



1968 * 50 Years of Service * 2018

ANNUAL REPORT

LICKING COUNTY ALCOHOLISM PREVENTION PROGRAM

2018

Financial Position:

In fiscal year 2018, the Agency showed a loss in revenue related to several variables. Transitioning to the Managed Health Care model and the new, required billing system had an adverse effect the agency due to issues related to converting from the previous billing system to the current system billing software. While we began the conversion in late November 2017 there were software programming issues with getting the billing program up and running efficiently until April 2018. In addition, the Ohio Medicaid Redesign of behavioral health services scheduled for implementation on July 1, 2017 did not occur until January 1, 2018. LAPP's budget was based on the Redesign being implemented July 1, 2017. Not only did this contribute to an overstatement of revenue, a loss of revenue potential, as well. LAPP also did not draw down all of the available funding allocation from Mental Health & Recovery for Licking and Knox Counties (MHR). This appears to be due to the payer mix between Medicaid and MHR and having 2.5 vacant clinical positions. 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 103 individuals representing 7.1% of the 1,459 clients served by LAPP and generated \$54,996.62 in revenue. LAPP is providing integrated behavioral health services to those individuals experiencing co-occurring disorders related to mental health and/or alcohol and other drug issues, but remains primarily an outpatient alcohol and other drug treatment provider in the community. The agency will continue its work on remedying the fiscal issues that occurred in FY 2018 and we look forward to financial growth in the future through development of new services, as well as accurate collection of authorized receivable revenue.

Agency Outcomes:

In fiscal year 2018 there were 1026 (965 adult and 61 youth) admissions to the outpatient program and 194 admissions to the 72-hour, Driver Intervention Program. Over the past fiscal year, LAPP discharged a total of 900 (867 adult and 33 youth) 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

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returned for assessment. Of the 900 total discharges, LAPP discharged 732 (708 adult and 24 youth) clients assessed as appropriate for out-patient services. Of the 708 adult discharges, 323 (45.6%) were approved discharges and 385 (54.4%) were non-approved discharges. Also, of the 323 adult approved discharges, 255 (78.9%) were diagnosed as experiencing a substance use disorder, moderate to severe and 68 (21.1%) clients were assessed with a substance use disorder, mild. Of the 255 clients diagnosed with a substance use disorder, moderate to severe, 214 (83.9%) reported abstinence at the time of program completion. Of the 68 clients assessed with a substance use disorder, mild, 48 (70.6%) reported abstinence at the time of their discharge.

Adult General Program:

Over the past fiscal year there were 965 adult admissions to the Adult General Program, with 892 (92.4%) scheduled for their first clinical assessment session within 14 calendar days of their initial contact session. Of the 965 adult admissions, 691 (71.6%) followed through with treatment recommendations, with 585 (84.7%) scheduled for their first treatment session within 28 calendar days of their initial contact session. Outpatient services were provided to 153 (22.1%) new Opioid using admissions with 124 (81%) scheduled for their first treatment session within 28 calendar days of their initial contact session. Of the 153 new Opioid using admissions, 32 were referred for Medication Assisted Treatment in an effort to improve treatment outcomes.

In fiscal year 2018, LAPP discharged 435 Adult General Program clients assessed as appropriate for out-patient services. Of the 435 adult discharges, 212 (48.7%) were approved discharges and 223 (51.3%) were non-approved discharges. Of the 212 adult approved discharges, 164 (77.4%) were diagnosed as experiencing a substance use disorder, moderate to severe and 48 (22.6%) clients were assessed with a substance use disorder, mild. Of the 164 clients diagnosed with a substance use disorder, moderate to severe, 140 (85.4%) reported abstinence at the time of program completion. Of the 48 clients assessed with a substance use disorder, mild, 27 (56.3%) reported abstinence at the time of their discharge.

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.

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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.

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. In FY 2018, we retired the STAIRS program a collaborative effort serving the needs of Licking County Municipal Court and Licking County Common Pleas Court. However, a Day Reporting program was developed by the Licking County Common Pleas Court probation department and implemented during the second quarter of FY 2018 in order to serve the needs of these clients.

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 2018 there were 357 admissions to the Adult Women's Program, with 331 (92.7%) scheduled for their first clinical assessment session within 14 calendar days of their initial contact session. Of the 357 admissions, 265 (74.2%) followed through with treatment recommendations, with 218 (82.3%) scheduled for their first treatment session within 28 calendar days of their initial contact session. Gender specific services were provided to 163 Opioid using clients, 187 Methamphetamine using clients, and 274 clients with co-occurring disorders. Over the past year, 2 drug free babies, 8 medication affected (subutex) babies, and 4 substance exposed babies were born to program participants. Services were provided to 18 pregnant women.

There were 273 adult women discharged from the Adult Women's Program, with 111 (40.7%) approved discharges and 162 (59.3%) non-approved discharges. Of the 111 adult, women approved discharges, 91 (82%) were diagnosed as experiencing a substance use disorder, moderate to severe and 20 (18%) clients were assessed with a substance use disorder, mild. Of the 91 clients diagnosed with a substance use

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disorder, moderate to severe, 74 (81.3%) reported abstinence at the time of program completion. Of the 20 clients assessed with a substance use disorder, mild, 16 (80%) reported abstinence at the time of their discharge.

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 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

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participates in fundraising activities with other community organizations whenever possible.

Adolescent Program:

There were 61 admissions to the Adolescent Program in fiscal year 2018, with 58 (95.1%) scheduled for their first clinical assessment session within 14 calendar days of their initial contact session. Of the 61 admissions, 41 (67.2%) followed through with treatment recommendations, with 32 (78%) scheduled for their first treatment session within 28 calendar days of their initial contact session.

Of the 24 youth clients assessed as appropriate for out-patient services, 8 (33.3%) were approved discharges and 16 (66.6%) were non-approved discharges. Of the 8 approved discharges, 3 (37.5%) were diagnosed with a substance use disorder, moderate to severe and 5 (62.5%) clients were assessed with a substance use disorder, mild. In addition, 6 youth clients received no diagnosis, but completed alcohol and other drug awareness programming. Of the 8 youth clients diagnosed with a substance use disorder, 7 (87.5%) reported abstinence at the time of program completion.

There has been a substantial decrease in youth referrals to LAPP from the schools and Licking County Juvenile Court. Those youth that are referred 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. However, after careful research and program review, we determined that offering an additional, more intensive level of care is not fiscally feasible, at this time, due to the limited youth referrals made to LAPP. The number of referrals received does not justify the need to expand programming and/or 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 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

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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.

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, and 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. We

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provide a 72-hour, Driver Intervention Program (Options) for first time OVI offenders and, as previously mentioned, LAPP is an integral partner of the Licking County Common Pleas Court, Day Reporting program. LAPP also is involved Behavioral Health-Criminal Justice Linkage Project (Jail) Grant with Mental Health and Recovery for Licking and Knox Counties and in close collaboration with the Woodlands Behavioral Healthcare Partners, and the Licking County court system to provide trauma informed services and linkage to treatment services at the Licking County Justice Center.

In addition, we are also involved in several community ventures such as the “Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA)” grant to enable Mental Health and Recovery for Licking and Knox Counties to undertake the Overdose Response Team Project to expand the use of medication assisted treatment in the Licking County improve access and retention to treatment and recovery services and reduce unintentional overdose deaths. Community/Clinical Linkages Project with Licking County Health Department, a pilot project to enhance community and clinical linkages to prevent overdose in those reentering communities after being in a treatment facility. In this project, LAPP, in collaboration with Shepherd Hill, serves as one of the pilot sites to 1) develop policies and procedures on the distribution of naloxone to applicable clients and 2) participate in meetings to identify barriers patients face when transitioning from inpatient to outpatient treatment and pilot a potential solution. We provide Employee Assistance Programming, Drug Free Safety Programming, and Department of Transportation assessment and evaluation services at the Agency. We are also involved with the United Way Agency Community Partners 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 2018 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.

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In SFY 2018 there were 32 adult referrals to Shepherd Hill for Medication Assisted Treatment (MAT) and 25 clients carried over from SFY 2017. Not all those referred received funding for MAT from MHR. Of the 57 MAT referred clients in SFY 2018, 29 received MAT funding for either, clinic visits and/or medication from MHR. Of the 29 clients receiving MAT funding, 5 (17.3%) received an Approved Discharge, 9 (31%) were carried over and were still active in treatment services in FY 2019, and 15 (51.7%) either dropped out of services or were incarcerated. Of the remaining 28 adult referrals to Shepherd Hill for Medication Assisted Treatment that did not receive MAT funding from MHR, 4 (14.3%) received an Approved Discharge, 8 (28.6%) were carried over and were still active in treatment services in FY 2019, and 16 (57.1%) either dropped out of services or were incarcerated.

In SFY 2018, LAPP also added a new role as the Adult Opioid Residential Treatment Room and Board gatekeeper for the MHR Board in collaboration with Shepherd Hill and Maryhaven, Inc. In this role LAPP will approve admissions to the program and authorize/approve a specific number of days, verbally, followed by written authorization. All services must be pre-authorized. Lengths of stay expected to exceed the authorized days must be recommended by LAPP and receive prior approval from the Agency. LAPP reserves the right to refuse to authorize, and the MHR Board reserves the right to refuse to pay for services provided to persons who exceed authorized lengths of stay. Both residential programs agree to work cooperatively with the MHR Board and LAPP in determining length of stay, treatment planning and developing aftercare services for the consumer. The programs will also work cooperatively with LAPP so that a discharge plan will be in place at least 24 hours prior to discharge.

Accomplishment:

In FY 2018, LAPP celebrated its 50th Anniversary of providing alcohol and other drug treatment services to Licking County. This milestone was commemorated with two community celebrations. The first was held on July 21st, at the Canal Market with the whole community invited. The second was a formal Breakfast gathering at the Double Tree Hotel Ball Room to honor our local judges for their tireless efforts in fighting the disease of addiction in alliance with LAPP.

The agency gained access to the five Ohio Department Medicaid managed health care panels to provide integrated behavioral health services in the community. This allows LAPP to provide 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. Our successful implementation of Electronic Health Records system, along with its linkage to compatible billing software to address appears to be

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complete. This was the culmination of three years of hard work and dedication by the entire LAPP staff.

The Coming Year:

The State of Ohio moved to a Managed Care model for Medicaid reimbursement in FY 2018, this resulted in several challenges for Licking County Alcoholism Prevention Program. LAPP developed a transition plan from the previous model of generating revenue to a Managed Care model of care in FY 2018. Unfortunately, the transition to the Managed Care model had an adverse effect the agency due to issues related to transitioning from the previous billing system to the current system billing software. Goals and adjustments were made internally to accommodate these changes, getting the billing program up and running efficiently remained a problem until April 2018. Furthermore, the Ohio Medicaid Redesign of behavioral health services scheduled for implementation on July 1, 2017 did not occur until January 1, 2018 contributing to a loss of revenue potential. As we worked through many of the billing issues related to this past year of transition to the Managed Care model, LAPP feels confident that we will return to our previous level of financial stability in FY 2019 by rebuilding our financial reserve.

The community response to the program in fiscal year 2018 was favorable and positive in terms of client service delivery. By alleviating the financial strain on the Agency, LAPP will be able to increase its focus on improving client service delivery and facilitating more positive client outcomes. 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 2019 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.

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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 2019. 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 2018 STATISTICAL REPORT: OUTPATIENT

INTAKES	
MONTH	NUMBER
JULY, 2017	86
AUGUST, 2017	113
SEPTEMBER, 2017	96
OCTOBER, 2017	99
NOVEMBER, 2017	76
DECEMBER, 2017	63
JANUARY, 2018	99
FEBRUARY, 2018	86
MARCH 2018	90
APRIL, 2018	80
MAY, 2018	77
JUNE, 2018	61
TOTAL INTAKES FY 2018 Youth = 61 Adult = 965	1026

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*DISCHARGES	APPROVED DISCHARGE	NON-APPROVED DISCHARGE	EVALUATION ONLY	INCARCERATED
732	331 (45.2%)	401 (54.8%)	***138	76
Adult 708 Youth 24	Adult 323 Youth 8	Adult 385 Youth 16	Adult 135 Youth 3	Adult 73 Youth 3
**Total Discharges	NO DIAGNOSIS	DEPENDENT DX.	ABUSE DX.	DID NOT RETURN
900	54 (6%)	*641 (71.2%)	***91 (10.1%)	114 (12.7%) Intake Only
Adult 867 Youth 33	Adult 48 Youth 6	Adult 624 Youth 17	Adult 84 Youth 7	Adult 111 Youth 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 2018 STATISTICAL REPORT: OPTIONS

NUMBER OF PARTICIPANTS			
MONTH	NUMBER		
JULY, 2017	Women 7	Men 23	Total 30
AUGUST, 2017		Men 22	Total 22
SEPTEMBER, 2017	Women 10 10	Men 0	Total
OCTOBER, 2017		Men 18	Total 18
NOVEMBER, 2017		Men 19	Total 19
DECEMBER, 2017	Women 8	Men 0	Total 8
JANUARY, 2018		Men 7	Total 7
FEBRUARY, 2018		Men 14	Total 14
MARCH 2018	Women 14	Men 0	Total 14
APRIL, 2018		Men 23	Total 23
MAY, 2018		Men 22	Total 22
JUNE, 2018	Women 7	Men 0	Total 7
TOTAL: FY 2018	Women 46	Men 148	Total 194

**REFERRALS BACK TO AGENCY
FOR ASSESSMENT**

109

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

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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 5 calendar days of the initial call.	In an effort to prioritize this population, all individuals are asked at the time of their initial phone contact or initial contact session reported they are offered an initial clinical assessment appointment within 5 calendar days. In FY 2018, only 14 of 55 (25.5%) individuals admitted to treatment identified themselves as IV drug users and all 14 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 9.5. (Median = 8 days; Mode = 8 days). Usually when a client is scheduled for an initial clinical assessment appointment within 5 days it is because IV drug use was reported until the time of their first assessment session or the client requested 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.
MHR Performance Target 90% of adult opiate drug users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call.	In an effort to prioritize this population, all individuals are asked either at the time of their initial phone contact or initial contact session reported they are offered an initial clinical assessment appointment within 5 calendar days. In FY 2018, only 57 of 169 (33.7%) individuals admitted to treatment services identified themselves as opiate drug users and all 57 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 169. (Median = 8 days; Mode = 8 days). Usually when a client is seen for their initial clinical assessment appointment within 5 days it is because 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 encourage them to attend.
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 965 adult admissions to LAPP in FY 2018. Of those, 26 (2.7%) being seen for their first clinical assessment session within 14 calendar days of initial contact session and 866 (89.7%) scheduled between 1 and 14 calendar days of initial contact session. The remaining 173 were scheduled for their first clinical session more than 14 calendar days of initial contact session. We did not attain the target goal of 90%, with the average number of days from initial contact session to first clinical assessment session being 9.6 days for all 965.
MHR Performance Target 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 style="text-align: center;">INITIAL CONTACT SESSION TO FIRST TREATMENT APPOINTMENT</p> In FY 2018, 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 adult clients referred for treatment services was 21.1 days. The mean number of days for those individuals placed into General Adult Outpatient was 21.1 days, the mean number of days for those individuals placed into Adult IOP level of care was 21.1 days. The mean number of days for Women's Outpatient clients was 21.1 days and the mean number of days for Women's IOP level of care was 17 days.
Youth Access to Services	

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<p>MHR Performance Target 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 2018, 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 style="text-align: center;">FIRST CLINICAL APPOINTMENT</p> <p>There were 61 youth admissions to LAPP in FY 2018. Of those, 57 (93.5%) were scheduled for their first clinical assessment session within 14 days out. 1 (1.6%) being seen for their first clinical assessment session at contact session and 57 (93.5%) were scheduled between 1 and 14 days out. 4 (4.9%) were scheduled for their first clinical assessment session 15 or more days out. The average number of days between initial contact session and first clinical assessment session was 9.4 days.</p>
<p>MHR Performance Target 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 style="text-align: center;">INITIAL CONTACT SESSION TO FIRST TREATMENT APPOINTMENT</p> <p>In FY 2018, the mean number of days from initial call/first contact to first treatment appointment (the first appointment after the assessment has been completed) for youth clients referred for treatment services was 22.4 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 are in services through the Agency's outreach worker while they are inpatient at Shepherd Hill. After referral for outpatient care by Shepherd Hill, clients are scheduled with clinical staff for their date of discharge or within 5 days of discharge. In FY 2018, detoxification services for thirteen (13) individuals were provided with MHR funds at Shepherd Hill. Of the thirteen (13), twelve (92.3%) were contacted in 5 days.</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 in FY 2018. No youth clients were discharged from Detox/AoD In-patient in FY 2018.</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 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>	<p style="text-align: center;">APPROVED DISCHARGE</p> <p>In FY 2018, 708 adult clients were assessed as appropriate for out-patient services and 323 (45.6%) were closed. Of these, 255 (78.9%) received an approved discharge. Of these, 214 (83.9%) were assessed as substance use disorder (moderate/severe) and 41 (16.1%) were assessed as mild. Of these, 68 (21.1%) clients were assessed with a substance use disorder (mild). Of these, 48 (70.6%) reported abstinence upon program completion. 20 (29.4%) were not abstinent at program completion.</p> <p style="text-align: center;">NON-APPROVED DISCHARGE</p> <p>Of the 708 adult cases closed in FY 2018, 385 (54.4%) did not complete the program and received a non-approved discharge. Of these cases, 369 (95.8%) were assessed as substance use disorder (moderate/severe) and 16 (4.2%) were assessed as substance abuse disorder.</p> <p style="text-align: center;">TOTAL ADULT DISCHARGES</p>

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	<p>In FY 2018 there were 867 total adult discharges, both approved and non-approved. This includes 624 (72%) assessed with a substance use disorder (moderate/severe), 48 (5.5%) assessed with a substance use disorder (mild), 48 (5.5%) with a diagnosis, and 111 (12.8%) cases that completed an initial contact session only and never returned.</p>
<p>MHR Performance Target Opiate use clients (For tracking purposes only, overall Approved and Non-Approved Discharges are included in the above Performance Target.</p>	<p style="text-align: center;">APPROVED DISCHARGE</p> <p>In FY 2018, 229 adult opiate use clients were assessed as appropriate for treatment services and were closed. Of these, 66 (28.8%) received an approved discharge. Of these cases, 62 (93.9%) were assessed with an opiate use disorder (moderate/severe) and 4 (6.1%) were assessed with an opiate use disorder (mild). Of these, 48 (77.4%) were abstinent at program completion and 18 (27.3%) were not abstinent at program completion. 4 (6.1%) clients were assessed with an opiate use disorder (mild) and all four clients reported abstinence upon program completion.</p> <p style="text-align: center;">NON-APPROVED DISCHARGE</p> <p>Of the 229 adult opiate use clients closed in FY 2018, 163 (71.2%) did not complete the program and received a non-approved discharge. Of these cases, 159 (97.5%) were assessed with an opiate use disorder (moderate/severe) and 4 (2.5%) were assessed with an opiate use disorder (mild).</p>
<p>MHR Performance Target 98% of adults receiving services will have no new involvement with the criminal justice system</p>	<p>In FY 2018, 2324 adults received treatment services during this period and 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>Clients who were actively engaged and remained in services achieved a somewhat higher level. In FY 2018 the Brief Addiction Monitor (BAM) was a part of the assessment process. For those individuals receiving treatment services the Brief Addiction Monitor (BAM) was completed by the clinician (for all clients per clinician with minimum of two months service). Of the 311 clients who completed treatment services in FY 2018, 311 clients completed the Brief Addiction Monitor at assessment and again while involved in treatment. Of these clients, 225 (72.4%) demonstrated increased functioning scores between Time 1 and Time 2.</p>
<p>Outcomes: AoD Treatment Services-Youth</p>	
<p>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.</p>	<p style="text-align: center;">APPROVED DISCHARGE</p> <p>In FY 2018, 24 youth cases assessed as appropriate for out-patient services were closed. Of these, 8 (33.3%) received an approved discharge. Of these cases, 7 (87.5%) were assessed with a substance use disorder (moderate/severe), and 1 (12.5%) were assessed with a substance use disorder (mild). Of the 8 youth clients diagnosed with a substance use disorder, 7 (87.5%) reported abstinence at the time of program completion and 1 (12.5%) were not abstinent at program completion.</p> <p style="text-align: center;">NON-APPROVED DISCHARGE</p> <p>Of the 24 youth cases closed in FY 2018, 16 (66.6%) did not complete the program and received a non-approved discharge. Of these cases, 14 (87.5%) were assessed with a substance use disorder (moderate/severe) and 2 (12.5%) were assessed with a substance use disorder (mild).</p> <p style="text-align: center;">TOTAL YOUTH DISCHARGES</p> <p>In FY 2018 there were 33 total youth discharges, both approved and non-approved. This includes 17 (51.5%) assessed with a substance use disorder (moderate/severe), 6 (18.2%) assessed with a substance use disorder (mild), 6 (18.2%) with a diagnosis, but completed alcohol and other drug awareness program, and 4 (12.1%) cases that completed an initial contact session only and never returned.</p>
<p>MHR Performance Target 98% of youths receiving services will have no new involvement with the criminal justice system.</p>	<p>In FY 2018, 107 youths received treatment services during this period and had no new involvement with the criminal justice system.</p>

FY 2018 LAPP ANNUAL REPORT

FY 2013	2303	903 (39.2%)	524 (22.8%)	402 (17.4%)
FY 2014	2323	866 (37.3%)	517 (22.2%)	462 (19.9%)
FY 2015	2363	805 (34.1%)	567 (24.0%)	463 (19.6%)
FY 2016	2239	707 (31.6%)	515 (23.0%)	471 (21.0%)
FY 2017	2326	746 (32.1%)	487 (20.9%)	503 (21.6%)
FY 2018* (7/1/18 to 11/30/18)	1506	462 (30.7%)	327 (21.7%)	314 (20.8%)

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 2018* 105 (33.4%) of the 314 individuals who identified Heroin/Opiates as primary drug of choice were in the targeted age range of 18-35. Of the 314, 137 (43.6%) 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 2017

FY 2018* Methamphetamine = 191 + Other Amphetamine = 41 = 232 (15.4%); 123 (53%) were new admits in FY 2018

PATASKALA SITE COMPARISON FY 2017 TO FY 2018

PATASKALA SITE FY 2017	PATASKALA SITE FY 2018
Unduplicated clients: 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.	Unduplicated clients: 103 individual representing 7.1% of the 1,459 clients served by LAPP. Of the 103 clients, 16 were adolescents. There were also 7 referrals for Medication Assisted Treatment.

FY 2018 LAPP ANNUAL REPORT

<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><u>Services provided at Pataskala site since July 2016:</u></p> <table border="0"> <tr> <td>Assessment:</td> <td>119.2 hours</td> <td>\$13,661.34</td> </tr> <tr> <td>Case Management:</td> <td>18.4 hours</td> <td>\$1,438.94</td> </tr> <tr> <td>Group:</td> <td>298.0 hours</td> <td>\$11,324.00</td> </tr> <tr> <td>Individual:</td> <td>394.75 hours</td> <td>\$39,832.50</td> </tr> <tr> <td>Intervention:</td> <td>4.6 hours</td> <td>\$512.42</td> </tr> <tr> <td>Crisis:</td> <td>2.9 hours</td> <td>\$375.81</td> </tr> <tr> <td>Outreach:</td> <td>0.0 hours</td> <td>\$00.00</td> </tr> <tr> <td></td> <td>TOTAL</td> <td>\$67,145.01</td> </tr> </table> <p><u>Programming:</u> LAPP Adult (General): men and women LAPP Adolescent: male and female</p> <p><u>Providing two groups:</u> Aftercare Group: Wednesday night Contemplation Group: Thursday night</p>	Assessment:	119.2 hours	\$13,661.34	Case Management:	18.4 hours	\$1,438.94	Group:	298.0 hours	\$11,324.00	Individual:	394.75 hours	\$39,832.50	Intervention:	4.6 hours	\$512.42	Crisis:	2.9 hours	\$375.81	Outreach:	0.0 hours	\$00.00		TOTAL	\$67,145.01	<p>The site generated \$54,996.62 in FY 2018 (June 30, 2018). This revenue generated is mostly through Medicaid and allocation.</p> <p><u>Services provided at Pataskala site since July 2016:</u></p> <table border="0"> <tr> <td>Assessment:</td> <td>64.21 hours</td> <td></td> </tr> <tr> <td>MH Assessment:</td> <td>1.0 hours</td> <td></td> </tr> <tr> <td>Case Management:</td> <td>5.01 hours</td> <td></td> </tr> <tr> <td>Group:</td> <td>197.0 hours</td> <td></td> </tr> <tr> <td>Individual:</td> <td>375.87 hours</td> <td></td> </tr> <tr> <td>MH Individual:</td> <td>8.0 hours</td> <td></td> </tr> <tr> <td>Intervention:</td> <td>7.5 hours</td> <td></td> </tr> <tr> <td>Crisis:</td> <td>0.0 hours</td> <td></td> </tr> <tr> <td>Outreach:</td> <td>4.0 hours</td> <td></td> </tr> <tr> <td></td> <td>TOTAL</td> <td></td> </tr> </table> <p><u>Programming:</u> LAPP Adult (General): men and women LAPP Adolescent: male and female</p> <p><u>Providing two group:</u> Action or Aftercare Group: Wednesday night Contemplation Group: Thursday night (As</p>	Assessment:	64.21 hours		MH Assessment:	1.0 hours		Case Management:	5.01 hours		Group:	197.0 hours		Individual:	375.87 hours		MH Individual:	8.0 hours		Intervention:	7.5 hours		Crisis:	0.0 hours		Outreach:	4.0 hours			TOTAL	
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PATASKALA SITE COMPARISON FY 2017 TO FY 2018

<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

FY 2018 LAPP ANNUAL REPORT

- Look at providing specialized recovery services for targeted population
- Staffing patterns
- Need to generate revenue that is not a portion of MHR allocation