



**Your Help. Your Hope.
Your Human Resource Center.**

SFY 2012 First Quarterly Continuous Quality Improvement Report
Your Human Resource Center of Wayne and Holmes Counties
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November 11, 2011

State Fiscal Year (SFY) 2012; Quarter 1 Report: Your Human Resource Center (YHRC)

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Enrollments

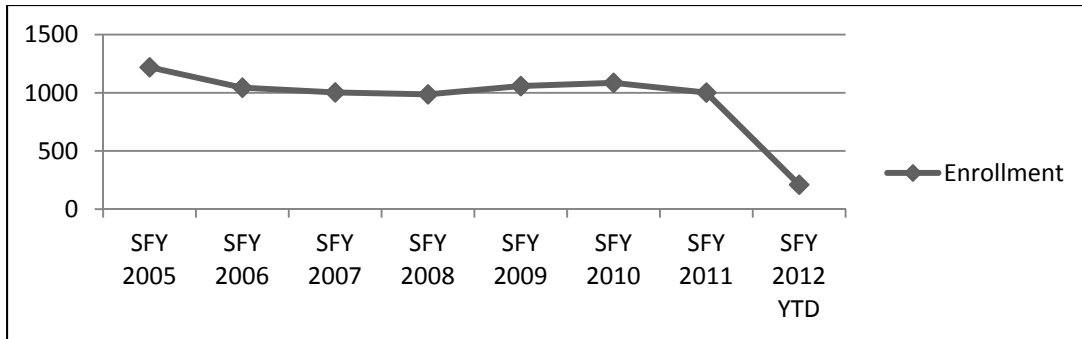
Table 1 – New Client Enrollments by Referral Source

Referral Source	SFY 2012 (Q1)		SFY 2011	
	n	%	N	%
Self	24	11	126	13
Unknown*	2	1	11	1
Attorney	2	1	10	1
Wayne County Municipal Court	59	28	252	26
Wayne County DJFS - Work First Training/Goodwill	26	12	146	15
Wayne County Common Pleas Court	16	8	78	8
Wayne County Juvenile Court	15	7	79	8
Holmes County Municipal Court	3	1	12	1
Holmes County Juvenile Court	6	3	21	2
Holmes County Common Pleas Court	1	0	4	0
Holmes County Adult Probation	3	1	16	2
Ohio Adult Parole Authority	4	2	32	3
Ohio Dept. of Youth Services	0	0	2	0
Ohio county courts outside Wayne-Holmes	9	4	44	5
Wayne County Children Services Board	6	3	10	1
Holmes County Job and Family Services	1	0	7	1
Holmes County DJFS - Children Services Unit	11	5	25	3
Ohio CSBs outside Wayne-Holmes	0	0	3	0
MHR Board of Wayne-Holmes Counties	0	0	1	0
County High Schools	2	1	14	1
Christian Children's Home of Ohio	1	0	1	0
Physicians/Hospital	0	0	4	0
STEPS	1	0	2	0
The Counseling Center of W-H Counties	0	0	5	1
Employers & EAPs	5	2	14	1
Source One Group	0	0	2	0
Family & Friends	2	1	13	1
Springhaven	1	0	16	2
All Other Sources	10	5	27	3
Total	210	100%	976	100%

Referrals continue to come from a large spread of social agencies, schools, and courts. Significant changes by percentage from last year are noted in gray highlighting – changes in referral from the Goodwill Work First Training program continues in a slight downward trend first observed last year. The continued decrease in referrals from other sources seems to suggest that our clientele is reverting to historical referral trends of a broad, but specific, array of social service and law enforcement entities rather than across the social service spectrum – related likely to system-wide budget cuts. Chart 1,

below, depicts the pattern of enrollment over the last 8 years. There were 210 enrollments this quarter – projecting to 840 for the fiscal year. This would mean a nearly 16% decrease from the previous fiscal year and nearly 24% decrease from SFY2010. The agency is responding to relatively low enrollments through consumer communication changes (moving to follow-up and reminder contact through phone calls and possibly text messages), scheduling changes among staff and increased outreach to referral sources.

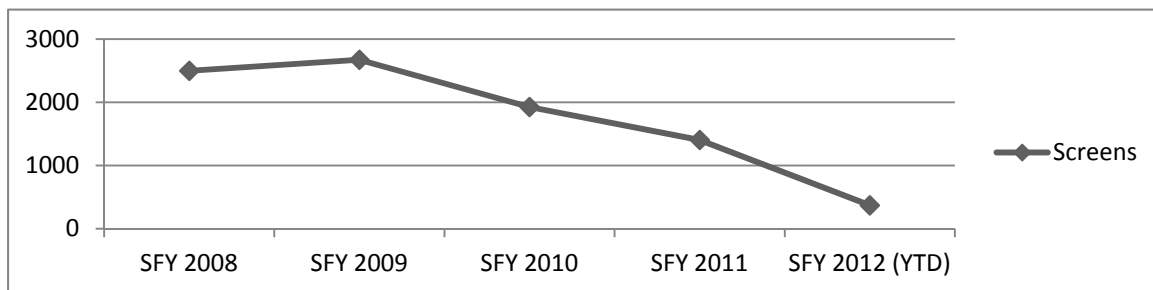
Chart 1 – Enrollment Trend by Year



Urinalysis Screening

There were 370 screens completed in the first quarter. This projects to 1480 – a projected 5% increase over last fiscal year. This represents a possible shift in the reduction pattern seen last year. Urinalysis screenings do not count as enrollments, but contribute to the total flow of clientele within the agency. Of the 370 completed screens in the quarter, nearly 29% were for Wayne County Children Services Board referred consumers (-5% from SFY11), 29% were for Wayne County Home Arrest referred consumers (no change) and 21% were referred from Wayne County Municipal Court (-3% from SFY11). Urinalysis screen referrals continues to be a primary concern of the agency as further reductions in referrals may result in the need to reduce or eliminate the availability of urinalysis screening.

Chart 2 – Urinalysis Screenings by Year



Enrollments with Indigent Driver Status

Last fiscal year, 39 new enrollees were admitted due to, at least in part, a 1st charge of *Driving Under the Influence* (DUI) status and 14 additional enrollees due to a 2nd or greater lifetime *DUI* offense.

In Quarter 1, a total of 10 new enrollees were admitted due to either a 1st *DUI* charge (five) or a 2nd or greater lifetime *DUI* offense (five). Of these 10, one (10%; -5% from last fiscal year) was deemed indigent at some level of indigency (10 – 100%). Indegency is based on a diagnosis of Substance Dependence, being court-involved and having income falling on the agency’s sliding-fee scale. Three enrollees were Wayne County residents and seven were Holmes County residents.

Chart 3 – Enrollments with Indigent Driver Status by Year

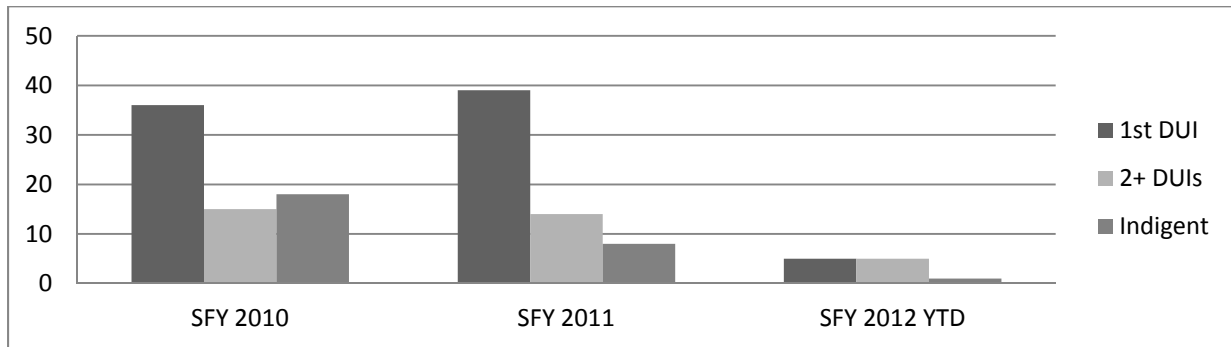


Table 2 - Children Services Referrals

	# Consumers	WCCSB	HCDJFS	Other CSB	Appointment offered <7 days	% MH	% AOD
SFY 2012 (YTD)	21	7 (33%)	14 (66%)	0	15 (71%)	13 (62%)	8 (38%)

Consumers referred from an area Children Services Unit were twice as likely to have a primary mental health disorder than a primary substance-related disorder and twice as many consumers were referred to the agency from the Holmes County Department of Job and Family Services – Children Services Unit. Appointments were offered to these consumers within the first seven days over 70% of the time.

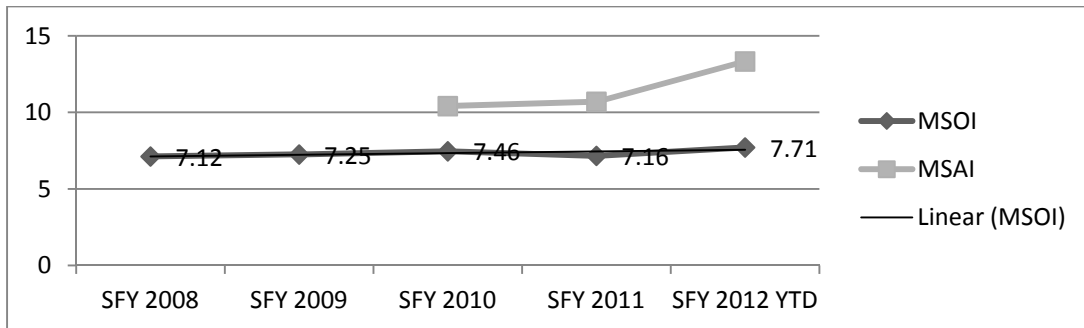
Access to Services

The agency’s policy is to offer consumers appointments within 7 days of initial contact. The *Mean Service Offer Interval* (MSOI) for enrolling clients for the first quarter is 7.71 (+.55 days from last fiscal year; count of days between initial contact and appointment offering) – within our self-identified standard, but higher than in recent years. This will be monitored in coming quarters.

Another value of import to planning and in describing the daily operation of the agency is the *Mean Service Admission Interval* (MSAI). This describes the count of days between initial contact and enrollment by completion of assessment. The *MSOI* gives a picture of how able the agency is to schedule consumers in a timely manner while the *MSAI* gives a picture of consumer behavior in taking appointments that are offered, completing scheduled appointments and providing paperwork necessary

to the enrollment process of the agency. While appointments are offered to consumers in under 8 days, actual attendance for admission appointments was slightly over 13 (13.33; +2.64 days from last fiscal year) days over the quarter – an increasing, but relatively consistent value over the last year. This is a reflection on consumer behavior, and will continue to be monitored for utility in program planning and staffing shifts to satellite offices.

Chart 4 – Comparison of Annual Mean Service Offer and Admission Intervals



Enrollment Demographics

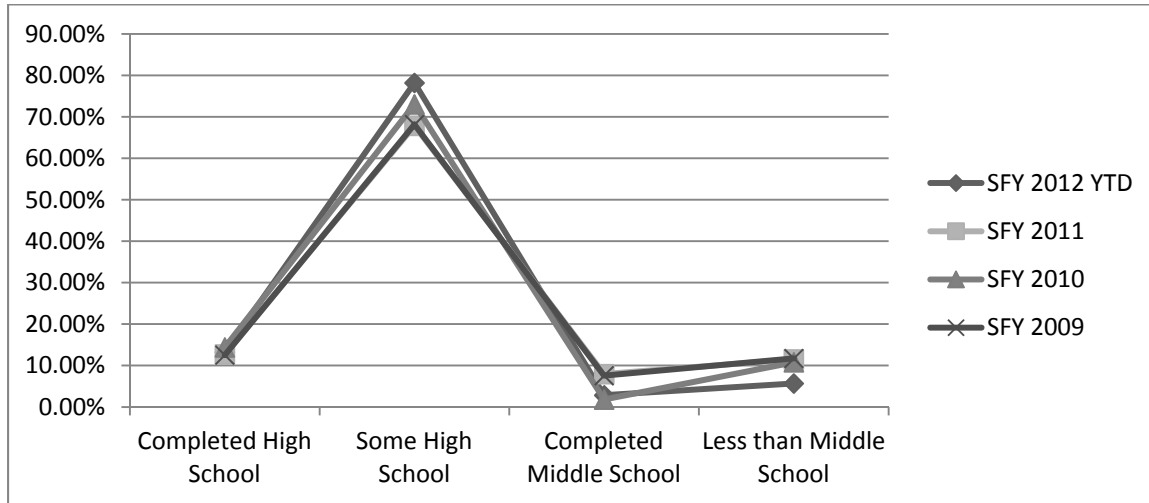
The data in the demographic table (Table 2) below are based on 527 clients served and 213 new enrollments in the first quarter. The number of male consumers and adolescent and young adult consumers changed significantly last fiscal year and this pattern appears to be maintaining in the current year. Also, the consumer demographics in terms of race demonstrated change in the first quarter to an even more extensively white consumer population. While significant changes were not seen in other categories of marital status, fewer consumers presented as single than during last fiscal year – though this is likely a return to historically common values from a severe increase in singlehood over the last fiscal year. Also, consumer income appears to be shifting away from the significant impoverished income trend demonstrated in the last fiscal year. In the last fiscal year, the number of consumers from Orrville decreased and this appears to be stabilizing, though is now coupled with a similar decrease in consumers from Wooster. That said, consumers from unincorporated cities in Wayne County continues its pattern of somewhat significant increase from first observed last fiscal year.

Table 3 – Client and Enrollment Demographics Compared

	Total Clients	%	New Admissions	%	Admissions SFY 2011	%
	527	100	213	100	1005	100
Gender						
Male	299	57	109	51	561	56
Female	223	42	104	49	438	44
Missing	5	1			5	0
Age (years)						

<i>0 – 5</i>	1	0	0	0	3	0
<i>6 – 9</i>	18	3	16	8	2	0
<i>10 – 17</i>	74	14	20	9	156	16
<i>18 – 20</i>	59	11	32	15	156	16
<i>21 – 34</i>	201	38	84	39	431	43
<i>35 - 54</i>	146	28	53	25	228	23
<i>55 - 59</i>	18	3	4	2	16	2
<i>60+</i>	9	2	4	2	13	1
<i>Missing</i>	1	0			0	0
Race						
<i>White</i>	501	95	204	96	924	92
<i>Black</i>	19	4	7	3	60	6
<i>Hispanic</i>	0	0	0	0	8	1
<i>Asian</i>	1	0	0	0	4	0
<i>Other</i>	6	1	2	1	9	1
Marital Status						
<i>Single</i>	351	67	139	65	729	73
<i>Married</i>	83	16	35	16	144	14
<i>Divorced</i>	56	11	22	10	83	8
<i>Widowed</i>	4	1	2	1	4	0
<i>Other</i>	33	6	15	7	45	4
Income						
<i>< \$5000</i>	220	42	96	45	487	48
<i>\$5000 - \$9999</i>	63	12	21	10	108	11
<i>\$10K - \$14999</i>	45	9	19	9	92	9
<i>\$15K - \$19999</i>	57	11	20	9	92	9
<i>\$20K - \$29999</i>	83	16	32	15	111	11
<i>\$30K - \$39999</i>	18	3	4	2	49	5
<i>\$40K - \$49000</i>	16	3	6	3	30	3
<i>\$50000+</i>	25	5	15	7	36	4
Residence						
<i>Wooster</i>	140	27	59	28	310	31
<i>Rittman</i>	55	10	19	9	92	9
<i>Orrville</i>	63	12	24	11	159	16
<i>Other Wayne</i>	117	22	57	28	227	23
<i>Millersburg</i>	74	14	23	11	106	11
<i>Other Holmes</i>	58	11	24	11	92	9
<i>Other County</i>	20	4	7	3	24	2
<i>Unknown</i>	1	0	0	0	0	0

Chart 5 – Education Level of Enrolled Clients



As displayed in Chart 4, above, education level is a significant, albeit stable, descriptor of YHRC clients. The groups displayed are rough approximations as this data is collected by number of completed educational years rather than milestones or achievements (i.e. “Completed High School” may include clients that have completed more than 13 years of schooling, without necessarily finishing graduation requirements). Nevertheless, of those clients with some high school experience (91% of all clients, 10% increase over SFY2011), only 13% (no change from last year) have completed, or graduated, high school. Additionally, nearly 9% (down 10% by fiscal year) of YHRC clients have no high school education experience (drop-out before high school). These values are calculated only on adult consumers and appear to represent an unexpected finding – that our consumers have more education over time. This could be yet another indicator of the severe impact of the current economic strife in the communities we serve as it is commonly understood that as the economy declines, substance abuse and mental health issues manifest more frequently.

Utilization Review

A total of 66 records were reviewed in the quarter by the Utilization Review Committee. This included review by admission (24), continued stay (22) and termination (20) record status. Of the 66 reviewed records, a total of 14 were identified as deficient. This results in an overall service utilization compliance rating of 79% - 11% below the agency compliance goal of 90%.

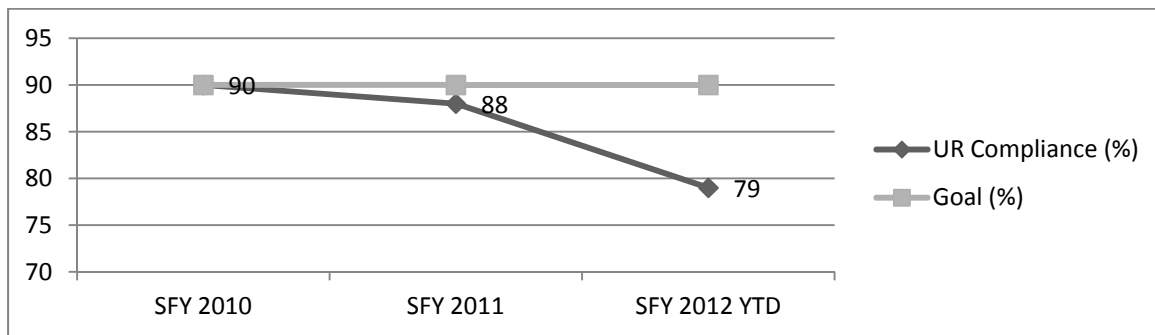
Table 3, below, describes the demographic and outcomes data of the Utilization Review and Termination Review subcategory records. For Utilization Review as a whole, there were 57 adult records (9 child) with 19 mental health records, 29 substance abuse records and 18 dual diagnosis records. Of

the records reviewed under Termination Review, 20 were adult records. Of these, only 15% (decrease of 49% from last fiscal year) had stable housing and only 5% (decrease of 41% from last fiscal year) had stable employment at termination. The median Length of Stay for these cases was 7 months, 6 days (decrease of 1 month 18 days from last fiscal year). This and the employment and housing data represents stark negative movement from best-practice standards and outcome measures. It appears that at least a significant portion of this decrease is the result of incomplete chart work by staff, though the impact of the local economy seems a likely causal factor as well. This will be a direct focus for clinical staff supervision and training in coming quarters. An average of 59% (decrease of 13% from last fiscal year) of treatment goals were met by adult consumers.

Table 4 – Utilization and Termination Review Demographics and Outcomes

Adult	Child	Mental Health	Substance Abuse	Dual Diagnosis
57	9	19	29	18
↓	Stable	% Stable		
Housing	3	15%		
Employment	1	5%		
	Mean			
Length of Stay	7 M 6 D			
Mean % of Tx. Goals Met	72%			

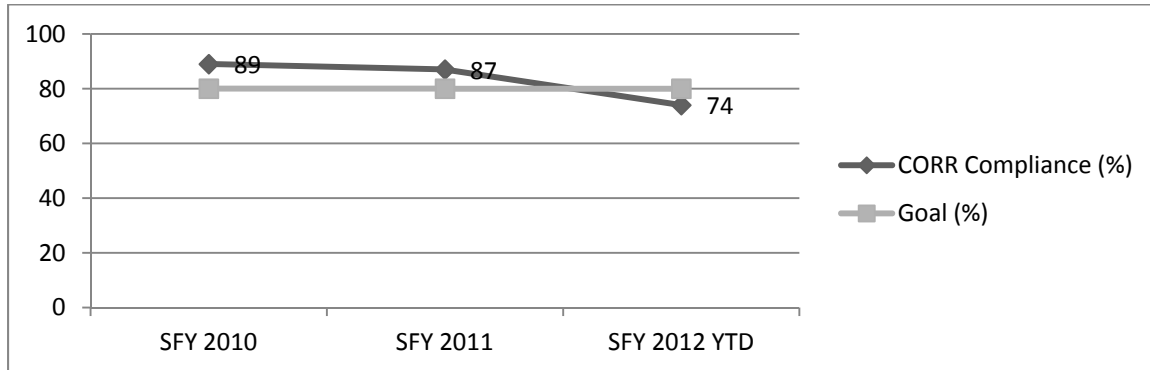
Chart 6 – Utilization Review Compliance by Year



Completeness of Record Review

A total of 34 records were examined through the completeness of record review process during the first quarter. Of the reviewed records, 25 were free of deficiencies – resulting in an overall compliance rate of 74% (decrease of 13% from last fiscal year) – 6% lower than the agency standard of 80%. The completeness of record review sample consisted of 10 mental health, 13 substance abuse and 11 dual disorder diagnosed clients. Each of the 9 deficiencies was the responsibility of clinical staff and these charting problems will be a focus of clinical supervision in the coming quarter.

Chart 7 – Completeness of Record Review Compliance by Year

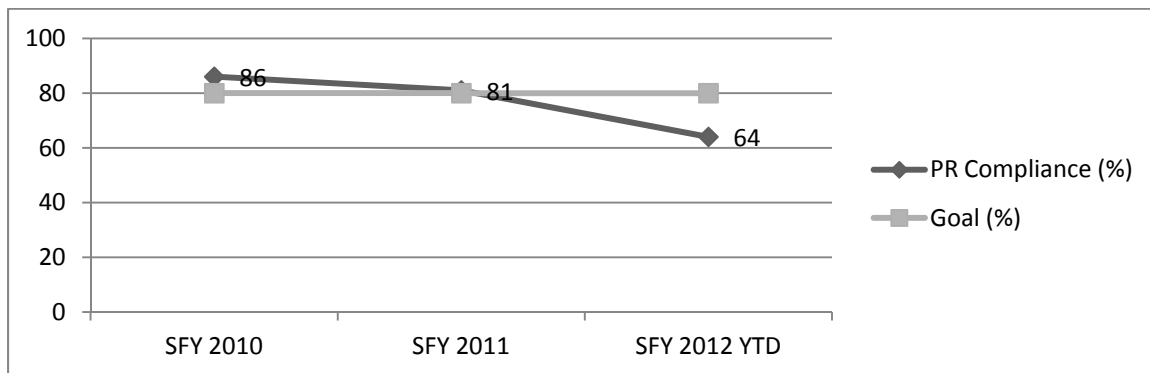


Peer Review

The Peer Review Committee reviewed 22 records in the quarter to assure that services delivered were clinically appropriate. Accordingly, each record was reviewed regarding services provided for the intake/diagnostic assessment (diagnostic service review), counseling (counseling service review) and client transfer and interagency referral (transfer/referral service review). The overall compliance rate for Peer Review was 64% (decrease of 17% from last fiscal year) – 16% lower than the agency’s 80% policy compliance rate.

Approximately 64% of the reviewed records were adult consumers (36% youth) and 45% of the records were for consumers with mental health diagnoses, 14% were for substance abuse problems and 41% were for clients with dual diagnoses. Errors were focused on incomplete treatment plans and failure to make contact each 30 days with consumers – this has become a focus for clinical supervision. Errors were identified to clinicians for correction (and were corrected) as part of the Quality Improvement Plan.

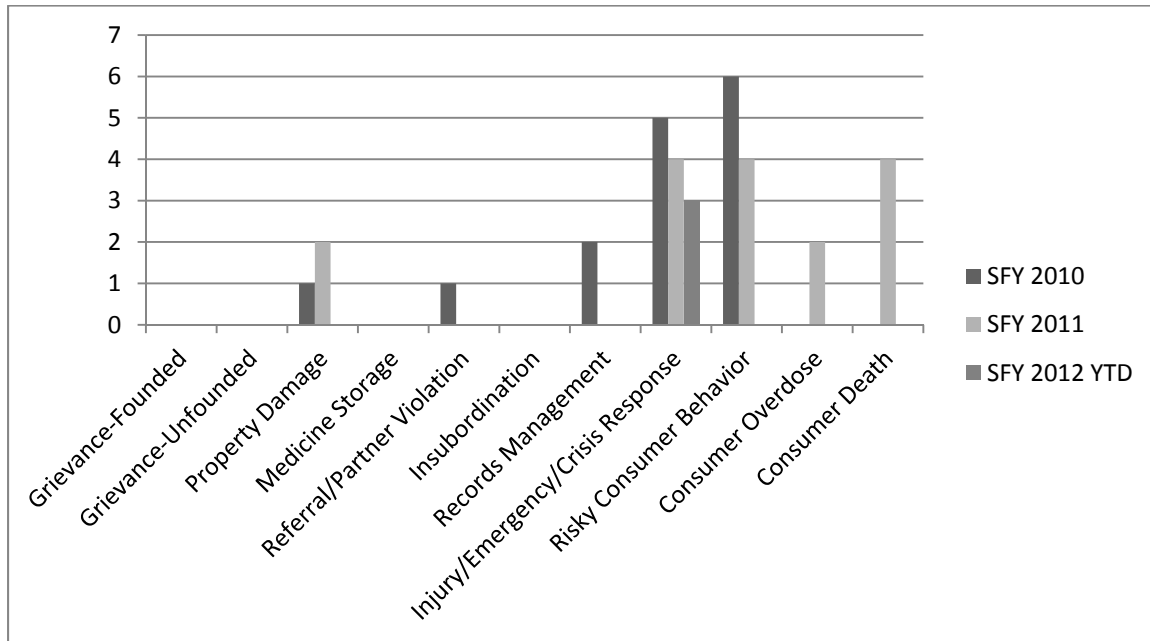
Chart 8 – Peer Review Compliance by Year



Major Unusual Incidents

There were a total of three Unusual Incidents in the first quarter – an annual comparison of which is presented below.

Chart 9 – Summary of Unusual Incidents Reported by Year



There were no *Major Unusual Incident* (MUI), or “reportable incidents” in the first quarter. Other unusual incidents are summarized below.

On 07/13/11, a staff member in the Millersburg office sustained a head injury. The staff member denied the need for any medical treatment.

On 08/17/11, a FIAT consumer’s mother reported aggressive behavior by the consumer toward herself and a sibling – reportedly threatening the family with a knife and a meat cleaver. The mother reported that Wayne County Children Services Board was involved and had been notified. Additionally, the FIAT Case Manager notified the police, the consumer’s therapist and the related Children Services Caseworker.

On 08/25/11, a consumer reported child abuse that had occurred over the weekend to a clinician. The clinician reported the details to Wayne County Children Services Board.

Waiting List Management

The following summarizes wait list activity for SFY 2011:

Table 5: Waiting List Management Activity

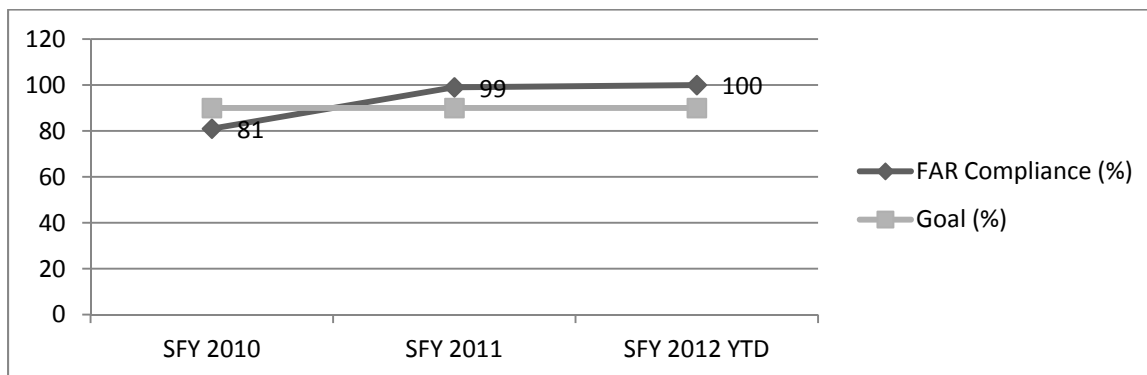
	Yes	No	N/A
1. Did the outpatient program have a waiting list?		X	
2. Did the residential program have a waiting list?			X
3. Did the Methadone program have a waiting list?			X
4. Were pregnant women on the waiting list?		X	
5. Were IV drug users on the waiting list?		X	
6. Were persons with medical emergencies on the waiting list?		X	
7. Were persons with psychiatric emergencies on the waiting list?		X	
8. Were interim services provided while persons were on the waiting list?			X
9. Was contact with persons on waiting list documented in accordance with policy?			X
10. Was contact with referral sources maintained to update them on the status of persons they referred?	X		
11. Were authorizations to disclose information completed as appropriate?	X		
12. Were persons removed from the waiting list in accordance with our policy?	X		

Questions #8 and #9 are not applicable as no waiting list existed and #2 and #3 are not within YHRC’s current scope of services.

Risk Management Activity

Monthly fiscal audits conducted on a random sample of records continue as billings are matched to clinical record documents (i.e. progress notes) as a check on omission or fraudulent billing. Conformance is compared for session time, date and type service code. These audits confirm the accuracy of the agency’s electronic billing system and identify gaps in data entry. Errors are identified as either support-staff or clinician based. Of the 23 records reviewed, no errors was noted, for an overall compliance rate of 100% (22% greater than 2 fiscal years ago).

Chart 9 – Fiscal Audit Review Compliance by Year



Physical Plant and Safety Review

Fire/Tornado Evacuation Drills

Required drills have been completed and this process has been revised by the committee.

Safety Inspection

All offices have passed a Fire Marshall Building Inspection within the last year. Evacuation maps for the Rittman Office have been updated to account for recent remodeling of the office.

Removal of Client Barriers Plan

The Removal of Client Barriers Plan has been reviewed and there have been no changes or identified problems with the plan in this quarter.

Vehicle Inspections

Staff using vehicles for the transportation of clients continue to complete safety checklists before trips (at least monthly) and file these with the Fiscal Officer.

Affirmative Action Plan

The Affirmative Action Plan has been reviewed and no updates are required. No problems have been identified with the Affirmative Action plan.

Staff Development and Training

Staff development activities occurred monthly in conjunction with the staff meeting. Each year, staff are trained in de-escalation, confidentiality and ethics. The following is a breakdown of these offerings in the fiscal year.

7/5/11 – Dr. Ralph Huhn presented a summary of Using Effective Techniques for Dealing with Highly Resistant Clients by Clifton Mitchell (1997). Dr. Huhn processed effective, professional approaches to dealing with resistance and challenging consumers to reflect on their accountability by either work with resistance or perpetuating such resistance. There were 19 attendees who rated the 1 hour presentation at an average of 7.5 on a 10-point scale.

8/2/11 – Tammy Jackson, Reentry Coordinator for the agency, discussed the Comprehensive Wayne-Holmes County Reentry Coalition’s role within Wayne and Holmes Counties including a presentation of local data, analysis of barriers and gaps in services for those reentering the community from prison and jail. After the 1 hour presentation, 19 attendees rated the presentation at an average of 8.5 on a 10-point scale.

At the September staff meeting the staff development was replaced by the agency board addressing staff. Underwriting of CEUs for the various community efforts in both Wayne and Holmes Counties has continued.

Consumer Satisfaction Surveys

A total of 82 (15.6% of total clients) clients were surveyed during the quarter across three different survey types. Form 1 was distributed to consumers who had completed between 1 and 2 visits to the agency, while Form 2 was distributed to consumers who had experienced three or more visits to the agency and to those terminating agency services. These results are no longer enumerated separately with the logic that each consumer’s experience deserves equal weight in the final analysis. The chart below summarizes the findings of the quarter’s consumer satisfaction surveys.

Table 7 – Client Satisfaction Findings

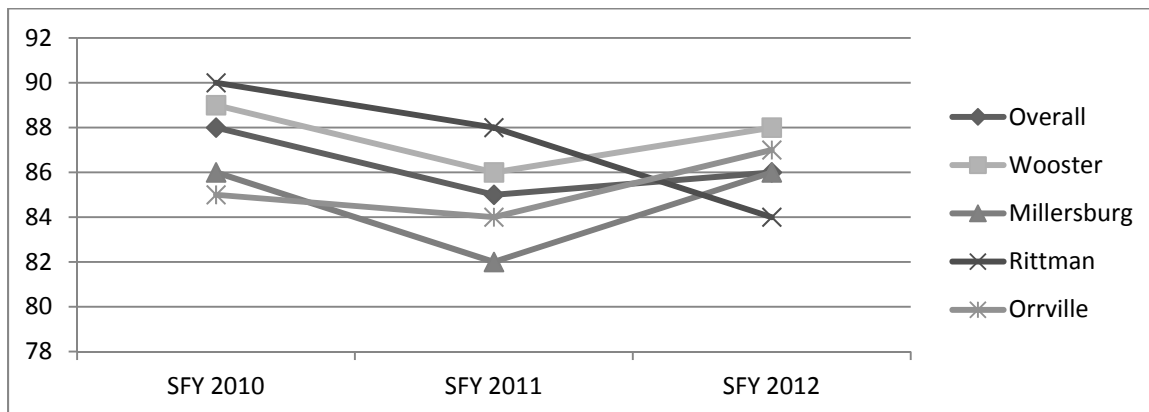
	SFY 2012 Q1 Mean	SFY 2011 Annual (Exit) Mean	SFY 2012 %
1. How helpful was our office staff?	4.5	4.63	90
2. How well was privacy protected?	4.6	4.75	92
3. Counselor knowledge	4.7	4.63	94
4. Involved in treatment plan development?	4.3	4.25	86
5. Counseling helpful for problems?	4.3	4.43	86
6. Easy to talk with counselor?	4.4	4.43	88
7. How well needs being met?	4.5	4.25	90
8. Rate cost of services	4.1	3.95	82
9. Hard to set-up payments?	4.0	4.03	80
10. Likely to refer others to YHRC?	3.9	4.33	78
11. Return to YHRC if needed?	3.8	4.23	76
12. Rate YHRC's reputation	4.3	4.28	86
13. Overall quality of services ?	4.5	4.65	90
	% Positive	% Positive	%
16. Barriers to service?	93.29	89.75	93
14. Appointments cancelled on short notice?	84.89	90.50	85
15. Service culturally aware?	90.36	92.25	90
17. Access to a computer?	69.88	70.00	70
18. Use internet?	66.88	58.25	67
	By Office Location	Mean	Mean
Agency-wide	4.32	4.25	86
Wooster	4.40	4.30	88
Millersburg	4.29	4.12	86
Rittman	4.20	4.38	84
Orrville	4.37	4.18	87

Consumers of YHRC services are generally very pleased with their experiences and service received. Areas of highest satisfaction are protection of privacy, belief in counselor knowledge, helpfulness of office staff, how well needs are met and overall quality of services. Areas of lowest satisfaction are the cost of services and ability to set-up payments and the likelihood of returning if needed and likelihood of referral. It is conceivable that these last two areas are related to the fact that most agency consumers are referred by area courts or probation departments. These items seem counterintuitive as overall satisfaction ratings are generally high and this continues to be examined and analyzed in additional comparison with comments on satisfaction surveys. Rates of computer access and internet usage by clients increased slightly, but remains relatively stable. These questions will be examined for continued efficacy and may be supplanted with questions seeking recommendations for extended agency hours. The computer items provide evidence away from further or resource-expending expansion of the agency website as a portal for scheduling or service linkage. It is also interesting to note that client computer access appears to be waning – this may be a physical demonstration of the trend of clients to be poorer than one year ago and may be further evidence of the financial strain this trend will exact on the agency and county system budgets.

Overall, these results indicate that YHRC continues to provide a very high quality of services as perceived by clients – the majority of whom are involuntary referrals. Service delivery is perceived as accessible, timely, convenient, timely, competent and effective.

The overall satisfaction score for the agency is 4.32 out of 5 (86%). The Wooster and Orrville offices were rated the highest by client satisfaction. These scores are shared with staff to encourage all staff to improve client relations. A further possible change to consumer satisfaction ratings in the coming year includes separating youth and adult consumer data.

Chart 11 – Overall Consumer Satisfaction by Year



Referral Source Satisfaction

The annual referral source survey will be disseminated in the coming two quarters. The table, below shows results from the SFY2011 Referral Source Satisfaction Survey, which included responses from 15 different agencies accounting for an average of 188 annual referrals – approximately 15% of enrollments in SFY2011.

Table 8 – Referral Source Satisfaction Survey Results

Satisfaction Element	SFY2012	SFY2011
Ease of referral-making process		93%
Satisfaction with time in which referral is seen		100%
Satisfaction with time in which reports are returned		91%
Satisfaction with quality of reports that are returned		100%
Experienced problems making referrals or in the process		18%
Satisfaction with requests for information about programming		100%
Positive Comments		57%
Negative Comments – relapse prevention information lacking (1), difficulty scheduling (1), eap-related release of information issues (1)		43%

Non-response is a problem with this data, however. Generally, only about 65% of respondents provided answers in a given category of the survey. This will be discussed to determine protocol changes before the next annual survey is released. Nevertheless, these results seem to indicate strong satisfaction of the agency’s referral acceptance process and services as a whole by partner agencies in the greater Wayne and Holmes Counties area.

Outcomes

Dashboard

QUALITY REPORT – Your Human Resource Center (YHRC)		
CATEGORY	QUALITY INDICATORS	GOALS MET
Utilization	Consumers Served	527 ytd 1200 goal 44%
	Units of Treatment Provided	2078 provided 9302 goal 22%
Quality	Consumer Satisfaction	86% 90% goal
	Overall Performance Indicators	50% 100% goal

Key:

Goal Met	Goal Progress	Goal Not Met
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Your Human Resource Center	
Demand	The agency has a caseload of over 527 (ytd) active consumers.
	The agency did not have a waiting list for consumers.
	Referral sources in the community referred an average of 7 (down 1 from last fiscal year) consumers for services in the quarter.
	Over 35 (increase of 10 from last fiscal year) different community resources referred consumers to the agency.
	The most common assigned diagnoses for treatment consumers are Adjustment disorders, Alcohol-related disorders (Dependence, Abuse, NOS) and Opioid-related disorders (replacing Cannabis-related disorders from last year).
	The ratio of Substance Abusing to Substance Dependent consumers is nearly even at 1:1.03 (compared to 1:1.78 from last fiscal year) and the ratio of Mental Health to Substance Related consumers is even at 1:1. The ratio of non-Dual Disorder consumers to Dual Disorder consumers is 1:0.19. Among Dual Disorder consumers, the ratio of Abuse to Dependence is even.
Performance	The agency has begun the process to be surveyed for accreditation by CARF in Spring 2012.
	The agency is able to offer consumers appointments within 7 days of their first contact with the agency.
	Consumers evaluated the agency’s services at an average of 4.32 of a possible 5 (86%).
	The average length of stay for all consumers is 273 (+9 days from last fiscal year) – over 74% of a year.
	On average, outpatient consumers completed 69% of their treatment goals.

Outcome evaluation of the services provided by the agency in this fiscal year demonstrates an attempt to align with the *Mental Health and Recovery Board of Wayne and Holmes Counties’* (MHRB) Fiscal Year 2012/2013 Community Plan in moving from a focus on practice-based measures to fidelity-based measures. That stated, Continuous Quality Improvement efforts will continue to focus on

promotion of risk reduction strategy development and collaborative work toward a coordinated system-wide outcomes process and presentation format through the Board's Quality Committee. YHRC has been cooperating with this Committee's engagement of a coordinated presentation/"dashboard" type quality indicator report for the last year and the agency looks forward to continuing to streamline both the process and access to information reported.

With this focus shift to fidelity measures, YHRC recognizes the import and comparative value of sustained tracking of *National Outcome Measures* (NOMs) and our Continuous Quality Improvement plan will retain the flexibility necessary to respond to measurement and tracking changes implemented during the fiscal year by state behavioral health agencies, as required to access funding sources and as reporting mechanisms are required. As such, measures required by the *Ohio Department of Alcohol and Drug Addiction Services* (ODADAS) and the *Ohio Department of Mental Health* (ODMH) will be reported, we will continue to engage the PIPAR and OBH System for reporting to ODADAS and related to the pulling-down of funds related to House Bill 484 – the Indigent Driver Fund. This flexibility also leaves the agency able to respond to new evaluation outcomes/presentations requested by the MHRB regarding new initiatives and system-wide process development efforts.

To this end, we have aligned with the *Substance Abuse and Mental Health Services Administration's* (SAMHSA) performance measures changes reported in the *Annual Government Performance and Results Act* (GPRA) Plan. As in this plan and SAMHSA's Fiscal Year 2012 Online Performance Appendix¹, the "NOMs" (NOMs are now referred-to by SAMHSA as "Data Outcomes") focused on herein focus on the number of services delivered/people served and attempts to capture consumer recovery. Additionally, these agency-wide "data outcomes" link to many of SAMHSA's strategic initiatives as presented in *Leading Change: A Plan for SAMHSA's Roles and Actions 2011 - 2014*².

Based on these changes, the chart below will become the critical reporting device for agency data outcomes.

¹ <http://www.samhsa.gov/Budget/FY2012/SAMHSA-FY12CJ-OPA.pdf>

² <http://store.samhsa.gov/shin/content//SMA11-4629/02-ExecutiveSummary.pdf>

Table 9 – Data Outcomes

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Current FY	Last FY
Ongoing:						
1. # of EBP provided						
2. % receiving EBP						
3. % population coverage						
3a. population - youth						
3b. population - adult						
3c. population – Wayne Co.						
3d. population – Holmes Co.						
4. % criminal justice involvement						
4a. criminal justice - youth						
4b. criminal justice - adult						
At Discharge:						
5. % reporting symptom relief past 30 days						
6. % reporting/demonstrate positive outcomes (health, home, purpose and/or community)						
6a. % positive outcomes – youth						
6b. % positive outcomes – adult						
6c. % positive outcomes – Wayne Co.						
6d. % positive outcomes – Holmes Co.						
6e. % reporting positive purpose outcome						
6f. % reporting positive home outcome						
6g. % reporting positive community outcome						
7. % reporting/demonstrate substance use						
7a. % substance use – youth						
7b. % substance use – adult						

While this is the goal for implementation by the end of the current fiscal year, the agency’s Quality Improvement Officer, management team and Quality Improvement committee continue to work through implementation difficulties. Some of these barriers involve data retrieval (i.e. information is not currently stored in this manner in the consumer database), additional fidelity checklists need to be developed and existing checklists need to be trialed. Generally, fidelity to *Evidence-Based Practices* (EBPs) will be valued at 85% fidelity to the original/standard model.

To date, we have three checklists completed, but none have yet been trialed – this will come in future quarters. Additionally, the agency’s Quality Improvement Officer will either amend or append the above table to include data presentation for Individual Treatment, Group Treatment, Mentoring and Case Management Services and Prevention, Community Awareness and Community-Based Processes. In this final category, the agency will report on grant programs and local collaborations. Within the sections yet to be developed will be reporting based on Mental Health, Dual Disorder and Substance-Related consumers as an effort to collapse the former Substance-Abusing Mentally Ill report. As presented in the enrollment section of this report, the former report “Referrals from Wayne, Holmes and Other County Children Services Boards” has been revised and moved.

Until these changes are complete, reporting will continue in the previous format. These are presented below.

Individual Treatment

Your Human Resource Center: State Fiscal Year 2012										
Treatment Program: Individual AOD Treatment Only										
Board Investor Target: #1 Adults involved with the criminal justice system, especially those referred by municipal and county Courts for alcohol and drug-related issues.										
Consumers: #2. a - f: c9 Consumers shall become engaged in treatment beyond intake; remain abstinent, reflect a reduction in level of care; involvement in local recovery community; reduce (further) involvement in the criminal justice system maintain/obtain viable employment. These consumers receive NO group treatment.										
Outcome: Establish Reduced Morbidity (abstinence) in majority of Individual AOD Treatment Only Discharges who are Substance Dependent [60 annual estimate] and total of 200 AOD abusers/related use annually.										
Performance Target: Assessment and Individual Treatment Only services will be provided to 200 Alcohol and Other Drug (AOD) consumers annually. Of Discharges, 36 of 60 (60%) Substance Dependent and 100 of 200 (50%) AOD Abusers/Related Use annually will achieve abstinence.										
#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 rd Qtr.	YTD	4 th Qtr	YTD [60 est.]	Verification
1	Total consumers enrolled in the quarter [includes all MH and AOD]	260	260							Agency clinical and XAKTSoft records
2	Total [combined] consumers at enrollment who evidenced (a) substance abuse and (b) substance dependency.	134/260 52%	134/260 52%							Agency clinical and XAKTSoft records
3	Total Substance Dependent enrollments	79	79							Agency clinical and XAKTSoft records
4	Total Substance Dependent enrollments who sign Individual Treatment Plan that includes commitment to abstinence and recovery.	77	77/79 97%							Agency clinical and XAKTSoft records
5	Total Substance Dependent consumers discharged with Reduced Morbidity per an increase in perceived risk and understanding of drug use/abuse* resulting from completing counseling.	23	23/79 29%							Agency clinical and XAKTSoft Outcomes Discharge reports.

6	Total Substance Dependent consumers discharged this quarter	23	23/79 29%							Agency clinical and XAKTSoft records
7	Total Substance Dependent consumers discharged this quarter with a decrease in Level of Care	0	0							Agency clinical and XAKTSoft records
8	Total Substance Dependent consumers discharged who are abstinent at discharge* [“positive discharge”], and who are:	41	41							Agency clinical and XAKTSoft records
9a	● Employed*	24	24/41 57%							Agency clinical and XAKTSoft records
9b	● residing in stable Housing*	37	37/41 90%							Agency clinical and XAKTSoft records
9c	● have had no new arrests since intake*	34	34/41 83%							Agency clinical and XAKTSoft records
9d	● are Ohio HB 484 [CSB] referrals	6	6/41 15%							Agency clinical and XAKTSoft records
9e	● Indigent DUI Drivers [Ohio HB 131]	8	8/41 20%							Agency clinical and XAKTSoft records
9f	● Co-occurring [SAMI] Disorders	12	12/41 29%							Agency clinical and XAKTSoft records

* SAMHSA National Outcome Measure (NOM)

This is a mixed outpatient population presenting substance dependency, abuse, use, or AOD-related diagnoses. Consumers receive psychotherapy (counseling) intervention that continues until the client completes the goals of an individualized treatment plan resulting in sobriety. Counseling sessions are designed to assist clients to develop insight regarding increased perceptions of risk, dynamics and effects of use, and strategies for achieving and maintaining sobriety. The assessment process often includes alcohol/other drug and psychological testing for those exhibiting symptoms of a likely co-occurring disorder. The client is required to complete an Attitude and Behavior pretest/posttest, as well as a Readiness To Change pretest/posttest to identify the stage of change the client is presenting upon admission (and at Discharge from treatment).

Counseling methods and techniques used reflect “best practices” and are often cognitive – behavioral e.g. motivational interviewing, moral reconnection, etc.. Treatment Plan objectives typically promote the client changing friends and activities to a non-use basis, developing drug and alcohol free activities and hobbies, learning to manage anger and other negative feelings appropriately, and learning to communicate in an effective manner. Clinicians are skilled at engaging non-compliant and difficult clients; all interventions are designed to engage clients in positive

behavior change. Clients typically are referred from external sources and present at treatment with varying degrees of resistance. Some have been unsuccessful in other treatment programs.

Some clients drop out of and discontinue treatment because of a change in their legal status, rather than the inherent program design. At discharge, clients are rated by the clinician on a variety of outcome measures including learning about the dynamics of substance abuse and dependency, Level of Care movement, knowledge and practice of a “recovery lifestyle”, and the stability of client employment and housing.

Your Human Resource Center: State Fiscal Year 2012										
Treatment Program: Substance Abusing Mentally Ill (SAMI) Group										
Board Investor Target: #5 Adults with severe and persistent mental illness, especially those who may be homeless or at risk of hospitalization.										
Consumers: #2. a, e, h: Consumers engaged in meaningful productive activity or employment; consumers actively participating in their treatment planning and recovery process; consumers having stable housing										
Outcome: Effect abstinence in 80% of enrollments at Discharge										
Performance Target: Assessment and Treatment services will be provided to 70 SAMI consumers annually (Quadrants 1 and 3).										
#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 rd Qtr.	YTD	4 th Qtr	YTD [70 est.]	Verification
1	Total SAMI consumers enrolled (Quadrant 1 and 3) receiving assessment and diagnosis	35	35							Agency clinical and XAKTSoft records
2	Total SAMI consumers at enrollment who are identified for prescribed psychotropic medications at intake.	9	9							Agency clinical and XAKTSoft records
3	Consumers will become engaged in the treatment process per completion of an Individualized Treatment Plan.	30	86%							Agency clinical and XAKTSoft records
4	Consumer will reflect Reduced Morbidity per increasing perceived risk and understanding re drug use/abuse.*	24	69%							Agency clinical and XAKTSoft records
5	Consumers will experience increased retention per a median Length of Stay (LOS) of approximately 105 days in treatment before discharge.*	6	17%							Agency clinical and XAKTSoft records
6	Consumer will evidence Reduced Morbidity per abstinence* from 1 st session through discharge.	19	54%							Agency clinical and XAKTSoft records

* SAMHSA National Outcome Measure (NOM)

This treatment program is offered to those clients who have both a diagnosed major mental illness and a diagnosed drug and alcohol use/abuse/dependency diagnosis; the terms substance abusing mentally ill (SAMI), dual-disordered, dual-diagnosis, or co-occurring disorder are alternately applied to this demographic category. The methodology of the program model is research-based, SAMHSA-endorsed as a “best practice” approach, one salient version being the recognized *integrated dual-disordered treatment (IDDT)* model, adopting many – but not all –

of the model’s salient elements. Within this model’s treatment-need categorization, clients with a diagnosed drug and alcohol use/abuse/dependency diagnosis and a mental disorder which is non-major, are also categorized using a 4-quadrant ranking system to identify treatment severity. Alcohol and drug treatment interventions are provided in collaboration with mental health counseling, and in collaboration with The Counseling Center case management and pharmacotherapy programs for those clients who are placed in Quadrant I (major mental illness and alcohol/other drug dependency). Outcomes for this client population are linked to *national outcome measures* (NOMs) endorsed by SAMHSA and other national treatment advisory bodies. Program staff employ standardized and validated assessment tools to accurately diagnose mental health and alcohol/other drug usage, ascertaining whether usage patterns constitute use, abuse, or dependency.

Based on increasing severity of consumer need (as evidenced by the increase over last year of *SAMI* consumers), the agency had developed and implemented a Moral Reconciliation Therapy group as extension of the agency’s collaboration with Wayne County Common Pleas Court, but low attendance rates have left an opportunity for continued program development to address the unique needs of these consumers. Overall, outcomes for this group have increased significantly. This may be indicative of the agency’s efforts to outreach to consumers to extend length of stay where evidence-based practice recommends it, or a pattern caused by the current state of the area mental health and substance abuse system, where *YHRC* is seeing an increase in consumers who would otherwise be engaging services at another area service provider.

Group Treatment

Your Human Resource Center: State Fiscal Year 2012										
Treatment Program: 9 - Week AOD Group Treatment Only										
Board Investor Target: #1 Adults involved with the criminal justice system, especially those referred by municipal and county Courts for alcohol and drug-related issues.										
Consumers: #2. a - f: Consumers shall become engaged in treatment beyond intake; remain abstinent, reflect a reduction in level of care; involvement in local recovery community; reduce (further) involvement in the criminal justice system maintain/obtain viable employment. These consumers receive Group treatment and may/may not receive some Individual Treatment – 260 estimated annually.										
Outcome: Establish abstinence in majority of Group AOD Treatment Discharges who are Substance Dependent – estimated 90 annually.										
Performance Target: Assessment and Group Treatment services will be provided to 90 Substance Dependent consumers annually with 50 of 90 (56%) maintaining abstinence at Discharge.										
#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 rd Qtr.	YTD	4 th Qtr	YTD [260 est.]	Verification
1	Total consumers enrolled in the quarter [includes all MH and AOD]	260	260							Agency clinical and XAKTSoft records
2	Total [combined] consumers at enrollment who evidenced (a) substance abuse and (b) substance dependency.	134/260 52%	134/260 52%							Agency clinical and XAKTSoft records

3	Total Substance Dependent enrollments	79	79							Agency clinical and XAKTSoft records
4	Total Substance Dependent enrollments who sign Individual Treatment Plan that includes commitment to abstinence and recovery education components	77	77/79 97%							Agency clinical and XAKTSoft Outcomes Discharge reports
5	Total Substance Dependent consumers completing group program with Reduced Morbidity per an increase in perceived risk and understanding of drug use/abuse* by completing recovery education sessions.	12	12/79 15%							Agency clinical and XAKTSoft Outcomes Discharge report w/ addition of aftercare graduates
6	Total Substance Dependent consumers completing group program who are transferred to aftercare/relapse prevention	11	11/79 14%							Agency clinical and XAKTSoft Outcomes Discharge report
7	Total Substance Dependent consumers discharged this quarter	32	32							Agency clinical and XAKTSoft records
8	Total Substance Dependent consumers discharged this quarter with a decrease in Level of Care	0	0							Agency clinical and XAKTSoft records
9	Total Substance Dependent consumers discharged who are abstinent at discharge* [“positive discharge”], and who are:	28	28/32 88%							Agency clinical and XAKTSoft records
9a	● Employed*	7	7/32 22%							Agency clinical and XAKTSoft records
9b	● residing in stable Housing*	19	19/32 59%							Agency clinical and XAKTSoft records
9c	● are Ohio HB 484 [CSB] referrals	6	6/32 19%							Agency clinical and XAKTSoft records
9d	● Indigent DUI Drivers [Ohio HB 131]	4	4/32 13%							Agency clinical and XAKTSoft records
9e	● Co-occurring [SAMI] Disorders	3	3/32 9%							Agency clinical and XAKTSoft records

* SAMHSA National Outcome Measure (NOM)

This is a low intensity psycho-educational group that runs for 6 sessions. These sessions have been designed around information that clients need to know or understand about their lives to live without relying on alcohol and or drugs. These areas have been identified in the literature and include: changing friends and activities, developing drug and alcohol free activities and hobbies, learning to manage anger and other negative feelings appropriately, and learning to communicate in an effective manner.

The client is required to attend and participate for 6 sessions that cover alcohol and drug use as well as aspects of daily living to allow the client to focus on his/her life changes to make for abstinence from alcohol and/or drugs. The client is required to take an Attitude and Behavior pretest/posttest, as well as a Readiness To Change pretest/posttest to identify the stage of change [action] the client presents, both at admission and again at discharge from treatment. Enrollment for the group has stabilized.

Mentoring and Case Management

Your Human Resource Center: State Fiscal Year 2012										
Treatment Program: Fitting It All Together (FIAT)										
Board Investor Target: #2 Children and youth, along with their families, who evidence traits which make them at-risk for the abuse of alcohol and other drugs.										
Consumers: #2. a, b, c, d, f, h: Children and youth will abstain from the use of alcohol and other drugs; experimental ages delayed; drug free families and peers; children and youth remain in school and progress; cue and support factors of use reduced; developmental assets increased.										
Outcome: Youth will abstain from the use of alcohol and other drugs, remain in school, avoid re-involvement in the juvenile justice system, and increase developmental assets. Consumers will become engaged in the treatment process, show positive behavioral change.										
Performance Target: 50 youth served annually; 45 of 50 (90%) will remain abstinent, remain in school, defer juvenile justice re-involvement, increase assets.										
#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 rd Qtr.	YTD	4 th Qtr.	YTD [50 est.]	Verification
1	100% of youth will be referred by the juvenile courts of Wayne County	100%	100%							Agency records; XAKTSoft records
	a) [FIAT] enrollments effective 7/1/10	26	26							Agency records
	b) new enrollments per respective quarter after 7/1/09	0	0							Agency records
	c) discharges per respective quarter after 7/1/10	0	0							Agency records
	d) total served year to date	26	26							
2	95% of youth admitted will complete an initial drug screen	91%	91%							Agency records; XAKTSoft records
3	95% of youth admitted will complete a Diagnostic Assessment	100%	100%							Agency records; XAKTSoft records
4	95% of youth admitted will complete a Youth Asset Survey (YAS) at intake	100%	100%							Agency records
5	90% of youth will remain in school, work toward a GED, or be employed.	97%	97%							Agency records
6	90% of youth will demonstrate an increase in developmental assets.									Youth Asset Survey
7	80% of youth will demonstrate an improvement on Youth Asset Survey (YAS) at post-test									Youth Asset Survey
8	90% of youth will not become re-involved in the juvenile justice system while in FIAT	96%	96%							Agency records

* SAMHSA National Outcome Measure (NOM)

This program has been run in conjunction with the juvenile court for nearly 30 years. It has successfully provided youth with appropriate role models through drug and alcohol free social activities, and opportunities to have someone to talk to about issues of concern. The program raises approximately \$500 annually for program specific private fundraisers.

The *Youth Experiencing Success (YES)* Group is an extensive 16-week prevention program designed to empower girls, as well as develop acceptable social, vocational and educational skills while improving self-image, increasing self-awareness and developing internal assets. *YES* also teaches resiliency skills against drugs and alcohol and healthy coping skills. This group allows the youth to experience various programming including instruction in creative outlets such as cooking, painting, making perfume and jewelry, the arts (i.e. attending musicals and plays), physical fitness and general well. Necessary living skills are also a focus, including discovering community resources, budgeting, and job skills. The program holds a strong emphasis on the importance of education.

The step-up prevention group, *In It To Win It*, meets the growing needs of young ladies who have successfully completed the *YES* Group and desire further interaction and supportive services. The *In It To Win It* Group helps the youth “have better, be better and do better” than their former selves. It addresses independent living skills and being a positive role model. Youth in this program may also receive Intensive Case Management Services

While the name is generally applied to the entire program, the *Fitting It All Together (FIAT)* program is actually reserved for male participants. The main prevention function of *FIAT* is to provide opportunities for the development of basic socialization skills. To this end, *FIAT* staff plan and supervise recreational and social skills prevention programming. A successful termination occurs when a youth completes probation services and completes the goals of their individually-designed treatment plan. The Hoops and Homework program occurs weekly (during the school year) as a component of *FIAT*. In cooperation with the College of Wooster, Hoops and Homework allows youth who participate to develop a personal relationship with volunteers from the College of Wooster Men’s Soccer Team. Once a week, the youth receive tutoring, a meal and a chance to get involved in some physical activity with the volunteers. Both the youth and volunteers enjoy the program, which has now been running for seven consecutive years – with a contract providing for the program’s continuance for an eighth. Most youth participating in this program have shown a commitment to improving their academic record or school performance and some develop increased self-confidence. In addition to the Hoops and Homework program, the *FIAT* Youth Development Worker organized weekly educational and/or

recreational programs throughout the fiscal year. Such activities are designed to provide structured, pro-social activities in an ongoing format focused on enhancing life skills for juvenile males. Practical topics coupled with hands-on activities permit participating youth to improve their social abilities and develop additional skills. In addition to the group activities noted above, the *FIAT* program also develops and plans small group or individual activities. These include recreational activities like trips to the YMCA or Rittman Recreational Center for swimming and basketball. Youth also participated in activities at many local parks – such as trails for hiking and biking and disc golf and fishing.

FIAT males and females have jointly participated in Equine Therapy Programs in collaboration with Christian Children’s Home through funding by the Orrville Area United Way. *FIAT* were able to experience therapeutic riding during the fall and spring. The weekly sessions involve clients riding and caring for horses to teach yielding independence, making honest/trusting relationships and experimenting and succeeding at new tasks.

Prevention, Community Awareness and Community-Based Processes

The agency cooperates with *ODADAS* by reporting prevention programming data into the PIPAR system under five headings: Information Dissemination, Alternatives, Education, Community-Based Process and Problem Identification and Referral. The chart below outlines quarter progress in these areas.

Table 10 – Prevention Program Outcomes

Area	Activities	Served (Total)	Universal - Direct	Universal - Indirect	Selective	Indicated
Information Dissemination	Newsletters, Speaking Engagements, Info. Booths	2225 (63%)	2075	150	0	0
Alternatives	Youth-led, Events, Group Activities, Service Learning	466 (13%)	451	0	15	0
Education	Classes/Small Groups, Parenting Training, Peer Leadership, Workshops	592 (17%)	592	0	0	0
Community-based Process	Team Building, Collaboration, Coalitions	224 (6%)	224	0	0	0
Problem ID and Referral	Advocacy, Linkage, Risk Reduction Services	7 (.2%)	7	0	0	0
TOTAL		3514	3349	150	15	0

The agency continues to operate the Holmes County Prevention Coalition and has resubmitted for funding thereof. We also continue to implement the Comprehensive Wayne-Holmes Reentry Coalition and during the first quarter were informed of the potential award of two different grant awards to sustain this programming. Our proposal writing for this program has been a collaborative effort in

conjunction with the Mental Health and Recovery Board of Wayne and Holmes Counties, Tri-County Educational Service Center and The Village Network. If funded, the Reentry Coalition will begin to implement programming services to reentering youth. Additionally, we continue to collaborate with the Ohio Traffic Safety Office to implement both Wayne County Safe Communities and Holmes County Safe Communities.



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