

# MID-OHIO PSYCHOLOGICAL SERVICES, INC.

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## QA REPORT

**TO:** Bradley A. Hedges, Ph.D.  
Executive Director

**FROM:** Shawna Watts, MBA *Shawna Watts*  
Quality Assurance Coordinator

**SUBJECT:** Quality Assurance Activities for June 2003

**SUBMITTED:** October 2, 2003

### I: MAJOR UNUSUAL INCIDENTS

There were no major unusual incidents in the month of June.

### II: TRANSFERS FROM STATE HOSPITALS

There was one transfer to the state hospital in June. Client #02111502 was referred to Fairfield Medical Center on 06/13/2003. The client was then admitted to Twin Valley on 06/13/2003 and released on 06/23/2003. The client was seen on 06/23/2003 by Robin Rippeth. Client #02073006 was referred to Fairfield Medical Center on 06/19/2003 and released on 06/21/2003. The client was seen by Kelly Kleimeyer on 06/26/2003. Client #02111502 was admitted to Fairfield Medical Center on 06/02/2003 and released on 06/09/2003. The client was seen by Robin Rippeth on 06/12/2003. Client #02112005 was released from Columbus Adolescent Psychiatric Hospital on 06/07/2003 and seen on 06/10/2003. This client was referred back to Columbus Adolescent Psychiatric Hospital on 06/17/2003. This client was then transferred to Fox Run and was seen on 07/10/2003, after an extended stay at Fox Run. Clients are being seen within the appropriate timeframe.

### III: PLANT/PHYSICAL HEALTH AND SAFETY

No health or safety issues were identified by the building inspection in the month of June 2003.



#### IV: RECORDS COMPLETENESS REVIEW

Clinicians	% Compliance With Standard	Chart Included AOD Services	Chart Included CSP Services
Dr. Brad Hedges	100	NO	NO
Dr. Robin Rippith	99	NO	NO
Dr. Chris Ray*	93	NO	NO
Tonya Kraner	99	NO	NO
Dr. Scott Craft*	91	NO	NO
Dean Bachelor*	91	NO	NO
Dr. Stephanie Miller*	89	NO	NO
Claire Robitaille	95	NO	YES
Joni Grim	99	NO	NO
Chris Johnson*	92	NO	NO
Steve Ford	95	NO	YES
Amanda Moore	98	NO	YES
Joe Dunson	96	YES	YES
Mike Selegue*	88	NO	NO
Tara Rice*	91	NO	YES
Jodi Frazier	98	NO	YES
A.J. Bierly	96	NO	YES
Kelly Kleimeyer	99	NO	NO
Rick Gehlbach	95	NO	NO
Dawn McCoy*	94	NO	NO
Misty Coleman*	81	NO	NO
Bonnie Pearse*	82	YES	YES

\*Denotes that the clinician did not meet the target threshold of 95% compliance with the standards. Forty-five percent of the clinicians did not meet the 95% threshold for the record review. Reasons that clinicians did not meet the threshold and the percentage of records reviewed is as follows:

- Fifty percent of the records reviewed were missing a copy of the current medical card.
- Twenty-two percent of the records reviewed were missing forms or had incomplete forms in the chart.
- Signatures were missing on some forms in the chart for 13% of the clinicians.
- In 77% of the records reviewed there was at least one session recorded that did not match the billing record.
- Forty-five percent of the records reviewed had an Individual Service Plan on the chart that needed to be updated.

- Fifty percent of the records reviewed did not have a reviewed health assessment.
- Sixty-eight percent of clinicians were missing case notes for billed services.

## V: PEER REVIEW

Clinicians	Percent Compliant With Standard	Chart Included AOD Services	Chart Included CSP Services
Dr. Brad Hedges	100	NO	NO
Dr. Stephanie Miller	93	NO	NO
Dr. Chris Ray	90	NO	NO
Dr. Robin Rippeth	100	NO	NO
Tonya Kraner	100	NO	NO
Steve Ford	94	NO	YES
Mike Selegue*	86	NO	NO
Joni Grim	94	NO	NO
Dr. Scott Craft*	77	NO	NO
Chris Johnson	99	NO	NO
Claire Robitaille	93	NO	YES
Kelly Kleimeyer	99	NO	NO
Bonnie Pearse	96	YES	YES
Dawn McCoy	99	NO	NO
Dean Bachelor	93	NO	NO
Misty Coleman	92	NO	NO
Rick Gehlbach	97	NO	NO
Joe Dunson	95	YES	YES
Tara Rice	91	NO	YES
A.J. Bierly	98	NO	YES
Jodi Frazier	99	NO	YES
Amanda Moore	98	NO	YES

\*Denotes that the clinician did not meet the target threshold of 90% compliance with the standards.

- Nine percent of the clinicians did not meet the 90% threshold for peer review for the month of June.
- Twenty-three percent of the records reviewed for peer review showed that the clinician did not complete the required forms, or make the necessary referrals.
- Sixty-four percent of the records were not maintained consistently in that case notes were not completed and not billed for. Also, the client, clinician and the supervisor have not signed the progress note or other necessary documentation.

**VI: UTILIZATION REVIEW**

<b>Clinician</b>	<b>Number of Clients Assigned</b>	<b>Number of Clients Seen</b>	<b>Average Number of Contacts Per Client Seen</b>
Dean Bachelor	20	9	2.8
Dr. Stephanie Miller	50	6	1.3
Dr. Brad Hedges	54	12	1.3
Dr. Chris Ray	78	24	1.6
Tonya Kraner	52	28	1.9
Dr. Robin Rippith	41	27	1.4
Dawn McCoy	69	44	1.9
Dr. Scott Craft	119	32	2.1
Steve Ford	67	52	2.3
Bonnie Pearse	78	48	2.2
Joni Grim	87	25	1.5
Chris Johnson	132	23	1.7
Claire Robitaille	41	26	2
Rick Gehlbach	60	29	1.5
Mike Seleque	54	40	2.4
Kelly Kleimeyer	56	46	2.8
Joe Dunson	27	6	4.5
Tara Rice	36	7	1.4
Misty Coleman	43	31	5.5
A.J. Bierly	27	19	4.8
Jodi Frazier	26	16	3.7
Amanda Moore	28	18	6.2

The No Show rate for June was 25%. When considering both the no show rate and the cancellation rate, this figure is 46%.

The Medicaid dollars billed for the month of June 2003 for Fairfield County totals \$73,195.70 . A total of \$576,505.12 Medicaid dollars were billed year to date for Fairfield County. Following this report is a table of the agency's service budget.

**VII: AOD UTILIZATION REVIEW**

AOD Womens Group sessions in the month of June 2003 showed that the average attendance at each session was 65%. Overall, 5 women utilized the AOD Womens Group during the month of June, and attended an average of 3.3 of 4 sessions.

Sessions Offered	06/02/2003	06/09/2003	06/16/2003	06/23/2003	06/30/2003
5 Females	3	3	0*	4	3

\* Group was canceled.

**VIII: INVOLUNTARY TERMINATIONS**

No involuntary terminations were conducted during the month of June 2003.

**IX: PROFESSIONAL STAFF ORGANIZATION**

The clinical staff maintains current licensure requirements. The following clinicians attended workshops during the month of May.

Clinician	Workshop Name	Dates Attended	# of CEU's
Brad Hedges	Forensic Directors Annual Training	06/13/2003-06/14/2003	9
Chris Ray	25 <sup>th</sup> Annual Conference: Forensic Issues	06/13/2003-06/14/2003	9

**X: REVIEW OF WAITING LIST**

There were a total of 88 new clients seen in the MOPS General Program of enrollment this month. Sixty-four percent of these new clients were from Fairfield County. The total number of clients seen in the month of June 2003 was 568.

**XI: REVIEW OF SERVICES UNDER CONTRACT**

No changes are noted regarding the services under contract.

**XII: FOCUSED REVIEW AREA**

A random sampling of 30 charts from all clients in the agency who had an AOD diagnosis was made and a review of the type of services rendered to these clients occurred. A table entitled *AOD Level of Intensity Sample* is attached to the QA report reflecting this review.

To summarize the findings of this review process, four of the clients sampled were sent to MOPS for an evaluation or intake and never engaged in ongoing services. Eight of the

clients were receiving services from another agency to address AOD issues. MOPS staff are coordinating services with the other agencies in the provision of the AOD treatment and valid Release of Information Forms were found in the chart for these cases. Fifteen of the clients were receiving services to address AOD issues in this agency. Four were enrolled in the AOD program and eight were enrolled in the MOPS General Program with AOD issues addressed on their treatment plans. Three clients have no AOD treatment goals and do not appear to be receiving services elsewhere to address these issue. This represents a gap in proper intervention by our agency.

In addition to the random sample, a review was done of the utilization of services of clients enrolled in the agency's AOD Womens group. The following is a chart of the services rendered to the members in the past nine months.

Services	Client 1 (6/02)	Client 2 (11/02)	Client 3 (9/02)	Client 4 (6/02)	Client 5 (02/03)*
Individual	24	22	16	28	9
Group	33	20	23	1**	11
CSP	36	9	27	2	10
MedSomatic	11	5	0	6	0
Missed	30	37	37	7	16

\*Client not engaged in services the entire 9 months

\*\*Enrolled in group in June 03

The members, are receiving an full array of services to manage their cases.

Client satisfactions surveys were completed with the AOD Womens group members. The results are not available at this time, but will be reported next month. A referral source survey is being sent to the Family ,Child, and Adult First Counsel members, and Fairfield County Children Services line staff to be completed on the web, the results are not available at this time, but will be reported next month.

### **XIII: RESPONSE TO LAST MONTHS FOCUS REVIEW**

The focused area of review for the month of May was to review and revise the overall goals and objectives of the QA plan, assess the efficiency of the QA activities, review the resolution of identified QA problems, review the adequacy of corrective actions related to QA reviews, and to review the achievement of accepted professional standards of practice.

The overall goals and objectives of the QA plan were reviewed, monthly meetings are scheduled to occur and quarterly reports will be completed. An oversite of including a section for the reporting of client grievances in the monthly and quarterly QA reports has been corrected.

The efficiency of the QA process is improving due to the clinicians assigned to QA activities being able to focus on chart reviews while the reports are done administratively by the QA Coordinator. The goal is to be only one month behind by September.

To resolve identified QA problems a non-clinical QA Coordinator has been identified to plan meetings, coordinate follow-up on corrections identified in QA activities, and facilitate completion of QA activities to be done in a more timely fashion. Reports used for QA continue to be monitored and revised to improve statistical information.

Corrective actions in the past have had little to no follow-up. To correct this, clinicians are being sent e-mails to remind them to do corrections if they do not turn the corrective actions into the QA Coordinator by the time they are due. A sampling of the corrections that are to be made is taken and checked to verify that corrections were actually made. If corrections were not made, then the clinicians supervisor is notified.

The achievement of acceptable professional standards of practice were reviewed. Clinicians are scoring well on peer review, however consistency related to documentation of case notes, billing, and signatures is an ongoing problem. Methods to try and correct this will be reviewed during an upcoming QA meeting.

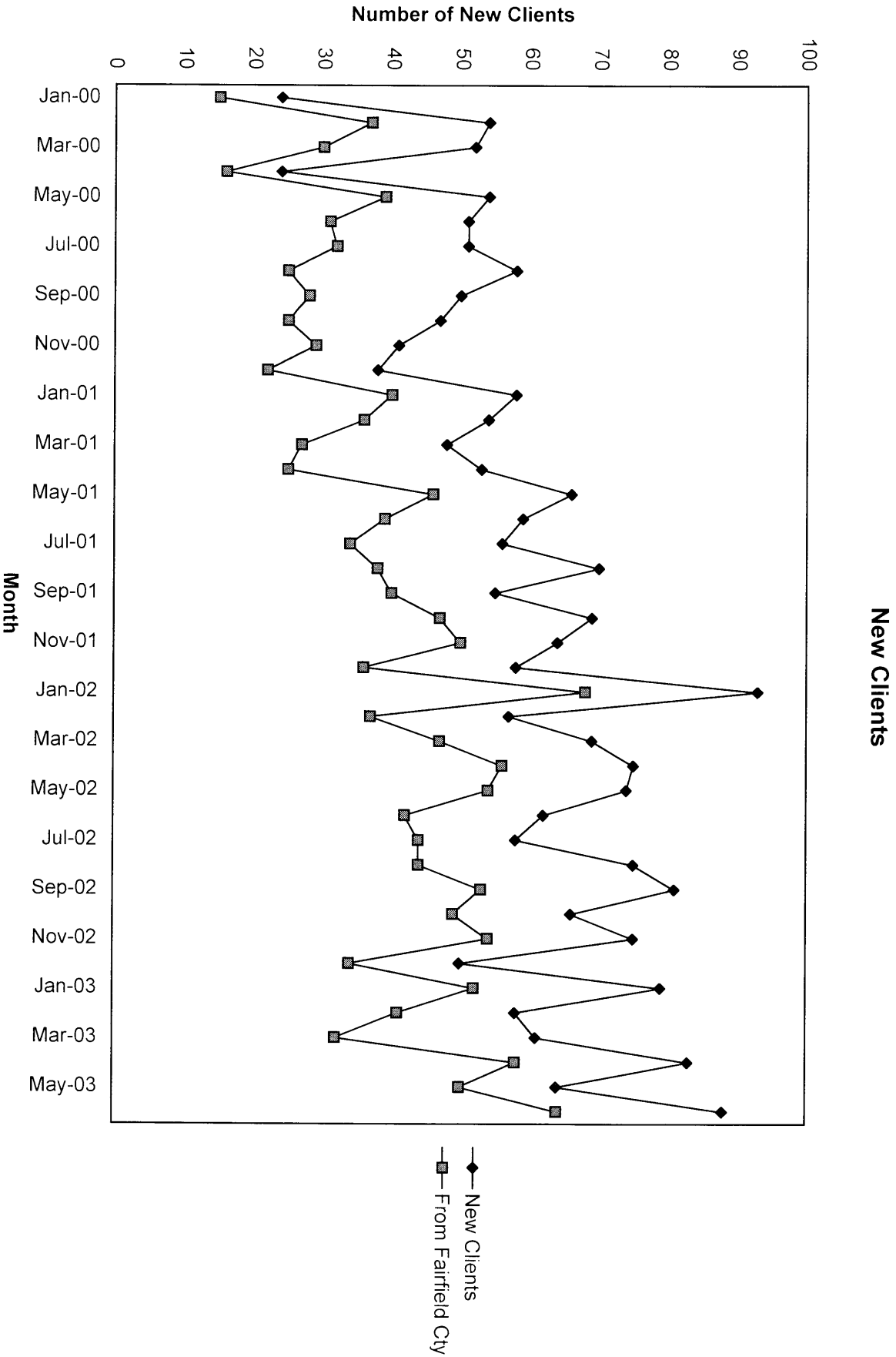
#### **XIV: CLIENT RIGHTS AND GRIEVANCES**

There was one verbal client grievance made by client 00101201 in June. There was a misunderstanding between what a client perceived the clinician to say and what the clinician was meaning when the statement was made. The client and clinician resolved this by clarifying the information.

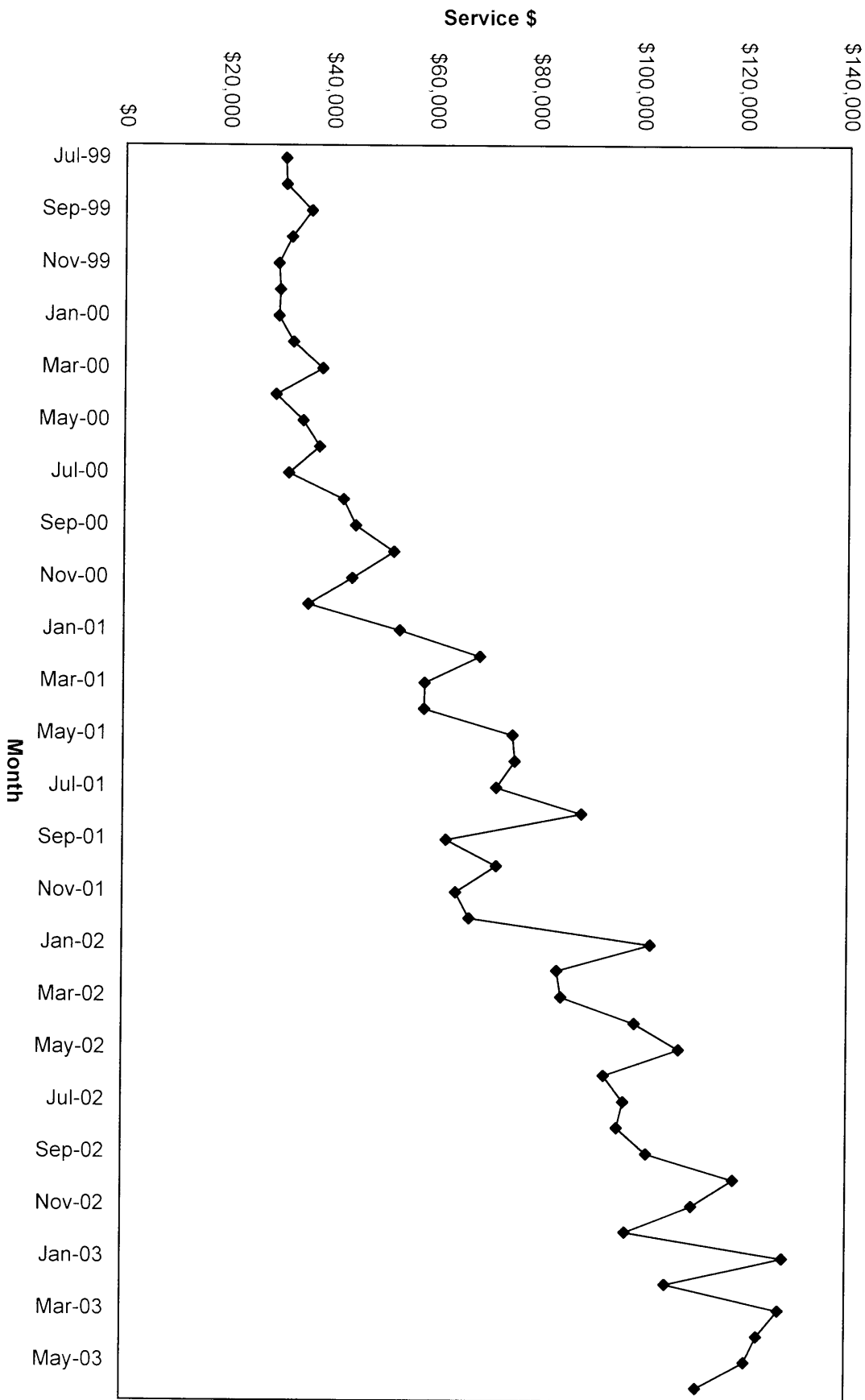
cc: Fairfield County Mental Health and Recovery Services Board  
MOPS Board of Directors  
MOPS Staff  
QA Minutes Logbook

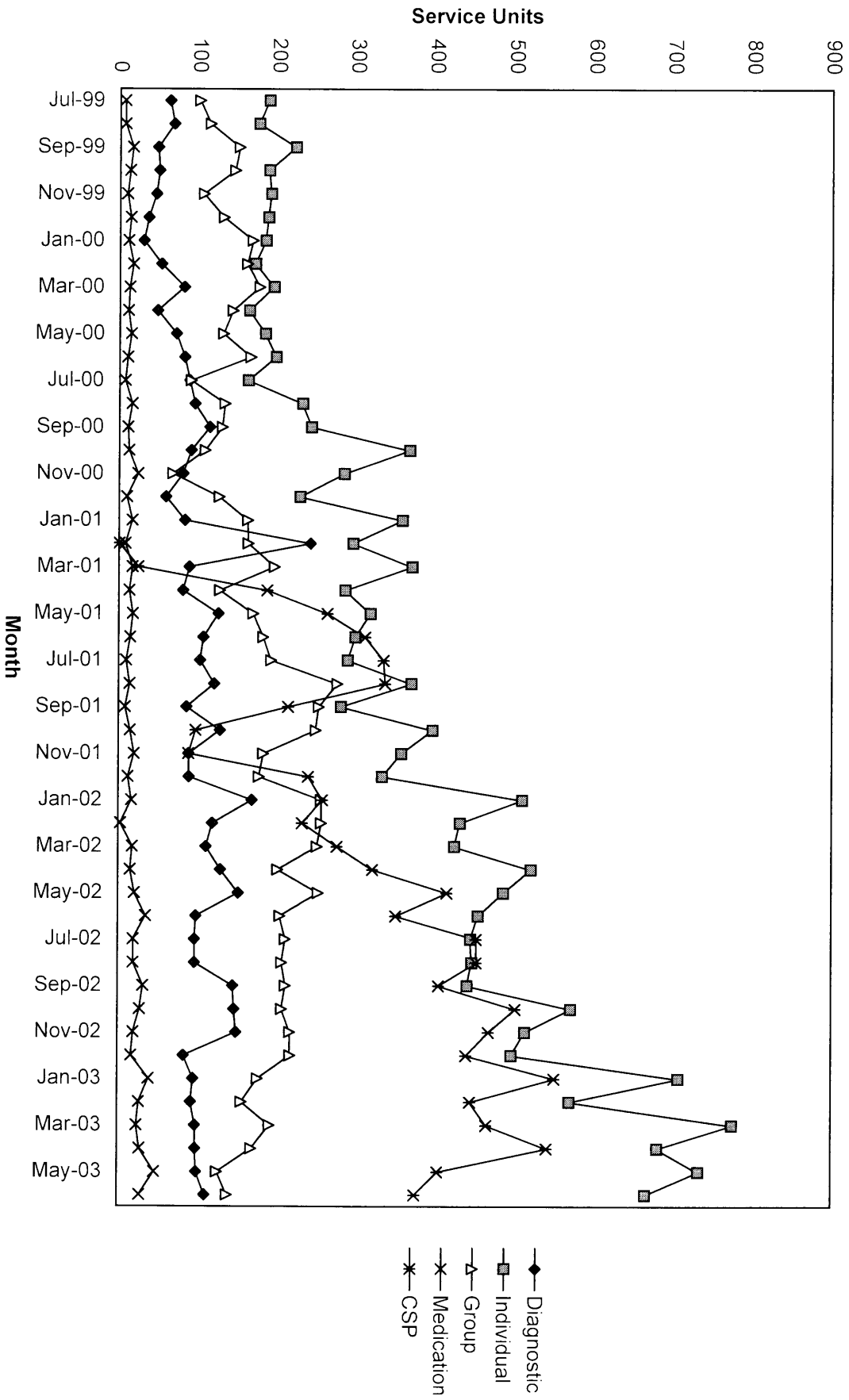
### Agency Services Budget

	Service Provided for Month		Budgeted for Month		Fiscal Y-T-D Provided		Fiscal Y-T-D Budgeted		Variance between Budgeted and Provided Y-T-D	
	Total For All of MOPS	Fairfield County Medicaid	Total For All of MOPS	Fairfield County Medicaid	Total For All of MOPS	Fairfield County Medicaid	Total For All of MOPS	Fairfield County Medicaid	Total For All of MOPS	Fairfield County Medicaid
Diagnostic/Assessment	140.1	66.7	92	54.17	1368.20	727.1	845	650	\$70,632 over	\$10,409 over
Individual Counseling	\$18,914	\$9,005	\$12,420	\$7,313	\$184,707	\$98,159	\$114,075	\$87,750	\$70,632 over	\$184,644 over
CSP	665.40	400.8	250	189.17	7085.41	4321.6	2951	2270	\$372,097 over	\$184,644 over
Group	\$59,886	\$36,072	\$22,500	\$17,025	\$637,687	\$388,944	\$265,590	\$204,300	\$62,413 under	\$31,726 under
Medication	424.72	308.1	192	433.33	5799.80	4711.9	6760	5200	\$62,413 under	\$31,726 under
AOD Assessment	\$27,607	\$20,027	\$12,480	\$28,166	\$376,987	\$306,274	\$439,400	\$338,000	\$62,413 under	\$31,726 under
AOD Individual	114.0	35.5	34	70.83	2327.70	737.5	1105	850	\$48,273 over	\$4,441 under
AOD CSP	\$4,501	\$1,402	\$1,342	\$2,796	\$91,898	\$29,117	\$43,625	\$33,558	\$48,273 over	\$4,441 under
AOD Group	28.20	21.8	15	21.0	331.50	258.2	327	252	\$928 over	\$1,278 over
Jail Based	\$5,811	\$4,492	\$3,091	\$4,327	\$68,309	\$53,205	\$67,381	\$51,927	\$928 over	\$1,278 over
Court Diversion	0	0	3	9	0	0	140	108	\$13,474 under	\$10,394 under
Sum \$	\$0	\$0	\$289	\$866	\$0	\$0	\$13,474	\$10,394	\$13,474 under	\$10,394 under
	0	0	6	21.67	1	1	338	260	\$29,410 under	\$22,603 under
	\$0	\$0	\$524	\$1,891	\$87	\$87	\$29,497	\$22,690	\$29,410 under	\$22,603 under
	0	0	0	0	0	0	0	0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	24.50	20.0	104	65	268.10	194.0	1014	780	\$28,404 under	\$22,314 under
	\$933	\$762	\$3,960	\$2,475	\$10,209	\$7,388	\$38,613	\$29,702	\$28,404 under	\$22,314 under
	86.7	N/A	86.7	N/A	1,040	N/A	1,040	N/A	0	N/A
	\$3,035	N/A	\$3,035	N/A	\$36,414	N/A	\$36,414	N/A	0	N/A
	86.7	N/A	86.7	N/A	1,040	N/A	1,040	N/A	0	N/A
	\$3,035	N/A	\$3,035	N/A	\$36,414	N/A	\$36,414	N/A	0	N/A
	\$123,722	\$71,760	\$62,676	\$64,859	\$1,442,712	\$883,174	\$1,084,483	\$778,321	\$358,229 over	\$109,294 over

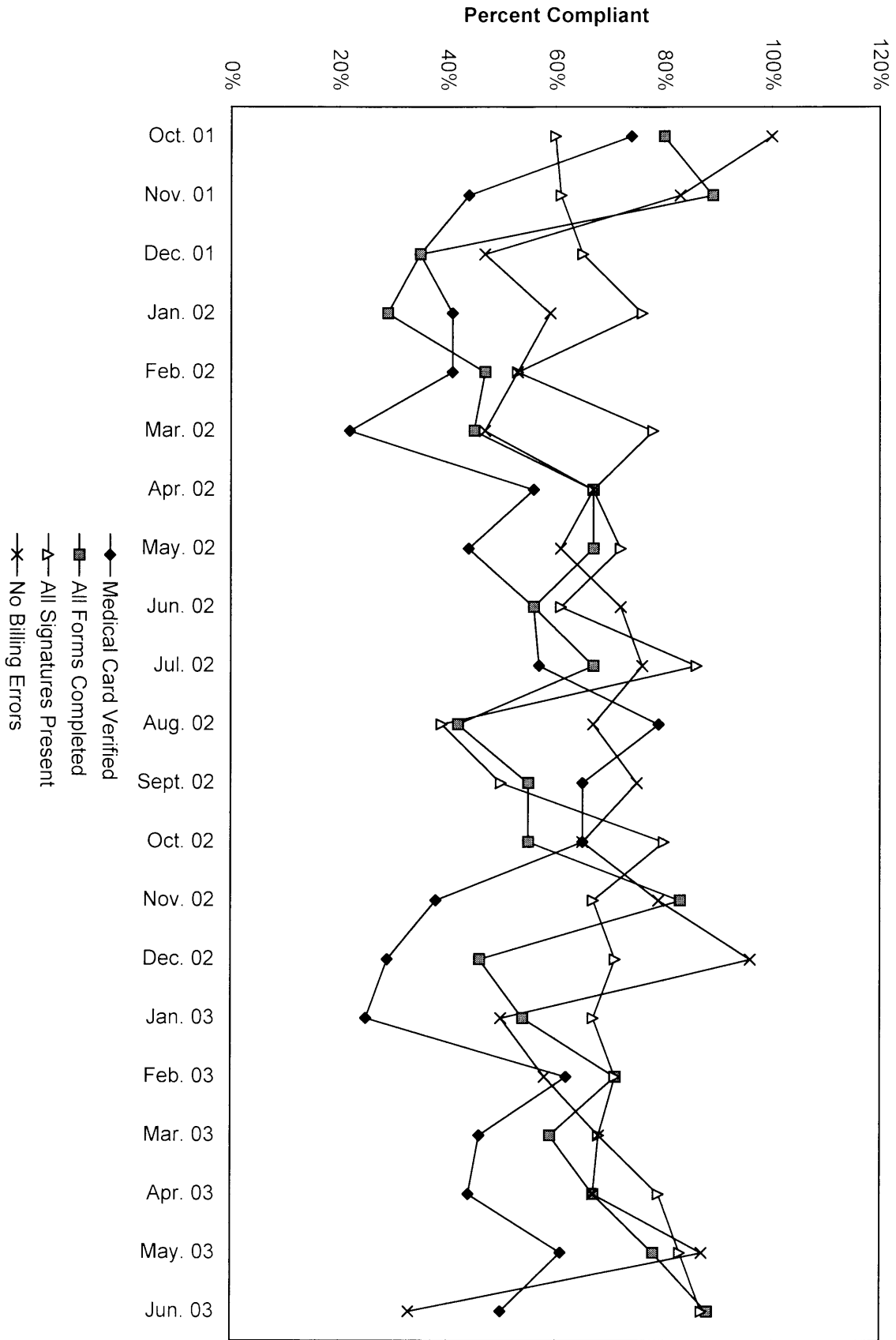


Total Monthly \$'s of Service

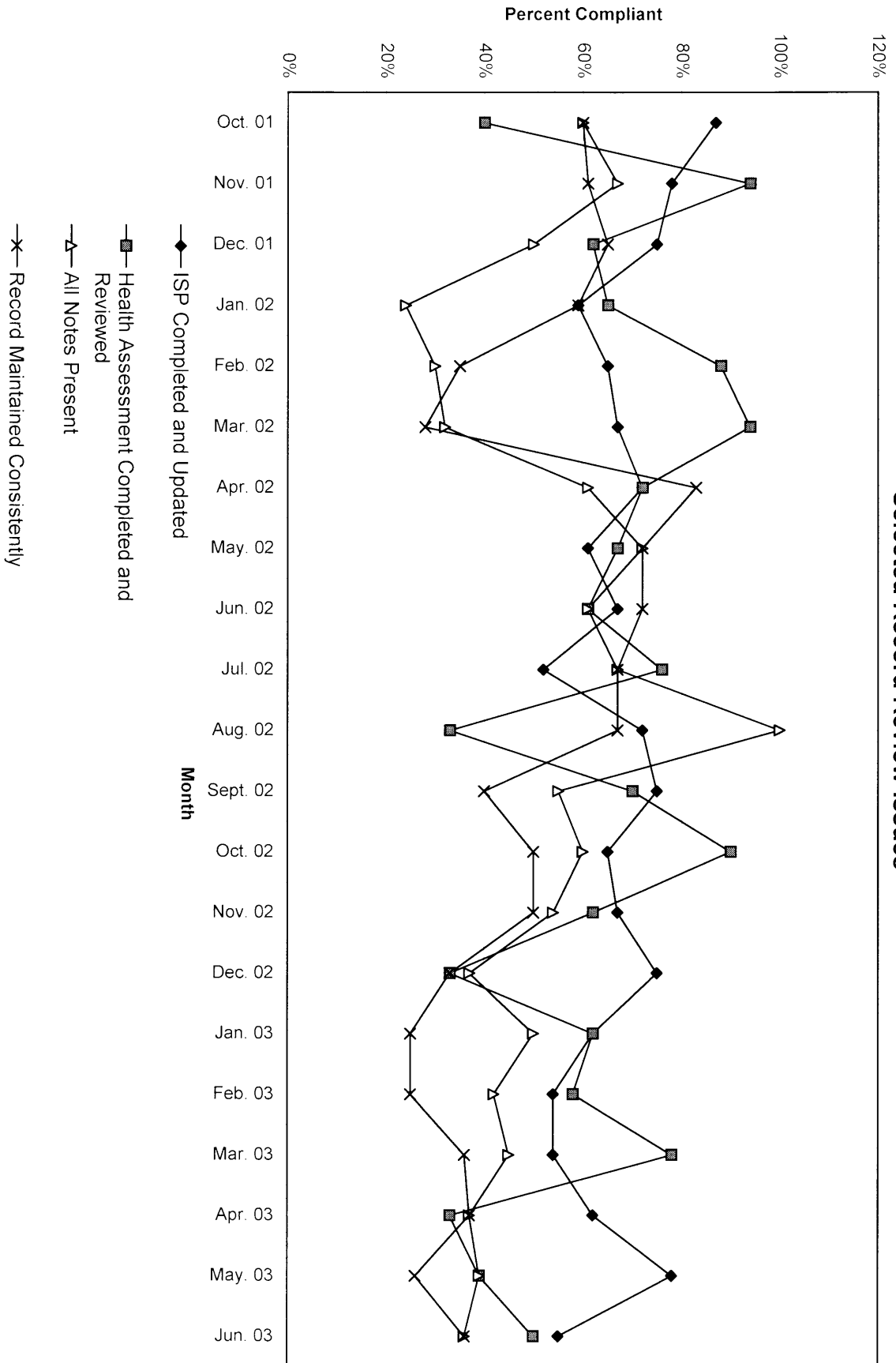




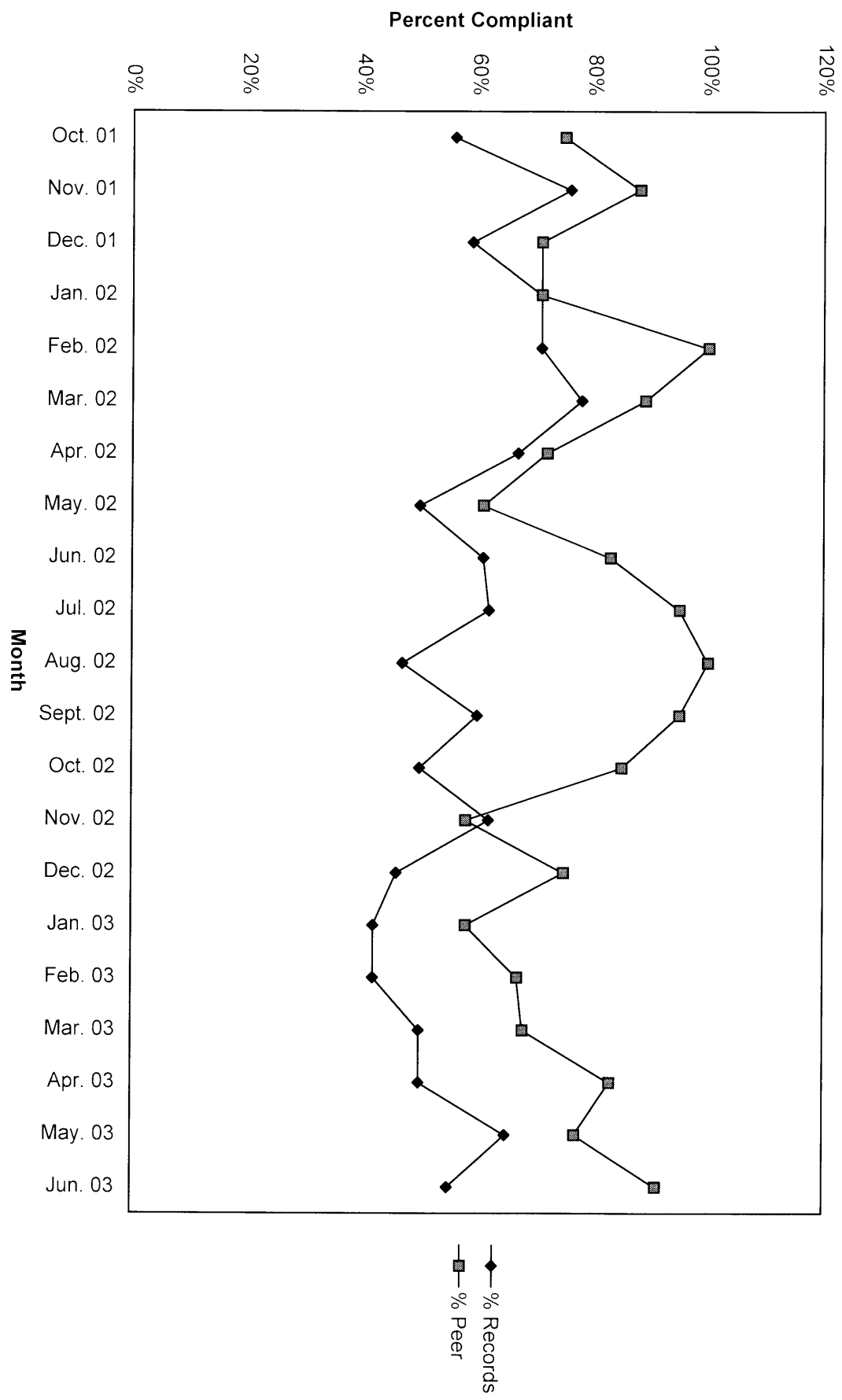
Selected Record Review Issues



### Selected Record Review Issues



Compliance Review



June

2003

Mid Ohio Psychological Services

Unit Rate	Cancellations	Missed	Diagnostics	Evaluations	Individual	Group	Community Support	Medication	Other Units	Total Units	Billable Units	Units Billed+ Missed	Schedule Proficiency	% Canceled	% Missed	Lost Units due to C & M	% of Total Billable Units
Dean Bachelor	3	10	135	135	90	40	65	195	35	39.00	26.00	36.00	72%	8%	26%	33%	2%
A. J. Bierly*			0.00		10.00	16.00	57.20			57.20	57.20	36.00		8%	26%	33%	2%
Scott Craft	9	24	1.50	0.00	41.30	26.00	0.00			57.20	57.20	36.00		8%	26%	33%	2%
Misty Coleman	4	7			94.50	42.00	35.90		80.0	181.80	148.80	172.80	82%	5%	13%	18%	10%
Steve Ford	17	20	16.00		82.40	4.50	9.90		0.0	183.40	172.40	179.40	94%	2%	4%	6%	11%
Jodie Frazier*										149.80	112.80	132.80	75%	11%	13%	25%	7%
Rick Gehlbach	6	21	14.00	0.00	24.90	12.50	31.30			31.30	31.30	36.00		11%	13%	25%	7%
Joni Grim	45	8	7.30		25.30	0.00	0.00			78.40	51.40	72.40	66%	8%	27%	34%	3%
Brad Hedgcs	14	7	0.00	13.00	6.30		0.30			88.60	35.60	43.60	40%	51%	9%	60%	2%
Chris Johnson	20	41			29.50	6.00			32.0	40.60	19.60	26.60	48%	34%	17%	52%	1%
Tonya Kraner	7	10	5.00		44.30		0.80			128.50	67.50	108.50	53%	16%	32%	47%	4%
Dawn McCoy	22	44	19.30		60.60	7.00	1.40			67.10	50.10	60.10	75%	10%	15%	25%	3%
Stephanie Miller	6	7	1.00	0.00	5.00	3.00				154.30	88.30	132.30	57%	14%	29%	43%	6%
Bonnie Pearse	55	40	13.00		59.80	21.50	6.80			22.00	9.00	16.00	41%	27%	32%	59%	1%
Chris Ray	23	14	6.30	5.30	29.10					196.10	101.10	141.10	52%	28%	20%	48%	7%
Robin Rippeh	3	17	9.80	11.60	24.20		3.00			77.70	40.70	54.70	52%	30%	18%	48%	3%
Claire Robitaille	16	22	2.00		48.90					68.60	48.60	65.60	71%	4%	25%	29%	3%
Mike Selegue *			11.50		39.60		12.00		5.8	88.90	50.90	72.90	57%	18%	25%	43%	3%
Charles Snyder	55	33			1.00			28.2		68.90	68.90						5%
Amanda Moore*					0.00		163.90			117.20	29.20	62.20	25%	47%	28%	75%	2%
Kelly Kleimeyer	0	1	3.50		38.70		29.80			163.90	163.90						2%
Tara Rice *			0.00				36.32			73.00	72.00	73.00	99%	0%	1%	1%	5%
Joe Dunson *							33.10			33.10	33.10						2%
Sum Totals	305	326	110.20	29.90	665.40	138.50	424.72	28.2	117.8	2145.72	1514.72	1450.00	62%	18%	20%	38%	4%
Average																	

\* These clinicians do not have a daily scheduler therefore their totals are not reported in the missed or cancelled sessions

June	2003								Tot Units	% of Tot
	DA	Eval	IND	Group	CSP	MED	Other	Weighted		
Unit Rate	\$ 135	\$ 135	\$ 90	\$ 40	\$ 65	\$ 195	\$ 35			
Dean Bachelor	0.00	0.00	10.00	16.00	0.00	0.0	0.0			
	\$0	\$0	\$900	\$640	\$0	\$0	\$0	\$ 1,540.00	1%	
A.J. Bierly	0.00	0.00	0.00	0.00	57.20	0.00	0.00			
	\$0.00	\$0.00	\$0.00	\$0.00	\$3,718.00	\$0.00	\$0.00	\$ 3,718.00	3%	
Misty Coleman	0.00	0.00	94.50	42.00	35.90	0.00	0.00			
	\$0.00	\$0.00	\$8,505.00	\$1,680.00	\$2,333.50	\$0.00	\$0.00	\$ 12,518.50	11%	
Scott Craft	1.50	0.00	41.30	26.00	0.00	0.0	80.0			
	\$202.50	\$0.00	\$3,717.00	\$1,040.00	\$0.00	\$0.00	\$2,800.00	\$ 7,759.50	7%	
Jodie Frazier	0.00	0.00	0.00	0.00	31.30	0.00	0.00			
	\$0.00	\$0.00	\$0.00	\$0.00	\$2,034.50	\$0.00	\$0.00	\$ 2,034.50	2%	
Steve Ford	16.00	0.00	82.40	4.50	9.90	0.00	0.00			
	\$2,160.00	\$0.00	\$7,416.00	\$180.00	\$643.50	\$0.00	\$0.00	\$ 10,399.50	9%	
Rick Gehlbach	14.00	0.00	24.90	12.50	0.00	0.00	0.00			
	\$1,890.00	\$0.00	\$2,241.00	\$500.00	\$0.00	\$0.00	\$0.00	\$ 4,631.00	4%	
Joni Grim	7.30	0.00	25.30	0.00	3.00	0.00	0.00			
	\$985.50	\$0.00	\$2,277.00	\$0.00	\$195.00	\$0.00	\$0.00	\$ 3,457.50	3%	
Brad Hedges	0.00	13.00	6.30	0.00	0.30	0.00	0.00			
	\$0.00	\$1,755.00	\$567.00	\$0.00	\$19.50	\$0.00	\$0.00	\$ 2,341.50	2%	
Chris Johnson	0.00	0.00	29.50	6.00	0.00	0.00	32.00			
	\$0.00	\$0.00	\$2,655.00	\$240.00	\$0.00	\$0.00	\$1,120.00	\$ 4,015.00	3%	
Kelly Kleimeyer	3.50	0.00	38.70	0.00	29.80	0.00	0.00			
	\$472.50	\$0.00	\$3,483.00	\$0.00	\$1,937.00	\$0.00	\$0.00	\$ 5,892.50	5%	
Tonya Kraner	5.00	0.00	44.30	0.00	0.80	0.00	0.00			
	\$675.00	\$0.00	\$3,987.00	\$0.00	\$52.00	\$0.00	\$0.00	\$ 4,714.00	4%	
Dawn McCoy	19.30	0.00	60.60	7.00	1.40	0.00	0.00			
	\$2,605.50	\$0.00	\$5,454.00	\$280.00	\$91.00	\$0.00	\$0.00	\$ 8,430.50	7%	
Stephanie Miller	1.00	0.00	5.00	3.00	0.00	0.0	0.0			
	\$135.00	\$0.00	\$450.00	\$120.00	\$0.00	\$0.00	\$0.00	\$ 705.00	1%	
Bonnie Pearse	13.00	0.00	59.80	21.50	6.80	0.00	0.00			
	\$1,755.00	\$0.00	\$5,382.00	\$860.00	\$442.00	\$0.00	\$0.00	\$ 8,439.00	7%	
Chris Ray	6.30	5.30	29.10	0.00	0.00	0.00	0.00			
	\$850.50	\$715.50	\$2,619.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 4,185.00	4%	
Robin Rippeth	9.80	11.60	24.20	0.00	3.00	0.00	0.00			
	\$1,323.00	\$1,566.00	\$2,178.00	\$0.00	\$195.00	\$0.00	\$0.00	\$ 5,262.00	4%	
Claire Robitaille	2.00	0.00	48.90	0.00	0.00	0.00	0.00			
	\$270.00	\$0.00	\$4,401.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 4,671.00	4%	
Mike Selegue	11.50	0.00	39.60	0.00	12.00	0.00	5.80			
	\$1,552.50	\$0.00	\$3,564.00	\$0.00	\$780.00	\$0.00	\$203.00	\$ 6,099.50	5%	
Charles Snyder	0.00	0.00	1.00	0.00	0.00	28.20	0.00			
	\$0.00	\$0.00	\$90.00	\$0.00	\$0.00	\$5,499.00	\$0.00	\$ 5,589.00	5%	
Amanda Moore	0.00	0.00	0.00	0.00	163.90	0.00	0.00			
	\$0.00	\$0.00	\$0.00	\$0.00	\$10,653.50	\$0.00	\$0.00	\$ 10,653.50	9%	
Tara Rice	0.00	0.00	0.00	0.00	36.32	0.00	0.00			
	\$0.00	\$0.00	\$0.00	\$0.00	\$2,360.80	\$0.00	\$0.00	\$ 2,360.80	2%	
Joe Dunson	0.00	0.00	0.00	0.00	33.10	0.00	0.00			
	\$0.00	\$0.00	\$0.00	\$0.00	\$2,151.50	\$0.00	\$0.00	\$ 2,151.50	2%	
Sum Totals	\$8,356.50	\$4,036.50	\$36,639.00	\$3,080.00	\$12,200.50	\$5,499.00	\$3,920.00	\$117,056.00	5%	

This chart represents the percentage of the total dollars billed by clinician in June 2003.

AOD Level of Intensity Chart Sample									
Client ID Number	Diagnosis	MOPS Services AOD Program	Diagnostic Testing	Individual	CSP	ISP Goals	AOD Services Elsewhere Providers on ISP	ROI for Coordination of Services and Information Sharing	
1	030610541	305 20 305 00	No	Yes	No	No	No goal listed	Juvenile Court Drug Screen	
2	02092302	305 20 305 60	No	No	No	No goal listed	Pickaway Recovery Services	Rural Women's Recovery Center	
3	03070851	305 00 305 20	No	Yes	No	No goal listed	None indicated		
4	03050101	303 90 304 30	No	No	Yes AOD	Abstain		Rural Women's Recovery Center	
5	03011502	303 9	No	No	No	Improve life Maintain Abstinence	AA	New Horizons Recovery Center Stanton Villa	FMC Emergency Services
6	020605C1	304 8	No	No	No	Abstain	Recovery Center New Horizon	FMC Emergency Services Twin Valley	
7	021023K2		No	No	No	No goal listed	elsewhere	New Horizons Recovery Center	
8	021114K1	305 2	No	No	No	Remain Drug Free		OSU Dr. Randal Colucci Harding	
9	03012203	304 31	No	No	Yes AOD	Abuse free lifestyle		Adena	
10	030214C1	303 9 304 3	No	No	No	None listed	Recovery Center	Recovery Center River Valley Counseling Community Transition Center	
11	03021301	303 9	Women's Group	No	Yes	Abstinence	AA	New Horizons FMC	
12	02010804	305 20 305 60	Women's Group	Yes	Yes	Abstain		Recovery Center Children's Services	
13	03010704	304 8	No	No	Yes AOD	Withdrawn from use		FMC	
14	03032002	304 30 305 00	No	***Intake only***	No	No goal listed	Health Recovery Services	Bethesda Tri-County Mental Health Hocking County Municipal Court Health and Recovery Services	
15	030403K1	292 9	No	No	No	No goal listed	Recovery Center	None	
16	02091803		No	No	Yes AOD	No goal listed		None	
17	03011001	305 2	No	No	Yes AOD	Sobriety		Fayette County Recovery Services	
18	02112501	303 9	No	No	Yes AOD	No goal listed		None	
19	020828K1	305 20 305 00	No	*** Intake only***	No	No goal listed	Referred to Bassett House	None	
20	030314K1	304 8	No	*Evaluation only**	No	Abstain from all		Recovery Center Pickaway Area Recovery Services	
21	03040102	304 3	No	Yes	Yes AOD	Quit Using All		Recovery Center Jefferson Behavioral Health	
22	02013005	305 5	Yes MENS	No	Yes	Quit Using All		New Horizons info no release Hockingberry Recovery Center no release	
23	03070905	304 8	No	No	Yes	No goal listed		None	
24	021213K2	305 9	No	No	Yes Drug Court	No goal listed		Recovery Center	
25	02073104	305	Former Women's	No	Yes	Ongoing Abstinence		New Horizons Mount Carmel	
26	03061204	303 9	No	*** Intake only***	No	No goal listed		Recovery Center	
27	02100702	304 8	No	No	Yes AOD	No goal listed		None	
28	01050901	305 2 305 00	Yes	No	Yes	No goal listed		New Horizons	
29	03071403	303 9	No	No	Yes AOD	Clarify level of dependence		New Horizons	
30	020906K3	305 00 305 20	No	No	Yes	No goal listed		None	