



The path to a new day

ANNUAL REPORT

LICKING COUNTY ALCOHOLISM PREVENTION PROGRAM

2014

In fiscal year 2014, the Agency showed a profit of \$185,802 and ended with a cash balance of \$565,069, an increase of \$42,184 from its starting balance of \$522,885. 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 226 clients and generated \$117,026.30 in revenue. Furthermore, LAPP received an unqualified audit for FY 2014. The Agency drew down its total Mental Health & Recovery for Licking and Knox Counties (MHR) allocation and provided approximately, \$5,278 of uncompensated services.

In fiscal year 2014 there were 1322 (1256 adult and 66 adolescent) admissions to the outpatient program and 240 admissions to the 72-hour, Driver Intervention Program. Over the past fiscal year, LAPP discharged 1024 (946 adult clients and 78 adolescent clients) a decrease of 80 from fiscal year 2013. Of the 946 adult discharges, 486 (51.4%) were approved discharges and 460 (48.6%) were non-approved discharges. Also, of the 486 approved discharges, 335 (68.9%) were diagnosed as being chemically dependent and 95 (19.6%) clients were assessed with a substance abuse disorder. Of the 335 clients diagnosed as being chemically dependent, 321 (95.8%) reported abstinence at the time of program completion. Of the 95 clients assessed with a substance abuse disorder, 77 (81.1%) 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 continued providing services to clients in Pataskala on two days. Over the past fiscal year the program served 453 women, a decrease of 4.5% from the 474 women served in FY 2013. However, there were increases in the services provided to Opioid dependent women of 23.9%, from 207 in FY 2013 to 272 in FY 2014, Cocaine dependent women of 10%, from 72

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in FY 2013 to 80 in FY 2014, and Methamphetamine using women of 13%, 120 in FY 2013 to 132 in FY 2014. There was also an increase in dual diagnoses clients of 17%, from 274 in FY 2013 to 330 in FY 2014. Over the past year, 20 drug free babies were born to program participants and services were provided to 37 pregnant women. The program continued its participation 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 2014 there were 66 adolescent admissions to the Agency for services. There continues to be 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 continue to revise 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 continues 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 provide Employee Assistance Programming, Drug Free Safety Programming, and Department of Transportation assessment and evaluation 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 2014 the Agency continued to remain viable and stable. We look for continued growth and improvement in fiscal year 2015 to meet future challenges. The Agency also looks forward to continuing 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 2014, 243 clients identified as being opioid dependent were discharged. Of those 243, 168 (69%) either dropped out of treatment or received a non-approved discharge due to incarceration. Of the 75 clients receiving an approved discharge only 7 (approximately 10%) were receiving MAT. In FY 2015 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 in early FY 2015 and the Agency's conversion to Electronic Health Records by the end of FY 2015. 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 2014 was favorable and positive in terms of client service delivery. While the Agency has been able to establish some additional funding

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sources, we are still in need of establishing additional funding sources in order to decrease the Agency's reliance on Mental Health & Recovery for Licking and Knox Counties and continue to 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 2015. 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 2014 STATISTICAL REPORT: OUTPATIENT

INTAKES	
MONTH	NUMBER
JULY, 2013	120
AUGUST, 2013	110
SEPTEMBER, 2013	123
OCTOBER, 2013	121
NOVEMBER, 2013	78
DECEMBER, 2013	117
JANUARY, 2014	97
FEBRUARY, 2014	86
MARCH, 2014	112
APRIL, 2014	138
MAY, 2014	117
JUNE, 2014	103
TOTAL INTAKES FY 2014 Adolescent = 66 Adult = 1256	1322

TOTAL DISCHARGES	APPROVED DISCHARGE	NON-APPROVED DISCHARGE	EVALUATION ONLY	INCARCERATED
1024	537 (52.4%)	487 (47.6%)	86	96
Adult 946	Adult 486	Adult 460	Adult 70	Adult 92
Adolescent 78	Adolescent 51	Adolescent 27	Adolescent 16	Adolescent 4
Total Discharges *1221	NO DIAGNOSIS	DEPENDENT DX.	ABUSE DX.	DID NOT RETURN
	70 (5.7%)	**783 (64.2%)	**171 (14%)	197 (16.1%)
Adult 1139	Adult 56	Adult 759	Adult 131	Adult 193
Adolescent 82	Adolescent 14	Adolescent 24	Adolescent 40	Adolescent 4
(*Includes those completing intake only)				Completed Intake Only (Never Seen)
**Breakdown of these categories are addressed in attached Performance Targets: Approved/Non-Approved Discharges				

FISCAL YEAR 2014 STATISTICAL REPORT: OPTIONS

NUMBER OF PARTICIPANTS			
MONTH	NUMBER		
JULY, 2013	Women 14	Men 24	Total 38
AUGUST, 2013		Men 0	Total 0
SEPTEMBER, 2013		Men 23	Total 23
OCTOBER, 2013	Women 20	Men 0	Total 20
NOVEMBER, 2013	Women 10	Men 24	Total 34
DECEMBER, 2013		Men 23	Total 23
JANUARY, 2014	Women 0	Men 7	Total 7
FEBRUARY, 2014		Men 10	
		Men 16	Total 26
MARCH, 2014	Women 22	Men 18	Total 40
APRIL, 2014		Men 0	Total 0
MAY, 2014	Women 7	Men 22	Total 29
JUNE, 2014		Men 0	Total 0
TOTAL: FY 2014	Women 73	Men 167	Total 240

**REFERRALS BACK TO AGENCY
FOR ASSESSMENT
115
either referred back to the Agency for
assessment or were already receiving
outpatient services**

Performance Targets	Results
Adult Access to Services	
<p>MHR Performance Target 90% of adult IV drug users will be scheduled for an initial clinical assessment appointment within 14 calendar days of the initial call.</p>	<p>In an effort to prioritize this population, all individuals are asked about IV drug use, either at the time of their initial phone contact or initial contact session. If IV drug use is reported they are offered an initial clinical assessment appointment within 14 calendar days. In FY 2014, 102 of 114 (89.5%) adult IV drug users were scheduled for an initial clinical assessment appointment within 14 calendar days of the initial call. The average number of days from initial contact to initial clinical assessment appointment was 6.3 days (Median = 4 days; Mode = 0 days). Usually when a client is not seen for their initial clinical assessment appointment within 14 days it is because IV drug use was not initially reported until the time of their first assessment session or the client requests their assessment session be scheduled more than 14 days out. Additionally, all individuals are informed of the two weekly outreach groups provided to individuals waiting for their initial clinical assessment appointment. For those individuals who are scheduled more than 14 days of their initial contact session we strongly encourage them to attend the outreach group until their assessment session.</p>
<p>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 (adult).</p>	<p style="text-align: center;">FIRST CLINICAL APPOINTMENT</p> <p>There were 1256 adult admissions to LAPP in FY 2014. Of these, 678 (54%) were scheduled for their first clinical session within 14 calendar days, with 146 (11.6%) being seen for their first clinical session at the time of their initial contact session and 532 (42.4%) scheduled between 1 and 14 calendar days. 578 (46%) 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 13.4 days.</p>
<p>MHR Performance Target Average (median) number of days from initial call/first contact to first treatment appointment (the first appointment after the assessment has been completed) will be 28 days or less (adult).</p>	<p style="text-align: center;">INITIAL CONTACT SESSION TO FIRST TREATMENT APPOINTMENT</p> <p>In FY 2014, the median number of days from initial call/first contact to first treatment appointment (the first appointment after the assessment has been completed) for 705 adult clients was 31 days. The median number of days for those individuals placed into adult IOP Level of care 24 days. The median number of days for Women's Outpatient clients was 25.5 days. The median number of days for Women's IOP Level of care was 22.5 days. For those individuals identified as an IV drug user, opioid dependent or subsequently diagnosed as opioid dependent the average number of days was 22.9 days</p>
Youth Access to Services	
<p>MHR Performance Target 90% of youth IV drug users will be scheduled for an initial clinical assessment appointment within 14 calendar days of the initial call.</p>	<p>In FY 2014, only one youth client was identified as an IV drug user and that individual was assessed on the day they came in.</p>
<p>90% of persons in need of services for routine situations will be offered a clinical appointment</p>	<p style="text-align: center;">FIRST CLINICAL APPOINTMENT</p> <p>There were 66 adolescent admissions to LAPP in FY 2014. Of these, 64 (96.9%) were</p>

(Assessment) within 14 calendar days of the initial contact session (youth).	scheduled for their first clinical session within 14 calendar days, with 9 (13.6%) being seen for their first clinical session at the time of their initial contact session and 55 (83.3%) scheduled between 1 and 14 calendar days. 2 (3.1%) were scheduled for their first clinical session more than 14 calendar days out. The average number of days between initial contact session and first clinical session was 6.2 days.
MHR Performance Target Average (median) number of days from initial call/first contact to first treatment appointment (the first appointment after the assessment has been completed) will be 28 days or less (youth).	INITIAL CONTACT SESSION TO FIRST TREATMENT APPOINTMENT In FY 2014, the median number of days from initial call/first contact to first treatment appointment (the first appointment after the assessment has been completed) for 45 youth clients was 23.5 days.
Hospital follow-up: Adults	
MHR Performance Target Average (median) number of days between discharge from Detox/AoD In-patient and face-to-face outpatient services with follow-up contact will be 5 days or less. (For adult clients receiving ongoing services from MHR provider)	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 2014, detoxification services for 26 individuals were paid for with MHR funds at Shepherd Hill. Of the 26, all were contacted in 5 days or less (3.9 days average) from discharge.
Hospital follow-up: Youth	
MHR Performance Target Average (median) number of days between discharge from Detox/AoD In-patient and face-to-face outpatient services with follow-up contact will be 5 days or less. (For youth clients receiving ongoing services from MHR provider)	No youth clients were referred to this Agency for outpatient services following their discharged from Detox/AoD In-patient
Outcomes: AoD Treatment Services-Adults	
MHR Performance Target 50% of adult AoD clients assessed as appropriate for out-patient services will complete the program Of those with dependence diagnosis who completed, 75% of these adult clients will be abstinent (no use of drugs or alcohol for the past 30 days) at discharge	APPROVED DISCHARGE In FY 2014, 946 adult cases were closed. Of these, 486 (51.4%) received an approved discharge. Of these cases, 56 (11.5%) were assessed as not needing further services and received no diagnosis. 335 (68.9%) were assessed as being chemically dependent. Of these, 321 (95.8%) were abstinent at program completion and 14 (4.2%) were not abstinent at program completion. 95 (19.6%) clients were assessed with a substance abuse disorder. Of these, 77 (81.1%) reported abstinence upon program completion and 18 (18.9%) were not abstinent at program completion. NON-APPROVED DISCHARGE Of the 946 adult cases closed In FY 2014, 460 (48.6%) did not complete their program and received a non-approved discharge. Of these cases, 424 (92.2%) were assessed as being chemically dependent and 36 (7.8%) were assessed with a substance abuse disorder. In addition, 193 completed an initial contact session only and never returned.
MHR Performance Target 98% of adults receiving services will have no new	In FY 2014, 1445 adults received treatment services during this period and 1411 (98%) had no new involvement with the criminal justice system.

involvement with the criminal justice system	
MHR Performance Target 54% of women receiving services will experience improved family and living conditions	In FY 2014, 474 women received treatment services during this period and 289 (61%) reported improved family and living conditions.
Outcomes: AoD Treatment Services-Youth	
MHR Performance Target 65% of youth AoD clients assessed as appropriate for out-patient services will complete the program. 75% of youth who successfully complete the program will be abstinent (no use of drugs or alcohol for the past 30 days) at discharge.	APPROVED DISCHARGE In FY 2014, 78 youth cases were closed. Of these, 51 (65.4%) received an approved discharge. Of these cases, 13 (25.5%) were assessed as not needing further services and received no diagnosis. 8 (15.7%) were assessed as being chemically dependent. Of these, 7 (87.5%) were abstinent at program completion and 1 (12.5%) was not abstinent at program completion. 30 (58.8%) clients were assessed with a substance abuse disorder. Of these, 25 (83.3%) reported abstinence upon program completion and 5 (16.7%) were not abstinent at program completion. Therefore, out of the 38 youth that received a substance use disorder diagnosis, 32 (84.2%) were abstinent at program completion. NON-APPROVED DISCHARGE Of the 78 youth cases closed In FY 2014, 27 (34.6%) did not complete their program and received a non-approved discharge. Of these cases, 18 (66.6%) were assessed as being chemically dependent and 9 (33.3%) were assessed with a substance abuse disorder. In addition, 4 completed an initial contact session only and never returned.
MHR Performance Target 95% of youths receiving services will have no new involvement with the criminal justice system.	75 out of the 78 youth cases closed In FY 2014 (96.2%) had no new involvement with the criminal justice system.
Prevention, Education	
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 2014 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".
Medication Assisted Treatment	
MHR Performance Target Average (median) number of days for adults with an	In FY 2014 there were 110 referrals for Medication Assisted Treatment. Forty (40) did not return for services following their initial MAT screening/assessment. The average

<p>opiate diagnosis from initial call/first contact to first treatment appointment (the first appointment after the assessment has been completed) will be 28 days or less</p>	<p>number of days from initial call/first contact to first treatment appointment (the first appointment after the assessment has been completed) for the 70 adult clients was 20.8 days. The median number of days from initial contact to initial clinical assessment appointment was 21 days and the mode was 21 days. For those individuals identified as an IV drug user, opioid dependent or subsequently diagnosed as opioid dependent the average number of days was 22.9 days</p>
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Reported Primary Drug of Choice: FY 2008 – FY 2014

YEAR	TOTAL CLIENTS	ALCOHOL	MARIJUANA	HEROIN/OPIATE	ALL OTHER
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	2394	954 (39.8%)	517 (21.6%)	399 (16.7%)	524 (21.9%)
FY 2013	2303	903 (39.2%)	524 (22.8%)	402 (17.4%)	474 (20.6%)
FY 2014	2323	866 (37.3%)	517 (22.2%)	462 (19.9%)	478 (20.6%)

FY 2012 325 (81.5%) of the 399 individuals who identified Heroin/Opiates as primary drug of choice were in the targeted age range of 18-35. Of the 325, 186 (57.2%) 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.

FY 2014 356 (77.8%) of the 462 individuals who identified Heroin/Opiates as primary drug of choice were in the targeted age range of 18-35. Of the 356, 247 (69.4%) were new enrollments.

FY 2011 Methamphetamine = 131 + Other Amphetamine = 75 = 206 (8%)

FY 2012 Methamphetamine = 159 + Other Amphetamine = 36 = 196 (8.2%)

FY 2013 Methamphetamine = 133 + Other Amphetamine = 35 = 168 (7.3%)

FY 2014 Methamphetamine = 173 + Other Amphetamine = 39 = 212 (9.1%)

PATASKALA SITE COMPARISON FY 2013 TO FY 2014

PATASKALA SITE FY 2013	PATASKALA SITE FY 2014																																																			
<p><u>Unduplicated clients:</u> 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><u>Services provided at Pataskala site since July 2012:</u></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">TOTAL</td> <td align="right">\$122,137.90</td> </tr> </table> <p><u>Programming:</u> 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		TOTAL	\$122,137.90	<p><u>Unduplicated clients:</u> 226 (193 males and 33 females) representing 17.1% of the 1,322 clients served by LAPP. Of the 226 clients, 19 were adolescents. There were 4 referrals for Medication Assisted Treatment, with 3 receiving Board funding for Medication Assisted Treatment.</p> <p>The site generated \$117,026.30 in FY 2014 (July 1, 2013 through June 30, 2014). This revenue generated is mostly through Medicaid and allocation.</p> <p><u>Services provided at Pataskala site since July 2013:</u></p> <table> <tr> <td>Assessment:</td> <td align="right">208.8 units</td> <td align="right">\$22,084.80</td> </tr> <tr> <td>Case Management</td> <td align="right">37.6 units</td> <td align="right">\$2,450.00</td> </tr> <tr> <td>Group:</td> <td align="right">3,404.0 units</td> <td align="right">\$32,300.00</td> </tr> <tr> <td>Individual:</td> <td align="right">2,230.0 units</td> <td align="right">\$57,297.00</td> </tr> <tr> <td>Intervention:</td> <td align="right">21.3 units</td> <td align="right">\$2,236.50</td> </tr> <tr> <td>Crisis</td> <td align="right">4.1 units</td> <td align="right">\$512.50</td> </tr> <tr> <td>Outreach</td> <td align="right">1.5 units</td> <td align="right">\$145.50</td> </tr> <tr> <td></td> <td align="right">TOTAL</td> <td align="right">\$117,026.30</td> </tr> </table> <p><u>Programming:</u> LAPP Adult: men and women LAPP Adolescent: male and female</p>	Assessment:	208.8 units	\$22,084.80	Case Management	37.6 units	\$2,450.00	Group:	3,404.0 units	\$32,300.00	Individual:	2,230.0 units	\$57,297.00	Intervention:	21.3 units	\$2,236.50	Crisis	4.1 units	\$512.50	Outreach	1.5 units	\$145.50		TOTAL	\$117,026.30
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PATASKALA SITE COMPARISON FY 2013 TO FY 2014

<p>Providing three groups: Contemplation (PDS) Group: Monday morning Action Group: Monday night Aftercare Group: Wednesday night</p> <p>*Staffing: 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>Providing four groups: Two Contemplation (PDS) Groups: Tuesday and Wednesday mornings Action Group: Tuesday night Aftercare Group: Wednesday night</p> <p>*Staffing: 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