Quality Assurance Annual Report, State Fiscal Year 2006

For the period of July 1, 2005 - June 30, 2006

Your Human Resource Center
of Wayne and Holmes Counties, Ohio

Respectfully submitted,

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August 18, 2006

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NEW CLIENT ENROLLMENTS: Referral Sources

State Fiscal Year 2006:Your Human Resource Center

Referral Source	**SFY 2006**		**SFY 2005**	
	n	%	**n**	%
Self	166	**16**	133	**11**
Unknown*	26	**2**	108	**9**
Attorney	24	**2**	14	**1**
Wayne County Adult Probation	3	**<1**	N/A	**N/A**
Wayne County Municipal Court	234	**22**	387	**32**
Wayne County Municipal Court: Home Arrest	10	**1**	6	**<1**
Wayne County DJFS - Work First Training	160	**15**	188	**15**
Wayne County Common Pleas Court	32	**3**	25	**2**
Wayne County Juvenile Court	109	**10**	143	**12**
Holmes County Municipal Court	8	**1**	3	**<1**
Holmes County Juvenile Court	22	**2**	13	**1**
Holmes County Common Pleas Court	3	**<1**	2	**<1**
Holmes County Adult Probation	49	**5**	34	**3**
Ohio Adult Parole Authority	18	**2**	25	**2**
Ohio Dept. of Youth Services	0	**0**	1	**<1**
Ohio county courts outside Wayne-Holmes	32	**3**	9	**1**
Wayne County DJFS [non-Work First]	8	**1**	3	**<1**
Wayne County Children Services Board	39	**4**	31	**3**
Holmes County Job and Family Services	4	**<1**	3	**<1**
Holmes County DJFS - Children Services Unit	6	**<1**	3	**<1**
Project Stay	6	**<1**	1	**<1**
MHR Board of Wayne-Holmes Counties	2	**<1**	2	**<1**
Ohio Rehabilitation Commission	0	**0**	0	**0**
High Schools of Wayne-Holmes Counties	2	**<1**	10	**1**
Christian Children's Home of Ohio	3	**<1**	15	**1**
Physicians	14	**1**	N/A	**N/A**
STEPS	10	**1**	4	**<1**
The Counseling Center of W-H Counties	4	**<1**	5	**<1**
Employers	10	**1**	N/A	**N/A**
Source One Group	8	**1**	1	**<1**
Family	16	**2**	N/A	**N/A**
EAP	10	**1**	19	**2**
Friends	6	**<1**	N/A	**N/A**
All Other Sources	0	**0**	8	**1**
Total	**1044**	**100%**	**1219**	**100%**

The findings chart: New Client Enrollments: Referral Sources was generated from a compilation of SFY 2006 quarterly data, which was in part generated by a Crystal Reports extract of the XAKTsoft database for respective quarterly periods as well as manual count of enrollment Initial Contact Forms. Accuracy of the Crystal Reports extract is known to be adversely affected by data entry errors/omissions which are in the process of correction at the time of this annual report.

The findings reflect duplication compared to XAKTsoft demographic reports totaling 1003 annual enrollments for SFY 2006 rather than 1044. A corrected Crystal Reports extract will be completed at a later time upon data entry correction, re-tested for reliability, and re-issued as a corrected SFY 2006 New Client Enrollments: Referral Sources chart.

The 1003 new clients enrolled in SFY 2006 is a decline of 216 new clients as enrolled in SFY 2005 – a decrease of 18% from the SFY 2005 total. Given the chart's findings qualifications, and based on the chart data, the majority of the enrollment decrease in SFY 2006 can be attributed to fewer referrals from Wayne County Municipal Court, which referred 153 fewer clients (71% of the total referral decrease for SFY 2006).

The relative percentage of total enrollment referrals from the Wayne County Municipal Court decreased from 32% in SFY 2005 to 22% in SFY 2006.

A reduction in relative percentage of enrollment referrals also occurred for Wayne County Juvenile Court which decreased from 12% to 10% in SFY 2006 as it referred 34 fewer clients than the previous fiscal year.

Referrals from Christian Children's Home of Ohio decreased to less than 1% and by 12 fewer clients than the prior year.

There were also increases in SFY 2006 as self - referrals increased by 5% and 33 clients, attorney referrals increased by 10 clients and 1%, Wayne County Common Pleas Court increased 1% and by 7 clients, and increases were also evident for Holmes County Juvenile and Municipal Courts, and Holmes County Adult Probation.

Ohio county courts outside of Wayne and Holmes Counties exhibited an increase of 2% and 23 clients in SFY 2006.

Referrals credited to the "Unknown" category decreased from 9% to 2%, and by 92 clients, thus somewhat relatively strengthening findings generalizability compared to the findings of SFY 2005.

Referral and enrollment data will continue to be refined and improved for frequent monitoring during SFY 2007, corrections in data entry and improvements to reliability of the entry process will be pursued to improved data entry accuracy.

Incomplete Enrollments

During SFY 2006, clients referred by a variety of sources to the agency who made an initial contact failed to complete enrollment at their initial appointment, often failing to enroll until much later in the quarter, and some never enrolled.

Clients in this category – referenced as "incomplete enrollments" – totaled 183 for SFY 2006, an average of 46 clients per quarter.

The Wooster site intake clinician and Quality Assurance Specialist jointly conduct a monthly follow-up process to contact these incomplete enrollment clients to promote subsequent enrollment either at Your Human Resource Center or with another treatment provider. Additionally, this population is analyzed for characteristics and trends to identify opportunities for reduction in frequency, and to improve initial appointment completion.

Children Services Board Urinalysis Screens

During SFY 2006, YHRC performed a total of 706 urinalysis screens for clients (duplicated) referred by Wayne County Children Services Board (WCCSB) and Holmes County Department of Job and Family Services – Children Services Unit (HCDJFS-CSU).

For WCCSB the respective subtotal was 692 and for HCDJFS-CSU it was 14.

These urinalysis screens are not considered as client enrollments.

New Client Enrollments With 131/Indigent Driver Status

Based upon a review of annual New Enrollment Initial Client Contact Forms [Goodwill/Work First Training Program's annual referrals excluded as those clients are not enrolled using Initial Contact Forms] there were 123 new enrollees in SFY 2006 due to either a 1st DUI (Driving Under Intoxication) or 2nd - or – DUI status.

Access To Services

For SFY 2006, analysis of routine Initial Client Contacts (Enrollments) was conducted on a quarterly basis - these represent approximately 90% of all new outpatient enrollees for SFY 2006 (new enrollees seen at Goodwill/Work First Training Program are not included in this analysis).

For these routine [non-crisis] contacts, the respective days elapsed – from the date the client initially contacted the agency to the date of the first appointment offered – were calculated for determining the average (mean) service admission interval (in days).

Accordingly, the Mean Service Admission Interval (average elapsed time in days between the client's initial contact and first appointment offered) for new, routine client enrollments' in SFY 2006 was a mean of 5.3 days.

The mean interval was 4.6 days in the 4th Quarter, 5.2 days in the 3rd Quarter, 5.6 days in the 2nd Quarter , and 5.7 days in the 1st Quarter of SFY 2006. For SFY 2005 it was 7.6 days in the 4th Quarter, 8.1 days in the 3rd Quarter, 9.9 days in the 2nd Quarter and 9.5 days in the 1st Quarter.

This continuing, consecutive-quarter downward trend through the fiscal year for client access to the first appointment is very positive and desirable.

The significant reduction sustained over the last year continues to support the value of an initiative in the Wooster office of centralizing scheduling of new clients' Diagnostic Assessments with one clinician. The Wooster office effort has continued to reduce enrollment access time for the organization as a whole given its salient role in total enrollment – this protocol will continue.

Best practice research supports that prompt initial appointment scheduling (access) – within 24 to 48 hours after first contact – minimizes first appointment no-show rates.

Efforts will continue in SFY 2007 to monitor all routine, new client enrollment admission intervals to identify opportunities for continued reduction in this indicator. Planned

implementation of electronic same-day scheduling with the XAKTsoft system later in SFY 2007 is expected to result in an "any time" monitoring of this indicator, allowing for frequent quality reviews to improve access.

New Client Enrollment Demographics

Beginning with the onset of SFY 2006 (7/1/05) XAKTsoft software has been used for demographic, financial, and clinical reporting purposes. For SFY 2006, XAKTsoft Demographic reports:

Demographic Breakdown By Zip Code[New Clients],
Demographic Breakdown By City of Residence
Demographic Breakdown By Marital Status - New Clients
and Demographic Breakdown By Gender-New Clients

All report an annual intake of new clients at 1003.

As the respective XAKTsoft demographic reports for the fiscal year reflect identical totals, reliability of those reports is presumed to be acceptable for annual quality reporting.

It should be noted that for the same period, the XAKTsoft Clinical Report: Program Enrollments total is 1031, reflecting a reporting discrepancy whose cause is known to YHRC management, and which is intended to be remedied by XAKTsoft programmers early in SFY 2007. Given that these demographic reports underreport new enrollment by approximately 2.5 %, their totals will be used with that qualification.

Based on the referenced demographic reports, new client enrollment data for SFY 2006 reflects a decline in enrollments from 1219 in SFY 2005 to 1003 in SFY 2006, a decrease of 216 new client enrollments in the fiscal year just concluded.

The XAKTsoft report Demographic Breakdown By Marital Status – New Clients for SFY 2006 notes the "unknown" category as 49 of the 1003 total (5%), 105 (10%) reported their status as "divorced", 179 (18%) as "married", 665 (66%) as "single," and 5 (<1%) as "widowed".

These proportions are consistent with historical admissions data as reflected in past XAKTsoft reports for previous quarters of 2006, and CSM reports for SFY 2005.

The gender distribution of the 1003 new client admissions in the fiscal year per the XAKTsoft report Demographic Breakdown By Gender - New Clients presents that 616 (61%) male, 383 (38%) female. The 1.6:1 male to female ratio is consistent with historical reporting regarding new client gender distribution.

For the 1003 new clients enrolled in SFY 2006, the XAKTsoft report Demographic Breakdown By Age Group reveals the following age demarcations:

Age Range of New Enrollments: SFY 2006

Age Range	**n**	**%**
Under 5	4	**<1**
5-10	9	**1**
11-17	143	**14**
18-20	148	**15**
21-34	390	**39**
35-54	279	**28**
55-59	23	**2**
60+	5	**<1**
Unknown	2	**<1**
Total (N)	**1003**	**100%**

These age proportions are historically typical for new client enrollment.

For the 1003 new clients in SFY 2006, the XAKTsoft report Demographic Breakdown By Race reveals: 965 (96%) were White, 4 (. 3%) Hispanic, 27 (3%) Black, 1 Asian (. 1 %), 1 (. 1%) Native American, and 5 (. 5%) were Unknown. These racial proportions are historically typical for new clients, and reflect the very low proportions of minorities within the general population of Wayne and Holmes Counties.

For new clients enrolled in SFY 2006, the XAKTsoft report Demographic Breakdown By Income Group reveals the following income demarcations for the 1003 new enrollees:

Income of New Client Enrollment: SFY 2006

n	**%**	**Declared income**
466	44%	less than $5000
83	8%	$5000 – $9999
84	8%	$10,000 – $14,999
83	8%	$15,000 – $19,999
107	11%	$20,000 – $29,999
66	7%	$30,000 – $39,999
26	3%	$40,000 – $49,999
88	9%	$50,000+
1003 (N)	**100%**	

New Client Enrollment : Client Residence Location
State Fiscal Year 2006
Your Human Resource Center

Location	SFY 2006		SFY 2005	
	n	%	n	%
Wooster	387	**39**	493	**40**
Millersburg	87	**9**	93	**8**
Rittman	74	**7**	98	**8**
Orrville	108	**11**	138	**11**
West Salem	29	**3**	40	**3**
In Ohio, but outside of Wayne/Holmes Counties	49	**5**	40	**3**
Outside of Ohio	0	**0**	3	**<1**
Apple Creek	26	**3**	20	**2**
Baltic	2	**<1**	1	**<1**
Berlin	3	**<1**	3	**<1**
Big Prairie	12	**1**	13	**1**
Burbank	8	**1**	7	**1**
Creston	23	**2**	40	**3**
Dalton	17	**2**	21	**2**
Doylestown	39	**4**	44	**4**
Fredericksburg	8	**1**	10	**1**
Glenmont	15	**1**	6	**<1**
Holmesville	11	**1**	5	**<1**
Jeromesville	0	**0**	1	**<1**
Kidron	2	**<1**	0	**0**
Killbuck	32	**3**	29	**2**
Lakeville	15	**1**	11	**1**
Loudonville	5	**<1**	3	**<1**
Marshallville	17	**2**	14	**1**
Nashville	2	**<1**	3	**<1**
Shreve	21	**2**	43	**4**
Smithville	9	**1**	20	**2**
Sterling	9	**1**	16	**1**
Wilmot	0	**0**	0	**0**
Walnut Creek	0	**0**	3	**<1**
TOTAL	**1003**	**100%**	**1219**	**100%**

The data of New Client Enrollment: Client Residence Location is derived from the XAKTsoft Demographics report Demographic Breakdown By City of Residence for the time period of 7/1/05 to 6/30/06.

The Demographic Breakdown By City of Residence report is believed to be reliable and representative of the data for the period parameters noted; it's "New Clients" sub-report total of

1003 agrees with the XAKTsoft report: Demographic Breakdown By Zip Code "New Clients" sub-report total. As previously noted, the totals of Demographic Breakdown By Gender and Demographic Breakdown By Marital Status also agree with these respective new client location of residence reports. Thus, the reliability of these respective reports are believed to be accurate for new client enrollment totals for SFY 2006.

Compared with data for State Fiscal Year 2005, the relative percentages of new client (admissions) by-residence in SFY 2006 are generally quite consistent for the major referent locations of Wooster, Millersburg, Rittman, and Orrville. Together, these four community areas accounted for 76% of all new enrollments in SFY 2006.

A significant decrease in absolute number (from 43 to 21) and relative percentage (from 4% to 2%) is noted for Shreve compared to SFY 2005. Smithville also decreased from 20 to 9 referrals in SFY 2006, and a noticeable decrease of 40 to 23 occurred for Creston. Rittman decreased in the number of new enrollments from 98 to 74 in SFY 2006.

The largest decrease in absolute numbers was for Wooster which declined from 493 in SFY 2005 to 387 in SFY 2006 – a decline of 22% over SFY 2005. The Wooster decline is responsible for 49% of the total decrease in YHRC new enrollments for SFY 2006 as compared to SFY 2005.

The Rittman decline (from 98 to 74) is responsible for an additional 10% of the total SFY 2006 decrease in new enrollments, and the Orrville decline (138 to 108) represents an additional 14% of the total SFY 2006 new enrollment reduction.

The more rural areas of Apple Creek, Big Prairie, Glenmont, Holmesville, Killbuck, and Lakeville maintained or increased their respective absolute number of referrals during SFY 2006, as did the counties outside the Wayne-Holmes catchment area.

UTILIZATION REVIEW

A total of 340 records were reviewed in State Fiscal Year 2006 by the Utilization Review Committee; this service review activity was comprised of 95 admission, 126 continued stay, and 119 termination record reviews.

For the 340 records, 42 deficiencies were identified for the three respective review types; this finding results in an Overall Service Utilization Compliance Rating of 88%, which is just slightly below the agency's established goal of 90% compliance within organization's Quality Assurance Plan.

Nevertheless, this annual finding indicates that the agency is doing a satisfactory job of determining the appropriateness and necessity of client need for admission, continued stay, and termination of services - the majority of total annual record deficiencies [25 of 42, or 60%] were in the continued stay review category, although after aggressive case closure action initiated in the 3rd Quarter, these were reduced from 17 in the first two quarters to just 8 in the last two quarters of the fiscal year (the vast majority of these continued stay deficiencies were due to cases overdue for closure).

For the 10 deficiencies in the Admission category during the year, nine (9) citations were due to review item #2 where the Diagnostic Assessment was either missing from the record or incomplete, and one (1) citation was for review items #5 and #9.

For SFY 2006, there were four (4) deficiencies found for termination of services reviews: 2 of these records were cited for deficiencies in service review item #8, 1 record was cited for review items #1-8, and 1 record had citations for review items #3, 4, and 7.

Of the 340 records examined, 235 involved adult consumers and 97 involved child consumers. Of the 340 consumer records reviewed, 162 presented substance abuse problems, 136 presented only mental health problems, and 37 presented with both substance abuse and mental health problems.

Management, Quality Assurance and the Utilization Review Committee believe the current sampling methodology is producing reliable data results representative of agency practice. Given that annual admissions were 1003 clients in SFY 2006, the committee sampled 9.5 % of all annual admissions in SFY 2006.

The Utilization Review Committee sampled 119 service terminations during the fiscal year; this sample represents 13% of the 937 total terminations completed by staff in SFY 2006. The findings as represented by this sample are believed to represent typical, reliable data for agency termination utilization. [Note: This sample includes records where the client prematurely ended treatment before treatment was completed]

For these 119 record termination reviews, 91 involved adult clients and 28 involved children. For These 119 records, stability of housing information was recorded within the file for 88 clients, 87 of the 88 (99%) had stable housing at the time of termination. For these same 119 records, 73 contained information recorded regarding client employment at the time of termination, and 61of 73 (84%) were employed at termination.

For these same 119 terminations, 88 of 119 (74%) had Level of Care status at termination (Level of Care status applies only to substance abuse clients and not to terminations of mental health only status clients). Of these 88 substance abuse records reviewed, 32 of 88 (36%) had reduced levels of care, 42 of 88 (48%) were unchanged, and 14 of 88 (16%) had increased their level of care at termination.

For SFY 2007, employment, housing, and Level Of Care status at termination will continue to be monitored per a termination review sample size equal to the SFY 2006 sample.

Based on the 119 termination records reviewed in SFY 2006, the mean Length of Stay in treatment was determined to be 4 months/18 days, and the mean percentage of treatment goals accomplished was 66% - as noted, this sample includes clients who left treatment prematurely.

COMPLETENESS OF RECORD REVIEW

During SFY 2006, a total of 636 client records were examined under the Completion of Record Review; 407 of these records were for termination of services and 239 were for admission to services. For the 636 total records reviewed, 571 were free of deficiencies, for an annual Overall Compliance Rate of 90 %.

It should be noted that deficiencies in the 1st Quarter were inordinately atypical due to a new employee and a graduate student orienting to record maintenance requirements – that quarter reflected 41 of the 65 (63%) deficiencies of the annual Completion of Record Review.

The remainder of the fiscal year exhibited a lower deficiency frequency (compliance rate was 94% for the 2nd- 4th Quarter period) which is a more accurate reflection of typical annual performance.

Of the 636 total records involved in the review, 178 (28%) involved clients with mental health problems, 408 (64%) with alcohol or other substance abuse, and 60 (9%) clients held a dual diagnosis (both mental health and alcohol/substance abuse).

Of the 636 total records reviewed, 132 (21%) were children and 514 (81%) were adults.

While 65 of the 636 records reviewed presented deficiencies, service admissions records (38 deficient of 239 records – 16% error rate for the service-type category) accounted for a higher percentage of deficiencies than did service terminations (27 deficient of 407 records – 7% error rate for the service-type category).

Accordingly, management has and will continue to identify methods for clinicians to reduce the error rate within service admission records.

The specific review items resulting in deficiencies for Admission records reviewed were:
Review Item # 2 (11x); # 5 (6x); # 6 (1x); #9 (6x); and Review item #10 (15x)

The specific service review items resulting in deficiencies for Termination records reviewed were:
Review Item #13 (5X); #14 (9x); #15 (2x); #16 (3x); #17 (4x); #18 (4x); and Review Item #19 (1x).

In July, 2005 the agency adopted a stratified random sampling procedure for Completion of Record Review record selection which will continue to be utilized in SFY 2007 – this sampling protocol is believed to provide valid findings data representative of all agency admission and termination record activity.

PEER REVIEW

The agency's Peer Review Committee reviewed a total of 157 records in SFY 2006 to assure that services delivered were clinically pertinent and appropriate. Accordingly, each record was reviewed regarding the services provided for (a) the intake/diagnostic assessment, (b) counseling, and (c) client transfer and interagency referral.

Of the 157 records reviewed, 123 were found to be compliant, and 34 were found to be deficient; this results in an annual Overall Peer Review Compliance Rate of 78%.

While the YHRC Quality Assurance Plan does not identify a specific overall compliance rate, the plan does indicate that "The criteria for acceptable peer review will be less than a 20% yearly deficiency rate on an item contained on the peer review worksheet."

Accordingly, one can infer that an 80% overall compliance rate is applicable to any given quarterly review. Accordingly, the annual findings of 78% are slightly below the agency's implicit 80% standard.

Of the 157 records reviewed, 76 reflected clients with substance abuse status, 58 records reflected clients with mental health status, and 23 records reflected clients who had a dual diagnosis status (both mental health and substance abuse diagnoses). For the 157 records, 56 were child clients, and 101 were adult clients.

For the 34 records reflecting deficiencies, 24 deficiencies were cited in the Diagnostic Service Review category – these specific service review items cited (#) and their frequency (x) were: Review item #1 (4x), #2 (2x); #3 (2x); #4 (1x); #5(2x); # 6(1x); #7 (1x); #8 (1x); #9 (4x); #10 (1x); #11(1x) #12 (2x); and Review Item # 15 (9x) [total exceeds 24 as some records had multiple deficiency citations]

An additional 10 records were cited for deficiencies were cited in the Counseling Service Review category – these specific service review items cited (#) and their frequency (x) were: Review item # 1 (4x); #2 (4x); #3 (3x); #4 (4x); #5 (2x); #6 (3x); #7 (1x); #8 (2x); #9 (1x); #10/11/12 (1x); and review #15 (2x) [total exceeds 10 as some records had multiple deficiency citations].

Per policy, any one review item which accounts for 20% or more Peer Review deficiencies for the fiscal year is to trigger a focus review per the agency's Quality Assurance Plan – with the exception of Diagnostic Service Review Item # 15 – development/presence of a Transition Plan in the record – there is no one review item responsible for 20% or more of the total Peer Review deficiencies for State Fiscal Year 2006. Additional training of clinical staff as a result of quarterly reviews addressed/resolved issues with Transition Plan development during SFY 2006.

Peer Review and Quality Assurance will continue to utilize a time frame per policy that deficiencies are corrected by staff within three days after Peer Review notification. Specific review criteria linked to deficiency trends will continue to be monitored quarterly to identify those which meet/exceed 20% of the total for the quarter.

MAJOR UNUSUAL INCIDENTS

During State Fiscal Year 20065, no Major Unusual Incidents (MUI) occurred as defined by Ohio Department of Alcohol and Drug Abuse Services (ODADAS) per rule 3793:2-1-04 (F) of the Ohio Administrative Code (OAC) or as defined by the Ohio Department of Mental Health (ODMH) per rule 5122-14-01 (C) (27) OAC [“reportable incidents”].

WAITING LIST MANAGEMENT ACTIVITY

Consistent with 3793:2-1-04 (d) (8) of the Ohio Revised Code, the agency is required to report on whether or not any of its programs experienced a waiting list for each quarter of the fiscal year. Accordingly, the following Waiting List report summarizes for State Fiscal Year 2005:

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

Summary– Corrective Actions – Follow Up – Recommendations

Note that questions #8 and #9 are not applicable as no waiting list existed.

CLIENT GRIEVANCES

There were no client grievances filed with the agency in State Fiscal Year 2006

RISK MANAGEMENT ACTIVITY

The agency Management Team reviews any significant risk management issue(s) at its weekly meeting. For State Fiscal Year 2006, annual service contracts and grants enjoyed stability and productivity. Quarterly service goals were generally met, and operating funds were sufficient as budgeted.

The major risk management issue which persisted through State Fiscal Year 2006 was resolution of approximately $67,000.00 in missing cash deposits as initially identified per audit in late January, 2004. As noted in previous quarterly reporting, these missing funds were believed to have been removed by a former employee over the period of 1999-2003. As recommended by risk consultants, a referral was made to prosecutorial authorities, and a criminal trial concluded in May, 2005 with an acquittal.

Attempts continue with the State of Ohio Insurance Board to obtain a payoff from Philadelphia Indemnity Insurance Company. Additional agency controls applied to cash receipts and deposits protocols, as recommended by risk consultants, have further strengthened integrity of current deposits. There has been no reoccurrence of theft.
The agency is insured against fraudulent loss; reimbursement from insurers to date has totaled $17,000.00 and this is likely the limit of recovery. The non-reimbursable portion does not constitute a risk to the agency's financial solvency or SFY 2007 services.
For SFY 2006, risk management consultants and management suggested adjustments in the agency's prospective employee background check protocol, staff training, documentation of training, release of liability for medical care, transport of FIAT clients, and incident reporting by staff. These have been implemented in large part. An issue for SFY 2007 will be maintenance and increases in new referrals, notably from Wayne County Municipal Court, as the Court is considering providing its own form of psycho-educational group services using Court staff for Court clients currently referred to YHRC.

PHYSICAL PLANT AND SAFETY REVIEW

Fire/Tornado Evacuation Drills

Quarterly fire/tornado drills are required to be conducted at the four (4) agency sites; of 16 required quarterly fire/tornado drills, 15 (94%) were completed on a timely basis during State Fiscal Year 2006. There were no significant problems noted with the respective evacuations, and all drills accomplished exit of staff/clients in very sufficient time relative to a real-world scenario. During State Fiscal Year 2007, agency staff will also conduct bomb drills and hazardous waste spill drills per CARF accreditation requirements. Meeting a goal of 100% compliance is consistent with the agency Quality Assurance Plan.

Safety Inspection
A documented safety inspection is required monthly of each office site per the agency's Quality Assurance plan. This inspection documents and monitors the condition of smoke detectors, annual fire inspection status; availability/condition of first aid kits, fire extinguishers, electrical equipment, exit lights, infection control, environmental hazards, etc. to assure a safe environment for clients and staff.
During State Fiscal Year 2006, a monthly safety inspection was required of each of the four (4) office sites; 48 of 48 (100%) of required inspections took place on a timely basis. Quality Assurance and the agency Physical Plant and Safety Committee used a revised inspection form and personnel designation in SFY 2006 to regularly document monthly inspections at the beginning of the fiscal year, resulting in 100% compliance with requirements in this area.

CLIENT SATISFACTION SURVEYS

During State Fiscal Year 2006 client satisfaction surveys were distributed in the 1st, 2nd, 3rd, and 4th Quarters. A total of 295 clients were surveyed in the four quarterly surveys.

For the 204 total clients participating in the combined Form Two surveys [three or more service visits] 177 of 203 who responded (87%) rated the "Overall Quality of Care and Service" [item "m"] of YHRC as between "Very Good – Excellent".

For the Form Two item "Would you or family members return to YHRC if treatment was needed in the future?" [item "k"] 59 of 79 clients (75%) of the Exit Interview [terminating services] rated as "Very Good – Excellent" their preference to return to YHRC.

In rating their response to the question: "Would you refer others to YHRC?" [item "j"], 60 of 79 (76%) of these same Form Two exit clients rated this prospect as "Very Good – Excellent."

Form Two Exit Clients viewed the value and quality of service through the question of "How well do you feel your counseling needs are being met?" [item "g"] and 67 of 79 (85%) rated their response as "Very Good – Excellent."

For those 91 clients responding to the Form One survey [two or less service visits], item #10 asked "Were there any problems in getting services?" and 86 of 89 responding (97%) responded "No".

For item # 2: "How would you rate the way you were greeted by staff the first time you called?" 77 of 91 (85%) rated their response in the "Very Good – Excellent" range. And, in response to the question of item #3: "How would you rate how fast you were able to set up your first appointment?" 79 of 91 (82%) answered in the "Very Good – Excellent" range.

For item # 4: "How would you rate being able to get an appointment that fit your schedule?" 75 of 91 (82%) responding rated this issue in the "Very Good – Excellent" range.

For the 267 clients from both the Form One and Form Two surveys responding to the item: “Are you satisfied that your service providers were culturally aware and/or competent?” [item #12 and item “o”, respectively], 277 (96%) responded “Yes”.

In regard to computer access and usage, 164 of 284 (58%) of the combined Form One and Form Two clients surveyed responded that they have weekly access to a computer, and 164 of 281 (58%) of these same Form One and Form Two respondents indicated they use the Internet.

These survey results indicate that YHRC continues to provide a very high quality of service as perceived by clients – many of whom are involuntary referrals – impressing the majority to the extent that they are positive in endorsing referral of others to the agency, and they/family members will return for service if needing it in the future.

Service delivery continues to be perceived as accessible, timely, convenient to their schedule, clinically effective and culturally competent. The Internet plays an increasing role in client lives as skills and use of this media have become a predominant trait of the population served.

ANNUAL REFERRAL SOURCE SATISFACTION SURVEY

A Referral Source Satisfaction Survey is conducted on an annual basis and is typically administered in the Fourth Quarter of the state fiscal year.

Accordingly, this survey was distributed on June 2, 2006 per postal service mail to 59 referral primary sources - the majority of responses were received by the established return date of June 13, 2006, however, final tabulation of returned surveys did not commence until June 19th to assure inclusion of several late-returned surveys.

The following chart presents the survey data, and the accompanying Findings and Analysis provides interpretive conclusions and recommendations.

Referral Source Satisfaction Survey:
State Fiscal Year 2006

Your Human Resource Center

n = 27

Item # (abridged)	Responses						Total			
	Yes	No	N/A							
1. Were Referrals made?	**22**	**1**					**23**			
2.Quantity	Number of Annual Referrals by Respondents									**Mean**
	0	1-3	4-7	8-10	11+	N/A				
	1	**2**	**2**	**4**	**9**	**5**				**8-10 referrals**
3. Ease of referral process (1= Difficult through 5= Easy)	Difficult 1	2	Half-and Half 3	4	Easy 5	N/A				**Mean**
			1	6	12	4				**4.6**
4.Receipt of service materials when requested	Yes	No	N/A					% Yes Possible	**% Yes Achieved**	
	16		7					100%	**100%**	
5.Client seen timely	21		2					100%	**100%**	
6.Timely receipt of client progress	19	1	3					100%	**95%**	
7.Reports were adequate and relevant	18	3	2					100%	**86%**	
	Yes	No	N/A					% No Possible	**% No Achieved**	
8. Client problems with process	1	19	3					100%	**95%**	
9. Recom-mendations	1	20	2					100%	**95%**	

Findings and Analysis

The enclosed table enumerates the Findings for the State Fiscal Year 2006 Referral Source Satisfaction Survey for Your Human Resource Center. This survey was distributed on June 2, 2006 to 59 referral sources in Wayne, Holmes, and several contiguous counties.

Twenty – three (23), or 39% of the surveys were returned, and this relatively high return rate for a mail survey contributes toward a strong generalizabilty of the results to all referral sources.

It is believed that respondents from the community sectors who represent the majority of organization referrals to Your Human Resource Center (YHRC) e.g. municipal and juvenile court staffs, judges, and other social service agencies predominated in the return responses. For the 17 respondents answering who indicated that their organization had made referrals, the mean referral number was 8-10 referrals annually (see Item #2 on chart). Accordingly, the respondents' history is more likely to be typical for interaction with YHRC services than if respondents were limited to making only one or two referrals annually.

Respondents found the referral process for YHRC to be straightforward and without difficulty; the mean rating of respondents regarding the referral process (Item # 3) was a 4.6 out of 5 (the range of ratings extended from a rating of 5 = "Easy" to a rating of 1= "Difficult".

As in State Fiscal Years 2004 and 2005, there continued to be very strong support among respondents in SFY 2006 that YHRC was responsive to requests for program services information when requested (Item # 4) and that referred clients were seen in a timely manner (item # 5). Both items #3 and #4 achieved a respective 100% positive rating in SFY 2006 (these same two items received a 100% rating in SFY 2005 and were rated at 97% in SFY 2004).

Respondent receipt of timely client assessment and/or progress reports (item # 6) was awarded a very high, positive rating of 95%, and 86% of respondents felt that reports furnished by YHRC staff were relevant and adequate for the referral sources needs (see rating for item # 7 on chart).

Items # 8 and # 9 asked respondents as to whether their clients experienced any problems in obtaining services at YHRC (item # 8) and if the respective respondent had any recommendations for improving the quality or coordination of YHRC services (item # 9). Respondents stated "No" to item # 8 at a 95% level; and for item # 9 respondents stated "No" at a 95% level.

Comments received include the following:

"I deal with Millersburg YHRC office and the staff are the best I've ever dealt with in my 22 years of experience. Keep up the good work" "Excellent service…always timely feedback…very comprehensive reports. Keep up the good work – you are a great community resource and are making a difference in Wayne and Holmes counties"

Suggestions for improving YHRC services include the following:

"Delay [in receipt of Diagnostic Assessments] due to client's failure to pay the bill is sometimes frustrating." (item #6)
"Some people [consumers] said they had difficulty finding the number in the telephone book, but it seems pretty clear to the rest of us[referring staff]"
"[The reports received] usually require more information" (item #7)
"[Some] reports are "late or incomplete…attendance sheets re not acceptable" in lieu of reports advising the Court whether the Court should "award [previously revoked] driving privileges." (item #6 and #9, per a local judge)

All suggestions for improvement have been reviewed, a meeting with a local judge was convened to address and resolve the discrepancies noted.

Clinical management continues to review current practice on an ongoing basis throughout the year to assure report consistency among clinical staff. Opportunities to improve consistency are pursued when identified.

REFERRAL SOURCE QUESTIONNAIRE

Your Human Resource Center of Wayne and Holmes Counties is committed to providing effective and efficient services to residents of Wayne and Holmes Counties. In order to determine if the agency is achieving its goals, it is vital that feedback from clients, referral sources, and other entities be obtained to help us monitor and evaluate how well we are doing. Please take a few minutes to complete the enclosed questionnaire and return it in the envelope provided. Thank you.

1. Did you or your agency make referrals to YOUR HUMAN RESOURCE CENTER since 7-1-05 ?

    YES _____ NO _____

2. In the past ten months, approximately how many referrals have you or your agency made to Your Human Resource Center?

    Number of Referrals ____________

3. Please rate the ease of making referrals to YOUR HUMAN RESOURCE CENTER.

    Difficult Half and Half Easy

    1 2 3 4 5

4. If requested, did you receive general program information?

    YES _____ NO _____ NA___

5. Were referred clients seen in a timely manner?

    YES _____ NO _____
    Comments:
    ____
    ____

6. Did you request and receive reports concerning clients' assessment and/or treatment progress in a timely manner?
    YES _____ NO _____

    Comments: ______________________________________

Please continue to page 2

7. Did the reports provide adequate and relevant information?

YES _____ NO _____

Comments: ____
____

8. Did the individuals you referred report any problems in obtaining services at YOUR HUMAN RESOURCE CENTER?

YES _____ NO _____

Comments: ____
____

9. Do you have any specific recommendations for improving the quality of service or coordination of services?

YES _____ NO _____

Comments:
____
____
____

Would you like to meet and discuss any concerns or recommendations?

YES _____ NO _____

If yes: Name ____

Telephone Number ____

Other Comments or Recommendations:
____
____
____

Thank you for your cooperation and assistance in our agency evaluation process.

Rev: 6.06/SFY05/YHRC/QA

Employee Satisfaction Survey: State Fiscal Year 2006

Your Human Resource Center

Findings Summary

n = 29 employees responding out of 34 (N)

Items	Responses						
	Always	Most of Time	Half of Time	Less than Half of the time	Never	Blank	**Mean**
	5	**4**	**3**	**2**	**1**	**0**	
1. I feel reasonably secure in my job.	12	9	6	1	1		**4.0**
2. I feel physically safe at my work site.	21	4	2	1	1		**4.5**
3. I am usually enthusiastic about my work.	11	15	3				**4.3**
4. On the whole, YHRC is a good place to work.	14	12	3				**4.4**
5. I enjoy the tasks I have to perform in my job.	10	18	1				**4.3**
6. I usually feel a sense of accomplishment in my job.	8	20	1				**4.2**
7. My supervisor provides clear direction, is supportive, and provides sufficient feedback about my job performance	11	12	4	1	1		**4.1**
8. Staff are helpful and support of each other.	13	13	3				**4.3**
9. I am satisfied with the way that I am supervised.	11	13	3		1	1	**4.2**
10. Staff members are encouraged to enhance their skills.	14	11	2	1	1		**4.2**
11. I have sufficient input into decisions that affect my job.	5	13	7	3	1		**3.6**
12. The administration works toward creating cooperation within the agency.	8	14	4	2	1		**3.9**
13. I am usually informed of any changes in the organization that affect my work.	5	13	9	1	1		**3.7**
14. The overall goals and objectives of this organization are communicated to the staff.	7	13	7	2			**3.9**
15. The administration acts in a timely manner to implement improvements in work procedures.	7	15	6	1			**4.0**
16. The lines of authority are clear.	9	11	5	2	2		**3.8**
17. My work tasks are clearly defined.	9	13	4	1		2	**4.1**
Total [all responses ranked = 493]	**175**	**219**	**70**	**16**	**10**	**3**	
Percent (%) of Total ranked items	**35%**	**44%**	**14%**	**3%**	**2%**	**1%**	

Responses to Qualitative Items

18. **The thing I like most about working at YHRC:**

"friendly and Supportive Staff" etc. [15 responses]
"I enjoy the work I am assigned"
"Flexibility of work schedule; independence" etc. [4 responses]
"I enjoy the work I am assigned"
"Feeling valued most of the time"
" The clients"
" Staff professionalism and strong work ethic"
"Generous time off and decent pay"
" Atmosphere is friendly, enjoy working with YHRC staff, work is rewarding!

---

19. **The thing I like least about working at YHRC**:

" Being taken off my regular job to do someone else's – putting my job behind or on the back burner"
"Having to fill in for transportation of clients as it cuts into my work schedule to do/finish reports"
" No input [job?] and distrusting attitude"
" Pay scale was low – other Transition Program staff were hired in and paid $4000.00 more than I because they were employed by Tri-County; after 6 years , I made less than new hires"
"Low pay, marginal health insurance"
"Base salary scale is out of date – master-level clinicians with 10-20 years of experience should be receiving $45K or more annually" ; "I'll never be a millionaire"
"Mileage reimbursement/pay raises are too low"
"Client drug screens"; "screens"
"At times, the manner in which [some] staff members place themselves above others"
"People [staff] causing trouble and making the work environment uncomfortable for others for no apparent reason (maybe self-gratification?)"
"The drama that some people bring to work , and some staff make mountains out of molehills"
"Tension between front office staff and clinical staff – people need to work as a team and administrative staff need to encourage that"
"Some lack of communication"; "Lack of communication between offices"
"Productivity worksheets"; "Paper Work"
" Taking measures to communicate with certain staff. There are only a few people I cannot talk to, but a lack of communication can build barriers instead bridges. Personally, I am working to improve this as well. Communication is not always as good as it should be."

Findings and Analysis

Mean ratings on a number of survey items in the SFY 2006 Employee Satisfaction Survey were significantly changed from the respective mean ratings in the SFY 2005 survey. Some of these changes in the SFY 2006 survey may be linked to a reduced survey response rate – in SFY 2005, the return rate was 91%, and in SFY 2006 the return rate was 83%.

Survey item #2 : "I feel physically safe at my work site" received a mean rating of 4.4 in the SFY 2005 survey received an improved rating of 4.5 in SFY 2006 – in fact, this item received the highest mean rating of any item on the SFY 2006 survey.

When making comparisons of survey items for the two preceding fiscal years, one will note the general decline in mean ratings for SFY 2006 – while the mean rating improved slightly for item # 2 and stayed the same for survey item # 1 and #15, mean ratings for items # 3 – 14, and # 16 and #17 declined.

The most dramatic declines occurred for items #8, 10 – 17. Among these, the lowest rating was for item #11: "I have sufficient input into decisions that affect my job" which was rated 3.6 [rating was 4.1 in SFY 2005].

The second lowest rating of the SFY 2006 survey was for item #13: "I am usually informed of any changes in the organization that affect my work" at 3.7 [rating was 4.2 in SFY 2005].

Where item # 8 "Staff are helpful and support each other" received a rating of 4.6 in the SFY 2005 survey , the mean rating declined to 4.3 in SFY 2006.

Items # 12: "The administration works toward creating cooperation within the agency" and item # 14 "The overall goals and objectives of this organization are communicated to staff" both received a mean rating of 3.9 in the SFY 2006 survey [SFY 2005 ratings were 4.3 and 4.2, respectively].

Item # 16 : "The lines of authority are clear" was rated at 3.8 [SFY 2005 rating was 4.3].
Item # 17 "My work tasks are clearly defined was rated 4.4 in SFY 2005 but declined to a rating of 4.1 in the SFY 2006 survey.

This data will be shared with YHRC managers for use in developing an action plan in SFY 2007 to address improvements through supervisory meetings, revised communication protocols, training, consideration of quality circle implementation, etc.

STAFF DEVELOPMENT AND TRAINING

Staff development activities occurred on a monthly basis during the year. In all, there were 11 trainings convened with a total of 266 participants, including YHRC staff and staff from other organizations. The majority (10 of 11) of these trainings were formally evaluated, with a grand mean rating of 8.5 of 10 points possible. A significant number of the training provided CEUs applicable to renewal of respective professional licenses held by the attendees.