic Care Management, 82% completed assessment, 78% completed their treatment plan, 61% completed Detox, and 36% completed referral to the next level of care
- For IOPT: 100% completed assessment plan. 100% completed treatment plan, and 57% completed IOPT

**Average Cost Per Client in CY21:** \$0

**Additional Information:** N/A

# Focus on Diversity: The Salvation Army Harbor Light Complex

Program(s): Detox (Withdrawal Management)

**Diversity, Equity and Inclusion STRENGTH from program proposal:**

*"Because The Salvation Army is rooted in Christian compassion and is governed by Judeo-Christian ethics, its programs and services are provided on a non-discriminatory basis according to the needs of those served and the capacity, both financial and programmatic, of the specific services provided to address those needs."*



Region: Central

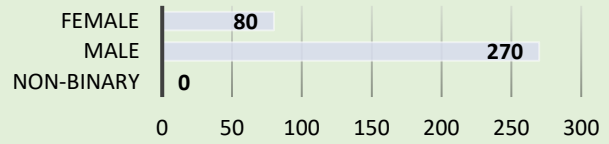
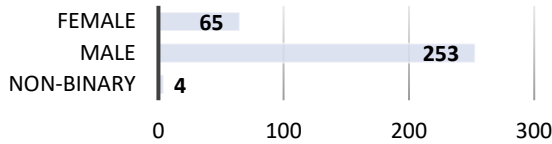
**CLIENT DEMOGRAPHICS**

**2022 – Total Served 322**

**2023 – Total Projected to be Served 350**

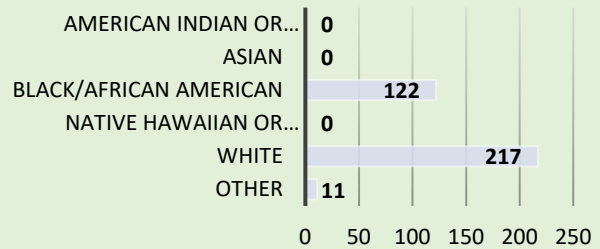
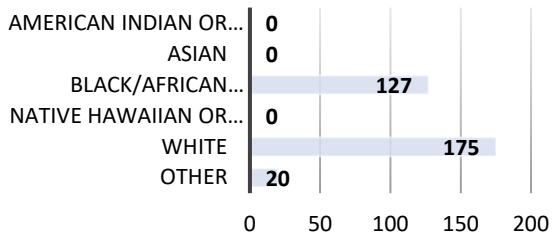
Gender

Gender



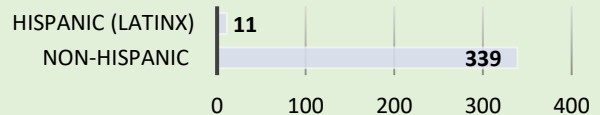
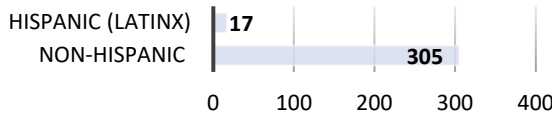
Race

Race

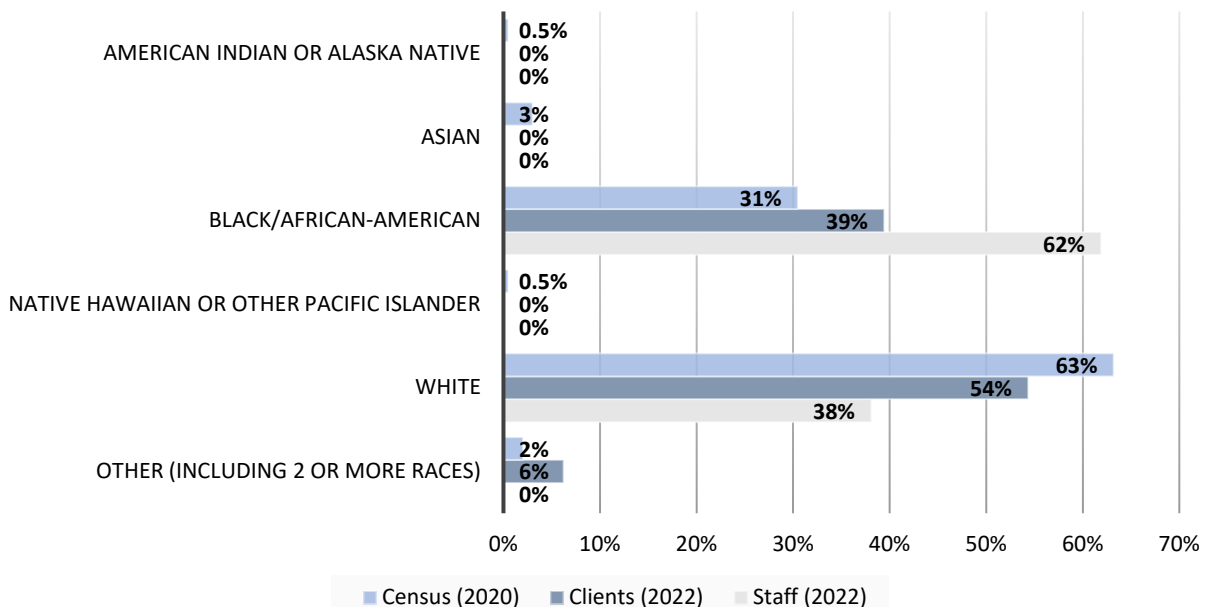


Ethnicity

Ethnicity



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



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



**Scarborough Hall  
d/b/a Scarborough  
House for Women**

## CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
<b>Scarborough House</b>			
Recovery Housing for Women	\$ 20,560	\$ 20,000	Housing
<b>Total</b>	<b>\$ 20,560</b>	<b>\$ 20,000</b>	

# CY23 Program Highlights and Outcomes

## Scarborough Hall d/b/a Scarborough House for Women

Scarborough House is a recovery house that has capacity for eight women and accepts drug and alcohol addicted women over the age of 18, who are chemically dependent but have already embarked upon a sober lifestyle through treatment.

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

### Scarborough Hall, Inc. d/b/a Scarborough House for Women

Scarborough House will enter its 34th year of service in 2022. Scarborough meets the criteria for Level II under the levels defined by the National Association of Recovery Residences (NARR), adheres to the standards of care defined by both the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and NARR, and provides recovery housing to special populations that are critically deficient.

Scarborough House is committed to supporting residents in: Developing the ability to interact in a group situation; Cultivating a sense of responsibility towards themselves and others; Discovering their individual potential for growth and development; and, learning to live independently.

Scarborough's treatment program is structured with a suggested 30-60-90 path and a behavioral contract that is agreed upon and signed during admission. Required participation in weekly group counseling offered on site, house meetings and all house duties are clearly explained. Women are required to follow the treatment or probation plans of their referring agency and must attend community sessions with case managers. Women who are enrolled in outpatient programs for ongoing alcohol and other drug treatment, mental health services, or have compliance requirements from the courts, must participate in the required counseling and treatment sessions. Women are also required to seek a sponsor and attend community 12-Step, self-help support groups. The on-site House Manager and visiting counselor provide close supervision which ensures compliance. Random urinalysis screens are mandatory. Violations result in consequences which are clearly articulated. Only when all interventions and behavioral contracts are exhausted will non-compliance result in discharge.

ADAMHS funding has supported Scarborough House since 1990 and is needed to continue operating and implementing the on-going mission of Scarborough, as program costs exceed the income from rent and donations. In particular, the unique feature of this recovery residence is the provision of on-site management and counseling. ADAMHS funding helps maintain the staffing for this operation, which is crucial to its success.

Scarborough has a long history of significant success working with a hard-to-serve female population, who present a myriad of challenges related to addiction, dual diagnosis, homelessness, marginal employment, and strained family relations. For 34 years Scarborough House has maintained its commitment to supporting residents as they cultivate a sense of responsibility towards themselves and others; discover their individual potential for growth and development; and learn to live independently. WE ARE WOMEN HELPING WOMEN.

### **Target Population:**

- Scarborough House accepts women over the age of 18, who are chemically dependent and have embarked upon a sober lifestyle through treatment
- Scarborough clients may also be dually diagnosed and require mental health services and medications
- Less than 100% of the federal poverty level

**Anticipated Number of Clients to be Served: 13**

# CY23 Program Highlights and Outcomes

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

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

- Scarborough House maintains a consistent commitment within the recovery community and maintains a database of potential candidates.

**Funding Priority:**

- High Quality Housing

**Program Goals:**

- Length of time from referral to assessment/intake to determine eligibility = 2 to 7 days
- Initiation: Length of time from intake to admission = 14 Days
- Engagement rate: Number of individuals who follow through on admission after acceptance = 80%
- Retention rate: Residents successfully completing the program = 45%
- Abstinence rate: Residents abstinent at discharge = 50%

**Program Metrics:**

- Wait time: 2 to 7 Days
- Initiation: 14 Days
- Engagement rate: 0.8
- Retention rate: 0.45
- Abstinence rate: 0.5

**First Six Months of CY22 Provider Outcomes:**

**Highlights:**

- **Number of Clients that were Anticipated to be Served: 7**
- **ADAMHS Funded Unduplicated Clients Served: 3**
- **Total Number of Clients Served: 8**
- **Total Number of Clients that Completed this Program/Service: 0**

**Average Cost Per Client: \$24.95**

**Additional Information:**

- Scarborough House is an eight-bed sober housing facility in Cleveland, Ohio (Tremont Area) that serves chemically dependent adult women who have already embarked on a sober lifestyle by completing treatment. Women in recovery from alcohol and/or drug addiction can stay for one year as they transition from treatment to self-sufficiency. Clients are subject to random drug and alcohol screens. Clients work from a self-developed recovery goal plan in pursuit of their individual recovery goals and achieving self-sufficiency.

**CY21 Provider Outcomes**

**Highlights:**

- **Number of Clients that were Anticipated to be Served: 15**

# CY23 Program Highlights and Outcomes

- **ADAMHS Funded Unduplicated Clients Served: 5**
- **Total Number of Clients that were Served: 9**
- **Total Number of Clients that Completed this Program/Service: 3**

## **Goals Met:**

- Abstinence Rate 50%
- Stable Housing Rate 60%
- Criminal Justice Rate 60%
- Employment/Education Rate 70%

## **Metrics Used to Determine Success:**

- Completed Program/Total Discharges
- Maintained Sobriety/Total Discharges
- Moved to Stable Housing/Total Discharges
- No New Criminal Involvement/Total Discharges
- Employment/Education/Total Discharges

## **Program Successes:**

- Retention 38%
- Abstinence 88%
- Stable Housing 88%
- Criminal Justice 100%
- Employment/Education 88%

**Average Cost Per Client in CY21:** \$24.65

## **Additional Information:**

- Scarborough House for Women welcomes women who are in recovery from substance abuse and are seeking a safe Transitional Housing situation to continue their recovery work. Scarborough House is committed to supporting residents in developing the ability to interact in a group situation; cultivating a sense of responsibility towards themselves and others; discovering their individual potential for growth and development; and learning to live independently. The on-site House Manager and visiting counselor provide close supervision which ensures compliance. Random urine screens are mandatory. Violations result in consequences which are clearly articulated. Only when all interventions and behavioral contracts are exhausted will non-compliance result in discharge.

# Focus on Diversity: Scarborough Hall dba Scarborough House for Women

Program(s): Scarborough Hall dba Scarborough House for Women

**Diversity, Equity and Inclusion STRENGTH from program proposal:**  
*The agency noted that “women sharing the recovery experience find much solace from one another which transcends racial, cultural and social bias.”*



Region: Central

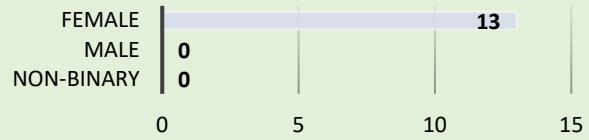
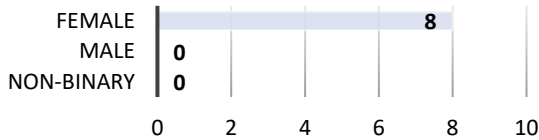
## CLIENT DEMOGRAPHICS

**2022 – Total Served 8**

**2023 – Total Projected to be Served 13**

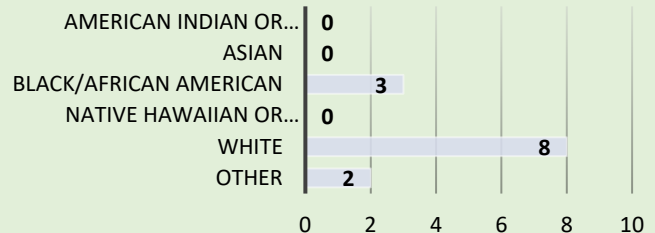
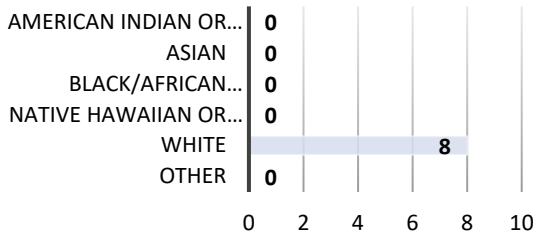
Gender

Gender



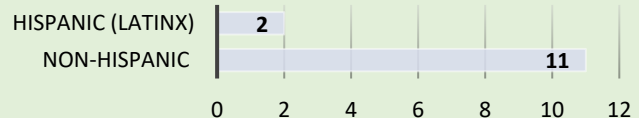
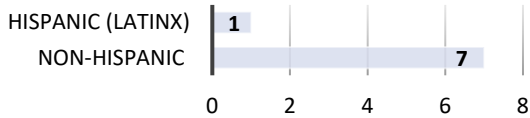
Race

Race

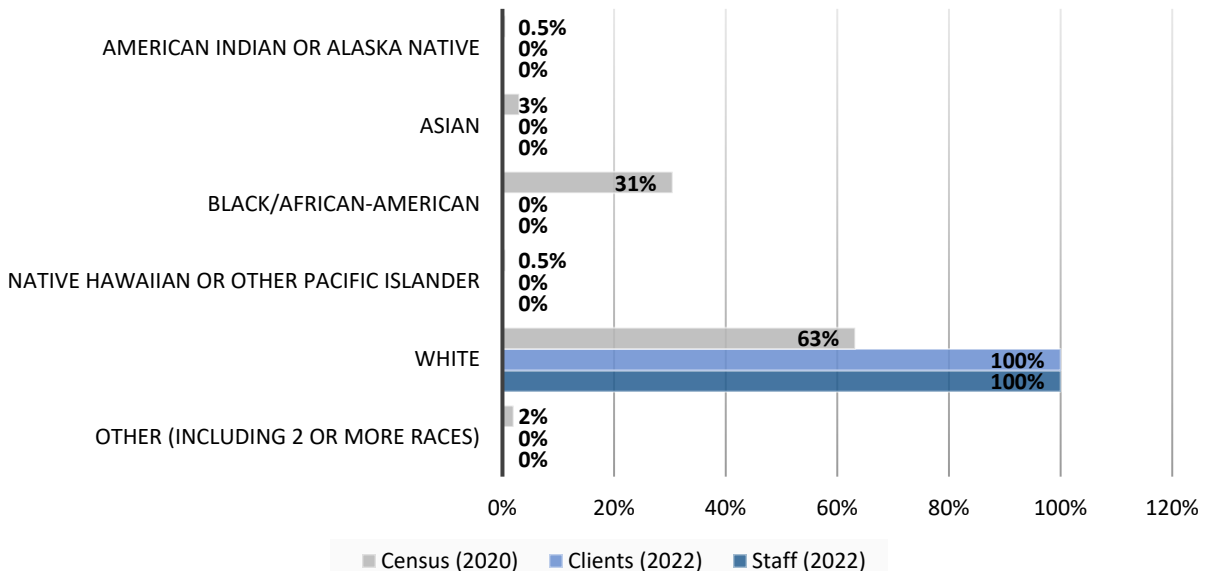


Ethnicity

Ethnicity



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



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

# **Shaker Heights Youth Center**

## CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
<b>Shaker Heights Youth Center</b>			
SUD Prevention - After School Programs	\$ 33,613	\$ 23,329	Prevention
MyCom Collaborative	\$ 12,001	\$ 18,858	Prevention
Student Assistance Program	\$ 191,370	\$ 232,844	Prevention
Summer Youth Programs	\$ 46,656	\$ 50,802	Prevention
<b>Total</b>	<b>\$ 283,640</b>	<b>\$ 325,833</b>	



# CY23 Program Highlights and Outcomes

## Shaker Heights Youth Center

The Shaker Heights Youth Center (SHYC) is a community-based social service agency that provides prevention and wellness services to Shaker Heights residents and families. By utilizing a variety of strategies and resources, including collaborative projects with other community agencies, the center seeks to inspire youth to lead a productive, drug-free life.

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

### After School Prevention Program

IMPACT is an afterschool program. Shaker Heights Youth Center staff directs the joint project with Unitarian Universalist Congregation of Cleveland. Program activities include Life Skills education, academic assistance and activities that encourage the development of communication and leadership skills.

Youth Council program activities include Life Skills education, academic assistance and activities that encourage the development of communication and leadership skills.

PEERS Afterschool will build on the summer program in which students studied issues facing Shaker students. They developed and distributed surveys that explore a youth chosen topic and developed suggested solutions that address the identified issues and encourages resiliency. In 2022 the topic chosen by the youth was sexual assault and harassment. The students developed and distributed a survey addressing prevalence and solutions. This program will follow through to implement as many of the solutions and study an additional issue facing youth in Shaker. The program will meet 1 to 2 days a month for 8 months.

The National Institute on Drug Abuse in Preventing Drug Use, A Research-Based Guide, lists the following goals for prevention program by population grade levels: Prevention programs for Middle School and High School students should increase academic and social competency with communication skills, peer relationships, self-efficacy, and assertiveness (Botvin-Scheier). These targets serve as a roadmap for the Shaker Heights Youth Center in its service focus so that the prevention work done is age appropriate.

### **Target Population:**

- Children ages 13-17, All socioeconomic categories.

**Anticipated Number of Clients to be Served: 65**

**Number of Staff Required to Implement Program: 1**

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

- The MyCom Coordinator has been with the Center for 12 years and plans to retire within the next year two years. The hiring of an additional part-time person will both allow for the expansion of the afterschool programming and a smooth transition for the MyCom Coordinator position. The Shaker Heights Youth Center employs skilled and dedicated professionals and supports the talents and abilities for staff to grow. If an unexpected turnover were to occur without notice, staff would be re-deployed in consultation with partners to cover until a replacement could be found.

### **Funding Priority:**

- Prevention

# CY23 Program Highlights and Outcomes

## Program Goals:

- Of the 65-youth served in 2023, 48 will improve their ability to develop healthy interpersonal skills through promoting social/emotional development by increasing life skills and leadership skills.

## Program Metrics:

- Enrolls in the program
- Demonstrates leadership skill
- Demonstrates understanding of new life skills concepts
- National Outcome Measure: Participants will improve their ability to develop healthy interpersonal skills through promoting social/emotional development. These are measured in the documentation of services and compiled and reported in the prevention workbook.

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served: 28**
- **ADAMHS Funded Unduplicated Clients Served: 24**
- **Total Number of Clients Served: 24**
- **Total Number of Clients that Completed this Program/Service: 0**

Average Cost Per Client: \$1,131.40

### Additional Information:

- IMPACT is an afterschool program. Shaker Heights Youth Center staff directs the joint project with Unitarian Universalist Congregation of Cleveland. Program activities include Life Skills education, academic assistance, and activities that encourage the development of communication and leadership skills. Youth Council program activities also include Life Skills education, academic assistance and activities that encourage the development of communication and leadership skills. The goal is to increase social competency and resiliency by teaching and reinforcing the following: problem solving skills, positive coping skills, and other life skills such as communication, building peer relationships, and assertiveness skills using the evidence-based practices of Life Skills and Sources of Strength.

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served: 40**
- **ADAMHS Funded Unduplicated Clients Served: 47**
- **Total Number of Clients that were Served: 64**
- **Total Number of Clients that Completed this Program/Service: 26**

### Goals Met:

- Of 25 youth served through the IMPACT Program, 18 will improve their ability to develop healthy interpersonal skills through promoting social/emotional development. Of the 15 youth from the Youth Council Program, 11 will increase their social support and social connectiveness by improving their ability to develop healthy interpersonal skills.

# CY23 Program Highlights and Outcomes

## **Metrics Used to Determine Success:**

- Enrolls in the program
- Demonstrates leadership skill
- Demonstrates understanding of new Life Skills concepts
- Improved ability to develop healthy interpersonal skills through promoting social/emotional development

## **Program Successes:**

- The IMPACT Program had 32 youth enrolling in the program, with 26 demonstrating leadership skill, 26 demonstrating an understanding of new life concepts, and 26 improving their ability to develop healthy interpersonal skills through promoting social/emotional development. The Youth Council Program saw 32 youth enrolling in the program, with 23 demonstrating leadership skill, 14 demonstrating an understanding of new life concepts, and 14 improving their ability to develop healthy interpersonal skills through promoting social/emotional development.

**Average Cost Per Client in CY21:** \$1,562.50 for the IMPACT Youth Enrichment Program; \$2,500 for the Youth Council Program

## **Additional Information:**

- This is a combination of the IMPACT Youth Enrichment and Youth Council Program. The IMPACT Youth Enrichment Program continues to be a positive experience for the youth who attend. Meanwhile, the Youth Council Program successfully graduated 15 students by the end of the second quarter. Recruitment for the next leadership class began in October and November. It is anticipated that this group will meet the objectives in the first quarter of 2022 goals.

## **MyCom Prevention Program**

The Strategic Prevention Framework (SPF) is a community public health approach to prevention. Using community Based Process this environmental approach encourages healthy communities by building resiliency in youth and serves to discourage substance use and unhealthy behaviors. It encourages population level changes in behavior, consumption and consequences. Prevention is seen as a continuum. The goal is to successfully decrease risk factors and enhance protective factors on a community level. The Strategic Prevention Framework Systems is built on the research that finds that prevention services work better when collaborating as a community rather than offering services in silos. In short SPF provides the structure for the proverb that “it takes a village to raise a child”.

The Strategic Prevention Framework comprehensively seeks to address risk and protective factors through assessment of the community by creating a profile population needs, resources, and readiness to address needs and gaps. It evaluates community capacity, mobilizes and/or builds capacity to address needs by developing a comprehensive strategic plan, implementing the plan using evidence-based prevention programs and activities. Then the plan is evaluated and monitored to sustain and improve or replace those initiatives that fail. The summer jobs portion of the program was an early identified need. It has been very successful and continues to be supported by the MyCom collaborative.

## **Target Population:**

- The MyCom Collaborative demographics were: 28 female, 14 male, 2 Asians, 19 African Americans and 21 white. Ethnicity - 2 Hispanic and 40 non-Hispanic.
- The Summer Jobs program demographics were: 27 females, 25 males, 52 African American and 52 non-Hispanic. The age ranges were: 33 ages 14-15, 17 ages 16-17 and 2 were age 18. Youth

# CY23 Program Highlights and Outcomes

who participate in the summer jobs program often come from single parent households and low socioeconomic status.

- All Ages, All socioeconomic categories

**Anticipated Number of Clients to be Served: 114**

**Number of Staff Required to Implement Program: 1.28**

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

- The MyCom Coordinator has been with the Center for 12 years and plans to retire within the next year two years. The hiring of a part-time staff for this program will both allow for the expansion of the MyCom programming and a smooth transition for the MyCom Coordinator position. She will dedicate 10% of her time to MyCom. The Shaker Heights Youth Center employs skilled and dedicated professionals and supports their talents and ability to grow. If an unexpected turnover occurs without notice, staff would be re-deployed, in consultation with partners to cover until a replacement could be found.

**Funding Priority:**

- Prevention

**Program Goals:**

- The MyCom team will build and participate in community coalitions that plan and collaborate youth services to influence community morays to promote healthy lifestyles. The collaborative will also work as a community to facilitate youth employment.

**Program Metrics:**

- Expresses interest in the coalition/summer jobs
- Attends coalition-based organizing, trainings and planning meetings for summer jobs
- NOM: Participants will influence community laws and norms promoting healthy lifestyle

**First Six Months of CY22 Provider Outcomes:**

**Highlights:**

- **Number of Clients that were Anticipated to be Served: 25**
- **ADAMHS Funded Unduplicated Clients Served: 32**
- **Total Number of Clients Served: 32**
- **Total Number of Clients that Completed this Program/Service: 0**

**Average Cost Per Client: \$1,187.97**

**Additional Information:**

- This program is a community collaboration using the Strategic Prevention Framework (SPF) developed for Ohio by OhioMHAS. The National Institute on Drug Abuse in Preventing Drug Use, A Research-Based Guide, lists the following goals for community prevention programs: Community prevention programs that combine two or more effective programs can be more effective than a single program alone. Additionally, community prevention programs reaching populations in multiple settings are more effective when they present consistent community wide messages in each setting.

# CY23 Program Highlights and Outcomes

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served: 40**
- **ADAMHS Funded Unduplicated Clients Served: 45**
- **Total Number of Clients that were Served: 45**
- **Total Number of Clients that Completed this Program/Service: 41**

### Goals Met:

- The MyCom team built and participated in community coalitions that plan and collaborate services for youth to promote healthy lifestyles.

### Metrics Used to Determine Success:

- Enrolls in the program.
- Attends coalition-based organizing, training and planning meetings. Participants will influence community laws and norms promoting a healthy lifestyle.

### Program Successes:

- 45 enrolled in the program, 44 attended coalition-based organizing, training and planning meetings, and 41 influence community laws and norms promoting a healthy lifestyle.

### Average Cost Per Client in CY21: \$1777.77

### Additional Information:

- Due to COVID, the coalition was very active in serving various community needs. All segments stepped up to support the community and each other.

## Student Assistance Prevention Program

The National Institute on Drug Abuse in Preventing Drug Use, A Research-Based Guide, lists the following goals for prevention programs by population grade levels: Prevention programs in elementary school should target academic and socio-emotional learning - (Ialongo). Prevention Education should focus on the following skills in elementary schools: self-control, emotional awareness, communication, problem solving and academic support. In addition to teaching Life Skills, the Youth Center staff in primary schools are trained in Zones of Regulation and Caring School Communities interventions. Prevention programs for Middle School and High School students should increase academic and social competency with communication skills, peer relationships, self-efficacy and assertiveness (Botvin-Scheier). In addition to teaching Life Skills, the Youth Center staff in Middle School are trained in Facing History and Ourselves and High School staff are trained in Character Strong. Staff at all schools are trained in Sources of Strength, a suicide prevention program. The targets serve as a roadmap for the Shaker Heights Youth Center in its service focus so that the prevention work done is age appropriate.

### Target Population:

- **Demographics:** In the most recent half year, the Shaker Heights Youth Center served the following percentage of students: African American 85%, White 12%, Other Race 3% and Hispanic/ Latinx 3%. The total student population is 55% African American, 40% White and about 2.5% Latinx.
- **Students served** are in grades K-12, with most students being in grades K-9. The ages served are as follows: 39% ages 5-11, 40% ages 12-14 and 20% ages 15-18. Of the students served 55% were female and 45% male.

# CY23 Program Highlights and Outcomes

- Children ages 0-17, All socioeconomic categories

**Anticipated Number of Clients to be Served: 220**

**Number of Staff Required to Implement Program: 4.5**

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

- The Shaker Heights Youth Center employs skilled and dedicated professionals and supports the talents and abilities for staff to grow. When staff is hired, expectations are set for any departure to occur after the end of the school year to minimize the impact on the consumers. Last year, two staff resigned to accept positions with Shaker Heights Schools. These positions paid between \$10,000 and \$15,000 more per year and were nine-month rather than 12-month positions. Two months' notice was given which allowed the agency time to hire replacements so that there were no disruptions in service. The other staff that resigned gave one month notice. The students served were reassigned to other staff in the building. The replacement was assigned to another building. In this program if an unexpected turnover were to occur without notice, staff would be re-deployed in consultation with the program partner, Shaker Heights City Schools, to cover until a replacement could be found.

## **Funding Priority:**

- Prevention

## **Program Goals:**

- Goal: Of the 220 students served in 2023, 160 will improve their ability to develop healthy interpersonal skills through promoting social/emotional development through an increase in life skills, coping skills and problem-solving skills.

## **Program Metrics:**

- Enrolls in the program
- Demonstrates problem solving skills
- Demonstrates positive coping skills
- Demonstrates understanding of new Life Skills concepts
- National Outcome Measure: Participants will improve their ability to develop healthy interpersonal skills through promoting social/emotional development. These are measured in the documentation of services and compiled and reported in the prevention workbook.

## **First Six Months of CY22 Provider Outcomes:**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served: 100**
- **ADAMHS Funded Unduplicated Clients Served: 129**
- **Total Number of Clients Served: 129**
- **Total Number of Clients that Completed this Program/Service: 0**

**Average Cost Per Client: \$1,179.59**

### **Additional Information:**

- One of the prevention principals in the research-based guide Preventing Drug Use Among Children and Adolescents, published by National Institute on Drug Abuse states: The higher the

# CY23 Program Highlights and Outcomes

level of risk of the targeted population, the more intensive the prevention effort must be and the earlier it must begin. The most intense work Shaker Heights Youth Center does is with elementary aged youth who have significant risk factors. Common Risk Factors on a community level is economic deprivation, especially compared to classmates. Staff often see family management problems and family conflict. In school, academic failure and lack of commitment and/or school bonding is observed. In individuals, staff often sees early initiation of problem behaviors, peer pressure, alienation and rebelliousness. The agency's goal is to increase social competency and resiliency by teaching and reinforcing the following: problem solving skills, positive coping skills and other life skills such as communication, building relationships and assertiveness skills.

## **CY21 Provider Outcomes**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served:** 130
- **ADAMHS Funded Unduplicated Clients Served:** 209
- **Total Number of Clients that were Served:** 209
- **Total Number of Clients that Completed this Program/Service:** 153

### **Goals Met:**

- Initiative Learning Center Collaboration, of the 25 youth 18 will increase their social support and social connectiveness by improving their ability to develop healthy interpersonal skills.
- Intensive Prevention Program, of the 30 students enrolled in the program 23 will increase their social support and social connectiveness.
- Student Assistance Programs, of the 75 students, 54 will improve their ability to develop healthy interpersonal skills through promoting social/emotional development.

### **Metrics Used to Determine Success:**

- Enrolls in the program
- Demonstrates problem solving skill
- Demonstrates positive coping skill
- Demonstrates understanding of new Life Skill concept
- Participants will improve their ability to develop healthy interpersonal skills through promoting social/emotional development

### **Program Successes:**

- For the Initiative Learning Center Collaboration: 24 enrolled in the program, 22 demonstrated problem solving skill, 17 demonstrated positive coping skill, 23 demonstrated understanding of new life skill concept, and 21 participants improved their ability to develop healthy interpersonal skills through promoting social/emotional development.
- For the Intensive Prevention Program, 13 enrolled in the program, 11 demonstrated problem solving skill, 11 demonstrated positive coping skill, 11 demonstrated understanding of new life skill concept, and 7 participants improved their ability to develop healthy interpersonal skills through promoting social/emotional development.
- For the Student Assistance Programs, 174 enrolls in the program, 131 demonstrated problem solving skill, 119 demonstrated positive coping skill, 124 demonstrated understanding of new life

# CY23 Program Highlights and Outcomes

skill concept, and 125 participants improved their ability to develop healthy interpersonal skills through promoting social/emotional development.

**Average Cost Per Client in CY21:** \$2,000.00 for the ILCC, \$7,272.72 for the Intensive Prevention Program, and \$1,724.13 for the Student Assistance Programs

## **Additional Information:**

- This is a combination of the Initiative Learning Center Collaboration, Intensive Prevention, and Student Assistance Programs. The Initiative Learning Center Collaboration program was positive and back on track after a couple of years of struggles. The new Shaker Heights City Schools coordinator values and supports the Youth Center's services. The Intensive Prevention Program has been declining for a number of years due to Shaker Heights City Schools decision to not use suspension and expulsion as a disciplinary measure. COVID also impacted the beginning of the program when students were doing on-line learning. The Executive Director discussed the accelerating trend of underutilization with the Board of the Shaker Heights Youth Center, Shaker Heights City Schools and the ADAMHS Board of Cuyahoga County. The unanimous decision was to close the program in September 2021. Finally, the Student Assistance Program was expanded with two additional positions. One was a new hire and the other was a transfer from the Intensive Prevention Program. The program exceeded expectations and the number of successful completions of program goals was impressive, especially when considering that several students began the program in December and did not complete their goals until the first quarter of 2022.

## **Summer Prevention Program**

The Summer Leadership Program for Middle School students focuses on increasing interpersonal skills through Life Skills education and creative expression. The youth tour a local university and are exposed to other community assets. The program meets 5-hours-per-day, 4-days-per-week for eight weeks.

PEERS is a summer program in which students study issues facing Shaker students by developing and distributing surveys that explore a youth chosen topic and develop suggested solutions that addresses the identified issues and encourages resiliency. In 2022, the topic chosen by the youth was sexual assault and harassment. The students developed and distributed a survey addressing prevalence and solutions and received 125 responses. At the end of the program the community is invited to hear about the results and discuss proposed solutions. The program meets 5-hours-per-day for 5-days-per-week for six weeks.

The Summer Program for K-4 students focuses on increasing interpersonal and academic skills through Life Skills education, academic support and building resiliency. Students receive educational enrichment through Shaker Schools and Social Emotional Learning opportunities through this program.

The National Institute on Drug Abuse in Preventing Drug Use lists the following goals for prevention programs by population grade levels: Prevention programs in elementary school should target academic and socio-emotional learning - (Ialongo). Prevention Education should focus on the following skills in elementary schools: self-control, emotional awareness, communication, problem solving and academic support. Prevention programs for Middle School and High School students should increase academic and social competency with communication skills, peer relationships, self-efficacy, and assertiveness (Botvin-Scheier).

These targets serve as a roadmap for the Shaker Heights Youth Center in its service focus so that the prevention work done is age appropriate. Evidence-based practices used in all programs include Life Skills and Sources of Strength.



# CY23 Program Highlights and Outcomes

## **Target Population:**

- Children ages 0-17, All socioeconomic categories

**Anticipated Number of Clients to be Served: 35**

**Number of Staff Required to Implement Program: 1**

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

- Summer programs last between 6 weeks and 2 months. Because it is such a short period, staff are almost always able to honor their commitment. Turnover is rarely an issue. In an emergency situation, the Executive Director and staff who were not working the summer will step in to provide direct service.

## **Funding Priority:**

- Prevention

## **Program Goals:**

- Of the 35-youth served in 2023, 26 will increase their social support and social connectiveness by improving their ability to develop healthy interpersonal skills through promoting social development by increasing their life skills and leadership skills.

## **Program Metrics:**

- Enrolls in the program
- Demonstrates leadership skill
- Demonstrates understanding of new life skills concepts
- National Outcome Measure: Participants will improve their ability to develop healthy interpersonal skills through promoting social/emotional development. These are measured in the documentation of services and compiled and reported in the prevention workbook.

## **First Six Months of CY22 Provider Outcomes:**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served: 35**
- **ADAMHS Funded Unduplicated Clients Served: 33**
- **Total Number of Clients Served: 33**
- **Total Number of Clients that Completed this Program/Service: 0**

**Average Cost Per Client:** \$822.83

### **Additional Information:**

- The goal is to increase social competency and resiliency by teaching and reinforcing the following: problem solving skills, positive coping skills, and other life skills such as communication, building peer relationships, and assertiveness skills. This will be accomplished by using the evidence-based practices of Life Skills and Sources of Strength in the three programs. The Summer Leadership Program for Middle School students focuses on increasing interpersonal skills through Life Skills education, service learning and creative expression. PEERS is a summer program in which students, with the assistance of adult leaders, study issues facing Shaker students and develop messaging that addresses the identified issues and encourages resiliency. The Summer Program

# CY23 Program Highlights and Outcomes

for K-4 students focuses on increasing interpersonal and academic skills through Life Skills education, academic support and building resiliency.

## **CY21 Provider Outcomes**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served: 35**
- **ADAMHS Funded Unduplicated Clients Served: 23**
- **Total Number of Clients that were Served: 23**
- **Total Number of Clients that Completed this Program/Service: 22**

### **Goals Met:**

- For the PEERS Program, of the 10 youth 7 will increase their social support and social connectiveness by improving their ability to develop healthy interpersonal skills.
- For the Summer K-4 Enrichment program, of the 10 youth 7 will increase their social support and social connectiveness by improving their ability to develop healthy interpersonal skills.
- For the Summer Leadership Program, of the 15 youth served, 11 will increase their social support and social connectiveness.

### **Metrics Used to Determine Success:**

- Enrolls in the program
- Demonstrates problem solving skill
- Demonstrates positive coping skill
- Demonstrates understanding of new Life Skill concept
- Participants will improve their ability to develop healthy interpersonal skills through promoting social/emotional development

### **Program Successes:**

- The PEERS Program saw 6 youth enrolling in the program, with 6 demonstrating leadership skill, 6 demonstrating an understanding of new life concepts, and 6 improving their ability to develop healthy interpersonal skills through promoting social/emotional development.
- The K-4 Enrichment Program saw 5 youth enrolling in the program, with 4 demonstrating leadership skill, 2 demonstrating an understanding of new life concepts, and 4 improving their ability to develop healthy interpersonal skills through promoting social/emotional development.
- The Summer Leadership Program saw 12 youth enrolling in the program, with 12 demonstrating leadership skill, 12 demonstrating an understanding of new life concepts, and 12 improving their ability to develop healthy interpersonal skills through promoting social/emotional development.

**Average Cost Per Client in CY21:** \$2,777.77 for the PEERS Program; \$3,533.32 for the Summer K-4 Enrichment Program; \$900.00 for the Summer Leadership Program

### **Additional Information:**

- This is a combination of the PEERS, Summer K-4 Enrichment, and Summer Leadership Programs. The PEERS Program continues to be a positive experience for the youth who attend. COVID-19 impacted the overall number served but the quality of the service was excellent. The K-4 Enrichment program was not given the support or coordination from the beginning that it

# CY23 Program Highlights and Outcomes

needed to succeed. The individual from Shaker Schools who coordinated the K-4 programming was completely unresponsive to requests to work together to develop a program. She has since left the Shaker School system. Staff is working with the new coordinator now to ensure this does not happen again. Regarding the Summer Leadership program, COVID-19 had a very negative effect on being able to recruit youth for the program. Those youth who participated were very active in all aspects of the program and met all their benchmarks.

Provider:	<b>Shaker Heights Youth Center</b>	2021 First Outcome Count:	<b>23</b>	2022 First Outcome Count:
Instrument:	<b>DESSA MINI</b>	2021 Final Outcome Count:	<b>23</b>	2022 Final Outcome Count:
Program:	<b>Youth Prevention</b>	2021 % of Final:	<b>100%</b>	2022 % of Final:

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

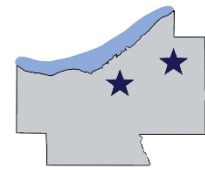
Population	Evaluation Year	SubScale	First Outcome Average	Final Outcome Average	Average Difference	Significance
Grades K - 8	2021	No Scale	40.48	45.65	5.17	Significant at p<.05
Grades 9 - 12	2021	No Scale				
Grades K - 8	2022	No Scale				
Grades 9 - 12	2022	No Scale				

# Focus on Diversity: Shaker Heights Youth Center

Program(s): After School Prevention Program; MyCom Prevention Program; Student Assistance Prevention Program; Summer Prevention Program

**Diversity, Equity and Inclusion STRENGTH from program proposal:**

*“Recognizing that we live in a disproportionate society, the Shaker Heights Youth Center works to correct this imbalance by creating more opportunities for people who have historically been denied access. We strive to provide equity by distributing resources based on need.”*



Region: Central/E

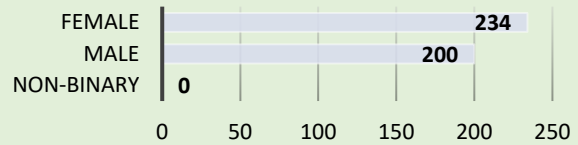
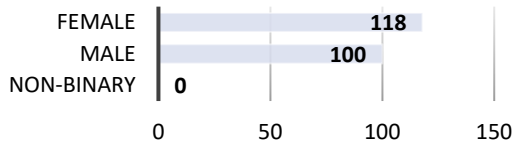
**CLIENT DEMOGRAPHICS**

**2022 – Total Served 218**

**2023 – Total Projected to be Served 434**

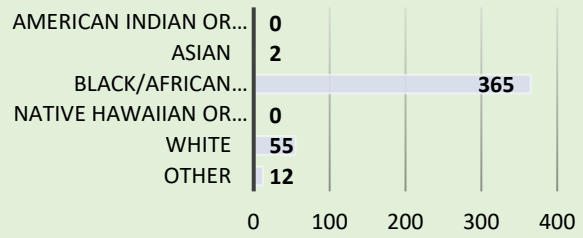
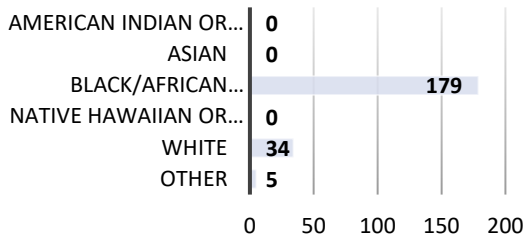
Gender

Gender



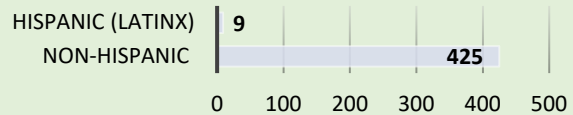
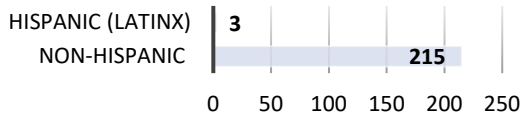
Race

Race

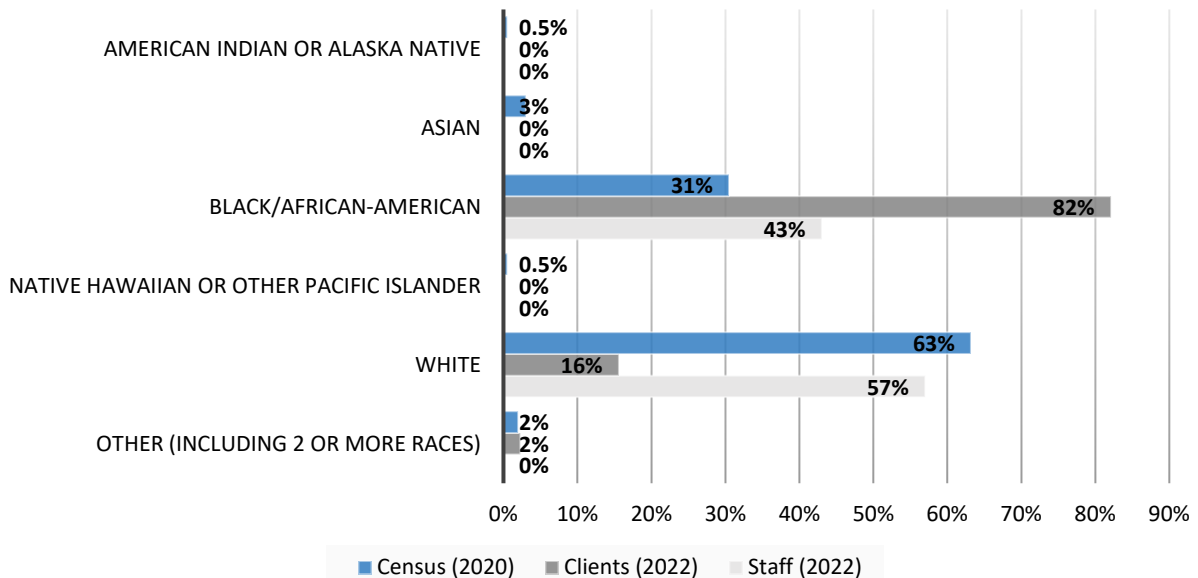


Ethnicity

Ethnicity



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



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

# **Signature Health**

## CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
<b>Signature Health</b>			
Jail Liaison Program	\$ 78,000	\$ 100,000	Removing Barriers
MAT Peer Support	\$ 79,780	\$ 65,470	Peer Support
North Ridge Commons	\$ 114,230	\$ 115,370	Peer Support
Peer Support	\$ 200,000	\$ 200,000	Peer Support
Transportation	\$ 10,000	\$ 20,000	Removing Barriers
Roberto Flores Residential	\$ 226,000	\$ 171,700	Housing
<b>Total</b>	<b>\$ 708,010</b>	<b>\$ 672,540</b>	
<b>Pooled Funding:</b>			
Treatment Services - SUD	\$ -	\$ -	
Treatment Services - MH	\$ -	\$ -	
Roberto Flores Residential Treatment	\$ -	\$ -	
ORCA House - SUD Residential Treatment	\$ -	\$ -	

# CY23 Program Highlights and Outcomes

## Signature Health

Signature Health provides a spectrum of behavioral health and recovery support services allowing for seamless care for children, adults and their families.

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

### Jail Liaison

The Jail Liaison Program collaborates with the Cuyahoga County Court and other municipal courts within Cuyahoga County to support clients who have previous or current legal involvement and a mental health condition or dual diagnoses that influences their criminal involvement.

Providing care at the earliest point of intervention improves engagement, reduces unnecessary length of incarceration and yields better results both clinically and specific to recidivism. Through this program, the introduction of care and reintegration begins as early as possible. By providing this service, staff serve as a 'release valve' for the courts and free up time for the criminal justice system to focus on more serious crimes. Essential elements of the program include:

- Integrating mental health treatment and the justice system with an interdisciplinary approach.
- Providing advocacy and representation during court proceedings.
- Providing a long-term continuum of care.
- Monitoring substance use of clients.
- Providing case management and linking to supportive services such as housing.
- Connecting clients with psychiatric assessments, individual or group counseling, aftercare and non-intensive outpatient care and other services.
- Evaluating outcomes in collaboration with the ADAMHS Board to determine program success.

Pretrial, proactive engagement is provided to establish or continue the care relationship and begin the Reintegration Plan quickly. The Jail Liaison acts as a bridge between Signature Health and the county justice system to help advocate and provide linkage to mental health services while clients are waiting in the county jail or court system. The services are intended to help provide mental health stability for ex-offenders so that they may gain the necessary skills and resources for becoming functional members of society. Clients may be court ordered to the program or they may voluntarily seek treatment if they are forensically involved.

Communication between the Liaison and the Court will continue to be the primary focus in an effort to most benefit individuals being served. Diversion from jail, earliest intervention, continuity of care, linkage to supports and preparation for earliest release as appropriately determined by the Court are all facilitated through communication, planning and initiation of services as quickly as possible. With a Jail Liaison in place who is licensed, experienced and skilled, Signature Health will continue to be a responsive partner with the Courts and the ADAMHS Board.

### **Target Population:**

- The target population is adult offenders identified in the County and Municipal Jail systems. The Jail Liaison works with both male and female adult offenders with Axis I diagnoses.
- Adult 18-65+, All socioeconomic categories

**Anticipated Number of Clients to be Served: 224**



# CY23 Program Highlights and Outcomes

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

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

- Signature Health has a process for covering clients when a staff vacancy occurs. Other equally qualified and credentialed staff are assigned the vacated staff member's clients until the position can be filled. Signature Health maintains contracts with temporary nurse staffing agencies to access additional staff on short notice. Supervisors may be called into service in severe/acute staffing shortages. The talent acquisition team works to quickly post the vacant position to the agency's career site and hire a qualified candidate.

**Funding Priority:**

- 24/7 Access

**Program Goals:**

- Maintain a connection with Courts to serve more clients
- Consistent contact with clients to achieve continuity of care
- Help clients transition smoothly upon their release

**Program Metrics:**

- Measure number of clients being monitored (82 per month baseline), new referrals (11 per month baseline) and new cases opened (8 per month baseline)
- Measure the number of client contacts during the month (83 per month baseline)
- Measure the number of MHDD Docket Reintegration plans completed and submitted to the Court (seven per month baseline).

**First Six Months of CY22 Provider Outcomes:**

**Highlights:**

- **Number of Clients that were Anticipated to be Served: 100**
- **ADAMHS Funded Unduplicated Clients Served: 128**
- **Total Number of Clients Served: 128**
- **Total Number of Clients that Completed this Program/Service: 0**

**Average Cost Per Client: \$74.67**

**Additional Information:**

- The Jail Liaison Program continues to be successful because of the continuity of the program staff for many years and the partnership with the Cuyahoga County ADAMHS Board, courts and other agencies.

**CY21 Provider Outcomes**

**Highlights:**

- **Number of Clients that were Anticipated to be Served: 100**
- **ADAMHS Funded Unduplicated Clients Served: 93**
- **Total Number of Clients that were Served: 93**
- **Total Number of Clients that Completed this Program/Service: 0**

# CY23 Program Highlights and Outcomes

## **Goals Met:**

- Provide continuity of care for individuals who have a mental illness and are incarcerated in the Cuyahoga County jail.

## **Metrics Used to Determine Success:**

- Number of clients referred to the Jail Liaison
- Number of client contacts
- Total number of clients being monitored on
- Number of MHDD Docket Reintegration plans established

## **Program Successes:**

- 118 clients referred to the program
- Jail Liaison made 859 client contacts
- Average of 84 clients were monitored per month
- Established 93 MHDD Docket Reintegration plans

## **Average Cost Per Client in CY21:** \$74

## **Additional Information:**

- It is likely that well over 93 clients were served. The reported number only represents the total number of reintegration plans developed. The monthly reporting format does not track unique clients served across the year – many clients receive services in two or more months.
- The monthly liaison meetings with ADAMHS Board staff have been beneficial to the Liaison as it provides an opportunity to address any barriers staff may be facing with accomplishing the program goals. Having the jail/court liaison specialist Lottie Gray streamlining the referrals, court/jail requests, and problem-solving issues as they arise has improved the Liaison's ability to accomplish the program goals.
- Conducting visits via Zoom and in-person is time consuming as the Jail Liaison depends on the correctional officers to facilitate the meetings with clients. This additional time means the Liaison is not able to meet with as many clients as previous when the Liaisons were able to go into the jail and directly to clients' pods. Clients are not always able to sign on the video visits due to various reasons, hence extra time is used to schedule and see them behind glass.
- The video visits and behind the glass visits have not been ideal mode of visit for clients with severe MH issues, actively psychotic and decompensated because they either refuse or are unable to sign on the video visits or refuse to leave their pods for the visits. Clients are more paranoid about the visits than when done one on one. It's also challenging for clients that are hard of hearing to do video visits and behind the glass visits.

## **MAT Peer Support and Medication Access**

Signature Health has provided MAT to residents of Cuyahoga County since 2012. Suboxone, Subutex and Vivitrol are effective treatment methods for treating long-term opioid addiction. This medication in combination with comprehensive behavioral health treatment services helps individuals effectively function without using, impairment or fear of withdrawal symptoms.

Immediate access to treatment is critical for clients with an opioid use disorder. The new MAT Access Clinic is improving access to treatment in Cuyahoga County, offering same-day or next-day MAT appointments giving greater access to lifesaving medications. Once referred for MAT, nurse care coordinators initiate suboxone or vivitrol that same day. Clients are then transferred to their new

# CY23 Program Highlights and Outcomes

providers for ongoing maintenance. With only a small window of opportunity to engage the patient in treatment, this process eliminates time-to-medication-induction.

Treatment for opioid use disorder requires continuing high-touch care for effective treatment in addition to a proper medication regimen. Individuals in their first six months of recovery are at the greatest risk of relapse. This is where the MAT Peer Support Specialist (PSS) is beneficial to ongoing abstinence and recovery. The PSS keeps clients connected to treatment and engaged in a recovery community. The PSS helps eliminate barriers to treatment like transportation and access to social services and supports.

Peer Recovery bridges the gap between traditional addiction treatment services and areas critical to recovery. Peer Recovery provides a multitude of services depending on a client's need. These services include facilitating self-help groups, CPST treatment aids, providing socialization opportunities, helping to build a peer support system, and engaging clients in agency-sponsored activities and committees. Peer Recovery Services are designed and delivered by people who have experienced substance use disorder and recovery. These services help clients become and stay engaged in the recovery process and reduce the likelihood of relapse.

## **Target Population:**

- Adult 18-65+, All socioeconomic categories

**Anticipated Number of Clients to be Served: 50**

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

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

- Signature Health has a process for covering clients when a staff vacancy occurs. Other equally qualified and credentialed staff are assigned the vacated staff member's clients until the position can be filled. Signature Health maintains contracts with temporary nurse staffing agencies to access additional staff on short notice. Supervisors may be called into service in severe/acute staffing shortages. The talent acquisition team works to quickly post the vacant position to the agency's career site and hire a qualified candidate.

## **Funding Priority:**

- Peer Support

## **Program Goals:**

- Provide peer recovery support as an adjunct to medical and behavioral health treatment
- Increase client engagement in the MAT program
- Clients will maintain sobriety in their second month of treatment, a crucial time for recovery
- Provide clients with education about naloxone
- Provide medication assistance to clients receiving MAT with a financial need

## **Program Metrics:**

- 50 clients in the MAT program will receive peer support services
- Increased engagement evidenced by number of services peer support services provided per client (baseline is 4.3 services per client)
- Improve percentage of clients newly enrolled in MAT who test negative for illicit opioids in weeks 4 - 8 of treatment (87.88% baseline)

# CY23 Program Highlights and Outcomes

- 100% of clients new to MAT will receive naloxone education (99.54% baseline)
- Provide for the cost of MAT and psychotropic medication for approximately ten clients in the MAT program when clients are uninsured and/or have unaffordable out-of-pocket costs

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 25
- **ADAMHS Funded Unduplicated Clients Served:** 37
- **Total Number of Clients Served:** 37
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: \$902.49

Additional Information: N/A

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 300
- **ADAMHS Funded Unduplicated Clients Served:** 34
- **Total Number of Clients that were Served:** 34
- **Total Number of Clients that Completed this Program/Service:** 0

### Goals Met:

- Streamline the process of access to behavioral health treatment in Cuyahoga County; help patients achieve and maintain sobriety and mental health support.

### Metrics Used to Determine Success:

- Number of clients who call the access line; number of services provided per patient.

### Program Successes:

- For the 24-hours per day, 7-days per week Access Program, seven unique clients called the access line a total of eight times in 2021. Five were successfully linked to services.
- For the MAT Peer Support program, average number of services provided per patient was 8.7, a 38% increase from the mid-year outcome report.

Average Cost Per Client in CY21: \$50.00 for 24/7 Access & \$1,852.00 for MAT Peer Support

### Additional Information:

- This is a combination of the 24-hours per day, 7-days per week Access Program and the MAT Peer Support program. In coordination with the ADAMHS Board, Signature Health discontinued the 24-hours per day, 7-days per week Access Program as of December 31, 2021. The MAT Peer Support program is essential for clients to achieve long-term recovery.

## Mental Health Outpatient Treatment - Pooled Funding

Signature Health's Outpatient Mental Health Treatment Program includes diagnostic assessment, individual and group therapy, case management, evaluation and management and a partial hospitalization program.

# CY23 Program Highlights and Outcomes

## **Target Population:**

- The target population for outpatient mental health treatment includes children, adolescents and adults with mental health diagnoses who are geographically accessible to Signature Health's outpatient locations in Cuyahoga County or otherwise able to connect with Signature Health through telehealth. Only the MH partial hospitalization program is limited to adults. Also, for CPST services, a priority is given to adults with severe and persistent mental illness and youth who are severely emotionally disturbed.
- All Ages, All socioeconomic categories

**Anticipated Number of Clients to be Served: 430**

**Number of Staff Required to Implement Program: 260**

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

- Signature Health has a process for covering clients when a staff vacancy occurs. Other equally qualified and credentialed staff are assigned the vacated staff member's clients until the position can be filled. Signature Health maintains contracts with temporary nurse staffing agencies to access additional staff on short notice. Supervisors may be called into service in severe/acute staffing shortages. The talent acquisition team works to quickly post the vacant position to the agency's career site and hire a qualified candidate. Signature Health is now using a predictive hiring model to post positions and hire new behavioral health clinicians ahead of demand for services.

## **Funding Priority:**

- Treatment Services – Pooled Funding

## **Program Goals:**

- Measure improvements in clients' depression/functioning, interpersonal relationships, self-harm, emotional lability, psychosis and substance abuse
- Reduce suicide risk for all clients
- Increase client engagement with telehealth and improve communication with care teams
- Improve linkage to services through transportation
- Ensure quick access to psychiatric diagnostic assessments for clients starting service at Signature Health

## **Program Metrics:**

- Integrate welcome tablets at all three locations for clients to complete BASIS-24 assessment (establish baseline aggregate scores)
- Universally implement the Columbia Suicide Severity Rating Scale assessments for all patients by end of year
- Increase the percentage of clients using MyChart from 19% to 30%
- Increase percentage of transports per case manager by 25% from 40 to 50
- Improve third next available diagnostic assessment by 20% from 12 days to ten days

# CY23 Program Highlights and Outcomes

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 755
- **ADAMHS Funded Unduplicated Clients Served:** 283
- **Total Number of Clients Served:** 12,917
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: \$351.27

Additional Information: N/A

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 1,095
- **ADAMHS Funded Unduplicated Clients Served:** 854
- **Total Number of Clients that were Served:** 36,305
- **Total Number of Clients that Completed this Program/Service:** 4,054

### Goals Met:

- Goals for the combination of Mental Health Outpatient Treatment Programs include reduce mental health symptoms, improve independence, increase functioning at home, school and work, within relationships and within the community.
- Provide diagnostic clarity and treatment of mental health disorders, maximizing the benefit of medications while limiting side effects.
- Provide PHP to avoid hospitalization and remain in the community for behavioral health treatment.
- Diagnosing, recommending services and developing initial treatment goals with clients.

### Metrics Used to Determine Success:

- Metrics used for this collection of programs include achievement of goals as outlined in clients' ISP, number of CPST appointments, number of E&M appointments, number of group therapy appointments, number of individual therapy appointments, number of PHP services, number of clients receiving a diagnostic assessment and number of appointments.

### Program Successes:

- Case managers and counselors document individual service plans and treatment progress in client's medical record. Program successes for the combined programs in Mental Health Outpatient Treatment includes:
  - Providing nearly 5,600 CPST units of service for Cuyahoga County.
  - Provided more than 20,000 E&M appointments for Cuyahoga County.
  - Provided more than 600 group therapy units of services to Cuyahoga County clients.
  - Provided more than 63,073 individual therapy appointments for Cuyahoga County.
  - Provided more than 1,400 PHP units of service for Cuyahoga County. More than 4,000 clients received a diagnostic assessment.
  - Provided more than 75,000 PSR and TBS units of service for Cuyahoga County.

# CY23 Program Highlights and Outcomes

**Average Costs Per Client in CY21:** \$785.18 for CPST; \$255.93 for Evaluation and Management; \$72.79 for Group Therapy; \$445.03 Individual Therapy; \$34.27 for Partial Hospitalization Program; \$133.40 for Psychiatric Diagnostic Evaluation; and \$295.68 for Psychosocial Rehabilitation and Therapeutic Behavioral Services

## **Additional Information:**

- This summary accounts for all programs associated with the Mental Health Outpatient Treatment funding.
- Signature Health is working to increase the number of transportation services provided per CPST staff to improve linkage to all services, including behavioral health, primary care and infectious disease.
- Signature Health rapidly transitioned to telehealth due to COVID. The psychiatry team made this switch to the Doxy platform within a week. After a brief dip in productivity, the psychiatry team actually improved productivity to levels higher than pre-pandemic. In summary, telehealth has given the team the capability to see more patients than before the pandemic.
- Signature Health's Psychiatry Quality Improvement Committee developed best practices for psychiatric emergencies in a telehealth environment. This guidance was implemented within Signature Health and shared with local law enforcement agencies.
- Signature Health is now re-implementing the Basis-24 assessment into Epic, the new electronic health record system. This tool will measure improvements in clients' depression and functioning, interpersonal relationships, psychosis, substance abuse, emotional lability and self-harm. Signature Health temporarily suspended administration of the Basis-24 for Telehealth visits due to technological barriers. Basis assessments are now returning with Epic EHR in place. Staff are also beginning to use the Columbia Suicide Severity Rating Scale at diagnostic assessment appointments to identify clients at risk of suicide.

## **North Ridge Commons - Peer Support and Service Coordination**

Permanent supportive housing is an evidence-based intervention that combines affordable housing assistance with wrap-around support. Signature Health offers a wide array of services and programming to assist residents in gaining independent living skills. North Ridge Commons (NRC) is a 30-unit permanent supportive housing facility operated by EDEN.

Peer support is an essential service element as many residents are living with behavioral health issues. This peer support service provides a multitude of services depending on a resident's need and may include facilitating self-help groups, providing socialization opportunities, helping to build a peer support system and engaging clients in agency-sponsored activities.

The second element of programming is service coordination. Staff advocate on behalf of the residents to ensure that they are linked to outside services. The coordinator manages the daily operation of the home and its services including scheduling, training and coordinating daily activities of peer support employees. The coordinator is a case manager, advocate and resource for residents.

The coordinator and PSS provide socialization activities, special events and programming. They host activities such as movie and game days, ice cream socials and cookouts. The coordinator hosts community food pantries once per month. The team also assists in skill building to decrease episodes of chronic homelessness and prepare residents to move into the community. A podiatrist visits once per month. Life skill activities include budgeting, nutrition, grocery shopping, healthy relationships, exercise and other topics.

# CY23 Program Highlights and Outcomes

## **Target Population:**

- NRC serves men and women 55 years of age and older who have a disability and have experienced a recent episode of chronic homelessness.
- Adult 18-65+, Less than 100% of the federal poverty level

**Anticipated Number of Clients to be Served: 30**

**Number of Staff Required to Implement Program: 4**

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

- Signature Health has a process for covering clients when a staff vacancy occurs. Other equally qualified and credentialed staff are assigned the vacated staff member's clients until the position can be filled. Signature Health maintains contracts with temporary nurse staffing agencies to access additional staff on short notice. Supervisors may be called into service in severe/acute staffing shortages. The talent acquisition team works to quickly post the vacant position to the agency's career site and hire a qualified candidate.

## **Funding Priority:**

- Peer Support

## **Program Goals:**

- Assist residents in transitioning from homelessness to independent living
- Provide frequent peer support activities to support residents' care and recovery
- Encourage socialization and community building

## **Program Metrics:**

- Number of residents who maintain their housing at NRC throughout the calendar year
- Provide three or more peer support services per resident per month
- Offer a wide range of social activities and programs, at least one per month

## **First Six Months of CY22 Provider Outcomes:**

### **Highlights:**

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

**Average Cost Per Client:** \$1,942.73

### **Additional Information:**

- North Ridge Commons - Peer Support and Service Coordination

## **CY21 Provider Outcomes**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served: 30**
- **ADAMHS Funded Unduplicated Clients Served: 29**
- **Total Number of Clients that were Served: 29**



# CY23 Program Highlights and Outcomes

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

## Goals Met:

- Assist residents in transitioning from homelessness to independent living.

## Metrics Used to Determine Success:

- Number of residents that are able to maintain their housing throughout the year.

## Program Successes:

- 29 clients maintained housing, which is a 97% retention rate. All clients regularly receive services and more than 70% are registered as patients of Signature Health.

**Average Cost Per Client in CY21:** \$4,827.59

## Additional Information:

- Almost all clients maintained their residence at Northridge Commons due to the wraparound support provided by the peer support specialist and service coordinator. Residents engaged in a variety of groups and social activities when COVID mitigation practices were lessened during periods of lower transmission. Prior to the COVID surge at the end of the year, a Thanksgiving dinner was hosted for all residents. Not long after, safety precautions were put in place which limited group offerings that residents look forward to.
- The coordinator for Northridge Commons transitioned out of her role during this period and a new coordinator was assigned by the end of the year. Activities are finally getting back to somewhat normal for residents.
- The peer supporter is hosting groups on Mondays and Fridays focused on mental health, recovery, and reflections on current events. On Wednesdays, the coordinator holds a self-care group which generates interest especially from the older population. Other planned activities include a therapy dog once per month, monthly community meals and birthday dinners, coffee and donuts on Tuesdays and Thursdays, art projects and bingo. These programs encourage socialization and recovery.
- To promote good physical health, the team is organizing gardening in the courtyard and walking groups when the weather warms up. Finally, the team is searching for a barber/stylist to cut residents' hair on a regular basis. The success of the program is based on residents' willingness and participation in groups and social activities.

## ORCA House Residential Treatment

The new ORCA House residential treatment facility has integrated substance use care. The facility is currently undergoing renovations and will have 18 beds for men and 18 beds for women. Because residents live with severe mental illness, the length of stay at ORCA House will be up to 24 months as staff help residents achieve stability, develop the skills to live independently, and, in many cases, maintain sobriety and active recovery.

Mental health residential treatment will include room and board in a supportive environment, diagnostic assessments, development of an individualized treatment plan, individual counseling, group therapy (gender specific and combined groups), case management and social programming. These mental health services aim to improve residents' functioning so that they can live independently with supportive services.

For residents that also have a substance use disorder, staff will offer on-site diagnostic assessments upon admission, individual counseling, group therapy, intensive outpatient treatment, a partial hospitalization program and regular urinalysis screens. Case managers will work with residents on their dual diagnosis

# CY23 Program Highlights and Outcomes

issues and barriers. Group counseling will focus on relapse prevention and addressing issues pertinent to achieving continuous sobriety.

The agency's approach is to meet individuals where they are in their stages of change. Evidence-based treatment practices include cognitive behavioral therapy (CBT), motivational interviewing and trauma-centered therapies. Treatment utilizes the harm reduction philosophy. Residents are encouraged to attend AA and NA as part of their recovery. Staff will also focus on helping residents develop life skills through various social programs and events.

Residents will also have access to physical health screenings by a Signature Health primary care provider, STI and HIV testing and education by the infectious disease team, and evaluation and treatment of Hepatitis C. Staff coordinate services with other health and social service providers to assist residents in meeting their needs. When residents are discharged from ORCA House, they will have the opportunity to maintain aftercare treatment at Signature Health. Staff offer ongoing therapy, group counseling, psychiatry, medication assisted treatment, primary care, infectious disease and family.

## **Target Population:**

- Residential treatment at ORCA House will be available to primarily African American men and women, ages 21 and older who have a serious mental illness. Individuals with a SUD diagnosis will be accepted but is not required for admission.
- Adult 18-65+, Less than 100% of the federal poverty level

**Anticipated Number of Clients to be Served: 36**

**Number of Staff Required to Implement Program: 28**

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

- Signature Health has a process for covering clients when a staff vacancy occurs. Other equally qualified and credentialed staff are assigned the vacated staff member's clients until the position can be filled. Signature Health maintains contracts with temporary nurse staffing agencies to access additional staff on short notice. Supervisors may be called into service in severe/acute staffing shortages. The talent acquisition team works to quickly post the vacant position to the agency's career site and hire a qualified candidate.

## **Funding Priority:**

- High Quality Housing

## **Program Goals:**

- Re-open and fully staff ORCA House in a new facility as a dual-purpose residential facility
- Provide mental health residential care to predominantly African Americans
- Facilitate the skills needed for residents to transition to independent living
- Integrate substance use disorder treatment for residents with a SUD diagnosis
- Improve residents' physical health

## **Program Metrics:**

- The new ORCA House facility is expected to open by the end of 2022/early 2023 and the team will include 28 FTE to provide clinical services and 24-hours per day, 7-days per week monitoring.
- Provide services to 36 clients, including tracking referral sources and residents' demographics

# CY23 Program Highlights and Outcomes

- Counselors will be embedded in the program to facilitate skill building
- Track the number of residents with a dual diagnosis who receive integrated SUD services (80% goal)
- Measure number of residents who are linked to primary care as part of individual service plan (90% goal)

## **First Six Months of CY22 Provider Outcomes:**

- Program did not operate in 2021, no clients served.

## **Additional Information:**

- ORCA House temporarily closed in April 2020 due to COVID safety concerns and the purchase of the property. Renovations on the new location have begun and it's expected to open in 2022.

## **Peer Support**

Peer Recovery Services are an adjunct to clinical services intended to complement and expand behavioral health services in a holistic manner and help clients in their recovery process. Peer Recovery bridges the gap between traditional behavioral health services and areas critical to recovery. Peer Recovery provides a multitude of services depending on a client's need. These services include facilitating self-help groups, CPST treatment aids, providing socialization opportunities, helping to build a peer support system and engaging clients in agency-sponsored activities and committees.

Peer Recovery Services are designed and delivered by people who have experienced a mental health and/or substance use disorder and recovery. These services help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Because they are designed and delivered by peers who have been successful in the recovery process, they embody a powerful message of hope, as well as a wealth of experiential knowledge. The service outcome is to extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking to achieve or sustain recovery.

Peer support specialists (PSS) have become a vital part of the agency's treatment teams as they have a unique capacity to aid clients in their recovery process. PSS help clients become more fully engaged in their treatment and in the community through personal relationships, social events, and civic activities. PSS are a living example that healing and recovery is within reach. They communicate with clients about their issues and concerns, provide support, mentoring and resources.

## **Target Population:**

- Participants in the peer support program must be 18 years or older, meet the ICD diagnostic criteria for serious mental illness OR present with mental health symptoms that may put the individual at risk for serious mental illness or hospitalization, have mental health symptoms that are disabling and persistent, and have impaired functioning due to their mental health symptoms. Services are also provided to clients with a diagnosed substance use disorder.
- Adult 18-65+, All socioeconomic categories

**Anticipated Number of Clients to be Served: 316**

**Number of Staff Required to Implement Program: 10**

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

- Signature Health has a process for covering clients when a staff vacancy occurs. Other equally qualified and credentialed staff are assigned the vacated staff member's clients until the position can be filled. Signature Health maintains contracts with temporary nurse staffing agencies to

# CY23 Program Highlights and Outcomes

access additional staff on short notice. Supervisors may be called into service in severe/acute staffing shortages. The talent acquisition team works to quickly post the vacant position to the agency's career site and hire a qualified candidate.

## **Funding Priority:**

- Peer Support

## **Program Goals:**

- Provide person-centered, strength-based support to clients to promote recovery principles and advocate for clients
- Increase capacity of peer support program to keep up with growing referral list
- Offer equitable access to peer support by assigning adequate peer support coverage in Signature Health's three communities served
- Peer Supporters will see their clients regularly to maintain relationships, recovery and support
- Improve the length of time new clients engage in peer support services to sustain recovery

## **Program Metrics:**

- Increase number of individuals receiving peer support services to a total of 316 unique clients
- Hire an additional peer support specialist for the Lakewood office in 2023
- Assign Peer Support Specialists to Maple Heights, Beachwood and Lakewood based on demand for services
- Provide 1,900 or more services to clients (about six services per client)
- Develop a baseline for % of clients who start peer support in 2023 for the first time and are still receiving services at the end of the year and set improvement goal by year end

## **First Six Months of CY22 Provider Outcomes:**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served:** 144
- **ADAMHS Funded Unduplicated Clients Served:** 133
- **Total Number of Clients Served:** 133
- **Total Number of Clients that Completed this Program/Service:** 0

**Average Cost Per Client:** \$662.35

**Additional Information:** N/A

## **CY21 Provider Outcomes**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served:** 275
- **ADAMHS Funded Unduplicated Clients Served:** 212
- **Total Number of Clients that were Served:** 212
- **Total Number of Clients that Completed this Program/Service:** 0

# CY23 Program Highlights and Outcomes

## Goals Met:

- Provide holistic, person-centered strength-based support to clients to promote recovery, advocate for clients and educate stakeholders

## Metrics Used to Determine Success:

- Increase in volume of peer support services from 2020 to serve a total of 275 patients.

## Program Successes:

- More than 2,100 services were provided to 212 patients.

## Average Cost Per Client in CY21: \$792

## Additional Information:

- Peer Supporters rely on face-to-face interactions to build a trusting relationship with their patients. Progressively throughout 2021, peer supporters had opportunities to provide in-person support to their patients with interruptions due to the COVID-19 surges. In these instances, peer supporters utilized phone calls and Signature Health's telehealth portal to support their patients.
- The program had a small staffing disruption which contributed to the slightly lower than expected patient count. However, the staffing position was resolved. The peer supporters provided, on average, ten units of service per patient over the course of the year.

## Roberto Flores Residential Treatment Program

Flores serves adults with co-occurring substance use and severe mental illness (SMI). Flores offers intensive outpatient (IOP) substance use disorder treatment services in an OhioMHAS licensed Class 1 Residential facility. Flores is the only specialized IOP program within a residential setting for individuals with co-occurring substance use and SMI diagnoses in Cuyahoga County. Adults who live in Cuyahoga County with co-occurring substance use and SMI diagnoses are eligible for services at Flores. The average length of stay at this eight-bed facility is three-nine months. Essential elements include:

- Providing intensive outpatient treatment, individual and group psychotherapy, urinalysis, personal care services, case management groups, social/recreational activities and life skills support. In addition, residents continue to receive mental health treatment from their primary mental health provider during their stay at Flores.
- Providing evidence-based, integrated treatment services in a safe, supportive and home-like environment that fosters the recovery process. Staff work closely with residents, assisting them to develop recovery and relapse prevention skills, as well as independent living skills, so they can live successfully in the community
- Assessing improvement in protective factors and reduction in risk factors and use throughout the treatment process.
- Developing a Residential Agreement, prior to placement, as required by OAC 5122-30 for clients who intend to reside at Flores. The Residential Agreement must be signed by the contract provider/operator, the prospective resident/guardian and the lead mental health agency.
- Coordinating referrals through the ADAMHS Board via the Coordinated Adult Residential Referral (CARR) process. Signature Health is responsible for making appropriate placements to Flores which adhere to the laws of OhioMHAS. Signature Health is responsible for assuring that a current license has been issued and posted for the safety of residents living in the Class 1 Residential Facility. The Provider shall report any allegations of abuse or neglect to the OhioMHAS and the ADAMHS board.

# CY23 Program Highlights and Outcomes

## **Target Population:**

- The economic and social situation of the Roberto Flores client population contributes to below-average mental and physical health outcomes. In 2021, 42% of the agency's 30,958 clients were a racial or ethnic minority. Of the approximately half of clients with a known income level, 95% live at or below 200% of the federal poverty level. Most clients (85%) have Medicaid or Medicare while 10% are uninsured for a variety of reasons. More than 900 clients were experiencing homelessness, 200+ are agricultural workers or their dependents, and 348 are Veterans.
- Adult 18-65+, Less than 100% of the federal poverty level

## **Anticipated Number of Clients to be Served: 12**

## **Number of Staff Required to Implement Program: 10**

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

- Signature Health has a process for covering clients when a staff vacancy occurs. Other equally qualified and credentialed staff are assigned the vacated staff member's clients until the position can be filled. Signature Health maintains contracts with temporary nurse staffing agencies to access additional staff on short notice. Supervisors may be called into service in severe/acute staffing shortages. The talent acquisition team works to quickly post the vacant position to the agency's career site and hire a qualified candidate.

## **Funding Priority:**

- High Quality Housing

## **Program Goals:**

- Meet the significant community need for dual diagnosis residential treatment
- Clients complete program/treatment within three-nine months (successful completion)
- Clients transition to outpatient treatment

## **Program Metrics:**

- Accept at least 12 new admissions to Flores Home in 2023 and provide treatment to 15 residents in 2023 (some carry over from 2022)
- 75% of residents will successfully complete treatment and transition to outpatient treatment, measured by the number of successful treatment completions and discharge plans
- 75% of residents will successfully complete treatment and transition to outpatient treatment, measured by the number of successful treatment completions and discharge plans

## **First Six Months of CY22 Provider Outcomes:**

## **Highlights:**

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

**Average Cost Per Client:** \$0.00 – Not open Jan. – June, 2022

# CY23 Program Highlights and Outcomes

## Additional Information:

- The agency is expecting a site visit from OhioMHAS in the next couple months after the application is submitted. Staff anticipate services starting in Q4 of CY22 pending any other setbacks.

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served: 20**
- **ADAMHS Funded Unduplicated Clients Served: 17**
- **Total Number of Clients that were Served: 17**
- **Total Number of Clients that Completed this Program/Service: 5**

### Goals Met:

- Set goals were not met for this program.

### Metrics Used to Determine Success:

- Brief Addiction Monitor
- Ohio Scales scores

### Program Successes:

- BAM: 36% improved their protective factors 45% decreased their risk factors and 91% decreased their use scores.
- Scales: 45% improved their symptom distress scores.

### Average Cost Per Client in CY21: \$37,250

## Additional Information:

- FrontLine Service discontinued services at the Flores Home on 12/29/21 due to a COVID outbreak that impacted the ability to safely staff the program.

## Substance Use Disorder Outpatient Treatment - Pooled Funding

Signature Health's Outpatient SUD treatment program includes diagnostic assessments, case management, individual and group counseling, intensive outpatient, ambulatory detoxification, medication assisted treatment and urine drug screens.

Diagnostic assessment counselors provide high quality assessment and referral services to individuals with substance use issues. The three objectives for assessments are evaluating the nature and extent of the client's behavioral health problems including abuse, misuse and/or addiction to alcohol and/or other drugs; evaluating the nature and extent of personal, emotional or relationship problems to develop initial treatment recommendations; and admitting to recovery services program those patients who are appropriate for services at the agency as defined in the Utilization Review Admission and ASAM Criteria.

SUD case management service assist clients in accessing needed services and changing their lifestyle. Case management services include interactions with family members, other individuals or community entities. Case management activities provide assistance and support to patient in gaining access to much needed medical, social, educational, vocational/occupational, psychological and other services.

Individual SUD counseling sessions are goal-directed and congruent with the goals and objectives of the client's treatment plan. Counseling is conducted onsite or via telehealth. SUD group counseling services

# CY23 Program Highlights and Outcomes

consist of face-to-face sessions that work toward attainment of clients' goals in conjunction with or after IOP services are provided.

The Substance Use Disorder IOP is a structured, scheduled, abstinence-based program that requires 12-step meeting attendance. The focus is achieving a chemical-free lifestyle. Ambulatory Detoxification (or the acute phase of MAT) is an organized outpatient service delivered to clients by trained clinicians who provide face-to-face medically supervised evaluation, detoxification and referral services according to a predetermined schedule.

Signature Health has outpatient services and MAT for clients who are diagnosed with opioid use disorder. Suboxone and Vivitrol are the MAT treatment methods for long-term opiate addiction. The use of these medications in combination with comprehensive treatment services allows individuals to function effectively. The urine screen testing process assists in the management of a client with chemical dependency who is involved in care through MAT, intensive outpatient services and substance use disorder initial assessments. The drug screen is a tool used along with clinical judgement in the management of a chemically dependent client.

## **Target Population:**

- The target population for outpatient substance use disorder treatment includes adults with SUD diagnoses who are geographically accessible to Signature Health's outpatient locations in Cuyahoga County or otherwise able to connect with Signature Health through telehealth. All services are provided to people with alcohol and/or other drug-dependent symptoms and whose physical and emotional status enable them to continue functioning within their usual environment.
- In 2021, 42% of the agency's 30,958 clients were a racial or ethnic minority. Of clients with a known income level, 95% live at or below 200% of the federal poverty level. Most clients (>80%) have Medicaid or Medicare, while 10% are uninsured for a variety of reasons. More than 964 clients were experiencing homelessness and 348 are Veterans.
- Adult 18-65+, All socioeconomic categories

**Anticipated Number of Clients to be Served: 50**

**Number of Staff Required to Implement Program: 21**

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

- Signature Health has a process for covering clients when a staff vacancy occurs. Other equally qualified and credentialed staff are assigned the vacated staff member's clients until the position can be filled. Signature Health maintains contracts with temporary nurse staffing agencies to access additional staff on short notice. Supervisors may be called into service in severe/acute staffing shortages. The talent acquisition team works to quickly post the vacant position to the agency's career site and hire a qualified candidate. Signature Health is now using a predictive hiring model to post positions and hire new behavioral health clinicians ahead of demand for services.

## **Funding Priority:**

- Treatment Services – Pooled Funding

## **Program Goals:**

- Measure improvements in clients' depression/functioning, interpersonal relationships, self-harm, emotional lability, psychosis and substance abuse



# CY23 Program Highlights and Outcomes

- Increase client engagement with telehealth and improve communication with care teams
- Maintain quick access to care by ensuring quick access to SUD diagnostic assessments
- Improve health outcomes for clients with SUD by providing integrated services

## Program Metrics:

- Integrate welcome tablets at all three locations for clients to complete BASIS-24 assessment (establish baseline aggregate scores)
- Increase the percentage of clients using MyChart from 19% to 30%.
- Improve third next available diagnostic assessment by 20% from 12 days to ten days.
- Increase percentage of clients receiving multiple services i.e. mental health, chemical dependency, primary care, infectious disease, prescriptions (baseline 41.8%)

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served: 70**
- **ADAMHS Funded Unduplicated Clients Served: 27**
- **Total Number of Clients Served: 1,055**
- **Total Number of Clients that Completed this Program/Service: 0**

Average Cost Per Client: \$549.70

Additional Information: N/A

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served: 107**
- **ADAMHS Funded Unduplicated Clients Served: 112**
- **Total Number of Clients that were Served: 2,607**
- **Total Number of Clients that Completed this Program/Service: 0**

## Goals Met:

- For the combined set of SUD Outpatient Treatment Programs, goals are to reduce SUD symptoms, improve independence, increase functioning at home, school and work, within relationships and within the community using Stages of Change and Motivational Interviewing.
- Provide IOP to at least 300 clients in Cuyahoga County.
- Utilize Ohio Scales and BAM through the SHARES system in collaboration with the ADAMHS Board.
- Monitor clients' abstinence, frequency and amount of use, compliance with treatment and potential for diversion of MAT medication.

## Metrics Used to Determine Success:

- Metrics used for these programs include achievement of clients' goals in their Individual Service Plan, number of unduplicated clients who receive IOP services, utilization of Ohio Scales and BAM and number of urine drug screens.

# CY23 Program Highlights and Outcomes

## **Program Successes:**

- Case managers document individual service plans for clients in their medical record and clients' ISPs are documented in their medical record. Since June, 268 clients in Cuyahoga County received SUD group counseling, 4% were funded by the ADAMHS Board. Provided IOP to 492 clients. After some delay, staff are now inputting Ohio Scales and BAM assessments into GOSH. Completed more than 5,000 urine drug screen appointments for clients in Cuyahoga County.

**Average Costs Per Client in CY21:** \$109.42 for the SUD Case Management Program; \$215.78 for SUD Group Counseling; \$2,040.76 for SUD IOP; \$53.75 for SUD Lab Urinalysis

## **Additional Information:**

- The ADAMHS Board funded 38 SUD Case Management units of service in 2021. More than 1,000 units of service were provided from all payers to residents of Cuyahoga County.
- The ADAMHS Board funded more than 50 SUD Group Counseling units of service in 2021. A total of 2,300+ units of service were provided from all payers.
- The ADAMHS Board funded more than 300 SUD IOP units of service in 2021. About 7,500 units of service were provided from all payers to Cuyahoga County.
- With the change to a new medical record system, Signature Health examined its drug testing policy to give more consistency in drug testing, decrease unnecessary urine drug tests, and lead to more randomization and useful data. In 2021, staff built note templates that pull in urine drug screen results so providers are aware of when a client's last screen was done and can easily use these results in care planning. Additionally, the MAT program implemented the Treatment Tiers function which gives guidance on how often urine drug tests should be performed.

## **Transportation for Mental Health and Addiction Treatment**

Provide transportation to clients with no insurance and to support the staff who schedule ride shares. Rides are offered for every type of behavioral health and case management appointment. The agency also provides rides to primary care visits, lab appointments and pharmacy pick-ups to ensure access to services that improve clients' total health. Essential elements of the transportation program are:

- Assisting clients with attending their appointments through the provision of transportation services
- Providing transportation to those involved in all levels of outpatient care
- Actively managing behavioral health appointments
- Offering a personalized approach to transportation with case managers who know clients' situations, circumstances, environment
- Scheduling rides through Uber Health, a HIPAA secure platform that offers reliable, on-demand Uber rides for healthcare appointments
- Staffing two full-time Transportation Dispatchers who schedule rides, coordinate appointments, train staff and troubleshoot issues

## **Target Population:**

- Clients who have their initial diagnostic assessment appointment at Signature Health go through a comprehensive social determinants of health screening using the PRAPARE screening tool. One of the social determinants in the screening is transportation. For all clients in Cuyahoga County screened in the last twelve months at their intake appointment, 1,724 clients were identified as at high risk for transportation issues. Clients with court-mandated treatment face incarceration

# CY23 Program Highlights and Outcomes

for failure to attend appointments, resulting in loss of work, housing and other obstacles that comes with incarceration.

- Adult 18-65+, Less than 200% of the federal poverty level

**Anticipated Number of Clients to be Served: 2,000**

**Number of Staff Required to Implement Program: 4**

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

- Signature Health has a process for covering clients when a staff vacancy occurs. Other equally qualified and credentialed staff are assigned the vacated staff member's clients until the position can be filled. Signature Health maintains contracts with temporary nurse staffing agencies to access additional staff on short notice. Supervisors may be called into service in severe/acute staffing shortages. The talent acquisition team works to quickly post the vacant position to the agency's career site and hire a qualified candidate.

**Funding Priority:**

- Removing Barriers

**Program Goals:**

- Clients receive transportation services when they have no other means to get to their in-person mental health and substance use disorder treatment appointments
- Clients use transportation services frequently to maintain frequency of treatment and engagement with care providers
- Increase attendance at essential healthcare appointments
- Provide rides to clients without insurance

**Program Metrics:**

- Provide more than 5,000 transportation services
- Provide transportation services to 2,000 unduplicated clients
- Maintain a No Show Late Cancel rate of 27% or less for services at the agency's three Cuyahoga County locations (28.73% average baseline)
- Establish a \$10,000 transportation assistance fund for uninsured or underinsured clients in Cuyahoga County

**First Six Months of CY22 Provider Outcomes:**

**Highlights:**

- **Number of Clients that were Anticipated to be Served: 1,125**
- **ADAMHS Funded Unduplicated Clients Served: 1,081**
- **Total Number of Clients Served: 1,081**
- **Total Number of Clients that Completed this Program/Service: 0**

**Average Cost Per Client: \$4.87**

# CY23 Program Highlights and Outcomes

## **Additional Information:**

- The cost of ride-share services Uber and Lyft have substantially increased in the last several months due to inflation/higher gas prices. The agency is attempting to control costs by providing bus passes, gas cards, and other transportation options. However, ride-share is the most reliable method for clients to get to their appointments on time. The agency appreciates the ADAMHS Board's support of this program that addresses a significant barrier to treatment.

## **CY21 Provider Outcomes**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served:** 1,000
- **ADAMHS Funded Unduplicated Clients Served:** 988
- **Total Number of Clients that were Served:** 988
- **Total Number of Clients that Completed this Program/Service:** 0

### **Goals Met:**

- Increase the attendance rate for behavioral health services, appointments and groups.

### **Metrics Used to Determine Success:**

- % of appointments that are no shows or cancel late (NSLC). The lower the %, the more patients are showing up for their appointments and getting help.

### **Program Successes:**

- Average NSLC rate for the year was 27% which is lower than historical averages (30% or more) largely due to the convenience of Uber/Lyft and more telehealth appointments.

### **Average Cost Per Client in CY21:** \$10

## **Additional Information:**

- Transportation staffing costs are kept low with a central scheduling department. Signature Health frequently subsidizes the cost of Uber/Lyft rides as the amount reimbursed by insurers does not cover the actual cost of a ride. Case managers also provide transportation but are not included in the data for purposes of this grant.

Provider:	<b>Signature Health</b>	2021 First Outcome Count:	<b>82</b>	2022 First Outcome Count:	<b>133</b>
Instrument:	<b>Ohio Scales Adult</b>	2021 Final Outcome Count:	<b>1</b>	2022 Final Outcome Count:	<b>4</b>
Program:	<b>Mental Health Treatment for Adults</b>	2021 % of Final:	<b>1.22%</b>	2022 % of Final:	<b>3.01%</b>

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

Population	Evaluation Year	SubScale	First Outcome Average	Final Outcome Average	Average Difference	Significance
Adults (18+ years)	2021	Financial Quality of Life				Not Significant
Adults (18+ years)	2021	Housing Quality of Life				Not Significant
Adults (18+ years)	2021	Overall Empowerment				Not Significant
Adults (18+ years)	2021	Overall Quality of Life				Not Significant
Adults (18+ years)	2021	Overall Symptom Distress				Not Significant
Adults (18+ years)	2021	Social Connectedness				Not Significant
Adults (18+ years)	2022	Financial Quality of Life	3.33	2.83	-0.50	Not Significant
Adults (18+ years)	2022	Housing Quality of Life	3.08	3.92	0.83	Not Significant
Adults (18+ years)	2022	Overall Empowerment	3.13	2.88	-0.25	Not Significant
Adults (18+ years)	2022	Overall Quality of Life	3.50	3.55	0.05	Not Significant
Adults (18+ years)	2022	Overall Symptom Distress	19.5	17.5	-2.00	Not Significant
Adults (18+ years)	2022	Social Connectedness	3.67	3.92	0.25	Not Significant

# Focus on Diversity: Signature Health

Program(s): Jail Liaison; MAT Peer Support and Medication Access; Mental Health Outpatient Treatment - Pooled Funding; North Ridge Commons - Peer Support and Service Coordination; ORCA House Residential Treatment; Peer Support; Roberto Flores Residential Treatment Program; Substance Use Disorder Outpatient Treatment - Pooled Funding; Transportation

**Diversity, Equity and Inclusion STRENGTH from program proposal:**  
*The agency strives to “provide high quality effective, equitable, health literate and culturally humble mental health, addiction recovery and primary care services that promote health and contribute to the elimination of racial, ethnic and other institutional health disparities.”*



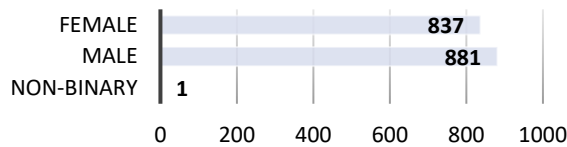
Region: Central/E

## CLIENT DEMOGRAPHICS

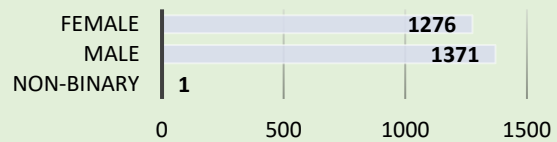
**2022 – Total Served 15,381** (the data below reflects 1,719 clients, and is the most complete info available based on 2022 outcomes reports)

**2023 – Total Projected to be Served 2,648**

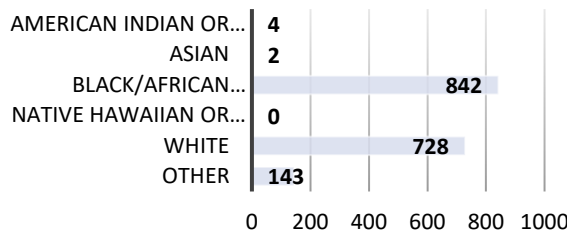
### Gender



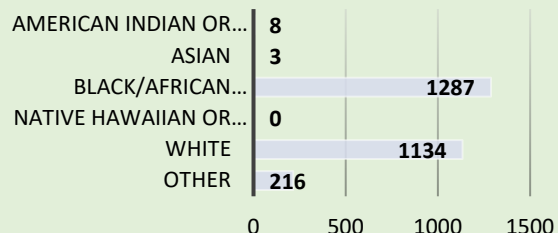
### Gender



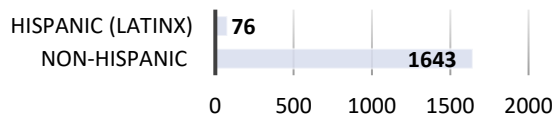
### Race



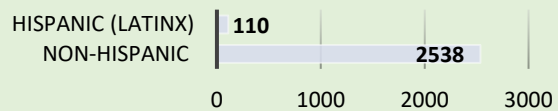
### Race



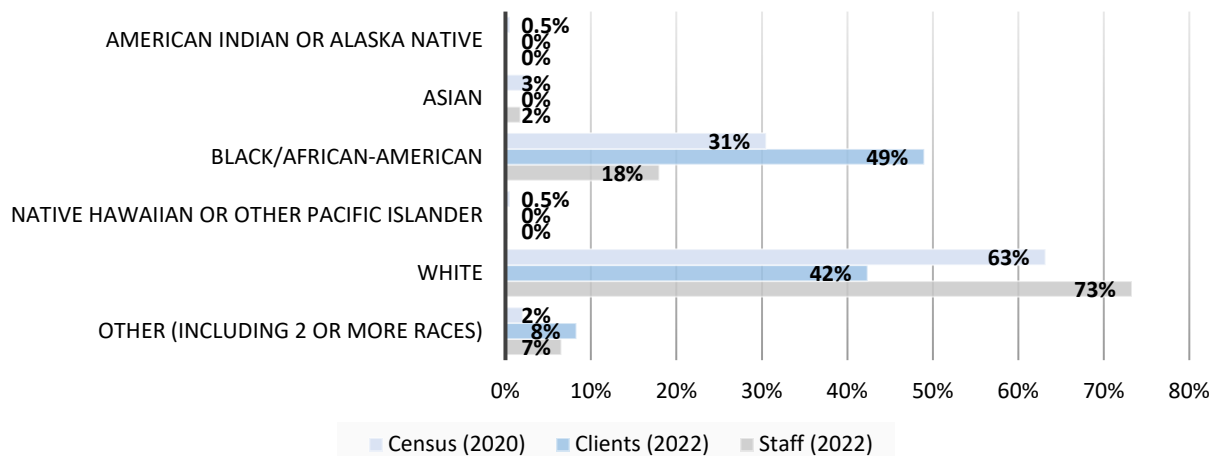
### Ethnicity



### Ethnicity



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



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

# **Sisters of Charity Health System**

## CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
<b>Sisters of Charity Health System</b>			
Crisis and Recovery Services	\$ -	\$ 144,290	Crisis
<b>Total</b>	<b>\$ -</b>	<b>\$ 144,290</b>	



# CY23 Program Highlights and Outcomes

## Sisters of Charity Health System

The Sisters of Charity Health System is a beacon of hope devoted to healing and addressing the unmet needs of individuals, families and communities through a network of innovative services.

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

### St. Vincent Charity Health Campus - Crisis and Recovery Services

The St. Vincent Charity Health Campus and Sisters of Charity Health System efforts during CY23 will be focused on expanding behavioral health services on campus, including crisis outreach, prevention, and management, as well as enhanced, recovery-oriented, wraparound supports that are aimed at improving longer-term outcomes in people who experience serious and persistent mental illness (SPMI). Staff will be working to build capacity that can provide community-based and virtual services, while building core relationships and coordinating a response for mental health and substance use crises. Primary program elements are:

- **Crisis Response:** A team of professionals will respond to individuals who are in crisis or have recently been in crisis, and ensure they will successfully link to care. The team will provide intensive case management and community support, which includes, but is not limited to the following: de-escalating, triaging, screening, assessing, and intervening during crisis in the community; conducting phone, in person, or web-based visits; providing referrals to and establishing connections with social services and supports; providing transportation assistance or resources to needed services and appointments; and developing a supportive relationship, and offering comforting and compassionate care that ensures they connect with treatment and supports.
- **Longer-Term Recovery Support:** A team of professionals will assist individuals with SPMI in pursuit of long-term recovery. The team will first focus on individuals who are at risk of relapse, and work with the greater continuum and ADAMHS Board to identify those who might benefit from additional support to engage, enhance or retain them in recovery from SPMI. Services will include: providing community-based case management, assertive outreach; psychotherapeutic and psycho-educational groups to improve engagement services (illness education, CBT skills, family intervention, relapse prevention, etc.); creating linkages to primary care to address co-occurring medical issues; monitoring progress, attendance and overall treatment adherence; assisting with developing and achieving self-determined goals/roles. Harm reduction and recovery-oriented approaches will be paramount to this program's success.

#### **Target Population:**

- Individuals diagnosed with a serious mental and persistent mental illness (SPMI) and/or substance use disorder (SUD) in need of crisis response and long-term recovery support
- Adult 18-65+, All socioeconomic categories

**Anticipated Number of Clients to be Served: 3,840**

**Number of Staff Required to Implement Program: 11**

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

- In the wake of the COVID-19 pandemic, organizations and institutions have been challenged with staffing shortages, especially related to clinical and other direct-care positions. Crisis and Recovery Services have planned for periodic pay increases and recruitment incentives for

# CY23 Program Highlights and Outcomes

positions that are challenging to fill. As a new program seeking to build capacity, the agency seeks to leverage unlicensed, trained and/or certified positions, like outreach specialists, case managers, peers recovery supporters, community health workers, and possibly individuals with multiple certifications to increase the applicant pool and workforce available for recruitment. Expanding use of part-time and PRN positions will also be a priority as the program grows. The agency intends to be a site of experiential and clinical training to assist with training the future workforce, and partnerships with academic institutions that place students and mold employees of the future. Crisis and Recovery Services will leverage technology and provide a percentage of services virtually, which will limit service disruption, reduce missed opportunities, and help during staffing shortages. Staff also has access to and are in planning stages of an MOU for a grassroots network of providers to help meet client needs when Sisters does not have resources available or when service interruptions occur.

## **Funding Priority:**

- Crisis Services

## **Program Goals:**

- Build clinical capacity to offer crisis outreach, prevention, and management services, as well as longer-term recovery and wrap around supports to clients who experience serious and persistent mental illness and co-occurring addictive disorders
- Provide support to approximately 3,840 individuals in CY23 (16 people/visits per day, 50 uninsured)
- Engage/successfully link approximately 50% of clients to needed, lifesaving treatment
- Retain 50% of individuals in treatment during the first year of operation
- Establish a protocol and dashboard of key metrics by which crisis and recovery service data is collected, reviewed and reported to respective administrators, funders, and community leaders

## **Program Metrics:**

- Number of professionals hired
- Total number of clients served by the program, in person and/or virtually
- Total number of clients engaged in/linked to treatment by crisis and recovery services
- Total number of clients who remain in care after being engaged/linked by crisis and recovery services
- Hold quarterly meetings with members from ADAMHS Board, PED, Crisis and Recovery Services, funders, and other community entities to review data, successes, and challenges, and then effectively problem-solve strategies that demonstrate a high performing organization

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

# Focus on Diversity: Sisters of Charity Health System

Program(s): St. Vincent Charity Health Campus - Crisis and Recovery Services

**Diversity, Equity and Inclusion STRENGTH from program proposal:**  
*Sisters of Charity has an active Diversity, Equity, Inclusion and Belonging Committee that is “committed to creating, advocating for and maintaining in all of our ministries an inclusive environment that supports, respects and values the uniqueness of each individual.”*



Region: Central

## CLIENT DEMOGRAPHICS

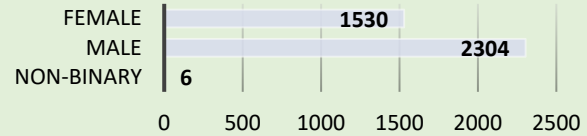
**2022**

**2023 – Total Projected to be Served 3,840**

Gender

Gender

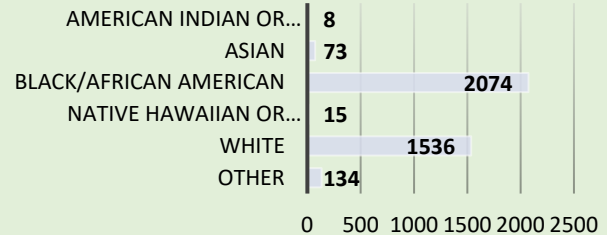
Program is new to the ADAMHS Board



Race

Race

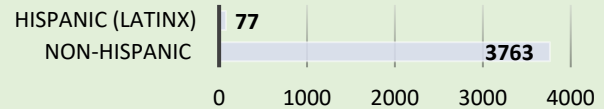
Program is new to the ADAMHS Board



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%.*

# **St. Vincent Charity Medical Center**

## CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
<b>St. Vincent Charity</b>			
Transportation	\$ 75,000	\$ 100,000	Removing Barriers
Psychiatric Emergency Department	\$ 3,777,000	\$ 4,447,412	Crisis
Expanded PHP/IOP/MAT Programs	\$ 149,446	\$ -	
Enhanced Peer Recovery Support	\$ 38,342	\$ -	
Enhanced 24 Hour Intake Assessment	\$ 110,268	\$ -	
<b>Total</b>	<b>\$ 4,150,056</b>	<b>\$ 4,547,412</b>	
<b>Pooled Funding:</b>			
Inpatient Detoxification	\$ -	n/a	
Medication Assisted Treatment (MAT): Buprenorphine and Vivitrol	\$ -	n/a	
Rosary Hall - Chemical Dependency Outpatient	\$ -	\$ -	

# CY23 Program Highlights and Outcomes

## St. Vincent Charity Medical Center

St. Vincent (St. V's) Charity Medical Center's Rosary Hall offers a continuum of care, capable of seamlessly transitioning clients through a process of in-client medical withdrawal/detoxification to outpatient rehabilitation and into community-based support networks.

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

### Chemical Dependency Outpatient

SVCMC's Rosary Hall, which offers Outpatient Chemical Dependency Programs, is a recognized leader in the field of addiction medicine. Building on Rosary Hall's 66-year history of empathetically treating addiction, SVCMC is positioned to immediately address the resurgence in the opioid health crisis because of the COVID-19 pandemic. Chemical Dependency Outpatient Programs includes an IOP, which offers individual and group counseling for clients with a moderate to severe SUD. The IOP is conducted four days a week for eight weeks (32 total visits). Individual counseling sessions occur approximately once every two weeks and includes meeting with a counselor to monitor achievement of treatment objectives. Following IOP the NIOP offers two-hour sessions twice a week for 12 sessions. Clients of the IOP and NIOP have access to Medications for Opioid Use Disorder (MOUD) and Medications for Alcohol Use Disorder (MAUD) in an outpatient setting. MOUD/MAUD is typically provided before or after IOP/NIOP offerings. In this setting, clients receive medically supervised treatment from the CUD Medical Director and Co-Medical Director.

Ultimately, Rosary Hall's Chemical Dependency Outpatient programs, including IOP/NIOP, offer some of the most comprehensive and innovative approaches to whole person care in Cuyahoga County including novel approaches to transportation through Lyft and a Medical-Legal Partnership with the Legal-Aid Society of Cleveland to help clients address any civil-legal issues that might be presenting barriers to sobriety or healthy living. Additionally, Rosary Hall partners with Catholic Charities to provide state-funded Systems Navigation and employment services to interested clients. These services help connect clients with the appropriate level of treatment, while also providing a more coordinated system of care for those moving throughout the recovery continuum.

### **Target Population:**

- SVCMC's Outpatient Chemical Dependency Programs serves males and females, ages 18 years or older, seeking intensive and non-intensive outpatient programs for moderate to severe substance use disorder (SUD).
- In 2021, 455 clients were served through assessments, Intensive Outpatient Program (IOP), and Non-Intensive Outpatient Program (NIOP), including 61.2% males and 38.8% females.
- Of the clients served, 16.09% were 18-29; 30.49% were 30-39; 18.72% were 40-49; 20.50% were 50-59; 14.20% were 60 and older.
- Clients were 47% White; 46.69% Black; 0.21% multiracial; 0.53% Asian; and 5.47% other.
- 100-199% of the federal poverty level

**Anticipated Number of Clients to be Served: 12**

**Number of Staff Required to Implement Program: 10**

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

- SVCMC is working to ensure retention among current staff, as well as hiring incentives in the event of vacancies. Current staff members received a 4% pay increase in 2021. Additionally, SVCMC is currently offering \$750 bonuses to caregivers that refer individuals that are hired for

# CY23 Program Highlights and Outcomes

positions within the Medical Center. Inflation factors and the current market will be used to set the salary increases for 2023. If incentives and bonuses still lead to staff shortages in certain areas at SVCMC, strategies to address staffing shortages have been developed, implemented, and continuously adjusted. In response to this, SVCMC has expanded its PRN nursing pool, as the nursing staff has seen the largest impact of vacancies, retirements, and hiring challenges. Additionally, the licensed behavioral health clinician staff has also seen increased vacancies and hiring challenges. SVCMC's commitment to ensure services continue in the event of staff vacancies can be evidenced by its ability to remain operational during the onset of COVID-19 pandemic.

## **Funding Priority:**

- Treatment Services – Pooled Funding

## **Program Goals:**

- Clients will participate in the IOP four days a week for five weeks, helping them access group and individual therapy needed to maintain sobriety
- After completing the IOP, clients will continue to the next level of care, likely to represent NIOP

## **Program Metrics:**

- Approximately 60% of clients will complete the IOP
- Approximately 55% of clients will complete the IOP and continue to a lower level of care

## **First Six Months of CY22 Provider Outcomes:**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served: 6**
- **ADAMHS Funded Unduplicated Clients Served: 5**
- **Total Number of Clients Served: 256**
- **Total Number of Clients that Completed this Program/Service: 3**

**Average Cost Per Client:** \$413

### **Additional Information:**

- Currently, the outpatient treatment approach is centered around Intensive Outpatient Programming (IOP), which offers outpatient rehabilitation services to clients. Services include group therapy sessions, four days per week for eight weeks. Clients also receive individual counseling, which includes monitoring achievement of treatment objectives. Individuals who complete IOP typically continue treatment through the non-intensive outpatient program, known as aftercare, once per week for twelve weeks.
- SVCMC values its relationship with the ADAMHS Board in its joined efforts to address addiction related health concerns and better client outcomes.

## **CY21 Provider Outcomes**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served: 8**
- **ADAMHS Funded Unduplicated Clients Served: 13**
- **Total Number of Clients that were Served: 431**
- **Total Number of Clients that Completed this Program/Service: 9**

# CY23 Program Highlights and Outcomes

## **Goals Met:**

- Forecasted eight ADAMHS Board clients would engage in programming and served 13

## **Metrics Used to Determine Success:**

- Client engages in IOP treatment (client signs treatment agreement)
- Client demonstrates willingness to follow treatment recommendations (client signs treatment agreement)
- Client develops plan to address recovery needs (client signs treatment agreement)
- Client maintains negative toxicology reports (results of random drug test)
- Client initiates and sustains involvement in community-based sober support (client submits documentation detailing involvement)

## **Program Successes:**

- 13 ADAMHS Board clients engaged in programming
- 69.2% of ADAMHS Board clients completed IOP
- 46% of ADAMHS Board clients completed aftercare

## **Average Cost Per Client in CY21:** \$413

## **Additional Information:**

- Currently the outpatient treatment approach is centered around Intensive Outpatient Programming (IOP), which offers outpatient rehabilitation services to clients. Services include group therapy sessions four days for five weeks. Clients also receive individual counseling, which includes monitoring achievement of treatment objectives. Individuals who complete IOP typically continue treatment through the non-intensive outpatient program, known as aftercare, once a week for twelve weeks.
- SVCMC values its partnership with the ADAMHS Board in joined efforts to address addiction related health concerns and better client outcomes.

## **Transportation**

The Lyft Transportation Program, which SVCMC began in 2017, provides low-income clients free, private transportation to appointments and assessments, transportation home from an inpatient stay or emergency visit, and transportation to organizations that will provide the next level of care needed. This type of reliable transportation that delivers clients directly to SVCMC, directly home, or directly to another treatment provider is critical for clients grappling with mental health and substance use disorders, especially during the COVID-19 pandemic. When using Lyft, clients receive a text or call when their ride arrives, or caregivers coordinate a pick-up when clients are ready to be discharged. All communication with clients as it relates to Lyft is managed through a HIPAA-compliant software called Circulation to protect client privacy.

The Lyft Transportation Program has ultimately provided clients with access to care, addressing a major social determinant of health for low-income clients. Lyft has also provided clients with safe, private transportation during the global pandemic, which required social distancing measures to stop the spread of COVID-19.

## **Target Population:**

- This included 61% males and 39% females.



# CY23 Program Highlights and Outcomes

- 1% were ages 19 and under; 16% were ages 20-29; 30% were 30-39; 19% were 40-49; 20% were 50-59; 13% were 60-69; and 1% were 70 and older.
- Clients were 47% White, 47% Black, and 6% other.
- Central is a densely populated neighborhood within the City of Cleveland that is home to around 4,500 families and 12,738 residents. Two-thirds of these families live in public housing with a median household income close to \$10,000 annually and a child poverty rate of 80%, compared to a national average of 22%. Over 90% of residents are Black, 44% belong to single-mother households, and 40% are children.

**Anticipated Number of Clients to be Served: 1,572**

**Number of Staff Required to Implement Program: 57**

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

- In the aftermath of the COVID-19 pandemic, nationwide hospital and health care institutions have been challenged with staffing shortages, especially related to clinical and nursing positions. SVCMC is seeing the same issue and has grappled with staffing challenges related to nursing and licensed behavioral health clinician shortages, hiring challenges, and position vacancies in 2022. If incentives and bonuses still lead to staff shortages in certain areas at SVCMC, strategies to address staffing shortages have been developed, implemented, and continuously adjusted. Current staff members received a 4% pay increase in 2022, representing one of the first pay increases in several years. Additionally, union staff received a contractual increase of 3.5%. To help with recruitment, SVCMC is currently offering \$750 bonuses to caregivers who refer individuals who are hired for positions within the Medical Center. Inflation factors and the current market will be used to set the salary increases in 2023.
- Multiple individuals at SVCMC can schedule Lyft rides for clients, meaning; at no time will we find ourselves in a position where Lyft rides cannot be scheduled.

## **Funding Priority:**

- Removing Barriers

## **Program Goals:**

- Access to care for low-income clients in Behavioral Health and Addiction Medicine will be improved through safe, ride-share transportation to and from SVCMC

## **Program Metrics:**

- Approximately 6,000 rides will be provided to clients of the PED, Rosary Hall Outpatient Chemical Dependency programs, MAT, and the Outpatient Behavioral Health Clinic

## **First Six Months of CY22 Provider Outcomes:**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served: 634**
- **ADAMHS Funded Unduplicated Clients Served: 552**
- **Total Number of Clients Served: 2,709**
- **Total Number of Clients that Completed this Program/Service: 414**

**Average Cost Per Client: \$24.08**

# CY23 Program Highlights and Outcomes

## Additional Information:

- SVCMC's Lyft Transportation Program serves all departments of Behavioral Health and Addiction Medicine. In 2021, this resulted in over 5,516 visits. More than half of clients served by Behavioral Health and Addiction Medicine units in 2021 came from downtown Cleveland and surrounding impoverished neighborhoods. This includes the Central Neighborhood of Cleveland, where SVCMC is located.
- For the first six months of CY22, St. Vincent successfully scheduled a total of 2,709 rides for clients at a total cost of \$65,232.72. Despite the high cost, SVCMC is committed to enabling clients with better access to the care they need and deserve. One way of doing this is to offer the clients options such as Lyft rides.
- SVCMC values its partnership with the ADAMHS Board in that it allows the agency to support these types of programs.

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 320
- **ADAMHS Funded Unduplicated Clients Served:** 290
- **Total Number of Clients that were Served:** 290
- **Total Number of Clients that Completed this Program/Service:** 232

### Goals Met:

- Staff forecasted that 80% of rides would be successful; client accepts ride and participates in treatment
- Staff forecasted 80% of clients utilizing transportation services would successfully complete programming

### Metrics Used to Determine Success:

- Client engages in IOP treatment
- Client demonstrates a willingness to follow treatment recommendations
- Client develops a plan to address recovery needs
- Client maintains negative toxicology reports
- Client initiates and sustains involvement in community-based sober support

### Program Successes:

- 290 unique/unduplicated clients took advantage of transportation services provided at SVCMC
- 100% of clients utilizing transportation services, participated in treatment
- 80% of clients utilizing the transportation services completed the program

**Average Cost Per Client in CY21:** \$21.75

### Additional Information:

- For CY21, SVCMC successfully scheduled a total of 5,609 rides for clients, at a total cost of \$121,995. Despite the high cost, the agency is committed to enabling clients to better access to

# CY23 Program Highlights and Outcomes

care which they need and deserve. One way of achieving this is to offer the clients with options such as Lyft rides.

- SVCMC values its partnership with the ADAMHS Board, in that it supports these types of programs.

## Psychiatric Emergency Department (PED)

Services provided at SVCMC's PED include crisis stabilization, as well as 23-hour observation and assessment. In this setting, clients have access to a psychiatrist or licensed practitioner around the clock, as well as nurses, mental health technicians, and security officers to ensure the safety of all. The PED provides integrated care ensuring that all clients receive a mandatory medical clearance before being discharged. Clients of the PED are seen by an emergency medicine physician who addresses and refers clients for continued care. The locked, ten-bed facility offers an environment that is conducive to harm reduction, including non-movable furniture and metal detectors. The PED offers 24/7 access, which is critical for the client population being served. SVCMC's role in the continuum goes beyond emergent care. SVCMC also partners with other providers, such as FrontLine Service, and the Mobile Crisis Team, to deliver appropriate levels of treatment. Through this partnership, the team reduces unnecessary admissions to Northcoast Behavioral Healthcare.

### **Target Population:**

- Individuals aged 18 years or older with the most extreme psychiatric emergencies in its ten-bed facility. Nearly a third of all cases in 2021 were clients experiencing psychosis related to Schizophrenia or schizoaffective disorders.
- In 2021, 64% of all referrals came from emergency sources, including police departments and emergency medical services.
- Many clients experience extreme poverty, which lessens their ability to properly manage their mental health disorders; approximately 35% of clients served in 2021 came from zip codes where the average household income was less than \$26,200, a figure that is below the 2021 Federal Poverty Guidelines for a family of four.
- 11% of clients had no insurance and 60.2% of clients were on Medicaid, translating to 71% of PED clients being defined as low-income.

**Anticipated Number of Clients to be Served:** 3,054

**Number of Staff Required to Implement Program:** 27

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

- SVCMC grappled with staffing challenges related to nursing and licensed behavioral health clinician shortages, hiring challenges, and position vacancies in 2021. Despite these challenges, SVCMC is working to ensure retention among current staff, as well as hiring incentives in the event of vacancies. Current staff members received a 4% pay increase in 2022. Additionally, union staff received a contractual increase of 3.5%. To help with recruitment, SVCMC is currently offering \$750 bonuses to caregivers who refer individuals who are hired for positions within the Medical Center. Inflation factors and the current market will be used to set the salary increases in 2023. If incentives and bonuses still lead to staff shortages in certain areas at SVCMC, strategies to address staffing shortages have been developed, implemented, and continuously adjusted. In response to this, SVCMC has expanded its PRN nursing pool, as the nursing staff has seen the largest impact of vacancies, retirements, and hiring challenges. Additionally, the licensed behavioral health clinician staff has also seen increased vacancies and hiring challenges.

# CY23 Program Highlights and Outcomes

## Funding Priority:

- Crisis Services

## Program Goals:

- Provide individuals in psychiatric crisis with the most comprehensive, client-centered approach to care, including stabilization, integrated care, and a comprehensive discharge plan to reduce or eliminate repeat visits and readmissions.
- Continue to partner with the CPD, as well as 59 other police departments from municipalities in Cuyahoga County, as a compassionate destination for mental health emergencies. Beyond the CPD, SVCMC will ensure that referral sources continue to represent most emergency response teams. This illustrates a continued need for access at all hours of the day and night.
- SVCMC will play an important role in the CPD's consent decree with the U.S. Department of Justice by participating in CIT for CPD officers. SVCMC will also participate in CIT with local police municipalities across Cuyahoga County.

## Program Metrics:

- All PED clients will receive crisis stabilization, medical clearance from an emergency medicine physician before being discharged from the PED, and referrals for additional medical attention before discharge, leading to less than a 20% 30-day readmission rate among PED clients.
- At least 50% of all referrals will come from emergency response teams, such as the police and EMS.
- SVCMC will participate in quarterly CIT with the CPD, as well as monthly trainings with local police municipalities across Cuyahoga County.

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 1,667
- **ADAMHS Funded Unduplicated Clients Served:** 1,527
- **Total Number of Clients Served:** 1,527
- **Total Number of Clients that Completed this Program/Service:** 1,527

**Average Cost Per Client:** \$1,436

### Additional Information:

- St. Vincent Charity Medical Center (SVCMC) continues to believe in the importance of the emergency acute stabilization as an absolute necessity in the continuum of care in Cuyahoga County. Without this resource, the most extreme cases would be without access to treatment needed, and comprehensive disposition and referral services.

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 3,166
- **ADAMHS Funded Unduplicated Clients Served:** 3,172
- **Total Number of Clients that were Served:** 3,172
- **Total Number of Clients that Completed this Program/Service:** 3,172

# CY23 Program Highlights and Outcomes

## **Goals Met:**

- Reduce readmissions to PED to less than 20% annually
- Reduce unnecessary admissions to North Coast Behavioral Healthcare
- Obtain 50% or more referrals from Emergency Response teams

## **Metrics Used to Determine Success:**

- 90 different metrics are measured and provided to the ADAMHS Board on monthly basis
- All PED admissions are entered into ADAMHS Board GOSH system

## **Program Successes:**

- Goal achieved; 19% readmissions to the PED
- Goal achieved; 2.14% readmissions to NBH
- Goal achieved; 61.7% referrals from Emergency Response Team

**Average Cost Per Client in CY21:** \$1,518.81

## **Additional Information:**

- St. Vincent continues to believe in the importance of emergency acute stabilization as an absolute necessity in the continuum of care in Cuyahoga County. Without this resource, the most extreme cases would be without access to the treatment that is needed, as well as the services of comprehensive disposition and referral services.

# Focus on Diversity: St. Vincent Charity Medical Center

Program(s): Chemical Dependency Outpatient; Psychiatric Emergency Department (PED); Transportation

## Diversity, Equity and Inclusion STRENGTH from program proposal:

*“Diversity, equity and inclusion excellence at the Sisters of Charity Health System is a commitment the entire ministry makes to improve and sustain a culture of dignity and respect for everyone and where everyone knows they are a valued member of the health system.”*



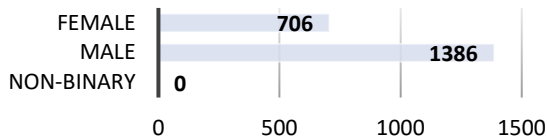
Region: Central

## CLIENT DEMOGRAPHICS

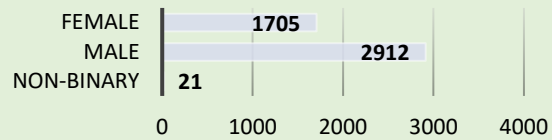
**2022 – Total Served 4,912** (the data below reflects 2,092 clients, and is the most complete information available based on 2022 outcomes reports)

**2023 – Total Projected to be Served 4,638**

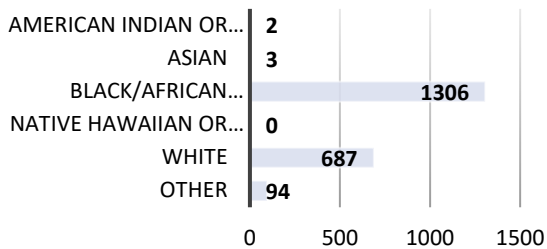
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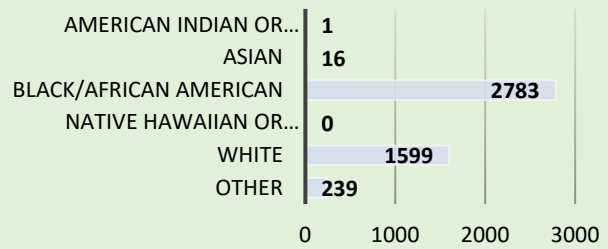
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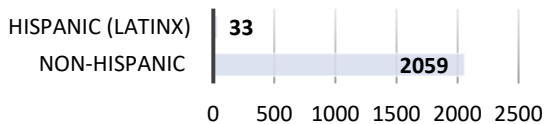
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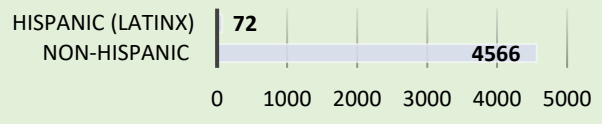
### Race



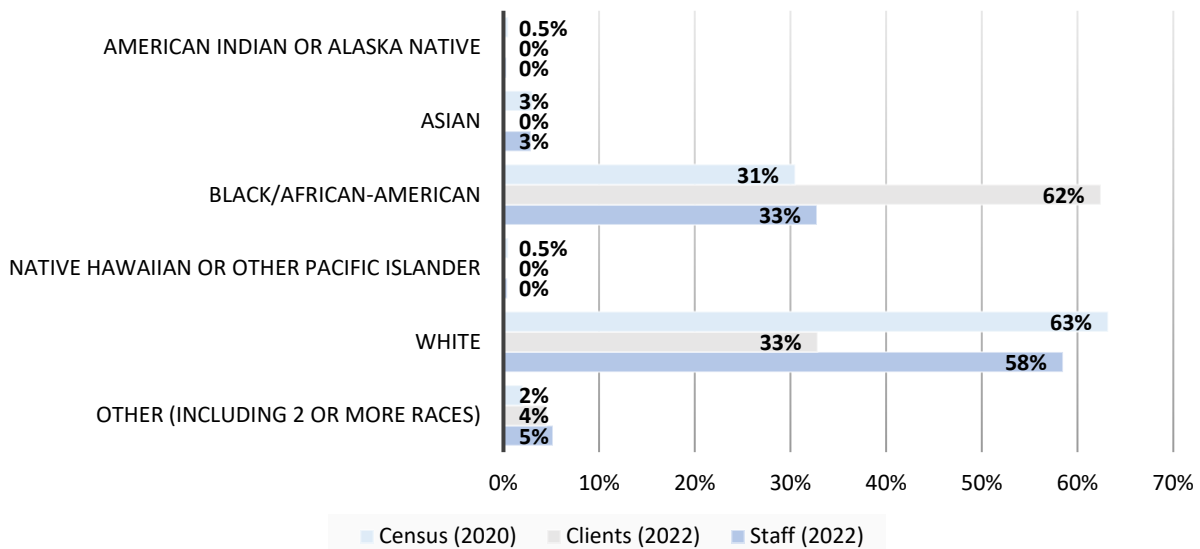
### Ethnicity



### Ethnicity



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



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

**Stella Maris, Inc.**

## CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
<b>Stella Maris</b>			
Sober Housing	\$ 200,000	\$ 250,000	Housing
Supportive Housing	\$ 200,000	\$ 220,000	Housing
Specialized Recovery Housing	\$ 194,895	\$ 194,895	Housing
Peer Support Services	\$ 55,000	\$ 65,000	Peer Support
Transportation	\$ 10,000	\$ 25,000	Removing Barriers
Workforce Development	\$ 48,634	\$ 67,500	Employment
Residential Treatment Beds	\$ 264,367	\$ -	
<b>Total</b>	<b>\$ 972,896</b>	<b>\$ 822,395</b>	
<b>Pooled Funding:</b>			
SUD Residential Treatment	\$ -	\$ -	
Detoxification	\$ -	\$ -	
Outpatient Treatment Services	\$ -	\$ -	
Psychiatric Services	\$ -	\$ -	
Trauma Services	\$ -	\$ -	



# CY23 Program Highlights and Outcomes

## **Stella Maris, Inc.**

Stella Maris has provided drug and alcohol treatment services to the people of Greater Cleveland since 1948.

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

### **Detox - 3.7 Withdrawal Management**

Stella Maris has over 70 years of experience working with people who have a primary substance use disorder diagnosis. Stella Maris's treatment interventions are based upon an integrated, multi-disciplinary service delivery model and current evidence-based practices. Many of the clients struggle with physical and/or mental illness in addition to addiction. The Withdrawal Management services offered at Stella Maris addresses the needs of clients with co-occurring disorders. This integrated approach breaks down the barriers that have traditionally stopped these clients from actively participating in treatment. The facility has 20 beds for people 18 years of age and over. Detox is generally a five-to-seven-day inpatient stay with a medically managed withdrawal and treats withdrawal from substances including opiates, alcohol, benzodiazepines, and methamphetamines. Stella Maris also offers a diversion protocol for clients wishing to detox from Suboxone.

#### **Target Population:**

- All genders, 18 years of age or older, current DSM-5 substance withdrawal diagnosis, appropriate ASAM 3.7 level of care, acute medical condition(s) and Psychiatric Condition(s) must first be cleared by the medical team for admission, uninsured Cuyahoga County residents or all Medicaid insured clients needing room and board funding
- All socioeconomic categories

**Anticipated Number of Clients to be Served: 1,350**

**Number of Staff Required to Implement Program: 33**

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

- Stella Maris bases the staffing ratio on the acuity of the client population of the unit. Stella Maris works with several contractors that provide staffing. GMA consultants, under the Medical Director, provide multiple doctors on a daily rotation to ensure medical coverage, and in addition, Stella Maris employs two Nurse Practitioners to fill in any needed gaps. In the event of a nursing staff vacancy, to ensure continuity of services, Stella Maris is contracted with an agency that can provide nurses, if needed. In addition, in a counseling or tech vacancy, multiple staff at Stella Maris are cross trained interdepartmentally to fill gaps where there are immediate needs to ensure that clients receive quality care.

#### **Funding Priority:**

- Crisis Services

#### **Program Goals:**

- Program completion rate over the national average of 54%
- Stella Maris measures the number of clients that engage in treatment following detox
- Increase the number of clients that engage in services on the detox unit (such as art interventions and peer support)

# CY23 Program Highlights and Outcomes

- Provide services that satisfy clients

## Program Metrics:

- NIDA benchmark for clients completing detox which is 54% overall, with opioid detox averaging 45% completion. The population in Detoxification is about 80% primary Opiate Use Disorder.
- At least 40% of successful completions will move to the next level of care as measured on the Performance Target Tracking Assessment.
- At least 60% of all clients in detox will engage in services on the unit as measured on the Performance Target Tracking Assessment.
- Success is also measured by satisfaction surveys indicating over 90% satisfaction.

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 655
- **ADAMHS Funded Unduplicated Clients Served:** 477
- **Total Number of Clients Served:** 698
- **Total Number of Clients that Completed this Program/Service:** 350

Average Cost Per Client: \$456.84

### Additional Information:

- Stella Maris has over 70 years of experience working with people who have a primary substance use disorder diagnosis. All programs are Joint Commission Accredited. Stella Maris's services include medical detoxification, residential, medication assisted treatment, the entire outpatient continuum of care, and Housing. These services have the potential to engage clients in treatment for well over a year and evidence supports that the longer a client is engaged in treatment, the greater likelihood they will be successful in recovery. Even with Stella Maris's multi-faceted and effective approach to Medicaid enrollment, there are clients who continue to need ADAMHS funding. Stella Maris accepts all clients regardless of their ability to pay. Ancillary services provided on the detox unit include Music Therapy, Peer Support, and acupuncture. All clients are trained in the administration of Narcan during their stay in detox and given a complimentary Narcan kit upon discharge. These services are designed to remove barriers to recovery and assist clients in maintaining motivation for recovery maintenance and continuing with step-down levels of care.

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 600
- **ADAMHS Funded Unduplicated Clients Served:** 974
- **Total Number of Clients that were Served:** 1,463
- **Total Number of Clients that Completed this Program/Service:** 606

### Goals Met:

- Clients under ADAMHS 3.7 Withdrawal Management funding will complete Withdrawal Management treatment.

# CY23 Program Highlights and Outcomes

- Clients under ADAMHS 3.7 Withdrawal Management funding who complete Withdrawal Management treatment will move on to the next level of care.
- Clients who receive ADAMHS Room and Board funding will complete Withdrawal Management treatment.
- Clients who receive ADAMHS Room and Board funding who complete Withdrawal Management treatment will move on to the next level of care.

## **Metrics Used to Determine Success:**

- Percentage of clients who complete medical withdrawal management protocols and agree to and follow up with the next level of care after completing treatment.

## **Program Successes:**

- 65% of clients under ADAMHS 3.7 Withdrawal Management funding completed treatment
- 96% of clients who completed treatment under ADAMHS 3.7 Withdrawal Management funding moved on to the next level of care
- 61% of clients under ADAMHS Room and Board funding completed treatment
- 86% of clients who completed treatment under ADAMHS Board Room and Board funding moved on to the next level of care

**Average Cost Per Client in CY21:** \$639.75

## **Additional Information:**

- These services have the potential to engage clients in treatment for well over a year and evidence supports that the longer a client is engaged in treatment, the greater likelihood they will be successful in recovery. Even with the Stella Maris's multi-faceted and effective approach to Medicaid enrollment, there are clients that continue to need ADAMHS Board funding. Stella Maris accepts all clients regardless of their ability to pay. Detox Services, including ancillary services such as Music Therapy and Peer Support, are designed to remove barriers to recovery and assist clients in maintaining motivation for recovery maintenance and continuing to step-down levels of care.

## **Mental Health Services**

The Mental Health Services Program carries from Inpatient through Outpatient Services. Once clients enter the Outpatient Program, they are offered a mental health assessment or psychiatric assessment. If the client is appropriate for services, the client will be offered individual counseling, medication management, family therapy, and other mental health services to address their specific diagnoses. Stella Maris sees the importance of introducing education and coping tools for mental health diagnosis, trauma, and other issues early in care and continue throughout the continuum of care. For many, symptoms related to trauma and mental health disorders are triggers for continued substance use. Addressing trauma and mental health disorders can be essential for some in addressing their substance use cycle.

## **Target Population:**

- The Stella Maris Mental Health Services Program serves current Stella Maris clients and recently graduated Stella Maris clients, males and females, 18 years of age or older who have a current mental health diagnosis, a diagnosis related to past or current trauma, or other significant mental health needs. Clients with severe psychiatric disorders must be appropriate for Stella Maris levels

# CY23 Program Highlights and Outcomes

of care. Clients may be homeless, LGBTQ, veterans, and participating in the criminal justice system.

- All socioeconomic categories

**Anticipated Number of Clients to be Served: 25**

**Number of Staff Required to Implement Program: 5**

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

- To ensure quality services and continuity of services in the event of staffing vacancies, Stella Maris cross-trains some clinical staff to fill in for emergency vacancies, managed by the Clinical Director. If a staff vacancy occurs, there is a hiring process in place to fill vacancies.

**Funding Priority:**

- 24/7 Access

**Program Goals:**

- Success of the program is measured by participation in mental health assessment when a client screens into services
- The program is to build insight into the impact of trauma and mental health disorders on substance use and long-term recovery
- To provide services that satisfy clients

**Program Metrics:**

- 75% of clients who are referred for a trauma assessment, mental health assessment, or psychiatric assessment will receive one
- At least 80% of clients who participate in individual counseling will gain insight into how mental health disorders or trauma impact recovery
- At least 80% of the participants will report satisfaction with services

**First Six Months of CY22 Provider Outcomes:** N/A -New Program beginning in 2022

## **SUD Outpatient Services**

Stella Maris has over 74 years of experience working with people who have a primary substance use disorder diagnosis. Stella Maris Outpatient programs are located on the Stella Maris campus in Cleveland. All of Stella Maris's treatment interventions are based upon an integrated, multi-disciplinary service delivery model and current evidence-based practices. Findings suggest that people with substance use disorders and/or co-occurring mental disorders require treatment enhanced by integrated services that can provide housing, primary health care, social support, substance use disorder and mental health treatment under the ASAM Criteria.

At the Partial Hospitalization Program (PHP) level of care, the clients receive five hours of care per day, five-days-per-week. Clients receive care from a multi-disciplinary team including a Nurse Practitioner, counselors, case managers, and nurses. The Intensive Outpatient Program (IOP) chemical dependency treatment services will encompass: three hours of psycho-educational groups per day, four days per week and one hour of individual counseling every 21 days, or as needed, with the Primary Counselor. The Recovery Management Program consists of two hours of therapeutic, psycho-educational groups once a week and one hour of individual counseling every 21 days, or as needed, with the Primary

# CY23 Program Highlights and Outcomes

Counselor. SUD Medical Services have expanded to all outpatient services due to the success seen in PHP.

## **Target Population:**

- Males and females, 18 years of age or older with a current assessment with one or more DSM-5 substance use disorder diagnosis.
- All socioeconomic categories.

**Anticipated Number of Clients to be Served: 200**

**Number of Staff Required to Implement Program: 23**

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

- To ensure quality services and continuity of services in the event of staffing vacancies, Stella Maris cross-trains all clinical staff to fill gaps where there are needs in other programs. This process is managed by the Clinical Director, with assistance from the program directors, where needed.

## **Funding Priority:**

- Removing Barriers

## **Program Goals:**

- The program is measured by the completion rate exceeding the national average
- Engage clients in the treatment planning process
- Increase the number of clients who demonstrate good self-disclosure in group and individual sessions
- Provide services that clients are satisfied with

## **Program Metrics:**

- NIDA benchmark tools are used for clients completing outpatient treatment, which is 33% overall in 2019
- At least 80% of clients will be engaged in the treatment planning process as measured on the Performance Target Tracking Assessment
- At least 80% of clients in outpatient treatment will demonstrate good self-disclosure in group and individual sessions as measured on the Performance Target Tracking Assessment
- At least 90% of clients will report being satisfied with services on an anonymous satisfaction survey

## **First Six Months of CY22 Provider Outcomes:**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served: 399**
- **ADAMHS Funded Unduplicated Clients Served: 86**
- **Total Number of Clients Served: 564**
- **Total Number of Clients that Completed this Program/Service: 60**

**Average Cost Per Client: \$1,705.56**

# CY23 Program Highlights and Outcomes

## Additional Information:

- While Stella Maris clients in outpatient treatment often have co-occurring mental health and medical conditions, serious or acute medical or mental health condition(s) that require the full services of a hospital will be referred for clearance prior to starting in outpatient treatment. Stella Maris has adapted evidence-based programming for clients with significant treatment needs in emotional, behavioral, and cognitive conditions with significant history of trauma. With the introduction of the LGBTQ+ specialized outpatient groups, Stella Maris has also made it a priority to deliver sensitive and appropriate care for this population. Stella Maris also prioritizes and specializes in working with clients who are homeless, veterans, and involved in the criminal justice system.

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 144
- **ADAMHS Funded Unduplicated Clients Served:** 143
- **Total Number of Clients that were Served:** 1,137
- **Total Number of Clients that Completed this Program/Service:** 496

### Goals Met:

- 75% of PHP clients will engage and participate in treatment
- 60% of PHP clients will move to the next level of care
- 75% of IOP clients will understand the disease of addiction
- 75% of IOP clients will continue to be abstinent
- 50% of IOP clients will complete IOP

### Metrics Used to Determine Success:

- Performance Target Tracking Assessment and percentage of clients who complete treatment.

### Program Successes:

- 89% of PHP clients were engaged and participated in treatment
- 87% of PHP clients moved to the next level of care
- 73.4% of IOP clients showed an understanding of the disease of addiction
- 79.4% of IOP clients maintained abstinence
- 51% of IOP clients completed treatment

**Average Cost Per Client in CY21:** \$2,394.08

## Additional Information:

- Outpatient Services, together with ancillary services are designed to remove barriers to recovery and assist clients in maintaining motivation for recovery maintenance and sober coping skills.

## SUD Peer Support

Clients will receive Peer Support services in the form of groups, individual sessions, and other support for clients currently in inpatient treatment services. The Certified Peer Recovery Supporter offers groups within the inpatient services to provide feedback on building a life in recovery. Peers are also available in these levels of care to meet individually with clients that are struggling with urges to use, to leave

# CY23 Program Highlights and Outcomes

services, or decisions regarding the next steps in their recovery journey. Clients are very receptive to the peer's communication of their knowledge from their personal recovery experience. Peer Support has the potential to decrease the numbers of those leaving against medical advice. Peer Support is carried through the levels of care and into outpatient services. When clients enter outpatient services the peer support services can be covered by Medicaid. Stella Maris feels that provision of these services in withdrawal management and residential treatment is extremely valuable and respectfully requests continued funding for peer support in these bundled services.

## **Target Population:**

- Stella Maris clients in all levels of care, males and females, 18 years of age or older with a current assessment with one or more DSM-5 substance use disorder diagnosis
- All socioeconomic categories

**Anticipated Number of Clients to be Served:** 1,500

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

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

- To ensure quality services and continuity of services in the event of staffing vacancies, Stella Maris cross-trains some staff with peer recovery supporter credentials to fill in for emergency vacancies, managed by the Clinical Director. If a staff vacancy occurs, there is a hiring process in place to fill vacancies.

## **Funding Priority:**

- Peer Support

## **Program Goals:**

- Participation in peer support groups
- Participation in individual peer support
- To provide services that satisfy clients

## **Program Metrics:**

- 90% of clients in withdrawal management and residential treatment will participate in peer support groups
- 70% of clients in withdrawal management and residential treatment will have individual contact with the Peer Supporter
- 90% of clients will report satisfaction with services on anonymous satisfaction surveys

## **First Six Months of CY22 Provider Outcomes:**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served:** 750
- **ADAMHS Funded Unduplicated Clients Served:** 816
- **Total Number of Clients Served:** 816
- **Total Number of Clients that Completed this Program/Service:** 816

**Average Cost Per Client:** \$29.92

# CY23 Program Highlights and Outcomes

## Additional Information:

- Peer Support will be offered for the entire continuum of a clients' stay. Many clients in this program have identified as homeless, LGBTQ, veterans, and/or involved in the criminal justice system. The clients served in this program are in inpatient services such as detox and residential treatment.

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

## SUD Recovery Housing Network

Stella Maris acts as the fiscal agency for the Sober Housing network. The referring agency makes the referral to one of the participating sober houses. When the referral is made, the referring agency sends the client's information to Stella Maris. This includes a referral form, release of information and proof of Cuyahoga County residency. After the paperwork is received and processed, the client may go to the sober house. Once the client is there, the sober house is then responsible for submitting an invoice form at the end of every month.

## **Target Population:**

- Males and females over 18 years of age, who live in and have recently completed treatment (detox, IOP, residential, etc.) or are currently engaged in treatment
- All socioeconomic categories

**Anticipated Number of Clients to be Served:** 248

**Number of Staff Required to Implement Program:** 1

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

- This program is solely conducted by the Office Administrator designated by Stella Maris. In the event of a vacancy another coordinator may be appointed to ensure continuity of services.

## **Funding Priority:**

- High Quality Housing

## **Program Goals:**

- The goal of this program is to ensure the affordability and accessibility of high-quality supportive housing for Cuyahoga County residents that need such housing.

## **Program Metrics:**

- Successfully place 100% of qualified applicants into appropriate housing beds.

## **First Six Months of CY22 Provider Outcomes:**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served:** 114
- **ADAMHS Funded Unduplicated Clients Served:** 160
- **Total Number of Clients Served:** 160
- **Total Number of Clients that Completed this Program/Service:** 59

**Average Cost Per Client:** \$679.93

**Additional Information:** N/A



# CY23 Program Highlights and Outcomes

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 221
- **ADAMHS Funded Unduplicated Clients Served:** 193
- **Total Number of Clients that were Served:** 193
- **Total Number of Clients that Completed this Program/Service:** 117

### Goals Met:

- Increase the number of referrals, increase the number of ORH certified houses, increase the number of bed days paid, and increase the number of clients staying 30, 31-59, and over 60 days.

### Metrics Used to Determine Success:

- Client referral form
- Sober Housing responsibilities and procedures sign-off sheet
- Calculation of bed days utilized at the end of every month

### Program Successes:

- Seven referring agencies with 193 referrals
- 17 ORH certified houses
- 12,778 bed days paid
- Annual average length of stay increased to 70 days

### Average Cost Per Client in CY21: \$882

### Additional Information:

- The Stella Maris Recovery Housing Network has provided housing for 193 clients during this period. These clients successfully completed treatment at varying levels of care or are actively engaged in treatment. There is a sober housing shortage in Cuyahoga County and indigent and largely unemployed clients have trouble accessing resources to help them obtain safe and sober housing. In addition, with the advent of the Ohio Recovery Housing (ORH) certification, many of the 12 Step informed sober houses are resistant to becoming certified to receive that funding. The Recovery Housing Network has allowed these houses to participate, despite most of the state funding requiring OHR certification. These 12 Step based houses are an important asset to the community and the provider agencies rely on these beds to complete the county continuum of care. It is important that this resource continue for the county and provider agencies.

## SUD Residential Services

All of Stella Maris's treatment interventions are based upon an integrated, multi-disciplinary service delivery model and current evidence-based practices. Individuals with Substance Use Disorders and/or co-occurring mental disorders require treatment enhanced by integrated services that can provide housing, primary health care, social support, and substance use disorder and mental health treatment under the ASAM Criteria. Clients meeting the ASAM Level 3.5 Criteria and who are admitted to the Residential Program will receive treatment from a treatment team that includes a Psychiatrist, Nurse Practitioner, Licensed and Certified Chemical Dependency Counselors and other Licensed Counselors, Nurses, Case managers, Peer Recovery Supporters, and Resident Assistants.

# CY23 Program Highlights and Outcomes

## **Target Population:**

- Males and females, 18 years of age or older with a current assessment for one or more DSM-5 substance use disorder diagnosis
- All socioeconomic categories

**Anticipated Number of Clients to be Served: 214**

**Number of Staff Required to Implement Program: 21**

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

- To ensure quality services and continuity of services in the event of staffing vacancies, Stella Maris cross-trains all clinical staff to fill gaps where there are needs in other programs. This process is managed by the Assistant Clinical Director, with assistance from the program directors, where needed.

## **Funding Priority:**

- 24/7 Access

## **Program Goals:**

- Program is measured by the completion rate exceeding the national average
- Engage clients in the treatment planning process
- Increase the number of clients who demonstrate good self-disclosure in group and individual sessions
- Provide services that satisfy clients

## **Program Metrics:**

- NIDA benchmarks are used for clients completing Residential Treatment, which was 53% in 2019.
- At least 80% of clients will be engaged in the treatment planning process as measured on the Performance Target Tracking Assessment.
- At least 80% of clients will demonstrate good self-disclosure in group and individual sessions as measured on the Performance Target Tracking Assessment.
- At least 90% of clients in Residential Treatment will report satisfaction with services on anonymous satisfaction surveys.

## **First Six Months of CY22 Provider Outcomes:**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served: 190**
- **ADAMHS Funded Unduplicated Clients Served: 0**
- **Total Number of Clients Served: 94**
- **Total Number of Clients that Completed this Program/Service: 0**

**Average Cost Per Client: \$0.00**

### **Additional Information:**

- Stella Maris has adapted evidence-based programming for clients with significant treatment needs in emotional, behavioral, and cognitive conditions with significant history of trauma. With the introduction of the LGBTQ+ specialized outpatient groups, Stella Maris has also made it a

# CY23 Program Highlights and Outcomes

priority to deliver sensitive and appropriate care for this population. Stella Maris also prioritizes and specializes in working with clients who are homeless, veterans, and involved in the criminal justice system. Currently, the Residential Treatment Program serves individuals identifying as male. In CY23, this program will expand to serve all genders. This program was funded in CY22 by the Opiate Settlement grant.

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

## **SUD Supportive Housing**

Stella Maris Supportive Housing programs are based upon a modified Therapeutic Community (TC) model with wrap-around recovery supports. In the TC model, clients learn to be responsible for their thoughts, feelings, and actions. TC members provide ongoing feedback to each other regarding their progress in achieving healthy living habits. They are responsible for the governance of the TC, as well as the day-to-day activities. Staff members are always present, but serve as facilitators, helping the clients achieve their goal of healthy living. The clients establish their own community philosophy and senior residents serve as role models, fulfilling key positions within the community, such as community leader, assistant community leader, education/communication crew leader, motivation crew leader and safety/environmental crew leader. Clients advance through the levels of the program based upon their individual progress. The clients are given responsibility for their living area and community activities. Emphasis is placed upon self-care, grooming, care of personal belongings, cleaning personal space, communication skills, conflict resolution and giving back to the community.

The Supportive Housing program has two (2) facilities that house 46 newly sober men and 18 newly sober women. The facilities are referred to as the men's "dorm" and women's "convent." The Supportive Housing facility is Joint Commission accredited, having passed inspection by TJC and the VA in the past year, and is working to become compliant with future certification requirements of the ADAMHS Board. The goal is for participation in at least 90 days during which time treatment and wraparound support services will be offered in concurrent programming. To ensure 24-hour coverage for clients residing in Supportive Housing, resident assistants are always present. At the end of their stay, clients are referred to safe, stable housing within the community. Supportive services will be offered to participants throughout their stay and after discharge. Following discharge, clients will be encouraged to contact their counselor/case manager for referrals and resource information.

### **Target Population:**

- Males and females, 18 years of age or older who require a 24-hour program with staff monitoring, but who do not meet clinical criteria for a higher level of care (mental health and medical conditions are stable)
- All socioeconomic categories.

**Anticipated Number of Clients to be Served:** 100

**Number of Staff Required to Implement Program:** 22

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

- To ensure quality services and continuity of services in the event of staffing vacancies, Stella Maris cross-trains all Resident Assistant staff with Tech staff to fill gaps where there are needs in the programs. This process is managed by the Supportive Housing Manager and Clinical Director, with assistance from the program directors, where needed.

### **Funding Priority:**

- High Quality Housing

# CY23 Program Highlights and Outcomes

## Program Goals:

- Engage the client to participate in therapeutic community (TC) and treatment
- Engage clients in the treatment planning process
- Increase the clients' understanding of the disease concept of addiction
- The program is measured by the completion of all levels of care in Supportive Housing and follow through with referrals in the community
- Provide services that satisfy clients

## Program Metrics:

- 70% of clients in Supportive Housing will actively participate in TC and treatment
- 90% of clients will be engaged in the treatment planning process as measured on the Performance Target Tracking Assessment
- 70% of clients will show an understanding of the disease concept of addiction as measured on the Performance Target Tracking Assessment
- 60% of clients will successfully complete all levels of care in Supportive Housing and follow through with referrals in the community
- 85% of clients in Supportive Housing will report satisfaction with services on anonymous satisfaction surveys

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served: 70**
- **ADAMHS Funded Unduplicated Clients Served: 42**
- **Total Number of Clients Served: 130**
- **Total Number of Clients that Completed this Program/Service: 21**

Average Cost Per Client: \$2,648.60

### Additional Information:

- Supportive Housing clients often experience homelessness or have been documented as being homeless or do not have a safe, sober, supportive environment to go home to. Clients may be experiencing stable, chronic mental health conditions or have a history of trauma. Supportive Housing clients also often require assistance with employment, housing, access to medical care, access to psychiatric care, and a sober support network (or other recovery supports). Stella Maris prioritizes and specializes working with clients who are on MAT (Vivitrol), identify as LGBTQ+, human trafficking victims, dual-diagnosis, pregnant, veterans, and involved in the criminal justice system.

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served: 66**
- **ADAMHS Funded Unduplicated Clients Served: 76**
- **Total Number of Clients that were Served: 240**
- **Total Number of Clients that Completed this Program/Service: 51**

# CY23 Program Highlights and Outcomes

## **Goals Met:**

- 85% of clients will be satisfied with services
- 90% will engage and participate in the development of the treatment plan
- 70% will show an understanding of addiction
- 60% will successfully complete all levels of care
- 60% will follow through with referrals in the community

## **Metrics Used to Determine Success:**

- Satisfaction Surveys
- Performance Target Tracking Assessment
- Percentage of clients who complete treatment
- Percentage of clients who engage in referral resources

## **Program Successes:**

- 98% of clients were satisfied with services
- 100% were engaged and participated in treatment planning
- 76.9% showed an understanding of addiction
- 74.4% completed treatment
- 84.6% followed up with referral resources

**Average Cost Per Client in CY21:** \$4,681.69

## **Additional Information:**

- Supportive Housing Services, together with ancillary services, are designed to remove barriers to recovery and assist clients in maintaining motivation for recovery maintenance and sober coping skills.

## **Transportation**

Stella Maris provides Uber/Lyft rides and bus tickets to clients for continuity of care with providers, and transportation to on-site AOD appointments, admission, or urine drug screens for virtual health clients to ensure accessibility of services. Current virtual health clients without adequate transportation to and from onsite AOD appointments and urine screens are eligible. Clients without a driver's license and without adequate transportation to and from appointments are eligible.

## **Target Population:**

- Stella Maris clients, males and females, 18 years of age or older
- All socioeconomic categories

**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:**

- The Director of Admissions is the primary organizer for this program, and if she is not available, she may be covered by her designee or the Patient Care Liaison.

# CY23 Program Highlights and Outcomes

## Funding Priority:

- Removing Barriers

## Program Goals:

- Increase engagement in campus appointments and activities of clients
- Provide transportation to remove a barrier to treatment success

## Program Metrics:

- At least 80% of clients utilizing transportation will increase attendance to appointments
- At least 90% of clients will report satisfaction with transportation services

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 475
- **ADAMHS Funded Unduplicated Clients Served:** 105
- **Total Number of Clients Served:** 105
- **Total Number of Clients that Completed this Program/Service:** 105

Average Cost Per Client: \$76.97

### Additional Information:

- Stella Maris accepts all clients regardless of their ability to pay.

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

## Women's Supportive Housing Specialty Services

Stella Maris has always been a refuge for those who have struggled to maintain sobriety and often experienced many failed attempts at recovery (chronic relapse). Most of the women served at Stella Maris are housing insecure, dually diagnosed, and/or have a history of trauma that influences their success and ability to maintain sobriety. The program increases the safety and structure for clients so that they can build a foundation in sobriety while they work on their concurrent needs. Stella Maris began its LGBTQ+ Track in August of 2020. The agency has dedicated LGBTQ+ IOP, and the counselor meets individually to consult with people in all levels of care and is capable of scaling to meet the growing needs of the community. Housing will be monitored 24-hours-per-day, 7-day-per-week. There is access to trauma therapy, family therapy, PHP, IOP, Recovery Management, case management, medical care, and Medication Assisted Treatment (MAT). The housing expansion is adjacent to campus and residents have direct access to all campus benefits including the cafeteria, onsite 12 Step meetings, community coffee shop, workforce development, the gym, and recreation activities. The women's program at Stella Maris is truly unique in that it is an extension of a vibrant campus culture focused on the spirit of recovery. The 24-hour staffing model provides real time intervention and accountability that can make a true difference in pivotal, life or death moments.

### **Target Population:**

- Identify as female, 18 years of age or older, experiencing homelessness or who have been documented as being homeless; have a dual-diagnosis, have experienced trauma and/or human trafficking; are on MAT (Vivitrol); are LGBTQ+ clients (there is a special track for treatment for these clients); veterans; clients who require a 24-hour program with staff monitoring, but who do not meet clinical criteria for a higher level of care (mental health conditions are stable, medical

# CY23 Program Highlights and Outcomes

conditions are stable); and clients who have unsupportive, abusive, or volatile home environments.

- All socioeconomic categories

**Anticipated Number of Clients to be Served: 90**

**Number of Staff Required to Implement Program: 8**

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

- To ensure quality services and continuity of services in the event of staffing vacancies, Stella Maris cross-trains all Resident Assistant staff with Tech staff to fill gaps where there are needs in the programs. This process is managed by the Supportive Housing Manager and Clinical Director, with assistance from the program directors, where needed.

**Funding Priority:**

- High Quality Housing

**Program Goals:**

- Engage the client to participate in therapeutic community (TC) and treatment
- Engage clients in the treatment planning process
- Increase the clients' understanding of the disease concept of addiction
- Success of the program is measured by the completion of all levels of care in Supportive Housing and follow through with referrals in the community
- Provide services that clients are satisfied with

**Program Metrics:**

- 70% of clients in Supportive Housing will actively participate in TC and treatment
- 90% of clients will be engaged in the treatment planning process as measured on the Performance Target Tracking Assessment
- 70% of clients will show an understanding of the disease concept of addiction as measured on the Performance Target Tracking Assessment
- 60% of clients will successfully complete all levels of care in Supportive Housing and follow through with referrals in the community
- 85% of clients in Supportive Housing will report satisfaction with services on anonymous satisfaction surveys

**First Six Months of CY22 Provider Outcomes:**

**Highlights:**

- **Number of Clients that were Anticipated to be Served: 50**
- **ADAMHS Funded Unduplicated Clients Served: 54**
- **Total Number of Clients Served: 96**
- **Total Number of Clients that Completed this Program/Service: 27**

**Average Cost Per Client: \$1,583.33**

**Additional Information: N/A**

# CY23 Program Highlights and Outcomes

**CY21 Provider Outcomes:** N/A – New program in 2022

## **Workforce Development**

Clients will be participating in the Kitchen and the Coffee Shop at Stella Maris to get an understanding of operating in a kitchen, then may spend up to four weeks in classes in the Stella Maris Kitchen or Coffee Shop learning about culinary operation, catering, resume development, employment coaching, peer relationship building, and gaining a certification in working in a kitchen according to individual needs. This program is intended to increase the skills that help secure gainful employment and continued employment to benefit long-term recovery. Clients may alternately opt for leadership training by participating in the Therapeutic Community Programs, which includes skill building relating to mentorship, self-evaluation, accountability, and documentation skills.

### **Target Population:**

- Current clients in Stella Maris supportive housing who are compliant with their program requirements, males and females, 18 years of age or older
- All socioeconomic categories

**Anticipated Number of Clients to be Served:** 184

**Number of Staff Required to Implement Program:** 10

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

- The Clinical Director is responsible for maintaining staff coverage of the Workforce Development program and can step in when vacancies occur to provide coverage. Cross training with the clinical staff ensures that immediate needs can be met. The Kitchen Staff coverage is managed by the Kitchen manager and potential vacancies may be filled with new hires. The Coffee Shop Staff coverage is managed by the Coffee Shop manager and potential vacancies may be filled with new hires.

### **Funding Priority:**

- Employment Programs

### **Program Goals:**

- Increase the number of clients who can receive gainful employment prior to leaving Stella Maris programming
- Increase the skills that employers are looking for, such as punctuality and relationship building, measured in a weekly skills assessment
- Increase the leadership skills of therapeutic community (TC) participants for use in future employment

### **Program Metrics:**

- At least 60% of clients will be employed, in school, in job training, or have an updated resume upon completion of Stella Maris programming
- At least 80% of clients will gain or improve the skills that employers are looking for, such as punctuality and relationship building by graduation from Stella Maris programs
- At least 60% of clients will identify the job skills that they have gained based on their leadership role



# CY23 Program Highlights and Outcomes

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 375
- **ADAMHS Funded Unduplicated Clients Served:** 98
- **Total Number of Clients Served:** 98
- **Total Number of Clients that Completed this Program/Service:** 94

Average Cost Per Client: \$328.91

### Additional Information:

- Clients in this program have a history of unemployment, under-employment, or other employment issues, and include clients with a significant history of trauma, who are homeless, LGBTQ, veterans, and clients involved in the criminal justice system.
- COVID-19 impacted the ability to consistently run the formal workforce development culinary program. In addition, the coffee shop did not open until mid-March, delaying the barista workforce program.

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

# Focus on Diversity: Stella Maris, Inc

Program(s): Detox - 3.7 Withdrawal Management; Mental Health Services; SUD Outpatient Services; SUD Peer Support; SUD Recovery Housing Network; SUD Residential Services; SUD Supportive Housing; Transportation; Women's Supportive Housing Specialty Services; Workforce Development

## Diversity, Equity and Inclusion STRENGTH from program proposal:

The agency states they are "committed to cultivating a culture of diversity, equity, and inclusion that is represented in all facets of our structure and communication regarding our work."



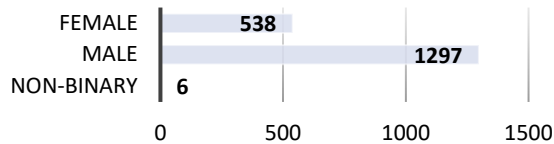
Region: Central

## CLIENT DEMOGRAPHICS

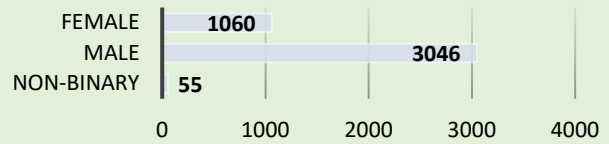
**2022 – Total Served 2,843** (the data below reflects 1,841 clients, and is the most complete information available based on 2022 outcomes reports)

**2023 – Total Projected to be Served 4,161**

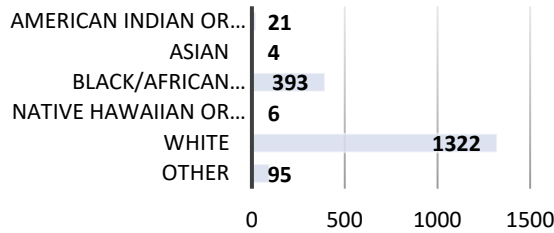
### Gender



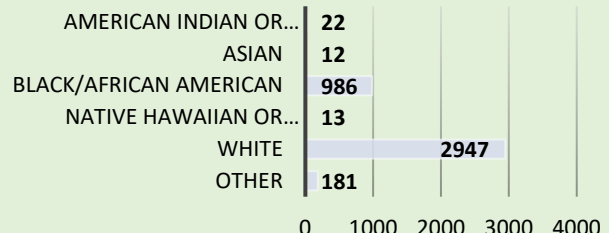
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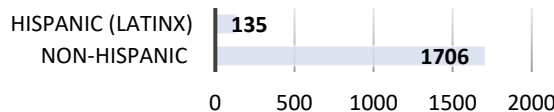
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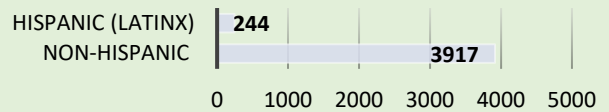
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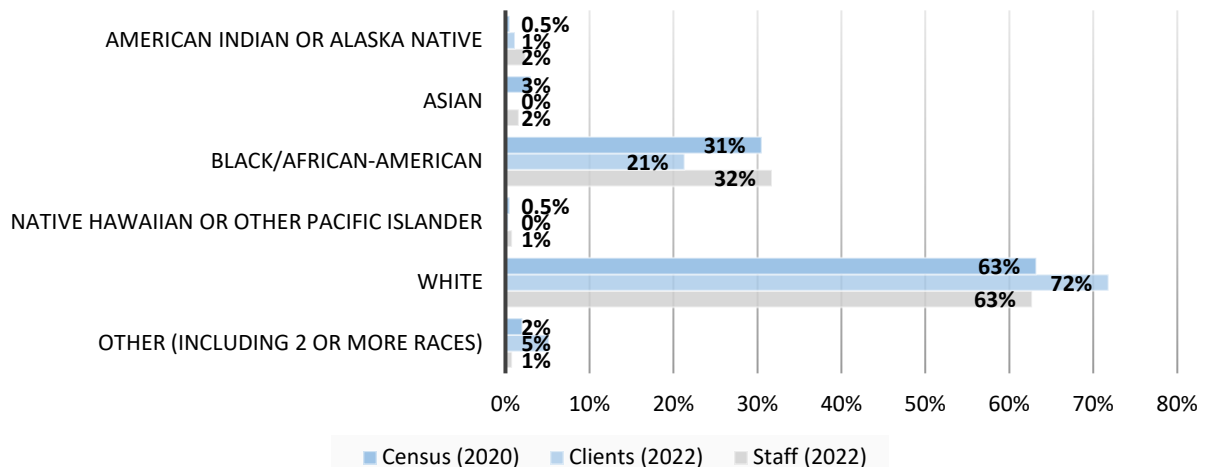
### Ethnicity



### Ethnicity



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



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

# **Thrive Behavioral Health Center, Inc.**

## CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
<b>Thrive Behavioral Health Center</b>			
Warmline	\$ 355,000	\$ 373,333	Peer Support
Enhanced Peer Recovery Support	\$ 699,395	\$ 1,675,000	Peer Support
<b>Total</b>	<b>\$ 1,054,395</b>	<b>\$ 2,048,333</b>	

# CY23 Program Highlights and Outcomes

## **Thrive Behavioral Health Center, Inc.**

Thrive Behavioral Health Care partners with individuals in recovery from mental illness and/or substance abuse disorders through the delivery of integrated recovery support services.

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

#### **Cuyahoga Warmline**

Thrive is proposing a 24-hour-per-day, 7-days-per-week (24/7) anonymous peer-run warmline available to Cuyahoga County residents. Residents can call the line to access certified Peer Supporters from the mental health and substance use community to connect to community resources, education, life skills, or for a listening ear in times of distress. Mental health warmlines provide a tremendous benefit not only to callers but also to staff members who find support in their own recovery through helping others. Warmlines are also a cost-effective way to support individuals experiencing emotional distress who are looking to avoid unwanted intervention and hospitalization.

All Peer Supporters staffing the Cuyahoga Warmline are certified and will identify as an individual in recovery. Additionally, peer supporters will all have a solid foundation in motivational interviewing, active listening, and narrative therapy to respectfully share their own recovery story with callers when indicated. Callers will be supported and offered additional resources, such as community peer support, contact information for local treatment agencies, and social service resources.

#### **Target Population:**

- The Cuyahoga Warmline callers typically prefer to remain anonymous. Only around 2% of callers are requesting resources, the vast majority (98%) are looking for support and conversation. There are a wide variety of callers into the warmline with the typical estimated age ranging from 30-70+. The callers are residents of Cuyahoga County and many of the callers have been utilizing the warmline for years. Callers have built rapport with the peer supporters working the line and frequent the line often, calling during the times they know their preferred Peer Supporter will be on shift.
- Adult 18-65+, All socioeconomic categories

**Anticipated Number of Clients to be Served: 29,000**

**Number of Staff Required to Implement Program: 9**

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

- Thrive operates several warmline style call centers with Peer Supporters. The agency implemented a cross-training process with the staff members to ensure coverage is available when staff vacancies occur until positions are back filled.

#### **Funding Priority:**

- Peer Support

#### **Program Goals:**

- Provide 24-hour coverage 7-days-per-week for Cuyahoga County residents to access the warmline

# CY23 Program Highlights and Outcomes

- Support 29,000 incoming anonymous calls over a one-year period with motivational interviewing, narrative therapy, active listening, and support that is rooted in shared lived experience and empathy
- Provide 20% of callers with additional resources for ongoing support to community peer support services, local treatment agencies, or social services as indicated
- Demonstrate a cost savings for callers who utilize the Warmline compared to other more costly interventions and service options
- 100% of certified Peer Supporters on the Cuyahoga County Warmline will obtain additional hours of ongoing training and education on cultural competency, diversity, and inclusion to ensure peer support services are delivered in a culturally competent manner

## Program Metrics:

- Schedule to ensure 24/7 coverage
- Call records will be pulled from the reporting section of the phone routing system used by the Cuyahoga warmline staff
- Post-call surveys will be required by warmline staff, and resources provided will be a survey metric
- Post-call surveys will be required by warmline staff, and a question will be included regarding service utilization if the Warmline was not an option
- Training and compliance will be measured using a learning management system

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 12,000
- **ADAMHS Funded Unduplicated Clients Served:** 15,118
- **Total Number of Clients Served:** 15,118
- **Total Number of Clients that Completed this Program/Service:** 0

**Average Cost Per Client:** \$11.74

### Additional Information:

- The Warmline continues to be heavily utilized in CY22. The line is primarily utilized by repeat callers and 98% of callers are seeking conversation and interaction rather than resource connection. The Warmline suffered a major loss in Q2 with the passing of the Team Lead. The agency offered continuous support for both staff members and callers who were all devastated by the news. Employees were given access to the clinical team for additional mental health support and provided information about the Employee Assistance Program. There were fourteen crisis calls documented in 2022 so far, and all those crisis calls were diverted to another crisis agency, most commonly Frontline Mobile Crisis. When requested, referrals to local community resources were documented. Most callers report issues with their mental health, commonly citing isolation and loneliness. Warmline staff continued to follow proper protocol and worked closely with Frontline Mobile Crisis in the instances of crisis. Thrive continues to support Warmline staff with weekly team meetings and monthly professional development meetings, including topics such as communication and boundary setting. As always, the clinical team and Employee Assistance Program was readily available to support staff members as needed.

# CY23 Program Highlights and Outcomes

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 48,000
- **ADAMHS Funded Unduplicated Clients Served:** 47,569
- **Total Number of Clients that were Served:** 47,569
- **Total Number of Clients that Completed this Program/Service:** 47,569

### Goals Met:

- Employ Certified Peer Supporters to provide peer support services
- Provide an anonymous telephone peer support line by trained certified peer supporters from the mental health and addiction treatment community
- Provide callers community resources, education, and promote life skills and overall enhancement

### Metrics Used to Determine Success:

- Program staff involved and weekly supervision
- Hours of availability for callers (schedule), staffing patterns
- Call volume, call data including - type of call, resources provided, comments or complaints

### Program Successes:

- Staffing ratios were maintained throughout 2021 with certified Peer Supporters and supervision was provided weekly, and Thrive's compliance department ensured that peer supporters maintained certification throughout the year
- Maintained a 24/7 staffing pattern on the Cuyahoga County Warmline throughout 2021 with 8 certified Peer Recovery Supporters.
- 59,699 calls came into the Warmline during 2021 of which 47,569 were able to be answered (80%).
- Most callers were seeking peer support.

**Average Cost Per Client in CY21:** \$7.46

### Additional Information:

- The Warmline continued to be a heavily utilized resource during the COVID-19 pandemic, primarily by repeat callers; 93% of callers reported having used the Warmline for many years. Thrive continued to support Peer Supporters on the Warmline through weekly team meetings and access to the clinical team when additional mental health support was needed. Most callers (90%) were utilizing the line for peer support purposes and the other 10% were utilizing the line for tangible supports, such as referrals. In 2021, staff noticed an uptick in other agencies calling the line to gather more information about the service. Social workers from MetroHealth, Neighborhood Family Practice, Frontline Service, and a police officer with Cleveland Heights were among some of the providers calling the line. Most callers report issues with their mental health, and there was some suicidality expressed by callers for which staff continued to follow proper protocol and worked closely with Frontline Mobile Crisis.

# CY23 Program Highlights and Outcomes

## ThriveED

Thrive provides Peer Support Services in the emergency departments at University Hospitals (UH) and Cleveland Clinic (CCF) Hospitals. Services provided include peer support, narrative therapy, motivational interviewing, and linkage to resources for recovery. Thrive is employing a Linkage Coordinator in CY23 to enhance services for peers as they transition from treatment into the community setting. Thrive is successful in linking peers to treatment from UH (76%) and Cleveland Clinic (94%) and seeks to improve the engagement rate in community peer support after release from treatment.

At the heart of Thrive's service offerings in both the UH system and the CCF system is person-centered planning and shared decision-making. Thrive delivers high quality Peer Support services to patients and supports them in their individualized recovery journey.

### **Target Population:**

- University Hospitals: Clients served in the University Hospitals ThriveED program are struggling with substance use disorder and presenting at Ahuja, Cleveland Medical Center, St. John, or Parma. Until the month of August patients were also presenting at Bedford and Richmond. Additionally, patients present with psychiatric emergencies that are later identified as substance use related by the Emergency Psychiatric Access Team.
  - The average age of clients 43 years old
  - 68% identify as a male
  - 52% are Black/African American
  - 13% report a previous mental health diagnosis and 46% report a previous substance use disorder diagnosis.
  - 24% of peers reported homelessness, which is challenging when coordinating care.
- Cleveland Clinic: Clients served in the CCF program are struggling with substance use disorder and presenting at Euclid, Fairview, Main, Hillcrest, Marymount, and South Pointe.
  - The average age of the clients is 42 years old
  - 70% identify as male
  - 58% are white
  - 3% report a previous mental health diagnosis and 34% report a previous substance use diagnosis
  - 17% of peers report homelessness

**Anticipated Number of Clients to be Served: 1,560**

**Number of Staff Required to Implement Program: 20**

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

- Thrive operates multiple ThriveED programs in Cuyahoga County, and when possible, cross-trains staff to cover shifts at different health systems. This can be challenging in the hospital because different hospital systems have different onboarding, vaccination, and background check requirements. Thrive utilizes PRN Peer Supporters when available to ensure coverage. As a last resort, staff members will cross cover and obtain overtime hours if needed. Additionally, Thrive started a workforce development initiative intended to identify and train individuals interested in pursuing their Peer Support certification in Cuyahoga County. Interns participate in an 11-week paid internship that encompasses the certification process and provides experience in various settings, including the hospital. This effort has improved the pipeline of PRS and the agency intends to expand the effort in CY23.



# CY23 Program Highlights and Outcomes

## Funding Priority:

- Peer Support

## Program Goals:

- Provide 24-hour coverage 7-days-per-week for University Hospitals and Cleveland Clinic patients to access Peer Recovery Supporters
- Support 1,560 patients referred from University Hospitals and Cleveland Clinic with motivational interviewing, narrative therapy, active listening, and support that is rooted in shared lived experience and empathy
- Provide 75% of patients referred with referrals to treatment services, including detox, residential, non-professional groups, community peer support, medication assisted treatment, and outpatient
- If in need of transportation to treatment, Thrive will support 100% of those patients
- 100% of certified Peer Supporters in the ThriveED program at UH and CCF will obtain additional hours of ongoing training and education on cultural competency, diversity, and inclusion to ensure peer support services are delivered in a culturally competent manner

## Program Metrics:

- Schedule to ensure 24/7 coverage
- Encounter records will be pulled from the HIPAA compliant JotForm platform
- Training and compliance will be measured using a learning management system

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 1,080
- **ADAMHS Funded Unduplicated Clients Served:** 384
- **Total Number of Clients Served:** 384
- **Total Number of Clients that Completed this Program/Service:** 0

Average Cost Per Client: \$1,824.76

### Additional Information:

- Thrive utilized opioid settlement funding to enhance its programs at University Hospitals (UH) and the Cleveland Clinic. Staff have been focused on recruiting exceptional peer supporters to staff and strengthen programs. With these new team members, Thrive was able to launch peer support on the inpatient floors at UH. During this time, staff have become well known and relied upon by the hospital staff. Peer supporters have become integrated in the hospitals and have built strong relationships with various treatment agencies across Ohio, ensuring service provision for peers seen at any location. Thrive have been able to serve 551 peers from January 2022, through the end of June 2022. Of those 551 peers, staff engaged and assisted 463 individuals with their recovery journey. Although an 84% engagement rate is successful, the agency hopes to increase that number going forward and expand further into UH and Cleveland Clinic.

# CY23 Program Highlights and Outcomes

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served: 800**
- **ADAMHS Funded Unduplicated Clients Served: 577**
- **Total Number of Clients that were Served: 577**
- **Total Number of Clients that Completed this Program/Service: 0**

### Goals Met:

- Cooperating with the ADAMHS Board in making changes to programming if changes are recommended based on program reviews and metrics
- Enrolling clients in the Great Office Solution Helper (GOSH) system
- Peer Support may be provided via telehealth if a public health emergency order is in effect and in-person Peer Support is prohibited at hospitals
- Informing the ADAMHS Board of any programmatic changes in staff and/or funding that impact service delivery and/or programming

### Metrics Used to Determine Success:

- Each month the total number of hired peer supporters for the opioid settlement program was reported to the ADAMHS Board on a percent complete report. Changes to programming and recommendations are discussed at each monthly program meeting and added to the monthly percent complete report if necessary.
- The total number of referrals and GOSH enrollment status is reported in a comprehensive patient report and discussed at the monthly program meeting.
- Peer Support is provided via telehealth and in-person based on each hospital's discretion with status being discussed at each monthly program meeting.
- Programmatic changes in staff and funding that impacts service delivery is discussed at each monthly program meeting.

### Program Successes:

- The percent complete report reflects that by December 31, 2021, the goal of identifying, recruiting, and training 80 peer recovery coaches was 33% complete; 26 peer recovery coaches were hired and trained as of that date. Thrive staff met with the ADAMHS Board each month in 2021 to discuss changes and new goals. The percentage complete report was updated every month as those goals were changed or met.
- Each month all clients who engaged in hospital peer support services were entered into the GOSH system prior to submitting the monthly comprehensive patient report.
- All six UH locations were providing peer support on Jan. 1, 2021. Expansion in 2021 included: Euclid Hospital and South Pointe Hospital in July, Fairview Hospital and Marymount Hospital in August, Hillcrest Hospital in October, and Main Campus in November.
- At each monthly program meeting Thrive informs the ADAMHS Board of any programmatic changes in staff and/or funding that impacts service delivery and/or programming.

**Average Cost Per Client in CY21:** \$1,995.57

# CY23 Program Highlights and Outcomes

## **Additional Information:**

- Opioid settlement funding allowed Thrive to serve a total of 877 referrals from University Hospital and Cleveland Clinic between Jan. 1, 2021 and Dec. 31, 2021. Out of those 877 referrals, 648 engaged with Thrive (557 unique clients) and were given peer support and referrals to ongoing recovery services (detox, outpatient, etc.).
- 2021 marked a period of intense growth for the Thrive ED program at UH and the Cleveland Clinic. Thrive provided programming to six Cleveland Clinic locations, including Main Campus, Euclid, Fairview, Hillcrest, Marymount, and South Pointe. Despite difficulty with staffing as a direct result of the pandemic, staff were able to maintain in-person staffing patterns at UH Cleveland Medical Center and UH Parma as well as integrate to in-person with the Emergency Psychiatric Access Team. That in-person integration was critical in the drastic increase seen in both referrals and engagement since the start of the program in May 2020.
- The program continued to grow throughout 2021, and January 2022 saw a 151% increase in referrals compared to January 2021. At the end of 2021 next steps were determined, including expanding in person to UH St. John Health Center and expanding to the inpatient setting at UH Main Campus.
- Thrive's focus continues to be recruiting high-quality peer supporters willing to support emergency department programs and increase referrals.

# Focus on Diversity: Thrive Behavioral Health Center, Inc.

Program(s): Cuyahoga Warmline; ThriveED

**Diversity, Equity and Inclusion STRENGTH from program proposal:**  
 Thrive formed a Diversity, Equity, and Inclusion (DEI) Committee to begin organizational planning and policy development to make Thrive a workplace and service provider that better embraces the values of DEI.



Region: Central

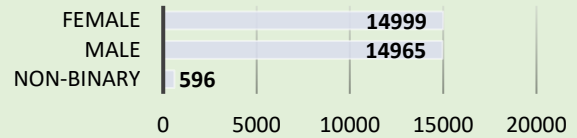
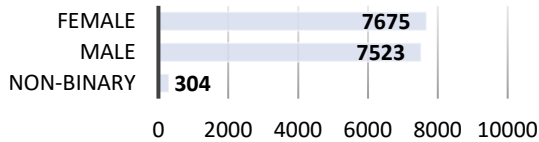
## CLIENT DEMOGRAPHICS

**2022 – Total Served 15,502**

**2023 – Total Projected to be Served 30,560**

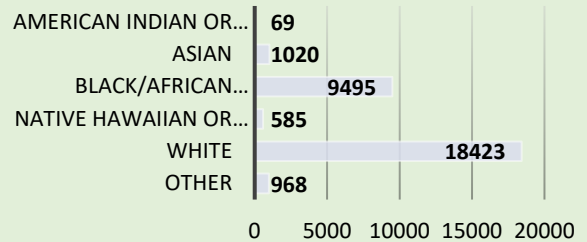
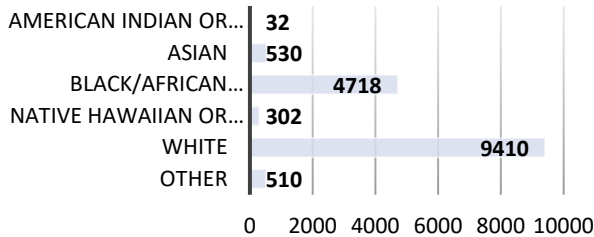
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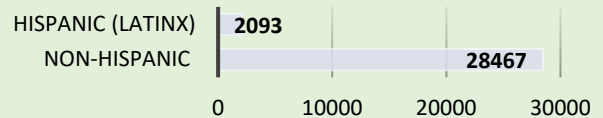
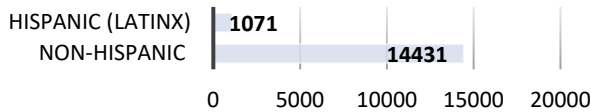
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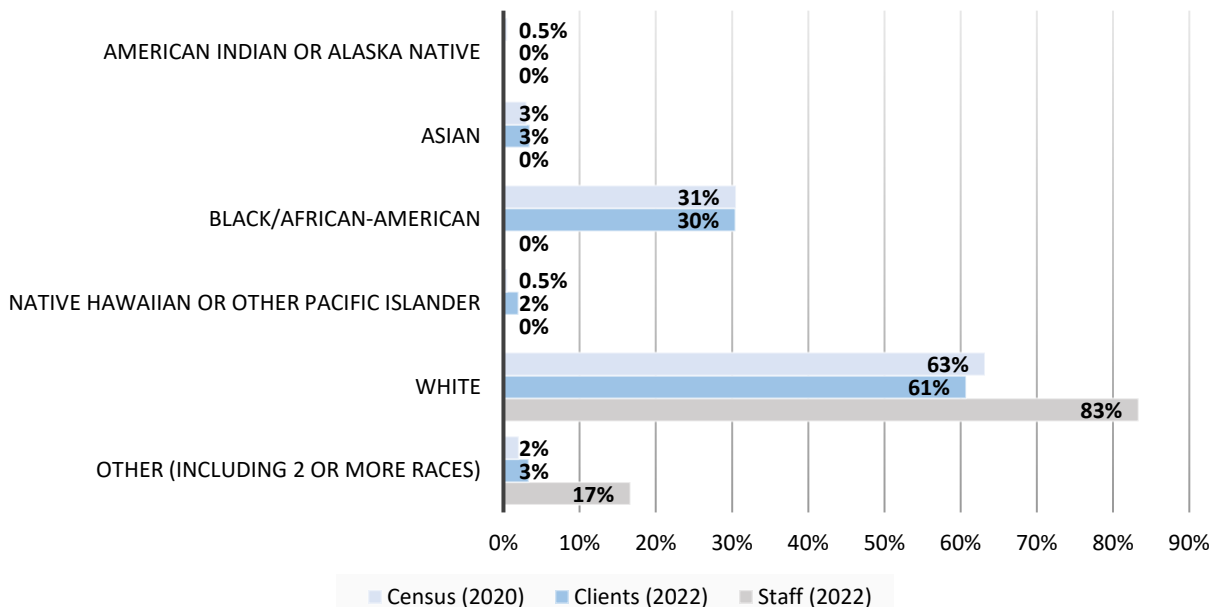


Ethnicity

Ethnicity



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



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

# **Trinity Outreach Ministries**

## CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
<b>Trinity Outreach Ministries</b>			
Inner City Youth and Families Cultural Arts Program	\$ 60,000	\$ 50,000	Prevention
<b>Total</b>	<b>\$ 60,000</b>	<b>\$ 50,000</b>	

# CY23 Program Highlights and Outcomes

## Trinity Outreach Ministries

Trinity Outreach Ministries promotes balance and health through diversity and the arts in a way that affects both the church and community.

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

### Inner City Youth and Families Cultural Arts Program

Provides prevention programs to children in the Family First Childcare Center and families and youth attending Trinity Outreach Ministries, Holy Trinity Church and the Cultural Arts Center. Programming can include: Virtual and face to face family fitness and music classes, virtual and in-person sessions to facilitate spiritual and character development, cultural or performing arts classes and showcase opportunities, family sobriety pledges, community outreach special activities including inspiration services for seniors and adults in Recovery at Risk for Relapse.

### **Target Population:**

- Inner city at risk youth and families in the Greater Cleveland Area who are primarily African American, living in poverty and/or receiving public assistance.
- All Ages, All socioeconomic categories

**Anticipated Number of Clients to be Served: 170**

**Number of Staff Required to Implement Program: 16**

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

- Trinity promotes and facilitates the atmosphere and mindset of teamwork. The agency identifies, empowers and cross-trains a number of staff and volunteers to be able to fill in the gap when there are vacancies. Staff make virtual services available when needed and when more feasible and safer. The agency hires staff with a love for the community and that are serious about reducing the prevalence of ATOD use and addiction. The agency has an expectation that administration is informed when there is an expected absence so back-up staff can be assigned to provide the service(s) during the interim. Occasionally, events will be rescheduled or combined.

### **Funding Priority:**

- Prevention

### **Program Goals:**

- At Least 60% of children projected to be served will demonstrate social-emotional improvement
- At least 60% of the adults served will demonstrate resiliency

### **Program Metrics:**

- Strength-Typical-Need utilizing the Devereux Student Strength Assessment (DESSA)
- Through the Devereux Adult Resiliency Survey (DARS)

### **First Six Months of CY22 Provider Outcomes:**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served: 150**
- **ADAMHS Funded Unduplicated Clients Served: 175**

# CY23 Program Highlights and Outcomes

- **Total Number of Clients Served:** 175
- **Total Number of Clients that Completed this Program/Service:** 0

**Average Cost Per Client:** \$171.00

## **Additional Information:**

- The Faith Program has been successful. Families were impacted in a favorable way and were able to make deeper connectedness with their faith. The families expressed appreciation for the services.

## **CY21 Provider Outcomes**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served:** 150
- **ADAMHS Funded Unduplicated Clients Served:** 1,200
- **Total Number of Clients that were Served:** 1,200
- **Total Number of Clients that Completed this Program/Service:** 375

### **Goals Met:**

- At Least 60% of children projected to be served will demonstrate social-emotional improvement
- At least 60% of the adults served will demonstrate resiliency
- At least 60% of the adult participants will learn skills to increase self-worth and develop healthy relationships
- At least 60% of the participants will learn how to self-regulate without the use of substances

### **Metrics Used to Determine Success:**

- DESSA and DARS

### **Program Successes:**

- Exceeded goal: At least 90% of the children demonstrated social emotional enhancement
- Exceeded goal: At least 89% demonstrated improved in resiliency
- Exceeded Goal: At least 96% demonstrated & improved relationships
- Exceeded Goal: At Least 96% demonstrated the ability to self-regulate without drugs

**Average Cost Per Client in CY21:** \$160

### **Additional Information:**

- The program was a success. Trinity was able to reach more people through virtual programming during the pandemic.



# Focus on Diversity: Trinity Outreach Ministries

Program(s): Inner City Youth and Families Cultural Arts Program

## Diversity, Equity and Inclusion STRENGTH from program proposal:

*The agency sees “diversity, inclusion, and equity as connected to our mission” and “acknowledge and dismantle any inequities within our policies, systems, programs, and services” and “explore potential underlying, unquestioned assumptions that interfere with inclusiveness.”*



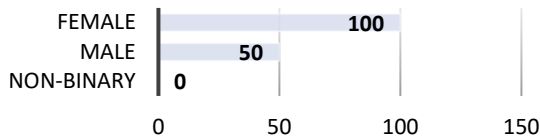
Region: NE

## CLIENT DEMOGRAPHICS

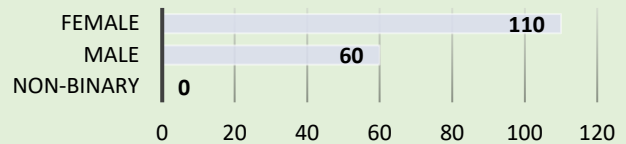
**2022 – Total Served 175** (the data below reflects 150 clients, and is the most complete information available based on 2022 outcomes reports)

**2023 – Total Projected to be Served 170**

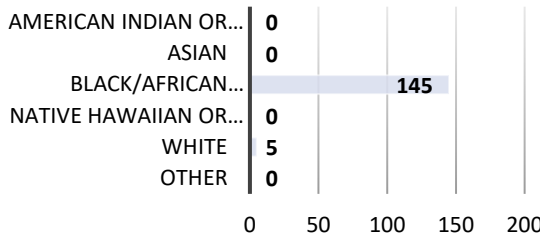
### Gender



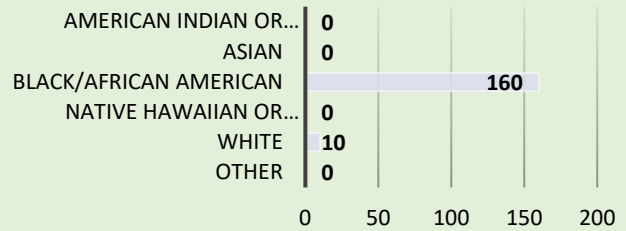
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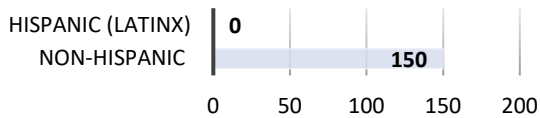
### Race



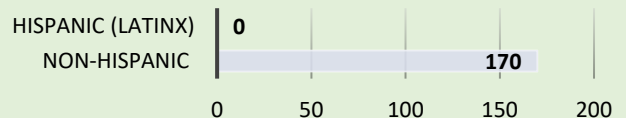
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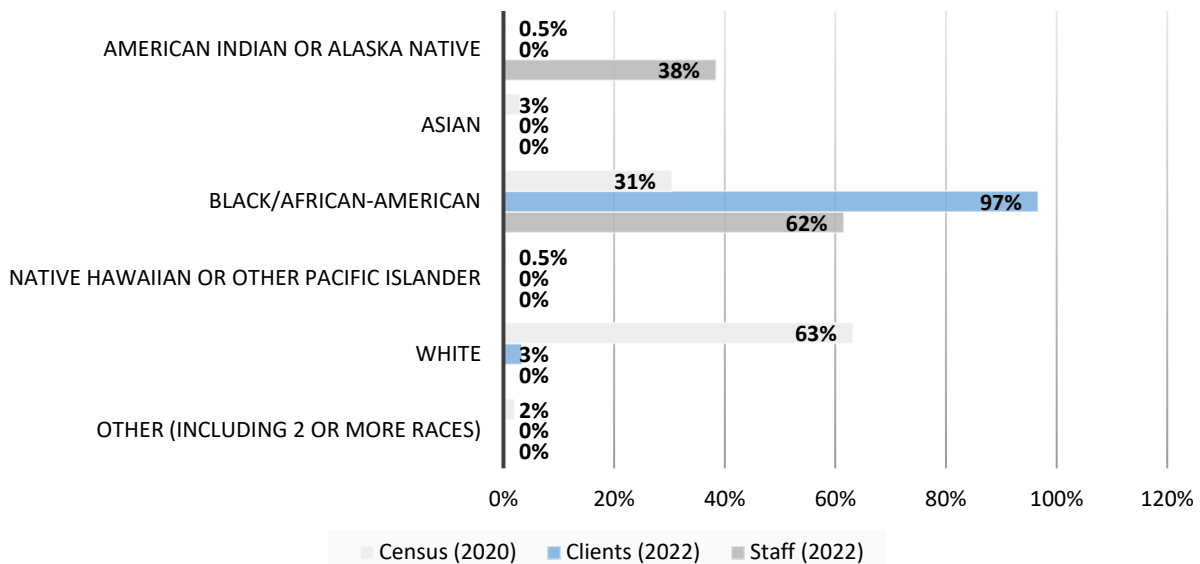
### Ethnicity



### Ethnicity



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



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

# **United Way of Greater Cleveland**

## CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
<b>United Way Services</b>			
First Call for Help (Information & Referral)	\$ 93,035	\$ 93,035	24/7 Access
<b>Total</b>	<b>\$ 93,035</b>	<b>\$ 93,035</b>	

# CY23 Program Highlights and Outcomes

## United Way of Greater Cleveland

United Way of Greater Cleveland's 2-1-1 connects individuals challenged by personal, health and economic struggles to social, health and government resources 24-hours-per-day, every day of the year.

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

### United Way 211

United Way 211 is a free, confidential service for people seeking resources for numerous health and social service needs, from basic food and housing to job training, from COVID vaccine sites to Medicaid applications, from substance abuse treatment to transportation, and from mental health counseling to childcare subsidies. Its goal is to present people with resource options, coordinate an individual's or family's various care needs, and ensure they are receiving the necessary help.

People contact United Way 211 by phone or online chat. 211 assistance is not intended to duplicate treatment services provided by health, social service, or government agencies, but rather to identify and share appropriate service providers that can best meet each person's need(s). The 211 Navigators' role is to understand the event or situation that prompted a person's contact and assess its place within the broader context of the individual's or family's life. Responses to open-ended questions about the reason for the call may reveal an underlying issue, such as an addiction or a mental health issue, that needs to be addressed as well. The Navigators determine all the needs and, using 211's continuously updated Community Resource Database, will locate agencies, programs, and services that can address those needs. Each detailed listing in the database includes information about eligibility, required identification or documents, any fees, service location(s), hours of operation, and a description of the required steps to obtain help. The Navigator shares this information with the client, and together they will create a plan that responds to the client's needs.

Following United Way 211's protocols, if the circumstances warrant and the person is amenable, the Navigator will follow up with the individual to ensure they were able to access the agreed-upon resources. If the client was unable to obtain services from the option(s) provided, the Navigator will offer to advocate on their behalf with the agency to secure the needed services. The Navigator may learn there was a misunderstanding by the agency regarding the services needed or the client did not fully understand the agency's procedures or required documentation. The Navigator will then work to resolve the problem so the person may receive necessary services.

### **Target Population:**

- United Way 211 assists Cuyahoga County residents in need of resources for alcohol, drug addiction, and behavioral or mental health concerns without any limitations or preconditions, such as gender, age, income level, race, ethnicity, religion, insurance coverage, military service, citizenship status, or other potential restrictions.
- All Ages, All socioeconomic categories

**Anticipated Number of Clients to be Served:** 4,300

**Number of Staff Required to Implement Program:** 9

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

- United Way 211 Navigators prioritize mental health, behavioral health, and substance abuse-related needs at the same level as all other social service topics. All staff participate in the program's core activities, and therefore, receive the training necessary to integrate the program's goals into their responsibilities when helping people who contact 211. As a service operating 24-

# CY23 Program Highlights and Outcomes

hours-a-day, 7-days-a-week, 211 relies on a foundation of industry-standard staffing redundancy and contingency plans to guarantee a base level of operational functionality at all times. Should unforeseen staff vacancies occur, staff schedules, priorities, and caseloads are evaluated and adjusted, as needed, to meet anticipated community need, while the turnkey recruitment and training process is utilized to fill any crucial position.

## **Funding Priority:**

- 24/7 Access

## **Program Goals:**

- United Way 211 will inform and provide appropriate service options to 4,300 Cuyahoga County residents assessed with addiction, behavioral and/or mental health issues between January 1 and December 31, 2023. By the conclusion of each contact, clients will have resource information and a plan to help resolve the assessed needs.

## **Program Metrics:**

- Number of requests for behavioral health, mental health and addiction concerns based on the AIRS classification system
- Number and places referred by 211 Navigators for treatment services
- Average call length

## **First Six Months of CY22 Provider Outcomes:**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served:** 2,150
- **ADAMHS Funded Unduplicated Clients Served:** 2,164
- **Total Number of Clients Served:** 2,164
- **Total Number of Clients that Completed this Program/Service:** 0

**Average Cost Per Client:** \$24.82

### **Additional Information:**

- Because 211 service is anonymous and confidential, the agency had to populate a zero value in many places for demographics like race and ethnicity. The data 211 collects from clients is only that which must be asked and recorded in order to assess program eligibility. 211 is also unique among ADAMHS-funded partners as they do not bill per client, nor do they maintain client records for this aspect of the program. Likewise, it's difficult to account for staff vacancies as 211 is a 24/7 operation that is staffed at all times. Staffing level may go up or down based on funding, unplanned absences, etc., but there are always staff scheduled and available to answer contacts from clients.
- United Way 211 Navigators assist both English- and non-English-speaking people in need of resource options. Bilingual Navigators can help Spanish-speaking people. For other non-English-speaking individuals, United Way 211 contracts with a multi-lingual translation service for 150 languages. Individuals with hearing impairments can communicate with 211 Navigators via online chat or using 7-1-1, a telephone relay service. Navigators are responsive to callers' racial, cultural, ethnic, and disability needs and preferences when offering service options.
- 211 has developed partnerships with agencies that serve the LGBTQ+ community, refugees, and youth aging out of foster care. A staff member is dedicated to assisting Cuyahoga County active-duty military personnel, veterans, and their families.

# CY23 Program Highlights and Outcomes

- 211 clients frequently share with Navigators problems accessing agencies' services. Barriers typically include transportation, insurance restrictions, and an incomplete understanding of how to obtain available services. Many callers explain when they reach out for help, their need is often immediate; they face barriers of agency waiting lists and restrictive hours, or they lack access to needed technology to communicate with an agency. 211 Navigators will help clients think through options, advocate on their behalf, and record circumstances where needs go unmet. Information about unmet client needs indicates a service lacking in the community or a barrier to accessing service, and is shared with funders, partner agencies, local government, Community Development Corporations, and United Way's Community Investment Department for analysis to remedy the issue.

## **CY21 Provider Outcomes**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served:** 4,500
- **ADAMHS Funded Unduplicated Clients Served:** 9,465
- **Total Number of Clients that were Served:** 9,465
- **Total Number of Clients that Completed this Program/Service:** 9,465

### **Goals Met:**

- Provide information and referral service

### **Metrics Used to Determine Success:**

- Track Needs and Referral Resources

### **Program Successes:**

- Agency was successful in tracking needs and referrals

**Average Cost Per Client in CY21:** \$13

**Additional Information:** N/A

# Focus on Diversity: United Way of Greater Cleveland

Program(s): United Way 211

**Diversity, Equity and Inclusion STRENGTH from program proposal:**

*“As an organization dedicated to the eradication of poverty, our actions must be sensitive to its root causes, including systemic racism.” The agency included Race, Diversity, Equity and Inclusion (RDEI) actions including leadership development, establishing an internal council, etc.*



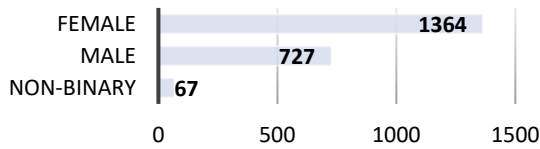
Region: Central

**CLIENT DEMOGRAPHICS**

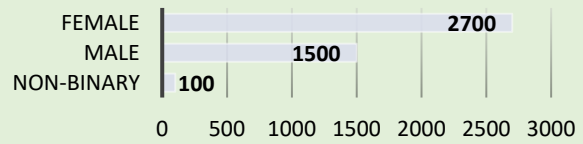
**2022 – Total Served 2,164** (the data below reflects 2,158 clients, and is the most complete information available based on 2022 outcomes reports)

**2023 – Total Projected to be Served 4,300**

**Gender**



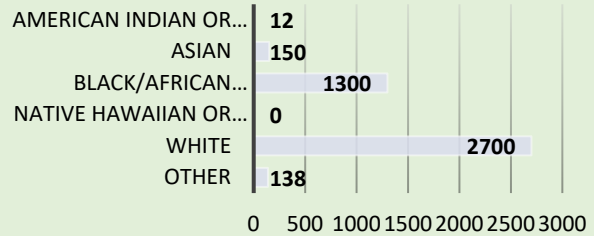
**Gender**



**Race**

Incomplete information provided

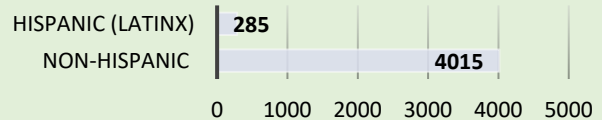
**Race**



**Ethnicity**

Incomplete information provided

**Ethnicity**



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

Incomplete information provided

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

# **University Hospitals**



## CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
<b>University Hospital Dept. of Psychiatry</b>			
Public Academic Liaison (PAL)	\$ 750,000	\$ 850,000	Removing Barriers
<b>Total</b>	<b>\$ 750,000</b>	<b>\$ 850,000</b>	

# CY23 Program Highlights and Outcomes

## University Hospitals

University Hospitals Cleveland Medical Center Department of Psychiatry partners with the ADAMHS Board for the provision of clinical services, education, and research in community mental health.

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

### Public Academic Liaison (PAL)

PAL contract has been renewed since 1990 and provides direct clinical services by residents and clinical supervisors on site as described above. One half-hour per half-day, or one-hour per one day is dedicated to clinical supervision. Residents have a didactic curriculum on community mental health as part of their core curriculum at the hospital. Advanced resident electives are offered. Residents may elect to continue to see patients into their fourth year (adults) or second year (children) and/or participate in unique or alternative services within the system.

### **Target Population:**

- Patient population is the same populations as the major community mental health agencies. Resident placements are at Signature Health, The Centers, FrontLine Services, Applewood, and other usual sites. Special needs, barriers, and accommodations are the same. The training experience should be representative of the community in which the population lives.
- This program does not directly serve clients, rather, it serves to deliver training and education-to residents who work to provide services to clients making use of various programs through other providers.

**Anticipated Number of Clients to be Served: 1,800**

**Number of Staff Required to Implement Program: 20**

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

- Resident vacancies are uncommon as the Board has an annual fiscal year and the training programs are on an academic fiscal year, though there may be variations in numbers from year to year. On occasion, there may be a leave of absence required for pregnancy or illness. Temporary absences are covered by remaining faculty.

### **Funding Priority:**

- Harm Reduction

### **Program Goals:**

- Training of psychiatry residents in delivery of community mental health services
- Education of residents regarding social determinants of health, psychological health, and physiological health
- Education in basic principles of population health
- Provision of direct clinical services to clients of the ADAMHS Board contract agencies
- Recruitment and retention of graduates to the community mental health system and optimally provide services within Cuyahoga County

# CY23 Program Highlights and Outcomes

## Program Metrics:

- Completion of required clinical rotations for eight PGY-3s and four PGY-4s, six 1st and second year child and adolescent fellows
- Community psychiatry didactics with an attendance rate of at least 75%
- Complete didactics on population health with attendance rate of at least 75%.
- Direct care to approx. 1,500 patients (actual number depends on scheduling and attendance)
- Unable to guarantee recruitment and retention but based on past experience, 50% is a measurable objective

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served: 2,000**
- **ADAMHS Funded Unduplicated Clients Served: 0**
- **Total Number of Clients Served: 2,000**
- **Total Number of Clients that Completed this Program/Service: 0**

Average Cost Per Client: \$375

Additional Information: N/A

## CY21 Provider Outcomes

Highlights: No client records are kept for this training program

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

## Goals Met:

- Required Education/Training in Community Mental Health
- Direct clinical service provision at agencies of the ADAMHS Board
- Encourage continuing participation in community mental health
- Leadership development
- Retention of graduates in Cuyahoga County

## Metrics Used to Determine Success:

- Performance of residents on annual evaluations
- Confirmation of hours and agencies served
- Trainee feedback on quarterly evaluations
- Number in community mental health post- graduation
- Number/percent of graduates assuming leadership roles
- Number/percent of graduates remaining in Cuyahoga County

# CY23 Program Highlights and Outcomes

## **Program Successes:**

- All participants received training and clinical experiences
- Services provided at Circle Health/The Centers; Frontline Services; Signature Healthcare; Recovery Resources; Applewood; Carrington Youth; Cleveland Public Schools; New Directions
- Trainee experience generally positive
- 8/13 graduates from 2020-21 went into public and community positions
- Stats for past 20 years indicate about 40% in leadership roles
- Three graduates from 2020/21 retained in Cuyahoga County

**Average Cost Per Client in CY21:** This program does not utilize funds on clients.

**Additional Information:** N/A

# Focus on Diversity: University Hospitals

Program(s): Public Academic Liaison (PAL)

**Diversity, Equity and Inclusion STRENGTH from program proposal:**  
*University Hospitals Cleveland Medical Center’s Office of Community Impact, Equity, Diversity, and Inclusion (CEDI) is responsible for supporting, promoting, and implementing programs that maintain an inclusive, equitable, and diverse environment that provides culturally relevant patient care.”*



Region: NE

## CLIENT DEMOGRAPHICS

**2022 – Total Served 2,000**

**2023 – Total Projected to be Served 1,800**

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 %: Client (2022), Staff (2022), and Cuyahoga County Census (2020)

Incomplete information provided

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

# **University Settlement**

## CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
<b>University Settlement House</b>			
SUD Prevention	\$ 35,000	\$ 35,000	Prevention
<b>Total</b>	<b>\$ 35,000</b>	<b>\$ 35,000</b>	

# CY23 Program Highlights and Outcomes

## University Settlement

University Settlement is a neighborhood center that aims to empower youth, families and seniors in the Broadway/Slavic Village neighborhood. A broad range of services are delivered through a variety of social, educational, and health programs that transform the lives of children, families and seniors.

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

### Youth Prevention Program

University Settlement's Youth Prevention Program will offer services to youth in the Broadway-Slavic Village neighborhood, either in the community schools or on-site at the agency. The services will include out-of-school time programs, at Mound STEM School and on-site at University Settlement. Programming will also have a School-based Prevention component offered at St. Stanislaus. The Prevention Specialists will deliver evidence-based Prevention curricula to all youth, regardless of the location of the service.

University Settlement has had the opportunity to provide prevention services to community youth for over 15 years. According to the NIDA principles, prevention programs that address early intervention with risk factors (e.g., aggressive behavior and poor self-control) often have a greater impact than later intervention by changing a child's life path (trajectory) away from problems and toward positive behaviors. With continued funding, youth will continue to interact with non-using peers and positive adults who provide a safe out of school time setting. The program will continue to address the well-being of the youth that live and attend school in the Broadway-Slavic Village neighborhood.

All participants enrolled will be exposed to a program designed to address health promotion, pro-social behaviors, positive school relationships, healthy sexuality, and alcohol, tobacco, and other drug prevention subjects. The goal will be to increase protective factors and reduce risk factors.

The Youth Prevention Program will utilize the evidence-based Lion's Quest and Centervention. Through Lion's Quest, youth can boost their social and emotional competencies. Centervention, a web-based program that focuses on building social and emotional skills through fun activities and experiences. Youth have the ability to practice and improve their social emotional competencies and enhance their skillsets of communication, cooperation, emotion regulation, empathy, impulse control, and social initiation.

### **Target Population:**

- The target population for Prevention services are students enrolled in grades K-8th grade that attend and/or live in the Slavic Village neighborhood.
- Children ages 6-12, 200% or more of the federal poverty level

**Anticipated Number of Clients to be Served: 120**

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

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

- If there is a separation between University Settlement and a program staff, one of the Registered Applicants will be assigned to provide coverage of services so that the program continues to operate at an optimal level until the role of the staff person is filled. When separation of staff occurs, the agency's goal is to fill the position quickly so that there are no interruptions in service. The Human Resources Consultant has various methods of marketing vacant positions to attract a large, diverse pool of qualified candidates.



# CY23 Program Highlights and Outcomes

## Funding Priority:

- Prevention

## Program Goals:

- Youth enrolled in the program will maintain or improve their social emotional learning by building protective factors, strengthening human resiliency, and reducing risk factors
- Youth enrolled in the program will perceive substance use as a risky and/or harmful
- Youth enrolled in the program will demonstrate academic growth in Reading and Math

## Program Metrics:

- 85% of youth participating in the program will show improvement in their social emotional competencies as measured by the Devereux Student Strengths Assessment- Mini (DESSA)
- 85% of youth participating in the program will increase their knowledge of harmful effects as measured by pre- and post-tests
- 65% of participating youth will achieve at least one year's growth in Reading and Math as demonstrated on their NWEA Map assessment

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 60
- **ADAMHS Funded Unduplicated Clients Served:** 75
- **Total Number of Clients Served:** 75
- **Total Number of Clients that Completed this Program/Service:** 75

**Average Cost Per Client:** \$10.34

### Additional Information:

- The agency was still able to meet projections with staffing issues throughout the year.

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 120
- **ADAMHS Funded Unduplicated Clients Served:** 67
- **Total Number of Clients that were Served:** 67
- **Total Number of Clients that Completed this Program/Service:** 67

### Goals Met:

- Improve mental health, social emotional skills, and academic levels of under-privileged youth. Provide framework to identify and foster the five SEL core competencies. Equip youth with strategies to make positive decisions and thrive to live substance free lives. Remove barriers, reduce risk factors and increase protective factors. Identify drug free alternate activities.

### Metrics Used to Determine Success:

- Prevention workbook, pre- and post-Lions Quest Assessment tool

# CY23 Program Highlights and Outcomes

## **Program Successes:**

- Due to the pandemic and remote learning, the mental health, SEL skills and academics of most youth declined. Most clients were able to identify the five SEL Core competencies. Most clients were able to understand and practice responsible decision making. Some barriers were able to be removed (providing clients technology, and remote learning options), providing clients resources, supplies and materials, and providing protective factors with these resources. All youth were able to identify drug free alternate activities.

**Average Cost Per Client in CY21:** \$475.37

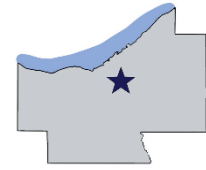
## **Additional Information:**

- Prevention services were difficult and tricky to navigate during the pandemic. Given these challenges, we were able to adapt and meet more than half of the expected outcomes in persons receiving services.

# Focus on Diversity: University Settlement

Program(s): Youth Prevention Program

**Diversity, Equity and Inclusion STRENGTH from program proposal:**  
*The agency states that they “must promote racial justice in Slavic Village, given that at one point the community used to be 90% white and now is 51% Black and 6% Latinx. For decades, University Settlement has been dedicated to prioritizing justice and equity.”*

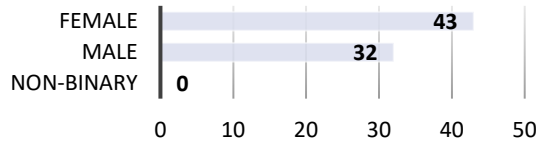


Region: Central

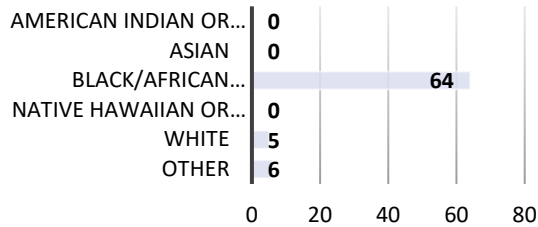
## CLIENT DEMOGRAPHICS

**2022 – Total Served 75**

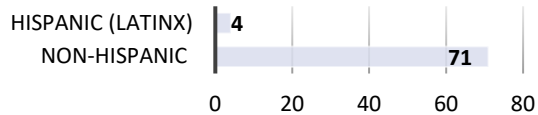
Gender



Race

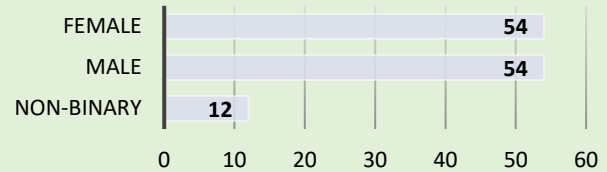


Ethnicity

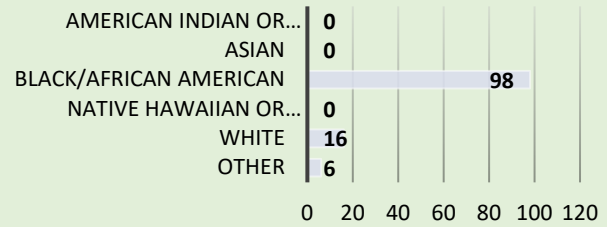


**2023 – Total Projected to be Served 120**

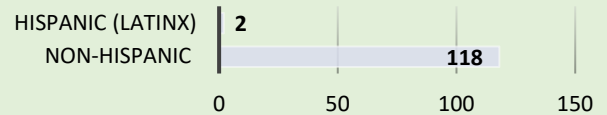
Gender



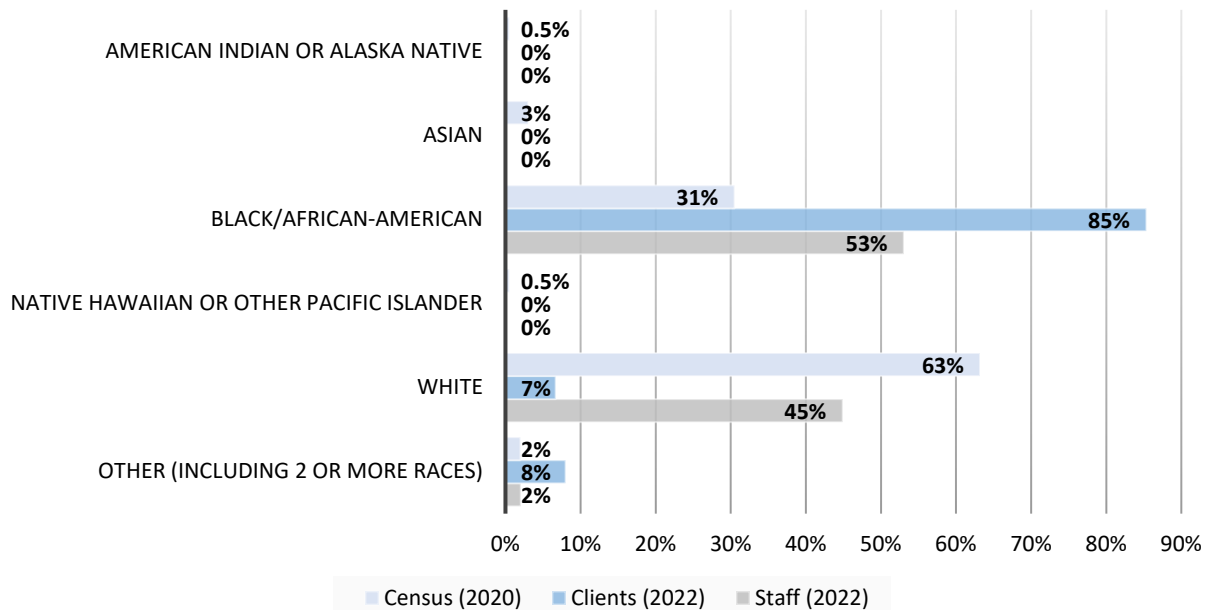
Race



Ethnicity



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



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

# **Woodrow Project**

## CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
<b>Woodrow Project</b>			
Specialized Recovery Housing	\$ 39,225	\$ 74,208	Housing
<b>Total</b>	<b>\$ 39,225</b>	<b>\$ 74,208</b>	

# CY23 Program Highlights and Outcomes

## The Woodrow Project

Provides a safe, stable and supportive environment to women in recovery, and treating people with respect and dignity as they learn to live sober.

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

### High-quality recovery Housing

The recovery homes implement the evidence-based practice of the Social Model of Recovery Housing which encourages a recovery culture of emersion, an oriented sense of community and self-efficacy. The residences emphasize recovery as a person-driven, life-long, and holistic process. Additionally, due to many people with SUD having exhausted their family support, an essential element is the focus on replacing those supports and creating a new family for the women in recovery. On-site House Managers empower residents to meet their fullest potential by working on an individualized recovery plan.

Promoting a home-like environment is key with each resident living in a furnished living space; outdoor sitting area; washers and dryers; all utilities; Wi-Fi, cable; and a phone. Staff provide towels, linens, cleaning supplies, and laundry detergent. The ability to achieve stable recovery is often jeopardized by untenable housing or unsupportive living environments. Recovery houses are a critical component in the continuum of care for SUDs. The key to impactful change is a paradigm shift from episodic crisis management to a continuing care model.

Staff's primary focus is to help residents individually create recovery plans to exponentially increase their recovery capital. Each resident completes an initial 18-point recovery plan examining what their individual needs are at the time of move-in. This addresses items from recovery supports to job readiness, and everything in between.

Residents meet with the peer supporter weekly to complete individualized recovery plans. This plan identifies goals of the resident's choosing, with action steps for the resident to complete each week. These goals are approached from the perspective of SAMHSA's eight-dimensions of wellness - social, emotional, occupational, spiritual, intellectual, environmental, spiritual, and financial. Monthly, the resident completes a self-evaluation in the above-mentioned areas to gauge where they stand as a measure of what steps are needed to build recovery capital.

Transparency and accountability are the fundamentals of recovery and a basis of how staff promotes recovery capital. Each resident completes a weekly calendar to begin changing their life from chaos to organized. Staff supports multiple pathways to recovery and put that belief into action by supporting residents in their chosen pathway whether it is 12-step, SMART recovery, Celebrate Recovery or Refuge Recovery. On the weekly calendar, residents will put all activities on the schedule for actions inside and outside of the house, ranging from meals to employment to fellowship activities. Residents flourish with structure and support.

### **Target Population:**

- Adult women who have completed detoxification or residential level of care
- There are several barriers that women must overcome to achieve long-term recovery
- All socioeconomic categories

**Anticipated Number of Clients to be Served: 30**

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

# CY23 Program Highlights and Outcomes

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

- The organization has peer supporters who fill-in when the house managers are on vacation. When there are vacancies, fill-in peer supporters fulfill the necessary duties of the recovery house until the agency can hire and train new staff. Additionally, the director and assistant housing director have filled in when necessary. Staff make sure residents are always supported when living in the recovery homes.

## **Funding Priority:**

- High Quality Housing

## **Program Goals:**

- 70% of residents sustaining recovery
- 75% of resident engaged in employment or training program.
- 90% compliance with probation/parole and no new criminal charges
- 90% of residents engaged in chosen pathway of recovery within the first 30 days of living in the recovery house
- 80% compliance with residents reaching recovery plan goals.

## **Program Metrics:**

- Ohio Recovery Housing Outcomes tool
- Ohio Recovery Housing outcomes tool
- Ohio Recovery Housing outcomes tool
- Monthly review of recovery plans
- Monthly review of recovery plans

## **First Six Months of CY22 Provider Outcomes:**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served: 19**
- **ADAMHS Funded Unduplicated Clients Served: 10**
- **Total Number of Clients Served: 26**
- **Total Number of Clients that Completed this Program/Service: 11**

**Average Cost Per Client:** \$26.80

### **Additional Information:**

- The Woodrow Project provides quality recovery housing and residents are the priority.
- The director was a primary contributor to the Ohio Recovery Housing Best Practice Guidance on working with residents of the LGBTQ+ and Dually Diagnosed population. The Woodrow Project has successfully served residents who are in the LGBTQ+ population and have created a housing environment and policies that meets the specialized needs of this population.
- A significant barrier to women in recovery is finding housing that supports those dually diagnosed or receiving MOUD. TWP utilizes evidence-based practices in dealing with medication as defined by NARR standards.

# CY23 Program Highlights and Outcomes

- It is of utmost importance that women are supported in both their substance use disorder as well as mental health. Women in recovery with criminal history may experience additional barriers including extended waiting periods or bans to public housing. TWP provides quality recovery housing for women exiting prison, providing the support necessary to successful transition to law-abiding citizens. Additionally, residents were 93% compliant with probation or parole while living in recovery housing.

## **CY21 Provider Outcomes**

### **Highlights:**

- **Number of Clients that were Anticipated to be Served:** 9
- **ADAMHS Funded Unduplicated Clients Served:** 18
- **Total Number of Clients that were Served:** 39
- **Total Number of Clients that Completed this Program/Service:** 26

### **Goals Met:**

- Sustained recovery: 70% maintaining recovery
- Engaged in employment or training program: 75% engaged
- Reduction in recidivism: 90% compliance with probation/parole and no new charges
- Engagement in chosen pathway to recovery within the first 30 days: 90% engaged
- Recovery plans: 80% compliance with reaching recovery plan goals

### **Metrics Used to Determine Success:**

- Ohio Recovery Housing Outcomes tool and monthly review of recovery plans.

### **Program Successes:**

- 78% maintaining recovery
- 86% engaged in training program or employed
- 100% compliance with probation and 0% recidivism
- 97% engaged in chosen pathway of recovery within 30 days
- 84% compliance with reaching goals on recovery plans

### **Average Cost Per Client in CY21:** \$27.87

### **Additional Information:**

- Staff complete organizational evaluations quarterly and ask for residents' feedback. Over the past year, residents continue to report they have received above average and excellent Recovery Housing support. Staff works to meet the needs of everyone on a daily basis. Staff are excited to provide quality Recovery Housing in 2022. One resident wrote, "I am very appreciative of the support I receive from my house manager and the recovery house. I would probably be dead or in jail if I wasn't able to live here. They support me on my medications, including Suboxone. I have a job today, a relationship with my parents, and I have actual friends. I am so grateful."



# Focus on Diversity: The Woodrow Project

Program(s): High-quality recovery housing

## Diversity, Equity and Inclusion STRENGTH from program proposal:

*The agency states that their “aim is to ensure that all staff, residents, and organization members are given equal opportunity and that our organization is representative of all sections of society. Each person will be respected and valued and able to give their best as a result.”*

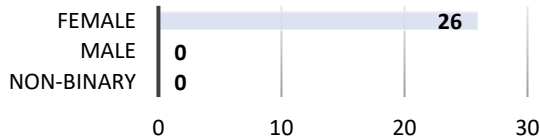


Region: Central/W/NW

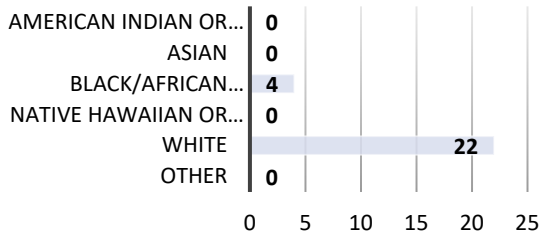
### CLIENT DEMOGRAPHICS

#### 2022 – Total Served 26

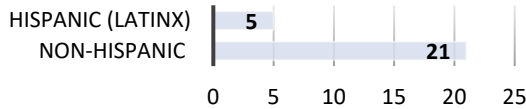
##### Gender



##### Race

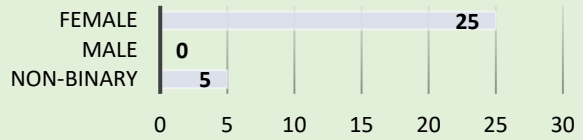


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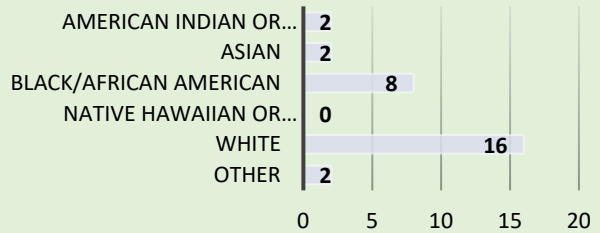


#### 2023 – Total Projected to be Served 30

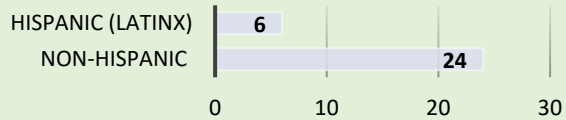
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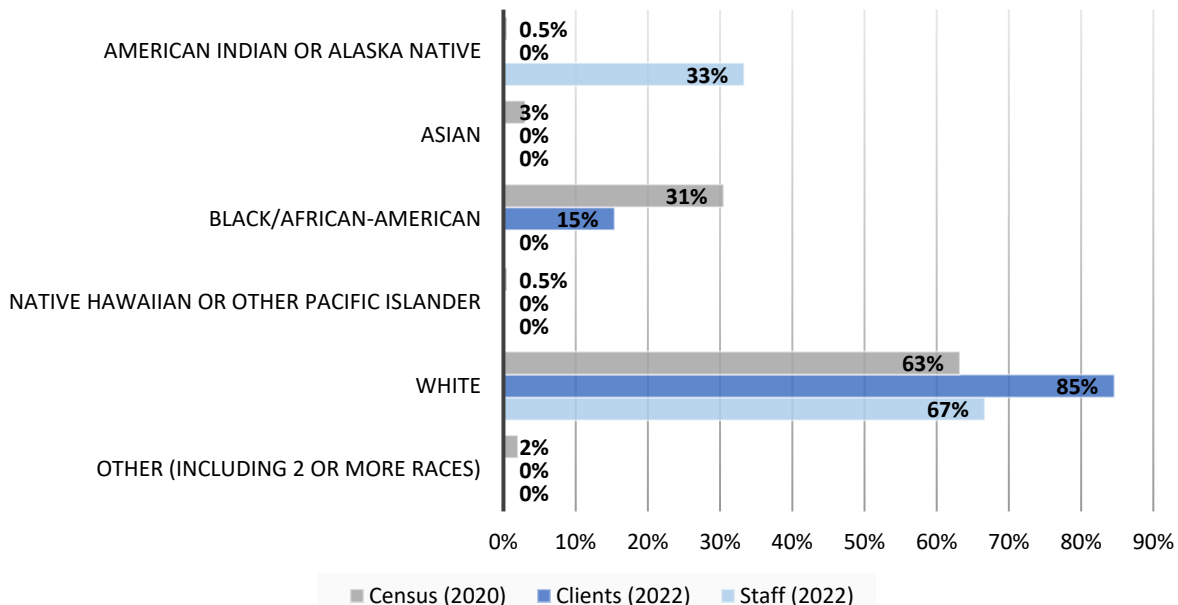
##### Race



##### 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%.

# **Women's Recovery Center**

## CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
Women's Recovery Center			
<b>Pooled Funding:</b>			
Outpatient Treatment Services	\$ -	\$ -	

# CY23 Program Highlights and Outcomes

## Women's Recovery Center

Since 1986, Women's Recovery Center (WRC) has provided a safe, non-judgmental space for women on the near Westside of Cleveland to find support and assistance.

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

### Intensive Outpatient Treatment

WRC provides three-stage, comprehensive addiction treatment programs with trauma-informed therapy, cognitive-based therapy (CBT), brief therapy, motivational interviewing, contingency management, mindfulness, and 12-step programming. Gender-specific treatment includes family roles and relationships education, parenting classes, individual needs assessment/individual treatment planning, case management, relapse prevention education, women's health education, nutrition, and domestic violence education. WRC has an internal certified peer support specialist. The clients also have access to transportation and childcare. Staff help clients develop life management skills, parenting skills, and an overall sense of independence and self-sufficiency, so they are empowered to lead a life free of addiction. The risk factors addressed by the program include problems with primary support, problems related to the environment, self-harm, or assaultive (suicidal or homicidal), educational programs, occupational problems, trauma, housing problems, economic problems, problems with access to health care services, problems with interaction with the legal system/crime, and other psychosocial and environmental problems. The program will increase coping skills, create relapse prevention plan, overall sense of independence, and manage SUD and mental health disorders.

### **Target Population:**

- WRC serves women and their families including homeless, pregnant women, and criminal justice-involved clients. Most clients are below the poverty line; have suffered from trauma; and suffer from severe mental health concerns, including but not limited to depression, PTSD, anxiety, bipolar disorder, and schizophrenia. Most of these women are single parents with children. Some of these children are in the mom's custody, while others are placed in temporary custody of Division of Children and Family Services.
- Adult 18-65+, All socioeconomic categories

**Anticipated Number of Clients to be Served: 125**

**Number of Staff Required to Implement Program: 10**

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

- Cross-training of staff has started and is being further developed to ensure that there is no lapse in service for the clients. Staff schedules and group times are calculated to minimize overlap of services, allowing staff to meet with clients and conduct group treatment sessions when needed. If a vacancy occurs, the job will be posted on job boards and filled as efficiently as possible.

### **Funding Priority:**

- Treatment Services – Pooled Funding

### **Program Goals:**

- Reduction in drug use: 70%
- Sobriety for clients: 45% at 90 days post-discharge

# CY23 Program Highlights and Outcomes

- Achievement of at least one positive life factor: stable housing obtained by client, increased financial independence, reunited with children, employment, education, primary care provider use, etc.: 70%
- Reduce time from request to intake (average intake under 72 hours)
- Increase the number of referrals (30% increase)

## Program Metrics:

- Self-declaration, urine screenings, successful discharge or unsuccessful discharge with success completion of IOP (milestone 3)
- Self-declaration and urine screenings
- Self-declaration, client treatment plan, and client chart
- Phone screening log and assessment schedule or client chart
- Tracking of referral sources of new clients at phone screening

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served: 67**
- **ADAMHS Funded Unduplicated Clients Served: 8**
- **Total Number of Clients Served: 47**
- **Total Number of Clients that Completed this Program/Service: 9**

Average Cost Per Client: \$6,770

### Additional Information:

- Women's Recovery Center (WRC) has expanded Intensive Outpatient Treatment (IOP) to include morning and evening programming. A new interim executive director began in 2022, so WRC is in a transition period. The clinical staff have maintained operations and provided expanded services during IOP, including a partnership for music therapy, and having certified trauma specialists on staff. The agency has expanded referral sources, including sober living homes and other agencies in addition to seeing an increase in referrals from sources such as Drug Court, Division of Children and Family Services, and Probation Officers in local municipalities. Staff are in the process of merging with the LCADA Way.

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served: 120**
- **ADAMHS Funded Unduplicated Clients Served: 9**
- **Total Number of Clients that were Served: 92**
- **Total Number of Clients that Completed this Program/Service: 12**

### Goals Met:

- Reduction in drug use
- Sobriety 90-days post treatment
- Case management services-client achievement of at least one positive life factor

# CY23 Program Highlights and Outcomes

- Reduce time from request of service to intake/admission
- Increase number of referrals

## **Metrics Used to Determine Success:**

- Reduction in drug use
- Sobriety 90-days post-treatment
- Case management services-client achievement of at least one positive life factor
- Reduce time from request of service to intake/admission
- Increase number of referrals

## **Program Successes:**

- Of the clients who successfully completed, 100% reported a reduction of drug use
- Of those who unsuccessfully completed or are still active, 69% reported a reduction in drug use
- 12 clients completed treatment during this time frame
- For those past the 90-day mark, four out of five achieved sobriety 90-days post-discharge (80%)
- 54% of clients obtained at least one positive life factor
- 50% of screening calls taken turned into an assessment within 72-hours
- For the 50% outside of the 72-hours, most were offered within 72-hours and could not make it
- Received 134 referrals

**Average Cost Per Client in CY21:** \$5,208

**Additional Information:** N/A

# Focus on Diversity: Women's Recovery Center

Program(s): Intensive Outpatient Treatment

**Diversity, Equity and Inclusion STRENGTH** from program proposal:  
*The agency says they "are committed to the continuous and intentional evaluation of WRC policies, procedures, and programs to ensure these are adequate for not just white staff and clients but to all racial demographics served."*



Region: NW

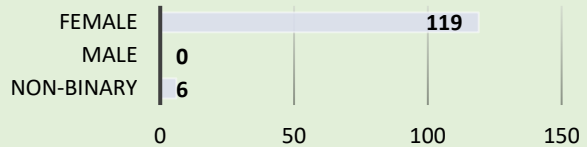
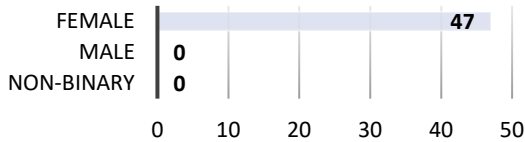
## CLIENT DEMOGRAPHICS

**2022 – Total Served 47**

**2023 – Total Projected to be Served 125**

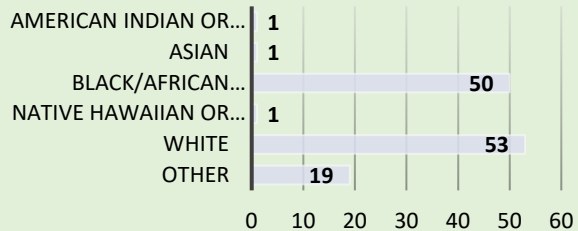
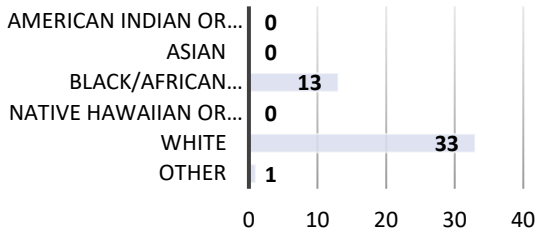
Gender

Gender



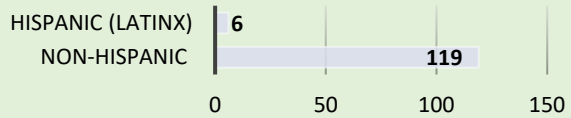
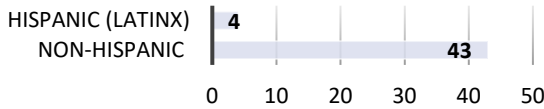
Race

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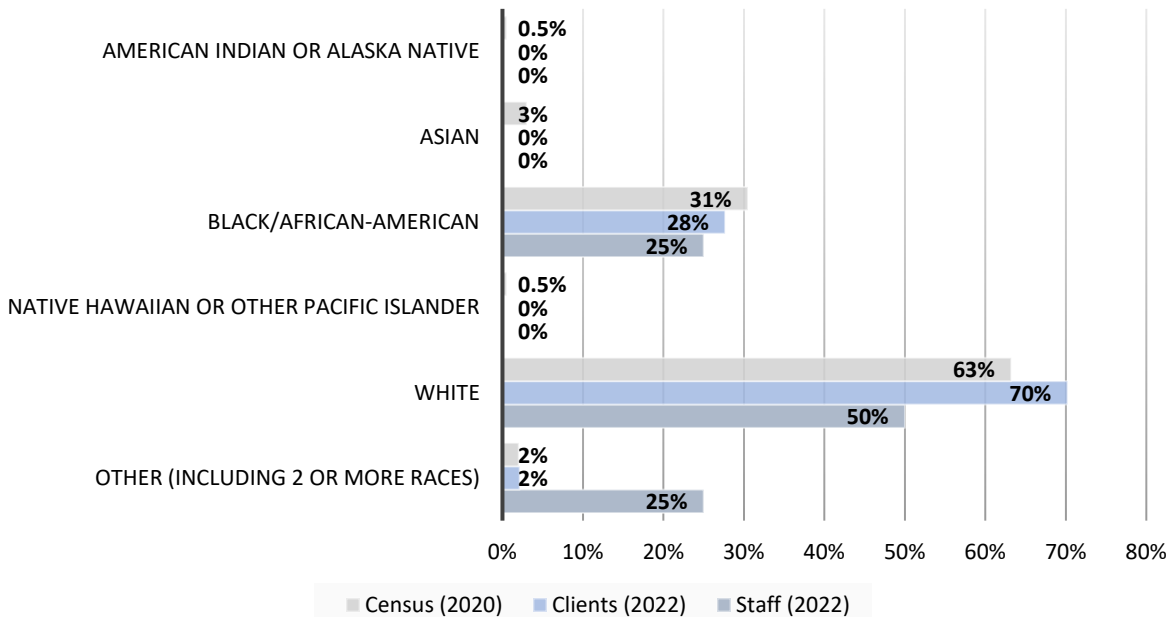


Ethnicity

Ethnicity



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



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

# **YMCA of Greater Cleveland**



## CY2023 PROVIDER FUNDING RECOMMENDATIONS

Agency/Program	2022 FINAL CONTRACT AMOUNT	2023 CONTRACT RECOMMENDATIONS	PRIORITY
<b>YMCA of Greater Cleveland (Y-Haven)</b>			
Rising Hope Recovery Housing	\$ 400,000	\$ 450,093	Housing
	<b>\$ 400,000</b>	<b>\$ 450,093</b>	
<b>Pooled Funding:</b>			
Y-Haven Transitional Housing and Treatment	\$ -	\$ -	

# CY23 Program Highlights and Outcomes

## YMCA of Greater Cleveland

Since 1993, Y-Haven has provided transitional housing, recovery services, treatment for mental illness, educational training, vocational services and permanent housing placement to men who are homeless. Thousands have found sobriety and rebuilt their lives at Y-Haven.

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

### Y-Haven: Rising Hope Recovery Housing

Y-Haven's Rising Hope program will provide a "Recovery Housing" model of service. The National Alliance of Recovery Residences has identified four levels of Recovery Housing; Y-Haven will provide "Level III," a supervised residence with a facility manager and a licensed clinician(s) to provide assessments, counseling and case management.

**Outreach:** Y-Haven conducts outreach to individuals who could benefit from Y-Haven's Recovery Housing program. Staff communicates with each individual before they enter the program by phone or in person at emergency shelters, in the streets, the Diversion Center, detox programs and hospitals, etc.

**Housing:** Y-Haven leases residential and treatment space in the CMHA Carl B. Stokes Social Services Mall, located at 6001 Woodland Ave. in Cleveland. Each resident is provided a furnished room with a full kitchen and bath.

**SUD Treatment:** For Recovery Housing residents requiring SUD treatment Y-Haven offers two levels of treatment. Y-Haven's Intensive Outpatient Program meets ASAM Criteria (Level 2.1). Y-Haven provides Outpatient Treatment, which includes heightened engagement with case management, meeting the ASAM Criteria for Outpatient Treatment (Level 1.0).

**Medication Monitoring:** Y-Haven provides medication monitoring to all those participating in Recovery Housing.

**Medication Assisted Treatment (MAT):** Y-Haven welcomes participants using MAT, including Naltrexone (Vivitrol) and Suboxone. Participants are offered these services by Y-Haven's health care partner, Care Alliance Health Center.

**Mental Health Treatment & Co-Occurring services:** Y-Haven employs a full-time therapist who provides individual psychotherapy to residents who need it. The therapist provides a psycho-education group called "Mental Focus" and offers specialized IOP groups to serve clients with severe co-occurring mental health issues.

**Case Management:** Y-Haven provides case management to each program participant addressing recovery goals, income and benefits, health care, familial and social supports, as well as permanent housing and independence.

**Vocational Service:** All residents are invited to participate in Y-Haven's vocational program called "Careers". The Careers program helps clients determine their interests and work goals, connects them with job placement and training organizations, and supports employment search and retention.

**Housing Stabilization:** Y-Haven affords Recovery Housing clients multiple opportunities for permanent housing. Additionally, through a partnership with CMHA Y-Haven clients are offered permanent housing once they successfully complete their program.

**Post-Exit Continuing Recovery:** Y-Haven has a robust Continuing Recovery program to support residents once residents move out of the facility. The program fosters prolonged recovery, helps manage relapses, and helps maintain stable housing.

# CY23 Program Highlights and Outcomes

## **Target Population:**

- Rising Hope: adult women and men with Opioid Use Disorder (OUD), co-occurring disorders (68%), criminal backgrounds (90%), and histories of homelessness (75%).
- Rising Hope accepts referrals from the County's Coordinated Intake office for homeless persons and area homeless shelters, the County Diversion Center, street outreach teams, SUD treatment programs, Mental Health agencies, drug court, prisons and self-referrals. With the SUD services, Rising Hope also welcomes individuals requiring an Intensive Outpatient Program (IOP) and accepts residents exiting detoxification services.
- Less than 100% of the federal poverty level

**Anticipated Number of Clients to be Served: 210**

**Number of Staff Required to Implement Program: 17**

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

- Y-Haven employs more than 50 staff in all its programs. If the Recovery Housing program has a staff vacancy, then staff from elsewhere in the Y-Haven program help provide coverage until the vacancy can be filled. The YMCA of Greater Cleveland also helps fill vacancies of non-clinical Y-Haven staff. Y-Haven continually seeks new staff, conducting recruiting and interviewing throughout the year. These outreach and hiring efforts are supported by the Human Resources Department of the YMCA of Greater Cleveland. As a result of the steps to address staff vacancies, Y-Haven has not had to curtail services over the past three years.

## **Funding Priority:**

- High Quality Housing

## **Program Goals:**

- Provide Level III Recovery Housing to 210 Adult Women and Men
- Stable Housing: Assist 147 individuals (70%) to secure stable housing
- Improve Familial and Social Supports of those participating: 75% (157 persons)
- Employment and/or Employment Training/Support: 70% of those served who can work
- Medication Assisted Treatment (MAT): Offer MAT to 80% of participants with Opioid Use Disorder (OUD) or Alcohol Use Disorder (AUD)

## **Program Metrics:**

- Residency in Rising Hope Recovery Housing. Results will be recorded and reported in Y-Haven's Electronic Medical Record (EMR).
- Client report of post-residency housing
- Client will be asked monthly about the progress made towards this goal of improving social and familial support; results will be recorded and reported in Y-Haven's EMR
- Client will be asked monthly about the progress made towards employment and training goals; results will be recorded and reported in Y-Haven's EMR
- Client will be asked regularly about interest and possible participation in MAT; results will be recorded and reported in Y-Haven EMR

# CY23 Program Highlights and Outcomes

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 90
- **ADAMHS Funded Unduplicated Clients Served:** 123
- **Total Number of Clients Served:** 137
- **Total Number of Clients that Completed this Program/Service:** 43

Average Cost Per Client: \$3,739.84

### Additional Information:

- Despite challenges with staffing among its Resident Monitors, the first half of 2022 went well. A significant milestone for the Recovery Housing program was welcoming individuals who are using Suboxone. Y-Haven has worked closely with its on-site health care partner, Care Alliance Health Center, to make this happen. The Recovery Housing program hired a new Program Director with significant experience who has helped stabilize the program and its staff (only one clinical staff left the agency during this period). Finally, Y-Haven received funding through Cuyahoga County opioid settlement funds to provide much needed renovations to its facility.

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served:** 120
- **ADAMHS Funded Unduplicated Clients Served:** 47
- **Total Number of Clients that were Served:** 218
- **Total Number of Clients that Completed this Program/Service:** 85

### Goals Met:

- Total Served in Recovery Housing of 120.

### Metrics Used to Determine Success:

- Total Served
- Percent securing stable housing upon exit
- Percent gaining employment or engaged in training
- Percent improving family and social recovery supports
- Percent offered MAT

### Program Successes:

- Total Served in Recovery Housing: 218 (181% of goal)
- Secured Stable Housing: 64% (91% of goal)
- Employed or Employment Training: 55% (85% of goal)
- Improving Social/Family Support: 62% (69% of goal)
- Offered MAT: 61% (61% of goal)

Average Cost Per Client in CY21: \$4,266

# CY23 Program Highlights and Outcomes

## **Additional Information:**

- In CY21, Y-Haven commenced its first IOP treatment services for those with co-occurring disorders. Staffing in 2021 has been a challenge at every level of employment. Y-Haven began working with the Diversion Center (DC) and serving those exiting the DC who needed additional treatment and services. Y-Haven received a three-year CARF accreditation for IOP, Outpatient Treatment and Case Management for Integrated SUD/MH (Adults).

## **Y-Haven: SUD Treatment and Temporary Housing - "Pooled Funding"**

Y-Haven SUD Treatment & Temporary Housing provides SUD Outpatient Treatment, temporary housing and host of other services targeting adults with SUD who are experiencing homelessness.

## **Target Population:**

- Adult men and women with co-occurring disorders (77%), criminal justice backgrounds (88%), and with histories of homelessness (100%)
- Approximately 9% of Y-Haven program participants are Veterans
- Y-Haven SUD Treatment & Temporary Housing accepts referrals from the County Coordinated Intake office for homeless persons, homeless shelters, the County Diversion Center, street outreach teams, SUD treatment programs, Mental Health agencies, drug court, prisons, and self-referrals
- Less than 100% of the federal poverty level

**Anticipated Number of Clients to be Served: 340**

**Number of Staff Required to Implement Program: 25**

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

- Y-Haven employs more than 50 staff in all its programs. If the SUD Treatment and Temporary Housing program has a staff vacancy, then staff from elsewhere in the Y-Haven program help provide coverage until the vacancy can be filled. The YMCA of Greater Cleveland also helps fill vacancies of non-clinical Y-Haven staff. Y-Haven continually seeks new staff, conducting recruiting and interviewing throughout the year. These outreach and hiring efforts are supported by the Human Resources Department of the YMCA of Greater Cleveland. As a result of the steps to address staff vacancies, Y-Haven has not had to curtail services over the past three years.

## **Funding Priority:**

- Treatment Services – Pooled Funding

## **Program Goals:**

- Provide SUD Treatment and temporary housing to 340 adult men and women experiencing homelessness
- Stable Housing: 70% of participants will secure stable housing upon exit
- Improve familial and social supports of those participating: 75%
- Employment and/or Employment Training/Support: 70% of those served who are able to work
- Medication Assisted Treatment: 80% of participants with OUD or AUD will be offered MAT

# CY23 Program Highlights and Outcomes

## Program Metrics:

- Residency and participation in temporary housing and SUD Treatment; results will be recorded and reported in Y-Haven's EMR
- Client report of post-residency housing
- Client will be asked monthly about the progress made towards this goal of improving social and familial support
- Client will be asked monthly about the progress made towards employment and training goals
- Client will be asked regularly about interest and possible participation in MAT

## First Six Months of CY22 Provider Outcomes:

### Highlights:

- **Number of Clients that were Anticipated to be Served: 135**
- **ADAMHS Funded Unduplicated Clients Served: 38**
- **Total Number of Clients Served: 286**
- **Total Number of Clients that Completed this Program/Service: 82**

Average Cost Per Client: \$3,676.81

### Additional Information:

- Despite challenges with staffing among its resident monitors, the first half of 2022 went well (there were no clinical vacancies during this period). A significant milestone for the program was welcoming individuals using Suboxone. Y-Haven has worked closely with its on-site health care partner, Care Alliance Health Center, to make this happen. Y-Haven's Mental Health Therapist began offering Eye Movement Desensitization and Reprocessing (EMDR) therapy to residents. An acclaimed local artist/educator provided a six-week art class to Y-Haven residents. Y-Haven also received funding through Cuyahoga County opioid settlement funds to provide much needed renovations to its facility.

## CY21 Provider Outcomes

### Highlights:

- **Number of Clients that were Anticipated to be Served: 260**
- **ADAMHS Funded Unduplicated Clients Served: 58**
- **Total Number of Clients that were Served: 266**
- **Total Number of Clients that Completed this Program/Service: 146**

### Goals Met:

- Number served SUD Treatment & Housing: 260 for year
- IOP Completion: 60%
- Secured Employment and/or training: 30%

### Metrics Used to Determine Success:

- Total Served
- Percent completing IOP
- Percent securing stable housing upon exit

# CY23 Program Highlights and Outcomes

- Percent gaining employment or engaged in training
- Number offered MAT

## **Program Successes:**

- 266 served (102% of goal for year)
- IOP Completion: 60% (100% of stated goal)
- Stable Housing upon exit: 63% (79% of stated goal)
- Secured Employment and/or Training: 52% (173% of stated goal)
- Offered MAT: 61% (61% of goal)

**Average Cost Per Client in CY21:** \$6,109

## **Additional Information:**

- In CY21, Y-Haven commenced its first IOP treatment services for those with co-occurring disorders. Staffing in 2021 has been a challenge at every level of employment. Y-Haven began working with the Diversion Center and serving those exiting the Center who needed additional treatment and services. Y-Haven received a three-year CARF accreditation for IOP, Outpatient Treatment and Case Management for Integrated SUD/MH (Adults).

# Focus on Diversity: YMCA of Greater Cleveland

Program(s): Y-Haven: Rising Hope Recovery Housing; Y-Haven: SUD Treatment and Temporary Housing - Pooled Funding

## Diversity, Equity and Inclusion STRENGTH from program proposal:

*The agency has an Equity Committee “to ensure that all the internal and external systems that are embedded in our operations will be evaluated to dismantle current inequitable systems and policies that are resulting in racist and oppressive environments.”*



Region: NE

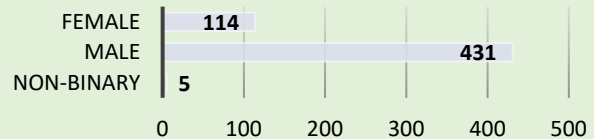
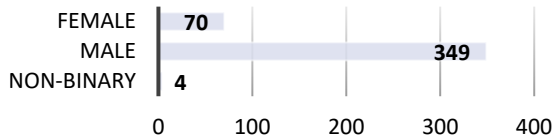
## CLIENT DEMOGRAPHICS

2022 – Total Served 423

2023 – Total Projected to be Served 550

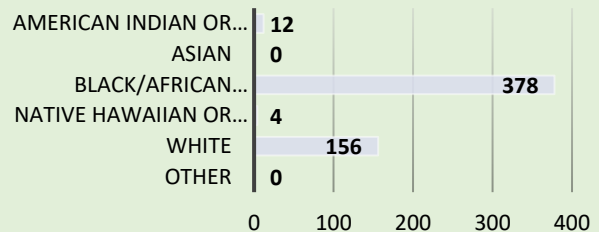
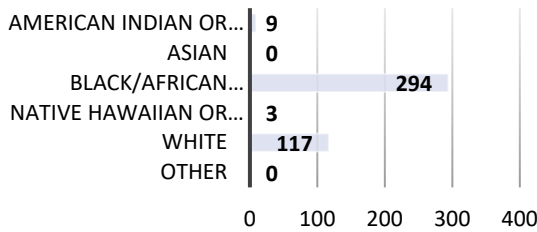
Gender

Gender



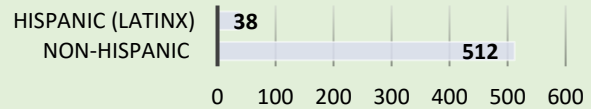
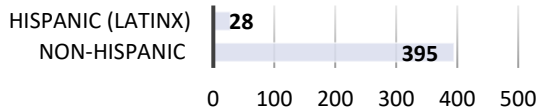
Race

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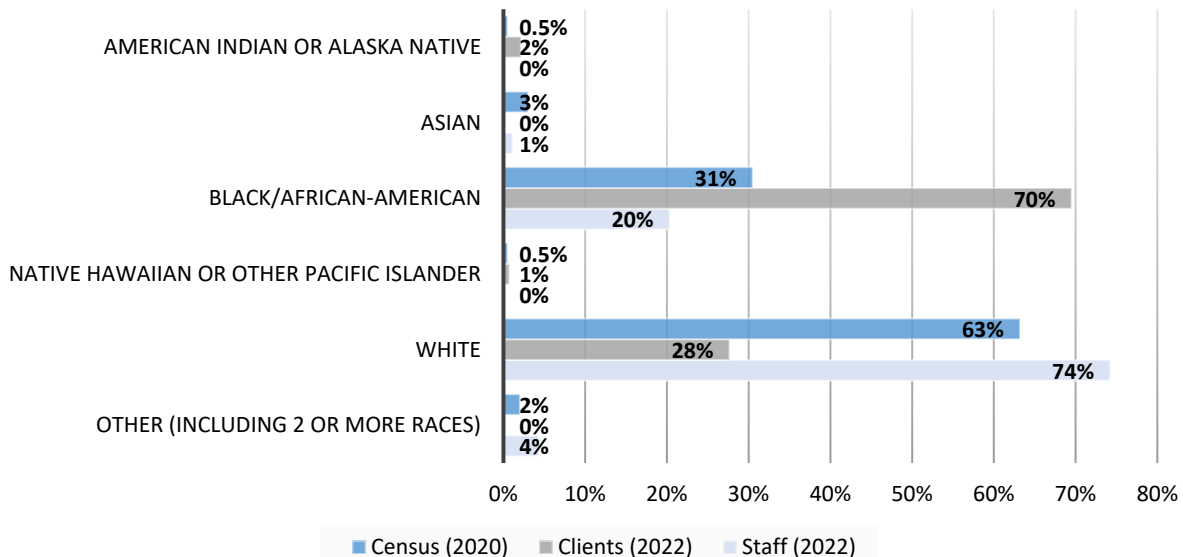


Ethnicity

Ethnicity



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



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