



The path to a new day

## ANNUAL REPORT

### LICKING COUNTY ALCOHOLISM PREVENTION PROGRAM

2013

In fiscal year 2013, the Agency showed a \$88,367 profit and ended with a cash balance of \$522,885, an increase of \$69,944 from its starting balance of \$452,941. Furthermore, the agency continues to be fiscally viable, keeping expenditures as low as possible and continuing to pay all accounts payable upon receipt. In addition, the Pataskala site in Western Licking County provided services to 201 clients and generated \$122,137.90 in revenue. Furthermore, preliminary conversations with Clark, Schaefer, Hackett indicate LAPP will be receiving an unqualified audit for FY 2013. The Agency also drew down its total Mental Health & Recovery for Licking and Knox Counties (MHR) allocation and provided approximately, \$26,001 of uncompensated services or the profit margin would have been greater.

In fiscal year 2013 there were 1241 (1163 adult and 78 adolescent) admissions to the outpatient program and 281 admissions to the 72-hour, Driver Intervention Program. Over the past fiscal year, LAPP discharged 1104 (1054 adult clients and 50 adolescent clients) a decrease of 66 from fiscal year 2012. Of the 1054 adult discharges, 577 (54.7%) were approved discharges and 477 (45.3%) were non-approved discharges. Also, of the 577 approved discharges, 405 (70.2%) were diagnosed as being chemically dependent and 139 (24.1%) clients were assessed with a substance abuse disorder. Of the 405 clients diagnosed as being chemically dependent, 361 (89.1%) reported abstinence at the time of program completion. Of the 139 clients assessed with a substance abuse disorder, 93 (66.9%) reported abstinence at the time of their discharge.

LAPP continues to provide Stage-Wise Treatment, using Motivational Interviewing techniques with all programming. Clinicians have used this approach to individualize services for the client. In the General Program area, stage specific groups and programming have been implemented to meet the identified needs of the clients. Some of these include our Road to Recovery Group that addresses criminogenic needs and skills and the revised Positive Direction Series that teaches specific recovery and life skills. In addition, LAPP continued its role as the gatekeeper for MHR funds and the primary treatment provider for Medication Assisted Treatment (MAT) programming.

The women's program continues collaboration efforts with Behavioral Healthcare Partners, Mid-Ohio Counseling Services, and The Woodland counseling Center and the staff was trained in community response to domestic violence. Groups to address client needs and better match stage-wise treatment were added. Two focused maintenance groups; family systems and anger management, and one additional Action group were added, due to client requests. The women's program also increased the hours that clients were seen in Pataskala from one day to two days. Over the past fiscal year the program served 474 women, an increase of 6% from the 446 women served in FY 2012. There was also an increase in the services provided to Opioid dependent women of 39.9%, from 148 in FY 2012 to 207 in FY 2013, and Cocaine dependent women of

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24%, from 58 in FY 2012 to 72 in FY 2013. However, the program saw a decrease in services provided to Methamphetamine dependent women of 13%, from 138 in FY 2012 to 120 in FY 2013 and dual diagnoses clients, from 412 in FY 2012 to 274 in FY 2013. Over the past year, 24 drug free babies were born, 2 drug affected, and 1 MAT affected to program participants and services were provided to 30 pregnant women. The program participated in fundraising activities with The Woodlands Battered Women's Shelter, "The Bag Brunch" and donated bags made by our women's program clients as well as participating in their Designer Shoe Walk. The program also hosts an Annual Women's Program Christmas party which involves both fellowship and the giving away of clothing donated by LAPP staff and other donors. After the Christmas party all agency clients are invited to pick clothing for themselves or to give as Christmas presents to other family members. All left over clothing is then donated to one of the local charities (Goodwill, St. Vincent's, L.E.A.D.S., etc.).

In FY 2013 adolescent admissions increased 25.8%, from 62 in FY 2012 to 78 in FY 2013. In addition to there has been an increase in referrals from Licking County Juvenile Court. The adolescent programmer has also visited most, if not all, of the high schools in the County and provided presentations to staff and the students of several schools. The program continues to provide assessment, individual counseling, and treatment groups for adolescents diagnosed with substance dependence and/or substance abuse at both the Newark and Pataskala sites and a teen intervention group to provide education for adolescents exhibiting low intensity, experimental use of alcohol and/or other drugs. The adolescent program participates in community Underage Town Hall meetings, is a member of the Licking County Prescription Drug Task Force (Completed drug symposium with Pathways) and helped plan and participated in eight hour training (symposium), and is a member of the Licking County Suicide Coalition. Furthermore, the program is involved with Our Futures in Licking County, a coalition with the mission of improving education, social, safety and economic environments of Licking County by reducing the use/abuse of marijuana, alcohol, tobacco, and other drugs (ATOD) by youth and adults. Finally, in an effort to remain current with adolescent treatment evidenced best practices we continue to work on improving programming through resources from Quest Recovery Skills.

Providing timely treatment services for substance dependent adult clients is a difficult task. This is an area of continued focus due to the nature of the population we serve. In order to improve accessibility and engage clients faster, we have continued to streamline the assessment process. We have revised our staffing patterns and assessment methods to include a screening, diagnosis, treatment planning session by the first or second visit. This has proven to be successful in that our ability to involve clients in the treatment process more expediently has improved. Furthermore, we encourage all clients to attend a weekly outreach group at the Agency waiting for their first assessment session. Our belief is that identification of new/revised methods will not only reduce the time spent in multiple assessment sessions, but serves to engage the client as an active participant in their own treatment from the onset and will continue to improve outcomes such as participation and successful discharge.

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The program continued its primary mission as the major alcohol and drug program resource for the criminal justice system locally. LAPP remains the major provider of specialized criminal justice services to both, Municipal Court and Common Pleas Court and continues to provide programming to Licking County Municipal Court Behavioral Health Docket: Licking County Intervention For Treatment (L.I.F.T.) as well as Municipal Court's OVI Court through Step-One, STAIRS, and the 72-hour, Driver Intervention Program (Options). LAPP is also an integral partner of the Licking County Common Pleas Court Drug Court program. We continue to enhance our involvement with the criminal justice system through our presence on the steering committees of each of the specialized dockets and we are represented on the local Community Corrections Planning Board. In addition, we continue to provide Employee Assistance Programming, Drug Free Safety Programming, and Department of Transportation services at the Agency. We are also involved in several community ventures such as the Prescription Drug Task Force, the United Way Agency Executive Council, and the Family and Children's First Council to name a few. While many of these programs serve a need to the criminal justice system, while generating additional revenue, the others are useful in helping LAPP demonstrate its commitment to and visibility in the community.

In fiscal year 2013 the Agency remained viable and stable. We look for continued growth and improvement in fiscal year 2014 to meet future challenges. The Agency looks forward to continuing in its role, not only, as the gatekeeper for Medication Assisted Treatment (MAT), but also as the primary provider of treatment to this population. During the implementation phase of medication assisted treatment (MAT) there were two (2) primary goals: 1) Improve engagement rates of those individuals accessing services at LAPP due to their use of opioid substances; and 2) Decrease the drop-out rates of those individuals accessing services at LAPP due to their use of opioid substances. The ultimate goal is to increase the number of opiate addicted clients successfully completing treatment, including returning to work, and reduced legal problems. In fiscal year 2013, 210 clients discharged were identified as being opioid dependent. Of those 210, 139 (66%) either dropped out of treatment or received a non-approved discharge due to incarceration. Of the 71 clients receiving an approved discharge only 7 (approximately 10%) were receiving MAT. In FY 2014 are looking at improving and strengthening screening protocols for the MAT program and improve client success rates. Other goals include Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation to improve the quality of services, meet internationally recognized standards, and better address the issues our clients are experiencing by FY 2015 and the Agency's conversion to Electronic Health Records by the end of FY 2014. We will continue to review ways to enhance the Agency's visibility in order to see us through this difficult time of economic uncertainty. Furthermore, we will continue improve service delivery in a cost effective method and provide services in western Licking County. We will also continue to work on accomplishing the identified goals in our Agency's strategic plan, our mission statement, and our vision statement by continuing to strengthen policies to help the Agency become more effective.

The community response to the program in fiscal year 2013 was favorable and positive in terms of client service delivery. While the Agency has been able to establish some additional funding sources, we are still in need of establishing additional funding sources in order to decrease the

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Agency's reliance on Mental Health & Recovery for Licking and Knox Counties and build upon our financial reserve. The staff wishes to thank the Board of Directors and other volunteers for their excellent and very important work during the year. This contribution to the agency and its clients is immeasurable.

LAPP remains committed to providing "safety net" services to the Licking County area and as such will continue to provide quality outpatient alcohol and other drug programming in fiscal year 2014. Furthermore, we look forward to the continuation of our programs and to further improvement and development of our service components for Licking County in the coming year.

## FISCAL YEAR 2013 STATISTICAL REPORT: OUTPATIENT

INTAKES	
MONTH	NUMBER
JULY, 2012	92
AUGUST, 2012	120
SEPTEMBER, 2012	82
OCTOBER, 2012	120
NOVEMBER, 2012	92
DECEMBER, 2012	75
JANUARY, 2013	100
FEBRUARY, 2013	90
MARCH, 2013	95
APRIL, 2013	112
MAY, 2013	154
JUNE, 2013	109
<b>TOTAL INTAKES FY 2013</b> <b>Adolescent = 78    Adult = 1163</b>	<b>1241</b>

TOTAL DISCHARGES	APPROVED DISCHARGE	NON-APPROVED DISCHARGE	EVALUATION ONLY	INCARCERATED
<b>1104</b>	<b>616 (55.8%)</b>	<b>488 (44.2%)</b>	<b>98</b>	<b>103</b>
Adult      1054	Adult      577	Adult      477	Adult      98	Adult      103
Adolescent    50	Adolescent    39	Adolescent    11	Adolescent    13	Adolescent    0
<b>Total Discharges</b> <b>*1269</b>	<b>NO DIAGNOSIS</b>	<b>DEPENDENT DX.</b>	<b>ABUSE DX.</b>	<b>DID NOT RETURN</b>
	<b>43 (3.4%)</b>	<b>**845 (66.6%)</b>	<b>**210 (16.5%)</b>	<b>171 (13.5%)</b>
Adult      1219	Adult      37	Adult      837	Adult      180	Adult      165
Adolescent    50	Adolescent    6	Adolescent    8	Adolescent    30	Adolescent    6
(*Includes those completing intake only)				Completed Intake Only (Never Seen)
**Breakdown of these categories are addressed in attached <b>Performance Targets:</b> Approved/Non-Approved Discharges				

## FISCAL YEAR 2013 STATISTICAL REPORT: OPTIONS

<b>NUMBER OF PARTICIPANTS</b>			
<b>MONTH</b>	<b>NUMBER</b>		
JULY, 2012	Women 10	Men 24	Total 34
AUGUST, 2012		Men 17	Total 17
SEPTEMBER, 2012	Women 15	Men 10	Total 25
OCTOBER, 2012		Men 22	Total 22
NOVEMBER, 2012	Women 14	Men 16	Total 30
DECEMBER, 2012		Men 19	Total 19
JANUARY, 2013	Women 12	Men 13	Total 25
FEBRUARY, 2013		Men 34	Total 34
MARCH, 2013	Women 14	Men 0	Total 14
APRIL, 2013		Men 20	Total 20
MAY, 2013	Women 0	Men 26	Total 26
JUNE, 2013		Men 15	Total 15
<b>TOTAL: FY 2013</b>	<b>Women 65</b>	<b>Men 216</b>	<b>Total 281</b>

**REFERRALS BACK TO AGENCY  
FOR ASSESSMENT**

**55**

**either referred back to the Agency for  
assessment or were already receiving  
outpatient services**

CMHRB Performance Targets	Results
<b>Emergency/Crisis</b>	
90% of individuals in crisis/emergency situations will be responded to within 1 hr. of their initial contact; 100% will be seen within 3 hrs of their initial contact	In FY 2013, 28 of 28 (100%) crisis/emergency situations were responded to within 1 hour of either walking in or their phone call. All 28 were seen within three (3) hours of their initial contact by qualified clinical staff.
<b>Continuum of Services for Adults</b>	
90% of persons in urgent situations will be offered an appointment within 72 hrs of the initial call	In FY 2013, 156 out of 156 (100%) clients were offered appointments within 72 hours. This includes 84 self-referrals, and 72 referrals from their physician, hospital or other treatment provider. Of these referrals, 143 (91.7%) were scheduled an appointment within 72 hours and 13 (8.3%) were scheduled more than 72 hours out by their request.
90% of persons in need of services for routine situations will be offered a clinical appointment (Assessment) within 14 calendar days of the initial contact session.	<p>In FY 2013, 1638 adult initial contact sessions were scheduled. This includes initial contact sessions that were cancelled, failed and/or rescheduled. 661 (40.4%) were scheduled an intake session within 14 calendar days and 977 (59.6%) were scheduled more than 14 calendar days out. The average number of days from phone contact to initial contact session was 14.5 days.</p> <p style="text-align: center;"><b>FIRST CLINICAL APPOINTMENT</b></p> <p>There were 1163 adult admissions to LAPP in FY 2013. Of these, 901 (77.5%) were scheduled for their first clinical session within 14 calendar days, with 99 (11%) being seen for their first clinical session at the time of their initial contact session and 262 (22.5%) were scheduled for their first clinical session more than 14 calendar days out. While we did not attain the target goal of 90%, the average number of days from initial contact session to first clinical session was 11.8 days.</p>
90% of newly identified adult clients will be scheduled for their first treatment appointment within 14 calendar days.	<p style="text-align: center;"><b>SECOND CLINICAL APPOINTMENT</b></p> <p>Of the 1163 adult admissions, 445 (38.3%) were not scheduled a treatment appointment due to not returning after initial contact session, referral for MH services, inappropriateness for service, referral to AoD Abuse Group and/or referral to AoD services in their county of residence. In addition, 52 of the 445 were in the process of completing their assessment at year end and had not been scheduled a treatment appointment. Of the remaining 718 clients, 549 (76.5%) were scheduled for their first treatment session within 14 calendar days and 169 (23.5%) were scheduled for their first treatment session more than 14 calendar days out, usually because of client request for late-evening hour appointments or conflict with their work schedules. While we did not attain the goal of 90%, the average number of days from first clinical session to first treatment appointment was 11.5 days. The average number of days for those individuals placed into IOP Level of care (56) was 8 days.</p>
Average number of days from initial contact session to first treatment appointment (the first appointment after the assessment has been completed) will be 28	<p style="text-align: center;"><b>INITIAL CONTACT SESSION TO FIRST TREATMENT APPOINTMENT</b></p> <p>While we did not attain the goal of 28 days, the average number of days from initial contact session to first treatment session for all 718 clients was 35.9 days. The average</p>

days or less (adult).	number of days for those individuals placed into IOP Level of care (56) was 21.8 days.
95% of clients being discharged from inpatient/ detox/ residential care will be seen by a clinician within 5 calendar days of discharge.	We track those individuals who are paid for with MHR funds and attempt to engage them in services through the Agency's outreach worker while they are receiving services from Shepherd Hill. After referral for outpatient care by Shepherd Hill, these clients are scheduled with clinical staff for their date of discharge or within three (3) days of discharge. In FY 2013, detoxification services for 17 individuals were paid for with MHR funds at Shepherd Hill. Of the 17 identified as new clients, 11 (64.7%) followed through and were admitted to the program.
90% of clients hospitalized (AoD or psych) for 3 or more calendar days, active previous to hospitalization, and/or likely to receive on-going follow-up services, will have contact by ongoing provider to assist with discharge planning	In FY 2013, no active clients of LAPP were hospitalized (AoD or psych).
50% of adult AoD clients assessed as appropriate for out-patient services will complete the program. Of those, 50% of these clients that had been assessed as being chemically dependent will be abstinent at program completion	<p style="text-align: center;"><b>APPROVED DISCHARGE</b></p> <p>In FY 2013, 1054 adult cases were closed. Of these, 577 (54.7%) received an approved discharge. Of these cases, 33 (5.7%) were assessed as not needing further services and received no diagnosis. 405 (70.2%) were assessed as being chemically dependent. Of these, 361 (89.1%) were abstinent at program completion and 44 (10.9%) were not abstinent at program completion. 139 (24.1%) clients were assessed with a substance abuse disorder. Of these, 93 (66.9%) reported abstinence upon program completion and 46 (33.1%) were not abstinent at program completion.</p> <p style="text-align: center;"><b>NON-APPROVED DISCHARGE</b></p> <p>Of the 1054 adult cases closed In FY 2013, 477 (45.3%) did not complete their program and received a non-approved discharge. Of these cases, 432 (90.6%) were assessed as being chemically dependent and 41 (8.6%) were assessed with a substance abuse disorder. The remaining 4 (.8%) non-approved discharges dropped out of programming prior to receiving a diagnosis. 165 completed an initial contact session only and never returned.</p>
<b>Continuum of Services for Youth</b>	
90% of persons in urgent situations will be offered an appointment within 72 hrs of the initial call	In FY 2013, no adolescents were identified as urgent at the time of their initial call to the Agency.
90% of persons in need of services for routine situations will be scheduled a clinical appointment within 14 calendar days of the initial call	<p>In FY 2013 80 adolescent initial contact sessions were scheduled. This includes initial contact sessions that were cancelled, failed and/or rescheduled. 62 (77.5%) were scheduled an intake session within 14 calendar days and 18 (22.5%) were scheduled more than 14 calendar days out. The average number of days from phone contact to initial contact session was 9.1 days.</p> <p style="text-align: center;"><b>FIRST CLINICAL APPOINTMENT</b></p> <p>There were 78 adolescent admissions to LAPP in FY 2013. Of these, 74 (94.9%) were scheduled for their first clinical session within 14 calendar days, with 6 (8.1%) being</p>

	seen for their first clinical session at the time of their initial contact session. 4 (5.1%) were scheduled for their first clinical session more than 14 calendar days out, because of parent scheduling conflict. The average number of days between initial contact session and first clinical session was 6.8 days.
90% of newly identified youth clients will be scheduled for their second appointment within 14 calendar days. Track by service	<p style="text-align: center;"><b>SECOND CLINICAL APPOINTMENT</b></p> <p>Of the 78 adolescent admissions to LAPP in FY 2013, 26 (33.3%) were not scheduled a second appointment due to not returning after initial contact session, referral for MH services, inappropriateness for service, and/or referral to AoD Education Group. Of the remaining 52 adolescent clients, 50 (96.2%) were scheduled for their second clinical session within 14 calendar days. 2 (3.8%) were scheduled for their second clinical session more than 14 calendar days out. The average number of days from first clinical session to first treatment appointment was 8.1 days.</p>
Average number of days from initial contact session to first treatment appointment (the first appointment after the assessment has been completed) will be 28 days or less (youth).	<p style="text-align: center;"><b>INITIAL CONTACT SESSION TO FIRST TREATMENT APPOINTMENT</b></p> <p>The average number of days from initial contact session to first treatment session for the 52 clients was 24.5 days.</p>
95% of clients being discharged from inpatient/detox/residential care will be seen by their clinician within 5 calendar days of discharge (youth).	No clients discharged from inpatient/detox/residential care were referred to LAPP in FY 2013.
90% of clients hospitalized (AoD or psych) for 3 or more calendar days, active previous to hospitalization, and/or likely to receive on-going follow-up services, will have contact by ongoing provider to assist with discharge planning (youth).	In FY 2013, no active clients of LAPP were hospitalized (AoD or psych) for 3 or more calendar days.
What percent of youth AoD clients assessed as appropriate for out-patient services will complete the program and of those who complete, what percent of these youth clients assessed as abusing/dependent will be abstinent (no use of drugs or alcohol for the past 30 days) at program completion?	<p style="text-align: center;"><b>APPROVED DISCHARGE</b></p> <p>In FY 2013, 50 adolescent cases were closed. Of these, 39 (78%) received an approved discharge. Of these cases, 6 (15.4%) were assessed as not needing further services and received no diagnosis. 33 (84.6%) were assessed as abuse or dependent. Of these, 32 (97%) were abstinent at program completion and 1 (3%) was not abstinent at program completion.</p> <p style="text-align: center;"><b>NON-APPROVED DISCHARGE</b></p> <p>Of the 50 adolescent cases were closed in FY 2013, 11 (22%) did not complete their program and received a non-approved discharge.</p>
<b>Prevention, Education</b>	
50% of all middle schools will receive prevention services.	LAPP did not provide any prevention services.

**Systems Evaluation, Quality Assurance**

100% of Providers will formally assess client/  
consumer satisfaction and referral source satisfaction  
a minimum of once a year

Ninety nine to one hundred percent (99-100%) of clients surveyed reported satisfaction with services. Clients gave much praise for counselors, services and support staff.  
**REFERRAL SURVEYS:** In SFY 2013 thirty two (32) referral source surveys were sent out and approximately 20% of the surveys were returned.. The results indicate an overall satisfaction with the organization and services provided. Responses included “easy scheduling-quick intake”, “programs are very beneficial to the community”, and “clients are very satisfied”.

Reported Primary Drug of Choice: FY 2007 – FY 2013

YEAR	TOTAL CLIENTS	ALCOHOL	MARIJUANA	HEROIN/OPIATE	ALL OTHER
FY 2007	2774	1096 (39.5%)	418 (15.1%)	117 (4.2%)	1143 (41.2%)
FY 2008	2716	1237 (45.5%)	566 (20.8%)	138 (5.2%)	775 (28.5%)
FY 2009	2851	1320 (46.3%)	678 (23.8%)	194 (6.8%)	659 (23.1%)
FY 2010	2676	1119 (41.8%)	606 (22.6%)	304 (11.4%)	647 (24.2%)
FY 2011	2565	1049 (40.9%)	550 (21.4%)	375 (14.6%)	591 (23.1%)
FY 2012	2325	934 (40.2%)	511 (22%)	370 (15.9%)	510 (21.9%)
FY 2013	2303	903 (39.2%)	524 (22.8%)	402 (17.4%)	474 (20.6%)

FY 2011 Methamphetamine = 131 + Other Amphetamine = 75 = 206 (8%)  
 FY 2012 Methamphetamine = 121 + Other Amphetamine = 40 = 161 (6.9%)  
 FY 2013 Methamphetamine = 133 + Other Amphetamine = 35 = 168 (7.3%)

FY 2011 301 (80.3%) of the 375 individuals who identified Heroin/Opiates as primary drug of choice were in the targeted age range of 18-35. Of the 301, 194 (64.5%) were new enrollments.

FY 2012 240 (81.1%) of the 296 individuals who identified Heroin/Opiates as primary drug of choice were in the targeted age range of 18-35. Of the 240, 115 (47.9%) were new enrollments.

FY 2013 311 (77.4%) of the 402 individuals who identified Heroin/Opiates as primary drug of choice were in the targeted age range of 18-35. Of the 311, 205 (65.9%) were new enrollments.

**PATASKALA SITE COMPARISON FY 2012 TO FY 2013**

<b>PATASKALA SITE FY 2012</b>	<b>PATASKALA SITE FY 2013</b>																																																									
<p><b><u>Unduplicated clients:</u></b> 196 (175 males and 21 females) representing 12.2% of the 1,605 clients served by LAPP. Of the 196 clients, 12 were adolescents. There were also 4 Board funded emergency detoxifications (1 from Pataskala, 1 from Summit Station, and 2 from Croton).</p> <p>The site generated \$135,043.10 in FY 2012 (July 1, 2011 through June 30, 2012). This revenue generated is mostly through allocation.</p> <p><b><u>Services provided at Pataskala site since July 2011:</u></b></p> <table> <tr> <td>Assessment:</td> <td align="right">213.4 units</td> <td align="right">\$20,486.40</td> </tr> <tr> <td>Case Management</td> <td align="right">71.8 units</td> <td align="right">\$6,844.80</td> </tr> <tr> <td>Consultation</td> <td align="right">3.3 units</td> <td align="right">\$363.00</td> </tr> <tr> <td>Group:</td> <td align="right">4,056.0 units</td> <td align="right">\$38,532.00</td> </tr> <tr> <td>Individual:</td> <td align="right">2,701.0 units</td> <td align="right">\$64,814.40</td> </tr> <tr> <td>Intervention:</td> <td align="right">30.7 units</td> <td align="right">\$2,916.50</td> </tr> <tr> <td>Crisis</td> <td align="right">4.4 units</td> <td align="right">\$550.00</td> </tr> <tr> <td>Outreach</td> <td align="right">.4 units</td> <td align="right">\$36.00</td> </tr> <tr> <td>Training</td> <td align="right">4.0 units</td> <td align="right">\$500.00</td> </tr> <tr> <td></td> <td align="right"><b>TOTAL</b></td> <td align="right"><b>\$135,043.10</b></td> </tr> </table> <p><b><u>Programming:</u></b>                      LAPP Adult: men and women                      LAPP Adolescent: male and female                      Underage Consumption Program for individuals age 18 to 21</p>	Assessment:	213.4 units	\$20,486.40	Case Management	71.8 units	\$6,844.80	Consultation	3.3 units	\$363.00	Group:	4,056.0 units	\$38,532.00	Individual:	2,701.0 units	\$64,814.40	Intervention:	30.7 units	\$2,916.50	Crisis	4.4 units	\$550.00	Outreach	.4 units	\$36.00	Training	4.0 units	\$500.00		<b>TOTAL</b>	<b>\$135,043.10</b>	<p><b><u>Unduplicated clients:</u></b> 201 (167 males and 34 females) representing 16.2% of the 1,241 clients served by LAPP. Of the 201 clients, 15 were adolescents. There were also 3 Board funded emergency detoxifications (1 from Pataskala and 1 from Johnstown on two separate occasions). There were also 2 referrals for Medication Assisted Treatment 1 from Pataskala and 1 from Johnstown).</p> <p>The site generated \$122,137.90 in FY 2013 (July 1, 2012 through June 30, 2013). This revenue generated is mostly through allocation.</p> <p><b><u>Services provided at Pataskala site since July 2012:</u></b></p> <table> <tr> <td>Assessment:</td> <td align="right">229.0 units</td> <td align="right">\$22,371.60</td> </tr> <tr> <td>Case Management</td> <td align="right">41.2 units</td> <td align="right">\$2,793.00</td> </tr> <tr> <td>Consultation</td> <td align="right">1.9 units</td> <td align="right">\$214.70</td> </tr> <tr> <td>Group:</td> <td align="right">3,641.0 units</td> <td align="right">\$34,589.50</td> </tr> <tr> <td>Individual:</td> <td align="right">2,448.0 units</td> <td align="right">\$58,544.00</td> </tr> <tr> <td>Intervention:</td> <td align="right">17.1 units</td> <td align="right">\$1,727.10</td> </tr> <tr> <td>Crisis</td> <td align="right">14.4 units</td> <td align="right">\$1,800.00</td> </tr> <tr> <td>Outreach</td> <td align="right">1.4 units</td> <td align="right">\$98.00</td> </tr> <tr> <td></td> <td align="right"><b>TOTAL</b></td> <td align="right"><b>\$122,137.90</b></td> </tr> </table> <p><b><u>Programming:</u></b>                      LAPP Adult: men and women                      LAPP Adolescent: male and female                      Underage Consumption Program for individuals age 18 to 21</p>	Assessment:	229.0 units	\$22,371.60	Case Management	41.2 units	\$2,793.00	Consultation	1.9 units	\$214.70	Group:	3,641.0 units	\$34,589.50	Individual:	2,448.0 units	\$58,544.00	Intervention:	17.1 units	\$1,727.10	Crisis	14.4 units	\$1,800.00	Outreach	1.4 units	\$98.00		<b>TOTAL</b>	<b>\$122,137.90</b>
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Intervention:	17.1 units	\$1,727.10																																																								
Crisis	14.4 units	\$1,800.00																																																								
Outreach	1.4 units	\$98.00																																																								
	<b>TOTAL</b>	<b>\$122,137.90</b>																																																								

## PATASKALA SITE COMPARISON FY 2012 TO FY 2013

<p><b>Providing three groups:</b> Contemplation (PDS) Group: Monday morning Action Group: Monday night Aftercare Group: Wednesday night</p> <p><b>*Staffing:</b> One adult program counselor on site. Other counselors staff the site as needed per appointment: Monday – Thursday, 8:00AM to 4:00 PM. Friday, 8:00AM to 12:00 PM.</p>	<p><b>Providing four groups:</b> Two Contemplation (PDS) Groups: Tuesday and Wednesday mornings Action Group: Tuesday night Aftercare Group: Wednesday night</p> <p><b>*Staffing:</b> One adult program counselor on site. Other counselors staff the site as needed per appointment: Monday – Thursday, 8:00AM to 4:00 PM. Friday, 8:00AM to 12:00 PM.</p>
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### Barriers/Issues to consider:

- Less Resources
- Transportation Barriers
  - No license
  - No car
- Still a lack of awareness that we are here
- Marketing to Community and Referral Sources
- Need to balance office vs. outreach
- Look at providing specialized recovery services for targeted population
- Staffing patterns
- Need to generate revenue that is not a portion of MHR allocation