

Annual Report



***SFY* 2009**

Your Human Resource Center

Continuous Quality Improvement, State Fiscal Year 2009
Your Human Resource Center of Wayne and Holmes Counties
Mark E. Woods, Quality Improvement and Development Officer
August 31, 2009

State Fiscal Year (SFY) 2009 Annual Report: Your Human Resource Center (YHRC)

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

Referral Source	SFY 2008		SFY 2009	
	n	%	n	%
Self	128	13	133	13
Unknown*	7	1	14	1
Attorney	16	2	20	2
Wayne County Adult Probation	4	0	1	<1
Wayne County Municipal Court	227	23	311	30
Wayne County Municipal Court: Home Arrest	8	1	4	<1
Wayne County DJFS - Work First Training	133	13	115	11
Wayne County Common Pleas Court	48	5	64	6
Wayne County Juvenile Court	117	12	56	5
Holmes County Municipal Court	7	1	41	4
Holmes County Juvenile Court	25	3	25	2
Holmes County Common Pleas Court	4	0	5	<1
Holmes County Adult Probation	32	3	4	<1
Ohio Adult Parole Authority	16	2	29	3
Ohio Dept. of Youth Services	7	1	5	<1
Ohio county courts outside Wayne-Holmes	59	6	30	2
Other Wayne-Holmes Municipal Courts	0	0	2	<1
Wayne County DJFS [non-Work First]	0	0	1	<1
Wayne County Children Services Board	36	4	21	2
Holmes County Job and Family Services	1	0	3	<1
Holmes County DJFS - Children Services Unit	8	1	8	<1
Project Stay	0	0	0	0
Ohio CSBs outside Wayne-Holmes	6	1	2	<1
MHR Board of Wayne-Holmes Counties	0	0	1	<1
Ohio Rehabilitation Commission	0	0	0	0
County High Schools	15	2	6	<1
Christian Children's Home of Ohio	6	1	10	1
Dr. Radwan/ Other physicians	0	0	1	<1
STEPS	1	0	2	<1
The Counseling Center of W-H Counties	5	1	7	<1
Employers & EAPs	22	2	21	2
Source One Group	5	1	8	<1
Family & Friends	12	1	8	<1
All Other Sources	32	3	100	9
Total	987	100%	1058	100%

An increase in client enrollments occurred over the 2009 SFY, up 71 clients from the previous fiscal year. The Wayne County Municipal Court had significantly higher rates of

referral enrollment in SFY 2009, with other referral sources remaining largely stable. This is likely indicative of increased collaboration, especially related to group therapy program services and negotiated increases in reporting schedule deviations with probation officers.

Referral Source Satisfaction

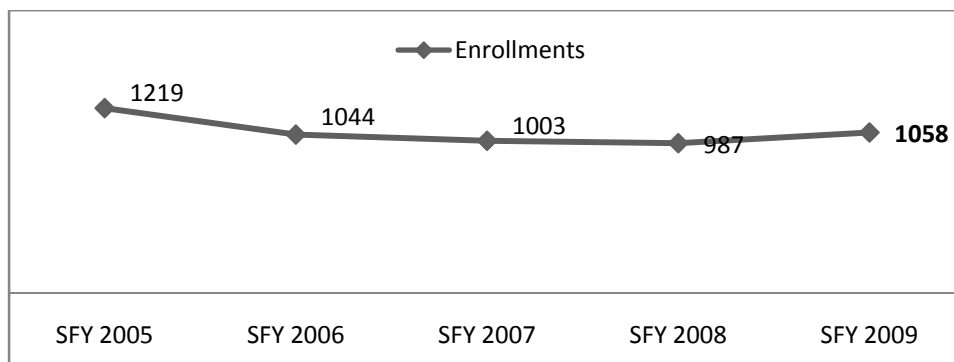
Table 2, below, displays the results of the annual agency referral source satisfaction survey. This survey is sent to all previous referral sources and carries the option of confidentiality for respondents. This year, 26 agencies responded.

Table 2 – Referral Source Satisfaction Survey Results

How many referrals has your agency made?	1462 / 52 avg.
How easy is it to make referrals?	3.7 on 4.0 scale (1 Difficult, 4 Easy)
Were referred clients seen in a timely manner?	Yes (1.05: 1 = Yes; 2 = No)
Were reports about referred clients send in a timely manner?	Yes (1.07: 1 = Yes; 2 = No)
Did reports provide adequate and relevant information?	Yes (1.08: 1 = Yes; 2 = No)
Did referred clients report any problems with YHRC services?	No (1.96: 1 = Yes; 2 = No)
Was requested general information sent in a timely manner?	Yes (1.09: 1 = Yes; 2 = No)

The results of the referral source survey demonstrate overall approval of YHRC’s services.

Chart 1: Enrollments SFY 2005 to SFY 2009



Urinalysis Screening

YHRC performed a total of 2673 urinalysis screens for individuals and agencies in SFY 2009 (increase of 7%). Of these, 546 were full panel dip tests of alteration tests (tests for an

altered specimen). The remainder (2127) were run through *YHRC*'s testing machine for greater reliability standardization. Screenings are not considered enrollments, but contribute to the total flow of clientele within the agency.

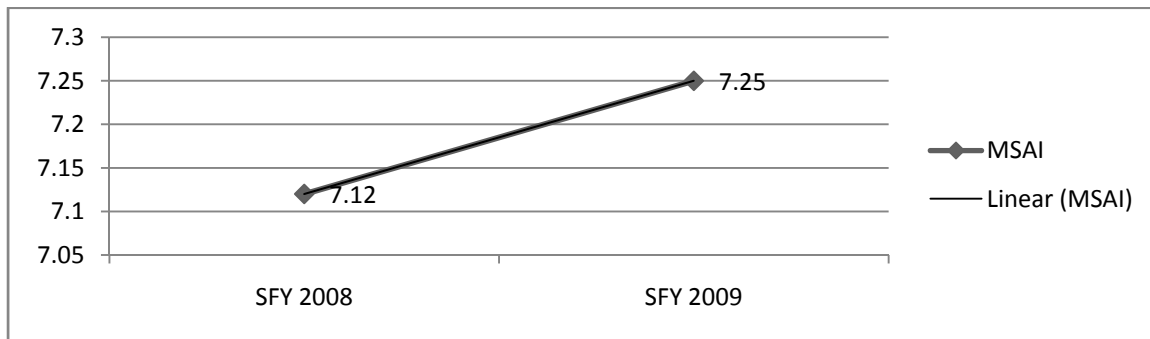
Enrollments with 131/Indigent Driver Status

There were 49 (1 increase from *SFY* 2008) new enrollees due to a 1st charge of *Driving Under the Influence* (DUI) status and 38 (9 decrease from *SFY* 2008) additional enrollees due to a 2nd or greater lifetime *DUI* status. Of the 87 (8 decrease from *SFY* 2008) total *DUI* status clients, 10 were deemed indigent (decrease of 1 from *SFY* 2008) based on requirements.

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 schedule clients 7 days of initial contact. Management will review human resources to reduce the mean service admission interval to within agency policy frameworks and aim to continue to reduce this interval toward the best practice standard of 2 days. For *SFY* 2009, the mean service admission interval is 7.25. This is a slight increase from last fiscal year and appears wholly related to operations at the Millersburg satellite office. This will be examined, analyzed and strategies to reduce will be implemented in *SFY* 2010.

Chart 2 – Comparison of Annual Mean Service Admission Intervals



Enrollment Demographics

The data in the demographic table (Table 3) below are based on the agency database dataset values of 1326 clients served and 1058 new enrollments in SFY 2009. There were 1096 discharges in SFY 2009. The average enrolled days for discharged consumers is 239 days, or approximately 8 months.

New admissions for SFY 2009 are up 8% from SFY 2008. All categories (Gender, Age, Race, Marital Status, Income and Residence) reflect stark historical consistency to previous fiscal years' data. However, three findings are potentially different and worth further consideration. First, the consumer population appears to be less racially diverse. The rationale and impact of this finding is unclear, but this phenomenon will be tracked over the coming quarters. First analyzed last fiscal year, data on client income begins to demonstrate that newly enrolling clients are poorer. Two percent more clients report an annual income of less than \$5000, which demonstrated a 2% increase in SFY 2008. The impact of this phenomenon on agency services relates directly to fiscal dependence on Medicaid and local board funding so this will continue to be analyzed and strategies will be developed by the Quality Improvement Committee to address a poorer client population (i.e. possibly including minimum-level client fees for services). This likely relates to the overall economic status of the area, state and nation and is likely to continue to rise. All other data and grouping are stable from SFY 2008 (and SFY 2007). Because the reported total differs, client mean education level is described separately below.

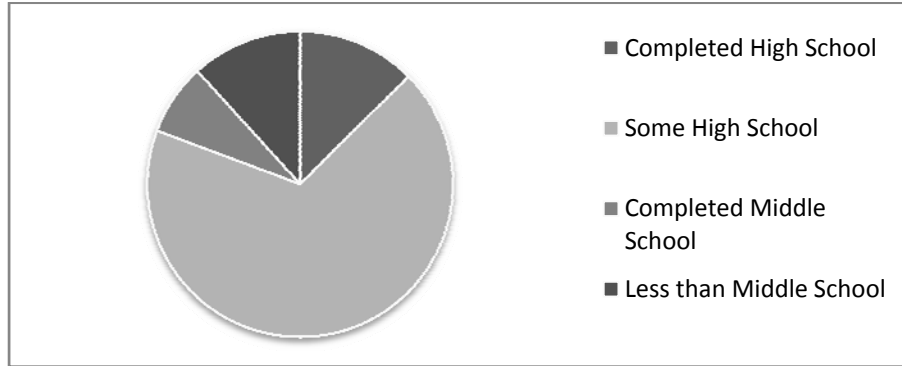
Table 3 – Client and Enrollment Demographics Compared to SFY 2008

	Total Clients	%	New Admissions	%	Admissions SFY 2008	%
	1326	100	1052	100	970	100
Gender						
<i>Male</i>	799	60	648	62	601	62
<i>Female</i>	512	39	399	37	368	38
<i>Missing</i>	15	1	5	1	1	0

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Age (years)						
<i>0 - 5</i>	9	1	8	1	0	0
<i>6 - 9</i>	11	1	1	1	5	1
<i>10 - 17</i>	197	15	158	15	163	17
<i>18 - 20</i>	196	14	166	16	154	16
<i>21 - 34</i>	530	40	430	41	371	38
<i>35 - 54</i>	345	26	262	25	255	26
<i>55 - 59</i>	22	1	18	1	12	1
<i>60+</i>	15	1	9	1	9	1
<i>Missing</i>	1	1	0	0	1	0
Race						
<i>White</i>	1244	94	988	94	932	96
<i>Black</i>	51	3	42	3	23	2
<i>Hispanic</i>	11	1	10	1	7	1
<i>Asian</i>	2	1	2	1	1	0
<i>Other</i>	18	1	10	1	4	0
Marital Status						
<i>Single</i>	926	70	745	71	680	70
<i>Married</i>	190	14	155	15	136	14
<i>Divorced</i>	130	10	94	9	91	9
<i>Widowed</i>	5	1	2	1	5	1
<i>Other</i>	75	5	56	4	58	6
Income						
<i>< \$5000</i>	645	49	508	49	443	46
<i>\$5000 - \$9999</i>	123	9	97	9	77	8
<i>\$10K - \$14999</i>	142	11	106	10	103	11
<i>\$15 K - \$19999</i>	130	10	107	10	97	10
<i>\$20 K - \$29999</i>	127	10	106	10	112	12
<i>\$30 K - \$39999</i>	73	5	59	6	50	5
<i>\$40 K - \$49000</i>	33	2	26	2	37	4
<i>\$50000+</i>	53	4	43	4	51	5
Residence						
<i>Wooster</i>	501	38	404	38	349	36
<i>Rittman</i>	117	9	98	9	90	9
<i>Orrville</i>	168	13	141	13	109	11
<i>Other Wayne</i>	234	18	212	21	220	23
<i>Millersburg</i>	151	11	104	10	92	9
<i>Other Holmes</i>	88	6	72	7	76	8
<i>Other County</i>	64	4	21	2	33	3
<i>Unknown</i>	3	1	0	0	1	0

Chart 3 – Education Level of YHRC Clients



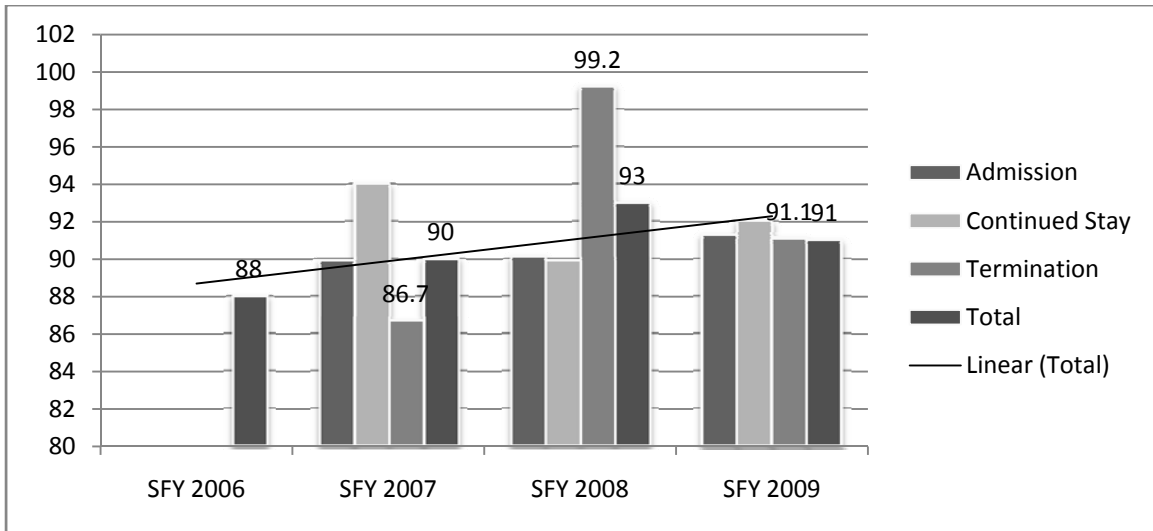
As displayed in Chart 2, above, education level is a significant descriptor of *YHRC* clients. The groups displayed are rough approximations as this data is collected in number of completed educational years rather than milestones or achievements (i.e. “Completed High School” may include clients that have completed more than 13 years of schooling, without necessarily finishing graduation requirements). Nevertheless, of those clients with some high school experience, only 15.6% have completed. Additionally, nearly 20% (19.34) of *YHRC* clients have no high school education experience. This value is not significantly changed from the last fiscal year.

Utilization Review

A total of 187 records were reviewed in State Fiscal Year 2004 by the Utilization Review Committee; this service review activity was comprised of sixty-four (64) admission, fifty-four (54) continued stay, and sixty-nine (69) termination record reviews. For the 187 records, 18 deficiencies were identified for the three respective review types; this finding results in an Overall Service Utilization Compliance Rating of 91%. This rating indicates that the agency is doing a very satisfactory job of determining the appropriateness and necessity of client need for admission, continued stay, and termination of services. The annual achievement is consistent with the agency’s Utilization Review compliance standard of 90% as established in the agency

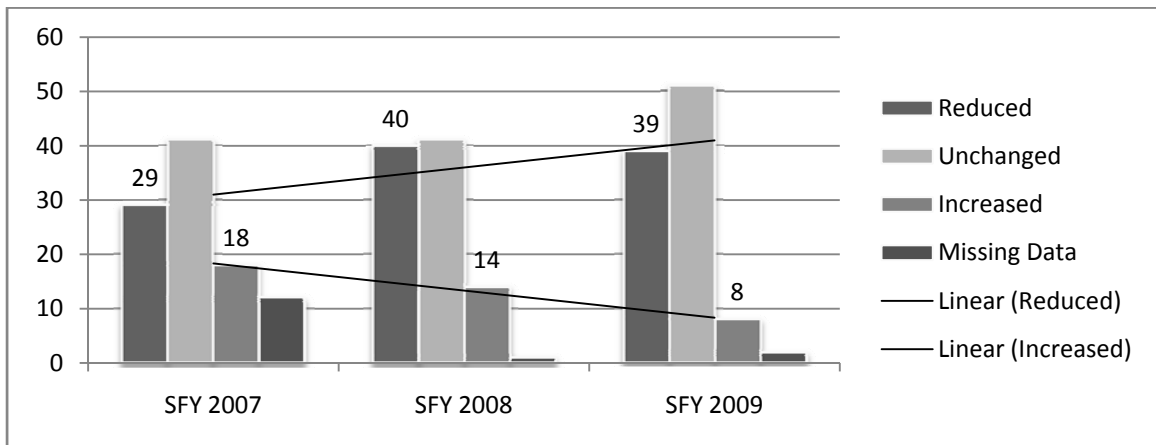
Quality Assurance Plan. Of the 187 records examined, 133 involved adult consumers and 55 involved child consumers. Of the 187 consumers, 122 presented substance abuse problems, 59 presented only mental health problems, and 6 presented with both substance abuse and mental health problems.

Chart 4 – Annual Utilization Review Compliance Percentages



Increases over the last fiscal year in charting compliance appear to have been sustained. The Utilization Review committee will continue to monitor to ensure the 90% guideline is met.

Chart 5 – Percentage of Substance Abuse Termination Level of Care Ratings



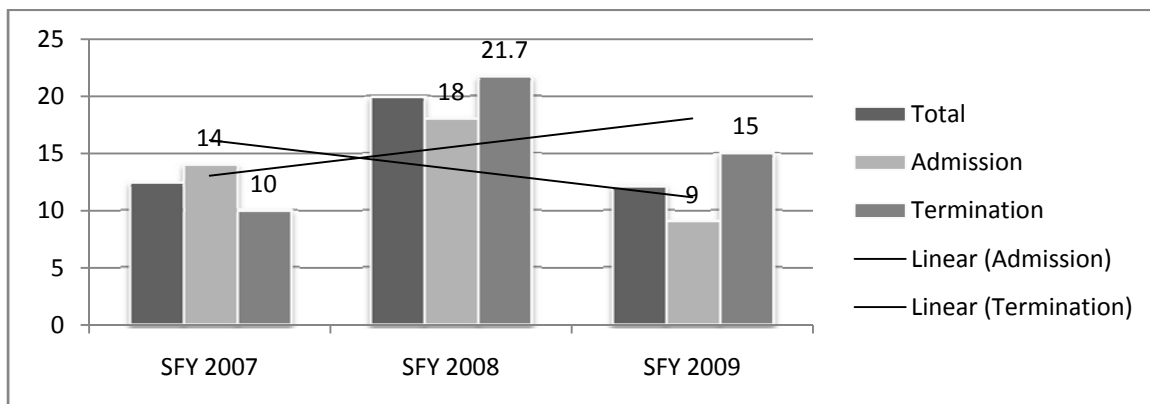
The average length of stay for terminated clients in SFY 2009 was approximately 7 months, 24 days. This is slightly higher than in SFY 2008 (7 months, 21 days), but significantly higher than in SFYs 2007 (4 months, 11 days) and 2006 (4 months, 18 days). SFY 2009 marks sustaining values in terms of mean percentage of treatment goals completed – 71%. This is a decrease from 73% in SFY 2007, but is higher than 66% from SFY 2006 and 69% in SFY 2008.

Completeness of Record Review

During the fiscal year, a total of 598 client records were examined under the Completion of Record Review; 177 of these records were for termination of services, 326 were for admission to services, and 95 other records. For the 598 total records reviewed, 524 were free of deficiencies, for an annual Overall Compliance Rate of 88 % - increased from the SFY 2008 compliance rate of 80.1% to the SF 2007 level. Of the 598 total records involved in the review, 177 (30%) involved clients with mental health problems, 376 (63%) with alcohol or other substance abuse, and 45 (8%) clients presented both mental health and alcohol/substance abuse issues. Of the 598 total records reviewed, 169 (28%) were children and 429 (72%) were adults.

As demonstrated in the chart below, the overall compliance is most significantly a problem of termination records, though this being a focus in SFY 2009 is evident by the decrease of termination deficiencies in the last fiscal year.

Chart 6 – Annual Comparison of Completeness of Record Review Deficiency Percentages



Peer Review

The agency's Peer Review Committee reviewed a total of 132 records for the fiscal year to assure that services delivered were clinically pertinent and appropriate. Accordingly, each record was reviewed regarding the services provided for (a) the intake/diagnostic assessment, (b) counseling, and (c) client transfer and interagency referral. Of the 132 records reviewed, 107 were found to be compliant, and 25 were found to be deficient; this results in an annual Overall Peer Review Compliance Rate of 81% - higher than the SFY 2008 rate.

Corrective action for deficiencies was recommended by the committee and the Quality Improvement Officer ensured correction within 3 business days of notification. There is no indication that review deficiencies on any one item exceeded 20% of the total Peer Review deficiencies for the fiscal year. If so, such a finding triggers a Focused Evaluation per the agency Quality Assurance Plan. The specific review criteria linked to deficiency trends will continue to be monitored quarterly to determine any which meet/exceed 20% of the total for the fiscal year.

Approximately 61% of the reviewed records were adult consumers (39% youth) and 42% (55) of the records were for consumers with mental health diagnoses, 38% (50) were for substance abuse problems and 20% (26) were for clients with dual diagnoses. No records were deficient within the transfer/referral service review, down 1 deficiency from SFY 2008. No such records were deficient in SFY 2007. The remainder of deficient records were split equally among diagnostic (12) and counseling (13) service reviews.

The overall rate of nearly 81% is significantly higher than the SFY 2007 rate of 60% and slightly higher than the SFY 2008 rate. Review items were all significantly less deficient than in

previous years (especially 2007, holding similar to 2008) for both the diagnostic and counseling services reviews.

Major Unusual Incidents

During SFY 2009, there was one *Major Unusual Incident* (MUIs), or “reportable incident” - as defined by the Ohio Department of Alcohol and Drug Abuse Services (MUIs) and the Ohio Department of Mental Health (reportable incidents). In addition, there were no client grievances and no client rights violations during the fiscal year. The twenty-one (21) non-major unusual/non-reportable incidents occurring during the year did not involve any significant harm or injury to staff or clients and were processed appropriately by agency staff. This is 8 greater unusual incidents in the fiscal year compared to SFY 2008. None of these non-major unusual/non-reportable incidents constituted allegations of staff neglect of clients, or verbal, physical, or sexual abuse of a client. These incidents have also been reported in the respective agency quarterly quality assurance reports and to the Mental Health and Recovery Board of Wayne and Holmes Counties. A chronological summary of all incidents, including the respective MUI/RIs for the fiscal year follows.

- 1st Quarter - 07/18/08 – Staff for the Summer Youth Employment program walked into a room at Holmesville Elementary to pick up a time sheet. There was no sign marking “wet paint,” and the staff member slipped on the paint (floor) and fell – landing on their back. The janitor and a student helped clean the staff member. Staff advised to watch for back pain and report accordingly.
- 1st Quarter - 07/28/08 – Office staff received a call from the Commercial Savings Bank (Millersburg) because they had received and opened mail addressed as Holmes County CSB, but the information within – a drug screen result – was supposed to have been delivered to Holmes County Children Services. The bank returned the screen result and envelope for forwarding. Future correspondence to Holmes County Children Services will be addressed as: Holmes County Department of Job and Family Services, Attention: Children Services, 85 North Grant Street, PO Box 72, Millersburg, Ohio 44654.
- 1st Quarter - 07/28/08 – Student participants in the Summer Youth Employment program were traveling to the program luncheon and were struck by another vehicle on the

passenger side. Program staff talked with one student's mother and the other student (18) and each refused medical treatment and verified their status. Students were advised to watch for any pain that arises and report accordingly. Students were taken home.

- 1st Quarter - 08/18/08 – Partner staff in the Rittman Office tried to reset a malfunctioning phone in the office by unplugging wires from the phone which initiated sparks. There were no injuries and no damage. Electrical contractor has been contacted to verify phones are in safe working order.
- 1st Quarter - 08/27/08 – Job Search client in Millersburg Office was using agency computers for personal email and to look at potentially offensive material and pictures. Staff advised client once to cease and then again with raised voice. Staff then followed-up with all consumers regarding appropriate use of agency computers for job search activities only. Staff will continue to carefully monitor each consumer and the appropriateness of their computer-based activity.
- 1st Quarter - 09/03/08 – Client came into the Wooster office and complained to office staff that they were lying about her failure to provide urine samples on August 22 and 25. Client provided another sample and voiced anger about procedures used (observation by two staff) to check for cheating. Client also complained about not being allowed to bring a handkerchief that contained something wrapped in paper towel into the screen room. Staff wrote letter about the incident to caseworker at Wayne County Children Services Board.
- 1st Quarter - 09/22/08 – The mother of a youth in the YES program contacted the Therapist/Worker and advised that youth was threatening suicide, was home alone and was not answering the phone. With mother's approval, Therapist/Worker contacted the Crisis Team and later made a follow-up call to the youth which discovered police and Crisis Team had deemed youth at risk and were making arrangements for youth to go to Belmont Pines Psychiatric Hospital, Youngstown, Ohio. Staff will provide aftercare, follow-up and linkage to other Therapist in agency with specialty in Bipolar Disorder, of which youth is diagnosed.
- 2nd Quarter - 10/06/08 – A client was sent to *YHRC's* Millersburg office by Holmes County Department of Job and Family Services – Children Services Unit because staff there believed she was withdrawing from Xanax. Client was interviewed by clinician who determined she was really just very anxious and upset over an eviction threat by her mother-in-law and simultaneous involvement with Children Services. Client arrived at *YHRC* Millersburg at 3:40 PM and was reported to be much calmer when she returned to Children Services at 4:10 PM. Client had taken 30 Xanax over the last 4 days but did not demonstrate apparent withdrawal symptoms. The client was opened as a client and agreed to treatment with the interviewing therapist on 10/14/08.
- 2nd Quarter - 10/30/08 – A consumer in the workforce development program in the *YHRC* Millersburg office reported to program staff that they another female consumer was

showing pictures of herself masturbating via her cell phone. The pictures were being shown to both male and female consumers of the workforce development program. Program staff reported that this consumer is very disrespectful and vulgar to staff and other consumers and talks about her bodily function. Staff reported that all of the other consumers were upset. The offending consumer is a required (by Holmes County Department of Job and Family Services) attendee of the job search program. The program coordinator apologized to the consumers who were affected by the incident. Program staff will now require that cell phones are turned off during class time. The program coordinator reported to Sharon Ensign at the Holmes County Department of Job and Family Services and coordinated a meeting with the offending consumer on Monday, November 3, 2008. Program staff will monitor the classroom and consumer behavior more closely to ensure appropriateness and program rules compliance.

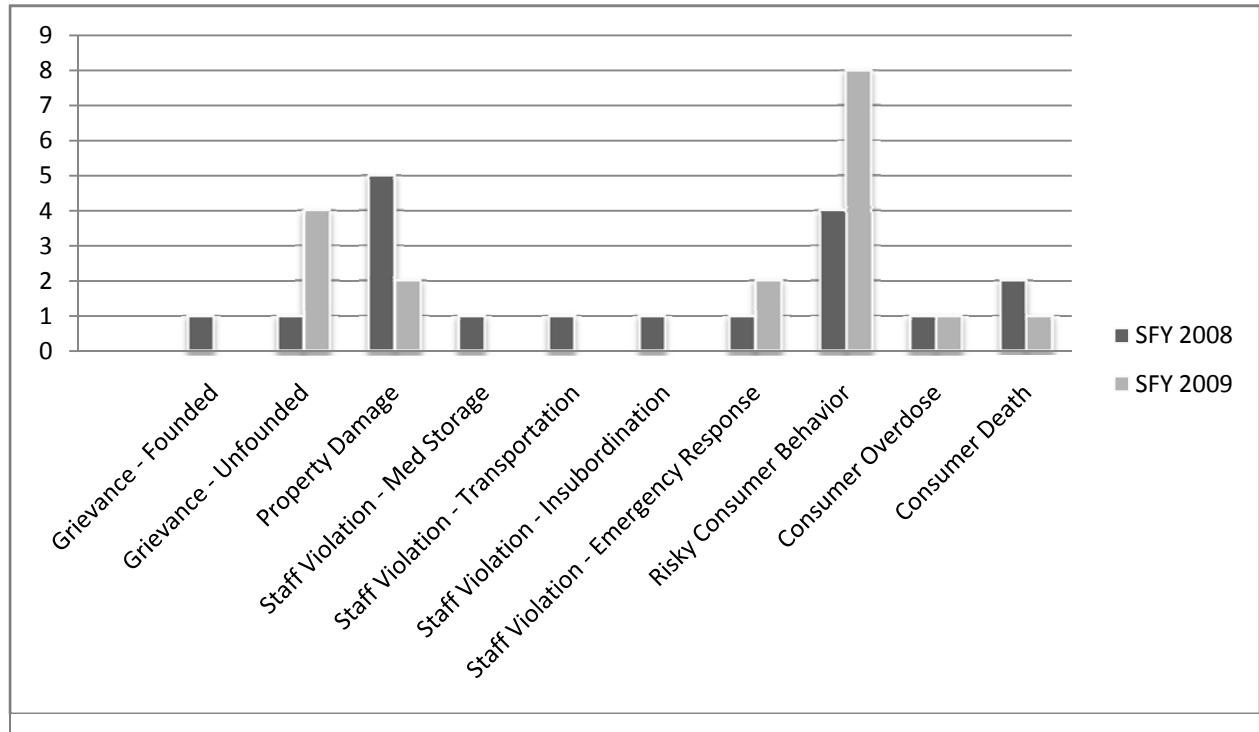
- 2nd Quarter - 12/08/08 – While with a *FIAT* program youth worker, a client reported severe chest pain and shortness of breath. After trying to see it was temporary or not, client reported pain in left arm. The youth worker called the client's father and advised him to meet client and worker at the Wooster Community Hospital emergency room. The client was cared-for at that emergency room and the worker stayed with client until the father arrived. Client was released later with painkillers. The Unusual Incident Form was turned in late to administration and staff has been notified of requirement to report incident within 48 hours.
- 2nd Quarter - 12/30/08 – A client brought a friend with him to his appointment. While in session, support staff called Miller Cab to take the client home. When the cab arrived (approximately 6:00 PM), both the client and friend got into the cab for transportation to the client's home. At approximately 6:15 PM, Sharon from Miller Cab called and spoke with the support staff indicating that the cab driver suspected the client or friend of taking \$30 from the driver's personal wallet. The support staff individual provided Sharon from Miller Cab the client's phone number and informed her that support staff would contact the friend's father – the friend is a former client of the agency. Support staff knew the friend personally as well and support staff provided \$9 of personal money to cover the friend's cab ride. Support staff tried numerous times until 8:00 PM to get in touch with friend's father, but received no answer. Support staff left a message for friend's father to call back. A memorandum was released by the Quality Improvement Officer that outlined *YHRC's* contract with Miller Cab which includes service only for clients. Advised staff not to provide personal payment for anyone to ride cab as this may increase agency liability. Advised staff to contact supervisor in irresolvable situations.
- 3rd Quarter - 01/05/09 – At 5:23 PM a Miller Cab taxi driver came to the agency to pick up a client. Clerical office staff noticed smell of alcohol. Staff spoke with two supervisors and followed recommendations to call cab company and inform of the incident. Shirley from cab company called at 5:26 PM and reported she was aware of previous complaints and she would probably have the driver drug tested. Office staff were advised that agency consumers will not be sent with a driver who appears intoxicated or otherwise impaired.

- 3rd Quarter - 02/05/09 – At 3:30 PM the agency Operations Officer was traveling to the bank to make an agency deposit when a woman making a left turn onto the street where staff was traveling and struck the Operations Officer's vehicle on the passenger side. Operations Officer called Wooster Police to the scene and a police report was sent with unusual incident report to MHRB.
- 3rd Quarter - 02/09/09 – At 9:30 AM agency Project STAY staff fell on ice outside of consumer's home. Staff was advised to report such incidents immediately and seek medical attention as deemed necessary.
- 3rd Quarter - 03/25/09 – At 11:00 AM agency Project STAY staff went to the home of consumer for a scheduled home visit. During the visit, the father became agitated and made several verbal complaints towards Holmes County Department of Job and Family Services and staff including wanting several people fired, specifically threatening one Children Services caseworker and anyone else involved stating he would take the law into his own hands, accusing JFS of trying to keep him from taking care of his family by requiring too much counseling which interferes with his employment and that he will do things that break the law such as breaking into homes and selling drugs to get money because of the hassle JFS puts him through. Staff ended the visit because the father was not able to calm down. Staff reported to JFS staff. All home visits with this consumer have been suspended. Additionally, the In-Home Therapy counselor was advised to cease work in this consumer home.
- 4th Quarter – 04/03/09 – At 11:30 AM a FIAT caseworker met with a former client at their request and at lunch at Applebee's in Wooster the former client discussed severe depression and suicidal thoughts. The former client reported having been diagnosed by her OB/GYN with post-partum depression and she was encouraged to meet with a psychiatrist from The Counseling Center, which she had done prior to this meeting on April 3. The former client had been prescribed Zoloft during this session at The Counseling Center and took her first pill during lunch with the FIAT caseworker. The FIAT worker discussed/processed the former client's need to meet with a crisis worker and possibly be admitted to the hospital to address her thoughts and feelings. She agreed and the FIAT caseworker drove the former client to The Counseling Center where she met with Jim Kennedy, Crisis Worker. Through joint discussion with the former client, crisis worker and FIAT caseworker, the former client made the decision to voluntarily enter into Barberton Hospital for observation and stabilization. The FIAT caseworker provided transportation for the former client where she was to be evaluated for at least 72 hours. The former client reported she will engage in outpatient therapy at The Counseling Center and take her prescription as written. The unusual incident was reviewed by the Clinical Director, Executive Director and Quality Improvement Officer.
- **Major Unusual Incident** - 4th Quarter – 04/06/09 – At 1:30 PM a client's father reported to the Millersburg office that the client had committed suicide. The therapist explained confidentiality laws to the father and the inability to release any information to the father. Client's father stated he understood and simply wanted to express concern for the client's sons and their living situation at their mother's home. The therapist provided the phone

number to Children Services to the client's father. The unusual incident was reviewed by the Clinical Director, Executive Director and Quality Improvement Officer and deemed a Major Unusual Incident because of the client suicide. Associated reporting was made, per legal guidelines, to the Ohio Department of Mental Health and Ohio Department of Alcohol and Drug Addiction Services, in addition to the local Mental Health and Recovery Board.

- 4th Quarter – 04/22/09 – At 1:00 PM Breaking the Barriers/WEP staff met with/discussed a client complaint of HCDJFS staff with the HCDJFS staff attorney because the staff member had assisted the client in writing their letter of complaint. The staff member explained that her involvement was secondhand and that her assistance was in terms of advising the client whom to report the incident to, not whether to report the incident. Resultant from this incident, the Executive Director discussed with the HCDJFS attorney and agency staff grievance procedures regarding HCDJFS staff/consumers.
- 4th Quarter – 05/22/09 – In the afternoon, a client's mother called and left a voice message complaining that her daughter was given a urine dip test (unobserved) during the STOP assessment – resultant from the consumer advising the clinician of a history of marijuana abuse. This message was forwarded to the Quality Improvement Officer who discussed this was standard procedure for assessments. Client's mother was advised of grievance procedures if she wanted to file a grievance and she indicated she did not.
- 4th Quarter – 06/09/09 – At 1:00 PM, the agency's Office Manager called the Wayne County Health Department to report that a client reported they have active Hepatitis C. The Office Manager faxed the ODH reporting form to the Health Department as required.
- 4th Quarter – 06/15/09 – At 1:00 PM a consumer of the Breaking the Barriers program used the client restroom in the Millersburg Office and the toilet overflowed – emptying water and waste into the hallway and into the Jobs group-room. The Jobs group was dismissed and a carpet cleaning company was called to clean the area.
- 4th Quarter – 06/26/09 – A 9:20 AM a grievance was filed against Project STAY staff resultant from the 3rd Quarter (03/29/09) unusual incident already reported. The consumer reported his complaints to the Project STAY Director and she forwarded the information to the Assistant Director. No action was taken as the staff in question was released from employment due to budget cuts four days later.

Chart 7 – Annual UIR Trends



Waiting List Management

Consistent with precedent and the Ohio Revised Code, the agency is required to report on whether any of its programs experienced a waiting list for each quarter of the fiscal year.

Accordingly, the following summarizes wait list activity for SFY 2009:

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 the waiting list documented in accordance with our 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.

Client Grievances

As described under “Major Unusual Incidents,” there were no founded client grievances filed with the agency in State Fiscal Year 2009. There were 4 grievances filed in total, though 1 is a duplicate filed with two different entities. One grievance involved a urine screen consumer who was suspected of attempting to provide a false sample and being angry about not being permitted to bring foreign objects into the screen collection room, one involved a consumer’s mother originally frustrated about a urine screen given to her daughter when substance abuse was not initially indicated and the other (duplicate) involved a Project STAY consumer being upset about the time and attention he was paid (versus his spouse and family) in the in-home session. Both situations were reviewed with involved staff to avoid future grievances.

Risk Management Activity

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

Monthly fiscal audits conducted on a random sample of records continue as billings are matched to clinical record documents (i.e. progress notes) as a check on omission or fraudulent billing. Conformance is compared for session time, date and type service code. These audits confirm the accuracy of the agency's electronic billing system and identify gaps in data entry. Errors are identified as either support-staff or clinician-based. Only 6 clinician errors were identified during the 2009 SFY – each for missing progress notes – these were corrected. The Fiscal Audit Review committee also began reviewing monthly *Service Activity Logs* (SALs) for agency staff in order to assure that client timesheets and service allocation/billing is accurate. Only 1 SAL error was identified in the fiscal year and it was corrected prior to billing.

Physical Plant and Safety Review

Fire/Tornado Evacuation Drills

Quarterly fire/tornado drills are required to be conducted at each of the four agency sites. Of the sixteen required drills, 16 (100%; up 6% from SFY 2008) were completed on a timely basis during SFY 2009. During SFY 2009, agency staff conducted bomb drills and hazardous waste spill drills to meet accreditation requirements.

Safety Inspection

A documented safety inspection is required monthly of each office site. This inspection documents and monitors the condition of smoke detectors, annual fire inspection status, availability and condition of first aid kits, fire extinguishers, electrical equipment, exit lights, infection control and environmental hazards to assure a safe environment for clients and staff. Of the 48 required inspections, 45 (94%; decrease of 4% from SFY 2008) were compliant and timely. Noncompliant inspections were all corrected by the next month's report.

At the end of the fiscal year, all four sites have a valid, current fire inspection/re-inspection. The Wooster and Rittman sites required re-inspections due to initial findings, but corrections yielded a complete and valid inspection. There are no unresolved safety hazards pending in any office site.

Table 5 – Safety Reviews by Office Location

Site Office	Date	Evacuation Time	Employees/Clients	Comments	Site Office	Date	Compliant/Reason	Site Office	Date	Compliant/Reason
Wooster	09/26/08	:43	8/0		Wooster	07/31/08	No, Exit light batt.	Rittman	07/09/08	Yes
	12/31/08	2:00	9/0			08/28/08	Yes		08/27/08	No, tweez. / icepak
	3/11/09	:30	10/0	Bomb (02/02/09)		09/30/08	Yes		09/23/08	Yes
	05/27/09	:45	8/0	Tornado		10/31/08	Yes		10/29/08	Yes
Millersburg	07/21/08	6:00	5/4	Tornado		11/26/08	Yes		11/26/08	Yes
	09/23/08	3:00	4/6			12/31/08	Yes		12/22/08	Yes
	11/26/08	2:00	3/3			01/30/09	Yes		01/26/09	Yes
	01/27/09	3:00	2/0			02/02/09	Yes		02/23/09	Yes
	02/11/09	2:00	6/0	Bomb		03/31/09	No, Exit Light batt.		03/18/09	Yes
	3/11/09	2:00	6/6	Waste		4/30/09	No, Bandages		04/06/09	Yes
	06/29/09	3:00	4/2			05/27/09	Yes		05/27/09	Yes
Rittman	07/09/08	:30	2/0			06/30/09	Yes		06/29/09	Yes
	11/26/08	:30	2/0							
	01/26/09	:30	2/0							
	02/23/09	1:00	3/0	Bomb						
	02/25/09	5:00	2/0	Waste	Millersburg	07/31/08	Yes	Orrville	07/31/08	Yes
	06/17/09	:30	2/0	Fire and Tornado		08/29/08	Yes		08/28/08	Yes
Orrville	07/31/08	:34	2/0	Fire and Tornado		09/23/08	Yes		09/25/08	Yes
	10/30/08	:07	3/0			10/21/08	Yes		10/30/08	Yes
	01/22/09	:05	2/0	Bomb		11/26/08	Yes		11/20/08	Yes
	01/26/09	:05	2/0	Waste		12/1/08	Yes		12/29/08	Yes
	03/26/09	:22	3/0			01/27/09	No, Ice Melt		01/29/09	Yes
	05/07/09	1:00	2/0	Tornado		02/28/09	Yes		02/26/09	Yes
	05/14/09	:12	3/0			03/11/09	Yes		03/26/09	Yes
						04/24/09	Yes		04/30/09	Yes
						05/29/09	Yes		05/28/0	Yes
						06/30/09	Yes		06/29/09	Yes

Removal of Client Barriers Plan

Beginning in SFY 2007, the agency was required by accreditation standards to annually document, review and resolve any barriers to client service, or institute a solution. Accordingly, any barrier identified by clients or staff is documented and reviewed with a proposed resolution or facilitation and identified with a projected date of completion. The original plan goals for SFY 2007 have not been altered or supplemented. The status of those goals remains unchanged, but progress is presented below.

- The agency has secured funding for expansion of the Wooster site parking lot, to include construction of a wheelchair ramp at the rear of the building. Facilitation presently involves using the ramp at the front of the building. (Goal 1)
- The agency continues to seek grant funding for the purchase and installation of light alarms and Braille signs. Facilitation presently involves all clients to be accompanied by agency staff when moving within the agency. (Goals 2 – 9)
- Facilitations for restrooms and the lobby areas in the Millersburg, Rittman and Orrville sites include alternative entrances for accessibility and physical assistance from staff as needed in these offices as the landlords have no plans to remodel the buildings. (Goals 10 – 12)
- Additional resources for marital and family counseling remain scarce. External referral sources in the community will be utilized as available until the agency has the resources to provide specific counseling for these situations. (Goals 13 – 16)
- The agency continues to use the services of local interpreters when needed and to seek funding for the purchase of alternative language testing and literature materials. (Goals 17 – 20)
- The agency continues to utilize local transportation companies in lieu of purchase of agency vehicles and employment of drivers as fiscal resources are limited. (Goals 21 – 24)
- Two additional youth programs have been introduced to the agency services options (a tobacco intervention group and a character education group). Youth programming will continue to grow to fit the needs as identified by area schools, courts and the Mental Health and Recovery Board of Wayne and Holmes Counties. Increasing youth programs is dependent on cooperation and, to some extent, funding from these partners.

Vehicle Inspections

In conjunction with Wayne County government, a client transport vehicle (2006 Ford Econoline van) is located at the Wooster site for primary use by the Fitting It All Together

program to transport clients to and from community treatment activities. An inspection form is completed prior to each vehicle trip. During SFY 2009, the agency developed and implemented safety protocols for the van including having a fire extinguisher, traffic safety cone and flares stored in the van in case of emergency. Insurance protocols were also laminated and placed in the van should the van be involved in a traffic accident. The current van was leased in April 2007. There are three employees now listed on the van's insurance policy, the required vehicle fire extinguisher and first aid kit is located in the van at all times and inspections have demonstrated no deficiencies.

Affirmative Action Plan

Along with the Removal of Client Barriers plan, the Affirmative Action Plan was reviewed in SFY 2009. No clinical positions were advertised by the agency in SFY 2009. Positions that were advertised for included the opportunity for minority applications. Clerical and case management positions that were hired for were done so based on experience and applicants lacking experience were not interviewed.

The Wayne and Holmes County bi-county service area of the agency is only minimally minority dense. According to the United States Census Bureau, Wayne County's population includes 1.6% black and 2.1% other races (besides Caucasian) and Holmes County's population includes only 0.4% black and 1% other races.

Staff Development and Training

Staff development activities occurred on a monthly basis during the year. The agency either hosted or underwrote continuing education units for 15 trainings, with a total of approximately 395 participants, including staff and visitors from other organizations. The agency continues to underwrite continuing education units for the free in-service training programs in

both Wayne and Holmes counties. Each training was evaluated with a mean rating of 8.7 out of 10 possible points – this rating is somewhat higher than the rating from SFY 2008.

Client Satisfaction Surveys

Client satisfaction surveys were distributed in each quarter of SFY 2009. A total of 311 clients were surveyed during the year across three different survey types: Form 2 – Block Surveys, Form 2 – Exit Surveys and Form 1 – Block Surveys. Fifty-eight clients completed the Form 1 surveys; 121 clients completed the Form 2 – Block surveys; and 132 clients completed the Form 2 – Exit surveys. The Form 1 survey was distributed to those 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 SFY'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?	4.3	1. How helpful was our office staff?	4.3
	%	2. How well was privacy protected?	4.7	2. How well was privacy protected?	4.4
a. Family	6%	3. Counselor knowledge	4.6	3. Counselor knowledge	4.5
b. Friend	32%	4. Involved in treatment plan develop.?	4.2	4. Involved in treatment plan develop.?	4.5
c. Court/Probation	45%	5. Counseling helpful for problems?	4.2	5. Counseling helpful for problems?	4.3
d. Community Agency	10%	6. Easy to talk with counselor?	4.3	6. Easy to talk with counselor?	4.5
e. Employer	2%	7. How well needs being met?	4.2	7. How well needs being met?	4.6
f. Other		8. Rate cost of services	4.4	8. Rate cost of services	4.0
g. No Answer	5%	9. Hard to set-up payments?	4.2	9. Hard to set-up payments?	4.2
	100%	10. Likely to refer others to YHRC?	4.2	10. Likely to refer others to YHRC?	4.1
	Mean Score	11. Return to YHRC if needed?	4.2	11. Return to YHRC if needed?	4.0
2. Greeted by office staff?	4.2	12. Rate YHRC's reputation	4.3	12. Rate YHRC's reputation	4.1
3. Quickly able to set-up first appt.?	4.1	13. Overall quality of services ?	4.6	13. Overall quality of services ?	4.3
4. Get an appointment that fit schedule?	4.2				
5. Easy to find the agency?	4.5				
6. Ease of paperwork	3.6				
7. Explanation of fees and payments	4.1				
8. Privacy of financial office?	4.1				
9. Safety and comfort of office	4.5				
	% Positive		% Positive		% Positive
10. Barriers to service?	93.2	16. Barriers to service?	83	16. Barriers to service?	83
11. Appts. cancelled on short notice?	99	14. Appts. cancelled on short notice?	95	14. Appts. cancelled on short notice?	98
12. Service culturally aware?	93	15. Service culturally aware?	94.7	15. Service culturally aware?	93.1
13. Access to a computer?	61.2	17. Access to a computer?	64.7	17. Access to a computer?	59.7
14. Use internet?	53.2	18. Use internet?	58.3	18. Use internet?	56.4

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

lowest satisfaction are the likelihood of referring others to services, ease of setting-up payments and ease of paperwork. Clients with 3 or more visits to the agency reported more barriers to service than those newer to the agency. Clients were very satisfied with clinician's keeping appointments and the cultural awareness of clinicians. Exit interview respondents are significantly less likely than block survey respondents to refer others to the agency, return to the agency if needed and report the most difficulty in setting-up payments. It is unclear if these results are from the length of stay of a client, the referral source or some other factor, but these items will be tracked and monitored over the next fiscal year. Nevertheless, the overall quality of services was scored at 4.4 – 4.5 out of 5.

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 continues to be perceived as accessible, timely, convenient, timely, culturally competent and clinically effective. Consumers perceive few barriers to obtaining service, and transportation is the most frequently cited barrier when one identified.

Employee Satisfaction Survey

There was no employee satisfaction survey completed this year. This will be completed by the end of the second quarter of *SFY* 2010.

Outcomes

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

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

Your Human Resource Center: State Fiscal Year 2009										
Treatment Program: 9 - Week AOD Group Treatment Only										
Board Investor Target: #1 Adults involved with the criminal justice system, especially those referred by municipal and county Courts for alcohol and drug-related issues.										
Consumers: #2. a - f: Consumers shall become engaged in treatment beyond intake; remain abstinent, reflect a reduction in level of care; involvement in local recovery community; reduce (further) involvement in the criminal justice system maintain/obtain viable employment. These consumers receive Group treatment and may/may not receive some Individual Treatment – 260 estimated annually.										
Outcome: Establish abstinence in majority of Group AOD Treatment Discharges who are Substance Dependent – estimated 90 annually.										
Performance Target: Assessment and Group Treatment services will be provided to 90 Substance Dependent consumers annually with 50 of 90 (56%) maintaining abstinence at Discharge.										
#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 rd Qtr.	YTD	4 th Qtr	YTD [260 est.]	Verification
1	Total consumers enrolled in the quarter [includes all MH and AOD]	282	282	260	544	263	805	253	1058	Agency clinical and XAKTSoft records
2	Total [combined] consumers at enrollment who evidenced (a) substance abuse and (b) substance dependency.	128/282	45%	123/260 47%	46%	173/263 66%	53%	120/240 50%	52%	Agency clinical and XAKTSoft records
3	Total Substance Dependent enrollments	81	81	80	161 30%	104	265	63	328	Agency clinical and XAKTSoft records
4	Total Substance Dependent enrollments who sign Individual Treatment Plan that includes commitment to abstinence and recovery education components	81	81	78	159 99%	100	259	62	321	Agency clinical and XAKTSoft Outcomes Discharge reports

5	Total Substance Dependent consumers completing group program with Reduced Morbidity per an increase in perceived risk and understanding of drug use/abuse* by completing recovery education sessions.	7	7	3	10 6%	11	21	16	37	Agency clinical and XAKTSoft Outcomes Discharge report w/ addition of aftercare graduates
6	Total Substance Dependent consumers completing group program who are transferred to aftercare/relapse prevention	5	5	2	7 4%	15	22	30	52	Agency clinical and XAKTSoft Outcomes Discharge report
7	Total Substance Dependent consumers discharged this quarter	49	49	40	89	10	99	15	114	Agency clinical and XAKTSoft records
8	Total Substance Dependent consumers discharged this quarter with a decrease in Level of Care	17	17	20	37 42%	10	47	16	63	Agency clinical and XAKTSoft records
9	Total Substance Dependent consumers discharged who are abstinent at discharge* [“positive discharge”], and who are:	39	39	36	75 84%	10	85	12	97	Agency clinical and XAKTSoft records
9a	● Employed*	22	22	13	35 39%	9	44	13	57	Agency clinical and XAKTSoft records
9b	● residing in stable Housing*	33	33	56	89 100%	10	99	15	114	Agency clinical and XAKTSoft records
9c	● are Ohio HB 484 [CSB] referrals	4	4	4	8 9%	2	10	1	11	Agency clinical and XAKTSoft records
9d	● Indigent DUI Drivers [Ohio HB 131]	5	5	3	8 9%	1	9	5	14	Agency clinical and XAKTSoft records

9e	● Co-occurring [SAMI] Disorders	17	17	14	31 35%	5	36	8	44	Agency clinical and XAKTSoft records
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* 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.

The presenter has a proven history of working with participants who have very negative attitudes, and or have been unsuccessful at other programs. He is able to engage them either in the group process, in casual encounters on breaks, or in individual counseling. He will often see people individually who initially entered the group with no intention of ever engaging in counseling. Most of these people who are so engaged show improvements in both attitude and behavior.

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 in SFY 2010 appear to be brining consistency back to the group. This will continue to be tracked in the coming quarters of SFY 2010.

Your Human Resource Center: State Fiscal Year 2009										
Treatment Program: Wayne and Holmes County Children Services Referrals (WCSB and HDJFS) Group										
Board Investor Target: #4 Multi-need youth, along with their families, involved with multiple service systems who are the target of Family and Children First Council endeavors and Ohio HB 484 legislation.										
Consumers: #2. a, b, e: Consumers' clinical symptoms shall be reduced and family situations stabilized; time spent in out of home placement shall be minimized; other systems [CSB/DJFS] shall indicate high levels of satisfaction										
Outcome: Access and Capacity for timely Diagnostic Assessment of 100% of referrals; effect abstinence in 56 of 70 (80%) of enrollments who enter treatment.										
Performance Target: Assessment and Treatment services will be provided to 70 CSB consumers annually.										
#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 rd Qtr.	YTD	4 th Qtr	YTD [70 est.]	Verification
1	For consumers referred from CSB systems, 95% of total clients referred will receive access per: a) [protective] an initial appointment at YHRC in 7 days of initial contact, or b) [voluntary] initial session at CSB office if requested.	9/9	100%	6/6	15/15 100%	8/9	23/24 96%	2/5	25/29 86%	Agency clinical and XAKTSoft enrollment records
2	For all CSB consumers enrolled, 90% of total enrollments will receive a completed Diagnostic Assessment or Level Six [Psychological] Assessment within 14 days of enrollment [90% client appointment compliance presumed].	9/9	100%	3/6	12/15 80%	14/14	26/29 90%	5/5	31/34 91%	Agency clinical and XAKTSoft records
3	For CSB consumers identified for AOD treatment, 90 % will complete an Individualized Treatment	4/4	100%	4/4	8/8 100%	5/5	13/13	3/3	16/16	Agency clinical and XAKTSoft records

	Plan [90% client compliance presumed].						100%		100%	
4	For CSB consumers in AOD treatment, 80% will reflect Reduced Morbidity per increase in perceived risk and understanding re drug use/abuse after 30 days treatment.*	4/4	100%	4/4	8/8 100%	5/5	13/13 100%	3/3	16/16 100%	Agency Progress Notes; XAKTSoft
5	For CSB consumers in AOD, 80% will evidence Reduced Morbidity per abstinence from 1 st session through treatment discharge.*	4/4	100%	3/4	7/8 88%	4/5	11/13 85%	6/12	17/25 68%	Agency clinical and XAKTSoft Discharge Outcome records for SFY 2009 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.

Your Human Resource Center: State Fiscal Year 2009										
Treatment Program: Fitting It All Together (FIAT)										
Board Investor Target: #2 Children and youth, along with their families, who evidence traits which make them at-risk for the abuse of alcohol and other drugs.										
Consumers: #2. a, b, c, d, f, h: Children and youth will abstain from the use of alcohol and other drugs; experimental ages delayed; drug free families and peers; children and youth remain in school and progress; cue and support factors of use reduced; developmental assets increased.										
Outcome: Youth will abstain from the use of alcohol and other drugs, remain in school, avoid re-involvement in the juvenile justice system, and increase developmental assets. Consumers will become engaged in the treatment process, show positive behavioral change.										
Performance Target: 50 youth served annually; 45 of 50 (90%) will remain abstinent, remain in school, defer juvenile justice re-involvement, increase assets.										
#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 rd Qtr.	YTD	4 th Qtr	YTD [50 est.]	Verification
1	100% of youth will be referred by the juvenile courts of Wayne County	47/48	98%	48/49	54/55 98%	55/56	98%	58/59	98%	Agency records; XAKTSoft records
	a) [FIAT] enrollments effective 7/1/08	39	39	42	42	48	48	59	59	Agency records
	b) new enrollments per respective quarter after 7/1/08	9	9	10	19	3	21	1	22	Agency records
	c) discharges per respective quarter after 7/1/08	8	8	1	9	7	16	4	20	Agency records
	d) total served year to date	48	48	49	55	56	56	59	59	
2	95% of youth admitted will complete an initial drug screen	47/48	98%	48/49	54/55 98%	55/56	98%	57/59	57%	Agency records; XAKTSoft records
3	95% of youth admitted will complete a Diagnostic Assessment	9	100%	10	19 100%	21	100%	22	100%	Agency records; XAKTSoft records

4	95% of youth admitted will complete a Youth Asset Survey (YAS) at intake	9	100%	10	19 100%	21	100%	22	100%	Agency records
5	90% of youth will remain in school, work toward a GED, or be employed.	48/48	100%	48/49	54/55 98%	55/56	98%	58/59	98%	Agency records
6	90% of youth will demonstrate an increase in developmental assets.	38/42	90%	48/49	50/55 91%	52/56	93%	55/59	93%	Youth Asset Survey
7	80% of youth will demonstrate an improvement on Youth Asset Survey (YAS) at post-test	43/48	90%	0	90%	50/57	88%	52/59	88%	Youth Asset Survey
8	90% of youth will not become re-involved in the juvenile justice system while in FIAT	43/48	90%	44/49	49/55 89%	53/57	93%	55/59	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 over 20 years. It has successfully provided youth with appropriate role models through drug and alcohol free social activities, and opportunities to have someone to talk to about issues of concern.

The program now consists of two (due to staff reductions) youth development workers, one female and one male. Youth are referred into the program through the probation officers at the juvenile court – the *Youth Experiencing Success (YES)* grouping is for female youth, and the Crossroads grouping is for male youth.

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

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

Research on best practices in a mentoring program promote the amount of time spent with youth, number of activities and flexibility in programming – these elements have been shown to have the most positive impact on youth. Staff training is also integral to “best practices”. While staff training for this program is constrained by funding, maximum time spent with youth, diverse activities, and programming flexibility are sought out by program staff.

The Hoops and Homework Program. FIAT staff implemented a weekly study group for male youth since 2004 called the Hoops and Homework Program. The program is facilitated by the College of Wooster and relies on approximately 9 volunteers from the college to meet each week with students of the youth development program. These youth are able to get help in completing homework, studying for tests, and researching school projects. Clients are provided with pizza and pop before the study session begins and are invited to the college rec. center to play basketball with the volunteers after the study session is over. Typically, the group averages between 8 and 12 youth each week – for many of the youth, the day of the study group is the

only day of the week that a homework assignment is turned in, or an “A” is received in the grade books. It is also the only day of the week that certain clients get physical exercise. A positive side effect of the Hoops and Homework Program has been the exposure that our clients have gained to college life. Many youth ask the college volunteers questions about dorm life, class schedules, and the freedom to make your own choices. All of the volunteers are members of the college soccer team.

Therapeutic Riding. Through a partnership with the Christian Children’s Home of Ohio and grant funding through the Orrville Area United Way the youth in *FIAT* were able to experience therapeutic riding during the fall and spring. The weekly sessions involve clients riding and caring for horses to teach yielding independence, making honest/trusting relationships and experimenting and succeeding at new tasks. The youth and workers alike have enjoyed the program extensively and this subcomponent of *FIAT* will continue into *SFY* 2010.

Ski Club. The male youth in *FIAT* , through grant funding by the Orrville Area United Way, were able to continue the Ski Club component in *SFY* 2009. The activity involves eight to ten trips a winter with lessons, practice and, ultimately, individual skiing. When weather forces the Ski Club off the slopes, the youth go to an indoor rock-climbing arena. Both activities are allowing *FIAT* youth to engage new opportunities and experience success in relatively safe (albeit anxiety-provoking) environments. Unique to this program subcomponent is team-building as youth who have had lessons or are more experienced are put in leadership positions with those who require more assistance. This activity will continue into *SFY* 2010.

Your Human Resource Center: State Fiscal Year 2009										
Treatment Program: Individual AOD Treatment Only										
Board Investor Target: #1 Adults involved with the criminal justice system, especially those referred by municipal and county Courts for alcohol and drug-related issues.										
Consumers: #2. a - f: 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]	282	282	260	542	263	805	253	1058	Agency clinical and XAKTSoft records
2	Total [combined] consumers at enrollment who evidenced (a) substance abuse and (b) substance dependency.	128	45%	123/260 47%	46%	173/ 263 66%	53%	120/2 40 50%	52%	Agency clinical and XAKTSoft records
3	Total Substance Dependent enrollments	81	81	80	161	104	265	63	324	Agency clinical and XAKTSoft records
4	Total Substance Dependent enrollments who sign Individual Treatment Plan that includes commitment to abstinence and recovery.	81	81	78	159 99%	100	259	62	321	Agency clinical and XAKTSoft records
5	Total Substance Dependent consumers discharged with Reduced Morbidity per an increase in perceived risk and understanding of drug	7	7	3	10	9	19	16	35	Agency clinical and XAKTSoft Outcomes

	use/abuse* resulting from completing counseling.				11%					Discharge reports.
6	Total Substance Dependent consumers discharged this quarter	49	49	40	89	9	98	16	114	Agency clinical and XAKTSoft records
7	Total Substance Dependent consumers discharged this quarter with a decrease in Level of Care	17	17	20	37	13	50	22	72	Agency clinical and XAKTSoft records
					42%					
8	Total Substance Dependent consumers discharged who are abstinent at discharge* [“positive discharge”], and who are:	39	39	36	75	7	82	15	97	Agency clinical and XAKTSoft records
					84%					
9a	● Employed*	22	22	13	35	7	42	12	54	Agency clinical and XAKTSoft records
					39%					
9b	● residing in stable Housing*	33	33	56	89	15	104	26	130	Agency clinical and XAKTSoft records
					100%					
9c	● have had no new arrests since intake*	18	18	33	51	15	66	10	76	Agency clinical and XAKTSoft records
					57%					
9d	● are Ohio HB 484 [CSB] referrals	4	4	4	8	1	9	0	9	Agency clinical and XAKTSoft records
					9%					
9e	● Indigent DUI Drivers [Ohio HB 131]	5	5	3	8	5	13	3	16	Agency clinical and XAKTSoft records
					9%					
9f	● Co-occurring [SAMI] Disorders	17	17	14	31	12	43	17	60	Agency clinical and XAKTSoft records
					35%					

* 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 2010.

Your Human Resource Center: State Fiscal Year 2009										
Treatment Program: Substance Abusing Mentally Ill (SAMI) Group										
Board Investor Target: #5 Adults with severe and persistent mental illness, especially those who may be homeless or at risk of hospitalization.										
Consumers: #2. a, e, h: Consumers engaged in meaningful productive activity or employment; consumers actively participating in their treatment planning and recovery process; consumers having stable housing										
Outcome: Effect abstinence in 80% of enrollments at Discharge										
Performance Target: Assessment and Treatment services will be provided to 70 SAMI consumers annually (Quadrants 1 and 3).										
#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 rd Qtr.	YTD	4 th Qtr	YTD [70 est.]	Verification
1	Total SAMI consumers enrolled (Quadrant 1 and 3) receiving assessment and diagnosis	35	35	27	62	19	81	19	100	Agency clinical and XAKTSoft records
2	Total SAMI consumers at enrollment who are identified for prescribed psychotropic medications at intake.	9	9	3	12 19%	6	18	13	31	Agency clinical and XAKTSoft records
3	Consumers will become engaged in the treatment process per completion of an Individualized Treatment Plan.	30	86%	24	87%	17	88%	15	86%	Agency clinical and XAKTSoft records
4	Consumer will reflect Reduced Morbidity per increasing perceived risk and understanding re drug use/abuse.*	24	69%	15	63%	12	63%	13	64%	Agency clinical and XAKTSoft records
5	Consumers will experience increased retention per a median Length of Stay (LOS) of approximately 105 days in treatment before discharge.*	6	17%	5	18%	5	20%	8	24%	Agency clinical and XAKTSoft records
6	Consumer will evidence Reduced Morbidity per	19	54%	23	68%	7	60%	12	61%	Agency clinical and

	abstinence* from 1 st session through discharge.											XAKTSoft records
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* 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.

Your Human Resource Center: State Fiscal Year 2009										
Prevention Program: Too Good For Drugs* Evidenced Based: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
Population Type: Universal <input checked="" type="checkbox"/> Selective <input type="checkbox"/> Indicated <input type="checkbox"/>										
Strategy Type: Information Dissemination <input type="checkbox"/> Alternatives <input type="checkbox"/> Education <input checked="" type="checkbox"/> Community Education <input type="checkbox"/> Environment <input type="checkbox"/> Problem Identification <input type="checkbox"/>										
Board Investor Target: #2 Children and youth, along with their families, who evidence traits which make them at-risk for the use of alcohol and other drugs (AOD).										
Consumers: #2 a. Children and youth will abstain from the use of alcohol and other drugs										
Outcome: Increase social resistance skills, decision-making, perception of harmful effects of AOD, emotional competence, peer norms*										
Performance Target: Present program to 9 buildings (5 school districts) in Wayne-Holmes; 1000 students in grades K-3, per Fidelity of Implementation (see Milestones)										
#	Milestone	1 st Qtr.	YTD	2 nd Qtr.	YTD	3 Qtr.	YTD	4 th Qtr	YTD [1000 est.]	Verification
1	Students attending one program session per week for 10 weeks.	0	0	0	0	115	115	0	115	Program Staff Records
2	Sessions are taught sequentially through discussion and workbook activities	0	0	0	0	115	115	0	115	Program Staff Records
3	Students are taught all activities.	0	0	0	0	115	115	0	115	Program Staff Records
4	Teaching takes place for the entire lesson time: 30-60 minutes in Elementary and 30-45 minutes in Middle school	0	0	0	0	115	115	0	115	Program Staff Records
5	All materials are used.	0	0	0	0	115	115	0	115	Program Staff Records

6	Workbooks are used with the lessons.	0	0	0	0	115	115	0	115	Program Staff Records
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*SAMHSA model program for best practices, and positive outcomes

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

Too Good For Drugs Prevention Program

Core program elements. This prevention program is offered to elementary schools in Wayne counties to prevent future use of alcohol, tobacco, and other drugs (ATOD). The methodology of the program model is research-based, SAMHSA-endorsed as a “best practice” approach. The program builds five essential life skills: goal setting, decision making, bonding with pro-social others, identifying/managing emotions, and communicating effectively. In comparison to students who did not receive Too Good For Drugs, national research has shown that students who participated in the program decreased intentions to smoke cigarettes by 33%, decreased intentions to drink alcohol by 38%, and decreased intentions to smoke marijuana by 25%. TGFDF has also been shown to increase emotional competence and social and peer resistance skills.

Sequential curriculum modules (generally 10 lessons to each class group on different days) are presented by 1 or 2 prevention staffers to students in grades K-3. Modules are sequential in nature, as each new module builds on content of the previous module. Class groups generally last 30 minutes and are held in the student’s’ home classrooms during the typical class hours of the school day. No programming is presented during the school year’s summer recess.

Delivery strategy. Program staff use an interactive - didactic educational model to profile pragmatic real-life situations that may arise regarding use of tobacco, drugs, and alcohol. Teachers complete Pre and Post Test surveys for the 3rd grade only, and teachers and parents complete program evaluations for all grades (1st to 3rd).

Children participate in the program during school hours and interact with their parents at home after school to complete brief ATOD learning assignments - accordingly, parents have an active involvement.

This program's strength comes from its integrated model involving the child, parent, and educator while emphasizing the positive, healthy development of children and youth – it doesn't rely on "scare tactics" of other programming focusing on moral absolutes or the illegal consequences of under-age alcohol/drug/tobacco usage. The program is a good fit with local schools, and the local program is easily replicated with fidelity to the principles of the researched model.

Other core features. Area schools who have hosted the program are positive about its benefits, and prevention staff typically repeat the curriculum to new classes in the following school year. Teachers may or may not assist with presentation of the prevention curriculum modules.

Lessons learned. Due to staff resignation and pending and then actual revenue reductions and an agency and system-wide shift toward a more intensive level of need for service provision, the Too Good For Drugs program has been eliminated from agency programming. Connections made with area schools through this program must be maintained if prevention services are to be resumed at some future point. As with other previous school-based prevention programs, school teacher, staff and administration buy-in is paramount to implementation success, but as with

previous programs, the schools in which Too Good For Drugs is/was implemented need also to be engaged fiscal partners for any long-term, sustained prevention program to exist – agency revenue sources are incomplete and with too broad and intensive focus to adequately fund school-based prevention programs that are not in part fiscally-supported by the schools in which they are implemented. Additionally, agency school-based prevention programs are frequently perceived as in competition with each other. Lacking a more specific and united promotional, recruitment and scheduling plan/system this will continue to be a problem in the future. Service reach numbers were not reached in part for lack of fiscal participation by area schools but also because schools were confused at times about the unity, variety and compatibility of each of the agency's in-school prevention programs. A menu of services and associated costs/expectations is being developed for the Prevention Services Supervisor to implement when engaging area schools for recruitment into the prevention service implementation plans.

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

4	For all students receiving All Stars, 98% will complete and make the <u>9 Commitments</u> to healthy lifestyles.	0	0	102 (100%)	102	0	102	0	102	Program Staff Records
5	95% of students receiving All Stars will attend Celebration if held during the school day, and 20% attend if held after school.	0	0	102 (100%)	102	0	102	0	102	Program Staff Records
6	For all students receiving All Stars, 20% of parents will attend Celebration.	0	0	~100	~100	0	~100	0	~100	Program Staff Records

*SAMHSA model program for best practices, and positive outcomes

All Stars Prevention Program

Core program elements. This prevention program is offered to 6th, 7th, and 8th grade middle school students (ages 11-14) in Wayne and Holmes Counties. The intent is to prevent and/or delay the onset of use of alcohol, tobacco, and other drugs (ATOD).

The methodology of the program model is research-based; it is a “best practice” model program from the Substance Abuse and Mental Health Services Administration. The program seeks to develop positive personal characteristics in young adolescents and targets drug use, violence, and premature sexual activity. It is a guided, multi-year program delivered to all students in the targeted grades.

Accordingly, its design is intended to assist young people in developing qualities that will motivate them to avoid drug use and high risk behaviors; reduce the use of gateway drugs i.e. alcohol, tobacco, marijuana, and inhalants; help them to develop meaningful relationships with each other and institutions that serve them; and to motivate youth to develop positive characters and lifestyles.

The program presents its contents over 5 domains: Individual, Family, Peer, School and Community. The Individual is comprised an after-school ATOD peer-led curricula, and community service and life/social skills training. The Family is comprised of task-oriented family education sessions and parenting skills training; the Peer is characterized by peer-resistance education. The School involves changes in teaching approaches and parent involvement, classroom drug education, and a support group and skills development class. For the Community, education efforts are focused on altering perceptions of societal norms and expectations.

Delivery strategy. The Core Program is provided weekly for 13 consecutive weeks in the classroom of each grade targeted – each 45 minute curriculum module focuses on building one or more of five (5) qualities: pro- social ideals, normative beliefs, personal commitment, pro-social bonding, and positive parental/adult attentiveness. Students are engaged through small group activities, group discussions, enjoyable/meaningful worksheet tasks, and videotaping.

Students also receive take-home assignments to complete with the involvement of their parents. At the conclusion of the Core Program, a celebration is held for student graduates and their parents.

One year after the Core Program is completed, a “booster” program is delivered to the same group which previously received the core program – this consists of 7 consecutive weekly modules in the classroom, and an eighth session is a one-on-one between the student and staffer.

Lessons learned. The lessons learned for All-Stars mirror those of Too Good For Drugs relative to fiscal support and compatibility planning and are thus not discussed here, but above with regard to Too Good For Drugs. An additional rationale for low reach numbers (compared to expected levels) is that through outside contracts, the agency provided other in-school prevention

services to area schools (LifeSkills Training) – creating a competition of sorts for the schedule time and attention of area schools and their students.

Future 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 are underwent revision in structure and content in SFY 2009 and were included in the agency's SFY 2010 annual plan. Outcomes for these programs have are standardized across the agency and will be reported in SFY 2010 quarterly and annual reports.

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 in SFY 2010.

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 will 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 have been developed. These and developed outcomes will be further reported in SFY 2010 quarterly and annual reports as they were planned for in the SFY 2010 agency annual plan.