

## ANNUAL REPORT

### LICKING COUNTY ALCOHOLISM PREVENTION PROGRAM

2017

#### **Financial Position:**

In fiscal year 2017, based on final audit figures, the Agency showed a loss of \$157,673 and ended with a cash balance reserve after liabilities of \$447,790, a decrease of \$71,791 from its starting balance of \$519,581. The revenue loss in FY 2017 was largely related to not drawing down \$92,532 of the available funding from Mental Health & Recovery for Licking and Knox Counties (MHR) total allocation to this Agency. This appears to be due to the payer mix between Medicaid and MHR. Nevertheless, 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 162 individuals representing 10.7% of the 1,517 clients served by LAPP and generated \$67,145 in revenue. In order to diversify revenue streams and provide integrated behavioral health services, the agency became State certified to provide mental health assessment and behavioral health counseling and therapy at the end of May 2016. This will help the agency in providing integrated behavioral health services to those individuals experiencing co-occurring disorders related to mental health and/or alcohol and other drug issues. The agency looks forward to continued financial growth in the future through development of new services, as well as accurate collection of authorized receivables.

#### **Agency Outcomes:**

In fiscal year 2017 there were 1091 (1039 adult and 52 adolescent) admissions to the outpatient program and 209 admissions to the 72-hour, Driver Intervention Program. Over the past fiscal year, LAPP discharged a total of 970 (916 adult and 54 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 970 total discharges, LAPP discharged 768 (722 adult and 46 adolescent) clients assessed as appropriate for out-patient services. Of the 722 adult discharges, 354 (49%) were approved discharges and 368 (51%) were non-approved discharges. Also, of the 354 approved discharges, 283 (79.9%) were diagnosed as experiencing a substance use disorder, moderate to severe and 71 (20.1%) clients were assessed with a substance use disorder, mild. Of the 283 clients diagnosed with a substance use disorder, moderate to severe, 249 (88%) reported abstinence at the time

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of program completion. Of the 71 clients assessed with a substance use disorder, mild, 53 (75.6%) reported abstinence at the time of their discharge. Of the 46 adolescent discharges, 14 (30.4%) were approved discharges and 32 (69.6%) were non-approved discharges. Of the 14 approved discharges, 7 (50%) were diagnosed with a substance use disorder, moderate to severe and 7 (50%) clients were assessed with a substance use disorder, mild. In addition, 4 individuals received no diagnosis, but completed alcohol and other drug awareness programming. Of the 14 adolescent clients diagnosed with a substance use disorder, 12 (85.7%) reported abstinence at the time of program completion.

### **Adult General Program:**

Over the past fiscal year there were 1039 admissions to the Adult General Program, with 926 (89.1%) scheduled for their first clinical assessment session within 14 calendar days of their initial contact session. Of the 926 admissions, 694 followed through with treatment recommendations, with 571 (82.3%) scheduled for their first treatment session within 28 calendar days of their initial contact session. Outpatient services were provided to 164 new Opioid using admissions with 140 (85.4%) scheduled for their first treatment session within 28 calendar days of their initial contact session. Of the 164 new Opioid using admissions, 74 were referred for Medication Assisted Treatment in an effort to improve treatment outcomes.

LAPP continues to provide Stage-Wise Treatment, using Motivational Interviewing techniques with all programming and all clinical staff use this approach to individualize services for the client. Additional training on Motivational Interviewing was provided to enhance our ability to use this approach successfully. In addition to the above, Clinical leadership received specialized Motivational Interviewing training to foster the development of our clinicians and assure this technique is consistent throughout all LAPP programming.

Stage specific groups and programming were implemented to meet the identified needs of the clients. Stage specific groups include our Road to Recovery Group that addresses criminogenic needs and skills, the revised Positive Direction Series that teaches specific recovery and life skills, and Breaking Free, a men's trauma group open to all male clients of the agency. During the latter portion of the year, we began the development of a grief group for men. This group will address the grief needs of men, and will be an evidenced based, best practice program.

Also in FY 2017 the Adult General Program recognized the need for flexible program opportunities. Our client base is often unpredictable in attending sessions and following through with treatment recommendations. This appears to occur with many of our young adult clients, generally in the eighteen to twenty-one year old age group. They

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are difficult to engage and maintain in the treatment process. To better meet their treatment needs, we created a “flexible” engagement group. This group addresses the needs of this age group as they transition from adolescent to adult programming.

In addition to providing typical outpatient alcohol and other drug treatment services, LAPP also provides valuable assessment and intervention services to the criminal justice system at the Licking County Justice Center and through justice system grants through, both the Licking County Common Pleas Court and Licking County Municipal Court. However, at the end of FY 2017, we retired the STAIRS program a collaborative effort with Licking County Common Pleas Court and Licking County Municipal Court. A new program is being developed to serve the needs of these clients and will be implemented during the second quarter of FY 2018. 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.

### **Women’s Program:**

In fiscal year 2016 there were 355 admissions to the Adult Women’s Program, with 279 (78.6%) scheduled for their first clinical assessment session within 14 calendar days of their initial contact session. Of the 355 admissions, 236 followed through with treatment recommendations, with 169 (71.6%) scheduled for their first treatment session within 28 calendar days of their initial contact session. Gender specific services were provided to 182 new Opioid using admissions, 197 new Methamphetamine using admissions, and 349 new admissions with co-occurring disorders. Over the past year, 10 drug free babies were born to program participants and services were provided to 25 pregnant women.

The Adult Women’s Program continues to provide groups to address client needs and better match stage-wise treatment strategies. These groups range from the engagement stage to the maintenance stage on the stage-wise treatment continuum. For example the Contemplation Group is designed for women who are not aware of the extent of problems created by their use while the Women’s Addiction Recovery (WAR) Intense Outpatient Treatment Program, is a gender specific, closed group, intensive program for women diagnosed with a substance use disorder, moderate to severe, and assessed as needing a highly structured program to support the recovery process. Other groups such as the Women’s Action Group is designed for women identified with a substance disorder, moderate to severe, but do not present with an overly-lengthy history of use, and are in the Action stage of change. This Action stage group has both morning and evening sessions. The Getting Ahead in Recovery group is for women who have completed the Women’s Addiction Recovery group, or another Intense Outpatient Program, Community Based Correctional Facility, or in-patient program and who will benefit from a structured atmosphere to work on the integrated recovery skills

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they have already learned. The Anger Management group is for women who are in the Action and/or Maintenance stages of change. This group focuses on assisting women in understanding how thinking and behaviors interfere with anger management and therefore recovery. The Relationships group is an open, education and experiential group focused on identifying and addressing family patterns by identifying aspects of unhealthy family relationships. The Love of Letting Go Group is a trauma focused group educates and supports women who have experienced trauma and substance abuse in their lives. The Thinking Healthy and Wellness Group is an open group that addresses thinking errors leading to relapse in criminal and/or addictive behaviors. Lastly, the Women's Grief Group is closed group that addresses the dynamics of grief and how grief impacts their recovery from alcohol and other drug as well as co-occurring mental health conditions.

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 hosts an annual Women's Program Christmas party which involves both fellowship and the giving away of clothing donated to LAPP by 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 addition, the program participates in fundraising activities with other community organizations whenever possible.

### **Adolescent Program:**

There were 52 admissions to the Adolescent Program in fiscal year 2017, with 48 (92.3%) scheduled for their first clinical assessment session within 14 calendar days of their initial contact session. Of the 52 admissions, 37 followed through with treatment recommendations, with 27 (73%) scheduled for their first treatment session within 28 calendar days of their initial contact session.

There continues to be an increase in referrals from Licking County Juvenile Court. Unfortunately, we continue to find 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. After careful research and program review, we determined that offering an additional, more intensive level of care was not necessary to serve this population. The number of referrals received does not justify the need to obtain additional staff. Adjustments in current staffing patterns will be utilized, per need, to address any increase in adolescent referrals. The program continues to provide assessment, individual counseling, groups for adolescents diagnosed with a substance

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use disorder, mild, moderate or severe, and a teen intervention group to provide education for adolescents exhibiting low intensity, experimental use of alcohol and/or other drugs.

The Adolescent AOD Education Group is a one-time group session that meets for four to six hours and that would benefit from basic alcohol and drug education. The Teen Intervention group is for adolescents that are still enrolled in high school that have received a substance use disorder, mild diagnosis. Finally, the TNT (Teens Need Treatment) group is for adolescents that are still enrolled in high school and have received a substance use disorder diagnosis. All programming is designed for youth ages 11 to 19 years old and programming is provided at both the Newark and Pataskala sites.

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). In addition, the adolescent counselor participates in community Underage Town Hall meetings, is a member of the Licking County Prevention Partnership as a full committee member and the chairperson of the alcohol and other drug workgroup. Finally, in order to be responsive to community needs and in an effort to remain current with adolescent treatment trends, 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.

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### **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, 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, Licking County Addiction Taskforce, Licking County Re-Entry Taskforce, 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 2017 the Agency continued in its role as the gatekeeper for Medication Assisted Treatment (MAT) and 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 opiate addicted clients successfully completing treatment, returning to work, and reducing legal problems related to opiate addiction.

In SFY 2017 there were 74 adult referrals to Shepherd Hill for Medication Assisted Treatment (MAT) and 22 clients carried over from SFY 2016. Not all those referred received funding for MAT from MHR. Of the 96 MAT referred clients, 52 received MAT funding for either, clinic visits and/or medication from MHR. Of the 52 clients receiving MAT funding, 12 received an Approved Discharge (23.1%), 24 (46.2%) were carried over and received treatment services in FY 2018, and 16 (30.7%) either dropped out of services or were incarcerated. Of the remaining 44 adult referrals to Shepherd Hill for Medication Assisted Treatment that did not receive MAT funding from MHR, 5 (11.4%) received an Approved Discharge, 14 (31.8%) were carried over and received treatment

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services in FY 2018, and 25 (56.8%) either dropped out of services or were incarcerated.

### **Accomplishment:**

LAPP obtained its second three year accreditation from CARF International (Commission on Accreditation of Rehabilitation Facilities Accreditation) for its integrated Assessment and Referral services, integrated Outpatient Treatment programs for adults and youth and for its integrated Intensive Outpatient Treatment programs for adults. The 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.

In addition, the agency has gained access to many managed health care panels to provide services integrated behavioral health services in the community. This will help the agency in providing integrated behavioral health services to those individuals experiencing co-occurring disorders related to mental health and/or alcohol and other drug issues. The agency continues to provide a full array of integrated behavioral health services at the Pataskala site. We have also successfully implemented an Electronic Health Records system to address the documentation and scheduling needs of the future. We began testing the Electronic Health Records system in April 2016 and the system was utilized for the last three quarters of FY 2017. This was the culmination of three years of hard work and dedication by the entire LAPP staff.

### **The Coming Year:**

As the State of Ohio moves to a Managed Care model for Medicaid reimbursement in FY 2018, the challenge is for Licking County Alcoholism Prevention Program to develop a plan for the transition from the current model of generating revenue to a Managed Care model of care in FY 2017. The agency will have to develop an action plan that will include: 1) researching upcoming changes that will affect the agency as a result of the transition to the Managed Care model; 2) developing goals and listing adjustments that need to be made internally to accommodate these changes; 3) revising current policies and procedures to reflect changes in responsibilities related to billing procedures, oversight and service authorizations and 4) exploring collaborations, affiliations, acquisitions, and mergers. By developing this plan, it is hoped that the agency is able transition seamlessly to the Managed Care model of care and supervision without service interruptions or delays in reimbursements. Work has already begun on analyzing future changes in transitioning to the Managed Care model. Ohio Medicaid's Redesign of behavioral health services is scheduled for implementation in FY 2018 and we believe we have a good grasp of potential future changes and adjustments that need to be made.

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The community response to the program in fiscal year 2017 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 2018 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 cost effective method and provide expanded 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 2018. 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 2017 STATISTICAL REPORT: OUTPATIENT

INTAKES	
MONTH	NUMBER
JULY, 2016	87
AUGUST, 2016	115
SEPTEMBER, 2016	91
OCTOBER, 2016	81
NOVEMBER, 2016	74
DECEMBER, 2016	52
JANUARY, 2017	110
FEBRUARY, 2017	91
MARCH, 2017	99
APRIL, 2017	88
MAY, 2017	104
JUNE, 2017	99
<b>TOTAL INTAKES FY 2017</b> <b>Adolescent = 52    Adult = 1039</b>	<b>1091</b>

*DISCHARGES	APPROVED DISCHARGE	NON-APPROVED DISCHARGE	EVALUATION ONLY	INCARCERATED
<b>768</b>	<b>368 (47.9%)</b>	<b>400 (52.1%)</b>	<b>***100</b>	<b>76</b>
Adult        722	Adult        354	Adult        368	Adult        95	Adult        75
Adolescent    46	Adolescent    14	Adolescent    32	Adolescent    5	Adolescent    1
<b>**Total Discharges</b>	<b>NO DIAGNOSIS</b>	<b>DEPENDENT DX.</b>	<b>ABUSE DX.</b>	<b>DID NOT RETURN</b>
<b>**969</b>	<b>42 (4.3%)</b>	<b>***674 (69.6%)</b>	<b>***94 (9.7%)</b>	<b>159 (16.4%)</b>
				<b>Intake Only</b>
Adult        916	Adult        38	Adult        641	Adult        81	Adult        156
Adolescent    53	Adolescent    4	Adolescent    33	Adolescent    13	Adolescent    3
<p>* Assessed as appropriate for out-patient services and receiving Approved/Non-Approved Discharge</p> <p>** Includes evaluation only, no diagnosis, and intake only</p> <p>*** Breakdown of these categories are addressed in attached Performance Targets: Approved/Non-Approved Discharges</p>				

**FISCAL YEAR 2017 STATISTICAL REPORT: OPTIONS**

<b>NUMBER OF PARTICIPANTS</b>			
<b>MONTH</b>	<b>NUMBER</b>		
JULY, 2016	Men 21	Total 21	
AUGUST, 2016	Men 17	Total 17	
SEPTEMBER, 2016	Women 13	Men 0	Total 13
OCTOBER, 2016	Men 16	Total 16	
NOVEMBER, 2016	Men 21	Total 21	
DECEMBER, 2016	Women 19	Men 0	Total 19
JANUARY, 2017	Men 21	Total 21	
FEBRUARY, 2017	Men 23	Total 23	
MARCH, 2017	Women 18	Men 0	Total 18
APRIL, 2017	Men 18	Total 18	
MAY, 2017	Men 22	Total 22	
JUNE, 2017	CANCELLED	Women 0	Men 0 Total 0
<b>TOTAL: FY 2017</b>	<b>Women 50</b>	<b>Men 159</b>	<b>Total 209</b>

**REFERRALS BACK TO AGENCY  
FOR ASSESSMENT  
125  
either referred back to the Agency for  
assessment or were already receiving  
outpatient services**

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<b>Performance Targets</b>	<b>Results</b>
<b>Adult Access to Services</b>	
<p><b>MHR Performance Target</b> 90% of adult IV drug users will be scheduled for an initial clinical assessment appointment within 5 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 5 calendar days. In FY 2017, only 24 of 95 (25.3%) individuals admitted to the Agency for services identified themselves as IV drug users and all 24 were scheduled for an initial clinical assessment appointment within 5 calendar days of initial contact. The average number of days from initial contact to initial clinical assessment appointment was 9 days for all 95. (Median = 8 days; Mode = 7 days). Usually when a client is not seen for their initial clinical assessment appointment within 5 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 5 days out. Additionally, all individuals are informed of the two weekly outreach groups provided to individuals waiting for their initial clinical assessment appointment and we strongly encourage them to attend.</p>
<p><b>MHR Performance Target</b> 90% of adult opiate drug users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call.</p>	<p>In an effort to prioritize this population, all individuals are asked about opiate drug use, either at the time of their initial phone contact or initial contact session. If opiate drug use is reported they are offered an initial clinical assessment appointment within 5 calendar days. In FY 2017, only 41 of 186 (22%) individuals admitted to the Agency for services identified themselves as opiate drug users and all 41 were scheduled for an initial clinical assessment appointment within 5 calendar days of initial contact. The average number of days from initial contact to initial clinical assessment appointment was 8 days for all 186. (Median = 8 days; Mode = 7 and 8 days). Usually when a client is not seen for their initial clinical assessment appointment within 5 days it is because opiate 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 5 days out. Additionally, all individuals are informed of the two weekly outreach groups provided to individuals waiting for their initial clinical assessment appointment and we strongly encourage them to attend.</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;"><b>FIRST CLINICAL APPOINTMENT</b></p> <p>There were 1039 adult admissions to LAPP in FY 2017. Of these, 926 (89.1%) were scheduled for their first clinical assessment session within 14 calendar days, with 30 (3.2%) being seen for their first clinical assessment session at the time of their initial contact session and 896 (96.8%) scheduled between 1 and 14 calendar days. 113 (10.9%) 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 assessment session was 9.2 days for all 1039.</p>

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<p><b>MHR Performance Target</b> Average (mean) 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><b>INITIAL CONTACT SESSION TO FIRST TREATMENT APPOINTMENT</b> In FY 2017, the mean number of days from initial call/first contact to first treatment appointment (the first appointment after the assessment has been completed) for all 694 adult clients was 21.5 days. The mean number of days for those individuals placed into General Adult Outpatient was 20 days. The mean number of days for those individuals placed into Adult IOP level of care was 16.1 days. The mean number of days for Women's Outpatient clients was 25.7 days. The mean number of days for Women's IOP level of care was 20.5 days.</p>
<p><b>Youth Access to Services</b></p>	
<p><b>MHR Performance Target</b> 90% of youth IV drug users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call.</p>	<p>In FY 2017, no youth clients were identified as IV drug users.</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 (youth).</p>	<p><b>FIRST CLINICAL APPOINTMENT</b> There were 52 youth admissions to LAPP in FY 2017. Of these, 48 (92.3%) were scheduled for their first clinical assessment session within 14 calendar days, with 2 (4.2%) being seen for their first clinical assessment session at the time of their initial contact session and 46 (95.8%) were scheduled between 1 and 14 calendar days. 4 (7.7%) were scheduled for their first clinical assessment session more than 14 calendar days out. The average number of days between initial contact session and first clinical assessment session was 8.9 days.</p>
<p><b>MHR Performance Target</b> Average (mean) 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><b>INITIAL CONTACT SESSION TO FIRST TREATMENT APPOINTMENT</b> In FY 2016, the mean number of days from initial call/first contact to first treatment appointment (the first appointment after the assessment has been completed) for 37 youth clients was 25.5 days.</p>
<p><b>Hospital follow-up: Adults</b></p>	
<p><b>MHR Performance Target</b> 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 2017, detoxification services for 18 individuals were paid for with MHR funds at Shepherd Hill. Of the 18, all were contacted in 5 days.</p>

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<b>Hospital follow-up: Youth</b>	
<b>MHR Performance Target</b> 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 in FY 2017.
<b>Outcomes: AoD Treatment Services-Adults</b>	
<b>MHR Performance Target</b> 50% of adult AoD clients assessed as appropriate for out-patient services will complete the program  Of those with a substance use disorder (moderate/severe) 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 style="text-align: center;"><b>APPROVED DISCHARGE</b></p> <p>In FY 2017, 722 adult cases assessed as appropriate for out-patient services and were closed. Of these, 354 (49%) received an approved discharge. Of these cases, 283 (79.9%) were assessed as substance use disorder (moderate/severe). Of these, 249 (88%) were abstinent at program completion and 34 (12%) were not abstinent at program completion. 71 (20.1%) clients were assessed with a substance use disorder (mild). Of these, 53 (74.6%) reported abstinence upon program completion and 18 (25.4%) were not abstinent at program completion.</p> <p style="text-align: center;"><b>NON-APPROVED DISCHARGE</b></p> <p>Of the 722 adult cases closed In FY 2017, 368 (51%) did not complete their program and received a non-approved discharge. Of these cases, 358 (97.3%) were assessed with a substance use disorder (moderate/severe) and 10 (2.7%) were assessed with a substance abuse disorder.</p> <p style="text-align: center;"><b>TOTAL ADULT DISCHARGES</b></p> <p>In FY 2017 there were 916 total adult discharges, both approved and non-approved. This includes 641 (70%) assessed with a substance use disorder (moderate/severe), 81 (8.8%) assessed with a substance use disorder (mild), 38 (4.1%) cases receiving no diagnosis, and 156 (17.1%) cases that completed an initial contact session only and never returned.</p>
<b>MHR Performance Target</b> Opiate use clients (For tracking purposes only, overall Approved and Non-Approved Discharges are included in the above Performance Target.	<p style="text-align: center;"><b>APPROVED DISCHARGE</b></p> <p>In FY 2017, 262 adult opiate use clients were assessed as appropriate for out-patient services and were closed. Of these, 73 (27.9%) received an approved discharge. Of these cases, 72 (98.6%) were assessed with an opiate use disorder (moderate/severe). Of these, 65 (90.3%) were abstinent at program completion and 7 (9.7%) were not abstinent at program completion. 1 (1.4%) client was assessed with an opiate use disorder (mild) and this client reported abstinence upon program completion.</p> <p style="text-align: center;"><b>NON-APPROVED DISCHARGE</b></p> <p>Of the 262 adult opiate use clients closed In FY 2017, 189 (72.1%) did not complete their program and received a non-approved discharge. Of these cases, 183 (96.8%) were assessed with an opiate use disorder (moderate/severe) and 6 (3.2%) were assessed with an opiate use disorder (mild).</p>

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<p><b>MHR Performance Target</b> 98% of adults receiving services will have no new involvement with the criminal justice system</p>	<p>In FY 2017, 1462 adults received treatment services during this period and 1413 (96.6%) had no new involvement with the criminal justice system.</p>
<p><b>MHR Performance Target</b> 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 2017 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 2017, 738 clients with completed functioning scales at assessment and again while involved in treatment. Of these, 565 (77%) demonstrated increased functioning scores between Time 1 and Time 2.</p>
<p><b>Outcomes: AoD Treatment Services-Youth</b></p>	
<p><b>MHR Performance Target</b> 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.</p>	<p style="text-align: center;"><b>APPROVED DISCHARGE</b></p> <p>In FY 2017, 466 youth cases assessed as appropriate for out-patient services were closed. Of these, 14 (30.4%) received an approved discharge. This included 7 (50%) assessed with a substance use disorder (moderate/severe), and 7 (50%) assessed substance use disorder (mild). Of the 14 adolescent clients diagnosed with a substance use disorder, 12 (85.7%) reported abstinence at the time of program completion and 2 (14.3%) were not abstinent at program completion.</p> <p style="text-align: center;"><b>NON-APPROVED DISCHARGE</b></p> <p>Of the 49 youth cases closed In FY 2017, 32 (69.6%) did not complete their program and received a non-approved discharge. Of these cases, 26 (81.3%) were assessed with a substance use disorder (moderate/severe) and 6 (18.7%) were assessed with a substance use disorder (mild).</p> <p style="text-align: center;"><b>TOTAL YOUTH DISCHARGES</b></p> <p>In FY 2017 there were 53 total adult discharges, both approved and non-approved. This includes 33 (62.3%) assessed with a substance use disorder (moderate/severe), 13 (24.5%) assessed with a substance use disorder (mild), 4 (7.5%) cases receiving no diagnosis, but completed alcohol and other drug awareness programming, and 3 (5.7%) cases that completed an initial contact session only and never returned.</p>
<p><b>MHR Performance Target</b> 98% of youths receiving services will have no new involvement with the criminal justice system.</p>	<p>Out of 54 adolescent cases receiving treatment services in FY 2017 53 (98.1%) had no new involvement with the criminal justice system.</p>

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<p><b>MHR Performance Target</b> 73% of youths receiving services will demonstrate a higher level of functioning (using valid functional scale)</p>	<p>Clients who were actively engaged and remained in services appeared to function at a somewhat higher level. In FY 2017 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 2017, 54 clients with completed functioning scales at assessment and again while involved in treatment. Of these, 44 (81.5%) demonstrated increased functioning scores between Time 1 and Time 2.</p>
<p><b>Prevention, Education</b> 50% of all middle schools will receive prevention services.</p>	<p>Newark High School, Legend Elementary, Lakewood High School, Lakewood Middle School, C-Tec Career and Technology, Liberty Middle School.</p>
<p><b>Systems Evaluation, Quality Assurance</b> 100% of Providers will formally assess client/consumer satisfaction and referral source satisfaction a minimum of once a year</p>	<p>In FY 2017, a sample of 183 anonymous client satisfaction surveys were received and reviewed following program completion. Of these, 92.8% of clients were satisfied with services received. 91.7% indicated appointment times were convenient. 92.7% felt the services provided to them were what they wanted and needed, and 93.8% would recommend our services to others. Clients gave much praise for counselors, services and support staff. <b>REFERRAL SURVEYS</b> In SFY 2017 23 referral source surveys were received and reviewed. 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”.</p>
<p><b>Medication Assisted Treatment</b> <b>MHR Performance Target</b> 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</p>	<p>In SFY 2017 there were 164 individuals identified with an opiate use disorder (moderate/severe) or subsequently diagnosed with an opiate use disorder (moderate/severe). Of the 164 individuals identified, 140 (85.4%) were scheduled their first treatment appointment in 28 days or less with the median number of days 19.5.</p> <p>In SFY 2017 there were 74 adult referrals to Shepherd Hill for Medication Assisted Treatment (MAT) and 22 clients carried over from SFY 2016. Not all those referred received funding for MAT from MHR. Of the 96 MAT referred clients, 52 received MAT funding for either, clinic visits and/or medication from MHR. Of the 52 clients receiving MAT funding, 12 received an Approved Discharge (23.1%), 24 (46.2%) were carried over and received treatment services in FY 2018, and 16 (30.7%) either dropped out of services or were incarcerated. Of the remaining 44 adult referrals to Shepherd Hill for Medication Assisted Treatment that did not receive MAT funding from MHR, 5 (11.4%) received an Approved Discharge, 14 (31.8%) were carried over and received treatment services in FY 2018, and 25 (56.8%) either dropped out of services or were incarcerated.</p>

**FY 2017 LAPP ANNUAL REPORT**

**Reported Primary Drug of Choice: FY 2010 – FY 2017**

<b>YEAR</b>	<b>TOTAL CLIENTS</b>	<b>ALCOHOL</b>	<b>MARIJUANA</b>	<b>HEROIN/OPIATE</b>	<b>OTHER</b>
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 (24.0%)	463 (19.6%)	528 (22.3%)
FY 2016	2239	707 (31.6%)	515 (23.0%)	471 (21.0%)	546 (24.4%)
FY 2017	2326	746 (32.1%)	487 (20.9%)	503 (21.6%)	590 (25.4%)

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 2016 338 (71.8%) of the 471 individuals who identified Heroin/Opiates as primary drug of choice were in the targeted age range of 18-35. Of the 338, 228 (67.5%) were new enrollments.

FY 2017 364 (72.4%) of the 503 individuals who identified Heroin/Opiates as primary drug of choice were in the targeted age range of 18-35. Of the 364, 239 (65.7%) were new enrollments.

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

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

FY 2016 Methamphetamine = 245 + Other Amphetamine = 51 = 296 (13.2%)

FY 2017 Methamphetamine = 275 + Other Amphetamine = 57 = 332 (14.3%); 221 (66.6%) were new admits in FY 2018



**FY 2017 LAPP ANNUAL REPORT**

**PATASKALA SITE COMPARISON FY 2016 TO FY 2017**

<b>PATASKALA SITE FY 2016</b>	<b>PATASKALA SITE FY 2017</b>																																																
<p><b><u>Unduplicated clients:</u></b> 133 (124 males and 9 females) representing 8.7% of the 1,532 clients served by LAPP. Of the 133 clients, 13 were adolescents. There were also 7 referrals for Medication Assisted Treatment.</p>	<p><b><u>Unduplicated clients:</u></b> 162 (151 males and 11 females) representing 10.6% of the 1,516 clients served by LAPP. Of the 162 clients, 32 were adolescents. There were also 7 referrals for Medication Assisted Treatment.</p>																																																
<p>The site generated \$74,990.28 in FY 2016 (July 1, 2015 through June 30, 2016). This revenue generated is mostly through Medicaid and allocation.</p>	<p>The site generated \$67,145.01 in FY 2017 (July 1, 2016 through June 30, 2017). This revenue generated is mostly through Medicaid and allocation.</p>																																																
<p><b><u>Services provided at Pataskala site since July 2015:</u></b></p>	<p><b><u>Services provided at Pataskala site since July 2016:</u></b></p>																																																
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<p><b><u>Providing four groups:</u></b> Two Contemplation (PDS) Groups: Tuesday and Wednesday mornings Action Group: Tuesday night Aftercare Group: Wednesday night</p>	<p><b><u>Providing one group:</u></b> Aftercare Group: Wednesday night Contemplation Group: Thursday night</p>																																																

PATASKALA SITE COMPARISON FY 2016 TO FY 2017

<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>*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