

Annual Report



***SFY 2011* Your Human Resource Center**

SFY 2011 Annual Continuous Quality Improvement Report
Your Human Resource Center of Wayne and Holmes Counties
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August 26, 2011

State Fiscal Year (SFY) 2011; Quarter 4 Report: Your Human Resource Center (YHRC)

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Enrollments

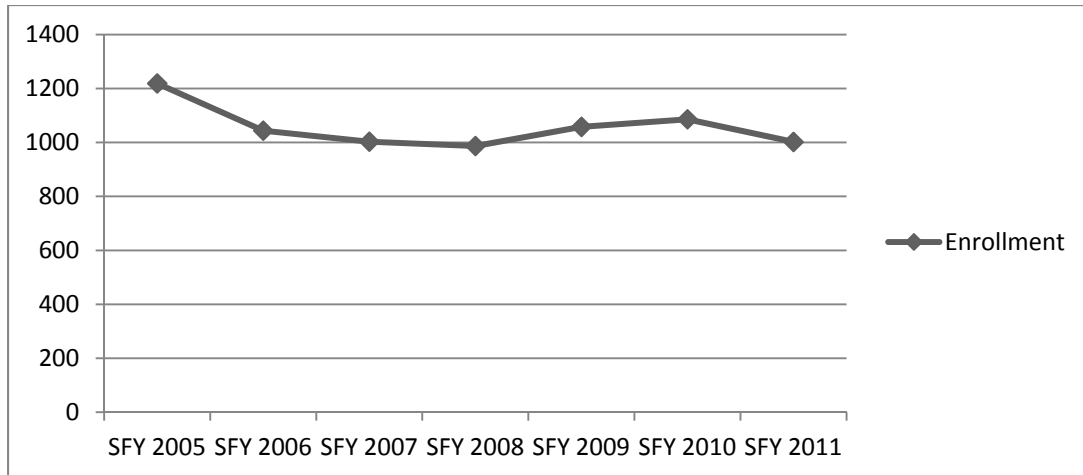
Table 1 – New Client Enrollments by Referral Source

Referral Source	SFY 2010		SFY 2011	
	n	%	N	%
Self	133	13	126	13
Unknown*	14	1	11	1
Attorney	20	2	10	1
Wayne County Municipal Court	311	30	252	26
Wayne County DJFS - Work First Training/Goodwill	115	11	146	15
Wayne County Common Pleas Court	64	6	78	8
Wayne County Juvenile Court	56	5	79	8
Holmes County Municipal Court	41	4	12	1
Holmes County Juvenile Court	25	2	21	2
Holmes County Common Pleas Court	5	0	4	0
Holmes County Adult Probation	4	0	16	2
Ohio Adult Parole Authority	29	3	32	3
Ohio Dept. of Youth Services	5	0	2	0
Ohio county courts outside Wayne-Holmes	30	2	44	5
Wayne County Children Services Board	21	2	10	1
Holmes County Job and Family Services	3	0	7	1
Holmes County DJFS - Children Services Unit	8	0	25	3
Ohio CSBs outside Wayne-Holmes	2	0	3	0
MHR Board of Wayne-Holmes Counties	1	0	1	0
County High Schools	6	0	14	1
Christian Children’s Home of Ohio	10	1	1	0
Physicians/Hospital	1	0	4	0
STEPS	2	0	2	0
The Counseling Center of W-H Counties	7	0	5	1
Employers & EAPs	21	2	14	1
Source One Group	8	0	2	0
Family & Friends	8	0	13	1
Springhaven	0	0	16	2
All Other Sources	100	9	27	3
Total	1058	100%	976	100%

Referrals continue to come from a large spread of social agencies, schools, and courts. Significant changes by percentage from last quarter are noted in gray highlighting – changes in referral from Self, Wayne County Municipal Court, the Goodwill Work First Training program and from various other sources are significantly different from last year. The continued decrease in referrals from other sources seems to suggest that our clientele is reverting to historical

referral trends of a broad, but specific, array of social service and law enforcement entities rather than across the social service spectrum – related likely to system-wide budget cuts. Chart 1, below, depicts the pattern of enrollment over the last 7 years. There were 1002 enrollments this fiscal year - a decrease (8%) from SFY 2010.

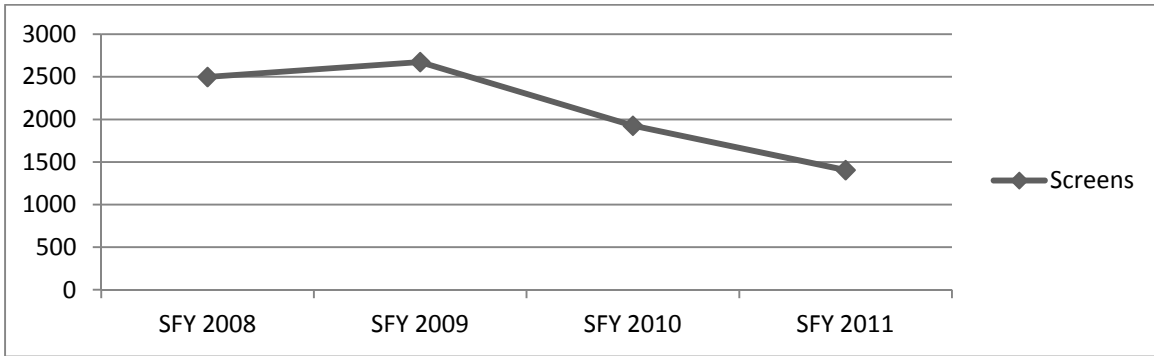
Chart 1 – Enrollment Trend by Year



Urinalysis Screening

There were 1405 screens completed in the year. This represents a continued demonstration of reduction annually. Urinalysis screenings do not count as enrollments, but contribute to the total flow of clientele within the agency. Of the 1405 completed screens in the fiscal year, nearly 29% were for Wayne County Home Arrest consumers, 24% were referred from Wayne County Municipal Court, and 34% of referrals were from an area Children Services unit. The decrease from last fiscal year is largely accounted for by slightly lower numbers of referrals from the largest sources (i.e. courts, children services units) and major reductions from smaller sources (56% down from attorneys, 67% down from self referrals and approximately 85% reductions from area schools and service providers).

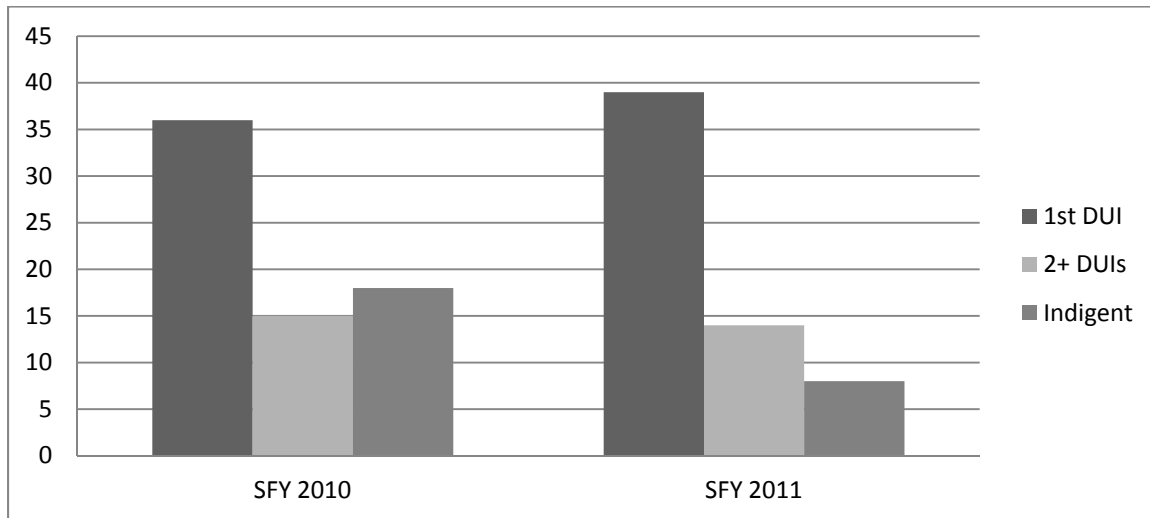
Chart 2 – Urinalysis Screenings by Year



Enrollments with Indigent Driver Status

Thirty-nine new enrollees were admitted due to, at least in part, a 1st charge of *Driving Under the Influence* (DUI) status and 14 additional enrollees due to a 2nd or greater lifetime *DUI* offense. Of these 53, eight (15%) were deemed indigent at some level of indigency (10 – 100%). Indigency is based on a diagnosis of Substance Dependence, being court-involved and having income falling on the agency’s sliding-fee scale.

Chart 3 – Enrollments with Indigent Driver Status by Year



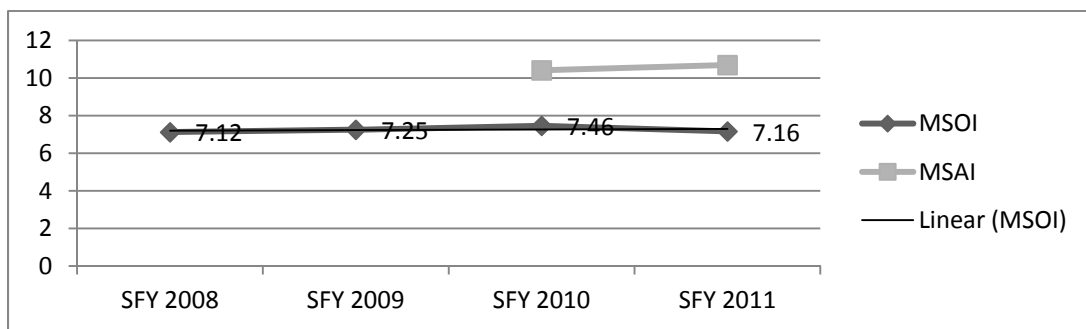
Access to Services

The agency’s policy is to offer consumers appointments within 7 days of initial contact. The *Mean Service Offer Interval* (MSOI) for enrolling clients for the fiscal year is 7.16 (-.3 days

from last fiscal year; count of days between initial contact and appointment offering), maintaining improvement over last year and within our self-identified standard. This will be monitored, but may be the result of our staffing shifts in response to increased demand at satellite offices.

Another value of import to planning and in describing the daily operation of the agency is the *Mean Service Admission Interval* (MSAI). This describes the count of days between initial contact and enrollment by completion of assessment. The *MSOI* gives a picture of how able the agency is to schedule consumers in a timely manner while the *MSAI* gives a picture of consumer behavior in taking appointments that are offered, completing scheduled appointments and providing paperwork necessary to the enrollment process of the agency. While appointments are offered to consumers in under 8 days, actual attendance for admission appointments was slightly under 11 (10.69) days over the year – an increasing, but relatively consistent value over the last year. This is a reflection on consumer behavior, and will continue to be monitored for utility in program planning and staffing shifts to satellite offices.

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



Enrollment Demographics

The data in the demographic table (Table 2) below are based on 2129 clients served and 1005 new enrollments in the *SFY 2011*. The number of male consumers and adolescent and young adult consumers has changed significantly in the year. Over the year there has been a

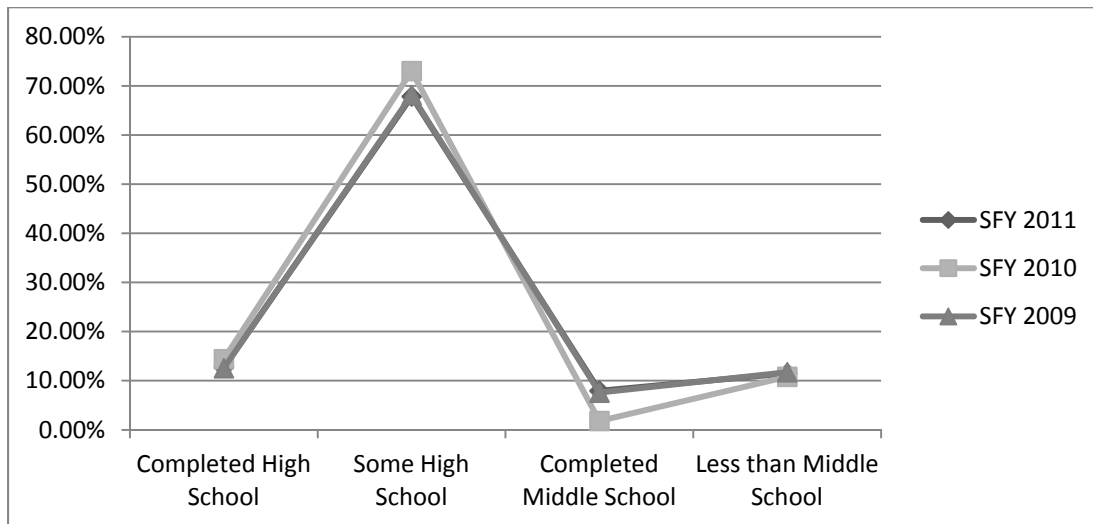
significant increase in the number of single (marital status) consumers, with fewer divorced consumers. The increases in consumers in the poorest categories in 2010, alleviated slightly with decreases in two of the three poorest categories over the year. The number of consumers from Orrville decreased on the year, but this is largely attributed to a significant decrease in the middle of the year, and rebound in the last quarter. Consumers from Rittman (slight) and those from unincorporated cities in Wayne County (significant) increased during the year.

Table 2 – Client and Enrollment Demographics Compared

	Total Clients	%	New Admissions	%	Admissions SFY 2010	%
	2129	100	1005	100	1042	100
Gender						
<i>Male</i>	1174	55	561	56	439	42
<i>Female</i>	924	43	438	44	598	57
<i>Missing</i>	31	1	5	0	5	0
Age (years)						
<i>0 - 5</i>	11	1	3	0	4	0
<i>6 - 9</i>	9	0	2	0	3	0
<i>10 - 17</i>	352	17	156	16	128	12
<i>18 - 20</i>	260	12	156	16	125	12
<i>21 - 34</i>	892	42	431	43	466	45
<i>35 - 54</i>	520	24	228	23	285	27
<i>55 - 59</i>	51	2	16	2	21	2
<i>60+</i>	33	2	13	1	10	1
<i>Missing</i>	1	0	0	0	0	0
Race						
<i>White</i>	1985	93	924	92	957	92
<i>Black</i>	98	5	60	6	65	6
<i>Hispanic</i>	13	1	8	1	9	1
<i>Asian</i>	5	0	4	0	5	0
<i>Other</i>	28	1	9	1	6	1
Marital Status						
<i>Single</i>	1440	68	729	73	694	67
<i>Married</i>	328	15	144	14	171	16
<i>Divorced</i>	206	10	83	8	110	11
<i>Widowed</i>	10	0	4	0	3	0
<i>Other</i>	115	5	45	4	64	6
Income						

< \$5000	963	45	487	48	533	51
\$5000 - \$9999	266	12	108	11	123	12
\$10K - \$14999	206	10	92	9	75	7
\$15 K - \$19999	249	12	92	9	104	10
\$20 K - \$29999	221	10	111	11	92	9
\$30 K - \$39999	100	5	49	5	48	5
\$40 K - \$49000	52	2	30	3	28	3
\$50000+	72	3	36	4	39	4
Residence						
Wooster	628	29	310	31	342	33
Rittman	205	10	92	9	87	8
Orrville	304	14	159	16	173	17
Other Wayne	402	19	227	23	196	19
Millersburg	301	14	106	11	105	10
Other Holmes	214	10	92	9	112	11
Other County	64	3	24	2	27	3
Unknown	12	1	0	0	0	0

Chart 5 – 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 (81% of all clients, 6% decrease from SFY 2010), only 13% (2% decrease) have completed, or graduated, high school. Additionally, over 19% (down .5% by fiscal year) of YHRC clients have no high school education experience (drop-out before high school). These values are calculated only on adult consumers and appear to represent an unexpected finding – that our consumers have more education over time. This could be yet another indicator of the severe impact of the current economic strife in the communities we serve as it is commonly understood that as the economy declines, substance abuse and mental health issues manifest more frequently.

Utilization Review

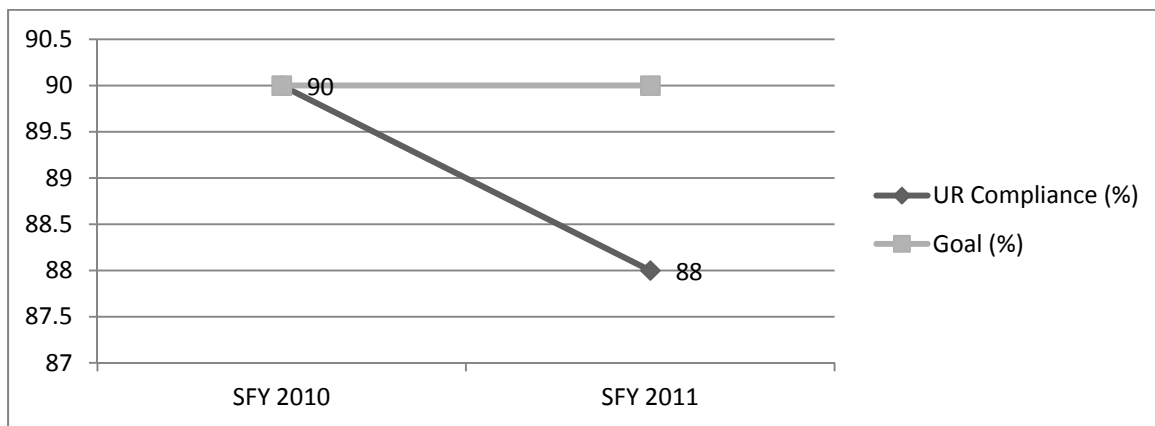
A total of 301 records were reviewed in the quarter by the Utilization Review Committee. This included review by admission (99), continued stay (101) and termination (76) record status. Of the 301 reviewed records, a total of 36 were identified as deficient. This results in an overall service utilization compliance rating of 88% - 2% below the agency compliance goal of 90%.

Table 3, below, describes the demographic and outcomes data of the Utilization Review and Termination Review subcategory records. For Utilization Review as a whole, there were 188 adult records (113 child) with 106 mental health records, 103 substance abuse records and 60 dual diagnosis records. Of the records reviewed under Termination Review, 64 were adult records. Of these, 64% had stable housing and 46% had stable employment at termination. The median Length of Stay for these cases was 8 months, 24 days. This represents a positive movement toward best-practice standards (12 months), but points directly to a possibly need for clinical staff focus in coming quarters. An average of 72% of treatment goals were met by adult consumers.

Table 3 – Utilization and Termination Review Demographics and Outcomes

Adult	Child	Mental Health	Substance Abuse	Dual Diagnosis
188	113	106	103	60
↓	Stable	% Stable		
Housing	41	64%		
Employment	29	46%		
	Mean			
Length of Stay	8 M 24 D			
Mean % of Treatment Goals Met	72%			

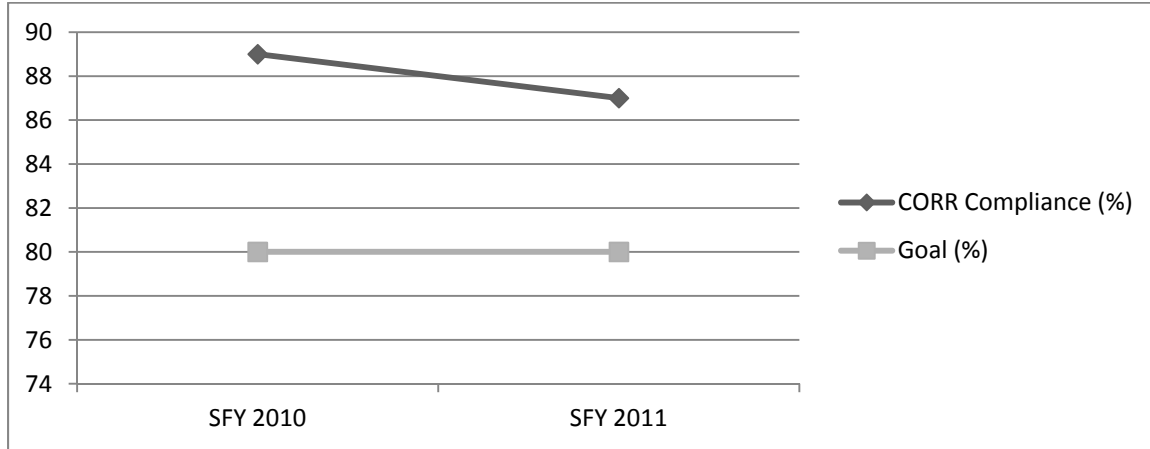
Chart 6 – Utilization Review Compliance by Year



Completeness of Record Review

A total of 224 records were examined through the completeness of record review process during the fourth quarter. Of the reviewed records, 194 were free of deficiencies – resulting in an overall compliance rate of 87% - over the agency standard of 80%. The completeness of record review sample consisted of 44% mental health, 46% substance abuse and 10% dual disorder diagnosed clients.

Chart 7 – Completeness of Record Review Compliance by Year

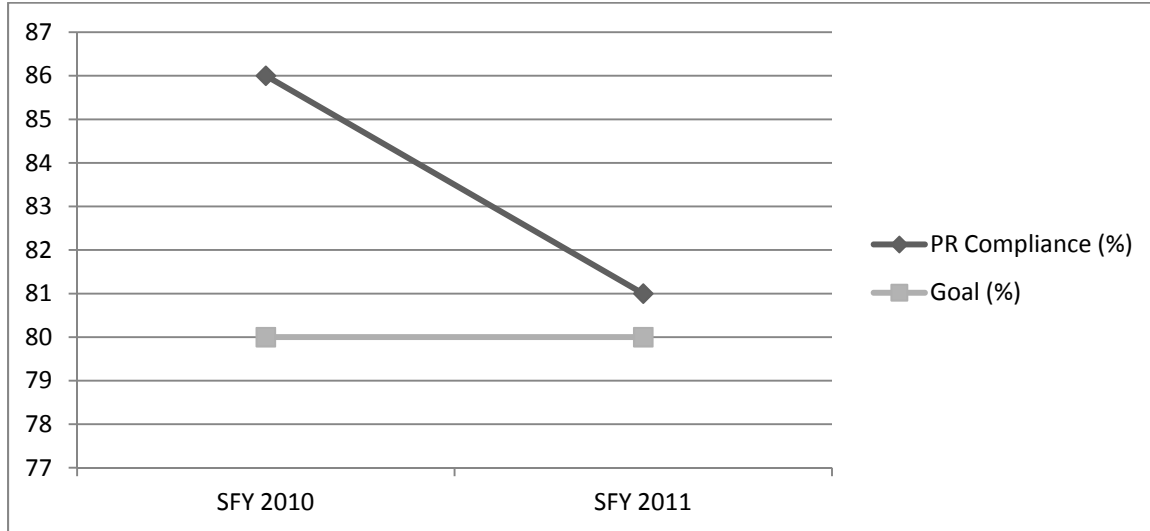


Peer Review

The Peer Review Committee reviewed 107 records in the year to assure that services delivered were clinically appropriate. Accordingly, each record was reviewed regarding services provided for the intake/diagnostic assessment (diagnostic service review), counseling (counseling service review) and client transfer and interagency referral (transfer/referral service review). The overall compliance rate for Peer Review was 81% - meeting the 80% agency policy compliance rate.

Approximately 58% of the reviewed records were adult consumers (42% youth) and 43% of the records were for consumers with mental health diagnoses, 34% were for substance abuse problems and 23% were for clients with dual diagnoses. Errors were focused on incomplete treatment plans and this has become a focus for clinical supervision. Errors were identified to clinicians for correction (and were corrected) as part of the Quality Improvement Plan.

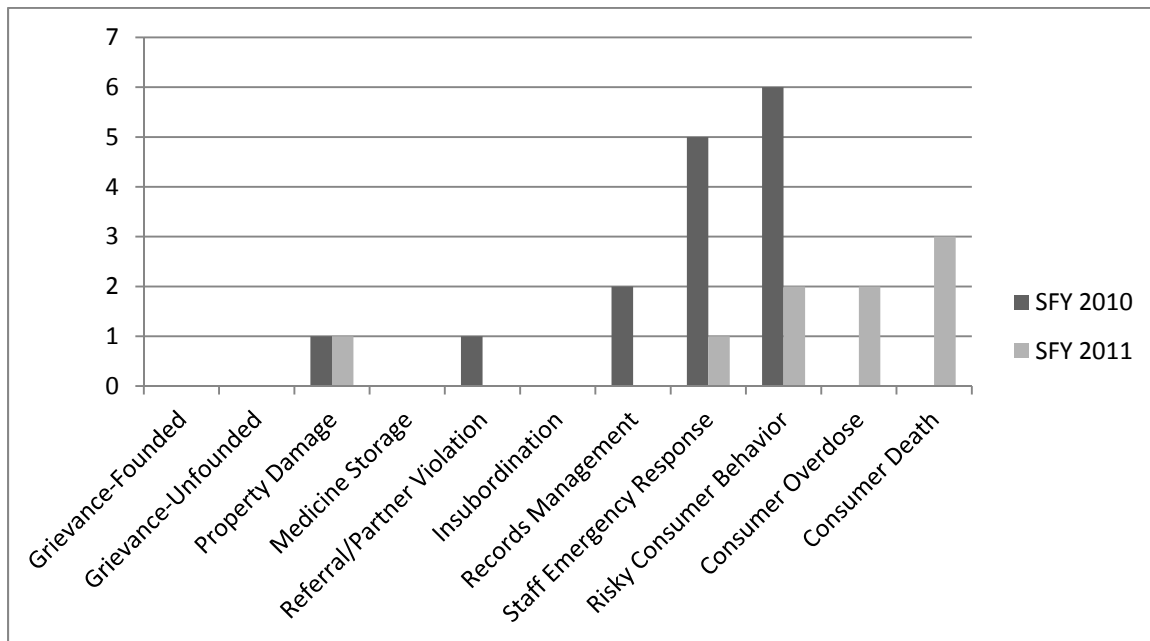
Chart 8 – Peer Review Compliance by Year



Major Unusual Incidents

There were a total of 15 Unusual Incidents in the fiscal year – a breakdown of which is presented below.

Chart 9 – Summary of Unusual Incidents Reported by Year



There was one *Major Unusual Incident* (MUI), or “reportable incident” in the first quarter. A consumer who had sought detoxification services and was an enrolled consumer

through the agency was found deceased two months after initial contact (2 weeks after last scheduled appointment, 3 weeks after last attended appointment) by his live-in girlfriend. This situation was reported to both ODADAS and the ODMH in addition to the local MHRB. After review by the Wayne County Coroner's Office, the death was ruled an accident and therefore the agency was advised by ODADAS that the death was no longer a reportable incident.

There was one potential *Major Unusual Incident* (MUI)s, or "reportable incidents" in the second quarter resultant from consumer death. A consumer expired after a bout with a breathing illness and hospitalization. This was reported to ODMH, ODADAS and the local MHRB, but found not to be a reportable incident by ODMH. Review by the Wayne County Coroner's Office additionally found nothing reportable.

There was one potential *Major Unusual Incident* (MUI)s, or "reportable incidents" in the third quarter resultant from consumer death. On 03/19/11 a consumer was reportedly found dead from a drug overdose. This was reported to ODMH, ODADAS and the local MHRB, but reports from the Wayne County Coroner's Office suggest this was an accident and not substance-related suicide and ODADAS advised this was no longer a reportable incident. A result of this unusual incident, involving a consumer who had been placed on one clinician's caseload and then transferred to another's, the agency has implemented a new protocol with regarding to consumer follow-up. Heretofore, consumers who miss an appointment or session will be followed-up-with within 72 hours by the clinician of record.

On 03/03/11, a consumer in the Breaking the Barriers program presented for transportation asking the driver to provide a urine sample for them as they would be unable to pass the screen. The consumer also asked the driver to use marijuana with them. YHRC will work with HCDJFS to develop a protocol and policy for addressing this situation as it arises,

including how to handle the transportation plan. Additionally, the HCSO was contacted to report the consumer's drug use, per consumer report.

On 03/08/11, a consumer in the Breaking the Barriers program presented as light-headed and ill. Given that she was pregnant, the Emergency Squad was contacted and transported the consumer to the hospital.

On 03/11/11, three FIAT consumers and one FIAT staff incurred a flat tire from a pothole while utilizing the Wayne County Juvenile Court van. No injuries or accident occurred, police were contacted and the vehicle was transported for service while the consumers were transported home.

On 03/19/11, a consumer in the Breaking the Barriers WIA program was driven by the part-time program driver from the employment site in Danville, Ohio and upon pick-up approached the vehicle with an unknown drunk man. The consumer was also suspected to be intoxicated. Transportation consumers will not be transported if presenting as intoxicated.

On April 7, 2011 at 11:00 AM a consumer fell out of their chair and had a seizure (staff were offsite doing testing at Goodwill Industries). Staff called for an EMS unit and monitored the consumer until the EMS unit arrived.

On April 28, 2011 at 1:00 PM a staff member caused a bulletin board to fall from the wall, bending a surge protector on the floor below. The surge protector was replaced and bulletin re-hung more securely.

On May 2, 2011 at 8:00 PM two youth consumers were being transported home from an activity in the Wayne County Juvenile Court van and one of the youth burned a third youth's hair. The probation officer of the offending youth was contacted and a meeting was held to discuss their further participation in the FIAT program.

On May 31, 2011 from 6:00 – 8:00 AM, the mother of a male, juvenile, consumer in the FIAT program contacted staff about the youth’s behavior. He had been drinking and using drugs the night before and left home, stealing a neighbor’s vehicle with a friend. The consumer drove from Wadsworth to Rittman and Wooster where he collided with another vehicle and then continued to drive before wrecking the vehicle into a tree. The vehicle was totaled and the youth was placed in the Linda Martin Attention Center awaiting hearing on June 12, 2011. This incident was reported late and staff were advised of the procedure to write such reports within 24 hours.

On June 15, 2011 at 11:50 AM a staff member fell in the parking lot. The staff member chose not to seek medical attention.

On June 27, 2011 at 3:06 PM a consumer walked-in to the Orrville office and requested to see a clinician for “thoughts [he] shouldn’t have.” There were no staff clinicians available so support staff contacted the Crisis Team from The Counseling Center. After a brief meeting with Crisis Team staff, the consumer was transported to the Dunlap Hospital Emergency Room.

On June 30, 2011 staff received a call from a consumer’s sister that he had died in an automobile accident on May 22, 2011. This was reported to ODADAS and the local MHRB.

Waiting List Management

The following summarizes wait list activity for SFY 2011:

Table 4: Waiting List Management Activity

	Yes	No	N/A
1. Did the outpatient program have a waiting list?		X	
2. Did the residential program have a waiting list?			X
3. Did the Methadone program have a waiting list?			X
4. Were pregnant women on the waiting list?		X	

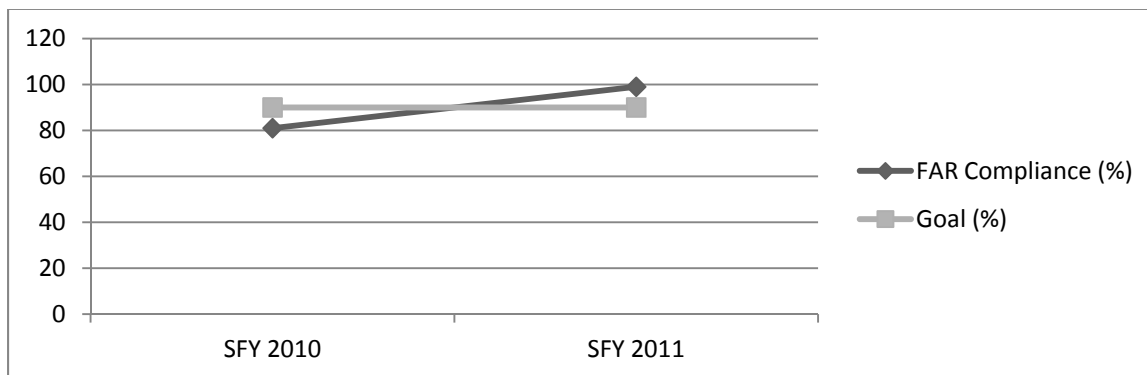
5. Were IV drug users on the waiting list?		X	
6. Were persons with medical emergencies on the waiting list?		X	
7. Were persons with psychiatric emergencies on the waiting list?		X	
8. Were interim services provided while persons were on the waiting list?			X
9. Was contact with persons on waiting list documented in accordance with policy?			X
10. Was contact with referral sources maintained to update them on the status of persons they referred?	X		
11. Were authorizations to disclose information completed as appropriate?	X		
12. Were persons removed from the waiting list in accordance with our policy?	X		

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

Risk Management Activity

Monthly fiscal audits conducted on a random sample of records continue as billings are matched to clinical record documents (i.e. progress notes) as a check on omission or fraudulent billing. Conformance is compared for session time, date and type service code. These audits confirm the accuracy of the agency’s electronic billing system and identify gaps in data entry. Errors are identified as either support-staff or clinician based. Of the 97 records reviewed, one error was noted and corrected for an overall compliance rate of 99% (+ 21% over SFY 2010).

Chart 9 – Fiscal Audit Review Compliance by Year



Physical Plant and Safety Review

Fire/Tornado Evacuation Drills

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

Safety Inspection

All offices have passed a Fire Marshall Building Inspection. Evacuation maps for the Rittman Office will be updated in the next quarter to account for recent remodeling of the office.

Removal of Client Barriers Plan

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

Vehicle Inspections

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

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	09/22/10	:34	7/0		Wooster	07/31/10	Yes	Rittman	07/09/10	Yes
	12/29/10	:30	5/0			08/25/10	Yes		08/27/10	Yes
	03/30/11	:32	4/0			09/30/10	Yes		09/23/10	Yes
	04/22/11	:45	4/0			10/29/10	Yes		10/20/10	Yes
	04/28/11	:30	7/0	Tornado		11/24/10	Yes		11/29/10	Yes
	06/20/11	:45	7/0	Bomb Threat		12/29/10	Yes		12/29/10	Yes
Millersburg	07/23/10	5:40	5/4			01/27/11	Yes		01/31/11	Yes
	09/21/10	2:00	6/4			02/28/11	Yes		02/28/11	Yes
	10/29/10	3:30	4/3			03/30/11	Yes		03/30/11	Yes
	01/28/11	10:00	5/0	Hazardous Waste		04/29/11	Yes		04/27/11	Yes
	01/28/11	3:00	5/0	Bomb Threat		05/27/11	Yes		05/25/11	Yes
	04/27/11	5:00	6/4	Tornado		06/30/11	No - UIR		06/27/11	No – escape route update
	05/31/11	3:00	3/0		Millersburg	07/31/10	Yes	Orrville	07/31/10	Yes
Rittman	07/10/10	:30	2/0			08/28/10	Yes		08/28/10	Yes
	10/20/10	:35	2/0			09/23/10	Yes		09/22/10	Yes
	01/31/11	:45	2/0			10/29/10	Yes – SD batteries		10/28/10	Yes
	02/28/11	:45	2/0			11/24/10	Yes		11/22/10	Yes
	03/30/11		3/0	Tornado		12/30/10	Yes		12/30/10	Yes
	04/25/11	:40	2/0	Bomb Threat		01/28/11	Yes		01/31/11	Yes
	05/25/11	:35	2/0			02/23/11	Yes		02/28/11	No – Fire Exting. charged
Orrville	07/15/10	:22	2/0	Hazardous Waste		03/31/11	Yes		03/28/11	Yes
	07/31/10	:32	2/0			04/27/11	Yes		04/28/11	Yes
	12/30/10	:19	2/0	Bomb Threat		05/31/11	Yes		05/26/11	Yes
	11/22/10	:15	2/0			06/30/11	Yes		06/27/11	No – UIR
	02/28/11	:19	2/0							
	02/28/11	:20	2/0							
	05/26/11		2/0	Tornado						
	05/26/11		2/0	Hazardous Waste						
	05/26/11	:26	2/0							

Affirmative Action Plan

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

Staff Development and Training

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

The following is a breakdown of these offerings in the fiscal year.

7/7/10 – Ken Kohlmeyer provided information regarding Lincoln Financial services to 21 attendees for 1 hour. No evaluation was given.

9/7/10 – Midge Roberts, MSW, LSW, LICDC discussed coalition-building including defining coalitions, discussing funding streams and collaborations to 16 attendees for 1 hour. Evaluation score: 8.9/10

10/5/10 – Sam Haramis, LPCC discussed anxiety disorders including defining anxiety, its physical symptoms and anti-anxiety disorders to 19 attendees for 1 hour. Evaluation score: 9.2/10

11/2/10 – Cynthia Crowner and Anita Musser provided information on the Workforce Investment Act for both youth and adults including comparing and contrasting covered services, program goals and economic impacts on the programs to 18 attendees for 1 hour. Evaluation score: 9/10

12/2/10 – Angie Giltner, LSW, LCDC III discussed medical marijuana including discussion of the logic and science provided by the Alcohol and Drug Abuse Prevention Association of Ohio to 18 attendees for 1 hour. Evaluation score: 8.4/10

1/4/11 – Angie Giltner, LSW, LCDC III provided training on religious diversity. Participants discussed various scenarios in which religion could play a factor in the decisions individuals and/or families make. Participants recognized the importance of being sensitive to religious needs of our consumers and how religious views impact decisions. 19 attendees for 1 hour. Evaluation score: 8.8/10

5/3/11- Mark Woods, LISW, MPPM demonstrated the importance of achieving cultural competency with the agency and processed how our language, art work, paperwork wording, etc. impact our consumers. He stressed the importance of cultural sensitivity toward everyone. 15 attendees for 1 hour. Evaluation score: 9.4/10

6/7/11 – Robert Zeh, PhD, Ralph Huhn, PhD, Kevin Bowen, CPA, Mark Woods, LISW,

MPPM, Beth McCready, LISW, Joe Messner, LPCC and Jody Calame processed their respective discipline's code of ethics and standards. Dr. Zeh discussed agency ethics and expectations and Joe Messner facilitated an ethical dilemma activity. 15 attendees for 3 hours. Evaluation score: 8.8/10

Underwriting of *CEUs* for the *Free Inservice Training* (FIT) programs in both Wayne and Holmes Counties has continued.

Client Satisfaction Surveys

A total of 215 (10.1% of total clients) clients were surveyed during the quarter across three different survey types: Form 2 – Block Surveys, Form 2 – Exit Surveys (24) and Form 1 – Block Surveys (6). Form 1 was distributed to clients who had experienced between 1 and 2 visits to the agency, while Form 2 was distributed to clients who had experienced three or more visits to the agency and to those terminating agency services. The chart below summarizes the findings of the year's client satisfaction surveys.

Table 6 – Client Satisfaction Findings

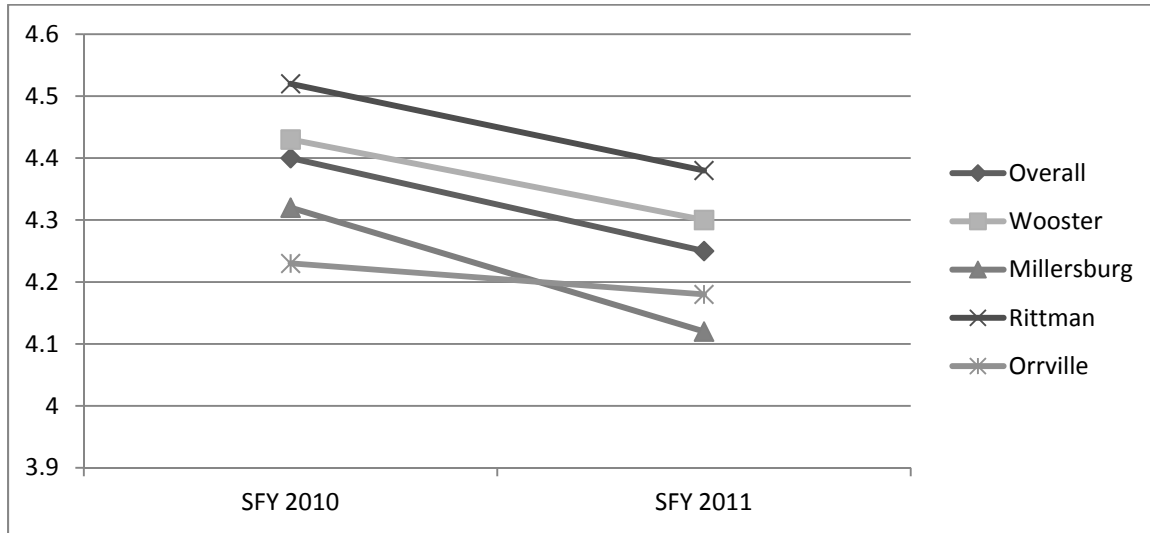
Form One (1 – 2 sessions)		Form Two (3+ Sessions) Block Survey		Mean Score	Form Two (3+ Sessions) Exit Survey		Mean Score
1. Hear about YHRC/referred?		1. How helpful was our office staff?		4.45	1. How helpful was our office staff?		4.63
	%	2. How well was privacy protected?		4.68	2. How well was privacy protected?		4.75
a. Family	5	3. Counselor knowledge		4.55	3. Counselor knowledge		4.63
b. Friend	20	4. Involved in treatment plan develop.?		4.05	4. Involved in treatment plan develop.?		4.25
c. Court/Probation	70	5. Counseling helpful for problems?		4.13	5. Counseling helpful for problems?		4.43
d. Community Agency	3	6. Easy to talk with counselor?		4.33	6. Easy to talk with counselor?		4.43
e. Employer	2	7. How well needs being met?		4.20	7. How well needs being met?		4.25
f. Other	1	8. Rate cost of services		3.98	8. Rate cost of services		3.95
g. No Answer	0	9. Hard to set-up payments?		3.93	9. Hard to set-up payments?		4.03
	100	10. Likely to refer others to YHRC?		4.13	10. Likely to refer others to YHRC?		4.33
	Mean	11. Return to YHRC if needed?		3.90	11. Return to YHRC if needed?		4.23
2. Greeted by office staff?	4.03	12. Rate YHRC’s reputation		4.15	12. Rate YHRC’s reputation		4.28
3. Quickly able to set-up first appt.?	4.25	13. Overall quality of services ?		4.40	13. Overall quality of services ?		4.65
4. Get an appointment to fit schedule?	3.90			Mean Score			
5. Easy to find the agency?	4.38			Overall Score			
6. Ease of paperwork	4.19			Wooster			
7. Explanation of fees and payments	3.88			Millersburg			
8. Privacy of financial office?	4.06			Rittman			
9. Safety and comfort of office	4.25			Orrville			
	% Positive			% Positive			% Positive
10. Barriers to service?	100.00	16. Barriers to service?		92.25	16. Barriers to service?		89.75
11. Appts. cancelled on short notice?	100.00	14. Appts. cancelled on short notice?		96.00	14. Appts. cancelled on short notice?		90.50
12. Service culturally aware?	73.75	15. Service culturally aware?		74.00	15. Service culturally aware?		92.25
13. Access to a computer?	75.00	17. Access to a computer?		65.50	17. Access to a computer?		70.00
14. Use internet?	56.19	18. Use internet?		58.50	18. Use internet?		58.25

Consumers of YHRC services are generally very pleased with their experiences and service received. Areas of highest satisfaction are protection of privacy, belief in counselor knowledge, helpfulness of office staff and overall quality of services. Areas of lowest satisfaction are the cost of services and ability to set-up payments and the likelihood of returning if needed. This last item seems counterintuitive as overall satisfaction ratings are generally high and this will be examined and analyzed over coming quarters. Rates of computer access and internet usage by clients increased slightly, but remains relatively stable. These questions will be examined for continued efficacy and may be supplanted with questions seeking recommendations for extended agency hours. The computer items provide evidence away from further or resource-expending expansion of the agency website as a portal for scheduling or service linkage. It is also interesting to note that client computer access appears to be waning – this may be a physical demonstration of the trend of clients to be poorer than one year ago and may be further evidence of the financial strain this trend will exact on the agency and county system budgets.

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

The overall satisfaction score for the agency is 4.25 out of 5 (85%). The Rittman and Wooster offices were rated the highest by client satisfaction. These scores are shared with staff to encourage all staff to improve client relations. Possible changes to consumer satisfaction ratings in the coming year includes separating youth and adult consumer data.

Chart 11 – Overall Consumer Satisfaction by Year



Referral Source Satisfaction

The results of the annual referral source satisfaction survey (completed in Quarter 2) included responses from 15 different agencies accounting for an average of 188 annual referrals – approximately 15% of enrollments.

Table 7 – Referral Source Satisfaction Survey Results

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

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

Outcomes

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
- Other Programs and Services

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,” and fidelity-based measures for greater efficiency. YHRC is working cooperatively with the local board to address these changes and upcoming reports will reflect these changes.

Dashboard

QUALITY REPORT – Your Human Resource Center (YHRC)		
CATEGORY	QUALITY INDICATORS	GOALS MET
Utilization	Consumers Served	1228 ytd 1200 goal 102%
	Units of Treatment Provided	12761.47 provided 12278.1 goal 104%
Quality	Consumer Satisfaction	85% 90% goal
	Overall Performance Indicators	81% 100% goal

Key:

Goal Met	Goal Progress	Goal Not Met
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Your Human Resource Center	
Demand	The agency has a caseload of over 1228 (ytd) active consumers.
	The agency did not have a waiting list for consumers.
	Referral sources in the community referred an average of 8 consumers for services in the quarter.
	Over 90% of referral sources indicated that the referral-making process was easy, timely and that resultant reports are of high quality.
	Over 25 different community resources referred consumers to the agency.
	The most common assigned diagnoses for treatment consumers are Adjustment disorders, Alcohol-related disorders (Dependence, Abuse, NOS) and Cannabis-related disorders (Dependence, Abuse, NOS).
	The ratio of Substance Abusing to Substance Dependent consumers is nearly 1:2 (1.78) and the ratio of Mental Health to Substance Related consumers is nearly even at 1:1.17.
Performance	The agency successfully completed recertifications processes by both OHMH and ODADAS.
	The agency is able to offer consumers appointments within 7 days of their first contact with the agency.
	Consumers evaluated the agency's services at an average of 4.25 of a possible 5 (85%).
	The average length of stay for all consumers is 264 days – over 72% of a year.
	On average, outpatient consumers completed 72% of their treatment goals.
	At termination, 64% of consumers have stable housing and 46% have stable employment.
	Agency Peer Review, Completeness of Record Review and Fiscal Audit Review compliance met stated goals.

Your Human Resource Center: State Fiscal Year 2011										
Treatment Program: 9 - Week AOD Group Treatment Only										
Board Investor Target: #1 Adults involved with the criminal justice system, especially those referred by municipal and county Courts for alcohol and drug-related issues.										
Consumers: #2. a - f: Consumers shall become engaged in treatment beyond intake; remain abstinent, reflect a reduction in level of care; involvement in local recovery community; reduce (further) involvement in the criminal justice system maintain/obtain viable employment. These consumers receive Group treatment and may/may not receive some Individual Treatment – 260 estimated annually.										
Outcome: Establish abstinence in majority of Group AOD Treatment Discharges who are Substance Dependent – estimated 90 annually.										
Performance Target: Assessment and Group Treatment services will be provided to 90 Substance Dependent consumers annually with 50 of 90 (56%) maintaining abstinence at Discharge.										
#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 rd Qtr.	YTD	4 th Qtr	YTD [260 est.]	Verification
1	Total consumers enrolled in the quarter [includes all MH and AOD]	260	260	232	492	244	736	250	986	Agency clinical and XAKTSoft records
2	Total [combined] consumers at enrollment who evidenced (a) substance abuse and (b) substance dependency.	134/260 52%	134/260 52%	135/232 58%	269/492 55%	191/244 78%	460/736 63%	195/250 78%	655/986 66%	Agency clinical and XAKTSoft records
3	Total Substance Dependent enrollments	79	79	63	142	66	208	65	273	Agency clinical and XAKTSoft records
4	Total Substance Dependent enrollments who sign Individual Treatment Plan that includes commitment to abstinence and recovery education components	77	77/79 97%	53/63 84%	130	63/66 95%	193/208 93%	58/65 89%	251/273 92%	Agency clinical and XAKTSoft Outcomes Discharge reports
5	Total Substance Dependent consumers completing group program with Reduced Morbidity per an increase in perceived risk and understanding of drug use/abuse* by completing recovery education sessions.	12	12/79 15%	23/63 37%	35	26/66 39%	61/208 29%	45/65 69%	106/273 39%	Agency clinical and XAKTSoft Outcomes Discharge report w/ addition of aftercare graduates
6	Total Substance Dependent consumers completing group program who are transferred to aftercare/relapse prevention	11	11/79 14%	4/63 6%	15	6/66 9%	21/208 10%	9/65 14%	30/273 11%	Agency clinical and XAKTSoft Outcomes Discharge report
7	Total Substance Dependent consumers discharged this quarter	32	32	30	62	34	96	24	120	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	28	28/32	24/30	52/62	29/34	81/96	15/24	96/120	Agency clinical and

	discharged who are abstinent at discharge* [“positive discharge”], and who are:		88%	80%	84%	54%	84%	63%	80%	XAKTSoft records
9a	● Employed*	7	7/32 22%	20/30	84%	27/34	73%	16/24	81%	Agency clinical and XAKTSoft records
9b	● residing in stable Housing*	19	19/32 59%	29/30	77%	25/34	84%	18/24	83%	Agency clinical and XAKTSoft records
9c	● are Ohio HB 484 [CSB] referrals	6	6/32 19%	9/30	24%	6/34	23%	6/24	23%	Agency clinical and XAKTSoft records
9d	● Indigent DUI Drivers [Ohio HB 131]	4	4/32 13%	3/30	11%	11/34	20%	12/24	25%	Agency clinical and XAKTSoft records
9e	● Co-occurring [SAMI] Disorders	3	3/32 9%	8/30	18%	8/34	25%	6	21%	Agency clinical and XAKTSoft records

* SAMHSA National Outcome Measure (NOM)

AOD 9-Week Treatment Group

Core program elements. This is a low intensity psycho-educational group that runs for 9 sessions. However, the basic curriculum for this group is being examined and redeveloped and may shift to 6 sessions in upcoming quarters. These sessions have been designed around information that clients need to know or understand about their lives to live without relying on alcohol and or drugs. These areas have been identified in the literature and include: changing friends and activities, developing drug and alcohol free activities and hobbies, learning to manage anger and other negative feelings appropriately, and learning to communicate in an effective manner.

The client is required to attend and participate for 9 sessions that cover alcohol and drug use as well as aspects of daily living to allow the client to focus on his/her life changes to make for abstinence from alcohol and/or drugs.

The client is required to take an Attitude and Behavior pretest/posttest, as well as a Readiness To Change pretest/posttest to identify the stage of change [action] the client presents, both at admission and again at discharge from treatment.

Lessons Learned: Enrollment for the group has stabilized. Additionally, the AOD group is undergoing a revision that will increase the length, but shorten the quantity of sessions. This change is expected sometime in the next two quarters and may address some of the issues related to consumers starting, but not completing the group.

Your Human Resource Center: State Fiscal Year 2011										
Treatment Program: Wayne and Holmes County Children Services Referrals (WCSB and HDJFS) Group										
Board Investor Target: #4 Multi-need youth, along with their families, involved with multiple service systems who are the target of Family and Children First Council endeavors and Ohio HB 484 legislation.										
Consumers: #2. a, b, e: Consumers' clinical symptoms shall be reduced and family situations stabilized; time spent in out of home placement shall be minimized; other systems [CSB/DJFS] shall indicate high levels of satisfaction										
Outcome: Access and Capacity for timely Diagnostic Assessment of 100% of referrals; effect abstinence in 56 of 70 (80%) of enrollments who enter treatment.										
Performance Target: Assessment and Treatment services will be provided to 70 CSB consumers annually.										
#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 rd Qtr.	YTD	4 th Qtr	YTD [70 est.]	Verification
1	For consumers referred from CSB systems, 95% of total clients referred will receive access per: a) [protective] an initial appointment at YHRC in 7 days of initial contact, or b) [voluntary] initial session at CSB office if requested.	11/11	100%	13/13 100%	100%	8/8	100%	15/20	90%	Agency clinical and XAKTSoft enrollment records
2	For all CSB consumers enrolled, 90% of total enrollments will receive a completed Diagnostic Assessment or Level Six [Psychological] Assessment within 14 days of enrollment [90% client appointment compliance presumed].	6/11 54%	54%	10/13 77%	67%	5/8 63%	65%	20/20	79%	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%	8/8	100%	15/15	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%	8/8	100%	15/15	100%	Agency Progress Notes; XAKTSoft
5	For CSB consumers in AOD, 80% will evidence Reduced Morbidity per abstinence from 1 st session through treatment discharge.*	8/8	100%	8/8	100%	8/8	100%	12/15	95%	Agency clinical and XAKTSoft Discharge Outcome records for SFY 2011 CSB enrollments

* SAMHSA National Outcome Measure (NOM)

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

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

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

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

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

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

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

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

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

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

Support and clinical staff will be encouraged to focus on speeding the delivery of an assessment for these consumers as only a few non-compliant situations (longer than 14 days to completed assessment) cause failure to meet the outcome goal.

Your Human Resource Center: State Fiscal Year 2011										
Treatment Program: Fitting It All Together (FIAT)										
Board Investor Target: #2 Children and youth, along with their families, who evidence traits which make them at-risk for the abuse of alcohol and other drugs.										
Consumers: #2. a, b, c, d, f, h: Children and youth will abstain from the use of alcohol and other drugs; experimental ages delayed; drug free families and peers; children and youth remain in school and progress; cue and support factors of use reduced; developmental assets increased.										
Outcome: Youth will abstain from the use of alcohol and other drugs, remain in school, avoid re-involvement in the juvenile justice system, and increase developmental assets. Consumers will become engaged in the treatment process, show positive behavioral change.										
Performance Target: 50 youth served annually; 45 of 50 (90%) will remain abstinent, remain in school, defer juvenile justice re-involvement, increase assets.										
#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 rd Qtr.	YTD	4 th Qtr.	YTD [50 est.]	Verification
1	100% of youth will be referred by the juvenile courts of Wayne County	100%	100%	100%	100%	100%	100%	100%	100%	Agency records; XAKTSoft records
	a) [FIAT] enrollments effective 7/1/10	26	26	0	26	22	29	20	31	Agency records
	b) new enrollments per respective quarter after 7/1/09	0	0	1	1	2	4	2	6	Agency records
	c) discharges per respective quarter after 7/1/10	0	0	1	1	1	7	2	9	Agency records
	d) total served year to date	26	26	27	27	0	29	2	31	
2	95% of youth admitted will complete an initial drug screen	91%	91%	91%	91%	96%	96%	93%	95%	Agency records; XAKTSoft records
3	95% of youth admitted will complete a Diagnostic Assessment	100%	100%	100%	100%	100%	100%	97%	99%	Agency records; XAKTSoft records
4	95% of youth admitted will complete a Youth Asset Survey (YAS) at intake	100%	100%	98%	99%	96%	96%	97%	97%	Agency records
5	90% of youth will remain in school, work toward a GED, or be employed.	97%	97%	100%	99%	91%	95%	97%	96%	Agency records
6	90% of youth will demonstrate an increase in developmental assets.					91%	91%	90%	91%	Youth Asset Survey
7	80% of youth will demonstrate an improvement on Youth Asset Survey (YAS) at post-test					91%	91%	90%	91%	Youth Asset Survey
8	90% of youth will not become re-involved in the juvenile justice system while in FIAT	96%	96%	92%	94%	91%	93%	90%	92%	Agency records

* SAMHSA National Outcome Measure (NOM)

Fitting It All Together (FIAT)

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

The *Youth Experiencing Success (YES)* Group is an extensive 16-week prevention program designed to empower girls, as well as develop acceptable social, vocational and educational skills while improving self-image, increasing self-awareness and developing internal assets. *YES* also teaches resiliency skills against drugs and alcohol and healthy coping skills. This group allows the youth to experience various programming including instruction in creative outlets such as cooking, painting, making perfume and jewelry, the arts (i.e. attending musicals and plays), physical fitness and general well. Necessary living skills are also a focus, including discovering community resources, budgeting, and job skills. The program holds a strong emphasis on the importance of education. In Fiscal Year 2011, four young ladies successfully completed the *YES* Group. One graduated high school and enlisted in the Army with an entrance date in August 2011. Two remain successfully achieving at the Wayne County Schools Career Center. Unfortunately, the fourth young lady dropped out of school at age 18, but she is employed part-time and often seeks further support from agency services.

The step-up prevention group, *In It To Win It*, meets the growing needs of young ladies who have successfully completed the *YES* Group and desire further interaction and supportive services. The *In It To Win It* Group helps the youth “have better, be better and do better” than their former selves. It addresses independent living skills and being a positive role model. In Fiscal Year 2011, only one young lady chose to participate, and she was successful in her

endeavors. Unfortunately, the death of her father led to her moving out of Wayne County and discontinuing services.

Two young ladies received Intensive Case Management Services in Fiscal Year 2011. One had a child at the age of 17 but managed to complete her junior year of high school. She has sincere plans to return to high school in the fall. She receives supportive services from YHRC, Help Me Grow and from Wayne County Children Services. The youth is involved with Children Services due to permanent removal from her mother's home through no fault of her own; she and her child are in the same foster home. One young lady successfully completed Intensive Case Management. She turned 19 this year, works full-time, graduated from high school and wants to be a nurse. Intensive Case Management is designed to help young ladies transition from adolescence to adulthood.

Each female *FIAT* youth participated in Child Abuse Prevention week/month activities, engaged in community service above any required by Wayne County Juvenile Court, and participated in other community events that promote a sense of belonging and community pride. Two active *YES* Group youth (females) attended PRIDE – an anti-drug prevention youth conference in Toledo, Ohio. These young ladies gained a great deal of knowledge regarding stress and anger management and the harmful effects of drugs and alcohol. They also learned new techniques for developing strength and resiliency skills and began to form lasting relationships with positive youth from all around the country. They often discuss their trip to PRIDE and hope for the opportunity to return in 2012.

While the name is generally applied to the entire program, the *Fitting It All Together* (FIAT) program is actually reserved for male participants. The main prevention function of *FIAT* is to provide opportunities for the development of basic socialization skills. To this end, *FIAT*

staff plan and supervise recreational and social skills prevention programming. During the fiscal year, 15 male youth were served in the program. Of these, four were terminated successfully during the year. A successful termination occurs when a youth completes probation services and completes the goals of their individually-designed treatment plan.

The Hoops and Homework program occurs weekly (during the school year) as a component of *FIAT*. In cooperation with the College of Wooster, Hoops and Homework allows youth who participate to develop a personal relationship with volunteers from the College of Wooster Men's Soccer Team. Once a week, the youth receive tutoring, a meal and a chance to get involved in some physical activity with the volunteers. Both the youth and volunteers enjoy the program, which has now been running for seven consecutive years – with a contract providing for the program's continuance for an eighth. Most youth participating in this program have shown a commitment to improving their academic record or school performance and some develop increased self-confidence. Seven youth participated from September 2010 to May 2011 and each of the boys advanced to their next grade level.

In addition to the Hoops and Homework program, the *FIAT* Youth Development Worker organized weekly educational and/or recreational programs throughout the fiscal year. Such activities are designed to provide structured, pro-social activities in an ongoing format focused on enhancing life skills for juvenile males. Practical topics coupled with hands-on activities permit participating youth to improve their social abilities and develop additional skills. Some of the highlights in the fiscal year were a trip to attend Cirque du Soleil's "Holidaze" performance at the Cleveland Playhouse, zip-lining at Hocking Hills State Park, canoeing at Mohican State Park, and attending PRIDE (2 male youth) in Toledo, Ohio. Additionally, consumers attended a Cleveland Indians game, Akron Aeros games, a basketball game and campus tour at the

University of Akron. Consumers also went to the Great Lakes Science Center, Akron Zoo and Pro Football Hall of Fame. Tickets were donated for a Cleveland Cavaliers game and seven youth attended the game. Other highlights include snow-tubing at Snow Trails and attending the outdoor drama “Tecumseh!” in Chillicothe, Ohio.

In addition to the group activities noted above, the *FIAT* program also develops and plans small group or individual activities. These include recreational activities like trips to the YMCA or Rittman Recreational Center for swimming and basketball. Youth also participated in activities at many local parks – such as trails for hiking and biking and disc golf and fishing.

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

Your Human Resource Center: State Fiscal Year 2011										
Treatment Program: Individual AOD Treatment Only										
Board Investor Target: #1 Adults involved with the criminal justice system, especially those referred by municipal and county Courts for alcohol and drug-related issues.										
Consumers: #2. a - f: c9 Consumers shall become engaged in treatment beyond intake; remain abstinent, reflect a reduction in level of care; involvement in local recovery community; reduce (further) involvement in the criminal justice system maintain/obtain viable employment. These consumers receive NO group treatment.										
Outcome: Establish Reduced Morbidity (abstinence) in majority of Individual AOD Treatment Only Discharges who are Substance Dependent [60 annual estimate] and total of 200 AOD abusers/related use annually.										
Performance Target: Assessment and Individual Treatment Only services will be provided to 200 Alcohol and Other Drug (AOD) consumers annually. Of Discharges, 36 of 60 (60%) Substance Dependent and 100 of 200 (50%) AOD Abusers/Related Use annually will achieve abstinence.										
#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 rd Qtr.	YTD	4 th Qtr	YTD [60 est.]	Verification
1	Total consumers enrolled in the quarter [includes all MH and AOD]	260	260	232	492	244	736	250	986	Agency clinical and XAKTSoft records
2	Total [combined] consumers at enrollment who evidenced (a) substance abuse and (b) substance dependency.	134/260 52%	134/260 52%	135/232 58%	269/492 55%	191/244 78%	460/736 63%	195/250 78%	655/986 66%	Agency clinical and XAKTSoft records
3	Total Substance Dependent enrollments	79	79	63	142	66	208	65	273	Agency clinical and XAKTSoft records
4	Total Substance Dependent enrollments who sign Individual Treatment Plan that includes commitment to abstinence and recovery.	77	77/79 97%	53/63 84%	130	63/66 95%	193/208 93%	58/65 89%	251/273 92%	Agency clinical and XAKTSoft records
5	Total Substance Dependent consumers discharged with Reduced Morbidity per an increase in perceived risk and understanding of drug use/abuse* resulting from completing counseling.	23	23/79 29%	19/63 30%	42/142 30%	19/66 29%	61/208 29%	45/65 69%	106/273 39%	Agency clinical and XAKTSoft Outcomes Discharge reports.
6	Total Substance Dependent consumers discharged this quarter	23	23/79 29%	30	53	34	87	22	109	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:	41	41	24	52/62 84%	29/34 85%	81/96 84%	15/24 63%	96/120 80%	Agency clinical and XAKTSoft records
9a	• Employed*	24	24/41 57%	14/24	58%	27/29	41/58 71%	16/24	81%	Agency clinical and XAKTSoft records
9b	• residing in stable Housing*	37	37/41 90%	23/24	92%	25/29	48/58 83%	18/24	83%	Agency clinical and XAKTSoft records
9c	• have had no new arrests since intake*	34	34/41 83%	15/24	75%	21/29	36/58 62%	6/24	23%	Agency clinical and XAKTSoft records

9d	● are Ohio HB 484 [CSB] referrals	6	6/41 15%	9/24	23%	6/29	15/58 26%	12/24	25%	Agency clinical and XAKTSoft records
9e	● Indigent DUI Drivers [Ohio HB 131]	8	8/41 20%	3/24	46%	11/29	14/58 24%	6	21%	Agency clinical and XAKTSoft records
9f	● Co-occurring [SAMI] Disorders	12	12/41 29%	8/24	31%	8/29	16/58 28%	15/24 63%	96/120 80%	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. Additionally, the agency assessment instrument is in final stages of revision and should be implemented in the 3rd Quarter.

Your Human Resource Center: State Fiscal Year 2011										
Treatment Program: Substance Abusing Mentally Ill (SAMI) Group										
Board Investor Target: #5 Adults with severe and persistent mental illness, especially those who may be homeless or at risk of hospitalization.										
Consumers: #2. a, e, h: Consumers engaged in meaningful productive activity or employment; consumers actively participating in their treatment planning and recovery process; consumers having stable housing										
Outcome: Effect abstinence in 80% of enrollments at Discharge										
Performance Target: Assessment and Treatment services will be provided to 70 SAMI consumers annually (Quadrants 1 and 3).										
#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 rd Qtr.	YTD	4 th Qtr	YTD [70 est.]	Verification
1	Total SAMI consumers enrolled (Quadrant 1 and 3) receiving assessment and diagnosis	35	35	36	71	39	110	33	143	Agency clinical and XAKTSoft records
2	Total SAMI consumers at enrollment who are identified for prescribed psychotropic medications at intake.	9	9	11	20	14	34	17	51	Agency clinical and XAKTSoft records
3	Consumers will become engaged in the treatment process per completion of an Individualized Treatment Plan.	30	86%	34	90%	37	94%	29	89%	Agency clinical and XAKTSoft records
4	Consumer will reflect Reduced Morbidity per increasing perceived risk and understanding re drug use/abuse.*	24	69%	29	75%	33	85%	20	72%	Agency clinical and XAKTSoft records
5	Consumers will experience increased retention per a median Length of Stay (LOS) of approximately 105 days in treatment before discharge.*	6	17%	15	30%	17	44%	30	45%	Agency clinical and XAKTSoft records
6	Consumer will evidence Reduced Morbidity per abstinence* from 1 st session through discharge.	19	54%	17	51%	25	64%	27	63%	Agency clinical and XAKTSoft records

* SAMHSA National Outcome Measure (NOM)

Substance Abusing Mentally Ill

Core program elements. This treatment program is offered to those clients who have both a diagnosed major mental illness and a diagnosed drug and alcohol use/abuse/dependency diagnosis; the terms substance abusing mentally ill (SAMI), dual-disordered, dual-diagnosis, or co-occurring disorder are alternately applied to this demographic category.

The methodology of the program model is research-based, SAMHSA-endorsed as a “best practice” approach, one salient version being the recognized *integrated dual-disordered treatment* (IDDT) model, adopting many – but not all – of the model’s salient elements.

Within this model’s treatment-need categorization, clients with a diagnosed drug and alcohol use/abuse/dependency diagnosis and a mental disorder which is non-major, are also categorized using a 4-quadrant ranking system to identify treatment severity.

Alcohol and drug treatment interventions are provided in collaboration with mental health counseling, and in collaboration with The Counseling Center case management and pharmacotherapy programs for those clients who are placed in Quadrant I (major mental illness and alcohol/other drug dependency).

Outcomes for this client population are linked to *national outcome measures* (NOMs) endorsed by SAMHSA and other national treatment advisory bodies.

Delivery strategy. Program staff employ standardized and validated assessment tools to accurately diagnose mental health and alcohol/other drug usage, ascertaining whether usage patterns constitute use, abuse, or dependency. Appropriateness for outpatient level of care is confirmed per application of Levels of Care criteria per the American Society of Addictive Medicine.

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

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

Lessons learned. Based on increasing severity of consumer need (as evidenced by the increase over last year of *SAMI* consumers), the agency had developed and implemented a Moral Reconciliation Therapy group as extension of the agency's collaboration with Wayne County Common Pleas Court, but low attendance rates have left an opportunity for continued program development to address the unique needs of these consumers.

Overall, outcomes for this group have increased significantly. This may be indicative of the agency's efforts to outreach to consumers to extend length of stay where evidence-based practice recommends it, or a pattern caused by the current state of the area mental health and substance abuse system, where *YHRC* is seeing an increase in consumers who would otherwise be engaging services at another area service provider. This will continue to be monitored throughout *SFY* 2011.

The Development Officer is undertaking an effort to learn the details of IDDT and will begin development of a strategy for IDDT implementation in coming quarters through the support of the Center for Evidence-Based Practices at Case Western Reserve University.

Other Programs and Services

Evaluation of these programs has been delineated in the Fiscal Year 2012 Annual Plan as outcomes evaluation will be shifting to fidelity-based outcomes measures.

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. A Masters-level intern will be developing an outcome tool for these programs to use collaboratively as part of their duties with the agency and thereafter, such outcomes will be tracked and presented herein.

Theft Awareness and Reconciliation Program

The outcome evaluation for this program will be fully implemented at the beginning of the following fiscal year in align with the agency’s movement to fidelity-based outcomes evaluation.

Moral Reconciliation Therapy Group(s)

This group has proved difficult to implement stably because of extensive variability in referrals at any given time. As such, this initiative has been abandoned until such time as referrals to the group can be continually relied upon.

Other Programs

Planning is underway to include brief outcome-related reports for non-core programs (i.e. Holmes County Prevention Coalition, adult and youth WIA programs in Holmes County, Safe Communities and Ohio Children’s Trust Fund programs in both Wayne and Holmes Counties) in the coming fiscal year as the agency shifts to fidelity-based outcome measures.

