



ANNUAL REPORT

LICKING COUNTY ALCOHOLISM PREVENTION PROGRAM

2015

Financial Position:

In fiscal year 2015, based on preliminary audit figures, the Agency showed a profit of \$88,365 and ended with a cash balance reserve after liabilities of \$676,749, an increase of \$207,815 from its starting balance of \$468,934. 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 212 clients and generated \$99,697 in revenue. In addition, the Agency was able to draw down all available funding from Mental Health & Recovery for Licking and Knox Counties (MHR) total allocation to this Agency.

Agency Outcomes:

In fiscal year 2015 there were 1226 (1138 adult and 88 adolescent) admissions to the outpatient program and 238 admissions to the 72-hour, Driver Intervention Program. Over the past fiscal year, LAPP discharged a total of 1473 (1377 adult and 96 adolescent) clients. This includes those clients who were referred to LAPP for an evaluation only, those clients with no diagnosis, and those clients who completed an intake, but never returned for assessment. Of the 1473 total discharges, LAPP discharged 1066 (990 adult and 76 adolescent) clients assessed as appropriate for out-patient services. Of the 990 adult discharges, 505 (51%) were approved discharges and 485 (49%) were non-approved discharges. Also, of the 505 approved discharges, 365 (72.3%) were diagnosed as being chemically dependent and 140 (27.7%) clients were assessed with a substance abuse disorder. Of the 365 clients diagnosed as being chemically dependent, 331 (90.7%) reported abstinence at the time of program completion. Of the 140 clients assessed with a substance abuse disorder, 99 (70.7%) reported abstinence at the time of their discharge. Of the 76 adolescent discharges, 56 (73.7%) were approved discharges and 20 (26.3%) were non-approved discharges. Of the 56 approved discharges, 8 (14.3%) were diagnosed as being chemically dependent, 37 (66.1%) clients were assessed with a substance abuse disorder, and 11 (19.6%) received no diagnosis, but completed alcohol and other drug awareness programming. Of the 45 adolescent clients diagnosed with a substance use disorder, 44 (97.8%) reported abstinence at the time of program completion.

Adult General Program:

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 Adult 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

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Series that teaches specific recovery and life skills. Over the past fiscal year there were 729 admissions to the LAPP Adult General Program and 502 clients were scheduled a first treatment session. In addition to providing typical outpatient alcohol and other drug treatment services, LAPP also provides a valuable assessment service to the criminal justice system at the Licking County Justice Center. LAPP also continued its role as the gatekeeper for Mental Health & Recovery for Licking and Knox Counties funds and the primary treatment provider for Medication Assisted Treatment (MAT) programming.

The Adult General Program has achieved the required training and materials to successfully begin a new program. In early FY 2016 (July 2015) this new program, "Thinking For A Change" was unveiled. This program targets those persons currently involved in the criminal justice system and is consistent with the direction and requirements for the Department of Rehabilitation and Corrections. We have two staff members trained and certified to present this programming. Another program area to be unveiled during the second quarter of FY 2016 will be the "Men's Trauma Group". This will be a two phase group to identify and address the trauma needs of men during the treatment process. The program is evidenced based and will be open for male clients of the agency. Consideration is also being given to accept clients from other referral sources outside of LAPP (i.e., criminal justice). The program will initially serve LAPP clients with a principal diagnosis specific to substance use disorders.

Women's Program:

In FY 2015 the Agency said farewell to the previous Women's Program manager, Margie Stein, who was with LAPP for over 18 years and the Women's Program manager for the past 16 years. Deborah Esterline became the new Women's Program manager in August 2014 and the Women's Program has not missed a beat in its efforts to provide quality, gender specific programming to the women of Licking County.

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. Over the past fiscal year 409 women were admitted to the program. Services were provided to 138 Opioid dependent women, 112 Methamphetamine using women, and 226 dual diagnosis women. Over the past year, 12 drug free babies were born to program participants and services were provided to 22 pregnant women.

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. The program participates in fundraising activities with The Woodlands Battered Women's Shelter, "The Bag Brunch" and donates bags made by Women's Program clients as well as participates 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.). Preparations were made to add a new group,

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Addictive Thinking. It is an Action and Relapse Prevention stage group and addresses thought patterns that lead to relapse into old, unhealthy behaviors. This group is offered in the late afternoon as an alternative to our morning groups which some women cannot attend due to work schedules. This group started in early FY 2016.

Adolescent Program:

The Adolescent secured a grant from the Licking County Foundation which enabled program staff to increase the visibility of the services offered. We were able to accomplish this by increasing the hours worked by the primary person within the program area. Our increased visibility also appeared to (slightly) increase the enrollment of youth within our service area.

The grant from the Licking County Foundation was to increase education and treatment to individuals age 12 to 19 still enrolled in high school. The goal was to help them learn to live substance free, hoping to lessen drop-out rates and to decrease involvement with the criminal justice system related to substance use. Not only has the grant allowed us to increase involvement within the community, building stronger relationships with referral sources, increase our numbers to service this population with alcohol and drug issues, educate staff about the problem, but we have been invited and participated in school events, public events, and increased face to face contact with adolescents. Also, the grant improved quality of life within the community by educating teachers, administration, students, and families on the impact of substances on the community, family and schools. It helped to educate each area on how to enter and maintain recovery and offered other resources in the community as well.

We increased our referral numbers both in the justice system and school system and there were 88 adolescent admissions to the Agency for services. There continues to be an increase in referrals from Licking County Juvenile Court. Unfortunately, we are finding that these clients are presenting with moderate to severe issues and very poor family support. Our current programming for this population is limited and has led to increased research to determine the feasibility of offering a more intensive level of care. Included in this would be a need for additional staff. We are continuing to study this to identify the best course of action. 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. We have also increased collaborations within new school districts that we weren't involved with before such as Lakewood High School, Lakewood Middle School, C-Tec Career and Technology, Liberty Middle School, YES Clubhouse, other community events (Rally in the Alley). 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

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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 we continue to work on improving programming through the use of evidence best practice programs.

Access to Services:

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.

Partnerships:

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.

Medication Assisted Treatment (MAT):

In fiscal year 2015 the Agency continued to remain viable and stable. The Agency 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 short-term objectives: 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

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opiate addicted clients successfully completing treatment, returning to work, and reducing legal problems related to opiate addiction. In fiscal year 2015, 274 clients identified as being opioid dependent were discharged. Of those 274, 202 (73.7%) either dropped out of treatment or received a non-approved discharge due to incarceration. Of the 72 clients receiving an approved discharge only 8 (11.1%) were receiving MAT. However, 46 clients receiving MAT were still active as of June 30, 2015 and 26 clients receiving MAT were employed as of June 30, 2015. In FY 2016 we continue to look at improving and strengthening screening protocols for the MAT program in order to improve client success rates with this difficult population.

Accomplishment:

LAPP also accomplished a major goal in FY 2015 as CARF International (Commission on Accreditation of Rehabilitation Facilities Accreditation) announced that Licking County Alcoholism Prevention Program (LAPP) has been accredited for a period of three years for its Assessment and Outpatient Treatment programs for adults and adolescents and for its Intensive Outpatient program for adults. This is the first accreditation that the international accrediting body, CARF, has awarded to LAPP. This accreditation decision represents the highest level of accreditation that can be awarded to an organization and shows the organization's substantial conformance to the CARF standards. An organization receiving a Three-Year Accreditation has put itself through a rigorous peer review process and has demonstrated to a team of surveyors during an on-site visit its commitment to offering programs and services that are measurable, accountable, and of the highest quality. This Three-Year Accreditation is helpful in LAPP's continuing efforts to improve the quality of services, meet internationally recognized standards, and better address the issues our clients are experiencing.

The Coming Year:

In FY 2016 we will be expanding our jail programming with the addition of another client education/intervention program funded by Mental Health & Recovery for Licking and Knox Counties to meet the needs of the criminal justice system and engage those individuals incarcerated in the Licking County Justice Center. In addition, we are persevering with the Agency's mandated conversion to Electronic Health Records by the end of FY 2016 and hope to have it up and running by March 2016.

The community response to the program in fiscal year 2015 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 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.

We look for sustained growth and improvement in fiscal year 2016 to meet future challenges. 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

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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.

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 2016. 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 2015 STATISTICAL REPORT: OUTPATIENT

INTAKES	
MONTH	NUMBER
JULY, 2014	118
AUGUST, 2014	96
SEPTEMBER, 2014	111
OCTOBER, 2014	109
NOVEMBER, 2014	85
DECEMBER, 2014	95
JANUARY, 2015	96
FEBRUARY, 2015	105
MARCH, 2015	116
APRIL, 2015	100
MAY, 2015	92
JUNE, 2015	103
TOTAL INTAKES FY 2015 Adolescent = 88 Adult = 1138	1226

TOTAL DISCHARGES	APPROVED DISCHARGE	NON-APPROVED DISCHARGE	EVALUATION ONLY	INCARCERATED
*1066	561 (52.6%)	505 (47.4%)	193	71
Adult 990	Adult 505	Adult 485	Adult 178	Adult 66
Adolescent 76	Adolescent 56	Adolescent 20	Adolescent 15	Adolescent 5
Total Discharges **1473	NO DIAGNOSIS 67 (5.3%)	DEPENDENT DX. ***839 (65.5%)	ABUSE DX. ***216 (16.9%)	DID NOT RETURN 158 (12.3%)
Adult 1377	Adult 56	Adult 818	Adult 172	Adult 153
Adolescent 96	Adolescent 11	Adolescent 21	Adolescent 44	Adolescent 5
				Completed Intake Only (Never Seen)

* Assessed as appropriate for out-patient services and receiving Approved/Non-Approved Discharge

** Includes evaluation only, no diagnosis, and intake only

*** Breakdown of these categories are addressed in attached Performance Targets: Approved/Non-Approved Discharges

FISCAL YEAR 2015 STATISTICAL REPORT: OPTIONS

NUMBER OF PARTICIPANTS			
MONTH	NUMBER		
JULY, 2014	Women 14	Men 24	Total 38
AUGUST, 2014		Men 0	Total 0
SEPTEMBER, 2014		Men 23	Total 23
OCTOBER, 2014	Women 20	Men 0	Total 20
NOVEMBER, 2014	Women 10	Men 24	Total 34
DECEMBER, 2014		Men 23	Total 23
JANUARY, 2015		Men 21	Total 21
FEBRUARY, 2015	Women 13	Men 0	Total 13
MARCH, 2015		Men 23	Total 23
APRIL, 2015	Women 8	Men 0	Total 8
MAY, 2015		Men 21	Total 21
JUNE, 2015		Men 14	Total 14
TOTAL: FY 2015	Women 65	Men 173	Total 238

**REFERRALS BACK TO AGENCY
FOR ASSESSMENT
129**
either referred back to the Agency for
assessment or were already receiving
outpatient services

Performance Targets	Results
Adult Access to Services	
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.	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 2015, 96 of 96 (100%) individuals identified as IV drug users admitted to the Agency for services 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 7.25 days. (Median = 6 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.
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 style="text-align: center;">FIRST CLINICAL APPOINTMENT</p> There were 1138 adult admissions to LAPP in FY 2015. Of these, 751 (66%) were scheduled for their first clinical session within 14 calendar days, with 88 (7.7%) being seen for their first clinical session at the time of their initial contact session and 663 (58.3%) scheduled between 1 and 14 calendar days. 387 (34%) 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.
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 style="text-align: center;">INITIAL CONTACT SESSION TO FIRST TREATMENT APPOINTMENT</p> In FY 2015, the median number of days from initial call/first contact to first treatment appointment (the first appointment after the assessment has been completed) for 809 adult clients was 25 days. The median number of days for those individuals placed into adult IOP Level of care 12.5 days. The median number of days for Women's Outpatient clients was 26.8 days. The median number of days for Women's IOP Level of care was 17.3 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 days.
Youth Access to Services	
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.	In FY 2015, no youth clients were identified as IV drug users.

<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 (youth).</p>	<p style="text-align: center;">FIRST CLINICAL APPOINTMENT</p> <p>There were 88 youth admissions to LAPP in FY 2015. Of these, 70 (79.5%) were scheduled for their first clinical session within 14 calendar days, with 8 (9%) being seen for their first clinical session at the time of their initial contact session and 62 (70.5%) scheduled between 1 and 14 calendar days. 18 (20.5%) 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 9.6 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 (youth).</p>	<p style="text-align: center;">INITIAL CONTACT SESSION TO FIRST TREATMENT APPOINTMENT</p> <p>In FY 2015, the median number of days from initial call/first contact to first treatment appointment (the first appointment after the assessment has been completed) for 68 youth clients was 23 days.</p>
<p>Hospital follow-up: Adults</p>	
<p>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)</p>	<p>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 2015, detoxification services for 4 individuals were paid for with MHR funds at Shepherd Hill. Of the 4, all were contacted in 5 days or less (3 days average) from discharge.</p>
<p>Hospital follow-up: Youth</p>	
<p>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)</p>	<p>No youth clients were referred to this Agency for outpatient services following their discharged from Detox/AoD In-patient</p>
<p>Outcomes: AoD Treatment Services-Adults</p>	
<p>MHR Performance Target 50% of adult AoD clients assessed as appropriate for out-patient services will complete the program</p> <p>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</p>	<p style="text-align: center;">APPROVED DISCHARGE</p> <p>In FY 2015, 990 adult cases assessed as appropriate for out-patient services and were closed. Of these, 505 (51%) received an approved discharge. Of these cases, 365 (72.3%) were assessed as being chemically dependent. Of these, 331 (90.7%) were abstinent at program completion and 34 (9.3%) were not abstinent at program completion. 140 (27.7%) clients were assessed with a substance abuse disorder. Of these, 99 (70.7%) reported abstinence upon program completion and 41 (29.3%) were not abstinent at program completion.</p> <p style="text-align: center;">NON-APPROVED DISCHARGE</p> <p>Of the 990 adult cases closed In FY 2015, 485 (49%) did not complete their program and received a non-approved discharge. Of these cases, 453 (93.4%) were assessed as being chemically dependent and 32 (6.6%) were assessed with a substance abuse disorder.</p>

	<p style="text-align: center;">TOTAL ADULT DISCHARGES</p> <p>In FY 2015 there were 1377 total adult discharges, both approved and non-approved. This includes 818 (59.4%) assessed as chemically dependent, 172 (12.5%) assessed with a substance abuse disorder, 178 (12.9%) evaluation only cases, 56 (4.1%) cases receiving no diagnosis, and 153 (11.1%) cases that completed an initial contact session only and never returned.</p>
<p>MHR Performance Target 98% of adults receiving services will have no new involvement with the criminal justice system</p>	<p>In FY 2015, 2536 adults received treatment services during this period and 2486 (98%) had no new involvement with the criminal justice system.</p>
<p>MHR Performance Target 72% of adults receiving services will demonstrate a higher level of functioning (using valid functional scale)</p>	<p>We saw that most clients who were actively engaged and remained in services appeared to function at a somewhat higher level. In FY 2015 Global Assessment of Functioning Scales were completed as part of the assessment process. For those individuals receiving outpatient treatment services the Modified Global Assessment of Functioning Scales were, again, completed by the primary clinicians (minimum of 15 clients per clinician with an active treatment plan and a minimum of two months service). In FY 2015, 509 clients with completed functioning scales at assessment and again while involved in treatment. Of these, 409 (80%) demonstrated increased functioning scores between Time 1 and Time 2.</p>
Outcomes: AoD Treatment Services-Youth	
<p>MHR Performance Target 65% of youth AoD clients assessed as appropriate for out-patient services will complete the program.</p> <p>75% of youth who successfully complete the program will be abstinent (no use of drugs or alcohol for the past 30 days) at discharge.</p>	<p style="text-align: center;">APPROVED DISCHARGE</p> <p>In FY 2015, 76 youth cases assessed as appropriate for out-patient services were closed. Of these, 56 (73.7%) received an approved discharge. This included 11 (19.6%) who received no diagnosis, but completed alcohol and other drug awareness programming, 8 (14.3%) assessed as chemically dependent, and 37 (66.1%) assessed with a substance abuse disorder. Of the 45 adolescent clients diagnosed with a substance use disorder, 44 (97.8%) reported abstinence at the time of program completion.</p> <p style="text-align: center;">NON-APPROVED DISCHARGE</p> <p>Of the 76 youth cases closed In FY 2015, 20 (26.3%) did not complete their program and received a non-approved discharge. Of these cases, 13 (65%) were assessed as being chemically dependent and 7 (35%) were assessed with a substance abuse disorder.</p> <p style="text-align: center;">TOTAL ADOLESCENT DISCHARGES</p> <p>In FY 2015 there were 96 total adolescent discharges, both approved and non-approved. This includes 21 (21.9%) assessed as chemically dependent, 44 (45.8%) assessed with a substance abuse disorder, 15 (15.6%) evaluation only cases, 11 (11.5%) cases receiving no diagnosis, and 5 (5.2%) cases that completed an initial contact session only and never returned.</p>
<p>MHR Performance Target 95% of youths receiving services will have no new involvement with the criminal justice system.</p>	<p>Out of 141 adolescent cases receiving treatment services in FY 2015 135 (95.7%) had no new involvement with the criminal justice system.</p>

Prevention, Education	
50% of all middle schools will receive prevention services.	Newark High School, Legend Elementary, Lakewood High School, Lakewood Middle School, C-Tec Career and Technology, Liberty Middle School.
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 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	There were 224 adults with an opiate diagnosis admitted in SFY 2015. For those individuals identified as an IV drug user, opioid dependent or subsequently diagnosed as opioid dependent the median number of days from initial call/first contact to first treatment appointment decreased from 25 days in SFY 2014 to 21 days. In addition, there were 112 referrals for Medication Assisted Treatment with the average number of days from initial call/first contact to first treatment appointment being 19 days.

Reported Primary Drug of Choice: FY 2009 – FY 2015

YEAR	TOTAL CLIENTS	ALCOHOL	MARIJUANA	HEROIN/OPIATE	ALL OTHER
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 2015	2363	805 (34.1%)	567 (24%)	463 (19.6%)	528 (22.3%)

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 2015 336 (72.6%) of the 463 individuals who identified Heroin/Opiates as primary drug of choice were in the targeted age range of 18-35. Of the 336, 210 (62.5%) were new enrollments.

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%)

FY 2015 Methamphetamine = 224 + Other Amphetamine = 41 = 265 (11.2%)

PATASKALA SITE COMPARISON FY 2014 TO FY 2015

PATASKALA SITE FY 2014	PATASKALA SITE FY 2015																																																
<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> <p><u>Providing four groups:</u> Two Contemplation (PDS) Groups: Tuesday and Wednesday mornings Action Group: Tuesday night Aftercare Group: Wednesday night</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	<p><u>Unduplicated clients:</u> 212 (187 males and 25 females) representing 11.7% of the 1,816 clients served by LAPP. Of the 212 clients, 30 were adolescents. There were also 3 referrals for Medication Assisted Treatment.</p> <p>The site generated \$99,697.55 in FY 2015 (July 1, 2014 through June 30, 2015). This revenue generated is mostly through Medicaid and allocation.</p> <p><u>Services provided at Pataskala site since July 2014:</u></p> <table> <tr> <td>Assessment:</td> <td align="right">187.2 units</td> <td align="right">\$20,241.30</td> </tr> <tr> <td>Case Management</td> <td align="right">30.6 units</td> <td align="right">\$2,391.81</td> </tr> <tr> <td>Group:</td> <td align="right">2,171.0 units</td> <td align="right">\$20,624.50</td> </tr> <tr> <td>Individual:</td> <td align="right">2,044.0 units</td> <td align="right">\$54,943.00</td> </tr> <tr> <td>Intervention:</td> <td align="right">9.1 units</td> <td align="right">\$955.50</td> </tr> <tr> <td>Crisis</td> <td align="right">3.8 units</td> <td align="right">\$492.44</td> </tr> <tr> <td>Outreach</td> <td align="right">.5 units</td> <td align="right">\$49.00</td> </tr> <tr> <td></td> <td align="right">TOTAL</td> <td align="right">\$99,697.55</td> </tr> </table> <p><u>Programming:</u> LAPP Adult (General): men and women LAPP Adolescent: male and female</p> <p><u>Providing four groups:</u> Two Contemplation (PDS) Groups: Tuesday and Wednesday mornings Action Group: Tuesday night Aftercare Group: Wednesday night</p>	Assessment:	187.2 units	\$20,241.30	Case Management	30.6 units	\$2,391.81	Group:	2,171.0 units	\$20,624.50	Individual:	2,044.0 units	\$54,943.00	Intervention:	9.1 units	\$955.50	Crisis	3.8 units	\$492.44	Outreach	.5 units	\$49.00		TOTAL	\$99,697.55
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<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>*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