

Quarterly Report



SFY 2011, QTR 1 **Your Human Resource Center**

SFY 2011 Quarter 1 Continuous Quality Improvement Report
Your Human Resource Center of Wayne and Holmes Counties
Mark E. Woods, Quality Improvement and Development Officer
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State Fiscal Year (SFY) 2011; Quarter 1 Report: Your Human Resource Center (YHRC)

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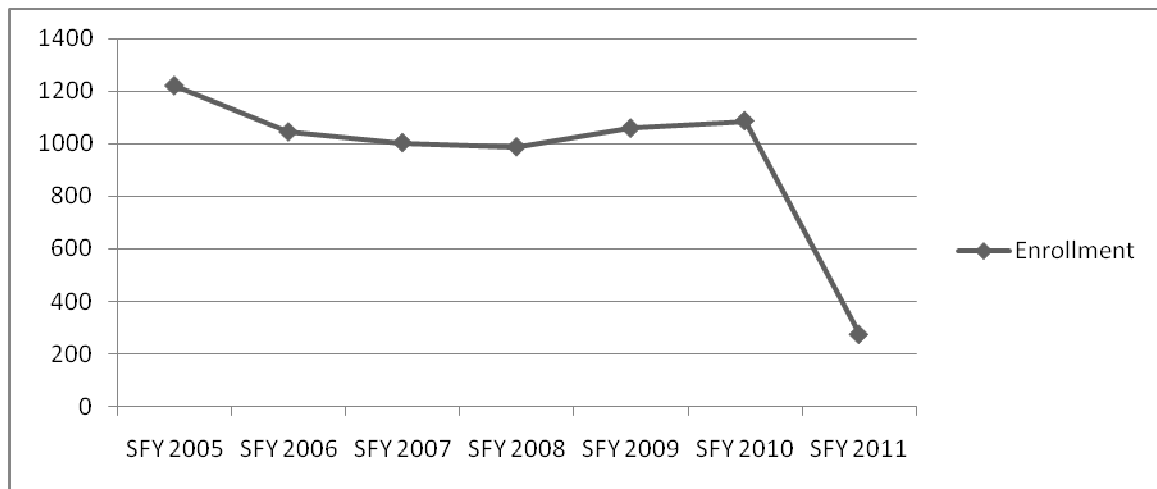
Enrollments*Table 1 – New Client Enrollments by Referral Source*

Referral Source	SFY 2010		SFY 2011 (Qtr 1)	
	n	%	n	%
Self	133	13	31	11
Unknown*	14	1	0	0
Attorney	20	2	0	0
Wayne County Municipal Court	311	30	78	28
Wayne County DJFS - Work First Training/Goodwill	115	11	44	16
Wayne County Common Pleas Court	64	6	27	10
Wayne County Juvenile Court	56	5	22	8
Holmes County Municipal Court	41	4	4	1
Holmes County Juvenile Court	25	2	7	3
Holmes County Common Pleas Court	5	<1	2	<1
Holmes County Adult Probation	4	<1	2	<1
Ohio Adult Parole Authority	29	3	11	4
Ohio Dept. of Youth Services	5	<1	1	<1
Ohio county courts outside Wayne-Holmes	30	2	9	3
Other Wayne-Holmes Municipal Courts	2	<1	1	<1
Wayne County Children Services Board	21	2	7	3
Holmes County Job and Family Services	3	<1	2	<1
Holmes County DJFS - Children Services Unit	8	<1	3	1
Ohio CSBs outside Wayne-Holmes	2	<1	1	<1
MHR Board of Wayne-Holmes Counties	1	<1	0	0
County High Schools	6	<1	1	<1
Christian Children's Home of Ohio	10	1	0	0
Physicians/Hospital	1	<1	1	<1
STEPS	2	<1	0	0
The Counseling Center of W-H Counties	7	<1	0	0
Employers & EAPs	21	2	2	1
Source One Group	8	<1	2	1
Family & Friends	8	<1	4	1
All Other Sources	100	9	14	5
Total	1058	100%	276	100%

Referrals continue to come from a large spread of social agencies, schools, courts and family/friends. Significant changes by percentage over SFY 2010 are noted in gray highlighting – increases in referral from the Goodwill Work First Training program and from the Wayne County Common Pleas Court. The court referrals are likely increased due to the engagement in our newest Title XX (Wayne County Department of Job and Family Services contract) program

– a Moral Reconciliation Therapy group. The continued decrease in referrals from other sources, while overall enrollment is increasing 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 7 years. Year-to-date values for SFY 2011 are low because we are reporting only on the 1st quarter, but this value projects enrollment for the year at 1104 – a mirroring of the pattern of increase during SFY 2010.

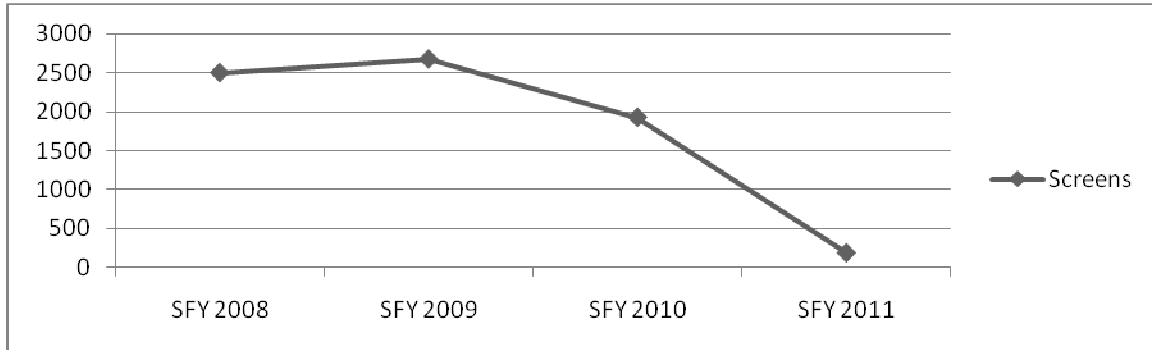
Chart 1 – Enrollment Trend by Year



Urinalysis Screening

A total of 187 urinalysis screens were completed for individuals and agencies in the first quarter. This projects to 748 - a significant decrease from past years. Urinalysis screenings do not count as enrollments, but contribute to the total flow of clientele within the agency. Of the 187 completed screens, 52% were for home-arrest consumers and 6% involved a juvenile court referral and 41% were referred from an area municipal court. The most notable decrease is in referrals from Children Services. This will be investigated in the coming quarter by the CQI Officer.

Chart 2 – Urinalysis Screenings by Year



Enrollments with Indigent Driver Status

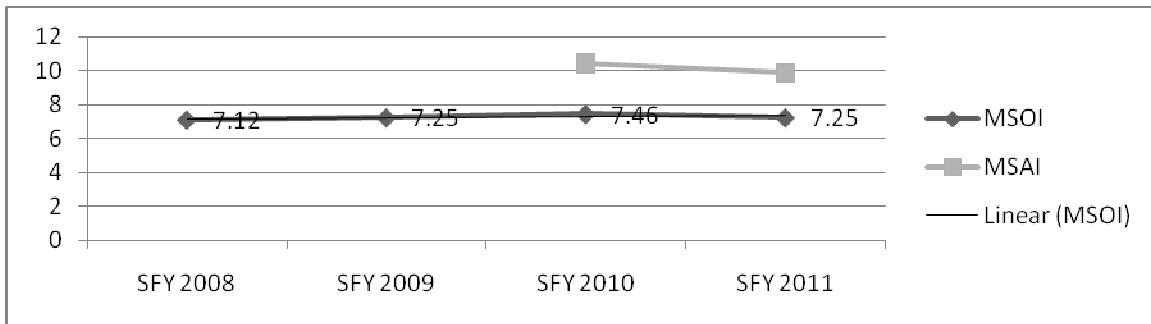
Twelve new enrollees (relatively standard quarterly average) were admitted due to, at least in part, a 1st charge of *Driving Under the Influence* (DUI) status and two additional enrollees due to a 2nd or greater lifetime *DUI* offense. Of these, four were deemed indigent, two at 100% indigency, one at 90% and one at 70%. Indigency is based on a diagnosis of Substance Dependence, being court-involved and having income falling on the agency's sliding-fee scale. Thirteen of the 14 (93%) enrollees resided in Holmes County and referring courts included Wayne County Municipal (2), Holmes Municipal (1), Holmes Children Services (2), Self (6), or other courts (3, Ashland, Tuscarawas, Coshocton).

Access to Services

Scheduling in the first 48 hours after the consumer's first agency contact is best practice. The agency's policy is to offer consumers appointments within 7 days of initial contact. The *Mean Service Offer Interval* (MSOI) for enrolling clients in Quarter 1 is 7.25 (-.10, count of days between initial contact and appointment offering), an improvement over past years, but higher than our self-identified standard (though this is as yet a Year-To-Date figure for SFY 2011). This will be monitored, but may be the result of strain on the system as consumer levels remain steady while funding and staffing have decreased.

Another value of import to planning and in describing the daily operation of the agency that will be tracked heretofore 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 nearly 10 days in Quarter 1 – a consistent value over the last year. This is a reflection on consumer behavior, and will continue to be monitored for utility in program planning.

Chart 3 – Comparison of Annual Mean Service Offer and Admission Intervals



Enrollment Demographics

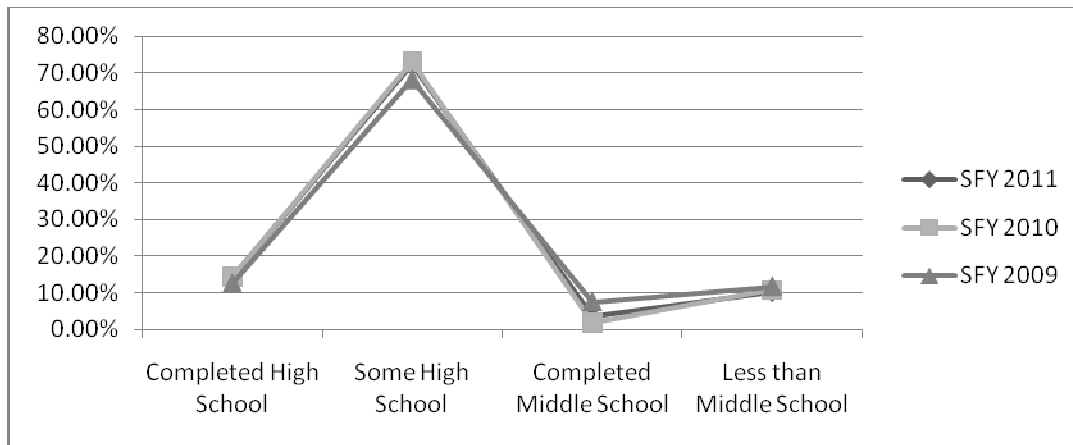
The data in the demographic table (Table 2) below are based on 579 clients served and 279 new enrollments in the 1st Quarter of SFY 2011. With only minor fluctuations, all categories reflect stark historical consistency to previous years and quarters. Last year presented a slight increase in Black consumers that seems to have returned to trend this term.

Table 2 – Client and Enrollment Demographics Compared

	Total Clients	%	New Admissions	%	Admissions SFY 2010	%
	579	100	279	100	1042	
Gender						
Male	221	38	111	40	439	42
Female	351	61	167	60	598	57
Missing	7	1	1	0	5	0
Age (years)						
0 - 5	5	<1	1	0	4	0
6 - 9	5	<1	0	0	3	0
10 - 17	75	13	38	14	128	12
18 - 20	76	13	40	14	125	12
21 - 34	251	43	129	46	466	45
35 - 54	148	26	65	23	285	27
55 - 59	12	2	4	1	21	2
60+	7	1	2	1	10	1
Missing	0	0	0	0	0	0
Race						
White	528	91	247	89	957	92
Black	37	6	25	9	65	6
Hispanic	6	1	4	1	9	1
Asian	1	<1	1	0	5	0
Other	7	1	2	1	6	1
Marital Status						
Single	390	67	195	70	694	67
Married	94	16	41	15	171	16
Divorced	62	11	30	11	110	11
Widowed	2	<1	0	0	3	0
Other	31	5	13	5	64	6
Income						
< \$5000	298	51	155	56	533	51
\$5000 - \$9999	71	12	35	13	123	12
\$10K - \$14999	57	10	23	8	75	7
\$15 K - \$19999	58	10	22	8	104	10
\$20 K - \$29999	52	9	22	8	92	9
\$30 K - \$39999	19	3	9	3	48	5
\$40 K - \$49000	7	1	7	3	28	3
\$50000+	17	3	6	2	39	4
Residence						
Wooster	195	34	92	33	342	33

<i>Rittman</i>	49	8	23	8	87	8
<i>Orrville</i>	96	17	59	21	173	17
<i>Other Wayne</i>	116	20	61	22	196	19
<i>Millersburg</i>	66	11	25	9	105	10
<i>Other Holmes</i>	43	7	13	5	112	11
<i>Other County</i>	12	2	6	2	27	3
<i>Unknown</i>	2	<1	0	0	0	0

Chart 4 – Education Level of Enrolled Clients



As displayed in Chart 4, 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 (87% of all clients, slight increase over SFY 2010), only 14% (no change) have completed, or graduated, high school. Additionally, 12% (down nearly 7.5%) 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 81 records were reviewed in the second quarter by the Utilization Review Committee. This included review by admission (28), continued stay (33) and termination (20) record status. Of the 81 reviewed records, a total of 8 were identified as deficient. This results in an overall service utilization compliance rating of 90% - the agency compliance goal.

Two deficient Admission Review records were noted for review item #13 – “Progress Note indicates that potential consequences of refusing or withdrawing consent for treatment have been adequately explained to client.” In both cases, there were missing client signatures on the treatment plan, initial progress note and transition summary to document treatment consequences consent. Despite this deficiency, the clients were appropriate for admission.

For the 6 deficient records documented in Continued Stay Review, 5 (83%) 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.” 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.

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 40 adult records (17 child) with 26 mental health records, 41 substance abuse records and 14 dual diagnosis records. Of the 81 total records reviewed, 15 were reviewed under Termination Review and were adult records. Of these, 73% had stable housing and 60% had stable employment at termination. The mean Length of Stay for these cases was 6 months, 11 days, a significant increase over the median Length of Stay (which better accounts for outlier interference) of 2 months, 24 days and meeting best practice guidelines. An average of 84% of treatment goals were met by adult clients with most Responses to Treatment being Successful Completion, Mutual Termination or Assessment Only status. For the 8 Termination Review adult records that were Substance Abuse records, half demonstrated an increase in ODADAS Level of Care while only 1 record demonstrated a decrease in Level of Care. The remainder were unchanged – expected given the focus of change in format of the ODADAS Level of Care tracking wherein all YHRC enrollments are at the lowest level of care.

Table 3 – Utilization and Termination Review Demographics and Outcomes

Adult	Child	Mental Health	Substance Abuse	Dual Diagnosis
40	17	26	41	14
Termination Review Adults				
15			8	
	Stable	Not	% Stable	
Housing	11	4	73%	
Employment	9	6	60%	
	Median	Mean		
Length of Stay	2 mos. 24 days	6 mos. 11 days		
Mean % of Treatment Goals Met	84%			

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%. Deficiencies 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.

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 34 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 91.2% - exceeding the 80% agency policy compliance rate.

Approximately 68% of the reviewed records were adult consumers (32% youth) and 44% (15) of the records were for consumers with mental health diagnoses, 35% (12) were for substance abuse problems and 21% (7) were for clients with dual diagnoses. There were no

records deficient within the transfer/referral service review. Only one record was deficient in the counseling service review – for Item 2 – that treatment plan goals and objectives are supported by the result of the assessment. The remainder of deficient records were deemed by diagnostic service review. One record was missing a diagnostic assessment, one was deemed deficient for 3 items regarding the lack of support and/or documentation for the given diagnosis and 1 record was deemed deficient for 6 items related primarily to the apparent lack of client involvement/extensive history on which the diagnostic assessment was completed.

Major Unusual Incidents

There was one *Major Unusual Incident* (MUI), or “reportable incident” in the first quarter. A consumer who had sought detoxification services and was an enrolled consumer through the agency was found deceased two months after initial contact (2 weeks after last scheduled appointment, 3 weeks after last attended appointment) by his live-in girlfriend. This situation was reported to both ODADAS and the ODMH in addition to the local MHRB. After review by the Wayne County Coroner’s Office, the death was ruled an accident and therefore the agency was advised by ODADAS that the death was no longer a reportable incident.

Additionally, there were no client grievance and no client rights violations during the quarter. There were no non-major unusual/non-reportable incidents occurring during the quarter. These incidents are reported directly to the Mental Health and Recovery Board of Wayne and Holmes Counties as they occur.

Waiting List Management

The following summarizes wait list activity for SFY 2011:

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

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 34 records reviewed, no errors were noted (100% compliance + 22% over SFY 2010).

Physical Plant and Safety Review

Fire/Tornado Evacuation Drills

Fire inspections for office site are not due again (annual) until the end of the 3rd quarter of SFY 2011. Required drills have been completed.

Safety Inspection

All safety inspections were compliant for the quarter.

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. Details on these trainings will be presented in the 2nd Quarter report as the Staff Development Coordinator has been on extended medical leave and therefore evaluation details are incomplete.

Underwriting of *CEUs* for the *Free Inservice Training* (FIT) programs in both Wayne and Holmes Counties has continued. Trainings are evaluated by mean rating on a 10-point scale.

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)				
5. Easy to find the agency?	4.25 (-.35)	Overall Scores (4.25)	5 max.		
6. Ease of paperwork	4.25 (+.25)	Wooster	4.3		
7. Explanation of fees and payments	3.75 (-.25)	Millersburg	4.12		
8. Privacy of financial office?	4 (-.3)	Rittman	4.38		
9. Safety and comfort of office	4.25 (+.25)	Orrville	4.18		
	% 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 2010 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. The agency’s agreement with Miller Cab to provide transportation to Wooster residents to appointments may require better advertising to consumers. Cultural competence ratings remain inconsistent with historical trends, but appear to be returning to such consistency after a decrease in the last 2 quarters. 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. 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 of computer access and internet usage by clients remains relatively stable and this element presents such consistency over time that a new element may be merited to replace this set of items – possibly including an examination of potential 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. 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.

Referral Source Satisfaction

Low return of referral source satisfaction surveys prompted a redistribution of surveys during the 1st quarter – an effort that significantly increased response rate. As surveys continue to be returned at a steady pace, this analysis will be presented in the 2nd Quarter report to afford as much response time for inclusion as possible.

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

Agency outcomes reports remain relatively stable from previous years – indicating a change in measurement or identified outcome may be useful. This coincides with discussion at the local board level of moving toward an outcomes reporting system of “dashboarding,” or more

parsimonious, simplified and unified reporting across the agency and overall system. Because of missing data for the FIAT program due to staff medical leave, the dashboard for the 1st Quarter will be included as a cumulative dashboard in the 2nd Quarter report.

Your Human Resource Center: State Fiscal Year 2011										
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)

AOD 9-Week Treatment Group

Core program elements. This is a low intensity psycho-educational group that runs for 9 sessions. However, the basic curriculum for this group is being examined and redeveloped and may shift to 6 sessions in upcoming quarters. 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 9 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.

Lessons Learned: Enrollment for the groups (scheduled throughout the week) have been somewhat more sporadic this fiscal year than in past years. Consumers failing to complete the sessions in order appears to be a major contributor to this phenomenon – leading to many attendees at some sessions and fewer at others. Agency discussion with referral sources (especially including Municipal Court Probation) has lead to the development of procedures to encourage regular and ordered attendance (i.e. reporting of schedule deviance to probation officers) that early appear to be brining consistency back to the group. This will continue to be tracked in the coming quarters of SFY 2011.

Your Human Resource Center: State Fiscal Year 2011										
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.	11/11	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].	6/11 54%	54%							Agency clinical and XAKTSoft records
3	For CSB consumers identified for AOD treatment, 90 % will complete an Individualized Treatment Plan [90% client compliance presumed].	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.*	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.*	8/8	100%							Agency clinical and XAKTSoft Discharge Outcome records for SFY 2011 CSB enrollments

* SAMHSA National Outcome Measure (NOM)

Referrals from Wayne, Holmes, and Other County Children Services Boards

Core program elements. This programming is offered to county children services boards that refer clients for assessment of a mental disorder and/or drug and alcohol use/abuse/dependency disorder.

Assurance to services access per a scheduled appointment in a relatively brief time of 7 days or less is consistent with agency policy for all clients, and is an agency priority for this category of clients in consideration of specific Ohio legislation promoting prompt assessment and treatment of parents of children in the Ohio substitute care system.

For the majority (+95%) of all clients referred, an initial appointment was offered within 7 days of the initial client contact. Assessments were completed for 97% of all clients referred within 14 days of the initial assessment session.

Delivery strategy. Program staff applies standardized and validated assessment tools to accurately diagnose mental health and alcohol/other drug usage, ascertaining whether drug and or alcohol usage patterns, if any, constitute use, abuse, or dependency.

Appropriateness for outpatient level of care is confirmed per application of Levels of Care criteria per the American Society of Addictive Medicine. Additionally, a variety of psychometric testing is employed e.g. MMCI, Rorschach, etc. to identify personality traits and treatment strategies.

A Stage of Change pre-test is used to determine the client's readiness for types of alcohol/other drug treatment services, and to guide treatment progress, if identified with and alcohol and/or drug abuse/dependency diagnosis. Substance abuse counseling, and group psycho-educational treatment are employed by the provider, while referrals for outside agency resources e.g. intensive case management, group psychotherapy, medical/pharmacological, supported employment, family psycho-education, or housing/residential services will be recommended to the children services referent.

Other core features. Outcomes achieved with clients are consonant with Substance Abuse Mental Health Services Administration best practices:

- 80% of clients will exhibit reduced morbidity after 30 days of treatment per an increase in understanding and perceived risk regarding drug and alcohol usage;
- 80% of clients will exhibit reduced morbidity per abstinence from the 1st treatment session through discharge.

Lessons learned. The relationships the agency has with external referral sources, especially the courts and children services units in Wayne and Holmes Counties are essential to program reach outcome attainment and the agency continues to collaborate with these agencies as extensively as possible. A component of this partnership in particular is the reduction in fees for urinalysis negotiated with each county's children services unit, though this appears to be underutilized presently – and is being investigated by the management team. This collaboration assures treatment based in ongoing abstinence assessment – providing useful feedback for both the children services caseworker and the agency clinician in assisting consumers to address their problems and issues.

Your Human Resource Center: State Fiscal Year 2011										
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									Agency records; XAKTSoft records
	a) [FIAT] enrollments effective 7/1/09									Agency records
	b) new enrollments per respective quarter after 7/1/09									Agency records
	c) discharges per respective quarter after 7/1/09									Agency records
	d) total served year to date									
2	95% of youth admitted will complete an initial drug screen									Agency records; XAKTSoft records
3	95% of youth admitted will complete a Diagnostic Assessment									Agency records; XAKTSoft records
4	95% of youth admitted will complete a Youth Asset Survey (YAS) at intake									Agency records
5	90% of youth will remain in school, work toward a GED, or be employed.									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									Agency records

* SAMHSA National Outcome Measure (NOM)

Fitting It All Together (FIAT)

Core program elements. This program has been run in conjunction with the juvenile court for over 20 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 now consists of two youth development workers, one female and one male. Youth are referred into the program through the probation officers at the juvenile court – the *Youth Experiencing Success* (YES) grouping is for female youth, and the Crossroads grouping is for male youth.

Youth referred present more of a mentoring need than a probation officer can provide. The youth participate in group and individual activities with the assigned youth development worker. The individual is assessed to determine what interventions are most appropriate and which strengths should be reinforced and which skills need developed.

The youth development workers work closely with the probation officers. The probation officers do urine testing on youth when they are admitted into the program, when they leave the program and when there is any suspicion of drug use. The youth development workers have access to this information. The probation officers are in contact with the schools and have access to school information, which is shared with the youth development workers. Youth development workers met with the probation officers and the court weekly to discuss youth in the program.

Research on best practices in a mentoring program promote the amount of time spent with youth, number of activities and flexibility in programming – these elements have been shown to have the most positive impact on youth. Staff training is also integral

to “best practices”. While staff training for this program is constrained by funding, maximum time spent with youth, diverse activities, and programming flexibility are sought out by program staff.

The Hoops and Homework Program. FIAT staff implemented a weekly study group for male youth since 2004 called the Hoops and Homework Program. The program is facilitated by the College of Wooster and relies on approximately 9 volunteers from the college to meet each week with students of the youth development program. These youth are able to get help in completing homework, studying for tests, and researching school projects. Clients are provided with pizza and pop before the study session begins and are invited to the college rec. center to play basketball with the volunteers after the study session is over. Typically, the group averages between 8 and 12 youth each week – for many of the youth, the day of the study group is the only day of the week that a homework assignment is turned in, or an “A” is received in the grade books. It is also the only day of the week that certain clients get physical exercise. A positive side effect of the Hoops and Homework Program has been the exposure that our clients have gained to college life. Many youth ask the college volunteers questions about dorm life, class schedules, and the freedom to make your own choices. All of the volunteers are members of the college soccer team.

Therapeutic Riding. Through a partnership with the Christian Children’s Home of Ohio and grant funding through the Orrville Area United Way the youth in 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. The youth and workers alike have enjoyed the program extensively and this subcomponent of FIAT will continue into SFY 2010.

Ski Club. The male youth in *FIAT* , through grant funding by the Orrville Area United Way may engage the Rock Climbing Club as the Ski Club has been logistically-difficult to operate in the last two years. Outcomes for *FIAT* remain stable and consistently-achieving over time.

Lessons Learned: Due to the FIAT Coordinator's extended medical leave, FIAT outcome data is not complete presently. This will be reported in the 2nd Quarter report.

Your Human Resource Center: State Fiscal Year 2011										
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)

AOD Individual Treatment

Core program elements. 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.

Lessons learned. The assessment system implemented over a year ago of having one clinician dedicated to assessments and then referring consumers on to other agency clinicians has been largely effective in reducing wait times for service admission and yet the potential for significant problems has been identified – the lack of mental health certified clinicians. Because the clinician scheduled for most assessments is one of only three full-time clinicians certified to work with mental health issues and the other two clinicians serve other time in satellite offices, there have been occasions for quick rescheduling to meet the mental health needs of consumers. That said, as this outcome relates to the AOD consumer, agency practices leave ample opportunities for swift admission into AOD treatment and the dual disorder dilemma has been dealt with by first addressing the AOD issues of the consumer and then referring in-house to one of the mental health certified clinicians as schedules permit.

Your Human Resource Center: State Fiscal Year 2011										
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)

Substance Abusing Mentally Ill

Core program elements. 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.

Delivery strategy. 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. Appropriateness for outpatient level of care is confirmed per application of Levels of Care criteria per the American Society of Addictive Medicine.

A Stage of Change pre-test is also used to determine the client’s readiness for types of treatment services, and to guide treatment progress. Model elements such as substance abuse counseling, and group psycho-educational treatment are employed by the provider, while fiscal resource limitations prevents provider provision of intensive case management, group psychotherapy, medical/pharmacological, supported employment, family psycho-education, or housing/residential services – these are accomplished

through referral to outside community agencies. This includes promotion of Alcoholics and Narcotics Anonymous.

Lessons learned. 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. This will continue to be monitored throughout *SFY* 2011.