



1968 * 50 Years of Service * 2018

ANNUAL REPORT

LICKING COUNTY ALCOHOLISM PREVENTION PROGRAM

2019

Financial Position:

In fiscal year 2019, based on final audit figures, the Agency showed a loss of \$95,156 and ended with a cash balance reserve after liabilities of \$257,418, a decrease of \$79,487 from its starting balance of \$336,905. The revenue loss in FY 2019 was largely due to a lump sum repayment of \$101,758.65 in Medicaid advances to four of the five Managed Health Care organizations on November 7, 2018. Nevertheless, the agency continues to be fiscally viable, at this time, 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 81 individuals representing 8.1% of the 994 clients served by Licking County Alcoholism Prevention Program and generated \$50,739.97 in revenue. The Agency was able to draw down all of the available funding of \$440,227 for treatment services and an additional \$25,201 for treatment services for a total of \$465,428 in funding from Mental Health & Recovery for Licking and Knox Counties (MHR). In order to diversify revenue streams and provide integrated behavioral health services, the agency is State certified to provide mental health assessment and behavioral health counseling and therapy. 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. The agency will continue its work on remedying the fiscal issues that occurred in FY 2019 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 2019 there were 1006 (972 adult and 34 youth) admissions to the outpatient program and 171 admissions to the 72-hour, Driver Intervention Program. Over the past fiscal year, LAPP discharged a total of 978 (931 adult and 47 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 returned for assessment. Of the 978 total discharges, LAPP discharged 751 (725 adult

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and 26 youth) clients assessed as appropriate for out-patient services. Of the 725 adult discharges, 400 (55.2%) were approved discharges and 325 (44.8%) were non-approved discharges. Also, of the 400 adult approved discharges, 335 (83.8%) were diagnosed as experiencing a substance use disorder, moderate to severe and 65 (16.3%) clients were assessed with a substance use disorder, mild. Of the 335 clients diagnosed with a substance use disorder, moderate to severe, 310 (92.5%) reported abstinence at the time of program completion. Of the 65 clients assessed with a substance use disorder, mild, 40 (61.5%) reported abstinence at the time of their discharge.

Adult General Program:

Over the past fiscal year there were 594 adult admissions to the Adult General Program, with 405 (62.2%) scheduled for their first clinical assessment session within 14 calendar days of their initial contact session. Of the 594 adult admissions, recommendations for SUD treatment were made for 379 (63.8%), with 260 (68.6%) scheduled for their first treatment session within 28 calendar days of their initial contact session. Outpatient services were provided to 183 (48.3%) new Opioid using admissions with 156 (85.2%) scheduled for their first treatment session within 28 calendar days of their initial contact session. However, of the 183 new Opioid using admissions, only 22 were referred for Medication Assisted Treatment in an effort to improve treatment outcomes.

In fiscal year 2019, LAPP discharged 410 Adult General Program clients assessed as appropriate for out-patient services. Of the 410 adult discharges, 246 (60%) were approved discharges and 164 (40%) were non-approved discharges. Of the 246 adult approved discharges, 205 (83.3%) were diagnosed as experiencing a substance use disorder, moderate to severe and 41 (16.7%) clients were assessed with a substance use disorder, mild. Of the 205 clients diagnosed with a substance use disorder, moderate to severe, 187 (91.2%) reported abstinence at the time of program completion. Of the 41 clients assessed with a substance use disorder, mild, 27 (65.9%) 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 utilize this approach to individualize services for the client. Training on Motivational Interviewing continued to enhance our ability to use this approach successfully. Clinical leadership used 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 the second quarter of FY 2018, a Day Reporting program was developed and implemented by the Licking County Common Pleas Court probation department in order to serve the needs of their population. Over the course of FY 2018 and FY 2019 it has shown great promise in helping to educate and engage these individuals in further treatment at the Agency.

LAPP also continued its role as the gatekeeper for Mental Health & Recovery for Licking and Knox Counties (MHR) funds and the primary treatment provider for Medication Assisted Treatment (MAT) programming and detoxification level of care. LAPP also is the gatekeeper for MHR funds for residential and partial hospitalization levels of care, the State Opioid Response (SOR) Program, and the co-leader for the Quick Response Team (QRT).

Women's Program:

In fiscal year 2019 there were 378 admissions to the Adult Women's Program, with 272 (72%) scheduled for their first clinical assessment session within 14 calendar days of their initial contact session. Of the 378 admissions, recommendations for SUD treatment were made for 278 (73.5%), 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 147 Opioid using clients, 143 Methamphetamine using clients, and 297 clients with co-occurring disorders. In FY 2019, 2 drug free babies, 9 medication affected (subutex) babies, and 2 substance exposed babies were born to program participants. Services were provided to 16 pregnant women.

There were 315 adult women discharged from the Adult Women's Program, with 154 (48.9%) approved discharges and 161 (51.1%) non-approved discharges. Of the 154 adult, women approved discharges, 130 (84.4%) were diagnosed as experiencing a

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substance use disorder, moderate to severe and 24 (15.6%) clients were assessed with a substance use disorder, mild. Of the 130 clients diagnosed with a substance use disorder, moderate to severe, 123 (94.6%) reported abstinence at the time of program completion. Of the 24 clients assessed with a substance use disorder, mild, 12 (50%) 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

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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 34 admissions to the Adolescent Program in fiscal year 2019, with 33 (97.1%) scheduled for their first clinical assessment session within 14 calendar days of their initial contact session. Of the 34 admissions, recommendations for SUD treatment were made for 14 (41.2%), with 13 (92.9%) scheduled for their first treatment session within 28 calendar days of their initial contact session.

In fiscal year 2019, 46 youth clients received SUD services at this Agency. Of the 46 youth clients, 14 completed an assessment only and received no diagnosis, 6 never returned after completion of their initial contact/intake session, and 26 were assessed as appropriate for out-patient services. Of the 26 assessed as appropriate for out-patient services, 7 (26.9%) were approved discharges and 19 (73.1%) were non-approved discharges. Of the 7 approved discharges, 4 (57.1%) were diagnosed with a substance use disorder, moderate to severe and 3 (42.9%) clients were assessed with a substance use disorder, mild. Of the 7 youth clients diagnosed with a substance use disorder, all 7 (100%) reported abstinence at the time of program completion. If we add the 14 youth completing an assessment only and discharged with no diagnosis or not in need of services, there were 21 (45.7%) approved youth discharges.

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

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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 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.) 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

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Community Corrections Planning Board. We 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.

LAPP is 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 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 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, 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 remain committed to and visible in the community.

Medication Assisted Treatment (MAT):

In fiscal year 2019 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 2019 there were 22 adult referrals to Shepherd Hill for Medication Assisted Treatment (MAT) and 16 clients carried over from the previous year. Not all those referred received funding for MAT from MHR. Of the 22 MAT referred clients in SFY 2019, 12 received MAT funding for either, clinic visits and/or medication from MHR. Of the 12 clients receiving MAT funding, 4 (33.3%) received an Approved Discharge, 5 (41.7%) were carried over and were still active in treatment services in FY 2020, 2 (16.7%) either dropped out of services or were incarcerated, and 1 (8.3%) was admitted to residential treatment. Of the remaining 10 adult referrals to Shepherd Hill for Medication Assisted Treatment that did not receive MAT funding from MHR, 1 (10%) was funded by Addiction Treatment Program (ATP), 3 (30%) were carried over and were still active in treatment services in FY 2019, and 6 (60%) either dropped out of services or were incarcerated.

In SFY 2019, LAPP continued in its role as the Adult Opioid Residential Treatment Room and Board gatekeeper for the MHR Board in collaboration with Shepherd Hill. 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 early FY 2019, LAPP received \$153,785 in advances from the five Managed Health Care organizations that managed Ohio Medicaid reimbursement to assist in transitioning to the Behavioral Healthcare Redesign. On November 7, 2018, LAPP made lump sum payment to four of the five Managed Health Care organizations totaling \$101,758.65, leaving a balance of \$52,026.35 to be paid back in advances in FY 2020. In addition, LAPP continues to provide services to both Licking County Common Pleas Court and Licking County Municipal Court in the form of contracts with them for services to their populations.

The Coming Year:

LAPP developed a transition plan from the previous model of generating revenue to a Managed Care model of care in FY 2019. Unfortunately, the transition to the Managed

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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. 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 the billing issues related to the Ohio Medicaid Redesign over past two years of transition to the Managed Care model, LAPP feels confident that we will return to our previous level of financial stability in FY 2020 by rebuilding our financial reserve.

The community response to the program in fiscal year 2019 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.

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 2020. 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 2019 STATISTICAL REPORT:
OUTPATIENT**

INTAKES	
MONTH	NUMBER
JULY, 2018	88
AUGUST, 2018	96
SEPTEMBER, 2018	94
OCTOBER, 2018	106
NOVEMBER, 2018	76
DECEMBER, 2018	80
JANUARY, 2019	78
FEBRUARY, 2019	83
MARCH 2019	94
APRIL, 2019	81
MAY, 2019	62
JUNE, 2019	68
TOTAL INTAKES FY 2019 Youth = 34 Adult = 972	1006

*DISCHARGES	APPROVED	NON-APPROVED DISCHARGE	EVALUATION ONLY	INCARCERATED
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	DISCHARGE						
751	407 (54.2%)	344 (45.8%)	***137	44			
Adult 725 Youth 26	Adult 400 Youth 7	Adult 325 Youth 19	Adult 117 Youth 20	Adult 43 Youth 1			
**Total Discharges	NO DIAGNOSIS	DEPENDENT DX.	ABUSE DX.	DID NOT RETURN			
978	61 (6.2%)	*674 (68.9%)	***77 (7.9%)	166 (17%) Intake Only			
Adult 931 Youth 47	Adult 46 Youth 15	Adult 655 Youth 19	Adult 70 Youth 7	Adult 160 Youth 6			
<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 2019 STATISTICAL REPORT: OPTIONS

NUMBER OF PARTICIPANTS			
MONTH	NUMBER		
JULY, 2018	Women 0	Men 13	Total 13
AUGUST, 2018		Men 12	Total 12
SEPTEMBER, 2018	Women 11	Men 0	Total 11
OCTOBER, 2018		Men 16	Total 16
NOVEMBER, 2018		Men 17	Total 17
DECEMBER, 2018	Women 4	Men 0	Total 4
JANUARY, 2019		Men 15	Total 15
FEBRUARY, 2019		Men 17	Total 17
MARCH 2019	Women 15	Men 0	Total 15
APRIL, 2019		Men 23	Total 23
MAY, 2019		Men 18	Total 18
JUNE, 2019	Women 10	Men 0	Total 10
TOTAL: FY 2019	Women 40	Men 131	Total 171

**REFERRALS BACK TO AGENCY
FOR ASSESSMENT**

94

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

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<p>MHR Performance Target 90% of adult IV drug users will be scheduled for an initial clinical assessment appointment within 14 calendar days of the initial call.</p>	<p>In FY 2019, there were 120 IV drug users admitted to the program and 106 (88.3%) IV drug users at first contact/intake and 81 (97.6%) were offered an assessment session within 14 days. Unfortunately, 37 (30.8%) IV drug users did not have an assessment session within 14 days of first contact/intake. The total number of IV drug users admitted to the program that had an assessment session within 14 days was 98 (81.7%).</p> <p>In FY 2019, the threshold was 14 calendar days for those individuals identified as IV drug users at first contact/intake, but only 5 calendar days for those individuals identified as opiate drug users. This inconsistency created issues with the overall performance of the IV drug users seen in FY 2019 were methamphetamine users. The 14 calendar day threshold and look at the 81 out of 83 IV drug users admitted to the program that identified as IV drug users at first contact/intake, 76 (92.7%) were offered an assessment session within 5 days. I believe we need to adjust the threshold does not make sense to offer opiate drug users assessment sessions within 5 days, but IV drug users are offered assessment sessions within 14 days.</p> <p>Nevertheless, the average number of days from initial contact to initial assessment appointment for those all IV drug users was 10.1 days (Median=8 days, Mode=8 days). Usually, when a client is not seen for their initial assessment appointment within 5 days it is because IV drug use was not in their system at the time of their first assessment session or the client requests their assessment be scheduled more than 5 days out. Additionally, all individuals are offered weekly outreach groups provided to individuals waiting for their initial assessment appointment and we strongly encourage them to attend.</p>
<p>Access to Treatment - Opiate Users—Adults</p>	
<p>MHR Performance Target 90% of adult opiate users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call.</p>	<p>In FY 2019, there were 195 opiate users admitted to the program and 31 (15.9%) identified as opiate drug users at first contact/intake and 39 (124%) offered an assessment session within 5 days. 164 (84.1%) opiate drug users were not offered an assessment session within 5 days of first contact/intake. The total number of opiate drug users admitted to the program that had an assessment session within 5 days was 39 (20%).</p> <p>If we used the same threshold of 14 calendar days for those individuals identified as opiate drug users at first contact/intake then 143 of 195 (73.3%) of the opiate drug users have been scheduled for an assessment within 14 calendar days of first contact/intake.</p> <p>The average number of days from initial contact to initial assessment appointment for those 31 identified as opiate drug users at first contact/intake was 2 days (Median=2 days). The average number of days from initial contact to initial assessment appointment for all 195 was 10.9 days (Median=10 days, Mode=8 days).</p> <p>In addition, there were 251 methamphetamine users admitted to the program in FY 2019. Of the 251, 46 (18.3%) methamphetamine users were offered an assessment session within 5 days. 185 (73.7%) methamphetamine users were offered an assessment session within 14 days. The average number of days from initial contact to initial clinical assessment appointment for all 251 was 11 days (Median=11 days, Mode=8 days).</p>
<p>Access to SUD Treatment - Pregnant Women</p>	
<p>MHR Performance Target 95% of pregnant women receiving SUD treatment services during the period will be enrolled in gender-specific programming.</p>	<p>In FY 2019 28 pregnant women were admitted to the program and 9 were enrolled in gender-specific programming. Of the 28 pregnant women, 9 were enrolled in gender-specific programming.</p>
<p>SUD Treatment Engagement - Jail Services</p>	
<p>MHR Performance Target</p>	<p>In FY 2019, LAPP provided services to 154 adult jail clients. Of the 154 adult jail clients, 82 (53%) were released and 52 (33.8%) were released. Of the 52 that were released, 26 (50%) were released within 14 days of their initial assessment appointment.</p>

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<p>56% of offenders assessed in the Justice Center and referred to SUD services as part of reentry planning, will engage in LAPP services within 14 days of release.</p>	<p>for services at this Agency, 10 (19.2%) were admitted and engaged in services during the 14 days of release. 42 have not followed through with recommendations, the 10 that followed through has had new charges.</p> <p>The low follow-through rate may be due to the fact that this position was vacant from July 1, 2018 until mid-November 2018 and, again, from May 1, 2019 until mid-September 2019. The individual who is currently in this position is now up and running for these numbers to improve both in volume as well as in the number of recommendations.</p>
<p>Youth Access to Services</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;">FIRST CLINICAL APPOINTMENT</p> <p>In FY 2019 there were 34 youth admissions with 32 (94.1%) having an initial clinical assessment session within fourteen (14) calendar days or less.</p> <p style="text-align: center;">INITIAL CONTACT SESSION TO FIRST TREATMENT APPOINTMENT</p> <p>Of the 34 youth admissions, 20 were seen for an assessment or intake session (41.2%) individuals referred and scheduled a first treatment appointment. The average number of days from initial call/first contact to first treatment appointment after the assessment has been completed) for all youth was 22 days (median=22) in FY 2019. For the one youth with an opiate use disorder, the number of days from initial call/first contact to first treatment appointment was 14 days.</p>
<p>Access to Treatment - IV Drug Users—Youth</p>	
<p>MHR Performance Target 90% of youth IV drug users will be scheduled for an initial clinical assessment appointment within 14 calendar days of the initial call.</p>	<p>In FY 2019, only one youth client was identified as an IV drug user. The average number of days from initial contact to initial clinical assessment appointment for that youth client was 9 days.</p>
<p>Access to Treatment - Opiate Users—Youth</p>	
<p>MHR Performance Target 90% of youth opiate users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call.</p>	<p>In FY 2019 only one youth client was identified as an opiate drug user. The average number of days from initial contact to initial clinical assessment appointment for that youth client was 14 days. In addition to opiate drug use, this individual also reported methamphetamine use.</p>
<p>SUD Treatment Program Completion—Adults</p>	
<p>MHR Performance Target 50% of adult SUD clients assessed as appropriate for out-patient services will complete the program.</p>	<p style="text-align: center;">Adult Outpatient and Women’s Outpatient Programs</p> <p>In FY 2019 there were 725 adult discharges (410 Adult General Program and 315 Women’s Program). Of the 725 total adult discharges, 400 (55.2%) completed the program, of which 246 (60%) of the 410 Adult General Program discharges and 154 (48.9%) of the 315 Women’s Program discharges.</p> <p style="text-align: center;">Adult General and Women’s Intense Outpatient Programs</p> <p>In the Adult General Intense Outpatient Program, 79 individuals completed the program in FY 2019, with 55 (74.3%) of 74 successfully transitioning into the Adult Outpatient Program and 5 being carried over into FY 2020. In the Women’s Intense Outpatient Program, 94 women received services in FY 2019, with 76 (87.1%) completing the program and 7 being carried over into FY 2020.</p> <p style="text-align: center;">Opiate and Methamphetamine Use Clients</p> <p>In FY 2019 there were 235 discharges of individuals diagnosed with a substance use disorder. Of the 235, 227 were diagnosed with opioid use disorder (96.6%), 8 were diagnosed with opioid use disorder mild. 106 (45.1%) completed the program, of which 100 were diagnosed with opioid use disorder (94.3%) and 6 were diagnosed with opioid use disorder mild.</p> <p>In addition, there were 281 discharges of individuals diagnosed with methamphetamine use disorder in FY 2019. Of the 281, 268 (95.4%) completed the program.</p>

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	<p>methamphetamine use disorder moderate/severe and 13 methamphetamine use disorder mild. 125 (44.5%) received approved discharges, which 118 were diagnosed with methamphetamine use disorder moderate/severe and 7 were diagnosed with methamphetamine use disorder mild.</p> <p>Adult Clients With A Moderate/Severe Diagnosis and Adult Clients With A Mild Diagnosis</p> <p>In FY 2019 there were 655 discharges of individuals diagnosed with a substance use disorder moderate/ severe. Of the 655, 335 (51.1%) received approved discharges. There were also 70 discharges of individuals diagnosed with a substance use disorder mild in FY 2019. Of the 70, 65 (92.9%) received approved discharges.</p>
<p>SUD Treatment Program Completion—Youth</p>	
<p>MHR Performance Target 65% of youth SUD clients assessed as appropriate for out-patient services will complete the program.</p>	<p>All Adolescents</p> <p>There were 26 discharges of youth clients assessed as appropriate for out-patient services in FY 2019. Of the 26 youth discharges, 7 (26.9%) received approved discharges and 19 received a non-approved discharges. In adult client discharges, 14 youth completed an assessment and were diagnosed or not in need of services and 6 never returned for an assessment session. When we add the 26 youth clients assessed for out-patient services with the 14 youth that completed an assessment and were discharged with no diagnosis or not in need of services, there were 40 youth discharges out of 40 youth assessed and/or receiving out-patient treatment.</p> <p>Opiate User Clients—Youth</p> <p>There was one youth diagnosed with, both, an opioid use disorder and methamphetamine use disorder in FY 2019. Unfortunately, this youth did not complete the program due to incarceration by the Juvenile Justice System.</p>
<p>SUD TREATMENT OUTCOMES</p>	
<p>Abstinence Outcomes—Adults</p>	
<p>MHR Performance Target 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>Adult Outpatient</p> <p>In FY 2019 there were 410 Adult General Program discharges (100 non-approved). Of the 246 approved discharges, 205 (83.3%) were approved discharges with a substance use disorder moderate/severe and 41(16.7%) were approved discharges with a substance use disorder mild. Of the 205 approved discharges with a substance use disorder moderate/severe, 187 (91.2%) were abstinent (for at least the past 30 days) at program completion. Of the 41 approved discharges with a substance use disorder mild, 27 (65.9%) were abstinent (for at least the past 30 days) at program completion. In total, 214 (87%) of the 246 approved discharges with a substance use disorder were abstinent (for at least the past 30 days) at program completion.</p> <p>Women’s Outpatient</p> <p>In FY 2019 there were 315 Women’s Program discharges (100 non-approved). Of the 154 approved discharges, 130 (84.4%) were approved discharges with a substance use disorder moderate/severe and 24 (15.6%) were approved discharges with a substance use disorder mild. Of the 130 approved discharges with a substance use disorder moderate/severe, 123 (94.6%) were abstinent (for at least the past 30 days) at program completion. Of the 24 approved discharges with a substance use disorder mild, 12 (50%) were abstinent (for at least the past 30 days) at program completion. In total, 135 (87.7%) of the 154 approved discharges with a substance use disorder were abstinent (for at least the past 30 days) at program completion.</p> <p>Adult General Intense Outpatient Program</p> <p>In FY 2019, 79 (5 being carried over into FY 2020) individuals received approved discharges from the Adult General Intense Outpatient Program and all 79 were diagnosed with a substance use disorder moderate/severe. 55 of 74 successfully transitioned to the Adult General Intense Outpatient Program and 19 of the 74 received a non-approved discharge due to dropping out of services and/or incarceration. Of the 55 successful</p>

	<p>the Adult General Outpatient Program, all 55 (100%) were abstinent 30 days prior to being stepped down into the Adult General Outpatient Program.</p> <p>Women’s Intense Outpatient Program</p> <p>In FY 2019, 94 (7 being carried over into FY 2020) women received services in the Women’s Intense Outpatient Program and all 94 were diagnosed with a substance use disorder moderate/severe. 76 of 87 successfully transitioned to the Adult General Outpatient Program and 11 of the 87 received a non-approved discharge, dropping out of services and/or incarceration. Of the 76 successful discharges to the Adult General Outpatient Program, all 76 (100%) were abstinent 30 days prior to being stepped down into the Women’s Outpatient Program.</p> <p>Opiate Clients</p> <p>In FY 2019 there were 235 discharges of individuals diagnosed with a substance use disorder (106 approved and 129 non-approved). Of the 106 approved discharges, 100 were diagnosed with opioid use disorder moderate/severe and 6 were diagnosed with opioid use disorder mild. Of the 100 approved discharges diagnosed with a substance use disorder moderate/severe, 95 (95%) were abstinent (for at least the past 30 days) at program completion. Of the 6 approved discharges diagnosed with a substance use disorder mild, 5 (83.3%) were abstinent (for at least the past 30 days) at program completion. In total, 100 (94.3%) of the 106 approved discharges with a substance use disorder were abstinent (for at least the past 30 days) at program completion.</p> <p>In addition, there were 281 discharges of individuals diagnosed with a substance use disorder (125 approved and 156 non-approved). Of the 125 approved discharges, 118 were diagnosed with methamphetamine use disorder moderate/severe and 7 were diagnosed with methamphetamine use disorder mild. Of the 118 approved discharges diagnosed with a substance use disorder moderate/severe, 112 (94.9%) were abstinent (for at least the past 30 days) at program completion. Of the 7 approved discharges diagnosed with a substance use disorder mild, 7 (100%) were abstinent (for at least the past 30 days) at program completion. In total, 119 (95.2%) of the 125 approved discharges with a substance use disorder were abstinent (for at least the past 30 days) at program completion.</p> <p>Overall (All Adult Clients with Moderate/Severe Diagnosis)</p> <p>In FY 2019 there were 400 Adult "approved discharges," 335 clients with a substance use disorder moderate/severe diagnosis and 65 clients with a substance use disorder mild diagnosis. Of the 335 clients diagnosed with a substance use disorder moderate/severe diagnosis, 310 (92.5%) reported abstinence 30 days prior to program completion. Of the 65 approved discharges with a substance use disorder mild, 40 (61.5%) were abstinent (for at least the past 30 days) at program completion. In total, 350 (87.5%) of the 400 approved discharges with a substance use disorder were abstinent (for at least the past 30 days) at program completion.</p>
<p>Criminal Justice Outcomes</p>	
<p>MHR Performance Target 98% of adults receiving services will have no new involvement with the criminal justice system</p>	<p>Justice Center Services Clients</p> <p>In FY 2019 there were 8 adult jail services clients engaged in outpatient services during the period and all 8 (100%) had no new involvement with the criminal justice system during the period.</p> <p>Opiate Use Clients</p> <p>In FY 2019 there were 352 adult opioid use disorder mild/moderate clients engaged in outpatient SUD services during the period. 330 (93.7%) had no new involvement with the criminal justice system during the period.</p> <p>All Adult Clients</p> <p>In FY 2019 there were 988 adult clients engaged in outpatient SUD services during the period. 971 (98.3%) of the 988 had no new involvement with the criminal justice system during the period.</p>

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<p>Functioning Outcomes</p> <p>MHR Performance Target 73% of adults receiving services will demonstrate a higher level of functioning (using valid functional scale)</p>	<p>Adult Outpatient – Functioning In FY 2019, 22 Adult General Outpatient Program clients completed functioning scales during two time periods and 12 (54.5%) demonstrated increased functioning scores between Time 1 and Time 2.</p> <p>Women's Outpatient – Functioning In FY 2019, 22 Women's Outpatient Program clients completed functioning scales during two time periods and 14 (63.6%) demonstrated increased functioning scores between Time 1 and Time 2.</p> <p>IOP Clients - Functioning In FY 2019, 7 Adult General Intense Outpatient Program clients completed functioning scales during two time periods and 6 (85.7%) demonstrated increased functioning scores between Time 1 and Time 2.</p> <p>Women's IOP - Functioning In FY 2019, 10 Women's Intense Outpatient Program clients completed functioning scales during two time periods and 9 (90%) demonstrated increased functioning scores between Time 1 and Time 2.</p> <p>Opiate Use Clients - Functioning In FY 2019, 38 opiate use clients completed functioning scales during two time periods and 20 (52.6%) demonstrated increased functioning scores between Time 1 and Time 2.</p> <p>Justice Center Services Clients - Functioning In FY 2019, no Justice Center Services clients completed functioning scales during two time periods.</p> <p>All Adult Clients - SUD - Functioning In FY 2019, 61 Adult clients completed functioning scales during two time periods and 41 (67.2%) demonstrated increased functioning scores between Time 1 and Time 2.</p> <p>All Adult Clients - Mental Health – Functioning In FY 2019, 3 Mental Health clients completed functioning scales during two time periods and all 3 (100%) demonstrated increased functioning scores between Time 1 and Time 2.</p>
<p>Abstinence Outcomes—Youth</p>	
<p>MHR Performance Target 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>All Adolescents In FY 2019 there were 26 Adolescent Program discharges (7 non-approved). Of the 7 approved youth discharges, 4 (57.1%) were diagnosed with a substance use disorder moderate/severe and 3 (42.9%) were diagnosed with a substance use disorder mild. Of the 4 approved youth discharges with a substance use disorder moderate/severe, all 4 (100%) were abstinent (for at least the past 30 days) at program completion. Of the 3 approved youth discharges with a substance use disorder mild, again, all 3 (100%) were abstinent (for at least the past 30 days) at program completion. In total, when we add the 14 youth who were assessed as appropriate for out-patient services with the 14 youth who were assessed only and were discharged with no diagnosis or not in need of services, there were 21 approved youth discharges. Of the 21 total approved youth discharges, 20 (95.2%) were abstinent (for at least the past 30 days) at program completion.</p> <p>Opiate Users—Youth There was one youth diagnosed with, both, an opioid use disorder and a methamphetamine use disorder in FY 2019. Unfortunately, this youth did not complete the program due to incarceration by the Juvenile Justice System.</p>
<p>Criminal Justice Outcomes</p>	
<p>MHR Performance Target 98% of youths receiving services will have no new involvement with the criminal justice system.</p>	<p>In FY 2019 there were 36 youth clients engaged in outpatient services during the period. 35 (97.2%) of the 36 had no new involvement with the criminal justice system during the period.</p>
<p>Functioning Outcomes</p>	
<p>MHR Performance Target</p>	

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73% of youths receiving services will demonstrate a higher level of functioning (using valid functional scale)	In FY 2019, 3 youth clients completed functioning scales during the year. 3 (100%) demonstrated increased functioning scores between Tim
Systems Evaluation, Quality Assurance	
100% of Providers will formally assess client/consumer satisfaction and referral source satisfaction a minimum of once a year	In FY 2019, a sample of 116 anonymous client satisfaction surveys were reviewed following program completion. Of these, 91% of clients indicated they were satisfied with the services received. 90% indicated appointment times were convenient, and 91% indicated the services provided to them were what they needed, and 91% of clients referred the services to others. Clients gave much praise for counselors, service providers, and staff. REFERRAL SURVEYS In SFY 2019 20 referral source surveys were received approximately one-fourth of them back. The results showed high satisfaction with the organization and services provided. Responses included "scheduling-quick intake", "programs are very beneficial to the community", and "we are very satisfied".
Medication Assisted Treatment	
<p>MHR Performance Target</p> <p>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 2019 there were 195 individuals admitted with an opiate diagnosis (moderate/severe) or subsequently diagnosed with an opiate diagnosis (moderate/severe). Of the 195 individuals identified, 183 (93.8%) received a treatment appointment with 156 (85.2%) scheduled in 28 days or less, the number of days being 19.</p> <p>In addition, there were 251 individuals admitted with a methamphetamine diagnosis (moderate/severe) or subsequently diagnosed with a methamphetamine diagnosis (moderate/severe). Of the 251 individuals identified, 238 (94.8%) received a treatment appointment with 201 (84.5%) scheduled in 28 days or less, the number of days being 21.</p> <p>In SFY 2019 there were 22 new adult referrals to Shepherd Hill for Medication Assisted Treatment (MAT) and 16 clients carried over from SFY 2018. All 38 received funding for MAT from MHR. Of the 22 MAT referred clients, 16 received MAT funding for either, clinic visits and/or medication. Of the 16 clients receiving MAT funding, 4 (33.3%) received an Approved Medication Assisted Treatment (MAT) and 12 (76.7%) were carried over and were still active in treatment services in FY 2019. Of the 12 carried over, 1 (8.3%) were dropped out of services or were incarcerated, and 1 (8.3%) was dropped out of treatment. Of the remaining 10 adult referrals to Shepherd Hill for Medication Assisted Treatment that did not receive MAT funding from MHR, 1 (10%) was dropped out of treatment, 3 (30%) were carried over and were still active in treatment services in FY 2019, and 6 (60%) either dropped out of services or were incarcerated.</p>

Reported Drug Use by Substance: FY 2015 – FY 2019

YEAR	TOTAL CLIENTS	ALCOHOL	MARIJUANA	HEROIN/OPIATE
FY 2015	2363	805 (34.1%)	567 (24.0%)	463 (19.6%)

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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	2184	726 (33.2%)	474 (21.7%)	398 (18.2%)
FY 2019	1629	512 (31.4.8%)	365 (22.4%)	327 (20.1%)

FY 2015 336 (72.6%) of the 463 individuals who identified Heroin/Opiates as substance of use 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 substance of use 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 substance of use were in the targeted age range of 18-35. Of the 364, 239 (65.7%) were new enrollments.

FY 2018 278 (69.8%) of the 398 individuals who identified Heroin/Opiates as substance of use were in the targeted age range of 18-35. Of the 278, 169 (60.8%) were new enrollments.

FY 2019 230 (70.3%) of the 327 individuals who identified Heroin/Opiates as substance of use were in the targeted age range of 18-35. Of the 327, 195 (59.6%) were new enrollments.

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 = 291 + Other Amphetamine = 48 = 339 (15.5%); 237 (69.9%) were new admits in FY 2018

FY 2019 Methamphetamine = 261 + Other Amphetamine = 41 = 302 (18.5%); 251 (83%) were new admits in FY 2019

PATASKALA SITE COMPARISON FY 2018 TO FY 2019

PATASKALA SITE FY 2018	PATASKALA SITE FY 2019
Unduplicated clients: 103 individuals received services, representing 7.1% of the 1,459 clients served by LAPP. Of the 103 clients, 16 were adolescents. There were also 5 referrals for Medication Assisted Treatment.	Unduplicated clients: 81 individuals representing 8.1% of the 994 clients served also 4 referrals for Medication Assisted Treatment.

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The site generated \$54,996.62 in FY 2018 (July 1, 2017 through June 30, 2018). This revenue generated is mostly through Medicaid and allocation.

Services provided at Pataskala site since July 2017:

Assessment:	64.21 hours	\$6,558.21
MH Assessment:	1.0 hours	\$111.11
Case Management	5.01 hours	\$392.21
Group:	197.0 hours	\$7,486.00
Individual:	375.87 hours	\$38,471.26
MH Individual:	8.0 hours	\$744.62
Intervention:	7.5 hours	\$833.72
Crisis	0.0 hours	\$00.00
Outreach	4.0 hours	\$399.49
	TOTAL	\$54,996.62

Programming:
 LAPP Adult (General): men and women
 LAPP Adolescent: male and female

Providing two groups:
 Aftercare Group: Wednesday night
 Contemplation Group: Thursday night

The site generated \$50,739.97 in FY 2019 (July 1, 2018 through June 30, 2019). This revenue generated is mostly through Medicaid and allocation.

Services provided at Pataskala site since July 2018:

Assessment:	70.00 units	
MH Assessment:	1.0 hours	
Case Management	5.81 hours	
Group:	154.0 hours	
Individual:	337.83 hours	
MH Individual:	20.00 hours	
Intervention:	3.98 hours	
Crisis	0.0 hours	
Outreach	0.0 hours	
	TOTAL	

Programming:
 LAPP Adult (General): men and women
 LAPP Adolescent: male and female

Providing two group:
 Action or Aftercare Group: Wednesday night
 Contemplation Group: Thursday night (As

PATASKALA SITE COMPARISON FY 2018 TO FY 2019

***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.

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 Monday – Thursday, 8:00AM to 4:00 PM.
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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

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