



## Quality Improvement FY 2017 Annual Summary

This report summarizes agency performance and Quality Improvement initiatives for fiscal year 2017.

The following chart compares the number of consumers served this year in each program compared with the previous year and the difference.

Table 1: Persons Served – Yearly Comparison			
Category	FY2016	FY2017	Change %
Outpatient Services	1,433	1,854	29.38%
Crisis Intervention Services	1,112	1,167	4.95%
Driver Intervention Program	99	151	52.53%
General Diversion	122	169	38.52%
Jail Mental Health	1,782	1,859	4.32%
Jail Substance Abuse Services	762	835	9.58%
Pre-Trial Diversion	293	280	-4.44%
Theft Counseling Program	20	18	-10.00%
Violence Prevention Program	36	34	-5.56%
<b>Total Consumers Served</b>	<b>5,659</b>	<b>6,367</b>	<b>12.51%</b>

The agency saw an increase of 12.51% in total consumers served compared to previous.

## **Executive Committee Summary**

The Executive Committee reviews Incident Reports; Plans that Restrict/Reinstate Clients Rights or Privileges; Involuntary Terminations; and Clients Rights Violations, Complaints or Grievances, and staffing changes. A summary follows<sup>1</sup>.

### **Sentinel Event Reports**

There were thirty-one (31) Reports filed in Fiscal Year 2017: Two (2) Major Unusual Incidents (OHMAS reportable) and (29) Incident Reports which are investigated internally and are not reportable to OHMAS. This represents a 29% increase in sentinel reports from previous: MUI increased by two points; Incident Reports increased 21 %.

### **Plans that Restrict or Reinstate Client Rights or Privileges**

One young adult transition group client was suspended for six months for threatening other group members. Record review documented that the client was informed of the behavior leading to this action and has been notified of their client rights and was informed of the actions needed to reinstate services. Agency policy and procedures were followed in this instance. No recommendations for improvement were made. The number of such cases remains unchanged from previous.

### **Clients Involuntarily Terminated**

No cases were involuntarily terminated this year. This is one less than last year.

### **Policy, Procedures and Documentation**

Policies, procedures, forms and features in the Credible EHR were revised to increase efficiency, support new programs, and conform to regulatory and accreditation requirements.

### **Staffing Changes**

In FY 2017, seven out of 68 staff members left the agency. This equals a staff turnover rate of 10%, compared to 21% last year, a decrease of 11 points.

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<sup>1</sup> Agency policy prohibits the use of Seclusion and (Involuntary) Restraint.

## **Client Rights Violations, Complaints or Grievances**

### **Clients Rights Summary**

The CRO mediates consumer grievances and ensures the agency adheres to the five major categories encompassing Client Rights: Dignity and Respect, Informed Choice and Treatment, Freedom, Personal Liberties, and the Right to Freely Exercise all Rights. What follows is a brief summary.

No client grievances were filed last year. This represents a decrease of one from previous.

### **Stakeholder Complaints**

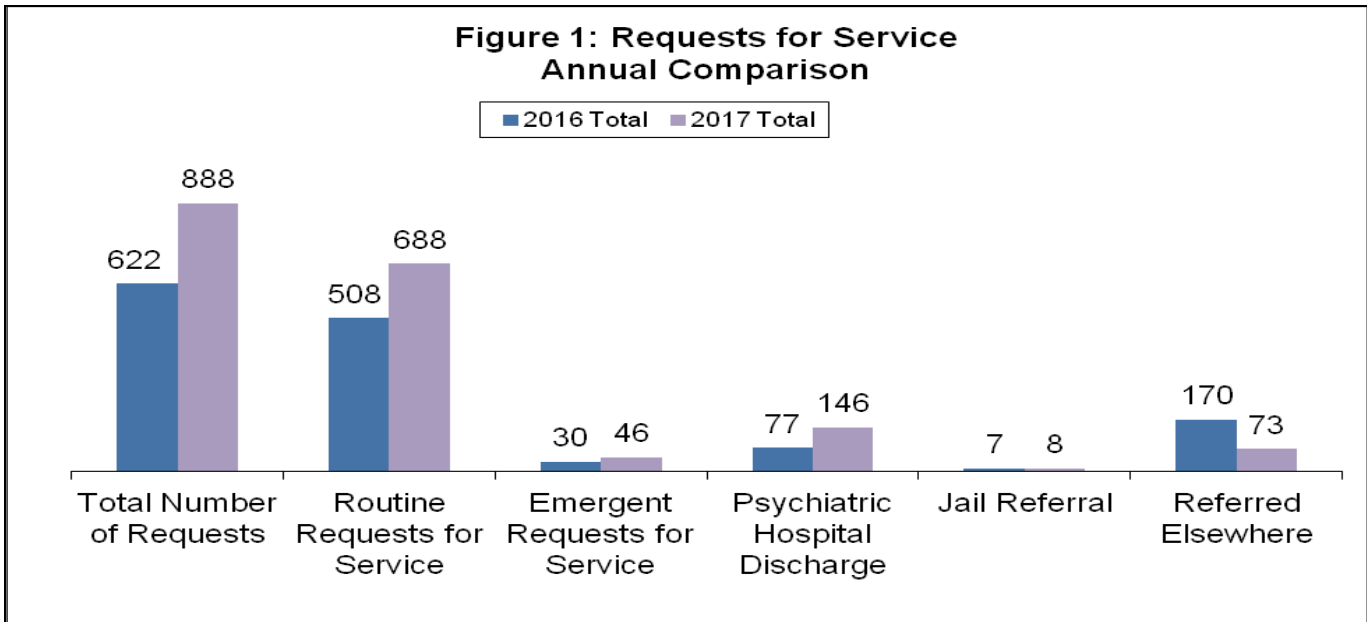
The Executive Committee reviews complaints from stakeholders that are not processed through the Clients' Rights Officer as a formal grievance because the client decided not to file a formal grievance or it is of an administrative nature. One client complaint was reviewed which centered on a discontinued prescription; this complaint was resolved to the client's satisfaction without filing a grievance. The number of complaints reviewed by the Committee is unchanged from last year.

### **Risk Management**

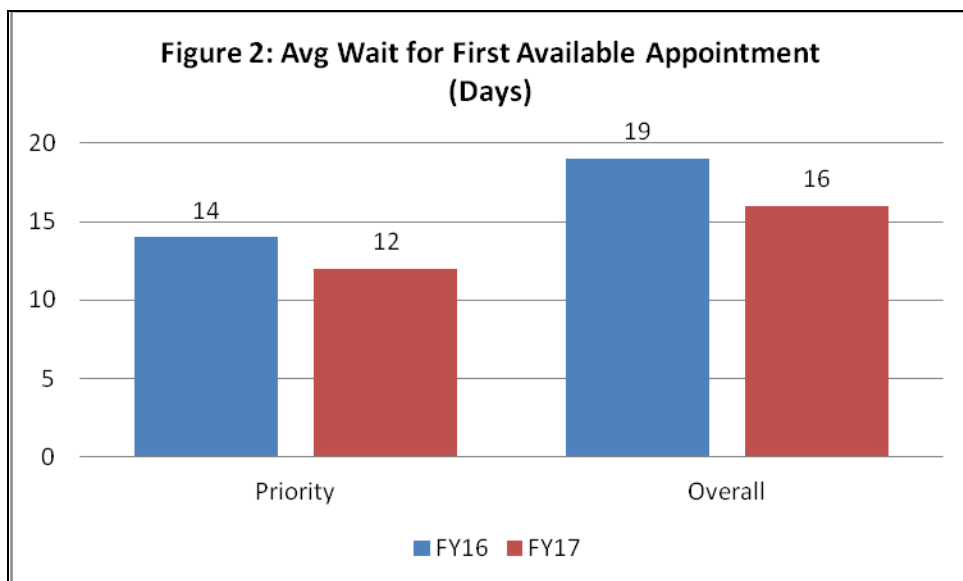
Alternative Paths, Inc. uses a comprehensive and collaborative approach to managing risk within the agency. There is an ongoing focus on identifying threats in areas such as corporate compliance, finance, service delivery, technology, legal liability, safety and human resources. The Board of Directors and CEO are responsible for implementing risk management activities. Staff at all levels are engaged in assessing and monitoring factors which could present risk to the agency at large, clients, and staff themselves. Risk management is critical to preventing threats which could impair the agency's ability to fulfill its mission. The Risk Management Plan is on file and is available for review.

## Service Accessibility

### Medina



Total Number of Requests increased 43%; Routine Requests increased 35%, Emergent Requests (persons who are a clinical priority - does not count jail referrals or hospital discharges) increased 53%; Hospital Discharges increased 90%; Jail Referrals increased one point or 14%. The rate of applicants referred elsewhere was 8% which is 19 points lower than previous. This decline is attributed to the Agency's addition of AoD treatment and expansion of youth treatment as well as the closure of Solutions Behavioral Health.

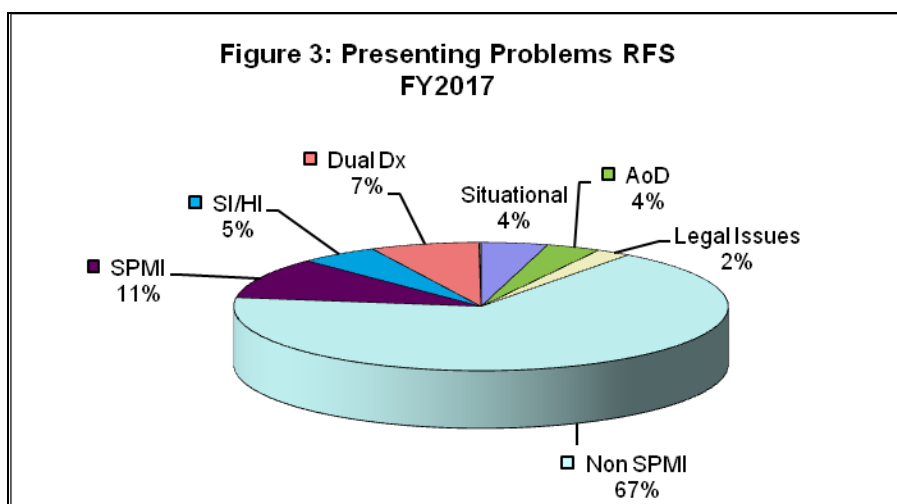


The average overall wait for FY2017 was 16 days, a three-day decrease from last year; the average wait for Priority Requests decreased by two days to 12 days which is below the 14-day benchmark for priority requests. The Clinical Director monitors the waiting list, contacting people to determine current functioning and continued interest, instructing them to call our Crisis Hotline if needed.

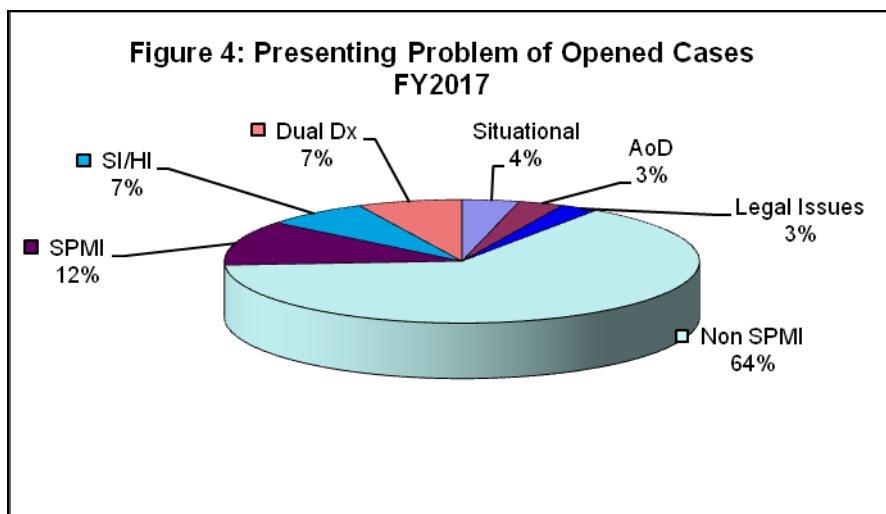
## Utilization Review

### Analysis of Service Trends and Performance

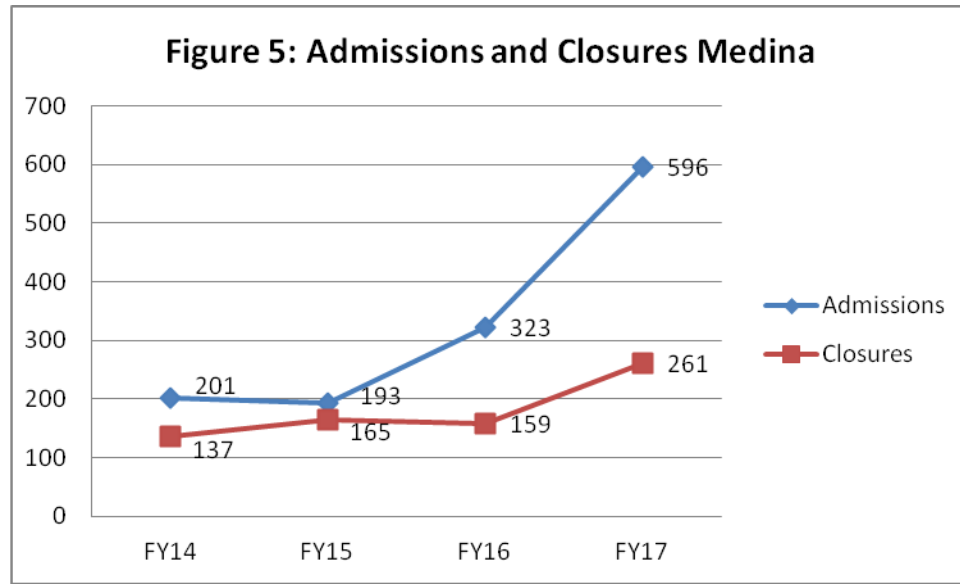
These following figures illustrate the breakdown by category of presenting problems for those requesting outpatient services and opened cases for our main location.



Comparing previous: Situational 4%, up 3 points; Alcohol/Drugs 4%, up one point; Dual Diagnosis 7%, unchanged; Non-SPMI 67%, down 3 points; Legal Issues 2%, up 2 points; SI/Hi (suicidal Ideas/Homicidal Ideas) 5%, up 5 points; and SPMI (Serious Persistent Mental Illness) 11%, down four points.



Comparing previous: Situational 4%, up 3 points; Alcohol/Drugs 3%, up 3 points; Dual Diagnosis 7%, unchanged; Non-SPMI 64%, down 5 points; Legal Issues 3%, up 3 points; SI/Hi (suicidal Ideas/Homicidal Ideas) 7%, up 7 points; and SPMI (Serious Persistent Mental Illness) 12%, down 8 points.



Admissions increased 85% and Closures increased 64% from previous.

### **Buckeye Schools**

This past year 93 new clients were served compared to 63 previously, an increase of 48%. Services include Crisis assessments, diagnostic assessments, individual and group counseling. Outside referrals are offered to students for services not provided at the Agency. This program continues to be well received at the Buckeye School District.

<b>Table 2: Number of Clients Served</b>					
	Q1	Q2	Q3	Q4	FY2017
<b>1. Clients Served (New)</b>	15	52	17	9	93
<b>2. Clients in Progress</b>	65	43	129	106	N/A
<b>3. Clients Completed</b>	23	2	0	3	28
<b>4. Clients Discontinued</b>	23	2	0	6	31
<b>a. Client Moved</b>	1	1	0	2	4
<b>b. No Parental Consent</b>	0	0	0	0	0
<b>c. Outside Referral Given</b>	0	0	0	2	2
<b>d. Other</b>	22	1	0	2	25

\*Cumulative totals are not calculated as numbers are duplicated

## Cloverleaf Schools

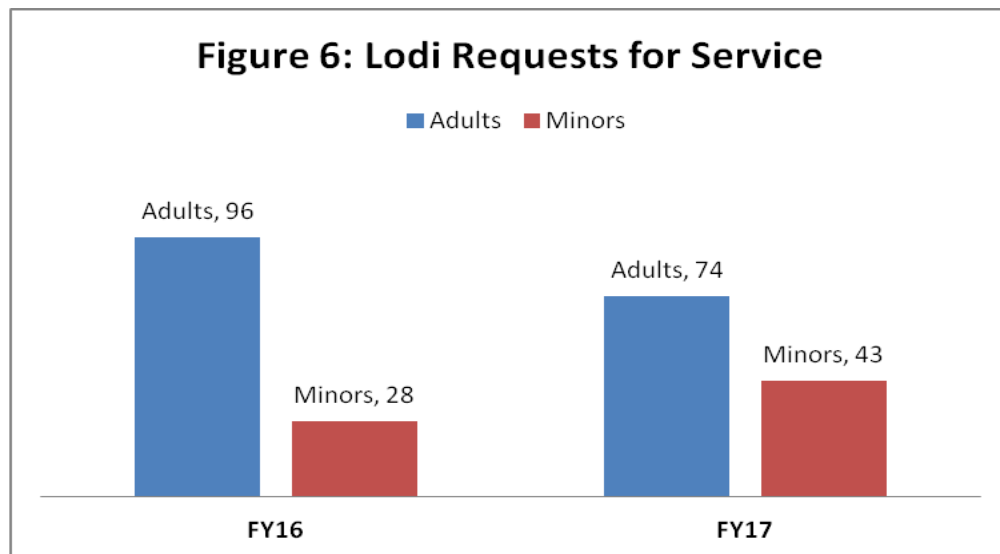
This past year 37 new clients were served compared to 34 previously, an increase of 9%. Services include Crisis assessments, diagnostic assessments, individual and group counseling. Outside referrals are offered to students for services not provided at the Agency. This program continues to be well received at the Cloverleaf School District.

Table 3: Number of Clients Served					
	Q1	Q2	Q3	Q4	FY2017
<b>1. Clients Served (New)</b>	5	16	14	2	37
<b>2. Clients in Progress</b>	5	15	62	88	N/A
<b>3. Clients Completed</b>	0	0	2	1	3
<b>4. Clients Discontinued</b>	0	1	0	5	6
<b>a. Client Moved</b>	0	1	0	0	1
<b>b. No Parental Consent</b>	0	0	0	0	0
<b>c. Outside Referral Given</b>	0	0	0	1	1
<b>d. Other</b>	0	0	4	0	4

\* Cumulative totals are not calculated as numbers are duplicated

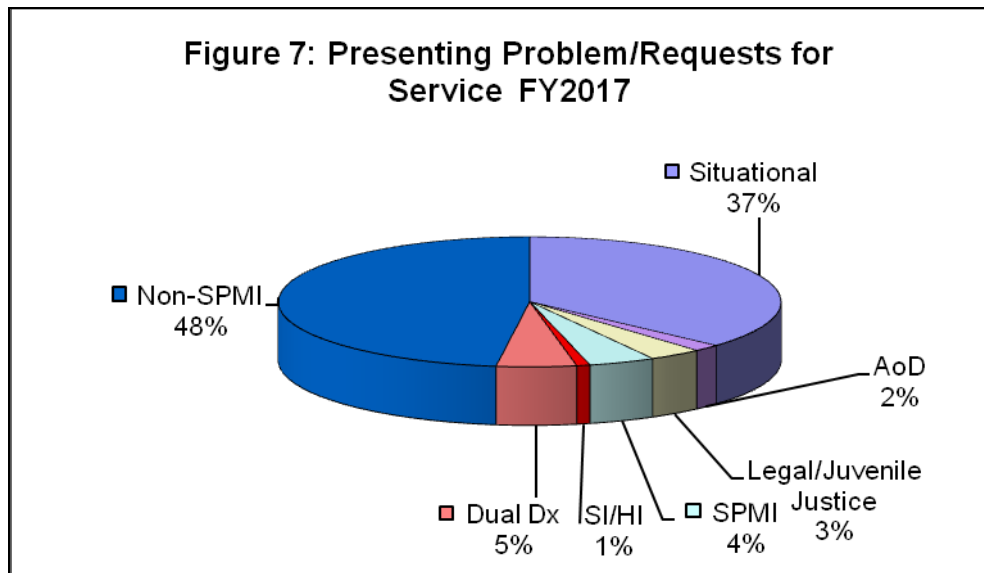
## Lodi

### Accessibility to Services



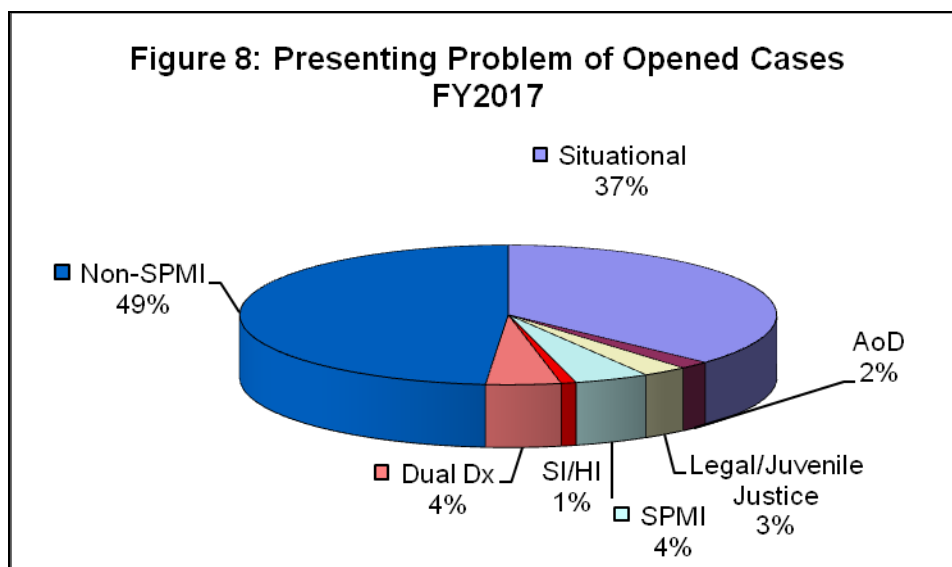
A total of 117 requests for services were received in Lodi, a decrease of 6% versus last year. The number of adults requesting counseling decreased 23% and the number of youth requesting counseling increased 54% compared to previous.

The following figure illustrates presenting problems by category for those requesting outpatient counseling at Lodi this year



Comparing previous: Non-SPMI 48%, up 48 points; Situational 37%, down 24 points; Alcohol/Drugs (AoD) 2%, down 4 points; Legal/Juvenile Justice 3%, down 4 points; SPMI 4%, down 19 points; and SI/HI 1%, up one point; Dual Diagnosis 5%, up 5 points.

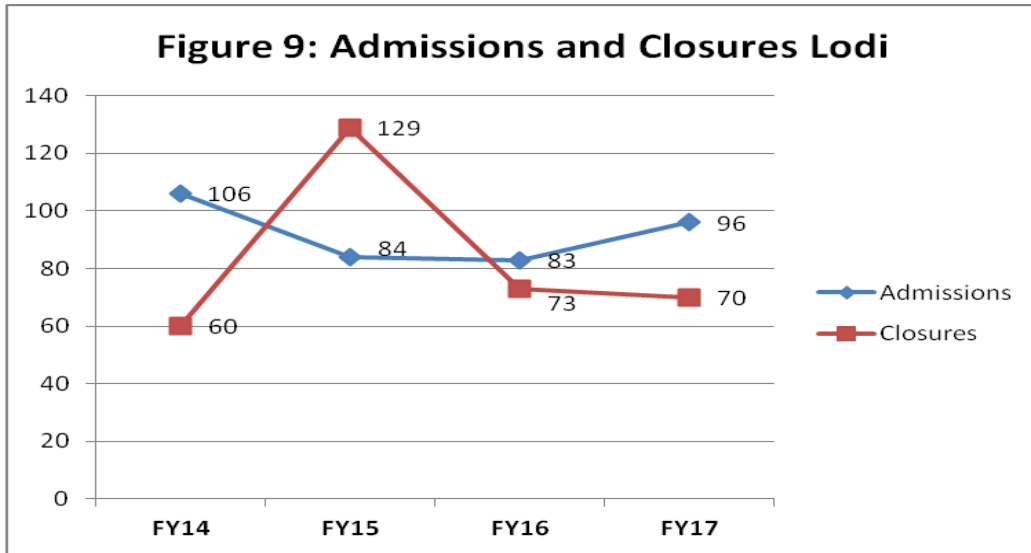
The following figure illustrates presenting problems by category for clients receiving outpatient counseling at Lodi this year



Comparing previous: Non-SPMI 49%, up 49 points; Situational 37% down 12 points; Alcohol/Drugs (AoD) 2%, down 3 points; Legal/Juvenile Justice 3%, down 5 points; SPMI 4%, down 31 points; and SI/HI 1%, down 2 points

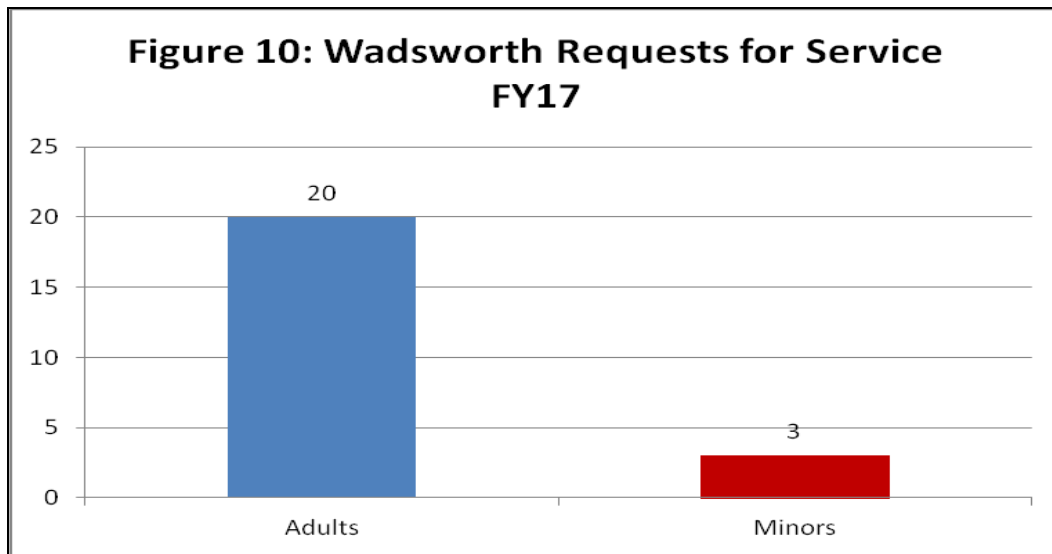


The following figure shows Lodi data for minors and adults combined: a total of 96 cases were opened (51 adults and 45 minors), up 16% from the previous year, and a total of 70 cases were closed (66 adults and 4 minors), a decrease of 4%. This year 82% of service requests resulted in opened counseling cases, up 15 points from last year.



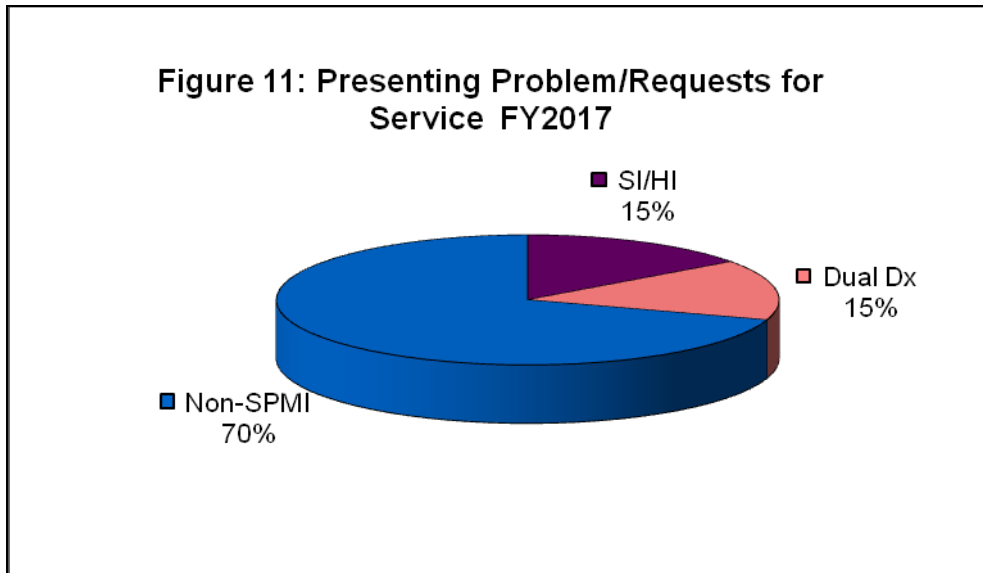
## Wadsworth

### Accessibility to Services

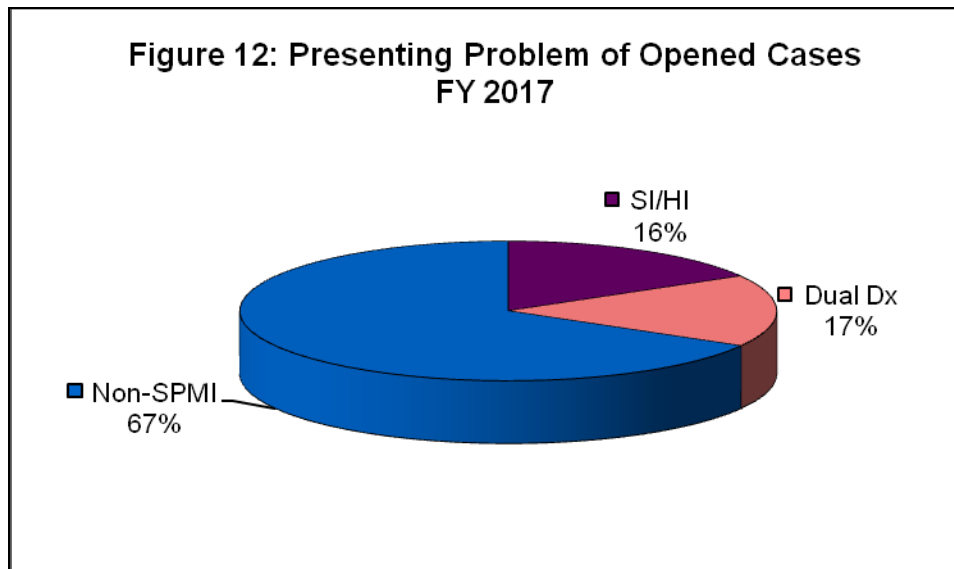


No comparisons are available as the Wadsworth office was opened in the fourth quarter of FY2017. There were 23 requests made for counseling (20 adults and three children).

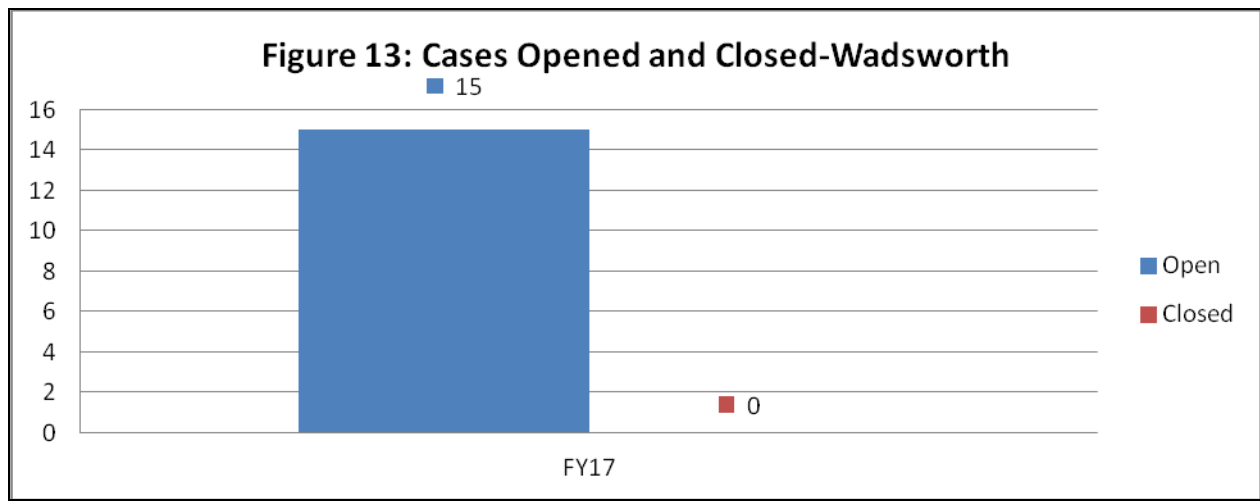
The following figure illustrates presenting problems by category for those requesting outpatient counseling at Wadsworth this year



The following figure illustrates presenting problems by category for clients receiving outpatient counseling at Wadsworth this year



The following figure shows Wadsworth data for minors and adults combined: a total of 15 cases were opened (12 adults and three minors). This year 65% of service requests resulted in opened cases.



### **FY 2017 Performance Improvement Projects**

**1. Intake No-Show Rate:** The intake no-show rate peaked at 39% in the second quarter of fiscal year 2013. In April 2017 the Agency changed its intake system, adding a clinical position whose main responsibility was to complete intakes and engage applicants with the goal of reducing this rate. However, the no-show rate increased from 26% last year to 34% this year. Efforts continue to engage persons who are scheduled for intake appointments. This performance indicator will continue to be tracked in FY2018.

**2. Priority Doctor Appointment No-Show Rate:** The no-show rate for priority doctor appointments peaked at 44% Q2 FY13. Crisis Intervention Services staff makes an effort to speak with the prospective client directly when scheduling a priority doctor appointment with hospital discharge workers to ascertain client interest and promote a sense of connection and accountability. The no-show rate increased 5 points to 44% this year. The agency will explore changes in policy and procedure to increase client engagement next year. This performance indicator will continue to be tracked in FY2018

**3. Outcomes:** The previous outcomes system (MHSIP) needed improvement. While it measured satisfaction well, it did not capture symptom and functioning improvement. The QI Committee approved a new outcomes instrument modeled after the Schwartz Outcomes Scale- 10 which was developed to fill the need for an outcomes measure suitable for all treatments and levels of care. This instrument is available for use on the public domain and it is expected will be a more accurate measure of client outcomes for the Agency. Outcomes scores increased for all outpatient services in the first year; however these scores have declined slightly in FY17. Staff will receive additional training in how to complete outcomes and incorporating this as part of treatment. This performance indicator will continue to be tracked in FY2018.

## **Missed Appointments**

Specific appointment times are available for consumers who are a clinical priority. The following table shows the rate of no-shows or same-day cancellations for these appointments.

<b>Table 4: No-Show Rates</b>			
Appointment Type	FY2016	FY2017	Change
Priority Doctor Appointment	39%	44%	+5 Points
Intake Appointment	26%	34%	+8 Points
Intake Appointment (Lodi)	13%	22%	+ 9 Points
Intake Appointment (Wadsworth)	N/A	21%	N/A

All rates, with the exception of Wadsworth Intake Appointments, increased this past year. Efforts will continue to reduce these missed appointment rates.

## **Synopsis of Utilization Review for FY2017**

The Utilization Review Committee meets monthly for the purpose of analyzing various clinical and programmatic functions of the Agency. It is a multi-disciplinary team comprising supervisors of various Agency Departments. The Committee reviews a list of items to be reviewed on a regular basis which features: Length of Stay, Consumer Feedback, Analysis of Barriers, Gaps and Trends, Medical Necessity, Admission and Discharge Criteria, Allocation of Resources, Quality and Continuity of Care, and Third Party Contracts Review among other items. Outcomes of each review are shared with administration and staff as well as stakeholders as indicated. This year's results have been highlighted in QI Quarterly Summaries and additional details can be found in QI Minutes on file.

## **Analysis of FY 2017 Agency Accessibility Initiatives**

People living with chronic behavioral health issues face many, sometimes avoidable, obstacles to their recovery. AP's Accessibility Plan identifies and addresses, when possible, service gaps/barriers in these areas: Architecture, Environment, Attitudes, Finances, Employment, Communication, Transportation, and Community Integration.

The Accessibility Plan is a living document and is reviewed at various times throughout the year and is updated regularly. Stakeholder feedback, collected from various sources is incorporated. Notable outcomes for fiscal year 2017 are summarized below.

**Employment:** Lack of transportation to get to work negatively impacts the quality of life for persons living with SPMI. 2010 census data changes Medina from rural to suburban designation which reduces funding and changes services. Demand services were eliminated, set "loop" routes expanded. In July 2016, the Agency received notice that the Lodi loop route (Mondays only) was added free of charge until December 2016.

Attitudes: Law Enforcement needs education to successfully interact with persons with Severe and Persistent Mental Illness who oftentimes are in crisis when encountering the police. Crisis Intervention Training (CIT) is offered annually increasing participants understanding of persons living with SPMI issues. NAMI attends as well. CIT was held October 17<sup>th</sup> through the 20<sup>th</sup>.

Attitudes: The medical community lacks knowledge of the needs of persons with Severe and Persistent Mental Illness. Agency staff will present information on providing care for people with SPMI at meetings with members of the medical community. Crisis Intervention staff member performs daily rounds at Medina Hospital to improve care coordination and collaboration. AP staff meets on a regular basis with Medina Hospital to plan coordination care for high utilization patients.

Attitudes: The general public lacks knowledge of mental illness and the recovery model. The following initiative occurred: 1. AP offered to provide training on chronic MI to Medina County Public Transit. 2. AP has partnered with the Medina Suicide Prevention Coalition to sponsor a continuing education program at the Weymouth Country Club in February and June, and the third annual Suicide Prevention Walk in May. 3. NAMI needs to increase its community exposure to help families cope with the challenges of Mental Illness. AP CEO spoke at NAMI's "Light Up the Night" community outreach event on the Medina Square in October.

Other Identified Barriers: No Homeless Shelter exists in Medina County. Starting fall of 2016 AP is involved with the Housing Network (special Population Committee) that is working on establishing a homeless shelter in Medina County.

Employment: Lack of vocational opportunities. AP refers clients in need of clothes appropriate for job interviews and work to the organization First Impressions.

Finances: Behavioral health care is difficult to access for some clients due to transportation costs. The agency has expanded assessment and outpatient behavioral health counseling services to locations closer to primary where many of our clients live: Lodi (2009) and Wadsworth (2017).

Technology: AP's website needs to be improved for ease of communication. In FY 2017 the website was upgraded to improve navigation in general and functionality with mobile devices.

Community Integration: Incarcerated persons need timely AOD recovery support upon release to decrease recidivism and improve functioning. TCAP Grant connects inmates with MAT (Medication Assisted Treatment) while incarcerated.

Environment: Stained and worn carpeting detracts from overall environment of care. The Agency cleaned and replaced sections of carpeting with laminate or new carpet as appropriate in the common areas and group rooms and will continue to do so throughout the upcoming year.

Finances: Uninsured persons struggling with substance abuse disorders find recovery challenging due to lack of access to MAT (Medication Assisted Treatment). The agency is partnering with the Medina County Health Dept. to provide MAT treatment. The Health Department will administer Vivetrol injections while AP provides outpatient treatment.

Reasonable Accommodation: No requests for reasonable accommodation were received this past year.

AP has been successful in reducing these as well as identifying needs and providing the programs and services to meet them. When efforts have been delayed or unsuccessful it is due to financial limitations or factors outside of our control. AP's community outreach efforts continue, including involvement at community forums, meetings and educational opportunities throughout the year to solicit feedback and improve collaboration and service delivery.

## Outcomes Measures

Alternative Paths collects outcomes data in the following performance areas: Service Access, Efficiency, Feedback and Effectiveness. Goals set represent reasonable expectations based on past benchmarks. Results are shared with staff, consumers and administration, and used to evaluate and improve performance.

Table 5: Service Access						
Objective	Measure	Applied to	Goal	FY 2016 Average (Days)	FY 2017 Average (Days)	Change (Days)
Reduce Average Waiting Time vs. Previous Quarter	Time of request to time of initial appointment	Persons requesting <b>CPST</b> (Case Management)	Reduce the average wait	34	30	-4
Reduce Average Waiting Time vs. Previous Quarter	Time of Crisis Intervention Services (CIS) assessment to follow-up	Persons seen for <b>Crisis Intervention</b> Services	Wait will be 5 days or less	3	4	+1
Reduce Average Waiting Time vs. Previous Quarter	Time of request to time of initial appointment	Persons requesting <b>Counseling</b>	Reduce the average wait	19	38	+ 19
Reduce Average Waiting Time vs. Previous Quarter	Time of request to time of initial appointment	Persons requesting <b>Pharma Mgt.</b>	Reduce the average wait	23	26	+ 3

The average wait for Case Management and Crisis Intervention Services follow-up met their performance targets while the Counseling and Pharmacological Management waits increased.

**Table 6: Program Efficiency**

Objective	Measure	Applied to	Goal %	2016 Result %	2017 Result %	Change
Achieve the projected number of units to be produced in FY2017	Units of service provided vs. projected	<b>CPST</b> (Case Mgt) Units	95	87	108	+ 21 Points
Achieve the projected number of units to be produced in FY2017	Units of service provided vs. projected	<b>Pharma. Mgt.</b> (Med-Som) Units	95	87	86	- 1 Point
Achieve the projected number of units to be produced in FY2017	Units of service provided vs. projected	Outpatient <b>Counseling</b> Units	95	113	81	- 32 Points
Respond to Crisis within 1 hour of initial contact	Time of request to time of response	<b>Crisis Intervention</b> Face-to-face crisis assessments	95	97	98	+1 Point

Efficiency is measured by comparing the units of service provided vs. those projected. CPST and Crisis Intervention exceeded their benchmarks. Pharmacological Management and Counseling missed their benchmarks. Staffing issues and increased demand contribute to these results. The Agency continues to adjust staffing capacity to meet demand for counseling and pharmacological management services. Administration explores ways to increase efficiency, provide support, and training to enable staff to meet productivity goals. The Utilization Review Committee evaluates performance providing feedback as indicated.

**Table 7: Satisfaction**

Objective	Measure	Applied to	Goal%	2016 Satisfaction Rate %	2017 Satisfaction Rate %	Difference from Previous
Maximize user satisfaction of outpatient services	% of positive responses to Outcomes Questionnaires this Fiscal Year	Outpatient Clients	90	90	93	+ 3 points
Maximize user satisfaction of Crisis Intervention Services	% of positive responses to Satisfaction Questionnaires for the Fiscal Year	Crisis Intervention Services Consumers	90	88	86	- 2 points
Maximize user satisfaction of Counseling	% of positive responses to Satisfaction Questionnaires for the Fiscal Year	Counseling Clients (Children and Adolescents)	90	92	93	+ 1 Point

Input from persons served is collected on a regular basis and is analyzed for performance improvement and program planning. The Agency uses an outcomes instrument based on the “Schwartz Outcomes Survey – 10”. Outpatient providers are trained to administer Outcomes questionnaires at intake, six months, annually or at termination of services and additional intervals throughout the year. Crisis intervention clinicians distribute a satisfaction and outcomes questionnaire to consumers after the completion of crisis assessments inviting them to complete an online survey or mail/fax in the survey.



The effectiveness of our outpatient services is measured in part by using an outcomes instrument based on the Schwartz Outcomes Scale- 10. It measures psychosocial functioning and self-reported progress in mental health and AoD recovery. For the purpose of this measure, all clients who report maintenance or improvement in their score are counted towards the effectiveness measure. Outcomes are now taken at intake, six-months, and annually or at termination. The effectiveness of our Crisis Intervention Services is measured by the percent of consumers utilizing crisis services who do not require psychiatric hospitalization.

Case management exceeded its benchmark by 6 points. Outpatient counseling exceeded its benchmark by one point, and Pharmaceutical Management missed its benchmark by two points.

Crisis Intervention Services exceeded its benchmark for effectiveness. Crisis Intervention Clinicians made contact with 1167 consumers in FY2017, of these, there were 278 hospitalizations (24%).

Table 8: Effectiveness						
Objective	Measure	Applied to	Goal %	2016 Result %	2017 Result %	Change
Clients will report an improvement in Outcomes Scores	Percent of clients showing improvement	<b>Case Management</b> Clients	75	75	81	+6
Clients will report an improvement in Outcomes Scores	Percent of clients showing improvement	Outpatient <b>Counseling</b> Clients	80	94	81	-13
Clients will report an improvement in Outcomes Scores	Percent of clients showing improvement	<b>Pharmaceutical Management</b> Clients	80	86	78	-8
Maximize percent of consumers using crisis services who do not require hospitalization	Percent of consumers who do not require hospitalization	All Consumers Assessed Through <b>Crisis Intervention</b> Services	70	83	76	- 7

## Peer and Record Reviews

Record and Peer Review activity for the spectrum of Agency programs this past fiscal year is summarized below. Record Reviews focus on the quality and completeness of the documentation and medical necessity of services. Peer Reviews focus on the appropriateness of clinical decision-making and interventions as documented. The agency benchmark is a 10% of caseload review sample. The minimum compliance score is 90%; lower scores trigger additional reviews for the clinician(s) involved. Results of reviews are communicated to supervisors and clinicians individually as well as in staff meetings which review the general findings.

<b>Table 9: Quality Record and Peer Review Compliance Rates</b>		
<b>SERVICE</b>	<b>Record Review</b>	<b>Peer Review</b>
<b>Outpatient/Crisis Intervention Programs</b>		
<b>CPST (Case Management)</b>	<b>100%</b>	<b>99%</b>
<b>Groups (CPST/Counseling)</b>	<b>100%</b>	<b>99%</b>
<b>Pharmaceutical Management: Nursing</b>	<b>99%</b>	<b>98%</b>
<b>Pharmaceutical Management: Psychiatric</b>	<b>96%</b>	<b>96%</b>
<b>Outpatient Counseling</b>	<b>100%</b>	<b>98%</b>
<b>Crisis Intervention Services</b>	<b>100%</b>	<b>100%</b>
<b>Closed Cases (Various Outpatient Services)</b>	<b>100%</b>	<b>97%</b>
<b>Forensic Programs</b>		
<b>Jail Mental Health Services</b>	<b>100%</b>	<b>100%</b>
<b>Jail Substance Abuse Services</b>	<b>100%</b>	<b>100%</b>
<b>Jail Substance Abuse Intervention/Education</b>	<b>97%</b>	<b>100%</b>
<b>Jail AoD Assessment</b>	<b>90%</b>	<b>97%</b>

All programs met or exceeded compliance benchmarks.

The agency exercises both internal and external safety review processes to monitor and maintain its commitment to safety for staff and clients. Following is a summary of safety action taken for FY2017. Supporting documentation is on file and available for review.

**Table 10: FY2017 Health and Safety Activities**

Event	Date(s)	Outcome
Business Continuity Plan Tabletop	7/11/16	Administration reviewed Plan and discussed duties in case of emergency closure or relocation
Cleaning and Disinfecting of Waiting Room Toys	7/26/16,10/27/16,1/30/17, 4/19/17	Toys inspected and cleaned.
Evening Building and Storm Shelter Walk-Through	7/26/16,10/27/16,1/30/17, 4/19/17	All areas lighted and accessible.
Monthly Safety Inspection (Medina and Wadsworth)	<u>Medina</u> :7/22,8/25,9/28,10/27,11/30,12/2/2016, 1/30, 2/18, 3/23, 4/12, 5/1, 6/30, 2017. <u>Wadsworth</u> : Location opened in March 2017. 3/24/17, 4/12, 5/29, and 6/30/2017.	Fire doors, exit signs, extinguishers, 1 <sup>st</sup> Aid Kits, clear walkways, electrical systems checked. Maintenance alerted to areas needing attention and were addressed. All Passed inspection at both locations.
Semi-Annual Self-Inspection (Medina and Wadsworth)	Medina: 10/27/16; 4/26/17 Wadsworth: Oct: N/A; 4/12/2017	Passed
Review/Update Road Safety Manual	4/11/17	Distributed to CPST and Nurses
CPST/Nurse Vehicle Self-inspection	4/28/17	Passed
Health and Safety Orientation Training	PRN	New hires oriented to Agency H&S Policy/Procedures
Semi-Annual Safety Review –Satellite Locations	October 2016; April 2017	All office areas passed. Clinicians are aware of host organization safety protocols.
Disaster/Evacuation Procedures Shared with Consumers	4/24/17	Clinicians provided with handout and instructions for communicating with their clients. Material also posted in waiting room.
External Safety Inspection (Medina and Wadsworth)	Medina: 5/26/17 Wadsworth: 6/12/17	Passed External Inspections at both locations.
DIP Safety Inspection	7/16/17	Passed
Test of Emergency Procedures: Fire (Medina and Wadsworth)	Medina:7/22/16 Wadsworth:N/A	Evacuations completed at Medina
Test of Emergency Procedures: Bomb Threat (Medina and Wadsworth)	Medina:7/22/16 Wadsworth:N/A	Participants followed agency protocol correctly
Test of Emergency Procedures: Code Call/ Violent Incident (Medina and Wadsworth)	Medina:10/27/16 Wadsworth: N/A	Participants followed agency protocol correctly
Test of Emergency Procedures: Medical Emergency (Medina and Wadsworth)	Medina:1/18/17 Wadsworth: N/A	Participants followed agency protocol correctly
Severe Weather Response Test/Drill (Medina and Wadsworth)	Medina:4/19/17 Wadsworth: 4/19/17	Staff and clients sheltered in basement, following agency protocol

Feedback is solicited regularly from various sources; results are shared with personnel and other stakeholders. Copies of completed surveys are available upon request.

Table 11: FY 2017 Summary of Stakeholder Input		
Item	Content	Outcome
Program Needs Survey	Consumers provide input on existing services and programs and suggestions for new programs and services.	Input shared with administration. Incorporated into agency strategic plan and program planning.
Closed Clients Survey	Respondents rated their experience with AP and current functioning.	For FY 2017, 82% of respondents were satisfied with AP services. This represents a 10 point increase vs. FY16
Community Stakeholders Survey	Referring parties and other community stakeholders shared their feedback about their experience with AP	Positive feedback overall was received. The Agency continues to be perceived by our community stakeholders as a much-needed resource for Medina County.
Referrals Satisfaction Survey	Clients share feedback related to referrals to other agencies or services.	81% are satisfied with the outcome of their referral. This represents a 9-point decrease from FY16.
Suggestion Box	Five Suggestion Box slips were submitted this year; five fewer than last year.	The Executive Committee reviewed each and made recommendations as appropriate. Feedback about carpeting and waiting room décor resulted in updates, cleaning and replacements of these items. Details are on file and available for review upon request.

In addition to the events listed below, our agency reimburses eligible staff for a portion of their professional development and continuing education course costs.

<b>Table 12: In-services FY 2017</b>			
<b>Date</b>	<b>Title</b>	<b>Attendance</b>	<b>Presenter</b>
06/27/16	Receptionists Training: Safety Readiness/Response, 10:00 a.m.	4	Christy Rickbrodt
07/20/16	Safety Training: Evacuation Procedures, Fire Safety and Bomb Threats	21	Patrick Acurio
08/17/16	Person/Family-Centered Services Training	24	Michelle Hartis
08/17/16	Receptionists Training: Person/Family-Centered Services and Handling Crisis Calls Training	4	Christy Rickbrodt
09/21/16	Corporate Compliance, AP Ethics Policy, and Medicare Waste Fraud Abuse Prevention	24	Patrick Acurio
09/21/16	Infection Control and Universal Precautions	24	Dean Bowman
10/19/16	De-escalation of Violent Situations and Code Calls: Overview of Policy/Procedures	28	Michelle Hartis
10/19/16	Safety Training: Evacuation Procedures and Handling Hazardous Office Materials	28	Patrick Acurio
10/19/16	Review of Updated Health Records Policy	28	Patrick Acurio
11/16/16	Psychotropic Medication Update for Clinical Staff	23	Dr. Alcorn
12/14/16	HIPAA Confidentiality Requirements	23	Gail Houk
12/14/16	Clients Rights	23	Terese Varga
10/19/16	De-escalation of Violent Situations and Code Calls: Overview of Policy/Procedures	28	Michelle Hartis
01/11/17	Electrical Safety & Evac. Procedures Overview (Receptionists)	5	Tina Armeni
01/11/17	HIPAA and Confidentiality (Receptionists)	5	Tina Armeni
01/18/17	Staff Response to Medical Emergencies	27	Phebe Simpson
01/18/17	Electrical Safety and Evacuation/Shelter Protocol Review	27	Patrick Acurio
02/15/17	Electronic Security	21	Timothy Gilroy
02/15/17	Incident Reporting	21	Patrick Acurio
3/15/17	Cultural Competence – Recognizing Cultural Taboos	24	Michelle Hartis
04/19/16	Safety Training: Evacuation Procedures, Severe Weather and Utility Failure	24	Patrick Acurio, LISW-S
05/23/17	First Aid for direct service staff, 8:00 AM - 2:00 PM	8	First Choice CPR
05/23/17	CPR for direct service staff, 8:00 AM - 2:00 PM	8	First Choice CPR
6/14/17	Person –Centered Treatment Planning	8	Michelle Hartis, LISW-S
6/14/17	Safety in the Community	8	Michelle Hartis, LISW-S
6/14/17	Transporting CLs Safely & in Consideration of their special needs	8	Michelle Hartis, LISW-S
6/19/2017	Safe Medication Handling and Drug Theft	4	Rochelle Tatarka, RN
Monthly/PRN	Credible Orientation and Q/A Sessions	Avg 21	Mark Trew, Patrick Acurio

The following list shows how Alternative Paths works to maintain productive working relationships in the community.

**Table 13: Community Outreach and Education**

TITLE OF OUTREACH	DATE	PERSONS ATTENDING	DESCRIPTION
Adult ICAT	Monthly	Melinda Silliman	Community service providers discuss cases which would benefit from adult service coordination
Medina Hospital Rounds	Weekdays	Scott McCafferty, Angela Krempasky	Attending rounds to improve collaboration between hospital and AP
Faith in Action	Quarterly	Michelle Hartis	Provide information and basic training on signs/symptoms of mental illness and interventions.
Medina County Public Transit Consortium	Quarterly	Christy Rickbrodt, Co-Chair	Member of the Medina County Public Transit Advisory Consortium (TAC) meeting on a bi monthly basis
The Ohio Council HR Committee Meetings	Quarterly	Christy Rickbrodt	Meetings with HR professionals from community mental health agencies throughout Ohio at Maryhaven in Columbus. Purpose is to network shared HR issues/concerns and receive ongoing educational information on legal HR issues in our state.
Medina Job Net Meetings- Opportunities for Ohioans with Disabilities	Quarterly	Mark Trew or Terese Varga	Countywide meeting with various stakeholders regarding employment for disabled individuals.
Medina County Emergency Preparedness Meeting	Quarterly	Mark Trew	Quarterly Meeting to address community emergency readiness
Living Well Medina County Steering Committee	Quarterly	Mark Trew/Gail Houk	Quarterly Meeting to address community needs with various other community leaders, including Health Department, United Way, local hospitals, etc.
Employment First-Medina County	Quarterly	Terese Varga	Meeting to address barriers to employment for those with disabilities.
NAMI Medina County Meetings	Quarterly	Mark Trew	Regular meetings with NAMI Medina County President to discuss issues relating to mental illness in Medina County.
Medina Hospital Community Advisory Board	Quarterly	Mark Trew/Gail Houk	Community advisory meeting with Medina Hospital and community stakeholders.

**Table 13: Community Outreach and Education**

TITLE OF OUTREACH	DATE	PERSONS ATTENDING	DESCRIPTION
Volunteer Guardianship Board	Quarterly	Gail Houk	Guardianship issues.
Medina Hospital Board of Dir.	Quarterly	Gail Houk	Provide input and leadership to Hospital Board; increase AP presence in the community and improve collaboration between organizations.
Medina Hospital Planning and Quality Committees	Quarterly	Gail Houk	Participated in Quality and Planning efforts
Tri-C	Ongoing	Lenny Hrovat, Adjunct Faculty at Tri-C	Teaching Ethics in chemical dependency Fall semester.
Family First Mid CAT	Ongoing	Michelle Hartis	Attended Mid CAT team for Family First Council to review high end cases in the community ages 18-59 who utilize multiple agencies for services.
Crisis Intervention Training (CIT)	Ongoing	Lenny Hrovat, Lori Midgley, Gail Houk	Coordinated and provided 4 days of CIT training for local law enforcement.
Adult Service Coordination team	Monthly	Michelle Hartis	A team of community providers associated with Family First Council to review high end cases in the community ages 18 and up who utilize multiple agencies for services.
Youth Violence Task Force	Monthly	Carrie Sellers	Task force of individuals comprised from the school systems, law enforcement, juvenile court, and local mental health agencies with a focus on youth for system planning purposes.
Wadsworth Chamber of Commerce	Monthly	Christy Rickbrodt	Attend monthly luncheon
Medina County Jail Sergeants Meeting	Monthly	Gail Houk	Review of current jail inmates/ areas of concern.
Living Well Medina County- Data Analysis Committee	Monthly	Mark Trew/Gail Houk	Monthly meeting to address data collected through various community surveys and needs assessments.
Heartland Community Partnership	Monthly	Mark Trew	State Hospital Community Outreach Committee

**Table 13: Community Outreach and Education**

TITLE OF OUTREACH	DATE	PERSONS ATTENDING	DESCRIPTION
Family First Council	Monthly	Mark Trew	Member of Family First Council
Coalition for Suicide Prevention	Monthly	Gail Houk, Christy Rickbrodt, & Carrie Sellers	A county-wide mental health public education initiative.
Healthy Medina Initiative	Monthly	Mark Trew	Alternative Paths is a member of the Health Medina Initiative with the City of Medina and Medina Hospital, promoting wellness in the community. Alternative Paths is primarily serving to support emotional wellness as a part of the committee.
SHRM (Society for Human Resources)	monthly	Christy Rickbrodt	Attend monthly luncheon and presentation for HR Professionals in Medina County
Medina County Housing Network	Bi-monthly	Mark Trew/Christy Rickbrodt	collaborative effort of community entities to analyze housing needs/trends within Medina County and create taskforces for research and future housing needs planning
United Way Youth Engagement Community Impact Coalition	Bi-Monthly	Mark Trew	Bi-Monthly meeting working in concert with United Way to address youth engagement and health issues throughout the county.
The Ohio Council of Behavioral Health and Family Service Providers-Mental Health Policy Committee	Bi-Monthly	Mark Trew	Meeting with statewide social service providers to discuss mental health issues in the state and address mental health policy issues.
tASC	Bi-monthly	Gail Houk	Seniors Service Coordination
tAAC The Adult Advisory Consortium-formally Senior I-CAT Family First Committee	Bi-monthly	Christy Rickbrodt	Review cases involving seniors, share information regarding resources
Public Defender Commission	Bi-monthly	Gail Houk	Attended Public Defender Commission Meeting
Mental Health Court Meeting	Bi-monthly	Michelle Hartis, Laura Bromelmeier, Judge Kimbler	Meet to discuss any cases.



**Table 13: Community Outreach and Education**

TITLE OF OUTREACH	DATE	PERSONS ATTENDING	DESCRIPTION
Community Corrections Board	Bi-monthly	Gail Houk, Lenny Hrovat	Participated in Community Corrections Board
Medina County Home Advisory Council	Bi-Monthly	Christy Rickbrodt	Attend meetings as Mental Health Rep. Sits on Future Planning Committee.
Step Up to Health Committee	Bi-monthly	Gail Houk & multiple community partners	Ongoing meetings at the Medina County Health Department networking community entities to educate and institute improved health habits for Medina County residents
Special Populations Housing Committee	Bi-monthly	Christy Rickbrodt & Mark Trew	Ad-Hoc Committee of Medina County Housing Network to focus on housing needs disabled populations.
United Way Executive Director's Roundtable	Bi-Monthly	Mark Trew	Meeting with leaders from other non-profit agencies in Medina County.
Ohio Recovery Housing Meeting	7/6/16	Mark Trew	Met with members of the ADAMH Board staff and representatives from Ohio Recovery Housing.
OOA Outreach Meeting	7/26/16	Mark Trew/Michelle Hartis	Met with Office for Older Adults staff to discuss opportunities for outreach to seniors at OOA.
BH Redesign Regional Meeting	8/5/16	Mark Trew/Tim Gilroy/Michelle Hartis	Meeting to address upcoming changes to Medicaid behavioral health services.
MCJFS 1915i Medicaid Meeting	8/11/16	Mark Trew/Michelle Hartis	Attended meeting to discuss impacts on mental health clients of the changes to Medicaid eligibility rules.
MCBDD Outreach Meeting	8/18/16	Mark Trew/Michelle Hartis	Meeting to discuss collaborative opportunities with Medina County Board of Developmental Disabilities.
NAMI Out of the Darkness Awareness Event	10/06/16	Mark Trew	Spoke about Mental Health awareness and stigma at a local NAMI Awareness event for mental health awareness week.
Cooperative Community Services Outreach Meeting	10/11/16	Mark Trew/Michelle Hartis	Meeting with new group in Lodi focused on bringing human services agencies to Lodi.
Meeting with Mayor of Wadsworth	1/6/17	Mark Trew	Met with Mayor of Wadsworth to discuss community needs and discuss the opening of AP's Wadsworth satellite office.

**Table 13: Community Outreach and Education**

TITLE OF OUTREACH	DATE	PERSONS ATTENDING	DESCRIPTION
Wadsworth Chamber of Commerce Non Profit Fair	1/25/17	Mark Trew/Jami Korneder	Attended non-profit fair to discuss agency services.
Greater Than Heroin Luncheon	2/7/17	Mark Trew	Attended community meeting to discuss opiate epidemic in Medina County.
Attorney General's "Ideas in Action" Event for Heroin	2/14/17	Mark Trew	Attended state-wide event to discuss ideas to combat the opiate epidemic in Ohio.
Medina County Opiate Task Force Kickoff	2/24/17	Mark Trew	Attended kickoff for Medina County Opiate Task Force
Medina County Opiate Task Force Treatment Access Committee	2/24/17	Mark Trew	Chairing the Opiate Task Force Treatment Access Committee.
Junior Leadership Medina S.U.P.P.O.R.T Team Opiate Presentation	3/18/17	Mark Trew/Lenny Hrovat	Attended and participated in group discussions at Junior Leadership's S.U.P.P.O.R.T Team program discussing the opiate epidemic in Medina County.
Behavioral Health Redesign Meeting	4/7/17	Mark Trew, Michelle Hartis, Patrick Acurio, Tim Gilroy	State meeting on Medicaid BH Redesign Initiative
AP/Medina County Health Department Vivetrol Meeting	4/10/17	Mark Trew/Michelle Hartis/Jessica Seitz	Meeting with Medina County Health Department to finalize plans for partnership on Vivetrol medication assisted treatment program.
Medina County Share Cluster Breakfast	4/21/17	Mark Trew/Gail Houk	Attended annual Share Cluster Breakfast. Gail Houk presented on annual Suicide Prevention Video Contest winners.
Medicaid Managed Care Regional Forum	5/2/17	Mark Trew	Attended regional managed care forum to learn about changes to Medicaid in Ohio.
Juvenile Drug Court Planning Meeting	5/9/17	Mark Trew/Gail Houk	Meeting to discuss the collaboration between AP and Medina County Juvenile Court regarding Juvenile Drug Court.
AP/SHC Collaborative Meeting	5/18/17	Mark Trew/Michelle Hartis	Meeting between AP and SHC leaders to discuss collaborative efforts in treatment of individuals with DD/MH dual diagnosis.

**Table 13: Community Outreach and Education**

TITLE OF OUTREACH	DATE	PERSONS ATTENDING	DESCRIPTION
Medina Gazette Meeting	5/24/17	Mark Trew	Meeting with Medina Gazette Newspaper to discuss new AP service initiatives with youth and AOD services.
Jail Behavioral Health Services Meeting	5/31/2017	Mark Trew/Denise Engelmann	Meeting with local law enforcement, jail staff, and local leaders to discuss behavioral health services at the Medina County Jail.
AP/SHC Collaborative Meeting	6/15/2017	Mark Trew/Michelle Hartis	Meeting with SHC staff to discuss AP services, access to services for individuals with dual diagnosis DD/MH.
Opiate Task Force Meeting	6/23/17	Mark Trew/Gail Houk	Community Meeting to discuss latest trends and services regarding opiate use in Medina County.

In addition to the community outreach and collaborative activities listed, the agency holds memberships in the following associations: American Correctional Association, Greater Medina Chamber of Commerce, Mental Health Professionals of Medina County, National Commission of Correctional Health Care, The Ohio Council of Behavioral Health and Family Service Providers, and the Ohio Domestic Violence Network.

## Summary

Alternative Paths served 6,367 consumers representing a 12.51% increase over last year. The main location received 888 requests for outpatient services, up 43%, opened 596 cases, up 85%, and closed 261 cases, up 64% from last year. The Agency referred 8% of applicants elsewhere which is 19 points lower than last year. Lodi received 117 requests, down 5% from last year. Wadsworth received 23 requests for service.

The average wait for our services at our main location decreased three days to 16 days. The average wait at Lodi was 13 days, a four-day increase. The average wait at Wadsworth was 11 days.

There were thirty-one (31) Reports filed in Fiscal Year 2017: Two (2) Major Unusual Incidents (OHMAS reportable) and (29) Incident Reports which are investigated internally and are not reportable to OHMAS. This represents a 29% increase in sentinel reports from previous: MUI increased by two points; Incident Reports increased 21 %.

Performance improvement, community outreach, staff development, and health and safety activities were conducted on a regular basis to increase accessibility, efficiency, appropriateness, satisfaction and quality. Community needs and trends are tracked leading to programs creation and/partnerships with other community organizations to meet stakeholder needs.

## Conclusion

Fiscal Year 2017 was noteworthy for Alternative Paths. The Credible Electronic Health Record was successfully integrated across the agency and has increased accessibility, quality and efficiency in business and clinical applications. The Agency's menu of services grew to include outpatient AoD services and expanded youth offerings; two additional locations in Wadsworth and the Medina County Juvenile Court Annex increased service access.

These new offerings include AoD counseling, case management and an Intensive Outpatient Program as well as expanded forensic services to include the Juvenile Drug Court Non-Intensive program, the Opiate Response Team to meet persons in the community who have recently overdosed enabling linkage to life-saving behavioral health treatment, and an aftercare case management program to support persons in AoD recovery remain in treatment after their release from the Medina County Jail. Youth treatment services include child psychiatry and pharmacological management, counseling, case management, intensive follow-up services for youth in the Juvenile Drug Court program and an Intensive Home-Based Treatment program. Alternative Paths is positioned to support mental health and addiction recovery for a greater number of Medina County residents across a continuum of the lifespan increasing the probability of successful treatment outcomes.

FY2018 goals include another three-year CARF accreditation upon passing our tri-annual survey; conforming to Ohio Behavioral Health Redesign service requirements; reducing missed appointments rate, creating a computer-based staff training system; implementing an integrated treatment plan, and offering Medication Assisted Treatment in the AoD program.

The Quality Improvement program assesses stakeholder impact of our services using outcomes data and stakeholder input to design performance and service delivery improvements to meet our mission of providing an array of quality behavioral healthcare services designed to meet the needs of residents of Medina County and surrounding areas.

Respectfully Submitted,  
Patrick Acurio, LISW-S  
Director of Quality Improvement