



ANNUAL REPORT

LICKING COUNTY ALCOHOLISM PREVENTION PROGRAM

2020

Financial Position:

In fiscal year 2020, based on final audit figures, the Agency showed a loss of \$164,382 and ended with a cash balance reserve after liabilities of \$72,369, a decrease of \$185,049 from its starting balance of \$257,418. The reduction in cash was due to low revenues, one quarter of which was directly impacted by coronavirus during the Governor's Order of State-Wide shut down, except for a handful of agencies, including LAPP, as well as difficulty in retaining staff providing services for billings. During FY 2020, LAPP also applied for and received a PPP Loan during fiscal year 2020, which is part of the reduction for liabilities. Forgiveness is being applied for and will increase cash reserve when it is no longer considered a liability (\$197,100). LAPP also paid back the remaining \$39,020 of Medicaid advances the agency received in November 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. The agency has seen a complete shift in management during the final quarter of FY 2020 as well including, the Executive Director, Clinical Director, and Administrative Director. The Agency was able to draw down all the available funding for treatment services from Mental Health & Recovery for Licking and Knox Counties (MHR), even with the factor of the pandemic. LAPP was on pace to break even for the first time in several years. We continue to work towards diversifying revenue streams. 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 continuing 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 loss of reserves, even prior to the pandemic, 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 2020 there were 955 (940 adult and 15 youth) admissions to the outpatient program and 134 admissions to the 72-hour, Driver Intervention Program. Over the

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past fiscal year, LAPP discharged a total of 717 (694 adult and 23 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 717 total discharges, LAPP discharged 563 (556 adult and 7 youth) clients assessed as appropriate for out-patient services. Of the 556 adult discharges, 296 (53.2%) were approved discharges and 260 (46.8%) were non-approved discharges. Also, of the 296 adult approved discharges, 243 (82.1%) were diagnosed as experiencing a substance use disorder, moderate to severe and 53 (17.9%) clients were assessed with a substance use disorder, mild. Of the 243 clients diagnosed with a substance use disorder, moderate to severe, 226 (93%) reported abstinence at the time of program completion. Of the 53 clients assessed with a substance use disorder, mild, 43 (81.1%) reported abstinence at the time of their discharge.

Adult General Program:

Over the past fiscal year there were 632 adult admissions to the Adult General Program, with 625 (98.9%) scheduled for their first clinical assessment session within 14 calendar days of their initial contact session. Of the 632 adult admissions, 455 (72%) were scheduled SUD treatment services, with 446 (98%) scheduled for their first treatment session within 28 calendar days of their initial contact session. Outpatient services were provided to 132 (29%) new Opioid using admissions with 126 (95.5%) scheduled for their first treatment session within 28 calendar days of their initial contact session.

In fiscal year 2020, LAPP discharged 350 Adult General Program clients assessed as appropriate for out-patient services. Of the 350 adult discharges, 212 (60.6%) were approved discharges and 138 (39.4%) were non-approved discharges. Of the 212 adult approved discharges, 166 (78.3%) were diagnosed as experiencing a substance use disorder, moderate to severe and 46 (21.7%) clients were assessed with a substance use disorder, mild. Of the 166 clients diagnosed with a substance use disorder, moderate to severe, 153 (92.2%) reported abstinence at the time of program completion. Of the 46 clients assessed with a substance use disorder, mild, 37 (80.4%) 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 utilizes 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.

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.

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 2020 there were 308 admissions to the Adult Women's Program, with 274 (89%) scheduled for their first clinical assessment session within 14 calendar days of their initial contact session. Of the 308 admissions, 233 (75.6%) were scheduled SUD treatment services, with 218 (93.6%) scheduled for their first treatment session within 28 calendar days of their initial contact session. Gender specific services were provided to all 218 clients.

There were 206 adult women discharged from the Adult Women's Program, with 84 (40.8%) approved discharges and 122 (59.2%) non-approved discharges. Of the 84 adult, women approved discharges, 77 (91.7%) were diagnosed as experiencing a substance use disorder, moderate to severe and 7 (8.3%) clients were assessed with a substance use disorder, mild. Of the 77 clients diagnosed with a substance use disorder, moderate to severe, 73 (94.8%) reported abstinence at the time of program completion. Of the 7 clients assessed with a substance use disorder, mild, 6 (85.7%) 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 continuum. The Contemplation Group is designed for clients who are not aware of the extent of problems created by their use. The Women's Addiction Recovery (WAR) Intensive Out

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Patient program is a gender-specific, closed group offering an intense 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 use disorder, moderate to severe, but do not present with an overly-lengthy history of use and are in the Action stage of change. This group is also for women who have completed Intensive Out Patient and will benefit from a structured atmosphere to work on the integrated recovery skills they have already learned. This Action stage group currently has evening sessions. The Thinking Healthy and Wellness group is an open group that addresses thinking errors leading to relapse in criminal and/or addictive behaviors.

In addition to group interventions all clients are assigned to a primary counselor with whom they engage in individual sessions to further process information from the groups. Primary counselors also perform case management and other services beneficial to our clients.

The Women's Program continues collaboration efforts with Behavioral Healthcare Partners of Central Ohio, Mid-Ohio Counseling services, and The Woodlands counseling center. The program usually hosts an annual Christmas party which involves both fellowship and the giving away of clothing and household items donated to LAPP by staff and other donors. All leftover clothing and items are donated to one of the local charities such as Goodwill, St. Vincent's, or LEADS. In addition, the program participates in fundraising activities with other community organizations whenever possible.

Adolescent Program:

There were 15 admissions to the Adolescent Program in fiscal year 2020, with 14 (93.3%) scheduled for their first clinical assessment session within 14 calendar days of their initial contact session. Of the 15 admissions, 7 (46.7%) were scheduled SUD treatment services, with all 7 (100%) scheduled for their first treatment session within 28 calendar days of their initial contact session.

In fiscal year 2020, 23 youth clients received SUD services at this Agency. Of the 23 youth clients, 16 completed an assessment only and received no diagnosis and 7 were assessed as appropriate for out-patient services. Of the 7 assessed as appropriate for out-patient services, 3 (42.9%) were approved discharges and 4 (57.1%) were non-approved discharges. Of the 3 approved discharges, 2 (66.7%) were diagnosed with a substance use disorder, moderate to severe and 1 (33.3%) client was assessed with a substance use disorder, mild. Of the 3 youth clients diagnosed with a substance use disorder, all 3 (100%) reported abstinence at the time of program completion. If we

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add the 16-youth completing an assessment only and discharged with no diagnosis or not in need of services, there were 19 (82.6%) approved youth discharges.

There has been a substantial decrease in youth referrals to LAPP from the schools and Licking County Juvenile Court related to the presence of for-profit competition. 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.

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. LAPP will continue establish relationships with potential (new) referral sources.

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 intake and assessment processes. A review of providing electronic registration(s) for various programming is currently underway. 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 bi-weekly outreach group at the organization prior to returning for their first assessment session. In the current age of telehealth, this group was placed on hold, with hopes to returning in the spring. 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:

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The program continues its primary mission as the major substance use disorder 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 Specialized Docket: Licking County Intervention For Treatment (L.I.F.T.) and the Licking County Common Pleas Court Addiction Recovery Court (A.R.C.) 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 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 the Licking County Health Department, serves as one of the sites to 1) develop policies and procedures on the distribution of naloxone to applicable clients and 2) LAPP participates in meetings with Shepherd Hill 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 organization. We are also involved with the United Way, 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 2020 the Agency continued in its role as the gatekeeper for Medication Assisted Treatment (MAT) and the primary provider of treatment to this population.

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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 opioid addicted clients successfully completing treatment, returning to work, and reducing legal problems related to opiate addiction.

In SFY 2020 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 2020, 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 2020, and 6 (60%) either dropped out of services or were incarcerated.

In SFY 2020, 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 organization. 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 2020, LAPP had a balance of \$52,026.35 to be paid back in advances totaling \$153,785 that it received from the five Managed Health Care organizations managing Ohio Medicaid reimbursement to assist in transitioning to the Behavioral Healthcare Redesign. During FY 2020, LAPP successfully paid off the remaining balance described above. 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

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services to their populations. Discussions to expand our role with LCMC Adult Probation have also continued.

FY 2020 was a difficult year for LAPP due to the barriers of COVID-19. The organization was forced to pivot from in person service provision to a model of telehealth. This was difficult due to the antiquated equipment in use at the time. LAPP was fortunate to have a partner in the MHR Board to help us make a successful transition to a mobile workforce. We were able to upgrade our telephone and computer systems to develop, promote and support telehealth. We began the transition to a new leadership team. Finally, we stabilized our financial position.

The Coming Year:

The community response to the program in fiscal year 2020 was favorable and positive in terms of client service delivery. By alleviating the financial strain on the organization, LAPP was able to increase its focus on improving client service delivery and facilitating more positive client outcomes, while learning to present a new service model. The days of telehealth are here to stay and we believe that we are positioned well for the future. While the organization has been able to establish some additional funding sources, we are still in need of establishing additional funding sources in order to decrease our 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 this difficult year. We appreciate your support and belief in LAPP. Your contribution to our organization and clients is immeasurable.

We look for sustained growth and improvement in fiscal year 2021 to meet future challenges. We have established ways to enhance the organization's visibility in order to see us through this difficult time of economic uncertainty. We hope to expand our marketing plan and social media campaign during spring 2021. Furthermore, we will continue improve service delivery in a cost-effective method. We will finalize our strategic plan prior to the end of this fiscal year, while continuing to work on accomplishing the identified and revised our mission statement, and vision statement by in April 2021.

LAPP remains committed to providing "safety net" services to the Licking County area and as such will continue to provide quality outpatient integrated behavioral health programming in fiscal year 2022. 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 2020 STATISTICAL REPORT:
OUTPATIENT**

INTAKES	
MONTH	NUMBER
JULY, 2019	82
AUGUST, 2019	85
SEPTEMBER, 2018	94
OCTOBER, 2019	76
NOVEMBER, 2019	70
DECEMBER, 2019	81
JANUARY, 2020	77
FEBRUARY, 2020	66
MARCH 2020	63
APRIL, 2020	109
MAY, 2020	64
JUNE, 2020	88
TOTAL INTAKES FY 2020 Youth = 15 Adult = 940	955

*DISCHARGES	APPROVED DISCHARGE	NON-APPROVED DISCHARGE	EVALUATION ONLY	INCARCERATED
635	299 (54.5%)	264 (45.5%)	***72	12
Adult 612 Youth 23	Adult 296 Youth 3	Adult 260 Youth 4	Adult 56 Youth 16	Adult 12 Youth 0

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**Total Discharges		NO DIAGNOSIS		DEPENDENT DX.		ABUSE DX.		DID NOT RETURN	
717		81 (11.4%)		*495 (69%)		***60 (8.3%)		81 (11.3%) Intake Only	
Adult	694	Adult	65	Adult	490	Adult	58	Adult	81
Youth	23	Youth	16	Youth	5	Youth	2	Youth	0
<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 2020 STATISTICAL REPORT: OPTIONS

NUMBER OF PARTICIPANTS			
MONTH	NUMBER		
JULY, 2019	Men 19	Total 19	
AUGUST, 2019	Men 14	Total 14	
SEPTEMBER, 2019	Women 19	Men 0	Total 19
OCTOBER, 2019	Men 17	Total 17	
NOVEMBER, 2019	Men 7	Total 7	
DECEMBER, 2019	Women 7	Men 0	Total 7
JANUARY, 2020	Men 17	Total 17	
FEBRUARY, 2020	Men 15	Total 15	
MARCH 2020	Women 0	Men 9	Total 9
APRIL, 2020	Men 0	Total 0	
MAY, 2020	Men 0	Total 0	
JUNE, 2020	Women 0	Men 10	Total 10
TOTAL: FY 2020	Women 26	Men 108	Total 134

**REFERRALS BACK TO AGENCY
FOR ASSESSMENT**

56

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

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Performance Targets	Results
Service Utilization	
Total number of initial calls from new clients or potential clients during the quarter (overall volume of calls).	In FY 2020 there were 804 initial calls and 145 walk-ins for services from new clients or potential new clients. 20 were from Knox County, and 12 from County of residence other or unknown. Of the 949 (calls and walk-ins) for services, 940 initial contact sessions were completed. All phone calls or walk-ins requesting services are tracked by hand.
Adult Access to and Engagement in Services	
Hospitalization Follow-Up (Adults and Youth)	
MHR Performance Target Average (median) number of days between discharge from Detox/SUD 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).	In FY 2020 there were fourteen (14) emergency board funded individuals referred from Shepherd Hill following detox services. Of the 14, two (2) were seen within five days. Another six (6) were scheduled an appointment, but failed to attend and six (6) referrals either did not follow through or refused services. In addition, LAPP was also involved with services for individuals, who were in receiving Partial Hospitalization (2.5) at Shepherd Hill as part of MHR's Room and Board Initiative. Of these 75, 40 either left treatment AMA or for rule violations. Of the remaining 35 individuals, 18 followed through with outpatient services at LAPP (including 4 that either left treatment AMA or for rule violations), 4 followed through with outpatient services at Shepherd Hill, and 13 are unknown.
MHR Performance Target Average (median) number of days between discharge from Detox/SUD 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)	In FY 2020, no youth clients were referred to this Agency for outpatient services following their discharged from Detox/AoD In-patient
Access to Treatment Services—Adult	
MHR Performance Target Average (mean) number of days from initial call/first contact to first scheduled treatment appointment (the first appointment after the assessment has been completed) will be 28 days or less (adult).	<p style="text-align: center;">FIRST CLINICAL APPOINTMENT</p> In FY 2020 there were 940 adult admissions (632 Adult General Program and 308 Women's Program), with 899 (95.6%) being scheduled their assessment session within fourteen (14) calendar days or less. Of the 940 adult admissions and 16 adult admissions carried over from FY 2019, totaling 956, 129 were seen for an assessment only, 139 never returned for assessment, and 0 were still in the assessment process at the close of the fiscal year. This resulted in 688 (455 Adult General Program and 233 Women's Program) individuals referred and scheduled a first treatment appointment. The average number of days from initial contact session to first clinical assessment session being 6.5 days for all 956 (FY 2020 admissions and FY 2019 carry overs). <p style="text-align: center;">INITIAL CONTACT SESSION TO FIRST TREATMENT APPOINTMENT</p> The average number of days from initial call/first contact to first treatment appointment (the first appointment after the assessment has been completed) for all 688 adult clients

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	<p>was 14.3 days (median=14) in FY 2020. The average number of days for the 414 individuals in Adult General Outpatient was 13.7 days (median=13). The average number of days for the 41 individuals placed into adult IOP Level of care was 10.9 days (median=10). The average number of days for 208 Women's Outpatient clients was 16.3 days (median=14). The average number of days for the 25 women placed into Women's IOP Level of care was 14.6 days (median=14). For the 132 adults with an opiate diagnosis the average number of days was 14.9 days (median=14) and for the 232 adults with a methamphetamine diagnosis the average number of days was 14.1 days (median=14). For the 7 individuals receiving mental health services only, the average number of days was 7.5.</p>
<p>Access to Treatment - IV Drug Users—Adults</p>	
<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 2020, there were 91 IV drug users admitted to the program. Of the 91 IV drug users admitted to the program, 86 (94.5%) were offered an assessment session within 14 days, but only 40 identified as IV drug users at first contact/intake. The average number of days from initial contact to initial clinical assessment appointment for all IV drug users was 7.5 days. (Median=7 days; Mode=6 & 7 days).</p> <p>In FY 2020, 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 outcomes since many of the IV drug users seen in FY 2020 were methamphetamine users. When we use the 5-calendar day threshold and look at the 40 out of 91 IV drug users admitted to the program that identified as IV drug users at first contact/intake, 35 (87.5%) were offered an assessment session within 5 days. I believe we need to be consistent as it does not make sense to offer opiate drug users assessment sessions within 5 calendar days, but IV drug users are offered assessment sessions within 14 calendar days.</p> <p>Usually, when a client is not seen for their initial clinical assessment appointment within 5 days it is because IV drug use was not initially reported until the time of their first assessment session or the client requests their assessment session be scheduled more than 5 days out. Additionally, all individuals are informed of the two weekly outreach groups provided to individuals waiting for their initial clinical assessment appointment and we strongly encourage them to attend.</p>
<p>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 2020, there were 137 opiate users admitted to the program. However, only 65 (47.4%) identified as opiate drug users at first contact/intake and 59 (90.8%) were offered an assessment session within 5 days. 72 (52.6%) opiate drug users did not identify at first contact/intake. The total number of opiate drug users admitted to the program offered an assessment session within 5 days was 59 (47.5%).</p> <p>If we used the same threshold of 14 calendar days for those individuals identified as IV drug users at first contact/intake then 130 of 137 (94.9%) of the opiate drug users would</p>

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	<p>have been scheduled for an assessment within 14 calendar days even though only 65 individuals identified as opiate users at first contact/intake.</p> <p>The average number of days from initial contact to initial clinical assessment appointment for those 65 identified as opiate drug users at first contact/intake was 2.7 days (Median=2 days). The average number of days from initial contact to initial clinical assessment appointment for all 137 was 7 days (Median=6 days; Mode=7 days).</p> <p>In addition, there were 240 methamphetamine users admitted to the program in FY 2020. Of the 240, 108 (45%) methamphetamine users were offered an assessment session within 5 days. 226 (94.2%) 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 240 was 6.6 days (Median=6 days; Mode=6 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 the first half of FY 2020, 6 pregnant women were admitted to the program and all were enrolled in gender-specific programming. Of the 6 pregnant women, 3 drug free infants were born. However, due to COVID 19 there is no available, reliable, data for the second half.</p>
<p>SUD Treatment Engagement - Jail Services</p>	
<p>MHR Performance Target 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>In the first half of FY 2020, LAPP provided services to 282 adult jail clients. Of the 282, 59 completed an assessment and 55 were referred for services at this Agency, 40 (72.7%) were released, and 38 (95%) of the 40 were admitted and engaged in services within 14 days of release. Of the 282 adult jail clients, 21 were sent to prison, 4 went to residential treatment at Mended Reeds, 1 was sent to Twin Valley, and the remaining 216 have not been released. To date, 34 (89.5%) of the 38 that followed through have had no new charges and 4 are unknown. Once again, due to COVID 19 there is no available, reliable, data for the second half.</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 2020 there were 15 youth admissions with 14 (93.3%) being scheduled their 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 15 youth admissions, 8 were seen for an assessment only. This resulted in 7 (46.7%) individuals referred and scheduled a first treatment appointment. The average number of days from initial call/first contact to first treatment appointment (the first appointment after the assessment has been completed) for all youth clients was 13.2 days (median=13) in FY 2020.</p>
<p>Access to Treatment - IV Drug Users—Youth</p>	

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<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>There were no youth IV drug users admits in FY 2020.</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>There were no youth admits with an opiate diagnosis in FY 2020.</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 Program</p> <p>In FY 2020 there were 556 adult discharges (350 Adult General Program and 206 Women’s Program). Of the 556 total adult discharges, 296 (53.2%) were approved discharges, of which 212 (60.6%) of the 350 Adult General Program discharges, were approved discharges and 84 (40.8%) of the 206 Women’s Program discharges, were approved discharges.</p> <p style="text-align: center;">Adult General and Women’s Intense Outpatient Program</p> <p>In the Adult General Intense Outpatient Program, 46 individuals received services in FY 2020, with 24 (63.2%) of 46 successfully transitioning into the Adult General Outpatient Program and 8 being carried over into FY 2021. In the Women’s Intense Outpatient Program, 36 women received services in FY 2020, with 19 (70.4%) of 36 successfully transitioning into the Women’s Outpatient Program and 9 being carried over into FY 2021.</p> <p style="text-align: center;">Opiate and Methamphetamine Use Clients</p> <p>In FY 2020 there were 171 discharges of individuals diagnosed with an opioid use disorder. Of the 171, 164 were diagnosed with opioid use disorder moderate/severe and 7 were diagnosed with opioid use disorder mild. 65 (38%) received approved discharges, of which 60 were diagnosed with opioid use disorder moderate/severe and 5 were diagnosed with opioid use disorder mild.</p> <p>In addition, there were 205 discharges of individuals diagnosed with a methamphetamine use disorder in FY 2020. Of the 205, 202 were diagnosed with methamphetamine use disorder moderate/severe and 3 were diagnosed with methamphetamine use disorder mild. 73 (35.6%) received approved discharges, of which 72 were diagnosed with methamphetamine use disorder moderate/severe and 1 were diagnosed with methamphetamine use disorder mild.</p> <p style="text-align: center;">Adult Clients With A Moderate/Severe Diagnosis and Adult SUD Clients (Mild)</p> <p>In FY 2020 there were 496 discharges of individuals diagnosed with a substance use disorder moderate/ severe. Of the 496, 243 (49%) received approved discharges. There were also 60 discharges of individuals diagnosed with a substance use disorder mild in FY 2020. Of the 60, 53 (88.3%) received approved discharges.</p>

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<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 style="text-align: center;">All Adolescents</p> <p>There were 7 discharges of youth clients assessed as appropriate for out-patient services in FY 2020. Of the 7 youth discharges, 3 (42.9%) received approved discharges and 4 received a non-approved discharge. In addition to the 7 youth client discharges, 16 youth completed an assessment and were discharged with no diagnosis or not in need of services. When we add the 7 youth clients assessed as appropriate for out-patient services with the 16 youth that completed an assessment only and were discharged with no diagnosis or not in need of services, there were 19 (82.6%) approved discharges out of 23 youth assessed and/or receiving out-patient treatment services.</p> <p style="text-align: center;">Opiate User Clients—Youth</p> <p>There were no youth with an opiate diagnosis discharged in FY 2020.</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 style="text-align: center;">Adult Outpatient</p> <p>In FY 2020 there were 350 Adult General Program discharges (212 approved and 138 non-approved). Of the 212 approved discharges, 166 (78.3%) were diagnosed with a substance use disorder moderate/severe and 46 (21.7%) were diagnosed with a substance use disorder mild. Of the 166 approved discharges diagnosed with a substance use disorder moderate/severe, 153 (92.2%) were abstinent (for at least the past 30 days) at program completion. Of the 46 approved discharges diagnosed with a substance use disorder mild, 37 (80.4%) were abstinent (for at least the past 30 days) at program completion. In total, 190 (89.6%) of the 212 approved discharges diagnosed with a substance use disorder were abstinent (for at least the past 30 days) at program completion.</p> <p style="text-align: center;">Women’s Outpatient</p> <p>In FY 2020 there were 206 Women’s Program discharges (84 approved and 122 non-approved). Of the 84 approved discharges, 77 (91.7%) were diagnosed with a substance use disorder moderate/severe and 7 (8.3%) were diagnosed with a substance use disorder mild. Of the 77 approved discharges diagnosed with a substance use disorder moderate/severe, 73 (94.8%) were abstinent (for at least the past 30 days) at program completion. Of the 7 approved discharges diagnosed with a substance use disorder mild, 6 (85.7%) were abstinent (for at least the past 30 days) at program completion. In total, 79 (94%) of the 84 approved discharges diagnosed with a substance use disorder were abstinent (for at least the past 30 days) at program completion.</p> <p style="text-align: center;">Adult General Intense Outpatient Program</p> <p>In FY 2020, 46 (8 being carried over into FY 2021) individuals received services in the Adult General Intense Outpatient Program and all 46 were diagnosed with a substance use disorder moderate/severe. 24 of 38 successfully transitioned into the Adult General</p>

	<p>Outpatient Program and 14 of the 38 received a non-approved discharge due to, either dropping out of services and/or incarceration. Of the 24 successfully transitioning into the Adult General Outpatient Program, all 24 (100%) were abstinent for at least the 30 days prior to being stepped down into the Adult General Outpatient Program.</p> <p style="text-align: center;">Women's Intense Outpatient Program</p> <p>In FY 2020, 36 (9 being carried over into FY 2021) women received services in the Women's Intense Outpatient Program and all 36 were diagnosed with a substance use disorder moderate/severe. 19 of 29 successfully transitioned into the Women's Outpatient Program and 9 of the 29 received a non-approved discharge due to, either dropping out of services and/or incarceration. Of the 19 successfully transitioning into the Adult General Outpatient Program, all 19 (100%) were abstinent for at least the 30 days prior to being stepped down into the Women's Outpatient Program.</p> <p style="text-align: center;">Opiate Clients</p> <p>In FY 2020 there were 171 discharges of individuals diagnosed with an opioid use disorder (65 approved and 106 non-approved). Of the 65 approved discharges, 60 were diagnosed with opioid use disorder moderate/severe and 5 were diagnosed with opioid use disorder mild. Of the 60 approved discharges diagnosed with an opioid use disorder moderate/severe, 55 (91.7%) were abstinent (for at least the past 30 days) at program completion. Of the 5 approved discharges diagnosed with an opioid use disorder mild, all 5 (100%) were abstinent (for at least the past 30 days) at program completion. In total, 60 (92.3%) of the 65 approved discharges diagnosed with an opioid use disorder were abstinent (for at least the past 30 days) at program completion.</p> <p>In addition, there were 205 discharges of individuals diagnosed with a methamphetamine use disorder (73 approved and 132 non-approved) in FY 2020. Of the 73 approved discharges, 72 were diagnosed with methamphetamine use disorder moderate/severe and 1 was diagnosed with methamphetamine use disorder mild. Of the 72 approved discharges diagnosed with a methamphetamine use disorder moderate/severe, 68 (94.4%) were abstinent (for at least the past 30 days) at program completion. Of the 1 approved discharge diagnosed with a methamphetamine use disorder mild, 1 (100%) was abstinent (for at least the past 30 days) at program completion. In total, 69 (94.5%) of the 73 approved discharges diagnosed with a methamphetamine use disorder were abstinent (for at least the past 30 days) at program completion.</p> <p style="text-align: center;">Overall (All Adult Clients with Moderate/Severe Diagnosis)</p> <p>In FY 2020 there were 296 Adult "approved discharges," 243 clients were diagnosed with a substance use disorder moderate/severe diagnosis and 53 were diagnosed with a substance use disorder mild diagnosis. Of the 243 clients diagnosed with a substance use disorder moderate/severe diagnosis, 226 (93%) reported abstinence for at least 30 days prior to program completion. Of the 53 approved discharges diagnosed with a substance use disorder mild, 43 (81.1%) were abstinent (for at least the past 30 days) at program completion. In total, 269 (90.9%) of the 296 approved discharges diagnosed</p>
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	with a substance use disorder were abstinent (for at least the past 30 days) at program completion.
Criminal Justice Outcomes	
MHR Performance Target 98% of adults receiving services will have no new involvement with the criminal justice system	<p style="text-align: center;">Justice Center Services Clients</p> <p>In the first half of FY 2020, LAPP provided services to 282 adult jail clients. Of the 282, 59 completed an assessment and 55 were referred for services at this Agency, 40 (72.7%) were released, and 38 (95%) of the 40 were admitted and engaged in services within 14 days of release. Of the 282 adult jail clients, 21 were sent to prison, 4 went to residential treatment at Mended Reeds, 1 was sent to Twin Valley, and the remaining 216 have not been released. To date, 34 (89.5%) of the 38 that followed through have had no new charges and 4 are unknown. However, due to COVID 19, there is no other available data for the second half.</p> <p style="text-align: center;">Opiate Use Clients</p> <p>In FY 2020, there were 228 adult opioid use disorder mild/moderate/severe clients engaged in outpatient SUD services during the period. 220 (96%) of the 352 had no new involvement with the criminal justice system during the period. there were 352 adult opioid use disorder mild/moderate/severe clients engaged in outpatient SUD services during the period. 330 (93.8%) of the 352 had no new involvement with the criminal justice system during the period. However, due to COVID 19, there is no other available data for the second half.</p> <p style="text-align: center;">All Adult Clients</p> <p>In FY 2020, there were 968 adult clients engaged in outpatient SUD services during the period. 950 (98%) of the 968 had no new involvement with the criminal justice system during the period. However, due to COVID 19, there is no other available data for the second half.</p>
Functioning Outcomes	
MHR Performance Target 73% of adults receiving services will demonstrate a higher level of functioning (using valid functional scale)	<p>During the first half of FY 2020, a total of 340 adult cross-cutting tools were received.</p> <p style="text-align: center;">Summary</p> <p>The results indicate that LAPP is having a positive effect upon the persons served. In FY19 it appeared that we were more effective during the earlier stages of the treatment process, when clients are experiencing life problems which led to treatment. This is positive for “safety net” programming. During the mid-year of FY20 we have shown continued improvement and effectiveness. Of those persons served that complete treatment, LAPP continues to have a positive effect. In short, those persons remained the same, or improved. However, due to COVID 19, there is no other available data for the second half.</p>
Abstinence Outcomes—Youth	
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 style="text-align: center;">All Adolescents</p> <p>In FY 2020 there were 7 Adolescent Program discharges (3 approved and 4 non-approved). Of the 3 approved youth discharges, 1 (33.3%) was diagnosed with a substance use disorder moderate/severe and 2 (66.7%) were diagnosed with a</p>

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	<p>substance use disorder mild. Of the 1 approved youth discharge diagnosed with a substance use disorder moderate/severe, 1 (100%) was abstinent (for at least the past 30 days) at program completion. Of the 2 approved youth discharges diagnosed with a substance use disorder mild, again, 2 (100%) were abstinent (for at least the past 30 days) at program completion. In total, when we add the 3 youth clients assessed as appropriate for out-patient services with the 16 youth that completed an assessment only and were discharged with no diagnosis or not in need of services, there were 19 approved youth discharges. Of the 19 total approved youth discharges, 17 (89.5%) were abstinent (for at least the past 30 days) at program completion.</p> <p style="text-align: center;">Opiate Users—Youth</p> <p>There were no youth with an opiate diagnosis discharged in FY 2020.</p>
Criminal Justice Outcomes	
<p>MHR Performance Target 98% of youths receiving services will have no new involvement with the criminal justice system.</p>	In FY 2020 there were 23 youth clients engaged in outpatient SUD services during the period. To our knowledge, none of the 23 had any new involvement with the criminal justice system during the period.
Functioning Outcomes	
<p>MHR Performance Target 73% of youths receiving services will demonstrate a higher level of functioning (using valid functional scale)</p>	No youth clients completed functioning scales during two time periods. However, 8 youth and their parents completed the Cross-Cutting Tool at the time of admission. Due to COVID 19, there is no other available data for the second half.
Systems Evaluation, Quality Assurance	
<p>100% of Providers will formally assess client/consumer satisfaction and referral source satisfaction a minimum of once a year</p>	<p>In FY 2020, a sample of 76 anonymous client satisfaction surveys were received and reviewed following program completion. Of these, 89% of clients were satisfied with services received. 90% indicated appointment times were convenient. 95% felt the services provided to them were what they needed, and 91% would recommend our services to others. Clients gave much praise for counselors, services and support staff.</p> <p>REFERRAL SURVEYS In SFY 2020, 20 referral source surveys were sent out and we received approximately 10% of them back. The results indicate an overall satisfaction with the organization and services provided. Responses included “easy scheduling-quick intake”, “programs are very beneficial to the community”, and “clients are very satisfied”.</p>
Medication Assisted Treatment	
<p>MHR Performance Target Average (median) number of days for adults with an opiate diagnosis from initial call/first contact to first treatment appointment (the first appointment after the assessment has been completed) will be 28 days or less</p>	<p>In SFY 2020 there were 137 individuals admitted with an opiate use disorder (moderate/severe) or subsequently diagnosed with an opiate use disorder (moderate/severe). Of the 137 individuals identified, 132 (96.4%) were scheduled a first treatment appointment with 126 (95.5%) scheduled in 28 days or less with the median number of days being 14.</p> <p>In addition, there were 240 individuals admitted with a methamphetamine use disorder (moderate/severe) or subsequently diagnosed with a methamphetamine use disorder</p>

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	<p>(moderate/severe). Of the 240 individuals identified, 232 (96.7%) were scheduled a first treatment appointment with 225 (97%) scheduled in 28 days or less with the median 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. 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.</p>
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FY 2020 LAPP ANNUAL REPORT

PATASKALA SITE COMPARISON FY 2019 TO FY 2020

PATASKALA SITE FY 2019	PATASKALA SITE FY 2020																																																												
<p>Unduplicated clients: 81 individuals received services, representing 8.1% of the 994 clients served by LAPP. There were also 4 referrals for Medication Assisted Treatment.</p>	<p>Unduplicated clients: 96 individuals received services, representing 10% of the 955 clients served by LAPP.</p>																																																												
<p>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.</p>	<p>The site generated \$33,597.06 in FY 2020 (July 1, 2019 through June 30, 2020). This revenue generated is mostly through Medicaid and allocation.</p>																																																												
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PATASKALA SITE COMPARISON FY 2019 TO FY 2020

<p>*Staffing: One adult program counselor on site. Other counselors staff the site as needed per appointment: Monday – Thursday, 8:00AM to 4:00 PM. Friday, 8:00AM to 12:00 PM.</p>	<p>*Staffing: One adult program counselor on site. Other counselors staff the site as needed per appointment: Monday – Thursday, 8:00AM to 4:00 PM. Friday, 8:00AM to 12:00 PM.</p>
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Barriers/Issues to consider:

- Less Resources
- Transportation Barriers
 - No license
 - No car
- Still a lack of awareness that we are here
- Marketing to Community and Referral Sources
- Need to balance office vs. outreach
- Look at providing specialized recovery services for targeted population
- Staffing patterns
- Need to generate revenue that is not a portion of MHR allocation