

Quarterly Report



SFY 2009, QTR 1

Your Human Resource Center

SFY 2009 Quarter 2 Continuous Quality Improvement Report
Your Human Resource Center of Wayne and Holmes Counties
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State Fiscal Year (SFY) 2009; Quarter 1 Report: Your Human Resource Center (YHRC)

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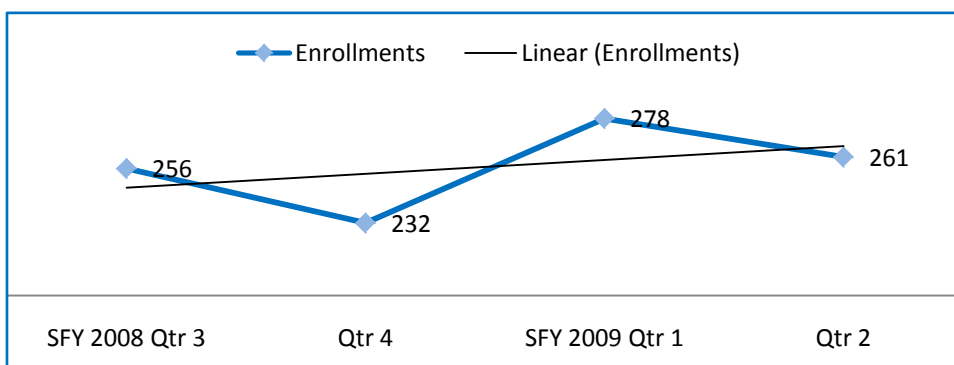
*Enrollments**Table 1 – New Client Enrollments by Referral Source*

Referral Source	SFY 2009 QTR 2		SFY 2009 QTR 1		SFY 2008 QTR 4	
	n	%	n	%	n	%
Self	27	10%	47	17	37	16
Unknown	4	2%	5	2	2	1
Attorney	4	2%	4	1	7	3
Wayne County Adult Probation	0	0%	1	<1	0	0
Wayne County Municipal Court	72	28%	60	22	50	22
Wayne County Municipal Court: Home Arrest	2	1%	0	0	1	<1
Wayne County DJFS – Goodwill	38	15%	25	9	38	16
Wayne County Common Pleas Court	17	7%	13	5	10	4
Wayne County Juvenile Court	31	12%	34	12	15	6
Holmes County Municipal Court	8	3%	10	4	3	1
Holmes County Juvenile Court	7	3%	7	3	6	3
Holmes County Common Pleas Court	1	>1%	1	<1	3	1
Holmes County Adult Probation	0	0%	3	1	5	2
Ohio Adult Parole Authority	5	2%	6	2	1	<1
Ohio Dept. of Youth Services	3	1%	2	<1	18	8
Ohio county courts outside Wayne-Holmes	9	3%	5	2	0	0
Other Wayne-Holmes Municipal Courts	0	0%	0	0	9	4
Wayne County DJFS [non-Work First]	1	>1%	1	<1	0	0
Wayne County Children Services Board	3	1%	8	3	9	4
Holmes County Job and Family Services	1	>1%	1	<1	0	0
Holmes County DJFS - Children Services Unit	1	>1%	3	1	2	1
Project Stay	1	>1%	0	0	0	0
Ohio CSBs outside Wayne-Holmes	1	>1%	0	0	2	1
MHR Board of Wayne-Holmes Counties	0	0%	0	0	0	0
Ohio Rehabilitation Commission	0	0%	0	0	0	0
County High Schools	1	>1%	4	1	2	1
Christian Children's Home of Ohio	1	>1%	6	2	2	1
Dr. Radwan/ Other physicians	0	0%	1	<1	2	1
STEPs	1	>1%	0	0	0	0
The Counseling Center of W-H Counties	1	>1%	3	1	0	0
Employers & EAPs	2	1%	6	2	3	1
Source One Group	2	1%	4	1	1	<1
Family & Friends	3	1%	3	1	4	2
All Other Sources	14	5%	15	5	10	4
Total	261	100%	278	100%	232	100%

There were 261 new clients enrolled in the 2nd Quarter (SFY 2009), a decrease of 17 from the previous quarter, but increase of 29 from the most recent 4th Quarter (SFY 2008). This demonstrates a sustained increase of enrollments over the last 5 quarters, with last quarter being

the peak. Referrals continue to come from a large spread of social agencies, schools, courts and family/friends. Court and county Department of Job and Family Services referrals continue to be the largest number of client enrollments. In this quarter, referrals from Wayne County Municipal Court (which includes probationers) and especially referrals from the Wayne County Goodwill program saw the greatest increases in enrollments. The increase from Goodwill recovered from last quarter’s decrease to mirror the level of enrollments from SFY 2008 Quarter 4. Referrals from Wayne County Juvenile Court appear to have sustained a higher level than in the previous fiscal year as demonstrated by the second higher enrollment level in 2 subsequent quarters. Similarly, however, referrals from the Ohio Department of Youth Services appear to have sustained a lower enrollment level than in the last fiscal year. Finally, referrals from Wayne County Children Services Board and Holmes County Adult Probation have decreased this quarter. These values will be tracked during the coming quarters to determine the need for intervention with these referral sources. Chart 1, below, depicts the pattern of enrollment over the last 4 quarters.

Chart 1 – Enrollment Trend by Quarter



Urinalysis Screening

YHRC performed a total of 378 urinalysis screens for individuals and agencies in the second quarter. Of these, 74 were dip tests and the remainder 304 (80%) were run through

YHRC's testing machine for greater reliability and standardization. Wayne County Children Services Board requests accounted for 207 of the screens while the Holmes County Department of Job and Family Services – Children Services unit accounted for 44. Other Children Services units (i.e. Summit, Stark and Muskingum Counties) accounted for 4 and the remaining 272 screens were requested by individuals, families, courts (118) or other agencies. Urinalysis screenings do not count as enrollments, but contribute to the total flow of clientele within the agency. While the number of screens decreased this quarter, the distribution of referral sources remains stable.

Enrollments with 131/Indigent Driver Status

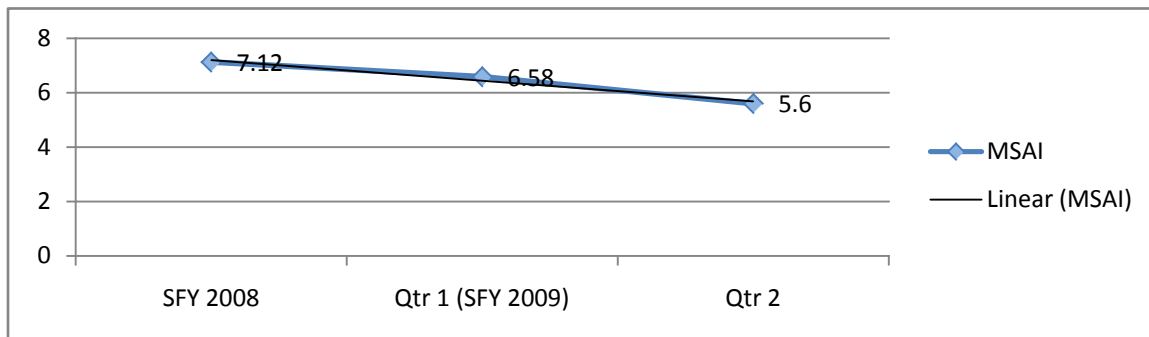
There were 11 new enrollees due to a 1st charge of *Driving Under the Influence* (DUI) status and 12 additional enrollees due to a 2nd or greater lifetime *DUI* status. Of the 23 total *DUI* status clients, 3 were deemed indigent. Of the 23 total *DUI* status clients, 5 resided in Holmes County, 17 resided in Wayne County and referring courts included Wayne County Municipal (13), Holmes County Municipal (4), 1 self referral, 1 referral from the client's attorney, 1 client referred from Goodwill Industries, 1 referral from Ashland County Probation and 1 referral from the North Carolina Bureau of Motor Vehicles.

Access to Services

Based on the corrections noted in the last quarterly report, the agency now reports an accurate measure of the date difference between initial contact and the date of the first offered appointment to a client. This captures a value of the business of the agency with regard to intake assessments and assures timely client access to services. Previous to the *SFY* Quarter 1 report, the agency was measuring the length of time (in days) between client initial contact and engagement of services. This measure is inappropriate as it varies based on client situation where

a measure of access addresses the agency situation. Best practice supports prompt initial appointment scheduling within 48 hours of the client’s first agency contact. The agency’s policy is to schedule clients 7 days of initial contact. Management will review human resources to reduce the mean service admission interval to within agency policy frameworks and aim to continue to reduce this interval toward the best practice standard of 2 days. Based on the corrected report, the mean service admission interval for enrolling clients in Quarter 1 (SFY 2009) was 7.14 days. For the current (SFY Quarter 2) quarter, the mean service admission interval is 4.28, or 5.60 when a single outlier is removed. This is a significant decrease from last quarter and the weighted average for the entirety of SFY 2008. Last quarter, this interval was above the agency guideline and best practice standard. As the focus of attention in the current quarter, the interval dropped by over 1 and a half days. One major outlier was present and unexplainable in the dataset. With this outlier removed from the calculation, the corrected mean service admission interval for the 1st Quarter was 6.58 days, under the agency’s policy target. Comparing the outlier-removed values for this and last quarter, the interval dropped this quarter by almost 1 day.

Chart 2 – Comparison of Mean Service Admission Intervals



Enrollment Demographics

The data in the demographic table (Table 2) below are based on the agency database dataset values of 543 clients served and 260 new enrollments in the 2nd Quarter of *SFY 2009*. The new admissions value is slightly lower than the report generated regarding new program enrollments (261), likely reflecting clients who are initially enrolled and later transferred to an intervention rather than treatment program.

New admissions for this quarter are at 93% from the last quarter. This may demonstrate a sustained increase in admissions over *SFY 2008*, but will be tracked in coming quarters to verify. With only minor fluctuations, all categories reflect stark historical consistency to previous years and quarters. However, three findings are worth further consideration. First, the last report described potential findings of the agency clientele generally decreasing in age, as compared to the *SFY 2008* annual report. Age variance appears to have leveled-off from the potential clientele age decrease during the present quarter. Nevertheless, this will continue to be tracked.

Also, data on client income continues to demonstrate annual report trends of clients being poorer. While the annual report (*SFY 2008*) saw these changes in the most extreme ranges, the two closer ranges (\$5000 - \$9999 and \$30K to \$39999) mirrored this pattern by 2 – 3 percentage points in the 1st Quarter of *SFY 2009*. This pattern holds for the current quarter (*SFY 2009* Quarter 2) with the addition of a 3 percentage point increase in the number of clients who make less than \$5000 annually. Future reports and Quality Improvement meetings will seek to identify agency reactions to this developing situation, but this needs to be recognized as an avenue for ever-increasing strain on the agency and county system budgets.

Finally, the last quarterly report described clients from “Other Holmes” as a decreasing source and the present values sustain this decreased level. The last report also described clients

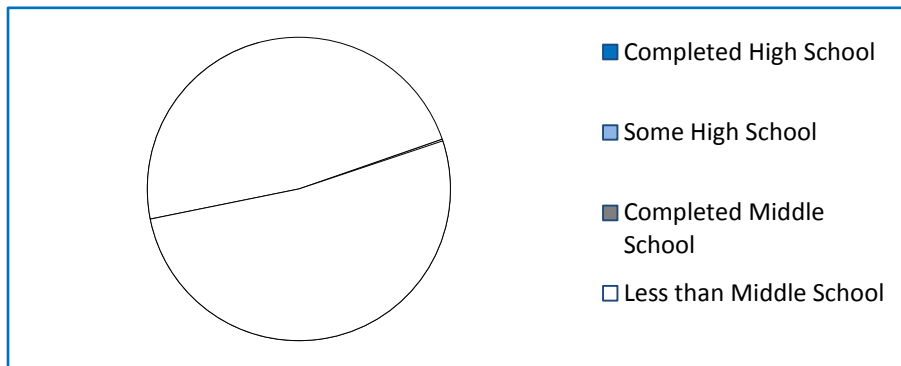
from “Other County” as a decreasing source of clientele, but this has been offset in the present quarter. However, there is a significant decrease in clients from “Other Wayne” that will be tracked and examined in upcoming quarters. All other data and grouping are stable.

Table 2 – Client and Enrollment Demographics Compared

	Qtr 2 Total Clients	%	Qtr 2 New Clients	%	Qtr 1 Total Clients	%
	543	100	260	100	541	100
Gender						
Male	330	61	169	65	312	58
Female	201	37	89	34	221	41
Missing	12	2	2	1	8	1
Age (years)						
0 - 5	2	>1	1	>1	2	<1
6 - 9	13	2	1	>1	10	2
10 - 17	105	19	51	20	97	18
18 - 20	66	12	41	16	67	12
21 - 34	200	37	101	39	205	38
35 - 54	140	26	60	23	147	27
55 - 59	10	2	3	1	7	1
60+	6	1	2	>1	5	1
Missing	1	>1	0	0	1	<1
Race						
White	505	93	243	93	510	94
Black	18	3	9	3	16	3
Hispanic	6	1	2	>1	6	1
Asian	1	>1	0	>1	2	<1
Other	13	2	6	2	7	1
Marital Status						
Single	374	69	186	72	375	69
Married	77	14	37	14	71	13
Divorced	55	10	22	8	60	11
Widowed	2	>1	1	>1	3	<1
Other	35	6	14	5	32	6

Income						
< \$5000	261	48	130	50	246	45
\$5000 - \$9999	46	8	15	6	58	11
\$10K - \$14999	63	12	27	10	65	12
\$15 K - \$19999	51	9	27	10	50	9
\$20 K - \$29999	47	9	22	8	54	10
\$30 K - \$39999	29	5	13	5	32	6
\$40 K - \$49000	20	4	13	5	16	3
\$50000+	26	5	13	5	20	4
Residence						
Wooster	194	36	103	40	182	34
Rittman	46	8	29	11	39	7
Orrville	70	13	32	12	66	12
Other Wayne	79	15	48	18	106	20
Millersburg	75	14	19	7	85	15
Other Holmes	46	8	22	>1	46	8
Other County	30	6	7	3	14	3
Unknown	3	>1	0	0	3	<1

Chart 3 – Education Level of Enrolled Clients



As displayed in Chart 2, above, education level is a significant 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 (84% of all clients, increase of 3% over last quarter), only 14% (increase of 5%; nearly mirroring SFY 2008 Annual Report) have completed. Additionally, nearly 16% (down 3%) of YHRC clients have no high school education experience. This value is unexpectedly low given that services for youth are primarily geared to High School-aged clients and these services represent only approximately a third of YHRC's client population.

No-Show Rate Reduction

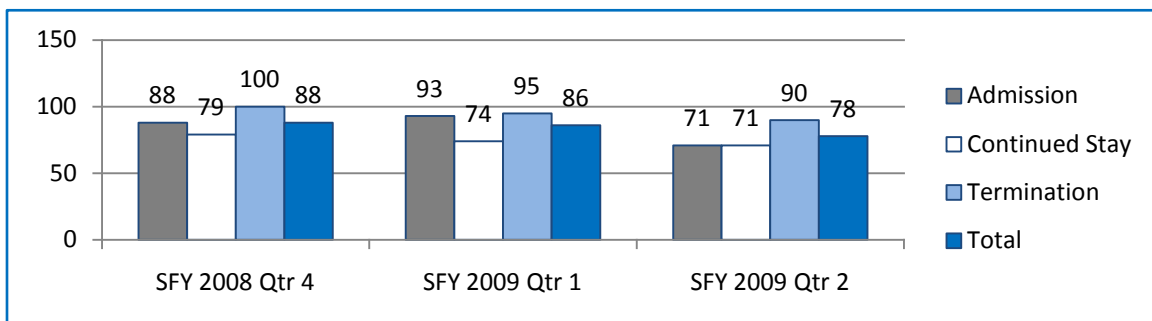
As of the end of SFY 2007, a quality assurance committee devised to examine solutions for reducing the agency no-show rate (determined by said committee to be approximately 27% on average) developed 14 recommendations for reducing the rate, of which 7 were recommended for immediate implementation. As a result of staff turnover, this data has only recently been summarized and the recommendations of this committee are presented here as they will commence implementation after review by the agency management team. The 7 immediate recommendations are: 1) direct consumers to return call when they are ready to be seen when their request for appointment is more than 3 weeks in the future; 2) appointments will only be given to consumers under 18 years of age after a parent or guardian has been talked with; 3) a handout should be developed with a map and contact information for referral sources to provide to consumers; 4) have consumers missing their first intake appointment talk with the intake coordinator before rescheduling; 5) enforcement of the 3-no-show rule wherein missing 3 intake appointments will result in consumers being asked to seek treatment elsewhere; 6) limiting the length of service time for intake appointments (as is current procedure for the shoplifter and character education groups) and 7) limiting the length of service time for rescheduled intake appointments.

Other recommendations of the committee tabled for further discussion, but that will be reviewed by the management team include advising clients scheduling evening intake appointments that absence may result in a rescheduled appointment during daytime hours, providing incentives for keeping intake appointments, improving the agency’s public advertising and encouraging consumers to visit the agency website. Three recommendations have been dropped from further consideration by the committee. As the committee is now defunct, these summary results will be presented to and acted upon by the agency management team.

Utilization Review

A total of 120 records were reviewed in the first quarter by the Utilization Review Committee. Given a client population of 543, this exceeds the research standard of 10% sampling. This included review by admission (35), continued stay (45) and termination (40) record status. Of the 120 reviewed records, a total of 27 were identified as deficient. This results in an overall service utilization compliance rating of 78%, which falls under the agency’s established goal of 90% compliance, and is 8% lower than in the previous quarter. As evidenced in the chart below, this demonstrates a third straight quarter of declining Continued Stay compliance, and a significant decrease in Admission review compliance, which leads to a decrease in the total Utilization Review compliance rate. Termination review compliance remains high.

Chart 4 – Quarterly Utilization Review Compliance Percentages



Three Admission Review records were incompliant because intake assessments were not typed. Four records were deficient for review item 2 (assessment indicating diagnosis), and three records were deficient for item 13 (the initial progress note documenting risks of treatment was signed). These three areas will be the focus of attention in staff supervision in the coming quarters.

For the 13 deficient records documented in Continued Stay Review, 10 (77%) were noted for missing a treatment plan – review item #1 – “Treatment plans and progress notes reflect a continued need for counseling services for treatment of alcohol, drug abuse, mental health or emotional/behavioral problems.” Eighty-three percent of deficient Continued Stay Review records were similarly deficient in the last quarter. In each of these records, the treatment plan was either wholly missing or out of date as a result of a client failing to return to services after their intake assessment. Best practice holds that a treatment plan is developed in conjunction with the client, and as such, these cases were unable to be completed. However, the importance of the review finding (especially noting the continual decline in Continued Stay compliance frequently related to this same issue over past quarters) is that such cases need to be identified quickly and moved to termination. This finding will be a focus of clinical attention in upcoming quarters as discussion with the Clinical Director and resultant training of clinicians continues. Clinical supervision in December and January focused on this process. The remaining Continued Stay deficiencies (3) were for item 9 – consumers met *Ohio Department of Alcohol and Drug Addiction Services* (ODADAS) continued stay requirements. The entire ODADAS level of care procedure was redesigned at the end of the 2nd Quarter and it is believed new tracking forms and procedures will address this deficiency concern.

Four Termination Review records were cited deficient for failing to include a completed Termination Summary. This process was reviewed in group supervision in January and it is believed this intervention will correct the deficiency problem in this category. All clinicians cited for deficiencies were directed to complete corrective action in the respective records cited. Aggressive case closure when services are no longer necessary supports positive Continued Stay findings and appropriate utilization of services. This nevertheless appears problematic for the third straight quarter as Continued Stay Review compliance continues to be a detriment to total agency Utilization Review compliance. Staff currently receive a monthly caseload status report which is also reviewed by the Clinical Director. This report will be utilized to more aggressively and efficiently move clients to whom services are no longer appropriate to case termination.

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 31 adult records (9 child) with 12 (30%) mental health records, 18 (45%) substance abuse records and 10 (25%) dual diagnosis records. Of the 120 total records reviewed, 31 were reviewed under Termination Review and were adult records. Of these, 87% (14% increase) had stable housing and 58% (2% decrease) had stable employment at termination. The mean Length of Stay for these cases was 8 months, 9 days, a significant increase over the median Length of Stay (which better accounts for outlier interference) of 3 months, 26 days. An average of 70% (decrease of 14% - largely related to the 7 records with 0% goal completion) of treatment goals were met by adult clients with most Responses to Treatment being Successful Completion, Mutual Termination or Assessment Only status (93%). For the 18 Termination Review records that were Substance Abuse records, 56% demonstrated a decrease in *ODADAS* Level of Care while only 34% demonstrated an increase in Level of Care – this is a desired-direction shift from last

quarter. The remainder were unchanged, somewhat mirroring the pattern of the 4th Quarter of SFY 2008 where most clients do not decrease, but rather remain stable or increase their Level of Care measures. Length of Stay appears to be increasing and this will be tracked in coming quarters.

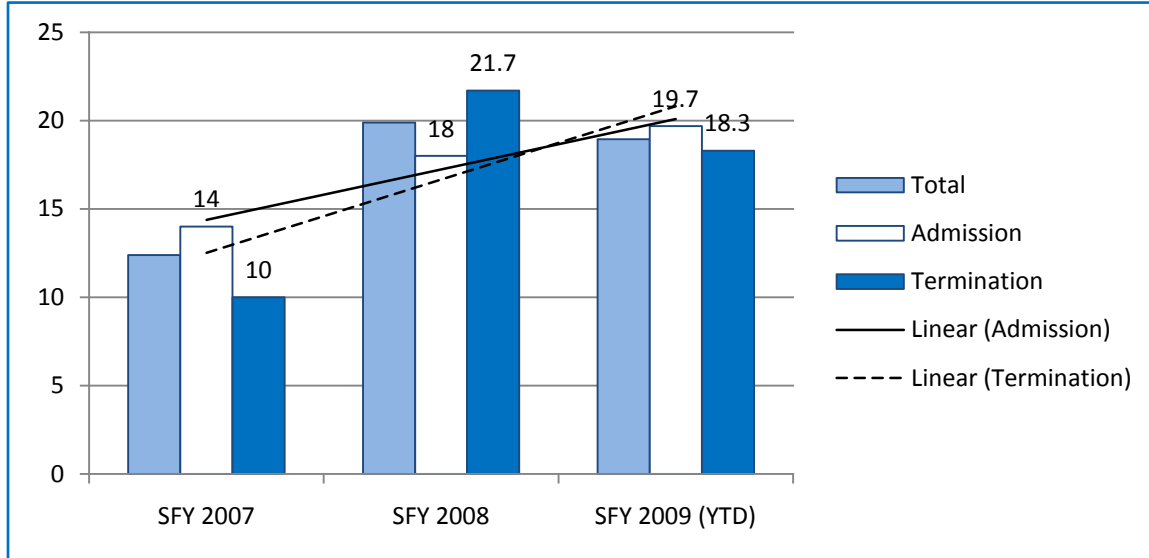
Table 3 – Utilization and Termination Review Demographics and Outcomes

Adult	Child	Mental Health	Substance Abuse	Dual Diagnosis		
90	30	45	45	30		
Termination Review Adults						
31			18			
	Stable	Not	% Stable	Change		
Housing	27	4	87%	+14%		
Employment	18	12	58%	-2%		
	Median	Mean	Median Change	Mean Change		
Length of Stay	3 mos. 26 days	8 mos. 9 days	+1 mo. 2 days	+ 3 mos. 5 days		
Mean % of Treatment Goals Met	84%					
	Success.	Client Term.	Counselor Term.	Mutual Term.	Situational	Assess. Only
Response to Treatment	7	3	1	1	0	3
	Decreased	Unchanged	Increased			
Level of Care (n = 8)	1	3	4			

Completeness of Record Review

A total of 95 records were examined through the completeness of record review process (41 for termination of services and 54 for admission to services) during the second quarter. Of the reviewed records, 76 were free of deficiencies – resulting in an overall compliance rate of 80% - a 2% decrease from last quarter. As demonstrated in the chart below, deficiencies in Quarter 2 are spread evenly about Admission and Termination records, but Termination review depicts a trend toward deficiency increase over time. This goal of reduced Admission deficiency appears sustained, but demonstrates a focus of similar attention to Termination records in coming quarters.

Chart 5 – Annual Comparison of Completeness of Record Review Deficiency Percentages



The completeness of record review sample consisted of 76 (80%) adults (19 – 20% youth) and 32% mental health, 47% substance abuse and 21% dual disorder diagnosed clients. Only review items 9, 10 (typing of/completeness of Intake Assessment, completion of a Transition Plan) and 17 (inappropriate release to probation/courts) were documented more than twice. Each of these will be the focus of staff training and tracking in coming quarters.

Peer Review

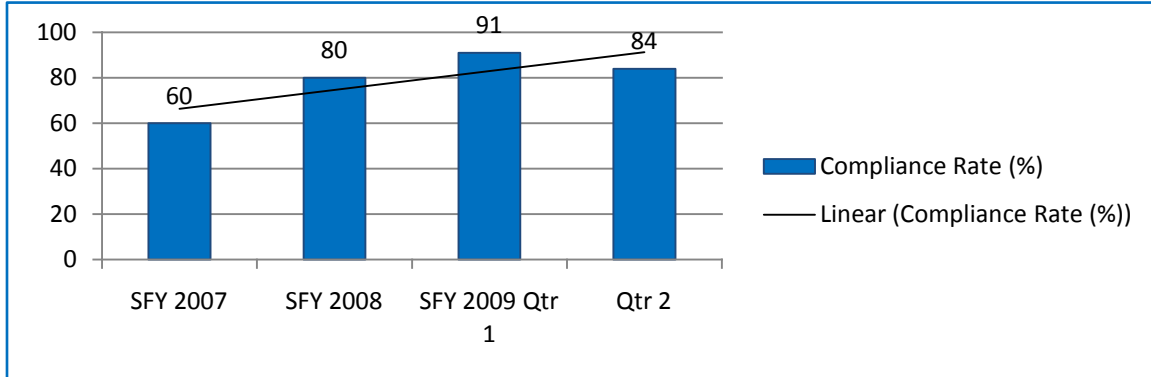
The Peer Review Committee reviewed 31 records in the first quarter to assure that services delivered were clinically appropriate. Accordingly, each record was reviewed regarding services provided for the intake/diagnostic assessment (diagnostic service review), counseling (counseling service review) and client transfer and interagency referral (transfer/referral service review). The overall compliance rate for Peer Review was 83.9% - significantly higher than the 79.6% rate from the Annual Report, but over 7% less complaint than SFY 2009 Quarter 1. While the agency quality assurance plan does not specify a standard compliance rate, the plan indicates

that the criteria will be less than 20% yearly deficiency rate per item. Therefore, the inference of an 80% standard is applicable.

Approximately 48% of the reviewed records were adult consumers (52% youth) and 55% (17) of the records were for consumers with mental health diagnoses, 13% (4) were for substance abuse problems and 32% (10) were for clients with dual diagnoses. There were no records deficient within the transfer/referral service review. Only one record was deficient in the diagnostic service review – for Items 1,3, 4 and 8 – that the assessment was thorough, complete and timely, that the diagnosis was appropriate, that the *ODADAS* level of care had been completed at admission and a inadequate documentation of the client’s current and past living arrangements. The remainder of deficient records (4) were deemed by counseling service review.

Three records were deficient for item 6 (unsigned treatment plan) and one of these was also deficient for item 9 (the treatment plan required an annual review/update). Two records were deficient for items 1 and 3 (client input in treatment planning and treatment plans indicating client strengths) and one of these was further deficient for items 5, 9, 10 and 16 (treatment plans include counseling frequency, annual review/update of treatment plan, services provided were directly related to treatment goals and treatment was terminated appropriately when symptoms or needs were no longer indicated). The other record was additionally deficient for items 4, 7 and 8 (treatment plan indicates type of counseling to be provided, treatment plan objectives are measurable, time-specific and achievable and the treatment plan indicates the target date for goal achievement). Overall, the Peer Review compliance rate for the quarter is indicative that the focus given to this area of agency service in the last year has been worthwhile.

Chart 6 – Annual Comparison of Peer Review Compliance Rates (%)



The chart above demonstrates general improvement in Peer Review deficiency findings over the last years. The focus on feedback and intervention regarding Peer Review compliance has been largely focused on diagnostic criteria, but the current findings point to a need to shift the focus to counseling criteria. Commencing in the 3rd Quarter, therapists will engage individual supervision with the Clinical Director in addition to weekly group supervision. The goals of this supervision is to increase chart compliance and improve clinical outcomes.

Major Unusual Incidents

There were no *Major Unusual Incidents* (MUIs), or “reportable incidents” in the second quarter of SFY 2009. Additionally, there were no client grievance and no client rights violations during the quarter. The four (4) non-major unusual/non-reportable incidents occurring during the year did not involve any significant harm or injury to staff or clients and were processed appropriately by agency staff, except for one, noted below. None of these non-major unusual/non-reportable incidents constituted allegations of staff neglect of clients, or verbal, physical, or sexual abuse of a client. These incidents have also been reported directly to the Mental Health and Recovery Board of Wayne and Holmes Counties as they occurred.

A chronological summary of all incidents follows:

- 10/06/08 – A client was sent to YHRC’s Millersburg office by Holmes County Department of Job and Family Services – Children Services Unit because staff there believed she was withdrawing from Xanax. Client was interviewed by clinician who determined she was really just very anxious and upset over an eviction threat by her mother-in-law and simultaneous involvement with Children Services. Client arrived at YHRC Millersburg at 3:40 PM and was reported to be much calmer when she returned to Children Services at 4:10 PM. Client had taken 30 Xanax over the last 4 days but did not demonstrate apparent withdrawal symptoms. The client was opened as a client and agreed to treatment with the interviewing therapist on 10/14/08.
- 10/30/08 – A consumer in the workforce development program in the YHRC Millersburg office reported to program staff that they another female consumer was showing pictures of herself masturbating via her cell phone. The pictures were being shown to both male and female consumers of the workforce development program. Program staff reported that this consumer is very disrespectful and vulgar to staff and other consumers and talks about her bodily function. Staff reported that all of the other consumers were upset. The offending consumer is a required (by Holmes County Department of Job and Family Services) attendee of the job search program. The program coordinator apologized to the consumers who were affected by the incident. Program staff will now require that cell phones are turned off during class time. The program coordinator reported to Sharon Ensign at the Holmes County Department of Job and Family Services and coordinated a meeting with the offending consumer on Monday, November 3, 2008. Program staff will monitor the classroom and consumer behavior more closely to ensure appropriateness and program rules compliance.
- 12/08/08 – While with a FIAT program youth worker, a client reported severe chest pain and shortness of breath. After trying to see it was temporary or not, client reported pain in left arm. The youth worker called the client’s father and advised him to meet client and worker at the Wooster Community Hospital emergency room. The client was cared-for at that emergency room and the worker stayed with client until the father arrived. Client was released later with painkillers. The Unusual Incident Form was turned in late to administration and staff has been notified of requirement to report incident within 48 hours.
- 12/30/08 – A client brought a friend with him to his appointment. While in session, support staff called Miller Cab to take the client home. When the cab arrived (approximately 6:00 PM), both the client and friend got into the cab for transportation to the client’s home. At approximately 6:15 PM, Sharon from Miller Cab called and spoke with the support staff indicating that the cab driver suspected the client or friend of taking \$30 from the driver’s personal wallet. The support staff individual provided Sharon from Miller Cab the client’s phone number and informed her that support staff would contact the friend’s father – the friend is a former client of the agency. Support staff knew the friend personally as well and support staff provided \$9 of personal money to cover the friend’s cab ride. Support staff tried numerous times until 8:00 PM to get in touch with friend’s father, but received no answer. Support staff left a message for friend’s father to call back. A memorandum was released by the Quality Improvement

Officer that outlined YHRC’s contract with Miller Cab which includes service only for clients. Advised staff not to provide personal payment for anyone to ride cab as this may increase agency liability. Advised staff to contact supervisor in irresolvable situations.

Waiting List Management

The following summarizes wait list activity for SFY 2008:

Table 4: 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

The negligence suit filed against Philadelphia Indemnity Insurance Company and Seibert-Keck (insurance broker) for failure to promptly process the agency’s claim in 2007 for an identified theft of agency funds in 2004 was settled for \$16,000 (\$22,000 in insurance reimbursement was at issue). Attorney fees were approximately \$5,333 of this settlement.

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. Only 4 clinician errors were identified during the 2nd Quarter – each for missing progress notes – these were corrected. During this quarter, the Fiscal Audit Review committee also began reviewing monthly *Service Activity Logs* (SALs) for agency staff in order to assure that client timesheets and service allocation/billing is accurate. During the 2nd Quarter, SALs of 7 staff were reviewed and no errors were identified. The agency also continues to have records audited quarterly by an external agency (Goodwill Industries of Wayne and Holmes Counties). The quarterly sample for this review is 20 records.

Physical Plant and Safety Review

Fire/Tornado Evacuation Drills

Quarterly fire/tornado drills were completed at office sites. 100% were completed on a timely basis. Yet in SFY 2009, agency staff will conduct a bomb drill and hazardous waste spill drill to meet accreditation requirements.

Safety Inspection

A documented safety inspection was completed monthly for each office site. This inspection documents and monitors the condition of smoke detectors, annual fire inspection status, availability and condition of first aid kits, fire extinguishers, electrical equipment, exit lights, infection control and environmental hazards to assure a safe environment for clients and staff. All safety inspections were compliant for the quarter.

Removal of Client Barriers Plan

Beginning in SFY 2007, the agency was required by accreditation standards to annually document, review and resolve any barriers to client service, or institute a solution. Accordingly, any barrier identified by clients or staff is documented and reviewed with a proposed resolution

or facilitation and identified with a projected date of completion. The original plan goals for SFY 2007 have not been altered or supplemented, but were reviewed in December 2008 by the Quality Improvement Officer, Executive Director and Office Manager.

Vehicle Inspections

In conjunction with Wayne County government, a client transport vehicle (2006 Ford Econoline van) is located at the Wooster site for primary use by the *Fitting It All Together* (FIAT) program to transport clients to and from community treatment activities. An inspection form is completed prior to each vehicle trip. The current van was leased in April 2007. There are three employees now listed on the van's insurance policy, the required vehicle fire extinguisher and first aid kit is located in the van at all times and inspections have demonstrated no deficiencies. There was a problem in December with the interior dome light (internal wiring was fixed) and the rear heat/cool vent which was replaced. Repairs occurred in December.

Table 5 – Fire and Safety Checks and Drills

Fire / Tornado Drills					Safety Plan and First Aid Kit Inspections					
Site Office	Date	Evacuation Time	Employees/Clients	Comments	Site Office	Date	Compliant/Reason	Site Office	Date	Compliant/Reason
Wooster	09/26/08	:43	8/0		Wooster	07/31/08	No, Exit light batt.	Rittman	07/09/08	Yes
	12/31/08	2:00	9/0			08/28/08	Yes		08/27/08	No, tweez. / icepak
						09/30/08	Yes		09/23/08	Yes
						10/31/08	Yes		10/29/08	Yes
Millersburg	07/21/08	6:00	5/4	Tornado		11/26/08	Yes		11/26/08	Yes
	09/23/08	3:00	4/6			12/31/08	Yes		12/22/08	Yes
	11/26/08	:00	3/3							
Rittman	07/09/08	:30	2/0							
	11/26/08	:30	2/0							
Orrville	07/31/08	:34	2/0	Fire and Tornado	Millersburg	07/31/08	Yes	Orrville	07/31/08	Yes
	10/30/08	:07	3/0			08/29/08	Yes		08/28/08	Yes
						09/23/08	Yes		09/25/08	Yes
						10/21/08	Yes		10/30/08	Yes
						11/26/08	Yes		11/20/08	Yes
						12/1/08	Yes		12/29/08	Yes

*All noncompliant safety checks have been corrected.

Affirmative Action Plan

Along with the Removal of Client Barriers plan, the Affirmative Action Plan was reviewed and changed as necessary by the Quality Improvement Officer, Executive Director and Office Manager prior to ODADAS review in December 2008. Positions openings that were advertised included the opportunity for minority applications. Positions that were hired for were done so based on

experience and applicants lacking experience were not interviewed.

Staff Development and Training

Staff development activities occurred on a monthly basis during the quarter. These trainings are held in conjunction with the monthly staff meeting. The following trainings were hosted:

- 10/07/08 – Occupational Therapy (Eunice Herman, Licensed Occupational Therapist and owner of EJ Therapy Services; over 20 years experience with Neurodevelopment Treatment, Joint Mobilization, TEECH methodology, Social Stories and Sensory Integration) Discussed pediatric services and development, therapy focus of fine motor skills, sensorimotor skills and sensory integration. (1 hr, 24 participants, 9.2/10 average rating score)
- 11/4/08 – No staff development due to the annual agency luncheon and awarding of the Biddle and Brazee awards at the Amish Door, Wooster.
- 12/2/08 – United Way Programming – including the Prescription Drug Program (Tessa Walters, United Way Prescription Drug Program Director) Discussed the United Way's Prescription Drug Program in Wayne and Holmes Counties including eligibility and screening process. (1 hr, 8.0/10 average rating score, 26 attendees)

The agency continues to underwrite continuing education units for the free in-service training programs in both Wayne and Holmes counties. Each training was evaluated with a mean rating out of 10 possible points.

Client Satisfaction Surveys

A total of 62 clients were surveyed during the quarter across three different survey types: Form 2 – Block Surveys (23), Form 2 – Exit Surveys (35) and Form 1 – Block Surveys (4). Block survey weeks varied by office due to weather closures. Form 1 was distributed to clients who had experienced between 1 and 2 visits to the agency, while Form 2 was distributed to clients who had experienced three or more visits to the agency and to those terminating agency services. The chart below summarizes the findings of the quarter's client satisfaction surveys.

Table 6 – Client Satisfaction Findings

Form One (1 – 2 sessions)		Form Two (3+ Sessions) Block Survey	Mean Score	Form Two (3+ Sessions) Exit Survey	Mean Score															
1. Hear about YHRC/referred?		1. How helpful was our office staff?	4.5 (+.2)	1. How helpful was our office staff?	4.6 (+.1)															
	%	2. How well was privacy protected?	4.6 (+.1)	2. How well was privacy protected?	4.8															
a. Family	0 (-29%)	3. Counselor knowledge	4.4 (-.4)	3. Counselor knowledge	4.7															
b. Friend	25 (+11%)	4. Involved in treatment plan develop.?	3.8 (-.6)	4. Involved in treatment plan develop.?	4.3															
c. Court/Probation	75 (+46%)	5. Counseling helpful for problems?	3.8 (-.5)	5. Counseling helpful for problems?	4.4 (+.1)															
d. Community Agency	0 (-14%)	6. Easy to talk with counselor?	4.4 (+.1)	6. Easy to talk with counselor?	4.6															
e. Employer	0 (-14%)	7. How well needs being met?	4.3 (-.1)	7. How well needs being met?	4.3 (-.2)															
f. Other	0 (-14%)	8. Rate cost of services	3.7 (-.3)	8. Rate cost of services	3.7 (-.3)															
g. No Answer	0	9. Hard to set-up payments?	3.6 (-.4)	9. Hard to set-up payments?	3.8 (-.3)															
	100%	10. Likely to refer others to YHRC?	4.1 (-.2)	10. Likely to refer others to YHRC?	4.2 (+.3)															
	Mean Score	11. Return to YHRC if needed?	4.0 (-.4)	11. Return to YHRC if needed?	4.3 (+.3)															
2. Greeted by office staff?	4 (-.1)	12. Rate YHRC's reputation	4.2 (-.1)	12. Rate YHRC's reputation	4.3															
3. Quickly able to set-up first appt.?	4.25 (-.45)	13. Overall quality of services ?	4.3 (-.1)	13. Overall quality of services ?	4.6															
4. Get an appointment to fit schedule?	3.75 (-.95)	<table border="1"> <tr> <td colspan="2">Overall Scores (4.25)</td> <td>5 max.</td> </tr> <tr> <td colspan="2">Wooster</td> <td>4.3</td> </tr> <tr> <td colspan="2">Millersburg</td> <td>4.12</td> </tr> <tr> <td colspan="2">Rittman</td> <td>4.38</td> </tr> <tr> <td colspan="2">Orrville</td> <td>4.18</td> </tr> </table>				Overall Scores (4.25)		5 max.	Wooster		4.3	Millersburg		4.12	Rittman		4.38	Orrville		4.18
Overall Scores (4.25)						5 max.														
Wooster						4.3														
Millersburg						4.12														
Rittman						4.38														
Orrville						4.18														
5. Easy to find the agency?	4.25 (-.35)																			
6. Ease of paperwork	4.25 (+.25)																			
7. Explanation of fees and payments	3.75 (-.25)																			
8. Privacy of financial office?	4 (-.3)																			
9. Safety and comfort of office	4.25 (+.25)																			
	% Positive		% Positive		% Positive															
10. Barriers to service?	100	16. Barriers to service?	91 (+3%)	16. Barriers to service?	83 (-3%)															
11. Appts. cancelled on short notice?	100	14. Appts. cancelled on short notice?	92 (+4%)	14. Appts. cancelled on short notice?	90 (-3%)															
12. Service culturally aware?	67 (-33.%)	15. Service culturally aware?	68 (-20%)	15. Service culturally aware?	93 (-4.6%)															
13. Access to a computer?	75 (+17.9%)	17. Access to a computer?	37 (-17%)	17. Access to a computer?	64 (+2%)															
14. Use internet?	75% (+17.9%)	18. Use internet?	38 (-12%)	18. Use internet?	53 (+5%)															

* (+/- % is as compared to SFY 2009 Qtr 1 Report)

Consumers of YHRC services are generally very pleased with their experiences and service received. Areas of highest satisfaction are protection of privacy (lower for Form 1 respondents), belief in counselor knowledge and helpful office staff. Office

staff helpfulness is not most common increase in scores this quarter. Areas of lowest satisfaction is the cost of services and ability to set-up payments. Costs of services are included frequently as comments on client satisfaction surveys. Another frequent comment this quarter was that the agency may benefit from extending office hours, including the provision of weekend hours. There were no relevant comments in agency suggestion boxes this quarter. Two scores stood apart from the others and may present need for further investigation. In Form 1 surveys, clients found it mildly difficult (score of 3 is “good” – 3.75) to find appointments that fit their schedule. This indicates a score drop of nearly 1 point (however, a regulation of .5 points compared to the next most recent report) and this may merit an examination of the feasibility of weekend hours and this will be examined in coming quarters. Also, among Block survey participants, a significant drop (.6 points) was demonstrated for being involved in the development of the treatment plan. This score may indicate staff development to ensure compliance with client involvement in this process, but is not mirrored by Exit Survey participants or in previous quarters so will be tracked before intervention is recommended.

Clients were very satisfied with clinician’s keeping appointments and the lack of barriers to service. The only barriers to services mentioned in client comment is transportation. YHRC has a contract with Miller Cab to provide transportation to Wooster residents to appointments, but this program may need better advertised to clients. In an unexplained shift from historical patterns, and the cultural awareness of clinicians was scored significantly low. While still acceptable (over 50%), the rating for new and Block survey participants was much lower than that of Exit surveys and ratings from previous quarters. As with client involvement, this may call for staff training, but will be tracked for the next few quarters to determine intervention need. The overall satisfaction score for the agency is 4.25 for the agency. This is slightly lower than

the rating in the 1st Quarter of SFY 2009. In a new analysis, the Rittman office was rated the highest by client satisfaction. These scores will be shared with staff to encourage all staff to improve client relations.

Rates computer access and internet usage by clients 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.

Outcomes

Outcomes charts for board-funded services are attached in the following order:

- 9-Week Treatment Group
- Children Services Consumers
- Fitting It All Together
- Individual Treatment
- Substance Abusing Mentally Ill
- Too Good For Drugs
- All Stars

Your Human Resource Center: State Fiscal Year 2009										
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]	282	282	260	544					Agency clinical and XAKTSoft records
2	Total [combined] consumers at enrollment who evidenced (a) substance abuse and (b) substance dependency.	128/282	45%	123/260 47%	46%					Agency clinical and XAKTSoft records
3	Total Substance Dependent enrollments	81	81	80	161 30%					Agency clinical and XAKTSoft records
4	Total Substance Dependent enrollments who sign Individual Treatment Plan that includes commitment to abstinence and recovery education components	81	81	78	159 99%					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.	7	7	3	10 6%					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	5	5	2	7 4%					Agency clinical and XAKTSoft Outcomes Discharge report
7	Total Substance Dependent consumers discharged this quarter	49	49	40	89					Agency clinical and XAKTSoft records
8	Total Substance Dependent consumers discharged this quarter with a decrease in Level of Care	17	17	20	37 42%					Agency clinical and XAKTSoft records
9	Total Substance Dependent consumers discharged who are abstinent at discharge* [“positive discharge”], and who are:	39	39	36	75 84%					Agency clinical and XAKTSoft records
9a	● Employed*	22	22	13	35 39%					Agency clinical and XAKTSoft records
9b	● residing in stable Housing*	33	33	56	89 100%					Agency clinical and XAKTSoft records
9c	● are Ohio HB 484 [CSB] referrals	4	4	4	8 9%					Agency clinical and XAKTSoft records
9d	● Indigent DUI Drivers [Ohio HB 131]	5	5	3	8 9%					Agency clinical and XAKTSoft records
9e	● Co-occurring [SAMI] Disorders	17	17	14	31 35%					Agency clinical and XAKTSoft records

* SAMHSA National Outcome Measure (NOM)

Query, report and tracking errors have been identified within XAKTSoft regarding *SAMI* consumers. These issues are being investigated, refined and solved with the agency Quality Improvement Officer and XAKTSoft staff. Data issues, including possible undercounting, will be corrected retroactively on the next quarterly report.

Your Human Resource Center: State Fiscal Year 2009										
Treatment Program: Wayne and Holmes County Children Services Referrals (WCSB and HDJFS) Group										
Board Investor Target: #4 Multi-need youth, along with their families, involved with multiple service systems who are the target of Family and Children First Council endeavors and Ohio HB 484 legislation.										
Consumers: #2. a, b, e: Consumers’ clinical symptoms shall be reduced and family situations stabilized; time spent in out of home placement shall be minimized; other systems [CSB/DJFS] shall indicate high levels of satisfaction										
Outcome: Access and Capacity for timely Diagnostic Assessment of 100% of referrals; effect abstinence in 56 of 70 (80%) of enrollments who enter treatment.										
Performance Target: Assessment and Treatment services will be provided to 70 CSB consumers annually.										
#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 rd Qtr.	YTD	4 th Qtr	YTD [70 est.]	Verification
1	For consumers referred from CSB systems, 95% of total clients referred will receive access per: a) [protective] an initial appointment at YHRC in 7 days of initial contact, or b) [voluntary] initial session at CSB office if requested.	9/9	100%	6/6	15/15 100%					Agency clinical and XAKTSoft enrollment records
2	For all CSB consumers enrolled, 90% of total enrollments will receive a completed Diagnostic Assessment or Level Six [Psychological] Assessment within 14 days of enrollment [90% client appointment compliance presumed].	9/9	100%	3/6	12/15 80%					Agency clinical and XAKTSoft records
3	For CSB consumers identified for AOD treatment, 90 % will complete an Individualized Treatment Plan [90% client compliance presumed].	4/4	100%	4/4	8/8 100%					Agency clinical and XAKTSoft records
4	For CSB consumers in AOD treatment, 80% will reflect Reduced Morbidity per increase in perceived risk and understanding re drug use/abuse after 30 days treatment.*	4/4	100%	4/4	8/8 100%					Agency Progress Notes; XAKTSoft
5	For CSB consumers in AOD, 80% will evidence Reduced Morbidity per abstinence from 1 st session through treatment discharge.*	4/4	100%	3/4	7/8 88%					Agency clinical and XAKTSoft Discharge Outcome records for SFY 2008 CSB enrollments

* SAMHSA National Outcome Measure (NOM)

Your Human Resource Center: State Fiscal Year 2009										
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	47/48	98%	48/49	54/55 98%					Agency records; XAKTSoft records
	a) [FIAT] enrollments effective 7/1/08	39	39	42	42					Agency records
	b) new enrollments per respective quarter after 7/1/08	9	9	10	19					Agency records
	c) discharges per respective quarter after 7/1/08	8	8	8	9					Agency records
	d) total served year to date	48	48	49	55					
2	95% of youth admitted will complete an initial drug screen	47/48	98%	48/49	54/55 98%					Agency records; XAKTSoft records
3	95% of youth admitted will complete a Diagnostic Assessment	9	100%	10	19 100%					Agency records; XAKTSoft records
4	95% of youth admitted will complete a Youth Asset Survey (YAS) at intake	9	100%	10	19 100%					Agency records
5	90% of youth will remain in school, work toward a GED, or be employed.	48/48	100%	48/49	54/55 98%					Agency records
6	90% of youth will demonstrate an increase in developmental assets.	38/42	90%	48/49	50/55 91%					Youth Asset Survey
7	80% of youth will demonstrate an improvement on Youth Asset Survey (YAS) at post-test	43/48	90%	0	90%					Youth Asset Survey
8	90% of youth will not become re-involved in the juvenile justice system while in FIAT	43/48	90%	44/49	49/55 89%					Agency records

#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 rd Qtr.	YTD	4 th Qtr.	YTD [50 est.]	Verification
9	90% of youth will be abstinent from alcohol/other drugs while enrolled in FIAT	43/48	90%	45/49	45/55 82%					Agency records
10	Youth who use alcohol/other drugs will be assisted by FIAT worker in obtaining/using ind./group counseling	4/5	4	4/4	9/10 90%					Agency records
11	Youth using AOD will receive AOD education from FIAT worker or counselor as indicated.	4/5	4	4/4	9/10 90%					Agency Records

* SAMHSA National Outcome Measure (NOM)

Your Human Resource Center: State Fiscal Year 2009										
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: 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]	282	282	260	542					Agency clinical and XAKTSoft records
2	Total [combined] consumers at enrollment who evidenced (a) substance abuse and (b) substance dependency.	128	45%	123/260 47%	46%					Agency clinical and XAKTSoft records
3	Total Substance Dependent enrollments	81	81	80	161					Agency clinical and XAKTSoft records
4	Total Substance Dependent enrollments who sign Individual Treatment Plan that includes commitment to abstinence and recovery.	81	81	78	159 99%					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.	7	7	3	10 11%					Agency clinical and XAKTSoft Outcomes Discharge reports.
6	Total Substance Dependent consumers discharged this quarter	49	49	40	89					Agency clinical and XAKTSoft records
7	Total Substance Dependent consumers discharged this quarter with a decrease in Level of Care	17	17	20	37 42%					Agency clinical and XAKTSoft records
8	Total Substance Dependent consumers discharged who are abstinent at discharge* [“positive discharge”], and who are:	39	39	36	75 84%					Agency clinical and XAKTSoft records

9a	● Employed*	22	22	13	35 39%					Agency clinical and XAKTSoft records
9b	● residing in stable Housing*	33	33	56	89 100%					Agency clinical and XAKTSoft records
9c	● have had no new arrests since intake*	18	18	33	51 57%					Agency clinical and XAKTSoft records
9d	● are Ohio HB 484 [CSB] referrals	4	4	4	8 9%					Agency clinical and XAKTSoft records
9e	● Indigent DUI Drivers [Ohio HB 131]	5	5	3	8 9%					Agency clinical and XAKTSoft records
9f	● Co-occurring [SAMI] Disorders	17	17	14	31 35%					Agency clinical and XAKTSoft records

* SAMHSA National Outcome Measure (NOM)

Query, report and tracking errors have been identified within XAKTSoft regarding *SAMI* consumers. These issues are being investigated, refined and solved with the agency Quality Improvement Officer and XAKTSoft staff. Data issues, including possible undercounting, will be corrected retroactively on the next quarterly report.

Your Human Resource Center: State Fiscal Year 2009										
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	27	62					Agency clinical and XAKTSoft records
2	Total SAMI consumers at enrollment who are identified for prescribed psychotropic medications at intake.	9	9	3	12 19%					Agency clinical and XAKTSoft records
3	Consumers will become engaged in the treatment process per completion of an Individualized Treatment Plan.	30	86%	24	87%					Agency clinical and XAKTSoft records
4	Consumer will reflect Reduced Morbidity per increasing perceived risk and understanding re drug use/abuse.*	24	69%	15	63%					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%	5	18%					Agency clinical and XAKTSoft records
6	Consumer will evidence Reduced Morbidity per abstinence* from 1 st session through discharge.	19	54%	23	68%					Agency clinical and XAKTSoft records

* SAMHSA National Outcome Measure (NOM)

Query, report and tracking errors have been identified within XAKTSoft regarding SAMI consumers. These issues are being investigated, refined and solved with the agency Quality Improvement Officer and XAKTSoft staff. Data issues, including possible undercounting, will be corrected retroactively on the next quarterly report.

Your Human Resource Center: State Fiscal Year 2009										
Prevention Program: Too Good For Drugs* Evidenced Based: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
Population Type: Universal <input checked="" type="checkbox"/> Selective <input type="checkbox"/> Indicated <input type="checkbox"/>										
Strategy Type: Information Dissemination <input type="checkbox"/> Alternatives <input type="checkbox"/> Education <input checked="" type="checkbox"/> Community Education <input type="checkbox"/> Environment <input type="checkbox"/> Problem Identification <input type="checkbox"/>										
Board Investor Target: #2 Children and youth, along with their families, who evidence traits which make them at-risk for the use of alcohol and other drugs (AOD).										
Consumers: #2 a. Children and youth will abstain from the use of alcohol and other drugs										
Outcome: Increase social resistance skills, decision-making, perception of harmful effects of AOD, emotional competence, peer norms*										
Performance Target: Present program to 9 buildings (5 school districts) in Wayne-Holmes; 1000 students in grades K-3, per Fidelity of Implementation (see Milestones)										
#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 rd Qtr.	YTD	4 th Qtr	YTD [1000 est.]	Verification
1	Students attending one program session per week for 10 weeks.	0	0	0	0					Program Staff Records
2	Sessions are taught sequentially through discussion and workbook activities	0	0	0	0					Program Staff Records
3	Students are taught all activities.	0	0	0	0					Program Staff Records
4	Teaching takes place for the entire lesson time: 30-60 minutes in Elementary and 30-45 minutes in Middle school	0	0	0	0					Program Staff Records
5	All materials are used.	0	0	0	0					Program Staff Records
6	Workbooks are used with the lessons.	0	0	0	0					Program Staff Records

*SAMHSA model program for best practices, and positive outcomes

Milestones 1-6 are Fidelity of Implementation principles per the Mendez Foundation, originators of Too Good For Drugs; the Foundation notes that small adaptations in programming can be made consistent with fidelity, and that evaluations of teachers and parents are not part of fidelity of implementation.

As with the 1st Quarter, no students completed the program at the end of the second quarter. Due to weather delays and unforeseen delays, the first group of students to complete the program will do so early in the 3rd Quarter. Due to fiscal demands and 2 buildings failure to cooperate with fiscal support of the program, the target total for Too Good For Drug-served youth is 720, a decrease of 280 from initial estimates.

Your Human Resource Center: State Fiscal Year 2009										
Prevention Program: All Stars* Evidenced Based: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
Population Type: Universal <input checked="" type="checkbox"/> Selective <input type="checkbox"/> Indicated <input type="checkbox"/>										
Strategy Type: Information Dissemination <input type="checkbox"/> Alternatives <input type="checkbox"/> Education <input checked="" type="checkbox"/> Community Education <input type="checkbox"/> Environment <input type="checkbox"/> Problem Identification <input type="checkbox"/>										
Board Investor Target: #2 Children and youth, along with their families, who evidence traits which make them at-risk for the use of alcohol and other drugs (AOD).										
Consumers: #2 f & h. Factors in the environment of children and youth that cue/support use will be reduced; developmental assets of at-risk children and youth will be increased										
Outcome: Maintain/add to SFY 2008 All Star capacity using EBP to prevent/delay onset of AOD use*										
Performance Target: Present 13-session program to 10 buildings (5 school districts) in Wayne-Holmes; 880 students in grades 6, 7 & 8 (includes Cornerstone). Parental attendance at Celebration will equal 20% or more for all students receiving program.										
#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 rd Qtr.	YTD	4 th Qtr.	YTD [880 est.]	Verification
1	A 20% student sample (180) receiving All Stars will be given pre and post tests (dependent on testing/analysis costs allocated by a non-YHRC source to maintain program's evidence-based outcomes status)*	0	0	0	0					Program Staff Records
2	For all students receiving All Stars, 95% will complete all 13 sessions.	0	0	102 (100%)	102					Program Staff Records
3	For all students receiving All Stars, 30% will complete all the take home activities.	0	0	102 (100%)	102					Program Staff Records
4	For all students receiving All Stars, 98% will complete and make the <u>9 Commitments</u> to healthy lifestyles.	0	0	102 (100%)	102					Program Staff Records
5	95% of students receiving All Stars will attend Celebration if held during the school day, and 20% attend if held after school.	0	0	102 (100%)	102					Program Staff Records
6	For all students receiving All Stars, 20% of parents will attend Celebration.	0	0	~100	~100					Program Staff Records

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