

Annual Report



SFY 2010 **Your Human Resource Center**

SFY 2010 Annual Continuous Quality Improvement Report
Your Human Resource Center of Wayne and Holmes Counties
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State Fiscal Year (SFY) 2010, Annual Report: Your Human Resource Center (YHRC)

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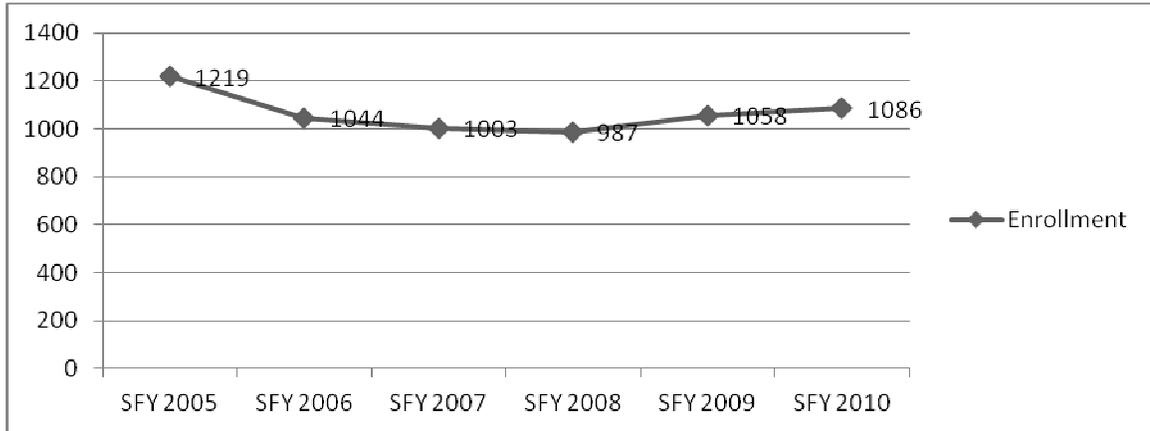
Enrollments

Table 1 – New Client Enrollments by Referral Source

Referral Source	<i>SFY 2010</i>	<i>SFY 2009</i>
	1086 (100%)	1055 (100%)
Self	15	13
Unknown*	0	1
Attorney	1	2
Wayne County Municipal Court	29	30
WCDJFS - Work First Training/Goodwill	15	11
Wayne County Common Pleas Court	7	6
Wayne County Juvenile Court	5	5
Holmes County Municipal Court	2	4
Holmes County Juvenile Court	2	2
Holmes County Common Pleas Court	0	0
Ohio Adult Parole Authority	3	3
Ohio county courts outside Wayne-Holmes	4	2
Wayne County Children Services Board	2	2
HCJFS/Children Services	4	1
County High Schools	1	0
Christian Children’s Home of Ohio	0	1
Physicians/Hospital	1	0
STEPS	1	0
The Counseling Center of W-H Counties	1	0
Employers & EAPs	2	2
Source One Group	0	0
Family & Friends	1	0
All Other Sources	8	15
Total	100%	100%

Two referral sources demonstrated significant differences from *SFY09* to *SFY10* – increased enrollments from the Wayne County Department of Job and Family Services/Goodwill Work-First Training program (increase of 4%) and a reduction of 7% from “all other sources,” indicating a pattern of concentrated referral distribution. Chart 1, below, further demonstrates the leveling-off predicted in quarterly reports throughout this fiscal year. Enrollments for *SFY10* were the highest in four years.

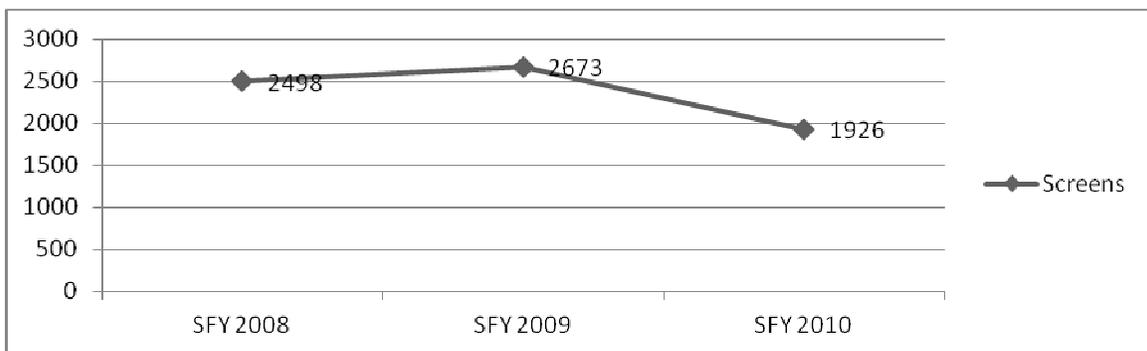
Chart 1 – Enrollment Trend by Year



Urinalysis Screening

A total of 1926 urinalysis screening tests were completed for the fiscal year, a significant decrease (-28%) from last year. Urinalysis screenings do not count as enrollments, but contribute to the total flow of clientele within the agency. Fifty-five percent of all completed screens for the year were for court-referred consumers and 38% involved one of the local Children Services units. The remainder (7%) were requested by consumers, parents, employers or other sources.

Chart 2 – Urinalysis Screenings by Year



Enrollments with Indigent Driver Status

Fifty-one (+2 increase from last fiscal year) new enrollees were admitted due to, at least in part, a 1st charge of *Driving Under the Influence* (DUI) status (36) or due to a 2nd or greater

lifetime *DUI* offense (15). Of these, 18 were deemed indigent, 16 at 100% indigency, one at 80% and one at 60%. Indigency is based on a diagnosis of Substance Dependence, being court-involved and having income falling on the agency's sliding-fee scale. Forty-one (80%) of the enrollees resided in Holmes County, two were from out of the service area (4%) and the remaining 16% were Wayne County residents. Referring courts included Wayne County Municipal (12), Holmes Municipal (8), Self (9), or other sources (out of county courts, attorneys, children services – 22). This data was sent to the Mental Health and Recovery Board to facilitate draw-down of state monies dedicated to *DUI*-related treatment. Upon investigation of this data, however, multiple sources of error have been discovered within the dataset. As such, the Quality Improvement Officer is working with the Echo Group database software administrators to identify and resolve these reporting issues. The errors are not, per se, costly, but result in significant inefficiency in hand-checking the data. This will be addressed swiftly as the new fiscal year progresses.

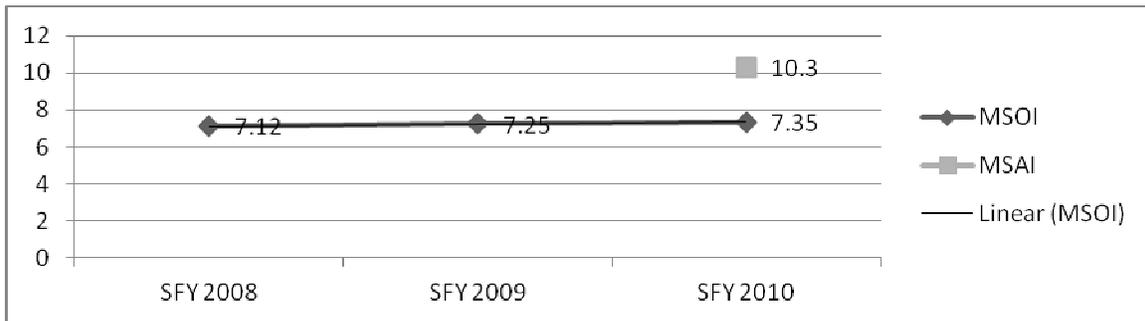
Access to Services

Best practice supports prompt initial appointment scheduling within 48 hours of the client's first agency contact. 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 the fiscal year is 7.35 days (count of days between initial contact and appointment offering), a slight deterioration over past years and higher than our self-identified standard. 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 7 days, actual attendance for admission appointments was slightly longer than 10 days for the fiscal year. This is a reflection on consumer behavior, and will continue to be monitored for utility in program planning. This analysis is one approach to investigate the impact of No-Show Rates on agency services and will continue to be monitored as fluctuations may indicate a need for altered agency schedules, availability or services.

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 1333 clients served and 1042 new enrollments in *SFY10*. Agency services reached (not including prevention services) just under 1% (.88%) of the entire service area population. With only minor fluctuations, all categories reflect stark historical consistency to previous years and quarters. However, items of note are present in each of the six categories. First, *SFY10* saw an increase of nearly 5% in Female consumers despite virtually identical total consumers served values from *SFY09* (1326 to 1333). Additionally, consumer age, which had been on a reducing trend has leveled back to

SFY09 levels with the rise nearly wholly accounted by the largest age group of consumers – ages 21 – 34.

The fiscal year also saw a doubling of the percentage of Black consumers to the agency. While there is still a vast disparity between White consumers and all other races, the percentage of Black consumers increased by 3%. According to the Ohio Department of Development, the bi-county service area maintains a Black population of approximately 1%, so this represents a potentially significant trend for our consumer base – and an aspect of service delivery planning that will be monitored and addressed in coming quarters. This influx may well be linked to mid-year consumer satisfaction ratings that fell with regard to cultural competence and may point to a need for staff development. This information will be presented to the staff development coordinator and to the Clinical Director.

There were somewhat fewer single consumers in SFY10 than in the previous year and the pattern of the last fiscal year of consumers becoming more poor held despite slight increases in the last two quarters of the year. Of particular note is that the “working poor” group (those consumers with an income, but nevertheless impoverished) saw the most growth in the fiscal year. This may be indicative of a return of jobs to the area, or be further evidence of the reduction of jobs and that impact on mental health and substance abuse issues. The vast majority of the agency’s consumers continue to have income that falls below the poverty line, but this may be an indicator of increased job opportunity in the area. This will continue to be monitored.

Finally, while the pattern of variability in Holmes County geographic residence found in the last year has leveled – spreading again outside of just Millersburg. Consumers residing in Wooster compared to Orrville and other Wayne County areas has reduced – spreading the consumer base across the county and validating agency decisions during the economic downturn

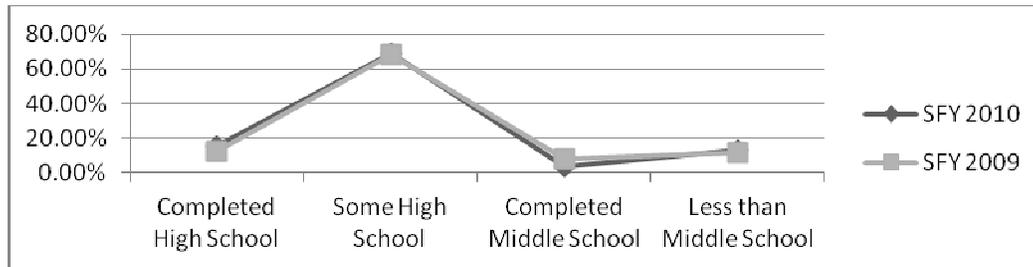
to continue operations of satellite offices. All other data and grouping remain stable. These geographic findings continue to support the agency's operation of branch offices in Rittman, Millersburg and Orrville.

Table 2 – Client and Enrollment Demographics Compared

	Total Clients	%	New Admissions	%	Enrollments SFY 2009	%
	1333		1042		1052	100
Gender						
<i>Female</i>	549	41	439	42	399	37
<i>Male</i>	773	58	598	57	648	62
<i>Missing</i>	11	1	5	0	5	1
Age (years)						
<i>0 - 5</i>	7	1	4	0	8	1
<i>6 - 9</i>	7	1	3	0	1	1
<i>10 - 17</i>	160	12	128	12	158	15
<i>18 - 20</i>	155	12	125	12	166	16
<i>21 - 34</i>	591	44	466	45	430	41
<i>35 - 54</i>	370	28	285	27	262	25
<i>55 - 59</i>	29	2	21	2	18	1
<i>60+</i>	14	1	10	1	9	1
<i>Missing</i>	0	0	0	0	0	0
Race						
<i>White</i>	1228	92	957	92	988	94
<i>Black</i>	78	6	65	6	42	3
<i>Hispanic</i>	11	1	9	1	10	1
<i>Asian</i>	5	0	5	0	2	1
<i>Other</i>	11	1	6	1	10	1
Marital Status						
<i>Single</i>	888	67	694	67	745	71
<i>Married</i>	222	17	171	16	155	15
<i>Divorced</i>	137	10	110	11	94	9
<i>Widowed</i>	5	0	3	0	2	1
<i>Other</i>	81	6	64	6	56	4
Income						
<i>< \$5000</i>	670	50	533	51	508	49
<i>\$5000 - \$9999</i>	158	12	123	12	97	9
<i>\$10K - \$14999</i>	108	8	75	7	106	10
<i>\$15 K - \$19999</i>	137	10	104	10	107	10
<i>\$20 K - \$29999</i>	122	9	92	9	106	10

\$30 K - \$39999	58	4	48	5	59	6
\$40 K - \$49000	30	2	28	3	26	2
\$50000+	50	4	39	4	43	4
Residence						
Wooster	440	33	342	33	404	38
Rittman	111	8	87	8	98	9
Orrville	209	16	173	17	141	13
Other Wayne	242	18	196	19	212	21
Millersburg	143	11	105	10	104	10
Other Holmes	148	11	112	11	72	7
Other County	38	3	27	3	21	2
Unknown	2	0	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 (85% of all clients, increase of 4% over SFY 2009), only 16% (increase of 3% over SFY 2009) have completed, or graduated, high school. Additionally, 15% (down nearly 4% from SFY 2009) of YHRC clients have no high school education experience (drop-out before high school). Compared to data from the Ohio Department of Development, agency consumers complete high school at a rate of 40% of that of the general population. Therefore, despite improvements in education as a group, the agency needs to continue to program for individuals

at the lower end of the educational spectrum in terms of readability of material, consumer access and dissemination that is understandable and supportive. This information is used by the Development Officer and Clinical Director to develop programming while responding to consumer need, including readability considerations.

Utilization Review

A total of 418 records were reviewed for the year by the Utilization Review Committee – exceeding the research standard of 10% sampling. This included review by admission (119), continued stay (150) and termination (149) record status. Of the 418 reviewed records, a total of 41 were identified as deficient. This results in an overall service utilization compliance rating of 90% - on par with the agency's compliance goal. This is 1% lower than SFY09.

Two Admission Review records were noncompliant – both for the assessment not being typed/completed. Twenty-one of the 30 deficient records documented in Continued Stay Review were so noted for missing a treatment plan because the treatment plan was out of date. Responsible clinicians were informed of the need to either terminate the case or revise/update the treatment plan. All nine Termination Review records were cited deficient for failing to include a completed Termination Summary. All clinicians cited for deficiencies were directed to complete corrective action in the respective records cited.

Table 3, below, describes the demographic and outcomes data of the Utilization Review and Termination Review subcategory records. Because the latest ODADAS level of care system has the agency only serving level 1-A consumers, tracking of decrease or increase in level of care is no longer included. Consumers referred to a higher or lower ODADAS level of care would cease to be consumers with the agency.

Table 3 – Utilization and Termination Review Demographics and Outcomes

Adult	Child	Mental Health	Substance Abuse	Dual Diagnosis
287	132	167	180	70
Termination Review Adults				
102/149		40	44	22
	Stable	Not	% Stable	
Housing	92	10	90%	
Employment	59	43	58%	
	Median	Mean		
Length of Stay	4 mos. 16 days	6 mos. 12 days*	*Over best practice-standard	
Mean % of Treatment Goals Met	73%	+2% (2009)		

Completeness of Record Review

A total of 380 records were examined through the completeness of record review process (164 for termination of services and 216 for admission to services) during SFY10. Of the reviewed records, 339 were free of deficiencies – resulting in an overall compliance rate of 89%, 1% increase from SFY09. The Completeness of Record Review sample consisted of 311 (82%) adults (18% youth) and 33% mental health, 47% substance abuse and 20% dual disorder diagnosed clients. Only review item 9 (typing of/completeness of Intake Assessment) was documented more than twice a quarter – indicating consolidation of errors based on staff intervention. For SFY11, clinical staff training and supervision will focus on the completeness of assessment forms and processes.

Peer Review

One hundred and sixty-eight records were reviewed by the Peer Review Committee in SFY10. The overall compliance rate for Peer Review was 86% - an increase of 5% over last fiscal year. Approximately 63% of the reviewed records were adult consumers (37% youth) and 39% of the records were for consumers with substance abuse/dependency diagnoses, 34% were for mental health problems and 27% were for clients with dual diagnoses. While there were only

24 deficient records, deficiencies commonly spanned more than one area with little sign of patterns of deficiency. Per policy, any review item that accounts for more than 20% of deficiencies is to trigger a focus review. No item met this criteria.

Client Rights, Grievances and Unusual Incidents

Client Grievances/Client Rights Violations

There were no client grievance and no client rights violations during the fiscal year.

Major Unusual/Reportable Incidents

There were no *Major Unusual Incidents* (MUIs), or “reportable incidents” in the fiscal year. The fifteen non-major unusual/non-reportable incidents occurring during the fiscal year did not involve any significant harm or injury to staff or clients, but did result in staff training. These non-major unusual/non-reportable incidents did not constitute an allegation of staff neglect of consumers, or verbal, physical, or sexual abuse of a consumer. These incidents were reported directly to the Mental Health and Recovery Board of Wayne and Holmes Counties.

A chronological summary of incidents for the fiscal year follows. Below that is an annual summary of unusual incidents by type.

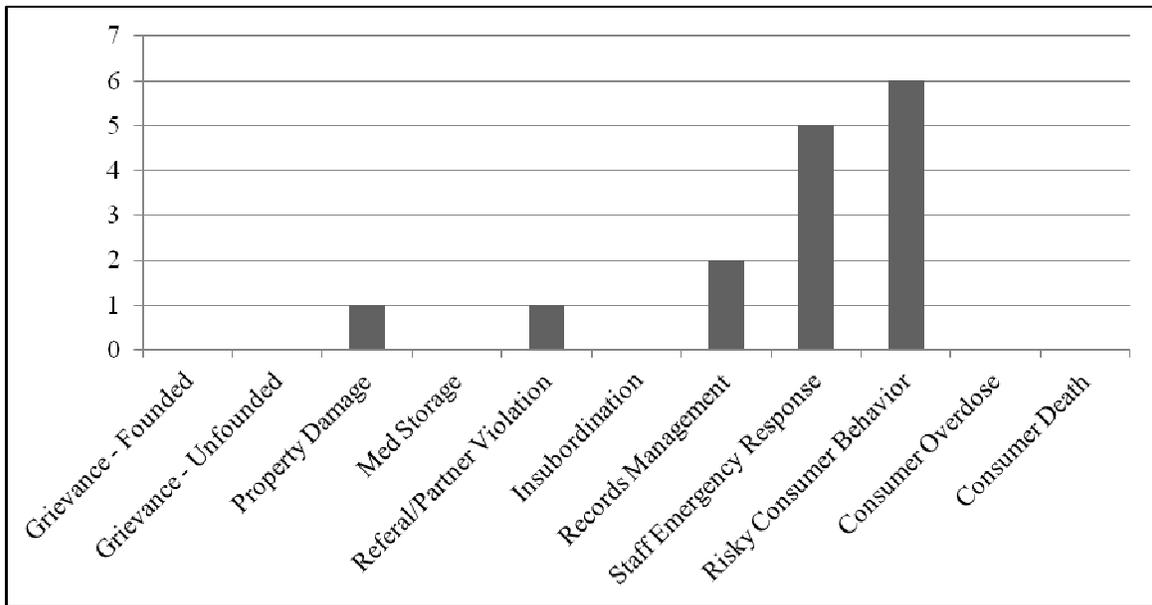
- 08/06/09 – At 6:15 PM FIAT staff (1) and consumers (4 girls) and Wayne County Juvenile Court staff (1) returning from a FIAT activity were sideswiped by another vehicle traveling on State Route 21. Police were called and insurance claims were processed. The other traveler was cited for the accident. No injuries and the consumers were returned home as swiftly as possible.
- 08/10/09 – At various times on the 10th and 11th staff assisted a consumer get admitted to a detoxification program at Glenbeigh. Glenbeigh staff had originally quoted a pick-up time that suited the consumer and then failed to provide this transportation for a full day. Agency staff coordinated communication between the hospital, consumer and the consumer’s probation officer. Client met with agency staff during the lapse to maintain relative stability and staff confirmed transportation from Glenbeigh was completed the following day.
- 10/30/09 – A report and copy of clinical assessment were sent to Wayne County Children Services Board without proper documentation (checked boxes) on the associated release

of information form. An apology letter was written to the consumer and the associated clinician will work with support staff to color-code consumer records to avoid future errors. The sent reports were retrieved from CSB on 11/02/09 and subsequently destroyed. The clinician was verbally warned about the action.

- 11/02/09 – A consumer was suspected of cheating on a urine drug screen and was confronted about concerns and that the staff member couldn't verify the specimen since the consumer did not allow the staff member to visualize him providing the sample. Consumer was given the chance to provide another sample and refused. The next observer (following day) was advised of the possibility of cheating by the consumer.
- 11/09/09 – A consumer called reporting they were at a local hotel and extremely ill and in alcohol withdrawal. Consumer was advised they needed medical care and was advised to call 9-1-1 immediately.
- 12/06/09 – A youth consumer attempted to poison their foster family by adding chemicals to spaghetti sauce. The consumer was arrested by Apple Creek Police on attempted murder charges. The consumer was released to Wayne County Children Services Board custody and moved to a different therapeutic foster home out of county.
- 12/07/09 – A staff member reported to work but was having a difficult time breathing. After calling their physician and being advised to go to the emergency room, the staff member's supervisor immediately took them to Wooster Community Hospital.
- 12/08/10 – A staff member reported hearing on local radio that a consumer had broken into someone's home and raped the resident, but that the consumer/perpetrator had been apprehended.
- 12/14/09 – A consumer in the Millersburg office vomited on the floor in the hallway. The vomit was cleaned by staff. Consumer was sent home and advised that if they are ill they should not attend sessions.
- 03/02/10 – A staff member was hit with the rear exit door while trying to exit the door with a handful of goods. The staff member fell – hitting their shoulder on the sidewalk and their head on the building wall. As the report was given seven days later, no medical care was sought. Staff advised to report in a more timely manner.
- 04/19/10 – Flyer found in lobby of Millersburg office stating "Bomb YHRC". Bomb threat procedures were reviewed at the following staff meeting.
- 05/04/10 – While leaving the front office unoccupied (Millersburg Office), the file room and storage area keys came to be missing. The doors were re-keyed and the key storage location was changed and policies for key access were reviewed.

- 05/14/10 – A client was found by Millersburg Police to have stolen keys while working in the WIA program. Doors were rekeyed and the consumer was dismissed from the WIA program.
- 06/14/10 – A client reported during an intake assessment that they had Hepatitis C and the clinician referred to the Cleveland Clinic which angered the consumer. Upon leaving, the Ohio CSWMFT Board was contacted and they advised referral was appropriate. This issue was then covered in staff training at the next staff meeting.
- 06/28/10 – A client reported to the Millersburg office in a drug-induced intoxication (18+ Ativan) and the clinician called the emergency vehicle to transport the consumer to the hospital.

Chart 5 – Summary of Unusual Incidents Reported



Waiting List Management

The following summarizes wait list activity for SFY 2010:

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. For the fiscal year, a compliance rate of 81% was the result of 21 total errors of the 108 reviewed records. 18 errors were clinical staff errors and 3 were support staff/office processing errors. Errors were corrected. This is the first fiscal year for which a fiscal audit compliance rate is presented – this will continue to be tracked in coming quarters and years.

Physical Plant and Safety Review

Fire/Tornado Evacuation Drills

Each office completed timely fire inspections (passed) during the fiscal year. All fire, tornado and bomb threat drills occurred as required.

Safety Inspection

Safety inspections were compliant all but twice - Wooster’s March inspection revealed that the fire extinguisher in the kitchen needed to be recharged and there was no inspection in Rittman in April. Policies have been reviewed about completion of inspections and found lapses have been corrected.

Removal of Client Barriers Plan

There have been no changes or identified problems with the plan after review by the Quality Improvement Officer and Executive Director during the fiscal year.

Vehicle Inspections

The agency van lease expired in April and staff use the Juvenile Court van to transport consumers to activities. There were no found safety issues with either vehicle. Safety logs for the Juvenile Court van will continue to be completed and tracked.

Table 5 – Fire and Safety Checks and Drills

Fire / Tornado Drills				Safety Plan and First Aid Kit Inspections						
Site Office	Date	Evacuation Time	Employees/Clients	Comments	Site Office	Date	Compliant/Reason	Site Office	Date	Compliant/Reason
Wooster	09/26/09	:43	8/0		Wooster	07/31/09	Yes	Rittman	07/09/09	Yes
	12/31/09	:30	5/0			08/28/09	Yes		08/27/09	Yes
	03/30/10	:40	6/0			09/30/09	Yes		09/23/09	Yes
	05/11/10		4/0	Tornado		10/30/09	Yes		10/28/09	Yes
	06/30/10	:18	3/0			11/25/09	Yes		11/30/09	Yes
	06/30/10	:20	3/0	Bomb Threat		12/31/09	Yes		12/29/09	Yes
Millersburg	07/21/09	3:00	5/10			01/28/10	Yes		01/27/10	Yes
	10/30/09	2:00	2/10			02/26/10	Yes		02/24/10	Yes
	01/19/10	4:00	4/14			03/31/10	No – Kitchen Extinguisher		03/29/10	Yes
	03/26/10	4:00	4/0	Bomb Threat		04/28/10	Yes		NO APP.	No – reviewed policy
	06/04/10	4:30	5/6	Tornado		05/28/10	Yes		05/24/10	Yes
	06/28/10	3:00	2/0			06/30/10	Yes		06/30/10	Yes
Rittman	07/09/09	:30	2/0		Millersburg	07/31/09	Yes	Orrville	07/31/09	Yes
	10/28/09	:30	2/0			08/29/09	Yes		08/28/09	Yes
	01/27/10	:35	2/0			09/23/09	Yes		09/25/09	Yes
	05/24/10	:45	2/0	Tornado		10/30/09	Yes		10/29/09	Yes
	06/28/10	:45	2/0	Bomb Threat		11/30/09	Yes		11/23/09	Yes
	06/30/10	:60	2/0			12/31/09	Yes		12/17/09	Yes
Orrville	07/31/09	:34	2/0			01/19/10	Yes		01/28/10	Yes
	12/17/09	:10	2/0			02/26/10	Yes		02/25/10	Yes
	03/25/10	:12	2/0			03/26/10	Yes		03/25/10	Yes
	04/26/10	:07	2/0	Tornado		04/30/10	Yes		04/26/10	Yes
	06/17/10	:30	2/0	Bomb Threat		05/28/10	Yes		05/27/10	Yes
	06/17/10	:10	2/0			06/28/10	Yes		06/28/10	Yes

Affirmative Action Plan

There have been no changes or identified problems with the Affirmative Action plan.

This was reviewed by the Executive Director and Quality Improvement Officer this year.

Staff Development and Training

Staff development activities occurred monthly in conjunction with the staff meeting.

Twelve staff development activities occurred in the fiscal year, including two required trainings (fire safety and blood-borne pathogens) and seven measured with evaluations. The average evaluation score for these seven trainings was 8.99/10. Following is a chronological listing of the trainings hosted in the fiscal year:

- July 7, 2009 - Fire Safety - Chief Fire Inspector for the City of Wooster, Roger Brenneman. Mr. Brenneman discussed the various types of fires and accelerants, as well as the proper type of extinguisher to use. Attendees practiced extinguishing a fire. (1 hour, no evaluation, 14 attendees)
- August 4, 2009 - Staff completed a staff development survey, which will be used to enhance the staff's education and professional development.
- September 1, 2009 - 12-Step, Scott Self, LICDC, Your Human Resource Center. Mr. Self discussed the history of the 12-step program, as well as the Preamble, 12-traditions, and 12-steps. (1 hour, 9.7/10 average evaluation, 23 attendees)
- October – YHRC Promotion and Fundraising. Angie Giltner, LSW, LCDC III discussed and brainstormed with staff how to promote YHRC, improve employee morale and overall fundraising efforts – 21 attendees – no evaluation given.
- November – Tobacco in the Movies. Mark Woods, MPPM, MSW, LSW, TTS-C discussed with staff how the impact of tobacco in movies impacts public perceptions. Discussion about DSM-IV-TR criteria for nicotine dependence, tobacco targets and rating systems changes for movies with tobacco. 14 attendees – 8.5 average rating.
- December – Laughter is the Best Medicine. Angie Giltner, LSW, LCDC III showed clips from Bill Cosby's comedy act. 14 attendees – no evaluation given.
- January – Inhalants. Angie Giltner, LSW, LCDC III discussed the signs and symptoms of inhalant abuse and dependency including DSM criteria, pharmacology treatment, physiological response and effects on human growth and development. 17 attendees – 8.9 average rating.

- February – Suboxone. DJ McFadden, MD, MPH discussed buprenorphine and naloxone and how they are used to treat opiate withdrawal symptoms in addition to the Clinical Opiate Withdrawal Scale and pre-treatment screening. 20 attendees – 9.3 average rating.
- March – Blood Borne Pathogens. Sherry Troyer, RN discussed information on Hepatitis B & C and OSHA guidelines for prevention and clean-up. 16 attendees – no CEUs or evaluations.
- April – Technology is Fun. Amber Harp, Kevin Bowen and Mark Woods. Amber shared short-cuts on preparing Word documents, Kevin discussed Excel spreadsheets and Mark demonstrated how to design an effective PowerPoint and Publisher document. 17 attendees – 9.2 average rating.
- May – Safe Communities. Suzanne Snyder, BS, SWA, OCPSII and Kat Willard discussed their roles with state Safe Communities Grants, community events, and the Safe Communities Coalition. 13 attendees – 8.6 average rating.
- June – Prescription Drug Abuse in Wayne and Holmes Counties. Jim Garrett, MedWay Agent assigned specifically to the Prescription Drug Abuse Task Force and retired Wayne County Deputy Sheriff discussed the trends in prescription drug abuse in the 2 counties. He offered collaboration efforts on how social services can work with law enforcement for the prevention of prescription drug abuse. 16 attendees – 8.7 average rating.

Underwriting of *CEUs* for the *Free Inservice Training* (FIT) programs in both Wayne and Holmes Counties has continued. The *FIT* program will continue in the next fiscal year, but the agency may begin charging a nominal fee to individuals seeking *CEUs*. Trainings are evaluated by mean rating on a 10-point scale.

Consumer Satisfaction Surveys

A total of 249 consumers were surveyed during the fiscal year across three different survey types: Form 2 – Block Surveys (91), Form 2 – Exit Surveys (138) and Form 1 – Block Surveys (20). Form 1 was distributed to consumers who had experienced between 1 and 2 visits to the agency, while Form 2 was distributed to consumers who had experienced three or more visits to the agency and to those terminating agency services. The chart below summarizes the averaged quarterly findings of the fiscal year's consumer 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?	4.55 (+.25)	1. How helpful was our office staff?	4.60 (+.3)
	%	2. How well was privacy protected?	4.58 (-.1)	2. How well was privacy protected?	4.75 (.35)
a. Family	1.25	3. Counselor knowledge	4.60	3. Counselor knowledge	4.80 (+.3)
b. Friend	24.50	4. Involved in treatment plan develop.?	4.25	4. Involved in treatment plan develop.?	4.55
c. Court/Probation	72.75	5. Counseling helpful for problems?	4.35 (+.15)	5. Counseling helpful for problems?	4.48 (+.2)
d. Community Agency	2.25	6. Easy to talk with counselor?	4.38 (-.1)	6. Easy to talk with counselor?	4.50
e. Employer	0.50	7. How well needs being met?	4.40 (-.2)	7. How well needs being met?	4.53 (+.3)
f. Other	0.00	8. Rate cost of services	3.95 (+.4)	8. Rate cost of services	4.15 (-.1)
g. No Answer	0.00	9. Hard to set-up payments?	4.00 (-.2)	9. Hard to set-up payments?	4.03 (-.2)
	100%	10. Likely to refer others to YHRC?	4.23	10. Likely to refer others to YHRC?	4.30 (-.2)
	Mean Score	11. Return to YHRC if needed?	4.30 (+.1)	11. Return to YHRC if needed?	4.15 (+.15)
2. Greeted by office staff?	4.28 (+.1)	12. Rate YHRC’s reputation	4.35	12. Rate YHRC’s reputation	4.48 (+.4)
3. Quickly able to set-up first appt.?	4.44 (+.3)	13. Overall quality of services ?	4.53 (-.1)	13. Overall quality of services ?	4.73 (+.4)
4. Get an appointment to fit schedule?	4.69 (+.4)				
5. Easy to find the agency?	4.39 (+.1)	Overall Scores (4.4)	5 max.		
6. Ease of paperwork	4.51 +.09)	Wooster	4.43		
7. Explanation of fees and payments	4.44 (+.3)	Millersburg	4.32		
8. Privacy of financial office?	4.23 (+.1)	Rittman	4.52		
9. Safety and comfort of office	4.64 (-.5)	Orrville	4.23		
	% Positive		% Positive		% Positive
10. Barriers to service?	100.00 (+7)	16. Barriers to service?	92.50 (+10)	16. Barriers to service?	90.00 (+7)
11. Appts. cancelled on short notice?	92.75 (+6)	14. Appts. cancelled on short notice?	92.00 (+3)	14. Appts. cancelled on short notice?	90.50 (+7)
12. Service culturally aware?	64.75 (-29)	15. Service culturally aware?	64.50 (+30)	15. Service culturally aware?	68.00 (-25)
13. Access to a computer?	83.25 (+22)	17. Access to a computer?	61.25 (-3)	17. Access to a computer?	67.75 (+8)
14. Use internet?	75.00 (+23)	18. Use internet?	57.00 (-1)	18. Use internet?	63.25 (+7)

Parentheses indicate change relative to the last annual report.

Consumers of YHRC services remain highly pleased with their experiences and service received. Areas of highest and lowest satisfaction remain stable – a consistent pattern over the last number of quarters. The overall consumer satisfaction score for the fiscal year is 4.4, or 88% - slightly below the 90% goal. The Rittman office was rated highest by consumer satisfaction. These scores will

continue to be shared with staff to encourage all staff to improve client relations.

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, and effective. Significant sways, indicated by shading in the chart, include ease of making appointments and reputation/overall perception of quality increases, a slight decrease in perceived safety of the front offices and removal of barriers to service. These are important changes and will continue to be monitored. Support staff will be advised of the slight safety concerns and asked for feedback in developing interventions to address such concerns as are identified.

Additionally, however, a major sway from *SFY09* to the current fiscal year is the 27% (average) reduction in consumer perception of the agency’s services as culturally aware. This may be paired with the increased diversity of the consumer base over the fiscal year and is an area that requires attention in terms of staff training and response. These results have been shared with the staff development coordinator and the Clinical Director to foster discussion and planning for improvement on this target in the next fiscal year. Though this is a significant sway, this will continue to be monitored as the 4th quarter of the fiscal year demonstrated a nearly 4% increase in this score – an indication that the result may be trenced in a particular anomaly. This will be tracked and addressed as deemed necessary by the Quality Improvement Officer and Executive Director.

Referral Source Satisfaction

The annual referral source survey returned this year after two years of absence. The request was emailed, posted on the agency’s website and sent with newsletters and in paper format. There was a low return of surveys (10), so a follow-up is being sent in Quarter 1 of

SFY11. The referral sources responding accounted for more than 430 consumer referrals (41%). Of the ten respondents, of which number of referrals varied greatly (range of 3 – 200+), the average ease of making the referral was scored at 3.5, or 87.5 ease of referral. The lowest ease score was two out of four. Timeliness (seeing clients in a timely fashion, responding to information requests in a timely manner, providing reports of services in a timely manner, etc.) of referral and information services was assessed at 82% and 100% of respondents indicated that reported information was adequate. However, consumer access (problems obtaining services) was assessed at only 78% - indicating 22% of referrals had some trouble accessing services. This seems to present a gap in data gathering as consumer satisfaction surveys indicate a high degree of barrier removal and ease of access. As such, access to service will be a focus of upcoming reports with particular attention paid to satisfaction ratings as well as time intervals regarding access. On the whole, though, the referral source survey indicates a high level of respect for the agency's response to referrals by our community partners.

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. YHRC is

working cooperatively with the local board to address these changes and they may well be trialed in upcoming Quality Improvement reports – the SFY10 version is provided below.

QUALITY REPORT – Your Human Resource Center (YHRC)		
CATEGORY	QUALITY INDICATORS	GOALS MET
Utilization	Consumers Served (Unique Individuals, Unduplicated)	1334 (+8) 1200 goal 111%
	Units of Treatment Provided	33439.36 provided 33535 goal 99.7%
Quality	Consumer Satisfaction (Based on Consumer Satisfaction Surveys)	86% 90% goal
	Overall Performance Indicators (Percentage of Outcomes meeting Goals)	87.5% (+2%) 100% goal

Key:

Goal Met	Goal Progress	Goal Not Met
Parentheses indicate change from last fiscal year		

Your Human Resource Center	
Demand	The agency has a caseload of over 1300 active consumers.
	The agency experienced a 3% increase in demand for services.
	Despite reductions in demand, the agency completing over 1900 urinalysis screening drug tests.
	Despite an increase in demand for services, the agency did not have a waiting list for consumers.
	100% of referral sources reported the referral process was easy and timely.
	While referrals were less spread in the year, over 20 different community organizations referred consumers for services.
Performance	Consumers evaluated the agency's services at an average of 4.3 of a possible 5 (86%).
	Consumers requesting intake to agency services are scheduled in less than 8 days for an appointment (7.35 days).
	On average, outpatient consumers completed 64% (down 7%) of their treatment goals.
	Over 94% of consumers reported no barriers to service at the agency.
	Nearly 60% of substance dependent consumers who completed treatment had stable employment and housing at discharge (56.5%).
	Ninety percent (90%) of substance-related consumers referred from an area Children Services agency were abstinent at discharge.
	Ninety-three percent (93%) of adolescents in the FIAT Case Management program did not become re-involved (recidivate) with the juvenile justice system.

Your Human Resource Center: State Fiscal Year 2010										
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	Verification
1	Total consumers enrolled in the quarter [includes all MH and AOD]	302	302	275	577	260	837	253	1090	Agency clinical and XAKTSoft records
2	Total [combined] consumers at enrollment who evidenced (a) substance abuse and (b) substance dependency.	137/302	45%	98/275 36%	41%	134/260 52%	232/837 44%	126/253 50%	45%	Agency clinical and XAKTSoft records
3	Total Substance Dependent enrollments	89	89	74	163	79	242	82	324	Agency clinical and XAKTSoft records
4	Total Substance Dependent enrollments who sign Individual Treatment Plan that includes commitment to abstinence and recovery education components	89	89	70	159 98%	77	236 98%	79	315 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.	63	63	32	95 58%	12	107 44%	41	148 47%	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	6	6	9	15 9%	11	26 11%	13	39 12%	Agency clinical and XAKTSoft Outcomes Discharge report
7	Total Substance Dependent consumers discharged this quarter	52	52	46	98	32	130	43	173	Agency clinical and XAKTSoft records
8	Total Substance Dependent consumers discharged this quarter with a decrease in Level of Care	0	0	0	0	0	0	0	0	Agency clinical and XAKTSoft records
9	Total Substance Dependent consumers discharged who are abstinent at discharge* [“positive discharge”], and who are:	39	39	35	74	28	102	29	131	Agency clinical and XAKTSoft records

9a	● Employed*	6	6	6	12 16%	7	19 19%	4	23 18%	Agency clinical and XAKTSoft records
9b	● residing in stable Housing*	31	31	23	54 73%	19	73 72%	21	94 72%	Agency clinical and XAKTSoft records
9c	● are Ohio HB 484 [CSB] referrals	20	20	3	23 31%	6	29 28%	8	37 28%	Agency clinical and XAKTSoft records
9d	● Indigent DUI Drivers [Ohio HB 131]	2	2	4	6 8%	4	10 10%	2	12 9%	Agency clinical and XAKTSoft records
9e	● Co-occurring [SAMI] Disorders	11	11	15	26 35%	3	29 28%	4	33 25%	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. 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.

The presenter is very good at engaging noncompliant and difficult clients. Almost all of the participants feel that his style makes them feel positive about their ability to change for the better. This group is a non-confronting, low stress group which is designed to engage the participants in positive behavior change.

A change in the format of Level of Care tracking to ODADAS standards will no longer yield any change as consumers enrolled at YHRC are enrolled at the lowest level of care possible.

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*. Additionally, redevelopment of the group from a 9-week to 6-week curriculum is underway and this will be implemented early in *SFY11*.

Your Human Resource Center: State Fiscal Year 2010										
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	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.	15/15	100%	11/11	100% 26/26	15/15	100% 41/41	8/8	49/49 100%	Agency clinical and XAKTSoft enrollment records
2	For all CSB consumers enrolled, 90% of total enrollments will receive a completed Diagnostic Assessment or Level Six [Psychological] Assessment within 14 days of enrollment [90% client appointment compliance presumed].	9/15	60%	6/11 54%	57%	9/15 60%	24/41 59%	6/8 75%	30/49 61%	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%	8/8	100%	10/10	100%	4/4	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%	8/8	100%	10/10	100%	3/4	29/30 97%	Agency Progress Notes; XAKTSoft
5	For CSB consumers in AOD, 80% will evidence Reduced Morbidity per abstinence from 1 st session through treatment discharge.*	7/8	88%	8/8	94%	10/10	96%	2/4	27/30 90%	Agency clinical and XAKTSoft Discharge Outcome records for SFY 2010 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 90% 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. Development of the Moral Reconciliation Therapy Group(s) will offer an extended-intensity option for treatment of CSB-referred consumers. 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. 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.

Fourteen-day assessments were missed by 2 consumers by one – two days. This will be tracked in future quarters to determine if the cause is client-based (no-shows, cancelled appointments, etc.) or agency-based (lack of access) and recommendations will then be implemented.

Your Human Resource Center: State Fiscal Year 2010										
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	Verification
1	100% of youth will be referred by the juvenile courts of Wayne County	47/48	98%	36/40 90%	94%	38 95%	95%	35/37 94%	94%	Agency records; XAKTSoft records
	a) [FIAT] enrollments effective 7/1/09	39	39	5	44	35	37	38	50	Agency records
	b) new enrollments per respective quarter after 7/1/09	9	9	1	10	1	6	0	6	Agency records
	c) discharges per respective quarter after 7/1/09	8	8	5	13	1	8	20	28	Agency records
	d) total served year to date	48	48	40	49	40	50	50	50	
2	95% of youth admitted will complete an initial drug screen	47/48	98%	36/40 90%	94%	36/40 90%	93%	46 91%	92%	Agency records; XAKTSoft records
3	95% of youth admitted will complete a Diagnostic Assessment	9	100%	1	10 100%	1	11 100%	0	100%	Agency records; XAKTSoft records
4	95% of youth admitted will complete a Youth Asset Survey (YAS) at intake	9	100%	1	10 100%	1	11 100%	0	100%	Agency records
5	90% of youth will remain in school, work toward a GED, or be employed.	48/48	100%	1	49 100%	39/40 97%	99%	49/50 99%	99%	Agency records
6	90% of youth will demonstrate an increase in developmental assets.	38/42	90%	36/40 90%	94%	35/40 88%	89%	45/50 89%	89%	Youth Asset Survey
7	80% of youth will demonstrate an improvement on Youth Asset Survey (YAS) at post-test	43/48	90%	43/48	90%	35/40 88%	89%	43/50 85%	88%	Youth Asset Survey
8	90% of youth will not become re-involved in the juvenile justice system while in FIAT	43/48	90%	38/40 95%	93%	37/40 93%	93%	47/50 93%	93%	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 nearly 25 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.

The *YES* group is an extensive, 16-week, program designed to empower girls while developing acceptable social, vocational and education skills and increasing assertiveness, internal assets and self-image. The group also teaches resiliency skills against using drugs and alcohol as well as healthy coping skills. *YES* allows the youth to experience various programming including instruction in creative outlets (cooking, perfume-making and crafts). Twenty young ladies participated in *YES* and four were closed successfully.

A step-up group to *YES*, *In It To Win It*, was developed this year to meet the growing needs of the young ladies completing the *YES* group. This group is voluntary and accounts for the reduction in court referrals to *FIAT*. This group addresses short- and long-term goal setting and achievement, independent living skills and being a positive role model. Six young ladies engaged the group this year and one successfully completed/closed.

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.

FIAT is a highly effective program that incorporates various individualized activities to assist adolescent men & women with their internal & external asset development. FIAT utilizes physical activity, creative outlets (such as cooking lessons, painting pottery, & instrument lessons), the Arts, education, small groups & individualized activities tailored to specific adolescent(s) interests, strengths, & abilities to demonstrate healthy coping skills & alternatives to substance use. All of the following groups incorporate a myriad of outlets for the adolescents to learn & grow as productive members of society.

With some more challenging adolescents, equine therapy is incorporated into their treatment plan. Reins For Life Equine Therapy teaches the adolescent responsibility, communication skills, stress/anger management skills, & accountability. This function of FIAT

proves to be a viable resource & has produced a great deal of success for the attending adolescents. Most inquire about repeating the program & demonstrate positive growth with their internal assets. One of the lessons learned in the 2nd quarter FY10 is to keep the group number around 5. We discovered that many more than that the adolescents get too anxious in the riding arena with the extra horses, and tend to focus on the other riders rather than their task at hand. From this point forward all Equine Therapy Groups will be capped at 5.

Hoops & Homework is a program specifically developed for adolescent males where volunteers from the College of Wooster Men's Outdoor Soccer Team tutor the young men & assist them with their homework for one hour followed by one hour of physical activity, typically in the way of basketball. This program is highly successful keeping young men vested in their education & improving their grades. The College of Wooster students also stress the importance of a post-high school education & help the young men set long-term educational goals. Hoops & Homework only works if the young men actually bring their homework to group. Keith is creative in combating this by bringing sample practice tests for the G.E.D., looking on the adolescent's Progress Book and bringing worksheets to accompany the weaker subjects in school, & creating educational worksheets.

FIAT engages the Ski Club (males) and Reins for Life Program through funds from the Orrville Area United Way. Outcomes for *FIAT* remain stable and consistently-achieving over time.

Lessons Learned. In spite of intervention efforts, there were two male and two female *FIAT* consumers who struggled persistently over this quarter. Three of these youth tested positive for mood-altering substances during the quarter – each received *AOD* education by their respective worker and were referred for counseling as required. Additionally, four *FIAT*

consumers regressed on the YAS according to post-test results – two of these were those who had tested positive for substance and one is a student transitioning to computer-based home school from traditional schooling.

Successes. One male consumer is on pace to graduate from high school and enroll in college this year. Four youth attended the PRIDE Youth Conference in Louisville, KY. One male consumer is performing with his high school choir and another male consumer placed first in his high school science fair. Three youth completed the equine therapy program component and two of these showed mild improvement while another showed marked improvement in communication and behavior. Another male consumer is playing for an area club lacrosse team, a female consumer will complete her first semester of college in May and another female consumer celebrated a one-year anniversary working at a local eatery.

Your Human Resource Center: State Fiscal Year 2010										
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	Verification
1	Total consumers enrolled in the quarter [includes all MH and AOD]	302	302	275	577	260	837	253	1090	Agency clinical and XAKTSoft records
2	Total [combined] consumers at enrollment who evidenced (a) substance abuse and (b) substance dependency.	137/302	45%	98/275 36%	41%	134/260 52%	46%	126/253 50%	45%	Agency clinical and XAKTSoft records
3	Total Substance Dependent enrollments	89	89	74	163	79	242	82	324	Agency clinical and XAKTSoft records
4	Total Substance Dependent enrollments who sign Individual Treatment Plan that includes commitment to abstinence and recovery.	89	89	70	159 98%	77	236 98%	79	315 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.	10	10	69	79	6	85	12	97	Agency clinical and XAKTSoft Outcomes Discharge reports.
6	Total Substance Dependent consumers discharged this quarter	49	49	89	138	10	148	21	169	Agency clinical and XAKTSoft records
7	Total Substance Dependent consumers discharged this quarter with a decrease in Level of Care	0	0	0	0	0	0	0	0	Agency clinical and XAKTSoft records
8	Total Substance Dependent consumers discharged who are abstinent at discharge* [“positive discharge”], and who are:	10	10	60	70 51%	18	88 59%	13	101/169 60%	Agency clinical and XAKTSoft records
9a	● Employed*	2	2	6	8 6%	5	13 15%	8	21/169 12%	Agency clinical and XAKTSoft records
9b	● residing in stable Housing*	7	7	36	43 31%	7	50 57%	19	69/169 41%	Agency clinical and XAKTSoft records
9c	● have had no new arrests since intake*	3	3	40	43 31%	7	50 57%	19	69/169 57%	Agency clinical and XAKTSoft records

9d	● are Ohio HB 484 [CSB] referrals	3	3	3	6 4%	1	7 8%	4	11/169 7%	Agency clinical and XAKTSoft records
9e	● Indigent DUI Drivers [Ohio HB 131]	2	2	6	8 6%	3	11 13%	6	17/169 10%	Agency clinical and XAKTSoft records
9f	● Co-occurring [SAMI] Disorders	5	5	9	14 10%	1	15 17%	3	18/169 11%	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. This will continue to be analyzed and reported about in SFY 2011.

Your Human Resource Center: State Fiscal Year 2010										
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	Verification
1	Total SAMI consumers enrolled (Quadrant 1 and 3) receiving assessment and diagnosis	58	58	42	100	12	112	23	135	Agency clinical and XAKTSoft records
2	Total SAMI consumers at enrollment who are identified for prescribed psychotropic medications at intake.	9	9	15	24	8	32	16	48	Agency clinical and XAKTSoft records
3	Consumers will become engaged in the treatment process per completion of an Individualized Treatment Plan.	58	100%	42	100	11	99%	23	99%	Agency clinical and XAKTSoft records
4	Consumer will reflect Reduced Morbidity per increasing perceived risk and understanding re drug use/abuse.*	14	24%	17 40%	31%	9 75%	46%	19 83%	53%	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.*	21	36%	13 31%	34%	4 33%	33%	11 48%	37%	Agency clinical and XAKTSoft records
6	Consumer will evidence Reduced Morbidity per abstinence* from 1 st session through discharge.	16	28%	32 76%	48%	8 67%	57%	12 52%	56%	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.

Other core features. The *IDDT* model encourages provision of services throughout the life span, even when symptoms are mild and/or infrequent. While the provider does not strictly adhere to the *IDDT* “time-unlimited” enrollment model, consistent with recovery principles, clients are not discharged for failing to take prescribed medications or relapse use of alcohol and/or drugs.

Lessons learned. Based on increasing severity of consumer need (as evidenced by the increase over last year of *SAMI* consumers), the agency has developed and will implement a Moral Reconciliation Therapy group (potentially multiple) as extension of the agency's collaboration with Wayne County Common Pleas Court. Discussed in more detail below, this group offering will provide a step-up intensity level of care for consumers, including *SAMI* consumers, who have failed out of other treatment programs (within and without the agency) or are deemed clinically-appropriate (at assessment or later by lead case clinician) for an increased-intensity (both in terms of time in service/length of stay and relative depth of therapy) service.

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 in SFY 2011.

Other Programs and Services

Youth Intervention Programs (STOP, TAP, ChIP and Insight)

The agency operates adolescent shoplifting, tobacco cessation, alcohol and other drug intervention and character education groups to meet the needs of area schools and juvenile courts. These groups continue to undergo outcome, structure and content revision and will be included in reporting once this is standardized – estimated by the end of the first quarter of SFY11.

Theft Awareness and Reconciliation Program

Also in SFY 2009, and in collaboration with the adult courts of Wayne County, the agency developed the Theft Awareness and Reconciliation Program – a four-week traditional therapy-style group for adults with a theft-related offense or associated risky predictive behaviors. This group went through two significant revisions over the course of the year, but the program is based on best-practice models and outcomes for this program were presented in the agency's SFY 2010 annual plan. Outcomes for this program will be reported started Quarter 1 of SFY 2011 as agency database problems left most of the data about these consumers not being captured. This has been addressed and outcomes are forthcoming.

Moral Reconciliation Therapy Group(s)

Developed to serve as structure for the agency's contract work with the Wayne County Department of Job and Family Services, and after two years implementation as a collaborative with the Wayne County Common Pleas Court Probation Department, the agency sought to

expand the Moral Reconciliation Therapy group offerings to community members (first implementing with male consumers and later, as needed, with female consumers) as a step-up in intensity of care option. Guidelines for referral into the Moral Reconciliation Therapy program and scheduling guidelines were developed, but referrals could not be sustained to maintain the group's operation. Should this program resume, outcomes will be reported.

