

**OUTCOME EVALUATION
MANAGEMENT REPORT**

**FOR
4th QUARTER FY-11**

**ANDERSON OCONEE
BEHAVIORAL HEALTH
SERVICES**

ANDERSON / OCONEE BHS
OUTCOME EVALUATION MANAGEMENT REPORT
APRIL, MAY, JUNE 2011
4TH, QUARTER, FY-2011

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 51 surveys. Anderson clients turned in 25 surveys. 76 surveys were completed this quarter. All areas were averaged together in each database to find the total satisfaction in each area surveyed. 38% of completed surveys had comments. Please see below for a synopsis of these comments.

Client Satisfaction Survey:

AREA RATED	1 ST QTR	2 ND QTR	3 RD QTR	4 th QTR	Avg FY-11
RECEPTIONIST	4.64	4.76	4.6	4.6	4.65
APPOINTMENT TIMES	4.63	4.73	4.6	4.68	4.66
SEEN QUICKLY	4.63	4.6	4.51	4.36	4.53
INTAKE COUNSELOR COURTEOUS/ PROFESSIONAL	4.79	4.56	4.7	4.78	4.71
COMFORT OF THE BUILDING	4.55	4.6	4.57	4.5	4.56
PLEASED WITH TREATMENT GOALS	4.61	4.66	4.67	4.63	4.64
SERVICES HELPED CLIENT MEET TX GOALS	4.61	4.4	4.64	4.63	4.57
INFORMATION AND SKILLS LEARNED WILL HELP IN FUTURE	4.77	4.83	4.72	4.71	4.76
GROUP LEADER HELPFUL AND PROFESSIONAL	4.86	4.86	4.72	4.8	4.81
USE LESS AOD AT DISCHARGE	4.76	4.8	4.7	4.73	4.75
KNOW MORE ABOUT PROBLEMS CAUSED BY AOD AT DISCHARGE	4.76	4.86	4.7	4.72	4.76
OVERALL SATISFACTION OF SERVICES RECEIVED	4.71	4.8	4.7	4.71	4.73

CLIENT COMMENTS SUMMARY:

POSITIVE FEEDBACK or Testimonials
<ul style="list-style-type: none"> • "Dan and Felix are excellent -give them a raise!" • "Mr. Felix was very informative and helpful to me . He is very professional and gets his point across, at least to me. He's an excellent counselor. I will learn from what he has taught." • "Thank you!" x 4 • "I definitely know that BHS was a plus for me and the way I was living my life in the past" • "...I love and appreciate everything that Nellie help me with I'm just thankful to have her as a counselor and friend" • "Ms Linda is tough, yet she made a breakthrough with me. I am tough so I needed a tough counselor" • "Linda is a very good worker at what she does and has clearly helped me to be drug free" • "If was not for BHS I would not be clean today. I am glad I made the decision to come and would recommend these services to people" • "I just want to thank everyone that help me accomplish my goal" • "I know things now that I didn't even have a clue about before these classes" • "Mr. Gravino has been a pleasant counselor throughout this whole experience. He has never been condescending or judgmental with me or any of the other clients. I appreciate all he has done, and hope to continue friendship after my sessions" • "The biggest thing I liked was group participation"

- “Brenda was very helpful during my entire treatment. I have learned much that I was not aware of before”
- “I learned a lot by coming here and that Situation will never occur with me again”
- “This is a good place for help”
- “John was a great group leader. I enjoyed his class thoroughly”
- “grateful for all the tools I learned about to help me stay sober”
- “very easy to understand how I got my DUI”
- “I congratulate John for sharing the light”
- “Thank you all for helping me get my life back, God Bless”
- “I really learned a lot of helpful things since attending AOBHS's program. I would highly recommend it to others with alcohol and drug problems”

CONSTRUCTIVE FEEDBACK

- “need more days allocated for the front office to be open”
- “wish receptionist was more knowledgeable about class details”
- “When I first called to enroll in ADSAP I was always referred to the same guy to answer my questions. I left 3 messages for this person and even now my calls were never returned.”
- “More one on one counseling it helps more than group”

This is verbatim report of the comments. Several staff were praised personally

CONTRACT OBJECTIVE UPDATE; info from FY-11 ; (Latest data available from DAODAS)

#	Contract objective	goal	FY-11-2 nd qtr	FY-10 AVG	State AVG
<u>1</u>	Assessment within 2 working days after Intake	<u>75%</u>	<u>80.70%</u>	<u>93.20%</u>	<u>92.60%</u>
<u>2</u>	Clinical Services within 6 working days of Assessment	<u>50%</u>	23.90%	<u>39.80%</u>	<u>53.50%</u>
<u>3</u>	Percent of admitted clients whose services have ended but discharge form is missing	<u>↓ 1%</u>	<u>0.30%</u>	<u>0.00%</u>	<u>0.50%</u>
<u>4</u>	Outcome data collected on a representative sample of 15% or more of admitted <u>clients within 70-110 days after discharge.</u>	<u>15%</u>	<u>17.80%</u>	<u>21.40%</u>	<u>34.70%</u>

****WE DID NOT MEET OBJECTIVE # 2- IT IS VERY IMPORTANT TO GET A MINIMUM OF 50% OF OUR CLIENTS A TREATMENT SERVICE WITHIN 6 DAYS OF THE ASSESSMENT.**

PHONE SURVEY- FY-10 data **no FY-11 data available at this date**

PHONE SURVEY: Our phone survey consists of 12 basic questions surrounding the first 70-110 days after last service. 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	44.30%	80.50%	77.60%
STATE AVG	32.90%	76.10%	73.00%
ETOH intoxication abstinence at	69.50%	90.10%	93.90%
STATE AVG	65.00%	86.40%	94.40%
Abstinence from illicit drugs 30 days at	49.70%	81.50%	98.70%
STATE AVG	43.00%	75.10%	95.20%
Tobacco use at	66.80%	58.60%	62.40%
STATE AVG	59.20%	51.80%	53.10%
Employed at (age 16 and above)	57.00%	60.20%	56.50%
STATE AVG	62.30%	66.00%	68.30%
Homeless at (age 18 and above)	3.10%	3.80%	0.80%
STATE AVG	1.80%	1.80%	1.10%
ETOH or Drug Related ER use 30 days at	1.40%	0.30%	0.30%
STATE AVG	2.20%	1.20%	0.10%
Medical or Emotional Outpatient use 30 days at	9.10%	8.80%	23.30%
STATE AVG	10.50%	7.30%	14.30%
Arrested 30 days at	5.40%	1.00%	1.00%
STATE AVG	5.80%	1.60%	1.40%
Student Clients suspended or expelled 30 days at	11.70%	6.70%	5.00%
STATE AVG	16.40%	7.10%	4.50%

Other data from the phone survey:

Question	At admission	At discharge	At Outcome
Rate emotional problems related to AOD use as considerable to extreme(AOD clients only)	12.70%	4.70%	2.20%
STATE AVG	16.60%	11.30%	1.80%
Rate emotional problems related to AOD use as SOMEWHAT considerable to extreme(AOD clients)	40.20%	24.60%	2.50%
STATE AVG	37.30%	23.30%	7.60%
Rate THEIR stress related to AOD use as considerable to extreme (AOD clients only)	17.40%	5.80%	1.80%
STATE AVG	19.90%	12.70%	2.90%
Rate ANY stress related to AOD use as SOMEWHAT considerable to extreme(AOD clients only)	52.20%	25.40%	2.90%
STATE AVG	46.10%	27.00%	13.10%
Clients rate their health as very good to excellent	54.00%	56.20%	49.60%
STATE AVG	43.00%	47.30%	57.80%
Clients rate their health as fair to poor	13.40%	12.00%	15.60%
STATE AVG	15.30%	11.90%	10.70%
Reduced or given up important activities due to AOD use in prior 30 days (AOD clients only) Rate at CONSIDERABLE to EXTREME	15.60%	5.40%	1.1
STATE AVG	17.20%	11.60%	1.70%
Reduced or given up important activities due to AOD use in prior 30 days (AOD clients only) Rate at SOMEWHAT, CONSIDERABLE,EXTREME	42.80%	23.60%	2.90%
STATE AVG	39.40%	24.40%	6.70%
Participating in Aftercare in prior 30 days (AOD clients only)	11.90%	32.80%	30.20%
STATE AVG	10.60%	23.60%	18.60%

94.6% of our clients were very satisfied to satisfied with our services STATE AVG = 97.5%
94.2% of our AOD ONLY clients very satisfied to satisfied with our services STATE AVG = 97.4%
99.3% our clients would recommend our agency to family or friends STATE AVG = 97.3%
99.3% of our AOD ONLY clients would recommend our agency to family or friends STATE AVG = 97.3%
*****the above info was extracted from a 32 page report from DAODAS**

GOVERNOR'S GOALS FOR DAODAS

1. REDUCE CLIENT ARRESTS ON ANY CHARGES TO 75%-√ on task
2. REDUCE CLIENT UNEMPLOYMENT RATES TO 20%- X-economy-poor job market
3. REDUCE CLIENT EMERGENCY ROOM USE TO 40%-√ on task
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%-√ on task
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-12 GOALS

DAODAS STRATEGIC PLAN GOALS: -

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

FUNDING UPDATE:

Karen Beck Reports:

5/20/11 during Annual training Karen spoke about the state of the agency as follows

- we are "ok, hanging in there, when raises coming is unknown , there have been no raises in 4 years and we have 44 employee that need a raise"
- "the state is not assisting with salary supplement, so our solution was the Friday's off and still get paid for as a perk"
- We are not a state agency, buy into the state retirement and insurance, we contract with the state to do AOD services.
- As of April 30 we are \$127,000 in the hole
- Medicaid changes hurt us compared to last year we are \$255,000 lower in Medicaid receivables all due to the rate changes imposed by Medicaid; our agency budgets \$565,000 to be covered by Medicaid payments.
- Our mini-bottle money was the same as last year
- expenses are down \$125,000 from last year
- We have begun to slowly add positions
- We took a \$10,000 cut from DAODAS state block grants 2 months ago
- Medicaid Match money ran out and we put up \$10,000. 30¢ out of every \$1.00 we collect from Medicaid is returned to the state as our match. This match is estimated and must be paid up front.
- Medicaid now wants another 3% more
- Contract Objectives are not being met

- Oconee office has experienced a flood 3 times, our lease was up in January, the office is too small and floods so do we search for another office to lease or try to build we paid \$4,000 a month to lease for 10 years that is \$500,000 plus insurance, contents and taxes. The logical choice for \$4,000 a month we could build. It won't cost any more. We are currently exploring options on CAT bus and with enough space.
- This building in Anderson is owned and paid for. Oconee office doing almost as much business as the Anderson office.
- Cash collections have increased, DAODAS does not get a % of the cash this money goes into the bank for our use

6/20/11 Karen sent this e-mail to all staff:

We are still in the **RED** as of 5-31-11 in the amount of **\$154,227.88** We have this month to make up the deficit and see if we can add the additional cost of a raise of some sort for employees. I will need to present info to the board at July meeting July 11, 2011. Therefore, if any raise is approved it will not be until August pay check.

7/12/11 Karen sent this e-mail to all staff:

I would like for you to know the end of the year financial picture that was presented to the Board last evening.

Total Revenue: 2,579,210.50

Total Expenses: 2,673,219.55

Net Loss **94,009.05**

This is not where I wanted to be at the end of the year and as you can see there is NO way a raise can be given, that would not be good business sense. The Board understands your requests for pay increases but can not approve the agency falling deeper in the red at this time. I will not be able to formulate a plan for merit increases to be associated with your performance evaluations either. We just can not afford to increase our biggest expense which is payroll. You have to be understanding of this fact.

We just received the 2012 cuts from DAODAS and they are as follows:

\$26,233 in **Federal Funds** from Cost Center Outpatient Traditional

\$4,144 in **State Funds** from Adolescent Outpatient Cost Center

\$6,825 in **State Funds** from Outpatient Traditional Cost Center

\$37,202 in Budget Cuts for FY2012

Changes to Medicaid hurt us the most! We only collected 47% of what we collected last year.

Collected: \$313,544.29 FY11

Collected: \$665,370.81 FY10

Do the math~we would be well into the black had this not changed! This is not my idea of how to start a new year on a low note! We must look for ways to increase our revenue and the most important way is to get clients to pay their bills! Other ways are to increase Medicaid billing, add services that generate revenue and to cut expenses.

Update on Seneca Building: We have a contract on 4+acres of land, we are in the process to rezone it and build a future office for Oconee County. The Board approved the purchase of the land last evening! The land is located directly behind and

up the street from current location on the corner of West South 7th Street and South Townville Street. Beautiful flat, wooded lot with no foreseen drainage problems! This is my bright spot in the financial future of AO-BHS. This will help us capture additional revenue with additional space.

Should you have questions/concerns please feel free to stop by and talk with me!

Let's make this the Best Year ever regardless of the adversity we face!!!!!! This is a great place to work and let's all work very hard for continued success.

KB

*****QUALITY ASSURANCE MANAGEMENT REPORT-by KP*****

WHAT HAS QUALITY ASSURANCE DONE TO IMPROVE SERVICE TO THE STAFF AND CLIENTS OF AOBHS THIS QUARTER:

- ◆ 4/13/11 attended Chronic Pain and it's Treatment in Greenville
- ◆ 4/27/11 assist Shannan and John with Case Management training
- ◆ 4/21/11 attended CARF 2011 Standards training
- ◆ 4/28/11 attended Pharmacology training in Spartanburg
- ◆ 5/3/11 attended STD 101 class in Columbia
- ◆ 5/12/11 attended HIV 101 class in Columbia
- ◆ 6/8/11 participated in HIV 201 via web
- ◆ 6/23/11 discussed hypertension and nutrition with WIOP clients
- ◆ Continue to develop the Social Media policy for the agency
- ◆ Monthly HIV status reports go to Pam Davis at DHEC

EMPLOYEE and CLIENT HEALTH/HIV/TB

- ◆ 9 Employee Health files were initiated for interns and/or prospective employees
- ◆ 7 clients were tested for HIV all results negative.
- ◆ 4 clients were tested for TB results negative.

MEDICAID

Our **Medicaid Audit** was due May 10 it was completed and e-mailed April 25. Findings included: these are the remarks that were sent to DHHS with the audit.

****New review format from DAODAS began with this audit**

Reviewer:

Patterns/Trends:

- ◆ Majority of errors in this review involved the billing process:
 1. 13 services billed yet not documented- this has been a recurring issue for us- although all are in the file prior to date this report is written.
 2. 12 service documented and not yet billed- these too were corrected
 3. 8 files had a failure to bill SPD for either developing goals for the original IPOC or the updated IPOC, did note the updated IPOC goals were less likely to be developed thru a documented SPD.
 4. Noted 1 file did not document nor bill the BHS
- ◆ Next area of concern surrounded the IPOC and Treatment goals:
 1. 7 IPOC's did not have the 90 day summaries completed
 2. 7 had treatment goals that were not individualized
- ◆ Remainder of noted errors were scattered thru out the audited items.

Strengths:

- ◆ I noted several strengths thru out all levels of services
 1. IFS clinicians do a very individualized IPOC, as well as SPD note
 2. Several IOP clinicians do well written, personalized clinical service notes
 3. All staff seems well versed in insuring the notes contain focus, intervention, response, progress and future plan in each clinical service note.
 4. Level of care placement is well documented, staffing and case management is occurring
 5. Our LPHA's are doing well at certifying the beneficiary met the requirements for service, thus ordering services by checking admitted box and signing within required time frame.
 6. Noted some excellent case management occurring thru out all services.

Corrective Action Taken/Recommended:

- I would recommend
 - a review of the 90 day summary requirements
 - A review of how to write an individualized IPOC goals and objectives
 - A review of how to relate the focus of the session to a treatment objective or goal
 - The agency is in the process of case management training and learning to utilize the CAPS system for documentation, so lots of education still to occur.
 - I would like to see more specific training focused at our IFS clinicians- they still do in-home services, now un-bundled, I see some struggle with identifying and documenting the correct service. Prior to SPA all they documented and billed was IFS. With services un-bundled they are having the most difficult transition.
 - Due to the high number of billing errors I would recommend the clinical supervisors, review documentation time lines and some possible time management techniques to aid in getting the documentation to the file in a timelier manner. As more clinicians are trained in CAPS this should be resolved.

Breakdown of routine weekly Medicaid review of files noted the following findings:

4th QUARTER – FY-11
MEDICAID RETURNS AND FINDS

SERVICE PROBLEM	AMT RETURNED	AMT FOUND
Billed service did not occur	-168.3	
Failed to bundle services		42
Billed wrong service	-332.95	
Billed to much time	-30.03	
Billed for service that was never documented	-64	
Billed using wrong Medicaid number- re-billed using correct number and will recoup	-849.64	
TOTALS for QUARTER	-\$1,444.92	\$42.00

Payments from Medicaid this Fiscal Year:

DATE	PAYMENT FROM	\$ RETURNED TO MEDICAID	Payment Difference from same quarter FY-10
1 ST QUARTER	\$117,768.16	\$1,243.69	\$67,087.31 LESS
2 ND QUARTER	\$85,956.84	\$2,355.58	\$99,140.51 LESS
3 RD QUARTER	\$58,535.80	\$5,663.21	\$56,066.425 LESS
4 TH QUARTER	\$51,283.49	\$799.98	\$125,532.68 LESS
FY-11 Totals	\$313,544.29	-\$10,062.46	-\$351,826.52 LESS

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

***47% LESS Medicaid funds received as compared with FY-10

File Audits:

- ◆ Clinical Review with 20 files in Anderson and 10 files in the Oconee office.
- ◆ Medicaid Formal audit 20 Medicaid files active in the current quarter are chosen by QA and audited using the Medicaid Audit Tool to insure compliance; report is written by KP and sent to DHHS. The report of this is above.

1. 90 Clinical Review Files
2. 20 Medicaid formal audit files with report to DHHS
3. 62 Discharge files
4. 27 Active Medicaid files – non-IFS
5. 64 New Medicaid file audits in the Anderson office
- 6. 263 Total files audited this quarter**

Clinical Review:

We continue with our ongoing peer review of files. I randomly choose 20 files from Anderson and 10 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		
	APR	MAY	JUNE	APR	MAY	JUNE
Clinical Service Notes	93%	91%	92%	89%	88%	89%
IPOC	90%	94%	90%	89%	96%	91%
UR and HIPAA	93%	88%	82%	90%	74%	74%

- Your goal of 90% or better in all critical areas was not met; but within the Clinical Service Notes and the IPOC the numbers are stabilizing and I can see progress as we have become more comfortable with the many changes of our documentation routine. But we are all still learning these new standards-we will get there-we must be patient and continue to learn together.
- Our most often cited issue is under the UR area; with both offices having a problem getting services documented and in the file in a timely fashion.

In-House Staff Development Update:

- 4/27/1- 24 attended “Case Management 2011” by John Walker, Shannan McKinney and KP
- It is difficult for me to believe this is all the in-house training that has occurred-make sure all sign in sheets are given to HR so your training counts in your privileging file.

Census:

A weekly census is maintained in both offices for information purposes only. Below are the averages per week for 3rd quarter FY-11: also included same quarter FY-10 and **yearly stats** from FY-09, 10 and 11 for your comparison.

This is WEEKLY AVERAGE for ANDERSON OFFICE

Data Base	Anderson Average 4th qtr- FY-11	Anderson Average 4th qtr- FY-10	Anderson Average for <u>entire</u> FY-09	Anderson Average for <u>entire</u> FY-10	Anderson Average for <u>entire</u> FY-11
# of Clients Seen	169	192	203	202	159
# of Client Visits	244	289	292	290	230
# prevention contact	24	203	306	214	81

This is WEEKLY AVERAGE For OCONEE OFFICE

Data Base	Oconee Average 4th qtr- FY-11	Oconee Average 4th qtr- FY-10	Oconee Average for <u>entire</u> FY-09	Oconee Average for <u>entire</u> FY-10	Oconee Average for <u>entire</u> FY-11
# of Clients Seen	104	110	132	109	107
# of Client Visits	136	139	179	144	138
# prevention contact	41	82	133	164	131

Plan of Action:

- Continue to monitor our adjustments to the 2010 Medicaid Standards.
- Attempt to balance quality audits in both offices with other required duties.
- Assist in support and education of staff as changes continue
- Find a way / time for more file audits

MEDICAL SERVICE by Dr. Hall: This quarter he had 38 scheduled appointments, 29 were seen; 14 new patients and 15 follow-up visits, with 9 broken appointments resulting in 76% of clients scheduled were seen. 26 prescriptions were written. Most prescribed meds were: Trazadone and Paxil.

Survey of his services below

# of times seen by Dr. Hall	3 or more
Reason seen	#1-Depression and Anxiety
Wait time	100%-LESS than 15 minutes
Rate the nurse	100%-Friendly and helpful
Rate quality of time Dr. hall spent with you	100%-Very good, was easy to talk to and answered all my questions
How well did the Medication work	100% very well I am much better
How soon were you able to begin the medication	100% report same day I saw the Doctor
How well did the Dr. explain your medication	100% very well

The above is a new project to assess the quality of services given to the clients seen by Dr. Hall. On their last visit with Dr. Hall they are given a survey to complete and turn in anonymously. There is also a place for written comments which included: no comments written this quarter

Intensive Family Services –

5 Satisfaction Surveys were completed by IFS families this quarter. Rated on the following scale:

5= STRONGLY AGREE, 4=AGREE, 3=NEUTRAL, 2=DISAGREE, 1= STRONGLY DISAGREE. AREAS RATED FOLLOW:

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

LIKED BEST ABOUT IFS	MOST HELPFUL PARENTING TOPICS	HOW COULD IFS IMPROVE
<ul style="list-style-type: none"> ◆ “the help, the help with bonding, the counselor” ◆ “courteous counselor, non-judgmental, flexibility of schedule” ◆ “on task, on time, continued to follow up” ◆ “positive attitude, anger, obedience/rules” ◆ “service, talking, problem solving” 	<ul style="list-style-type: none"> ◆ “bonding, new skills, new goals” ◆ “responsibility, manners, communication” ◆ “discipline, healthy relationships, setting boundaries for all” ◆ “communication, parenting roles, setting boundaries” ◆ “working together, talking through problems, problem solving” 	<ul style="list-style-type: none"> ◆ “add more fun activities and more counselors like Ms. Angela” ◆ “add more fun”

OTHER COMMENTS:

- none were submitted

INTENSIVE IN HOME QUARTERLY PROGRESS by Angela Gaines

- The Intensive in-home Program has made good progress with keeping the doors open with referrals even as the waiting list has increased. Our community resources has decrease giving the program referrals probably due to the long waiting list. The program worked hard in informing them that we have decreased our staff and waiting list will be waiting for services a little longer. The program worked diligently in getting the list of referrals open and back up working with the families and identifying their needs. The program had received over 18 cases from local DSS office. And two referrals within the agency.
- Our program in the Anderson area was down, but has picked back up with a bang. The Anderson DSS office staff has been sending the program cases that are so dysfunctional that we have questioned the outcome that can with us getting involved. The Oconee referrals are down right now. So the program has made some changes and trying to learn how to bill their services in the right area. Other changes that has happen we now have a staff member that switched back to old position of prevention and have added a master level, CAC I and future LPC Ester Devita-Griffin. She has been here at the agency few years working with groups and individual therapy with adolescents. She has a history of working in homes with families and our program is excited to have her. This still

makes our program have a staff of 4 counselors. We have been increasing our counselor rate to 6 or more families to keep up with the demand of services. We have received training on case management and learning to adjust to changes with this as well.

- The Anderson/Oconee Intensive in home program wanted to do more in educating the parents on their skills. So we have attended more trainings to deal with addiction and the affects it has on families. We have also been doing more learning on therapy and what is RPS, etc.
- Our program received 20 referrals with only 2 from within the agency. (Anderson) . (Oconee area had 2 referrals 1 within the agency) . The program has discharged 4 families after keeping a number of cases for the whole 6 months. There were 0 direct supervisions done with counselors and supervisor. Coordinator is planning to meet with the team to get back on track of supervision. The families were pleased and enjoyed the program overall.
- Next quarter goal is to continue to educate our families more and give them outside community support systems to be involved with. Counselors were given information on other resources to assist them with their needs. The program is also preparing for the next school year

SEMI ANNUAL REPORT

Women's Intensive Outpatient Program

January 1, 2011 through June 30, 2011 submitted by Judy Festa-Hanna

This reporting period finds the Women's Intensive Outpatient Program to be consistent with the previous period. The most notable change was in staff, as our long time WIOP counselor retired in May, 2011. We have hired a seasoned counselor in the last month of the reporting period and she quickly fell right into the position. Listed below are the Trends for this reporting period.

- Women assessed and referred to the WIOP are up slightly.
- Women entering program is consistent with last reporting period.
- Medicaid eligible women are up slightly.
- Decrease in the women who continued to use during WIOP and were referred to inpatient treatment.
- The Department of Social Services continues to be our largest referral source.
- Methamphetamine continues to be the drug of choice for 40% or the women referred.
- Increase in program completions
- Decrease in re-staffs and referral to a pre-contemplative group to reduce resistance to treatment.
- Our Daycare continues to be utilized infrequently

The following is a breakdown of the women served in the Women's Intensive Outpatient Program from January 1, 2011 through June 30, 2011.

38 women were assessed by CBT and recommended to the WIOP

Referral Sources:

DSS: 31 Probation: 1 Family Physician: 2 Pre-trial Intervention: 2
ADSAP: 2

Diagnosis: Primary, many had multiple psychoactive substance diagnoses:

- Amphetamine/Methamphetamine Dependence: 15
- Cannabis Dependence: 9
- Opiate Dependence: 3
- Alcohol Dependence: 7
- Cocaine Dependence: 3
- Benzodiazepines: 1

Payment type:

- Medicaid: 26
- Self Pay: 11
- Private Ins: 1

Of those referred to the WIOP:

- 4 women were pregnant upon assessment and were admitted to treatment.
- 5 women never returned for treatment planning despite attempts to re-engage by phone calls and/or letters.
- 22 women had previously been in treatment at this agency
- 24 women were admitted to the WIOP
- 1 woman requested to be referred to Chrysalis Center.

During this reporting period:

- 20 completed the WIOP and were referred to the Women's Aftercare program.
- 5 women was re-staffed and recommended for residential treatment.
- 11 women were actively participating in the WIOP as of 06/30/10.
- 2 women were discharged for excessive absences/dropping out of treatment.
- 1 woman was re-staffed and placed in a Co-ed IOP due to having no minor children.
- 1 woman was discharged as disciplinary action.
- 7 children were served in the agency nursery from 01/01/11 to 06/30/11. They ranged in age from 9 months to 4 years. There were a total of 20 daycare visits.

There was 1 child abuse report made to DSS during this reporting period.

Referral Services

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

- | | |
|---------------------------|-------------------------|
| Vocational Rehabilitation | Foothills Alliance |
| Anderson FreeClinic | Faith Home |
| Safe Harbor | Shalom Center |
| Serenity Place | Holmesview Center |
| AnMed Behavioral Health | American Cancer Society |
| Adult Education | Family Literacy |

COMMITTEE REPORTS

Health & Safety

“Planned, set-up and helped facilitators during 2011 Annual Training Day on Friday, May 20, 2011. Continue to conduct quarterly drills and facility inspections.” submitted by Carolyn Waterfield

Outcome Evaluation

In both agencies we have ensured that the process to complete clients for AEP is the same. We're working on the same for PRI. We have also implemented a suggestion box in the lobbies of both agencies to obtain client feedback. The updated client satisfaction survey for Oconee is attached. We will be using it instead of the old one. Submitted by April Moors

Clinical Services:

no report submitted

NEWS FROM YOU:

I asked for input from you to tell me how your area has improved our services this quarter. The responses follow:

Kelly Bollinger reports”

I have obtained my CACII this past quarter.

Felix Gravino reports:

KP, I have performed education and information regarding BHS to the employees of the city of Seneca, in May 2010, and this year for the Oconee Bar association in April 2011. I saw my role as educating the listeners as to what our agency does, and what services we provide. In addition to addressing their needs of the city of Seneca on Stress management, The Oconee Bar assoc. wanted to know about drug testing. After doing my talk I did a plug at each presentation for BHS and the services we offer. I saw my role as an ambassador to our agency. I personally have not made or instituted changes to improve our services. I have some ideas. One is to review our paper work and remove all redundant information. Second, is to not only listen to suggestions but have an incentive program to reward those suggestions that may save money via through saving time for our employees. If we can reduce unnecessary work then we have more time to devote to productive work. If our employees do not see something tangible from the suggestion program, They will not use it. Lastly we need to consider other streams of income. Private pay insurance. If a company does more than 30% of business with one customer this can spell disaster. It would require some work, but I believe the agency could develop more services to private paying customers. We need to focus on EAP and other sources. Oconee BHS alone has five licensed professionals, one potentially able to be licensed soon, and one extra counselor who is a certified addictions counselor. We need to market this fact more and use them more effectively to generate the private pay market.

April Moore Reports:

First of all, prevention is fully staffed now. Yay! Since we all started, Melissa and I have gone to PRI training and are almost done with the certification process. Chris goes to training next week and Travis has attended his recertification training. We'll be able to provide additional classes and services to our clients as a result. I have begun HIV training and I think Melissa is almost finished (if she hasn't already finished) with hers.

In Oconee, I am working on getting us into the alternative school and into more schools in general. We'll have a meeting before school starts back.

For the end of the academic school year, I adapted the Life Skills curriculum to be able to provide classes during those last 6 weeks of school. That way, we still got in some numbers. (This had to be done because we didn't start them in January like we usually did because of Sally's retirement.)

Michael Crouse reports:

I am now in-process for my CACIII! I have my first individual client for Anger Management and I am using my material.

Melissa Dunn Reports:

Three staff were hired and began work in June. Amy Whiten was hired as AET Coordinator. Chris Latsch and Travis Cain were hired as Prevention Specialists. This summer prevention staff are involved in programming at We Stand For Kids, Boys and Girls Club, YMCA, and several daycares with school age children. April, Chris and Melissa attended PRI Training and TEP Training.

Amy Whiten reports

"A new AET coordinator, Amy Whiten, was hired and started to work on June 1. This circuit/reporting agency was without a coordinator since March 2011. Amy Whiten has five years of experience working in the 10th Circuit Solicitor's Office of Diversion Programs for Pretrial Intervention, Alcohol Education and Traffic Education Programs. She also has her MBA from Anderson University. In her first two months of employment, Amy already attended one community coalition meeting, one EUDL coalition meeting, two AET meetings, one AET coordinators meeting; has had a meeting about being part of the Clemson Community Coalition; has had a meeting with the Alcohol Enforcement State Liaison, Michael George; and she also has attended her first SCLLEN meeting which she was a guest speaker. "

Shannan Mckinney reports she works with this group:

The Duke Endowment has awarded two South Carolina communities a multi-year grant of \$625,000 each to implement their community's plans to increase low income uninsured residents' access to health care. The winning communities are: Greenville and Oconee Counties. AccessHealth SC, administered by the South Carolina Hospital Association with financial support from The Duke Endowment, works with statewide and local partners to create and sustain coordinated, data-driven community-based networks of care. The networks will provide medical homes and ensure timely, affordable, high quality health care services for low-income uninsured people in South Carolina. System Orientation, the first phase of AccessHealth SC, is designed to establish a multi-faceted strategic plan addressing access for low income uninsured in the community. AccessHealth SC has been working with the communities by providing technical assistance and facilitating the creation of a strategic plan. Funds from The Duke Endowment will be distributed over a two and half year period to implement the plans developed in Phase I of the AccessHealth SC process. In Phase II of the project, the newly formed networks will serve as a central location for the coordination of health care and the selection of medical homes for patients. The central network locations are designed to make navigating the health system easier for patients, close gaps in patient care and keep patients from getting lost in the shuffle. A key

network focus will be on leveraging resources to present a unified front in treating the community's population in need.

Each quarter we ask you to respond to the report with comments and questions.

*****NO COMMENTS RECEIVED**

FINAL WORDS:

This concludes the 4th quarter Outcome Evaluation Management Report for FY-11. 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

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