

**OUTCOME EVALUATION  
MANAGEMENT REPORT**

**FOR  
3rd QUARTER FY-09**

**ANDERSON OCONEE  
BEHAVIORAL HEALTH  
SERVICES**

**ANDERSON / OCONEE BHS**  
**OUTCOME EVALUATION MANAGEMENT REPORT**  
**January, February, March 2009**  
**3<sup>rd</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 48 surveys. Anderson clients turned in 16 surveys. 64 surveys were completed this quarter. All areas were averaged together in each database to find the total satisfaction in each area surveyed. 47% 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> QTR	3 <sup>RD</sup> QTR	4 <sup>th</sup> QTR	Avg FY-08
RECEPTIONIST	4.70	4.69	4.64		4.6
APPOINTMENT TIMES	4.50	4.64	4.57		4.4
SEEN QUICKLY	4.30	4.56	4.51		4.25
INTAKE COUNSELOR COURTEOUS/ PROFESSIONAL	4.77	4.78	4.85		4.59
COMFORT OF THE BUILDING	4.70	4.53	4.64		4.41
PLEASED WITH TREATMENT GOALS	4.64	4.62	4.7		4.48
SERVICES HELPED CLIENT MEET TX GOALS	4.72	4.67	4.34		4.5
INFORMATION AND SKILLS LEARNED WILL HELP IN FUTURE	4.78	4.73	4.76		4.69
GROUP LEADER HELPFUL AND PROFESSIONAL	4.87	4.76	4.87		4.72
USE LESS AOD AT DISCHARGE	4.69	4.79	4.87		4.58
KNOW MORE ABOUT PROBLEMS CAUSED BY AOD AT DISCHARGE	4.83	4.79	4.8		4.58
<b>OVERALL SATISFACTION OF SERVICES RECEIVED</b>	4.84	4.76	4.8		4.55

**CLIENT COMMENTS SUMMARY:**

POSITIVE FEEDBACK	CONSTRUCTIVE FEEDBACK
<ul style="list-style-type: none"> <li>• "...helped me a lot...learned a lot...this gave me hope to never give up"</li> <li>• "very good service", "very good program, counselors are informed and helpful", "thanks"</li> <li>• "Thank you for another chance to do things right with my children, thank you for not giving up on me and giving me the extra boost I needed."</li> <li>• "thank you for every thing", "I really appreciate you guys helping me", "If I ever had or felt like I needed to come back I would do so!"</li> <li>• "I wouldn't become the person I am today if it wasn't for A?C and BHS. Staff was wonderful! They only hard on those who didn't wanna do. I think they did a wonderful job and this will be the first place I come back to if I feel I need to."</li> <li>• "thanks WIOP! I feel 100% better and others around me see it as well. This place has changed me for the good."</li> <li>• "...excellent teachers and very helpful", "my teacher was great", "learned it is very hard to deal with addiction"</li> <li>• "thank you all very much for all the help and information..."</li> <li>• "very helpful in my situation and to accomplish goals that needed to be set in my life"</li> <li>• I really learned more about the health factors that are involved with alcohol related choices and that it isn't just about driving."</li> <li>• "I learned a great deal"</li> </ul>	<ul style="list-style-type: none"> <li>• " meeting rooms are too warm"</li> <li>• "check the thermostat"</li> </ul>

- “This place is a wonderful place I appreciate all the help I've received. I enjoyed the time I've spent here.”
- “I really enjoyed coming. I would do it again on a volunteer basis”
- “I am very pleased with the services I had at BHS”
- “ I have really learned a lot more than I expected”
- “Thanks for helping me change my ways and give me another kind of life”
- “I am grateful for your service”, “thank you for everything”
- “very helpful group more so than I thought good teachers”
- “...very enjoyable”
- “this has been a positive experience for myself. I feel I have made great progress since I have started this program...”
- The team (counselors) are hard but fair. We as addicts have a problem which need this type of supervision. I have learned that using drugs is not the answer to problems. Through BHS I have learned that there are other ways of dealing with problems. I thank BHS and all staff members for the help they so gratefully supplied me.”

This is verbatim report of the comments. Several staff were praised personally 6 times. The majority of comments were very positive. See report data for a full litany of the comments.

**PHONE SURVEY- FY-09 quarter 1, 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. 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	51.40%	83.80%	83.80%
STATE AVG	34.10%	74.90%	68.00%
ETOH intoxication abstinence at	81.10%	94.60%	89.20%
STATE AVG	64.10%	85.70%	91.50%
Abstinence from illicit drugs 30 days at	45.70%	80.40%	97.80%
STATE AVG	44.60%	75.40%	95.90%
Tobacco use at	77.50%	63.40%	73.20%
STATE AVG	58.60%	49.80%	53.10%
Employed at (age 16 and above)	57.10%	59.20%	55.10%
STATE AVG	71.20%	74.90%	73.30%
Homeless at (age 18 and above)	1.60%	1.60%	0.00%
STATE AVG	1.70%	1.20%	1.00%
ETOH or Drug Related ER use 30 days at	0.00%	0.00%	0.00%
STATE AVG	1.60%	1.10%	0.2%
Medical or Emotional Outpatient use 30 days at	0.00%	28.20%	0.00%
STATE AVG	9.20%	17.00%	2.00%
Arrested 30 days at	9.90%	4.20%	1.40%
STATE AVG	5.00%	1.70%	2.00%
Student Clients suspended or expelled 30 days at	5.90%	0.00%	5.90%
STATE AVG	15.80%	4.20%	5.40%

Other data from the phone survey:

Question	At admission	At discharge	At Outcome
Rate emotional problems related to AOD use as considerable to extreme	14.10%	12.50%	3.10%
STATE AVG	17.90%	13.80%	3.00%
Rate emotional problems related to AOD use as SOMEWHAT considerable to extreme	40.60%	29.70%	4.70%
STATE AVG	41.20%	26.30%	9.10%

Rate THEIR stress related to AOD use as considerable to extreme	14.10%	12.50%	3.10%
STATE AVG	21.20%	16.40%	3.20%
Rate ANY stress related to AOD use as SOMEWHAT considerable to extreme	46.90%	29.70%	4.70%
STATE AVG	48.80%	29.30%	14.60%
Clients rate their health as very good to excellent	26.60%	35.90%	60.90%
STATE AVG	40.10%	43.80%	57.00%
Clients rate their health as fair to poor	15.60%	18.80%	14.10%
STATE AVG	13.90%	12.50%	10.00%
Clients that have reduced or given up activities due to AOD-considerable or extreme	10.90%	10.90%	1.6%
STATE AVG	18.70%	13.70%	2.10%
Clients that have reduced or given up activities due to AOD-SOMEWHAT considerable or extreme	40.60%	29.70%	1.60%
STATE AVG	42.20%	25.80%	8.00%

35.9% of our clients participating in aftercare at outcome STATE AVG =13.9%  
94.4% of our clients were very satisfied to satisfied with our services STATE AVG = 96.4%  
93.8% of our AOD ONLY clients very satisfied to satisfied with our services STATE AVG = 96.2  
95.8% of our clients would recommend our agency to family or friends STATE AVG = 96.9%  
95.3% of our AOD ONLY clients would recommend our agency to family or friends STATE AVG = 96.9%

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

**CONTRACT OBJECTIVE UPDATE; info from 7/1/08-9/30/08**

#	<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>94.90%</b>	<b>90.70%</b>
<b>2</b>	Clinical Services within 6 working days of Assessment	<b>50%</b>	<b>62.30%</b>	<b>73.90%</b>
<b>3</b>	Percent of admitted clients whose services have ended but discharge form is missing	<b>↓ 1%</b>	<b>0%</b>	<b>0.10%</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>19.9%</b>	<b>30.80%</b>

**All objectives were achieved for this reporting period.**

DAODAS has now declared that Contract Objective # 4 be performance based incentive.

- If we collect 25%-34% data they add \$2,500.00 to our budget
- If we collect 35%-44% data they add \$3,000.00 to our budget
- If we collect 45%-54% data they add \$4,000.00 to our budget
- If we collect 55%-64% data they add \$5,000.00 to our budget
- If we collect 65% or more data they add \$6,000.00 to our budget

Also if we do not collect enough data money will be subtracted from our budget.

- If we collect 9%-11% data they subtract \$2,000.00 from our budget
- If we collect 6%-8% data they subtract \$3,000.00 from our budget
- If we collect 3%-5% data they subtract \$4,000.00 from our budget
- If we collect 1%-2% data they subtract \$5,000.00 from our budget
- If we collect 0% data they subtract \$6,000.00 from our budget

**QUALITY ASSURANCE SUMMARY:** submitted by KP

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

- ◆ Completed Employee Health file for 1 potential employee/intern.
- ◆ **11 clients were tested** for HIV all results negative. Goal is to screen 10% of the admissions. We did not meet this goal. **45 HIV test were needed** to achieve the goal of 10% of admissions.
- ◆ 2 clients were tested for TB all results negative.
- ◆ I taught Disease's of Addiction to E-IOP on 2/11/09 to 11 clients.
- ◆ I taught Disease's of Addiction to AM-IOP on 3/12/09 to 4 clients

**MEDICAID**

Our **Medicaid Audit** was due February 10 it was completed and mailed January 29, 2009. Findings included: these are the remarks that were sent to DHHS with the audit.

**Of the 20 files audited the major issues are as follows;**

- **Biggest issue was prompt filing of the notes, we have had some administrative staff turnover as well as new clinicians getting used to documenting and filing their notes in the specified time frame. Of all the billed notes found not documented upon the review the majority of them had simply not been filed.**
- **Noted some confusion of clinician regarding bundling their billable case management times, in essence some of the case management was billed while other case management done in the same day was not billed. This is being looked at by clinician and clinical supervisor and we will return and re-bill correct amount in the next 30 days.**
- **Treatment plans could have been more individualized. Especially the IOP plans.**
- **Noted client receiving services without a valid treatment plan- these 3 services were returned to Medicaid via form 130 on 1/22/09. Clinician and supervisor were made aware prior to returning the funds.**
- **Noted client billed for 2 hours of group counseling, present 1hr. This service was returned to Medicaid via form 130 on 1/22/09; clinician and supervisor notified.**
- **Noted ROI errors one had no expiration date and one did not have the client's signature.**
- **Noted some excellent treatment occurring, based on very well written notes. Also noted an increase in case management services and this has been an asset for our clients and our referral sources.**

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

January, February, March, 2009.

<b>SERVICE PROBLEM- STAFF ERRORS</b>	<b>AMT RETURNED</b>	<b>AMT RE-BILLED</b>
ITP not valid for service date x 4	312.00	0
Billed client for service that did not occur x 3	344.00	164.00
Billed services with incorrect time x 4	1,060.00	942.00
Failure to bundle services x 7	1,263.00	1,749.50
Billed same service twice x 1	14.00	0
<b>SUB-TOTALS</b>	<b>2,993.00</b>	<b>2,855.50</b>
<b>Knight Integrated Software / System Issues</b>	<b>XXXXXXXXXXXXXX</b>	<b>XXXXXXXXXXXXXX</b>
Incorrect re-bill after a re-coup x 1	490.00	630.00
Project RE-Coupment # 1- thru FEB-08	5,816.00	8,890.00
Project RE-Coupment # 2- thru JUNE-08	749.00	1102.50
<b>TOTALS for the quarter</b>	<b><u>\$10,048.00***</u></b>	<b><u>\$13,478.00***</u></b>

- Due to 2005 Medicaid Statistics review we were found to be under paid by \$38,155.00. Medicaid has paid that amount to us as of March 2, 2009. ☺ ☺ ☺ ☺ ☺

Payments from Medicaid this Fiscal Year:

<b>DATE</b>	<b>PAYMENT FROM</b>	<b>\$ RETURNED TO MEDICAID</b>	<b>Payment Difference from same quarter FY-08</b>
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	\$179,293.00	\$6,983.00***	\$79,929.50- MORE

4 <sup>TH</sup> QUARTER			
FY-09 SUB-TOTAL	\$433,324.00	\$13,397.00***	\$99,266.00 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.

**File Audits:**

- Clinical Review files are audited by PEERS-in Oconee and/or CLINICAL SUPERVISORS- in Anderson. –all assigned by KP
  - 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. 10 files from Anderson audited by Sandy Sless and 10 files from Oconee audited by KP.
  - Per agency Policy 100% of discharges are audited by QA staff.-KP in Oconee, Sandy in Anderson
  - Per agency Policy 100% of the ACTIVE Medicaid files are audited monthly. Each Anderson clinician is assigned a time every month for Sandy Sless to check billing and documentation. In Oconee all active Medicaid files are checked alphabetically by KP.
  - As a safety precaution in Anderson KP audits new Medicaid admits to insure the paperwork is complete and Medicaid billing can occur.
  - IFS audits occur weekly by KP to insure billing and documentation match, this is to hopefully prevent any further big money returns to Medicaid. This is now in both offices.
  - ◆ 108 Clinical Review Files
  - ◆ 20 Medicaid formal audit files with report to DHHS
  - ◆ 441 Discharge files
  - ◆ 419 Active Medicaid files – non-IFS
  - ◆ 95 New Medicaid file audits in the Anderson office
  - ◆ 148 IFS file audits in the Anderson and Oconee Office
  - ◆ **1,231 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		
	JAN	FEB	MAR	JAN	FEB	MAR
Intake Process	92%	96%	93%	98%	98%	97%
Assessment	99%	98%	98%	96%	98%	97%
Clinical Service Notes	96%	92%	91%	94%	93%	97%
Treatment Planning	91%	93%	92%	92%	94%	95%

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

**In-House Staff Development Update:**

- 1/13/09-11 attended “New 2009 ADSAP Laws” by Dan Rosino
- 1/29/09-11 attended “Asking How or Why” by Cheri Ames
- 2/9/09- 7 attended “Drug Screens” by Shannan McKinney
- 2/11/09- 16 attended “Anger Management, REBT Skills” by Ester Griffin-DeVita
- 3/17/09- 17 attended “Parenting and 1,2,3” by Brenda Taylor
- 3/18/09- 10 attended “ Gambling Evaluation” by Rita Macon

**Census:**A weekly census is maintained in both offices for information purposes only. Below are the averages per week for 3rd 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 3rd qtr- FY-09	Anderson Average 3rd 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	213	173		177	173	177
# of Client Visits	301	252		279	277	270
# prevention contact	306	180		291	219	152



**This is WEEKLY AVERAGE FOR OCONEE OFFICE**

Data Base	Oconee Average 3rd qtr- FY-09	Oconee Average 3rd qtr- FY-08		Oconee Average for <b>entire</b> FY-06	Oconee Average for <b>entire</b> FY-07	Oconee Average for <b>entire</b> FY-08
# of Clients Seen	123	141		123	117	146
# of Client Visits	167	182		174	159	196
# prevention contact	105	111		175	182	130

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

**FUNDING UPDATE:**

**Sharon Cox Reports:**

- Debt set off and GEAR are off to a very good start with collections so far at \$95,846.31. This is revenue we would not have collected otherwise.
- She is using the group rosters to send letters to group leaders and clients when they do not comply with their payment plan.
- She can also identify clients who do not have payment plans and get them to come in for a payment plan.

**Karen Beck Reports:**

Total Revenue for current year = \$2,200,733.27

Total expenses for current year = \$2,381,929.01

Net loss for current year = **\$181,195.74**

**GOVERNOR'S GOALS FOR DAODAS**

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: -**

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 –**

9 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	4.9
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	4.6
I KNOW MORE ABOUT HOW MY (WIFE, HUSBAND, SON) ADDICTION HAS AFFECTED MY CHILDREN	4.6
THE SERVICES MET MY CHILD'S THERAPEUTIC NEEDS	4.8
I AM SATISFIED WITH THE QUALITY AND AMOUNT OF HELP MY CHILD AND I RECEIVED	4.9
I WOULD RECOMMEND IFS TO OTHERS	4.9
OVERALL I AM SATISFIED WITH THE SERVICES I RECEIVED FROM IFS	4.9

LIKED BEST ABOUT IFS	MOST HELPFUL PARENTING TOPICS	HOW COULD IFS IMPROVE
<ul style="list-style-type: none"> <li>◆ “Flexible, learn about bullying, self esteem”</li> <li>◆ “the help, information on stuff, everyone nice and helpful”</li> <li>◆ “one on one time, spending more time together, activities”</li> <li>◆ “materials, the counselor, open minded”</li> <li>◆ “taught us how to respect each other”</li> <li>◆ “discipline procedures, relationship skills”</li> <li>◆ “learning that a single mother can do it”</li> <li>◆ “1,2,3 Magic, group therapy, one on one understanding”</li> <li>◆ “they came to us, 123 Magic, the counselor”</li> <li>◆ “reading books, family time, discipline rules”</li> </ul>	<ul style="list-style-type: none"> <li>◆ Behavior Contract, 123 magic</li> <li>◆ Parenting skills, Family Bonding</li> <li>◆ Knowing your family, Communication and anger</li> <li>◆ Discipline, Relationships, parenting overall</li> <li>◆ 123 Magic, Communication, Dealing with anger</li> <li>◆ Taking things away, not giving my child everything they want,</li> <li>◆ Time out, 123 magic, bonding time, quiet time</li> </ul>	<ul style="list-style-type: none"> <li>◆ All surveys said no changes to IFS the program is great</li> </ul>

**Child and Adolescent Services**

**FY09 – 3<sup>rd</sup> Quarter Report**

Highlights

## Certifications

Anne is re-certified until 2011. Kirsten passed the written exam and will take the oral exam mid-April.

Kelly Bollinger and Lyn Stribling received their certification as Addiction Counselors.

## Training

Jan	Nancy & Travis	National Substance Training	
	Child & Adolescent Staff	GAIN Short Screener	
Feb	Child & Adolescent Staff	Family Driven Care	March
	Cheri and Petra	Cognitive Behavioral Training TOT	

## In-Service Training

Jan.	Lutha Rath	Federation of Families
Feb.	Ester Griffin-DeVita	Anger Management
March	Brenda Taylor	Parenting * 1,2,3 Magic

## Community Contacts

Cheri and I met with Anderson School District 3 to discuss our services. I met with the Anderson Alternative school to discuss our services and to develop plans to start Treatment services on site.

I attended a Work Link Focus group geared towards identifying the employment/vocational needs for youth.

Cheri served on a panel with other Children/Youth agencies geared towards helping parents. Nancy distributed AOD information for the event. Cheri also provided information about our services.

I attended Anderson University "Drive Smart" Advisory Board meeting

Cheri plans to speak with NAMI in May.

During this quarter, I have offered a parenting group as part of Women's IOP.

Cheri and I will start a new Multi-family group in May. This group is in response to DJJ's need to strengthen families of children that are referred to their Diversion program.

Prevention Specialist are busy planning avenues to provide prevention services during the summer. Options being discussed are summer camps, boy/girl scouts, churches, bible schools, day camps, community recreation centers and the YMCA. If you have any suggestions about where to delivery prevention services during the summer months, please let us know.

C & A staff is provided statistics on their client time, staff time, face to face time, bill time, leave time and information of the revenue generated for the agency. By providing this information to staff monthly, they are able to monitor their own performance in this area and make changes as indicated. As a whole, C & A revenue continues to rise monthly.

## MUSC

Clinical staff attended a MUSC/Contingency Management site visit luncheon with researcher Dr. Rowland. A meeting is scheduled for May – to randomize the Child and Adolescent unit into the Supervision group or Web- based support group of the study for the following year.

## **STAR SI**

### *Results*

**AIM 1:** Improve Access: Reduce the average number of days from contact to assessment for Child and Adolescent Services from 4.6 to 2 days. (sustained project)

Current Wait time 1.79 days = 61% improvement from the baseline

**AIM 2:** Improve Access: Reduce wait time to services. Reduce the average number of days from assessment to 1<sup>st</sup> service from 21 days to 6 days.

Anderson went from 21-days to 5.04 days = 74.29% improvement. Anderson is now attempting to sustain the change.

**Aim 3:** Increase admissions: Increase assessments for Child and Adolescent services by 50%.

The assessments increased by 114.5% this quarter. This translates to a monthly earning of \$1,700 potential revenue of \$20,400 per year. We are trying to sustain this change.

Our agency is also participating in a new statewide STAR SI initiative. Look for details next quarter.

### **Anderson “NO WRONG DOOR” Collaboration**

The Anderson Children/Youth agency representatives convened in February and March. The Anderson County “No Wrong Door” Initiative MOA was signed by AOBHS, Anderson DJJ, Anderson DSS, Anderson MH, Anderson County School Board, Anderson School Districts 1 &3, Anderson Alternative School, and Solicitors Office (Juvenile Deferred Prosecution Program).

Prevention and Treatment staff was trained on using the GAIN SS as a screening tool for youth .The utilization of the GAIN-Short Screener will begin in April for all agencies.

In an effort to make access to treatment less complicated- regardless of where an individual enters our systems – The No Wrong Door Collaborative are reviewing assessment tools that can used across both the substance abuse and mental health systems.

As part of this review we will be piloting the Practical Adolescent Dual Diagnosis Interview (PADDI) in Anderson for 60 days. This pilot will involve clinicians from MH and AOD agencies. This instrument will be administered electronically. We will also use an approved abbreviated Agency Clinical Assessment Format for children and adolescents. Kelly Bollinger, Cheri Ames and I will participate in this pilot. It is scheduled to begin in May. (pcj)

## **PREVENTION PROGRAMS**

Prevention staff served Centerville Elementary, Iva Elementary, Varennes Elementary, Nevitt Forest Elementary, Concord Elementary, the Boys and Girls Club of Anderson, South Fant Early Childhood and Education Center, and West Market Family Education Center in Anderson County and Orchard Park Elementary, Northside Elementary, Ravenel Elementary, and Westminster Elementary in Oconee County.

## **HIV**

Sally and Anne provided HIV Education to the following groups: AEP and Morning IOP in Oconee, AIOP and Adult IOP in Anderson.

## **SYNAR**

Sally completed the 2009 SYNAR project for Anderson and Oconee counties. The tobacco buy-rate was lower than the Governor's goal of 20%. Travis recruited his Youth Advisory Board members to participate in the project.

## **PRESENTATIONS**

Sally presented information on smoking and Alcoholic Energy Drinks to Seneca Salvation Army Ladies Group.

## **HEALTH FAIRS**

Nancy attended the "Parent University" event at Anderson University and distributed information on our agency's services, AOD, and Parents Who Host campaign materials.

## **EUDL**

In February the Oconee "Enforcing Underage Drinking Laws" Coalition challenged all 8<sup>th</sup> graders to design a billboard addressing underage drinking. The coalition decided on a winner and a runner up – both are students at Walhalla Middle. The billboards are currently displayed in Oconee County. (prevention staff)

---

## **Treatment Referrals**

Age Ranges 5 -17

Demographics: Female, Male, White, Black, Hispanic

Referral Sources: DJJ, DSS, Self, NewFoundations0, DrugCourt0, Schools, Alternative School , Other

Noted trends: 0 new referrals from New Foundations or Drug Court. Drug Court's program has seen a decrease in clients as well. We have looked more at co-occurring disorders and are including them on Axis 1. All of DSS clients were referred due to abuse or neglect. 2 of the referrals entered treatment for substance use as well. We have increased our referrals to IFS and encourage IFS to seek referrals for treatment as well.

Areas in which to improve: We are still struggling to incorporate family's attention to any outstanding bills. The plan is to meet with the client and families at least 1 time per month to assess clients' progress as well as to allow families to meet with the billing department. I will also work to improve referrals from New Foundations.

Ester has started two groups at the alternative school: DOC , Anger Management. She has also started anger management group here at office.

I have observed improvement and timeliness in documentation, with significant decrease in costly errors.

We have been including any girls in AIOP in the Wednesday girl's group, which focuses on female concerns. It is bundled into AIOP.

Nelson has been contacted many different community agencies and organizations in an effort to bring the community into AIOP as continuum of care referral options, linking the group to outside services, and to look at the members as more than just their drug use. Ex: JDPP, Pastors, Solicitor's office, Men at Work Mentoring Program.

As the number of Dual Diagnosis clients continues to increase, we have begun to focus more on staffing those cases and other cases in which the counselors become stuck. The senior clinicians have a multitude of experiences and a wealth of information to assist in such matters. While this may seem like something that should have already been occurring, much of our treatment team was on staffing new cases and assessments. Now we start with difficult cases to utilize the format while everyone is present for optimum learning and training. If time does not allow for new cases, the staff can meet with me on as needed bases. I also expect the entire C/A treatment staff to set weekly goals for themselves in treatment team, to be followed up on the following week. The purpose is to underscore personal accountability and achievement outside of direct observation from the supervisor. (ca)

## **IFS QUARTERLY REPORT**

During this quarter we have increased our referral base within our agency. We have begun to get more referrals from the clinical counselors. Some of the referrals had major issues that were beyond our help; however, we provided the family with other options. Oconee County referrals still have a lot of sexual abuse issues. The IFS caseworkers have no other referral options right now. The new IFS workers have adjusted well, and still are working out issues such as calling utilization review on time and thorough documentation. Melissa has new cases that she is now working on her own. Gail Wright took a leave of absence and Connitha has been working the cases for the both of them.

We received 10 referrals from DSS, 3 from w/n agency, 2 from other sources such as school districts.

We had 8 closures this quarter.

IFS supervisor followed up with some of the families and received good feedback and no complaints. They felt like the services were going very well. A few families wanted no other services once DSS case was closed.

IFS plans for next quarter:

Locate summer camps for families

Continue to assist Oconee with appropriate referrals

Seek out additional training on marital and family issues

Get more workbooks and items for families (stickers, toy items, etc.) (ag)

## **COMMITTEE REPORTS**

### **Health & Safety 3<sup>rd</sup> Qtr. Status**

The last Facility Inspection was performed on 3-31-09. The bench on the patio used by the smokers needs to be repaired or replaced. This has been listed in past inspections.

There were no drills performed in the last quarter, however, Oconee did have smoke in their building and had to evacuate everyone. This evacuation was successful and the problem was repaired.

There were 4(1 in Oconee, 3 In Anderson) incident reports last quarter where A-OBHS counselor made referrals to DSS.

A sentinel event occurred with an Oconee client. He was an adolescent killed in a one car accident.

There was total of 3 clients(1 in Oconee and 2 in Anderson) sent to the ER due to medical issues.

Trends seem to be in reports being made by A-OBHS to DSS and in clients sent to ER from A-OBHS. Due to large number of clients being seen and needier clients these trends will likely continue.

### **Outcome Evaluation**

The FY-2008 Substance Abuse Treatment Summary for Anderson-Oconee BHS was submitted to Karen Beck who will include the summary report on the agency website.

A focus group survey was completed in the Oconee office in February.

The quarterly report is now being distributed electronically to staff.

#### Future Plans

The annual consumer satisfaction survey will go out in May.

Committee will review CARF standards in preparation of CARF survey in early 2010.

### **Clinical Supervisors:**

#### Old Business

✓ Intern Policy approved for Bachelors and Masters Level Staff

#### New Business

✓ Rhonda, Cheri and Shannon to coordinate and facilitate ASAM training within the next 6months for the agency.

✓ Per Larry, Shannan will provide regional training in Spartanburg in May on MET/CBT5.

✓ Rhonda will provide AITP training for new staff within 6 months

✓ Petra and Shannan will offer a Case Management training refresher for staff within 6 months.

Next meeting April 16 at 1:30pm.

## **NEWS FROM YOU:**

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

#### **The responses follow:**

##### **Cheri Ames reports:** {Anderson Office}

We had a significant increase in referrals, primarily from school districts and alternative school.

We continue to meet the STAR-SI goal of getting clients in for assessment within 2 days of contact.

Significant improvement towards 6 day goal of beginning treatment from assessment.

Ester has started two groups at the alternative school: DOC , Anger Management. She has also started anger management group here at office.

Kelly and Lyn are now CAC.

We have been including any girls in AIOP in the Wednesday girl's group, which focuses on female concerns. It is bundled into AIOP.

Nelson has been contacted many different community agencies and organizations in an effort to bring the community into AIOP as continuum of care referral options, linking the group to outside services, and to look at the members as more than just their drug use. Ex: JDPP, Pastors, Solicitor's office, Men at Work Mentoring Program.

I was invited to participate in Parent University, which allowed me an opportunity to share information about our agency to community members.

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

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

- Under the mentorship of John Walker, networking with Anderson magistrate, municipal and clerk of court offices for purposes of education, referrals and support, including the creation of a packet regarding new DUI laws and the ADSAP referral process.
- With the assistance of Julie Forrester and Kelly Latham, representing Anderson BHS at Magistrate Level DUI Court and presenting information regarding our services to almost 70 potential ADSAP clients since January.
- Coordinating a more efficient, more effective approach to our newly court-mandated ADSAP referrals. In March, we have received 6 referrals. In April (only thus far, as of April 7), we have received 13 referrals. Numbers are projected to continue climbing.
- Assisting Regional ADSAP Coordinator in improving regional network and communication among ADSAP Coordinator and Staff. We had our first regional ADSAP meeting in March right before our Quarterly State ADSAP meeting.
- Sought assistance of Regional ADSAP Coordinator in better preparing for potential administrative reviews and hearing panels from Unsuccessful ADSAP cts.
- Creating a 1 hour training, follow-up and one-page easy guide for our administrative staff on untangling the various new referrals we are beginning to see over the phone and through the doors, including SAPs/DOTs, Ignition Interlocks, new court mandated ADSAP clients.
- Created a succinct referral guide for potential ADSAP clients that is currently being used by both the chief magistrate as well as at least one Anderson DUI defense attorney in his correspondence with his clients. Special Thanks to Stephen Pinkenburg and Sara Smith for creating a Spanish language edition!
- Coordinating our current PRI certified instructors as they seek re-certification this year through training and teaching experiences. We have an excellent PRI staff that is passionate about the curriculum and their students. Way to go John, Julie , Cheryl, Amy and Preston!
- Training assistant ADSAP staff member regarding encrypted, electronic input of ADSAP enrollments and completions. Julie Forrester is a quick study and is doing an excellent job getting our communication into Columbia in a timely fashion.
- Completing 19 hour introductory Motivational Interviewing Training and practicing new approach with both individuals and group in precontemplation stage.
- Continuing to educate clients and families on issues of codependency in both morning and evening IOP.

##### **Kelly Bollinger reports:** {Anderson office}

Will you please put in the Quarterly Review that I have passed both my written exam and oral



interview and am now a CAC. I am also working to finish up and obtain my LPC by June.

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

“preparing ASAM training for Adult Services”

**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 4/24/09

[kathyparris@bellsouth.net](mailto:kathyparris@bellsouth.net)

**ADDENDUM TO 3<sup>rd</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 2nd quarter FY-09 report.**

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

Comments received via e-mail from 2<sup>nd</sup> quarter OE Management Report

\*\*\* These are the exact e-mails

KP, I have 2 years of experience in working with the Matrix Model. I am very familiar with the program and customized the implementation of materials in to the IOP program I ran in Charleston. The materials and videos are excellent. I would like to offer my services to anyone who may find it helpful to talk about the program with someone who has used it, and I would also love the opportunity to utilize the materials here.

Rae

\*\*\*\*\*

Comment:

I agree with the cleaning service comment. It is very embarrassing that our building is not clean. It is disgusting that the cleaning service re-uses the trash bags so often. I am all for saving money but if the trash bag is dirty and smelly throw it away. I am still wondering what we pay them for. My carpet is very rarely vacuumed, they do not dust, the bathrooms are dirty - the walls in the bathrooms are worse. Are we paying a chunk of money for someone to come in and take out the trash?? With the economy in the state it is in, I am sure there are many businesses looking for new customers with competitive proposals. Let's trash the current cleaners and hire someone who actually cleans.

Medicaid recoups: Counselors, it is very important to turn your same day, same client case managements and IFS billing bundled together! We are wasting VALUABLE time and \$\$ recouping and rebilling for these errors. This is a very tedious, costly, and long process to return money to Medicaid and recoup. It is not cut and dry. It is so time consuming and opens the door to even more errors. Try to remember to turn these services in together.

\*\*\*\*\*

YES.....had some thoughts.....i was wondering if we could get feedback on the positive and the negative from clients so i can better evaluate what is working and what isn't?

And, i was wondering if we would get more date if they filled out the forms upon completing the final interview here?

and, don't know if you want training kinds of things we all do or not for the quarterly etc....but i did attend a great conference a few months ago about techniques in therapy for men....and it was truly helpful!! So, that's it for now.....Thanks, Alice

\*\*\*\*\*

A very thorough report... The client comments and even many of the statistics were encouraging... Hopefully, we could look at a way to see clients more quickly, which would probably impact resistance and motivation... I am thankful that we are taking steps and not waiting on the state to bail us out... I am grateful to work with all you fine folks... Keep up the good work!

David B. Gladson, CAC

\*\*\*\*\*

The Outcome Evaluation Report was both thorough and informative.

In the area of Prevention I would like to see us do more outreach into the community to educate the public as well as to bring recognition of our agency's services. I believe we need to increase our presence in both the middle and high schools to provide more programs to raise awareness and educate teens about driving under the influence of drugs and alcohol and also the dangers of binge drinking and alcohol poisoning.

\*\*\*\*\*

Also for the Quarterly report I can add that I received my CAC I after the oral exam in February. LYN

\*\*\*\*\*

**END OF COMMENTS**