

**OUTCOME EVALUATION  
MANAGEMENT REPORT**

**FOR**

**2<sup>nd</sup> QUARTER FY-09**

**ANDERSON OCONEE  
BEHAVIORAL HEALTH  
SERVICES**

**ANDERSON / OCONEE BHS**  
**OUTCOME EVALUATION MANAGEMENT REPORT**  
**October, November, December, 2008**  
**2<sup>nd</sup> QUARTER, FY-2009**

**CLIENT SATISFACTION SURVEY**

Upon discharge from any of our agency programs the client is asked to complete the Client Satisfaction Survey. **The rating scale is 1 to 5 with 1 is strongly disagreeing and 5 are strongly agree.** This survey measures 12 areas. Oconee clients turned in 61 surveys. Anderson clients turned in 17 surveys. 78 surveys were completed this quarter. All areas were averaged together in each database to find the total satisfaction in each area surveyed. 41% of completed surveys had comments. Please see below for a synopsis of these comments.

**Client Satisfaction Survey:**

| AREA RATED  | 1 <sup>ST</sup> | 2 <sup>ND</sup><br>QTR | 3 <sup>RD</sup><br>QTR | 4 <sup>th</sup><br>QTR | Avg<br>FY-08 |
|---|-----------------|------------------------|------------------------|------------------------|--------------|
| RECEPTIONIST  | 4.70            | 4.69                   |                        |                        | 4.6          |
| APPOINTMENT TIMES                                   | 4.50            | 4.64                   |                        |                        | 4.4          |
| SEEN QUICKLY  | 4.30            | 4.56                   |                        |                        | 4.25         |
| INTAKE COUNSELOR COURTEOUS/ PROFESSIONAL            | 4.77            | 4.78                   |                        |                        | 4.59         |
| COMFORT OF THE BUILDING                             | 4.70            | 4.53                   |                        |                        | 4.41         |
| PLEASED WITH TREATMENT GOALS                        | 4.64            | 4.62                   |                        |                        | 4.48         |
| SERVICES HELPED CLIENT MEET TX GOALS                | 4.72            | 4.67                   |                        |                        | 4.5          |
| INFORMATION AND SKILLS LEARNED WILL HELP IN FUTURE  | 4.78            | 4.73                   |                        |                        | 4.69         |
| GROUP LEADER HELPFUL AND PROFESSIONAL               | 4.87            | 4.76                   |                        |                        | 4.72         |
| USE LESS AOD AT DISCHARGE                           | 4.69            | 4.79                   |                        |                        | 4.58         |
| KNOW MORE ABOUT PROBLEMS CAUSED BY AOD AT DISCHARGE | 4.83            | 4.79                   |                        |                        | 4.58         |
| <b>OVERALL SATISFACTION OF SERVICES RECEIVED</b>    | 4.84            | 4.76                   |                        |                        | 4.55         |

**CLIENT COMMENTS SUMMARY:**

| POSITIVE FEEDBACK  | CONSTRUCTIVE FEEDBACK  |
|--|--|
| <ul style="list-style-type: none"> <li>• “enjoyed my time here...educated me on so many things”</li> <li>• “learned a great deal about how AOD affected my life, am a better person because I came here”</li> <li>• “I want to thank everyone because my life has changed so much. Just for today”</li> <li>• “...the program is wonderful and works, I love you guys”</li> <li>• BHS is a wonderful place to come and get clean and sober. I have learned a lot and I am thankful for the counselors and staff”</li> <li>• “NOVA is a great class, I loved the group and the teacher”</li> <li>• “...helped save my life. God put them in my life and that's where they will always stay. I love you.”</li> <li>• “WIOP was very helpful and I truly thank all the counselors for helping me as I help myself”</li> <li>• “...extremely helpful and knowledgeable about the material he was providing, I am thankful and lucky to have him”</li> <li>• “I am grateful...am a better person”</li> <li>• “I am happy to have completed my treatment plan it has changed my life substantially”</li> <li>• “you guys do your jobs very well...”</li> <li>• “I am very pleased...it has helped me tremendously straightening out my life for the better”</li> </ul> | <ul style="list-style-type: none"> <li>• “some of the employees can use a management class. They are not friendly.”</li> <li>• “The building could have been kept cleaner (floors) in the classrooms! Bathrooms too!”</li> <li>• “ more interactive as far as discussion”</li> </ul> |

- “...helpful and taught me a lot”
- “helped me understand what drugs and alcohol have done to my body”
- “...very helpful...”x 3 “learned a lot” x 2
- “Thank you for the tough love”
- I have never felt so good about myself, so focused on what the most important things are in my life. Thanks for helping me understand”
- “very pleased with all services everyone was very helpful and informative”
- “Thanks for being there and standing by me through this”

This is only a summary of the comments. Several staff were praised personally 11 times. The majority of comments were very positive. The above are the comments made most often. See report data for a full litany of the comments. Every adjective to describe a positive experience was utilized by the clients who took time to make comments.

**PHONE SURVEY- FY-08 quarters 1,2 and 3- reported from DAODAS—to date these are last reported results from DAODAS**

PHONE SURVEY: Our phone survey consists of 12 basic questions surrounding the first 70-110 days after last service. Below the agency and state averages have been updated with all reporting for quarters 1, 2, and 3 of FY-08. This information is from DAODAS these are matched clients meaning the same client is measured at all 3 points of service.

\*\*\*OUTCOME = 2-3 MONTHS AFTER DISCHARGE

| QUESTION   | ADMISSION | DISCHARGE | OUTCOME |
|--|-----------|-----------|---------|
| ETOH abstinent 30 days at                        | 43.0%     | 82.8%     | 84.4%   |
| STATE AVG  | 37.8%     | 73.8%     | 71.8 %  |
| ETOH intoxication abstinence at                  | 76.6%     | 92.2%     | 97.7%   |
| STATE AVG  | 67.2%     | 85.6%     | 93.2%   |
| Abstinence from illicit drugs 30 days at         | 54.0%     | 79.0%     | 98.2%   |
| STATE AVG  | 47.9%     | 75.2%     | 95.1%   |
| Tobacco use at                                   | 62.7%     | 56.5%     | 53.6%   |
| STATE AVG  | 60.0%     | 53.7%     | 53.0%   |
| Employed at (age 16 and above)                   | 68.9%     | 72.6%     | 68.9%   |
| STATE AVG  | 70.9%     | 74.8%     | 77.5%   |
| Homeless at (age 18 and above)                   | 0.6%      | 0.0%      | 1.1%    |
| STATE AVG  | 1.9%      | 1.6%      | 1.1%    |
| ETOH or Drug Related ER use 30 days at           | 1.7%      | 0.8%      | 0.4%    |
| STATE AVG  | 2.1%      | 1.3%      | 0.2%    |
| Medical or Emotional Outpatient use 30 days at   | 5.9%      | 19.3%     | 1.7%    |
| STATE AVG  | 9.1%      | 19.9%     | 1.7%    |
| Arrested 30 days at                              | 6.7%      | 2.4%      | 1.9%    |
| STATE AVG  | 5.5%      | 1.5%      | 2.8%    |
| Student Clients suspended or expelled 30 days at | 9.4%      | 1.9%      | 1.9%    |
| STATE AVG  | 14.6%     | 3.6%      | 3.8%    |

Other data from the phone survey:

| Question   | At admission | At discharge | At Outcome |
|--|--------------|--------------|------------|
| Rate emotional problems related to AOD use as considerable to extreme          | 8.0%         | 7.0%         | 1.1%       |
| STATE AVG  | 17.8%        | 12.8%        | 2.2%       |
| Rate emotional problems related to AOD use as SOMEWHAT considerable to extreme | 34.8%        | 20.9%        | 4.3%       |
| STATE AVG  | 39.4%        | 26.4%        | 9.4%       |
| Rate THEIR stress related to AOD use as considerable to extreme                | 10.7%        | 9.1%         | 1.6%       |
| STATE AVG  | 20.8%        | 14.1%        | 3.7%       |
| Rate ANY stress related to AOD use as SOMEWHAT considerable to extreme         | 39.6%        | 25.1%        | 7.0%       |
| STATE AVG  | 46.4%        | 30.5%        | 13.7%      |

|  |       |       |       |
|--|-------|-------|-------|
| Clients rate their health as very good to excellent  | 31.6% | 39.6% | 41.2% |
| STATE AVG  | 40.4% | 42.7% | 53.5% |
| Clients rate their health as fair to poor  | 14.4% | 9.6%  | 13.4% |
| STATE AVG  | 16.8% | 14.1% | 12.6% |
| Clients that have reduced or given up activities due to AOD-considerable or extreme          | 6.4%  | 5.9%  | 1.6%  |
| STATE AVG  | 18.2% | 12.8% | 1.9%  |
| Clients that have reduced or given up activities due to AOD-SOMEWHAT considerable or extreme | 33.7% | 20.3% | 4.8%  |
| STATE AVG  | 41.3% | 27.3% | 8.2%  |

28.9% of our clients participating in aftercare at outcome STATE AVG =10.5%  
 94.3% of our clients were very satisfied to satisfied with our services STATE AVG = 95.8%  
 93.6% of our AOD ONLY clients very satisfied to satisfied with our services STATE AVG = 95.6%  
 94.3% of our clients would recommend our agency to family or friends STATE AVG = 95.2%  
 93.6% of our AOD ONLY clients would recommend our agency to family or friends STATE AVG = 95.0%

**\*\*\*the above info was extracted from a 30 page report from DAODAS**

**CONTRACT OBJECTIVE UPDATE; info from FY-08- all quarters reported**

| #        | <u>Contract objective</u>   | <u>goal</u> | <u>FY-08-</u> | <u>State AVG</u> |
|----------|---|-------------|---------------|------------------|
| <b>1</b> | Assessment within 2 working days after Intake   | <b>75%</b>  | <b>95.6%</b>  | <b>92.8%</b>     |
| <b>2</b> | Clinical Services within 6 working days of Assessment   | <b>50%</b>  | <b>49.1%</b>  | <b>71.0%</b>     |
| <b>3</b> | Percent of admitted clients whose services have ended but discharge form is missing   | <b>↓ 1%</b> | <b>0%</b>     | <b>0.3%</b>      |
| <b>4</b> | Outcome data collected on a representative sample of 15% or more of admitted <b>clients within 70-110 days after discharge.</b> | <b>15%</b>  | <b>20.7%</b>  | <b>25.7%</b>     |

**\*\*\*We did not achieve objective # 2.**

**QUALITY ASSURANCE SUMMARY:** submitted by KP

**EMPLOYEE and CLIENT HEALTH/HIV/TB**

- ◆ Completed Employee Health files on 0 potential employees/interns.
- ◆ 25 clients were tested for HIV all results negative. Goal is to screen 10% of the admissions. We did not meet this goal. We screened 8% of the admissions with both offices combined.
- ◆ Prevention staff educated 72 high risk clients about HIV.
- ◆ 12 clients were tested for TB all results negative.
- ◆ I gave 10 Flu shots to employees
- ◆ I taught Disease's of Addiction to AM-IOP on 10/23/08 to 8 clients and family.
- ◆ I taught Disease's of Addiction to AM-IOP on 12/11/08 to 16 clients

**MEDICAID**

Our **Medicaid Audit** was due November 11 it was completed and mailed October 30, 2008. Findings included: REVIEWER'S REMARKS/CORRECTIVE ACTION (IF ANY):-these are the remarks that were sent to DHHS with the audit.

**20 IFS files were chosen for this quarter's audit. All received services within the first quarter of FY-09. 6 of the 20 clients were discharged. The billing is monitored weekly in all IFS files as an agency policy. Finding of this review:**

- **One client came to IFS from other agency services- began as Group Counseling and went to Individual counseling prior to the IFS admission. With this case I noted there was no staffing note for client to move from Group Counseling to Individual Counseling.**
- **Also noted in the above mentioned file that a Group Counseling had been billed yet the client actually had a broken appointment. This service had previously been returned to Medicaid via Form 130 on July 3, 2008. The discrepancy was found in a previous routine audit of Medicaid files.**
- **A suggestion I would make when clinicians are opening a case would be to improve the detail in the note.**
- **One file did not have an ITP – found out the IFS counselor had the ITP for family to sign- it was replaced in file.**
- **Found 2 notes that had not been billed- this was corrected immediately.**
- **Found 2 billed services not documented- the clinician had these notes – they were placed in the file immediately. Our IFS clinicians file their own paperwork in the files.**
- **Noted some very good work from seasoned clinicians as well as the 2 recently hired IFS staff members.**
- **Noted some very personalized Treatment Plans and session notes – relationship of treatment goals with session notes was very understandable.**

Breakdown of routine weekly Medicaid review of files noted the following findings: October, November, December, 2008.

| SERVICE PROBLEM   | AMT RETURNED               | AMT RE-BILLED              |
|---|----------------------------|----------------------------|
| ITP not valid for service date  | 166.00                     | 0                          |
| Billed client when not present for group  | 336.00                     | 252.00                     |
| Billed services –that are non-billable  | 118.00                     | 64.00                      |
| Billed wrong time returned \$ to re-bill the correct amount   | 24.00                      | 16.00                      |
| Billed services not paid in full- had to return to re-bill correct amount- this is a project that I am working on with Mycha to re-coup payment where we were underpaid- a system problem not a documentation issue | 2720.00                    | 4354.00                    |
| <b><u>TOTALS for the quarter</u></b>  | <b><u>\$3364.00***</u></b> | <b><u>\$4686.00***</u></b> |

- Due to revision in Medicaid rates FY-03 that were never entered into the MMIS system resulted in under payment resulting in back payment to us for \$9,666.00.
- Due to revision in the physical exam rate not entered into the MMIS system for FY-05 resulted in back payment to us for \$660.00.

Payments from Medicaid this Fiscal Year:

| DATE                    | PAYMENT FROM | \$ RETURNED TO MEDICAID | Payment Difference from same quarter FY-08 |
|-------------------------|--------------|-------------------------|--|
| 1 <sup>ST</sup> QUARTER | \$101,023.00 | \$2,418.00              | \$14,609.00-LESS                           |
| 2 <sup>ND</sup> QUARTER | \$153,008.00 | \$3,996.00**            | \$33,845.50-MORE                           |
| 3 <sup>RD</sup> QUARTER |              |                         |  |
| 4 <sup>TH</sup> QUARTER |              |                         |  |
| FY-09 TOTAL             | \$254,031.00 | \$6,414.00              | \$19,336.50 MORE                           |

\*\*\* = Due to turn around time of paper work \$ amount may not match service problem amount

- ◆ There was not a Medicaid meeting held at DAODAS this quarter.

## Medicaid Audit Report for FY 2008 Findings

\*\*\* Report generated and sent by DAODAS- the reference to subcontractors means US.

- During FY 2008, DAODAS subcontractors reviewed fewer records than they had during FY2006 and FY 2007, but higher than FY 2005. As a percentage of the estimated number of Medicaid clients, 37.37% of the records were reviewed. This is statistically a significant percentage overall and slightly below the four year average.
- With the exception of six indicators, the bulk of the indicators continued to show at least 95% compliance. This indicates the maturity of the system as a whole, even though individual agencies experience increased errors rates from time to time, primarily due to personnel turnover.
- The exceptional indicators were:
  - Number 24: “Measurable criteria for success specified,” with a 94% compliance rate.
  - Number 31: “Client progress related to ITP goals is documented,” with a 92% compliance rate.
  - Number 36: “All ROIs are executed properly,” with a 94% compliance rate.
  - Number 38: “All clinical documentation authenticated by signature and date,” with a 92% compliance rate.
  - Number 39: “All billed services are documented,” with a 83% compliance rate.
  - Number 40: “All documented services are billed,” with a 83% compliance rate.
- The internal audit program continues to work well as a QA tool on three levels. The program helps the subcontractors
  - provide better services to their clients;
  - comply with Medicaid, DHHS and DAODAS standards; and,
  - adjust their over and under billing on a quarterly basis.
- Our subcontractors have all continued to maintain DHEC licensure and CARF accreditation.
- CARF survey reports and DAODAS on-site record reviews have continued to show that CARF and DAODAS findings generally parallel subcontractors’ internal audit findings.
- We have continued to encourage our subcontractors to be hyper-critical when they undertake the internal audits. This will establish to DHHS auditors that QA process is effectively working.-
  - Some providers review their records and take corrective actions monthly, with the result that by the time the Quarterly Report rolls around, there is little to report.
  - An example of subcontractors becoming stricter in their internal audits is the unusually

lower number for Indicator Number 39. All of the indicators with less than 95 % compliance rate were close to the average rates over the past four years except for Number 39. In this instance, the lower than usual rate indicates a greater willingness to be proactive.

**File Audits:**

- ◆ 107 Clinical Review Files
- ◆ 20 Medicaid formal audit files with report to DHHS
- ◆ 353 Discharge files
- ◆ 262 Active Medicaid files – non-IFS
- ◆ 61 New Medicaid file audits in the Anderson office
- ◆ 188 IFS file audits in the Anderson and Oconee Office
- ◆ **991 Total files audited this quarter**

**Clinical Review:**

We continue with our ongoing peer review of files. I randomly choose 20 files from Anderson and 16 files from Oconee per month; per a yearly schedule that include all clinicians/treatment services. Our goal is to have 90% of the files correct in Critical Areas. Let’s break this down for this quarter:

| Area of Concern        | Anderson Office |     |     | Oconee Office |     |     |
|------------------------|-----------------|-----|-----|---------------|-----|-----|
|                        | OCT             | NOV | DEC | OCT           | NOV | DEC |
| Intake Process         | 97%             | 96% | 93% | 98%           | 97% | 99% |
| Assessment             | 97%             | 98% | 98% | 96%           | 95% | 98% |
| Clinical Service Notes | 97%             | 94% | 97% | 92%           | 92% | 90% |
| Treatment Planning     | 98%             | 96% | 98% | 95%           | 95% | 91% |

- Your goal of 90% or better in all critical areas was achieved.

**In-House Staff Development Update:**

- 10/20/08-15 attended Children and Obesity by Nancy Epstein
- 10/28/08- 9 attended Agency Spending by Shannan McKinney
- 10/22/08- 2 attended CPR and First aid by KP
- 11/06/08 -6 attended CPR and First aid by KP
- 12/17/08- 5 attended CPR and First aid by KP

**Census:**

A weekly census is maintained in both offices for information purposes only. Below are the averages per week for 1<sup>st</sup> quarter FY-09: also included same quarter FY-08 and **yearly stats** from FY-06, 07 and 08 for your comparison.

**This is WEEKLY AVERAGE for ANDERSON OFFICE**

| Data Base            | Anderson Average 2nd qtr- FY-09 | Anderson Average 2nd qtr- FY-08 |  | Anderson Average for <b><u>entire</u></b> FY-06 | Anderson Average for <b><u>entire</u></b> FY-07 | Anderson Average for <b><u>entire</u></b> FY-08 |
|----------------------|---------------------------------|---------------------------------|--|---|---|---|
| # of Clients Seen    | 194                             | 187                             |  | 177   | 173   | 177   |
| # of Client Visits   | 280                             | 292                             |  | 279   | 277   | 270   |
| # prevention contact | 554                             | 305                             |  | 291   | 219   | 152   |
| # School clients     | 0                               | 0                               |  | 38  | 27  | 6   |

**This is WEEKLY AVERAGE FOR OCONEE OFFICE**

| Data Base            | Oconee Average 2nd qtr- FY-09 | Oconee Average 2nd qtr- FY-08 |  | Oconee Average for <u>entire</u> FY-06 | Oconee Average for <u>entire</u> FY-07 | Oconee Average for <u>entire</u> FY-08 |
|----------------------|-------------------------------|-------------------------------|--|--|--|--|
| # of Clients Seen    | 135                           | 145                           |  | 123                                    | 117                                    | 146                                    |
| # of Client Visits   | 182                           | 202                           |  | 174                                    | 159                                    | 196                                    |
| # prevention contact | 218                           | 225                           |  | 175                                    | 182                                    | 130                                    |
| # School clients     | 0                             | 0                             |  | 9                                      | 10                                     | 0                                      |

\*\*\*\*\* END OF QUALITY ASSURANCE SUMMARY BY KP\*\*\*\*\*

**FUNDING UPDATE:**

**Sharon Cox Reports:**

- Calender year 2008- final tally for Debt -Set off and GEAR = \$192,824.10
- This is \$5,940.90 less than calender year 2007

**Karen Beck Reports:**

**Profit and Loss for December-08**

\$314,173.89 Revenue

\$255,167.32 Expenses

\$ 59,006.57 Profit

YTD **(\$273,016.33) Loss**

- we have cut housekeeping budget = \$5,280.00
- stopped advertisement on WRIX = \$3,600.00
- stopped advertisement in Oconee = \$600.00
- cut out contract employee to do Journal of Hope = \$3,600.00
- we had 1 furlough day in December = \$7,600.00
- **TOTAL OF THESE CUTS = \$20,680.00**
- we also stopped all client free coffee= unsure of savings yet
- no Board Retreat = saving of 7,000-10,000 dollars

**GOVERNOR’S GOALS FOR DAODAS – I assume these remain unchanged for FY-09**

1. REDUCE CLIENT ARRESTS ON ANY CHARGES TO 75%
2. REDUCE CLIENT UNEMPLOYMENT RATES TO 20%
3. REDUCE CLIENT EMERGENCY ROOM USE TO 40%
4. REDUCE FIVE-YEAR AGENCY DETOX RECIDIVISM RATE TO NO MORE THAN 25%
5. REDUCE YOUTH ACCESS TO TOBACCO TO NO MORE THAN 10%
6. REDUCE HOMELESSNESS AMONG THE CLIENT POPULATION TO 40%
7. ENSURE COMPLIANCE WITH ESTABLISHED POLICIES AND PROCEDURES TO AVOID REPEAT FINDINGS IN FUTURE AUDITS BY THE SC STATE AUDITORS OFFICE
8. HOLD LOCAL PROVIDERS ACCOUNTABLE TO REACH FY-09 GOALS

**DAODAS STRATEGIC PLAN GOALS: - I could find no changes for FY-09**

1. IMPROVE THE EFFECTIVENESS OF TREATMENT AND INTERVENTION PROGRAMS
2. IMPROVE EFFECTIVENESS OF PREVENTION PROGRAMS
3. IMPROVE THE EFFICIENCY OF THE SERVICE DELIVERY SYSTEM
4. ENSURE THAT ALL CLIENT AND CITIZENRY ARE STIMULATED AND ENGAGED
5. COLLABORATE MORE EFFECTIVELY WITH SERVICE PROVIDERS AND STAKEHOLDERS



6. PROVIDE THE NECESSARY RESOURCES TO IMPROVE THE AGENCY'S CAPACITY TO PROVIDE EFFICIENT AND EFFECTIVE SERVICES

**I am unable to tell you how we stand on compliance with the goals that apply to us. Information has not been forwarded to me about this. Be aware that teamwork is a must and doing your very best in all aspects of your job will contribute to our continued success. I do know that these goals are directly tied to grants we receive.**

**Intensive Family Services –**

8 SATISFACTION SURVEYS WERE COMPLETED BY IFS FAMILIES THIS QUARTER. SCORED ON THE FOLLOWING SCALE: 5= STRONGLY AGREE, 4=AGREEL, 3=NEUTRAL, 2=DISAGREE, 1= STRONGLY DISAGREE. AREAS RATED FOLLOW:

| QUESTION ASKED  | TOTAL SCORE |
|---|-------------|
| COUNSELOR COURTEOUS AND HELPFUL   | 5.0         |
| I WAS INVOLVED IN THE DEVELOPMENT OF MY CHILD'S TREATMENT GOALS                                 | 4.6         |
| MY RELATIONSHIP WITH MY CHILD(ren) HAS IMPROVED SINCE IFS                                       | 4.1         |
| PARENT-CHILD BONDING TIME WAS USEFUL IN HELPING ME LEARN TO SPEND QUALITY TIME WITH MY CHILDREN | 4.1         |
| PARENT EDUCATION HAS HELPED ME LEARN NEW SKILLS   | 4.4         |
| I KNOW MORE ABOUT HOW MY (WIFE, HUSBAND, SON) ADDICTION HAS AFFECTED MY CHILDREN                | 4.3         |
| THE SERVICES MET MY CHILD'S THERAPEUTIC NEEDS   | 4.4         |
| I AM SATISFIED WITH THE QUALITY AND AMOUNT OF HELP MY CHILD AND I RECEIVED                      | 4.8         |
| I WOULD RECOMMEND IFS TO OTHERS   | 5.0         |
| OVERALL I AM SATISFIED WITH THE SERVICES I RECEIVED FROM IFS                                    | 4.7         |

| LIKED BEST ABOUT IFS  | MOST HELPFUL PARENTING TOPICS   | HOW COULD IFS IMPROVE  |
|---|---|--|
| <ul style="list-style-type: none"> <li>◆ "Education for parents" x 2</li> <li>◆ "counselor" x 3</li> <li>◆ "way I look at parenthood"</li> <li>◆ "she was concerned, understanding and respected us"</li> <li>◆ "whole family was included"</li> <li>◆ "Interactive activities"</li> <li>◆ "pulled the family together"</li> <li>◆ "came to us, can talk one on one"</li> <li>◆ "they want to help you and they show you that too"</li> <li>◆ "friendly, consistent, understanding"</li> <li>◆ "learning to talk together, eat together, listen to each other"</li> </ul> | <ul style="list-style-type: none"> <li>◆ "boundaries" x 2</li> <li>◆ "rules, consequences, communication"</li> <li>◆ "schedule"</li> <li>◆ "how to talk to kids, how to take time for me"</li> <li>◆ "listen to the kids problems"</li> <li>◆ "stress, bonding skills"</li> <li>◆ "sharing feelings, anger" x 2</li> <li>◆ "activities, drugs, relationships"</li> <li>◆ "123 Magic, time out"</li> <li>◆ "listen to others, dinner together, say nice things about each other"</li> <li>◆ "discipline, love, consistency"</li> </ul> | <ul style="list-style-type: none"> <li>◆ add more fun activities x3</li> <li>◆ Decrease therapeutic sessions</li> <li>◆ Increase length x 2</li> </ul> |

| SUBSTANCE ABUSE TREATMENT SUMMARY  |            |               |                   |                   |
|--|------------|---------------|-------------------|-------------------|
| Report County: Anderson-Oconee   |            |               |                   | FY-2008           |
| Number of Unique / Unduplicated Clients Served in FY2008:  |            | 2,470         |                   |                   |
| FY 2008  |            |               |                   |                   |
|  | Intakes    | Admissions    | Clinical Services | Discharges        |
| Anderson-Oconee  | 2,114      | 1,476         | 51,396            | 1,409             |
| State  | 38,434     | 31,357        | 863,724           | 31,096            |
| FY 2007  |            |               |                   |                   |
|  | Intakes    | Admissions    | Clinical Services | Discharges        |
| Anderson-Oconee  | 2,121      | 1,446         | 46,202            | 1,396             |
| State  | 38,455     | 30,811        | 855,955           | 30,427            |
| Percentage Change  |            |               |                   |                   |
|  | Intakes    | Admissions    | Clinical Services | Discharges        |
| Anderson-Oconee  | -0.3%      | 2.1%          | 11.2%             | 0.9%              |
| Demographics   |            |               |                   |                   |
| Percentage of Client Intakes Admitted**  |            | Agency        | Statewide         |                   |
|  |            | 69.8%         | 81.6%             |                   |
| Gender   | Admissions | Percent       |                   | Admissions by Age |
| Male   | 940        | 63.7%         |                   | Count             |
| Female   | 536        | 36.3%         |                   | Percent           |
| Total  | 1,476      |               |                   | <12               |
| Race   | Admissions | Percent       |                   | 12 to 17          |
| Black  | 246        | 16.7%         |                   | 18 to 24          |
| White  | 1,209      | 81.9%         |                   | 25 to 34          |
| Other  | 21         | 1.4%          |                   | 35 to 44          |
| Missing  | 0          | 0.0%          |                   | 45 to 64          |
| Total  | 1,476      |               |                   | 65+               |
| Referral Source Recorded at Intake   |            | %             |                   | Not reported      |
| Other AOD Provider   | 29         | 1.4%          |                   | 0                 |
| Self/Family Friend   | 165        | 7.8%          |                   | Total             |
| Criminal Justice Sys.  | 1,028      | 48.6%         |                   | 1,476             |
| Other Community Source   | 713        | 33.7%         |                   | Problem Type      |
| Employer   | 22         | 1.0%          |                   | Admissions        |
| School   | 66         | 3.1%          |                   | Percent           |
| Health Care  | 90         | 4.3%          |                   | Alcohol           |
| Total  | 2,113      |               |                   | 538               |
| Client Service Center  | Admissions | Percent       |                   | Cocaine-Crack     |
| ADSAP  | 391        | 26.5%         |                   | 127               |
| Criminal Justice   | 322        | 21.8%         |                   | Marijuana         |
| Deferred   | 0          | 0.0%          |                   | 374               |
| Employee Assistance  | 5          | 0.3%          |                   | Other Drugs       |
| Gambling   | 0          | 0.0%          |                   | 252               |
| Intervention   | 0          | 0.0%          |                   | Related Problems  |
| School   | 0          | 0.0%          |                   | 185               |
| Special Intervention   | 0          | 0.0%          |                   | Total             |
| Special Programs   | 0          | 0.0%          |                   | 1,476             |
| Treatment  | 758        | 51.4%         |                   | Inpatient Care    |
| Total  | 1,476      |               |                   | Detox Bed Days    |
| ASAM Level of Care By Admissions   | Code       |               | Number            | Percent           |
| Early Intervention   | 01         | Level 0.5     | 206               | 14.0%             |
| Outpatient Services  | 02         | Level I       | 606               | 41.1%             |
| Intensive In-home Services   | 04         | Level 1.8     | 34                | 2.3%              |
| Ambulatory Detox without Extended On-Site Monitoring   | 05         | Level I-D     | 0                 | 0.0%              |
| Intensive Outpatient   | 06         | Level II.1    | 629               | 42.6%             |
| Day Treatment  | 07         | Level II.5    | 0                 | 0.0%              |
| Ambulatory Detox with Extended On-Site Monitoring  | 08         | Level II-D    | 0                 | 0.0%              |
| Clinically Managed Low Intensity Residential Services  | 09         | Level III.1   | 0                 | 0.0%              |
| Clinically Managed Residential Detox   | 10         | Level III.2-D | 0                 | 0.0%              |
| Clinically Managed High Intensity Residential Services   | 11         | Level III.5   | 0                 | 0.0%              |
| Medically Monitored Intensive Inpatient Treatment  | 12         | Level III.7   | 0                 | 0.0%              |
| Medically Monitored Inpatient Detoxification   | 13         | Level III.7-D | 0                 | 0.0%              |
| Opioid Maintenance Therapy   | 14         | OMT           | 0                 | 0.0%              |
|  |            |               | Total             | 1,475             |
| Discharge Status   | N          | Rate          | Statewide         | Rank              |
| Completed Treatment  | 771        | 54.9%         | 60.0%             | 29                |
| Not Completing Treatment   | 633        | 45.1%         | 40.0%             |                   |
| ** Does not account for clients receiving alternative services. Data collection changes made during FY 09 will address this issue. |            |               |                   |                   |

| SUBSTANCE ABUSE PERFORMANCE SUMMARY   |             |                      |            |            |                |
|---|-------------|----------------------|------------|------------|----------------|
| Report County: Anderson-Oconee  |             |                      | FY-2008    |            |                |
| Star Performance  |             |                      |            |            |                |
| <b>RETENTION (STAR-SI Outpatient)</b>   |             | October 07 - July 08 | County Avg | Statewide  | Rank           |
| Avg # of counseling sessions within 30 days of admission                                      |             |                      | 1.20       | 2.29       | 38             |
| <b>ACCESS (STAR-SI Outpatient)</b>  |             | October 07 - July 08 | County Avg | Statewide  | Rank           |
| Avg. # of days from initial contact date to client Intake date?                               |             |                      | 32.10      | 27.26      | 28             |
| <b>Broken Appointments (Per Admission)</b>  |             | N                    | County Avg | Statewide  | Rank           |
| How many broken appointments this fiscal year?  |             | 5,291                | 3.58       | 3.21       | 28             |
| Outcome Performance   |             |                      |            |            |                |
|   |             | Admission            | Discharge  | Followup   | Total Surveyed |
| Abstinent from <u>Alcohol Use</u> in Prior 30 days  | %           | 46.1%                | 82.6%      | 86.8%      |                |
|   | N Surveyed  | 77                   | 138        | 145        | 167            |
| Abstinent from <u>Alcohol Intox</u> in Prior 30 days  | %           | 75.4%                | 92.2%      | 97.6%      |                |
|   | N Surveyed  | 126                  | 154        | 163        | 167            |
| Abstinent from <u>Drug Use</u> in Prior 30 days   | %           | 54.8%                | 79.1%      | 98.9%      |                |
|   | N Surveyed  | 97                   | 140        | 175        | 177            |
| Percentage of Clients <b>Employed</b>   | %           | 67.8%                | 72.3%      | 66.7%      |                |
|   | N Surveyed  | 120                  | 128        | 118        | 177            |
| Homeless (Age 18 & Up)  | %           | 1.3%                 | 1.3%       | 0.8%       |                |
|   | N Surveyed  | 3                    | 3          | 2          | 239            |
| Arrests last 30 days for Any Charge   | %           | 5.5%                 | 2.4%       | 1.4%       |                |
|   | N Surveyed  | 16                   | 7          | 4          | 291            |
| Suspensions/Expulsions (students)   | %           | 10.1%                | 2.5%       | 2.5%       |                |
|   | N Surveyed  | 8                    | 2          | 2          | 79             |
| Use of Outpatient Medical Care in Prior 30 days   | %           | 6.1%                 | 24.1%      | 1.2%       |                |
|   | N Surveyed  | 21                   | 83         | 4          | 344            |
| Use of Emergency Room Care in Prior 30 days   | %           | 1.5%                 | 0.9%       | 0.3%       |                |
|   | N Surveyed  | 5                    | 3          | 1          | 344            |
| Contract Objectives   |             |                      |            |            |                |
| <b>Contract Objectives:</b>   |             |                      | County Avg | Statewide  | Target         |
| Objective 1. Assessment within two working days after intake.                                 |             |                      | 95.6%      | 92.8%      | 75.0%          |
| Objective 2. Clinical service within six working days after assessment.                       |             |                      | 49.1%      | 71.0%      | 50.0%          |
| Objective 3. % Episodes with discharge within 30 days of last service                         |             |                      | 0.0%       | 0.3%       | < 1.0%         |
| Objective 4. Percent of Discharged Clients with a follow-up survey                            |             |                      | 20.7%      | 25.7%      | 15.0%          |
| Contract Objective 1: Assessment within 2 days of Intake (Target 75%)                         |             |                      |            |            |                |
|   | Agency 2008 | Agency 2007          | State 2008 | State 2007 | Rank 2008      |
| Quarter 1   | 89.8%       | 89.3%                | 92.7%      | 89.6%      |                |
| Quarter 2   | 98.7%       | 93.1%                | 91.8%      | 91.5%      |                |
| Quarter 3   | 95.5%       | 89.0%                | 92.6%      | 92.2%      |                |
| Quarter 4   | 98.5%       | 88.9%                | 94.1%      | 91.0%      |                |
| Total   | 95.6%       | 89.9%                | 92.8%      | 91.1%      | 15             |
| Objective 2. Clinical service within six working days after assessment (Target 50%)           |             |                      |            |            |                |
|   | Agency 2008 | Agency 2007          | State 2008 | State 2007 | Rank 2008      |
| Quarter 1   | 51.0%       | 54.5%                | 73.4%      | 73.3%      |                |
| Quarter 2   | 41.3%       | 51.0%                | 70.8%      | 73.3%      |                |
| Quarter 3   | 50.4%       | 54.9%                | 70.3%      | 72.9%      |                |
| Quarter 4   | 52.9%       | 46.2%                | 69.7%      | 73.9%      |                |
| Total   | 49.1%       | 51.8%                | 71.0%      | 73.3%      | 31             |
| Objective 3. % Completed episodes with discharge within 30 days of last service (Target < 1%) |             |                      |            |            |                |
|   | Agency 2008 | Agency 2007          | State 2008 | State 2007 |                |
| Quarter 1   | 0.0%        | 0.0%                 | 0.1%       | 0.2%       |                |
| Quarter 2   | 0.0%        | 0.0%                 | 0.4%       | 0.0%       |                |
| Quarter 3   | 0.0%        | 0.0%                 | 0.5%       | 0.0%       |                |
| Quarter 4   | 0.0%        | 0.0%                 | 0.0%       | 0.4%       |                |
| Total   | 0.0%        | 0.0%                 | 0.3%       | 0.2%       |                |
| Objective 4. Cumulative percent of discharged clients with a follow-up survey (Target 15%)    |             |                      |            |            |                |
|   | Agency 2008 | Agency 2007          | State 2008 | State 2007 | Rank 2008      |
| Quarter 1   | 16.6%       | 13.2%                | 19.6%      | 14.1%      |                |
| Quarter 2   | 20.9%       | 14.6%                | 24.0%      | 15.2%      |                |
| Quarter 3   | 23.9%       | 13.7%                | 28.8%      | 16.1%      |                |
| Quarter 4   | 21.1%       | 17.0%                | 30.3%      | 18.8%      |                |
| Total   | 20.7%       | 14.7%                | 25.7%      | 16.1%      | 23             |

Child and Adolescent Services  
**FY09- 2nd Quarter Report**

**Personnel**

Nelson Crosby joined the team as AIOF counselor on 10/13/08. Nelson came highly recommended from AOPMHC. Welcome aboard Nelson!

Recent Budget cuts resulted in the Department of Juvenile Justice’s decision to cut The Bridge program, effective January 09. Our Bridge Specialist Ester Griffin-Devita was transitioned to a Clinical Counselor position within the Child and Adolescent Unit.

Melissa Dunn, Prevention Coordinator, transferred to the Intensive Family Services program as a Intensive Family Services Worker in January. Nancy Epstein, Intensive Family Services Worker, will fill the Prevention vacancy as a Prevention Specialist. The Coordination of the prevention program will be directly supervised by the Child and Adolescent Director until further notice.

Our AET Coordinator, Kirsten Abderhalden, moved from the Anderson Office to the Oconee Office. She is sharing office space with Sally Gravino.

In December, Anne Ouzts was the proud grandmother(x4) of Lucy Sullivan Gray. Lucy weighed 9.7 lbs .Lucy’s parents are Lani and Joel Gray.

**Training**

Treatment Coordinator, Cheri Ames attended the ASAM Training and is planning to co-facilitate training at our agency.

Several of the staff has attended trainings related to children, adolescents and the family during this quarter.

**STAR-SI**

STAR SI Team members (Petra, Shannan, Phyllis, Nicole, Kim B.) attended a STAR SI Learning Collaborative in Columbia. Petra and Shannan presented our change projects.

AIM 1: Decrease wait time from 1<sup>st</sup> contact to 1<sup>st</sup> appointment. Anderson – Wait Time 1.4 days

AIM 2: Reduce wait time to 6 days from 1<sup>st</sup> assessment to 1<sup>st</sup> treatment service. Anderson – Wait Time 7 days

AIM 3: Increase Referrals (This aim begins in January)

Executive Sponsor.....Karen Beck

Change Leader.....Petra Clay-Jones

Change Leader.....Shannan McKinney

Data Coordinator.....Phyllis Norris

Change Team .....Cheri Ames, Lyn Stribling, Sara Smith, Ester Griffin-DeVita, Nelson Crosby, Kelly Bollinger, Nicole Mc.(O)

Petra and Shannan are STAR-SI/NIATx Coach Apprentices. Shannan will provide coaching support for Cornerstone BHS and Petra will provide Coaching assistance to Pickens BHS.

## **No Wrong Door Initiative**

The project seeks to close gaps and eliminate barriers that exist within the adolescent treatment system. Program goals include:

- Increase coordination and collaboration within the adolescent treatment system across the state and local levels
- Increases use of standardized screening, assessment, referral and follow-up protocols among providers
- Standardized and improved the capacity and skills of direct service providers
- Enhance and expand the use of evidence-based practices for adolescent substance abuse treatment services.

Anderson Demonstration Site Coordinator.....Petra

Oconee Demonstration Site Coordinator..... Shannan

Both county teams met and Memorandums of Agreements have been signed with other local child serving agencies and we are planning to implement the screening process in January/ February 09. The GAIN Short Screener Training was offered in January. The GAIN-SS is an evidenced –based web screener. The screener will be used by agencies to assist in making appropriate referrals for services. The Family Driven Care Training is scheduled for February. The Demonstration Site Coordinator will convene monthly meetings with local agency representatives to address issues facing youth and adolescents collaboratively. The Utilization of this approach should also increase our capacity.

## **The Bridge**

“Hats off to Ester Griffin-DeVita, for doing a Stella Job as Bridge Specialist.” We were informed in October that The Bridge Expansion sites statewide would end January 09, due to DJJ Budget cuts.

Our Bridge Program reached capacity in October, with Ester providing intensive case management services for 19 youth.

Highlights this Quarter

Capacity 100%

Abstinence 90%

No Delinquency 95%

Enrolled in School/GED 73%

Employed 16%

Graduated Unsuccessfully 21%

Graduated Successfully 26%

Pending status 42%

## **MUSC Contingency Management Project**

Child and Adolescent Treatment staff, including IFS is participating in this research project with MUSC. There goal is to measure how /what will encourage clinicians to use a new treatment approach/method (CM).

During this first year, we were randomly selected as a control group. This means we were provided CM training and supplies and MUSC will monitor our use of CM. In 2009, we will be selected to receive supplies, web-based support and/or clinical supervision with the MUSC Psychologist.

The agency is reimbursed for our participation and clients can receive free drug screens. (Submitted by PCJ)

## **Prevention**

### **SCHOOLS**

Prevention provided evidence-based prevention programs in the following schools:

#### **Anderson**

South Fant Elementary

West Market Family Education Center

Centerville Elementary

Nevitt Forest Elementary

Palmetto Elementary

Iva Elementary

Varennes Elementary

Belton Middle After-School

We Stand for Kids

**806 students served**

#### **Oconee**

Code Elementary

Keowee Elementary

Ravenel Elementary

**225 students served**

## **AEP**

Sally, Anne, Melissa, and Petra are trained instructors in the *Prime for Life* Curriculum, the education piece of the Alcohol Education Program (AEP) provided by the Solicitor's Office for individuals charged with underage possession of alcohol. In Anderson 6 clients completed the class, in Oconee 16 completed the class.

## HIV

Sally and Anne provided HIV Education to the following groups: Adolescent IOP, Women's IOP, Adult IOP, AEP, and Insight & Awareness.

## AET

Kirsten coordinated Alcohol Enforcement Team (AET) operations to enforce underage drinking laws.

|                   | Anderson  | Oconee                                 |
|-------------------|---|--|
| Compliance Checks | 57 Attempts<br>11 Buys<br>19% Buy-rate  | 64 Attempts<br>10 Buys<br>15% Buy-rate |
| Party Dispersals  | <i>Oct. 31<sup>st</sup></i><br>17 Minor in Possession<br>2 Transfer of Alcohol<br><i>Nov. 21<sup>st</sup></i><br>No charges | n/a                                    |

## PREP

In Anderson 6 individuals completed the merchant education class. In Oconee, 5 completed the class at BHS; 4 Ingles managers completed the class on location in Seneca.

## EVENTS

**October 4:** Sally participated in Home Depot Safety Day with a booth display of popular energy drinks, alcohol energy drinks, and alcoholic beverages to increase awareness on what youth are drinking.

**October 14:** The Oconee EUDL Coalition invited 2 speakers to speak about how underage drinking has affected their lives. The event was held at the Seneca Baptist Church and was open to the public.

**October 21-22:** Sally and Kirsten set up a Red Ribbon booth at the Oconee Farm City Days. 580 elementary school children decorated paper grocery bags which the stores then distributed to customers.

**October 24:** Melissa and Travis planned and participated in the 2008 Red Ribbon Ceremonies. 150 people attended the ceremony which paid tribute to fallen community heroes. We held a poster contest at various schools leading up to the Red Ribbon ceremony. The winners were presented along with the families of the fallen heroes. The Homeland Park Elementary Step Team performed, and Kimberly Parrish was the guest speaker. The event ended with the families of fallen officers and firefighters releasing balloons into the air.

**October 31:** Sally participated in Orchard Park Elementary School's Red Ribbon "Say Boo to Drugs" day, resulting in photo and article in the local paper.

## **TRAININGS**

**November 13:** Prevention attended the "Gangs 101" training provided by the Region I Prevention Training Network at the Anderson Library.

**December 1-4:** Sally and Kirsten attended the Drugs of Abuse Conference in Myrtle Beach.

(Submitted by Prevention Staff)

## **Treatment**

Kelly Bollinger passed the CAC written exam and she and Lyn Stribling will sit for the orals in the next quarter. We have begun working with our families up front regarding fees for service. We have improved our BA contacts and aggressively attempting to re-engage clients who are absent. We have seen a need to be more clinically aware of co-occurring disorders; Petra and Lyn have agreed to help with cases of clinicians struggling in this area. Nelson Crosby has taken ownership over AIOP and has begun aggressively seeking community resources and agencies to focus on the group members from a more holistic approach. We purchased the Evidenced-Based Matrix Curriculum for AIOP, which he has begun to utilize. Nelson will also consult with other 301 agencies utilizing the Matrix Curriculum with Adolescents. A secondary gain from the Matrix curriculum is that much of the material can be used in our other groups as well. For example, the DOC material was created by previous counselors and the new group leader, Sara Smith, has found the matrix material will help give her structure and ownership for herself. Ester Griffin-DeVita has transitioned into a clinical counselor position. She is starting an anger management group and will soon be starting a COA group. Kelly Bollinger's Girl's Empowerment group focuses on enhancing young ladies self-esteem and life skills. Overall our C&A Treatment staff are striving to become a productive clinical department, whose reputation is one of professionalism, knowledge, and unquestionable clinical proficiency. (Submitted by CA)

## **IFS**

During this quarter we have increased our referral base again in the Oconee area. We have begun to get more referrals from the new caseworkers at DSS. Some of the referrals have some major issues that have been beyond our scope, but suggested other options to the caseworkers. There has been an increase of referrals with sex abuse issues.

The New IFS workers have adjusted well. We are still working out a few issues, but they make changes without any problems. New IFS staff attended training in Columbia in December. They all passed. Congratulations!

Since joining IFS, Melissa was able to attend the IFS training and has been making home visits and has two clients.

Angela assisted with the IFS training on documentation. During the Christmas holiday, IFS families received assistance from IFS workers and agency staff as well.

- 13 referrals from DSS, 1 internal referral, 2 other sources
- 6 closures

IFS supervisor followed-up with families and received good feedback and no complaints. Families felt like the services were going very well. A few families wanted opted to not receive IFS serves after their DSS case is closed.



Plans for next quarter, include more training on marital and family issues. Get more workbooks and items for our families (stickers, toys, etc.)

(Submitted by Angela Gaines)

Special Thanks to Kirsten for developing this format! pcj

**WIOP SEMI ANNUAL REPORT -submitted by Judy Festa-Hanna**

The following is a breakdown of the women served in the Women's Intensive Outpatient Program from July 1, 2008 until December 31, 2008

**66 women were assessed by CBT and recommended to the WIOP**

**Referral Sources:**

DSS: 55

Probation/Parole: 4

Self: 4

Harris Psychiatric Hospital: 2

Family Court Judge: 1

Employer: 1

**Of those referred to the WIOP:**

- 8 women were re-staffed and placed in another group before starting the WIOP.
- 6 women were "NO Shows" for WIOP Orientation. These women's cases were returned to the Assessing counselor for attempts to re-engage by phone calls and/or letters.
- 1 woman left the area.
- 1 woman absconded
- 10 women never returned for treatment planning.
- 38 women were admitted to the WIOP

**Of the 38 women admitted to WIOP :**

**Diagnosis:** Primary, many had multiple psychoactive substance diagnoses:

Methamphetamine Dependence: 18

Cocaine Dependence: 9

Cannabis Dependence: 5

Alcohol Dependence: 2

Opiate Dependence: 3

Benzodiazepine Dependence: 1

**Payment type:**

Medicaid: 17

Self Pay: 21

**During this reporting period:**

- 19 completed the WIOP and were referred to the Women's Aftercare program.
- 7 women were re-staffed and recommended for residential treatment.
- 11 women were Pregnant while in services.
- 8 women were actively participating in the WIOP as of 12/31/08.
- 11 women were discharged for excessive absences and failure to comply with program requirements.
- 1 woman was discharged for inappropriate behavior while in group.
- 1 woman was discharged due to medical problems
- 1 woman was referred to AnMed for psychiatric hospitalization.
- 15 children were served in the agency nursery from 07/01/08 to 12/31/08. They ranged in age from 1 week to 10 years old.

**There were no reports to DSS of child abuse/neglect or of drug use during pregnancy.**

**Referral Services**

These are the agencies that clients have been referred to for wrap around services:

Vocational Rehabilitation

Foothills Alliance

Anderson Free Clinic

Faith Home

Safe Harbor

Shalom Center

**NEWS FROM YOU:**

**I asked for input from you to tell me how your area has improved our services this quarter.**

**The responses follow:**

**Rhonda Whitten reports:** {Anderson Office}

- “Attended a 2 day ASAM training in Columbia-will plan to train staff at BHS.

**David Gladson reports:** {Anderson Office}

| Below is a list of the goals I have been working on or have achieved in the last quarter.

Passed CAC Orals and achieved Certified Addictions Counselor status.

Continuing to prepare ADSAP for transition to New DUI laws through networking, trainings, and meetings.

Developing relationship with Chief Magistrates Office.

Building rapport and providing information to potential DUI clients person-to-person at new monthly DUI court.

Reducing potential agency costs and unnecessary complications through greater adherence to ADSAP policies regarding suspensions and convictions.

Transitioning ADSAP enrollment and termination process to encrypted, electronic input.

Preparing new survey of PRI clients before and after class to increase effectiveness.

Training new Discovery group counselors.

Tuning MET methodology in both Discovery and PRI sessions.

Continuing to educate clients and families on issues of codependency in both morning and evening IOP.

Ensuring Discovery clients are being financially responsible for their treatment through payment plans and weekly payments.

END OF REPORT

\*\*\*\*\*

**FINAL WORDS:**

This concludes the 2nd quarter Outcome Evaluation Management Report for FY-09. I have tried to give you an overview of the quarter. I have attempted to give you only the facts. Please participate by giving your feedback. By feedback I mean, what do you see we need to be doing to improve our services? We must always strive to improve the quality of what we do. We can't become stagnant. Are there things you feel we should address that we don't? **Let me hear from you. What can we do better? How can we improve? Your opinion matters to the agency and to me. E-mail me with any comments you may have or any items you would like included in future reports.**

Thank you,

Kathy Parris RN,BC 1/22/08  
[kathyparris@bellsouth.net](mailto:kathyparris@bellsouth.net)

**ADDENDUM TO 2<sup>nd</sup> QUARTER OUTCOME MANAGEMENT REPORT:**

**Each quarter we ask you to respond with comments and questions. Below are what our fellow staff members expressed concern about involving the 1st quarter FY-09 report.**

*Any answers by KP are **ITALICIZED, BOLD AND UNDERLINED.***

\*\*\* Your name is only used if you placed it after your comment.

- “I love working here. I love the 4 day week to help prevent burnout due to the nature of AOD counseling. I have experience writing grants and agree that with the state cuts, we need to pursue another \$ avenue. Available funds are out there especially in the area of workforce development. If we could help our clients get jobs during recovery we could obtain grants for the service and we could help them be able to pay their bill with us. I have info on substance abuse/vocational specialty services and would be glad to share this.”-Jeni Shepherd
- “The loss of \$147,601.00 per Karen Beck was very hard to swallow. I guess we need to look for more financial sources i.e. grants. Do we have any grant writers? Are there any new grants out there? Should our agency go after, more aggressively, the private insured? Great on collections keep up the good work.”- Felix
- “The four day work week is great. It gets difficult at times because everyone has to keep on their toes to keep up. With budget cuts it's not feasible to hire new staff. Everyone needs to work and use their time wisely so we can stay caught up.”
- “This is a great agency to work for...everyone is very helpful and kind. Grant writing is a good idea- lots of unclaimed federal funding. Also, probation referrals require clients to pay for assessment upfront (from what I have seen written on the referrals), so can DSS require this also? Would cut down on unpaid bills and increase money flow, even if they set up a payment plan for the rest of the treatment. Also, I'm new and think I have an ok handle on things, but offering additional training on paperwork, billing etc. Would be helpful (missed the first due to court). More training on update Medicaid billing would maybe let us know different ways we can bill Medicaid that we were unfamiliar with (i.e. TCM billable vs non billable) and can increase revenue. I think thats it.” -Megan
- “The biggest complaint we get in evening IOP is how filthy the bathrooms always seem to be – can we reconsider the cleaning service we have and get someone in who actually cleans. Its a waste of money to pay people who do such a lousy job of cleaning the building – it's embarrassing!”
- “With each Outcome Eval. It is astounding to note the work in progress at BHS-creating, influencing appreciable differences in the lives of our clients!” -RR
- “ I think that out team here at the Anderson office have been doing really well despite the major peak in clients Oct-Nov. The filing is getting a little too backed up though. I think this, can be fixed if out cards are signed out correctly and we don't get to far behind on notes during the week. We just all need to work smarter and help each other out every now and again. I love the 4 day work week- it means harder, longer work during the week but that extra day off really allows me time to recollect- which I think is extremely important in our profession.” ET

- “I think everyone here is doing their best to get all their work done in a 4 day week and most of us do that. I love it by the way. I also hope that with the budget issues no one loses their job. I think we all work hard and like our jobs.”-TM
- “As typical this is a very thorough report of agency activity over the past quarter. I would suggest possibly posting some part of the report on the agency website to make accessible to consumers. The financial information is particularly important now due to budget cuts. Thanks to Sharon cox and others who help recoup payment for the services AOBHS provides.” -Larry Kosloski
- “Thanks for the very thorough report. I am sure the “alcohol advertising” is referring to a section in the PRI certified curriculum that helps client reflect, analyze the messages they receive in media. It shows how advertisers know to use the same research we have as a means to entice clients based on their phase of use/abuse.” - David Gladson
- “Thats a lot of work in here.” - Clifton Walker
- “Keep up the good job!! I also love the four day work week – we work a lot harder but it is worth it! Thanks!!!- we seem to pull together better lately. - Barbara Sanders
- “Love the 10 years of Medicaid – so did the Board! Budget cuts suck! We all need to work smarter and harder!” - KB
- “Report looks good for agency's goals.” - AG
- “I believe we can work out a plan to market ourselves to private insurance and actively engage in collecting copays.”
- “I am so grateful to have the opportunity to work with such an amazing group of gifted clinicians and staff.”
- “In marketing I believe we need to focus on prevention and AOD issues and become the best at this mission rather than trying to be everything to everyone. We are not tapping into early TX and intervention opportunities in the community and I'm not sure why not: Motivation is less, “all young people use a little”, cost? Referring agencies not willing to “push” for services? Wish to “protect” young users from the peers who abuse and are in trouble? Referring agencies unaware of what we do?”

**END OF COMMENTS**