

MID-OHIO PSYCHOLOGICAL SERVICES, INC.

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QA REPORT

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

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

SUBJECT: Quality Assurance Activities for September 2003

SUBMITTED: December 23, 2003

I: MAJOR UNUSUAL INCIDENTS

There were two major unusual incidents in the month of September. The first MUI involved a suicidal ideation and medication non-compliance. The incident occurred on 09/18/2003 and it involved client # 01082904. Client was transported by local police from home to Fairfield Medical Center where they were assessed and released. This incident was not reported to the Board within 24-hours due to staff members not being available for signatures. The second MUI occurred on 09/26/2003 and involved suicidal ideation of client #03071701. The local police department was called and a unit was dispatched to the client's location. The incident was reported to the Board within 24-hours.

II: TRANSFERS FROM STATE HOSPITALS

There were no transfers from state hospitals during the month of September. Client #02111502 was admitted to Fairfield Medical Center on 09/15/2003 and discharged on 09/22/2003. Robin Rippeth saw the client on the day of discharge. Client # 03072401 was admitted to OSU Upham Hall on 09/19/2003 and discharged on 09/25/2003. Dawn McCoy saw the client on 09/26/2003.

III: PLANT/PHYSICAL HEALTH AND SAFETY

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



IV: RECORDS COMPLETENESS REVIEW

Clinicians	% Compliance With Standard	Chart Included AOD Services	Chart Included CSP Services
Dr. Brad Hedges	97	NO	NO
Dr. Robin Rippeth*	92	NO	NO
Dr. Chris Ray	95	NO	NO
Tonya Kraner	98	NO	NO
Dr. Scott Craft*	90	NO	NO
Dean Bachelor*	91	NO	NO
Dr. Stephanie Miller*	90	NO	NO
Claire Robitaille	97	NO	NO
Joni Grim	97	NO	NO
Chris Johnson	95	NO	NO
Steve Ford	97	NO	YES
Amanda Moore*	86	NO	YES
Joe Dunson*	91	NO	YES
Mike Selegue*	90	NO	NO
Tara Rice*	87	NO	YES
Jodi Frazier	100	NO	YES
A.J. Bierly	100	NO	YES
Kelly Kleimeyer*	92	NO	YES
Rick Gehlbach	99	NO	YES
Dawn McCoy	97	NO	NO
Misty Coleman*	91	NO	NO
Bonnie Pearse	95	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:

- Sixty-five percent of the records reviewed were missing a copy of the current medical card.
- Forty-three 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 32% of the clinicians.
- In 36% of the records reviewed there was at least one session recorded that did not match the billing record.
- Twenty-seven percent of the records reviewed had an Individual Service Plan on the chart that needed to be updated.
- Four percent of the records reviewed did not have a reviewed health assessment.
- Fifty 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	91	NO	NO
Dr. Stephanie Miller	93	NO	NO
Dr. Chris Ray	96	NO	NO
Dr. Robin Rippeth	100	NO	NO
Tonya Kraner	100	NO	NO
Steve Ford	98	NO	YES
Mike Selegue	97	NO	NO
Joni Grim	97	NO	NO
Dr. Scott Craft	91	NO	NO
Chris Johnson	92	NO	NO
Claire Robitaille	95	NO	YES
Kelly Kleimeyer	95	NO	YES
Bonnie Pearse	100	YES	YES
Dawn McCoy	100	NO	NO
Dean Bachelor*	84	NO	NO
Misty Coleman	96	NO	NO
Rick Gehlbach	100	NO	YES
Joe Dunson	93	NO	YES
Tara Rice	97	NO	YES
A.J. Bierly	100	NO	YES
Jodi Frazier	100	NO	YES
Amanda Moore	92	NO	YES

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

One of the clinicians did not meet the 90% threshold for peer review for the month of September.

- Forty-one percent of the records reviewed for peer review showed that the clinician did not complete the required forms, or make the necessary referrals.
- Thirty-two 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

Clinician	Number of Clients Assigned	Number of Clients Seen	Average Number of Contacts Per Client Seen
Dean Bachelor	20	12	2.7
Dr. Stephanie Miller	50	5	5
Dr. Brad Hedges	54	15	1.1
Dr. Chris Ray	78	22	1.6
Tonya Kraner	52	25	1.9
Dr. Robin Rippeth	41	20	1.4
Dawn McCoy	69	43	2.2
Dr. Scott Craft	119	24	2.0
Steve Ford	67	46	2.7
Bonnie Pearse	78	53	2.3
Joni Grim	87	43	2.7
Chris Johnson	132	32	1.6
Claire Robitaille	41	27	2.0
Rick Gehlbach	60	43	2.0
Mike Seleque	54	41	1.7
Kelly Kleimeyer	56	45	3.9
Joe Dunson	27	12	3.3
Tara Rice	36	25	2.9
Misty Coleman	43	48	2.4
A.J. Bierly	27	18	4.1
Jodi Frazier	26	21	2.9
Amanda Moore	28	18	5.4

The No Show rate for September was 21%. When considering both the no show rate and the cancellation rate, this figure is 36%.

VII: AOD UTILIZATION REVIEW

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

Sessions Offered	09/01/2003	09/08/2003	09/15/2003	09/22/2003	09/29/2003
5 Females	0*	3	3	2	5

*Group cancelled.

VIII: INVOLUNTARY TERMINATIONS

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

IX: PROFESSIONAL STAFF ORGANIZATION

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

Clinician	Workshop Name	Dates Attended	# of CEU's
Christopher Ray	Custody Evaluations/Risk Management	09/20/2003	7
Christopher Ray	Preparing for ABPP Certification	09/21/2003	7
Bonnie Pearse	Psychological Hazards in the Workplace	09/12/2003	6

X: REVIEW OF WAITING LIST

There were a total of 93 new clients seen in the MOPS General Program enrollment this month. Sixty-three percent of these new clients were from Fairfield County. The total number of clients seen in the month of September 2003 was 638.

XI: REVIEW OF SERVICES UNDER CONTRACT

No changes are noted regarding the services under contract.

XII: FOCUSED REVIEW AREA

The focused area of review for September was to evaluate a service area within the agency. The Juvenile Court Program was chosen to be evaluated and the program review is attached to this report. The Juvenile Court Program lost funds and was terminated in September 2003.

XIII: RESPONSE TO LAST MONTHS FOCUS REVIEW

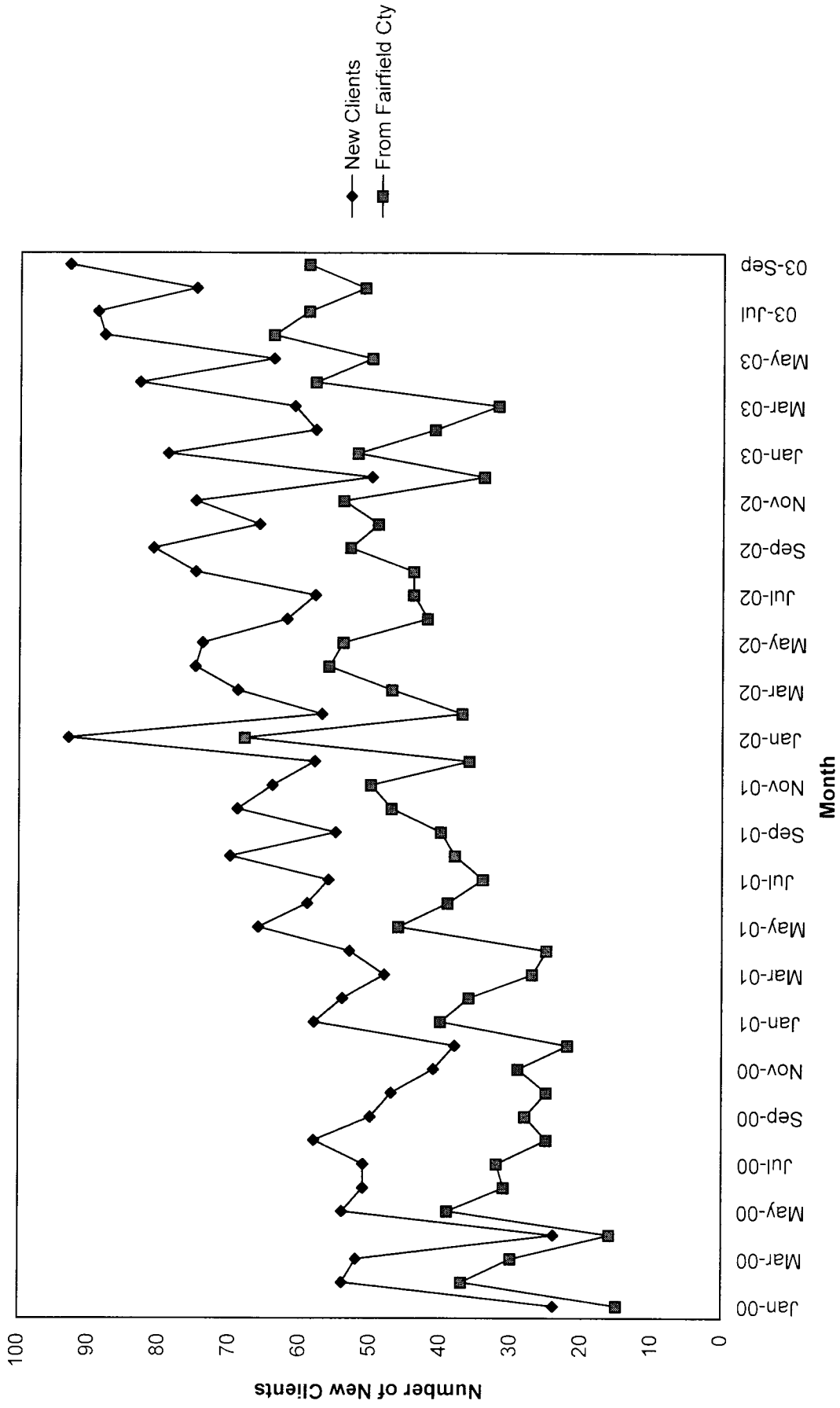
There was no response needed for the August focus review.

XIV: CLIENT RIGHTS AND GRIEVANCES

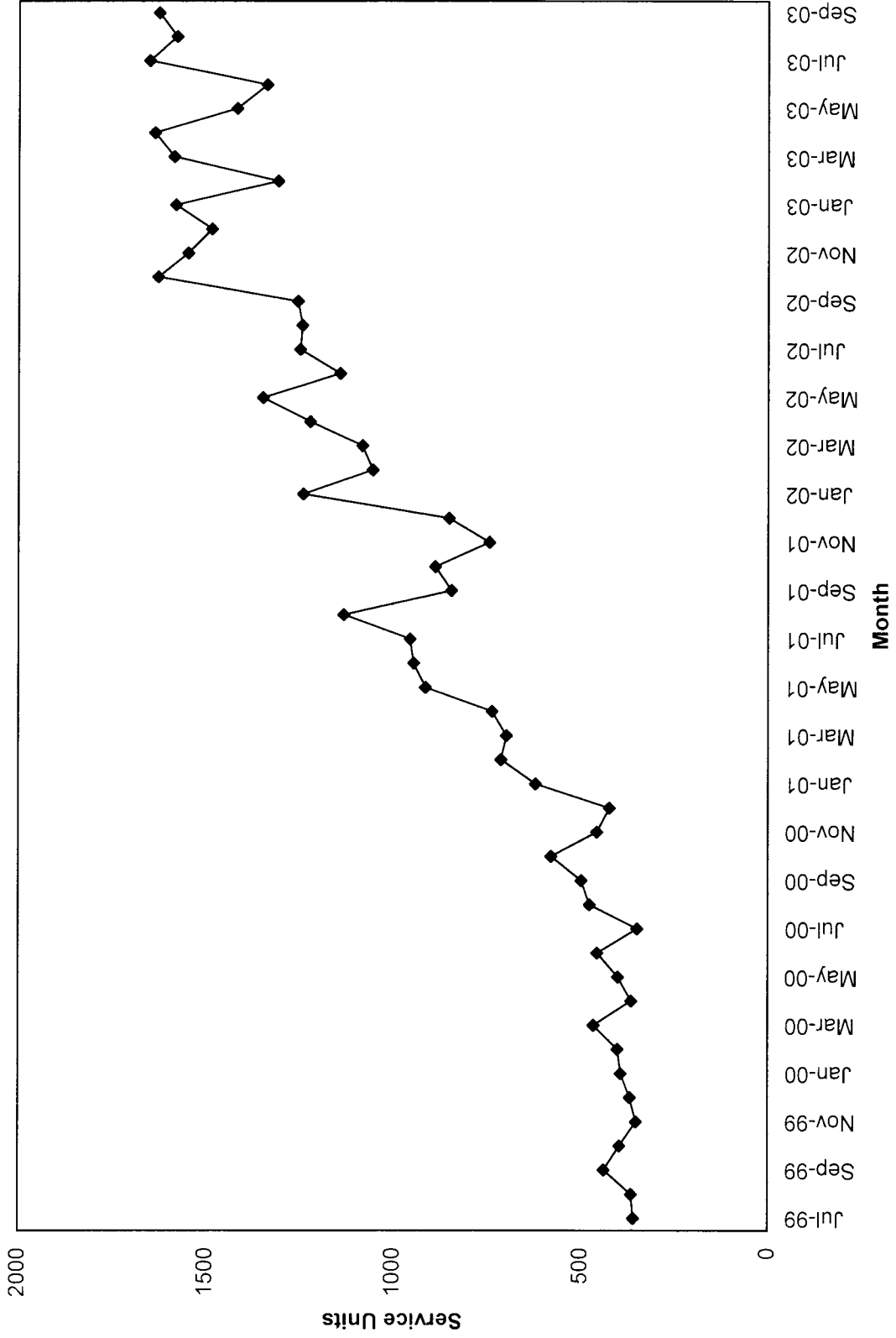
There were no client grievances made during the month of September.

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

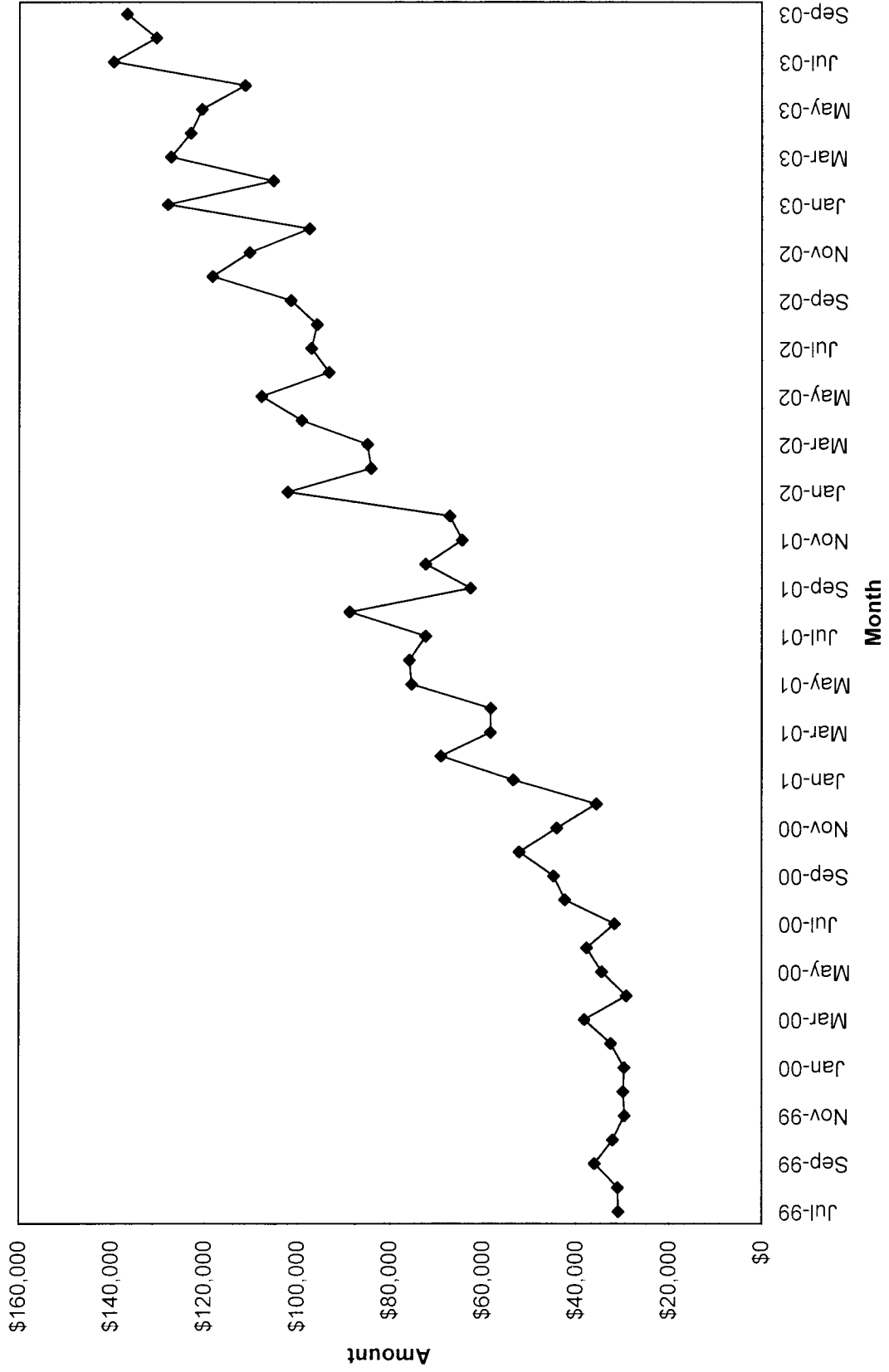
New Clients



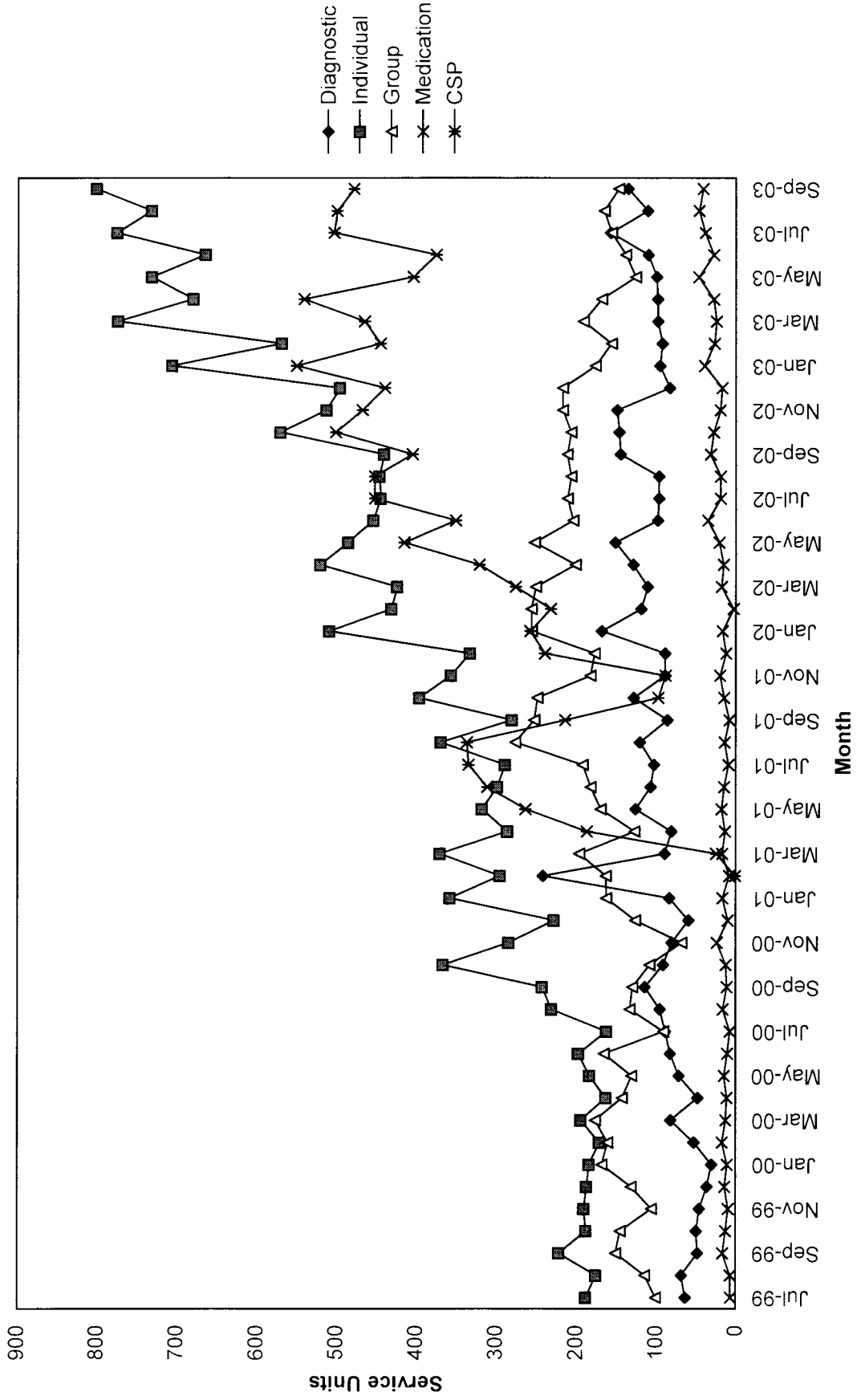
Total Units of Service



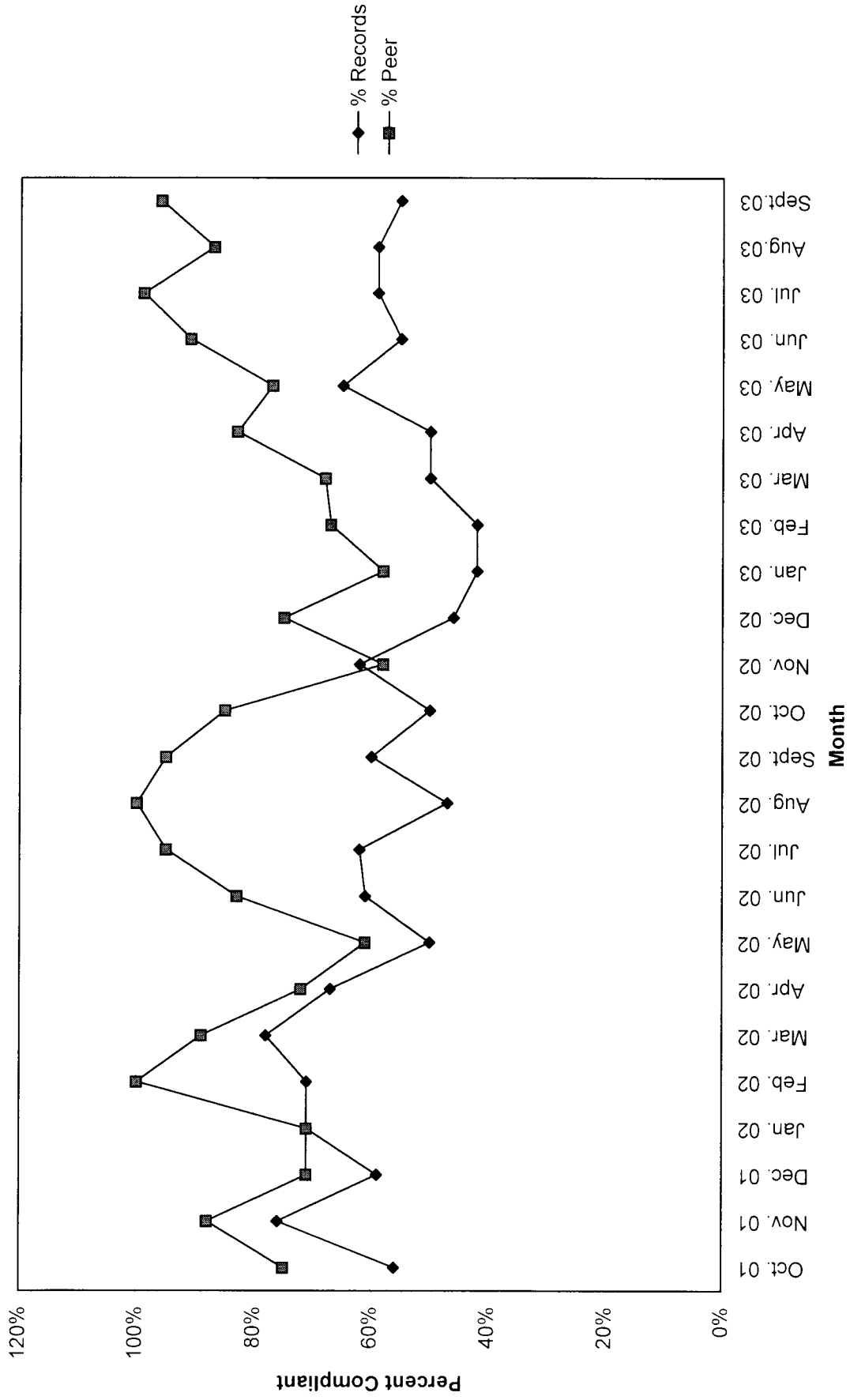
Total Units \$



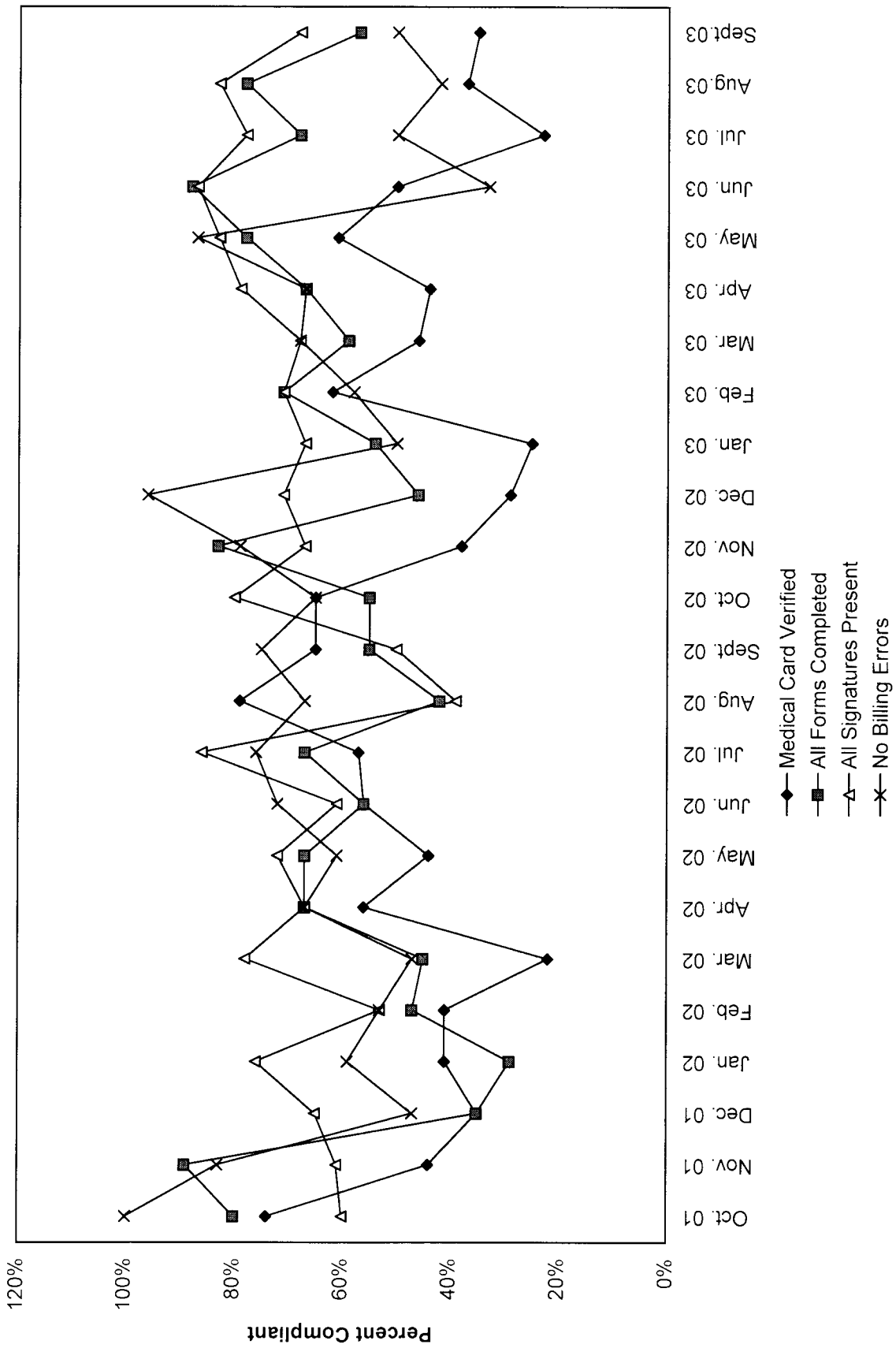
Units of Service



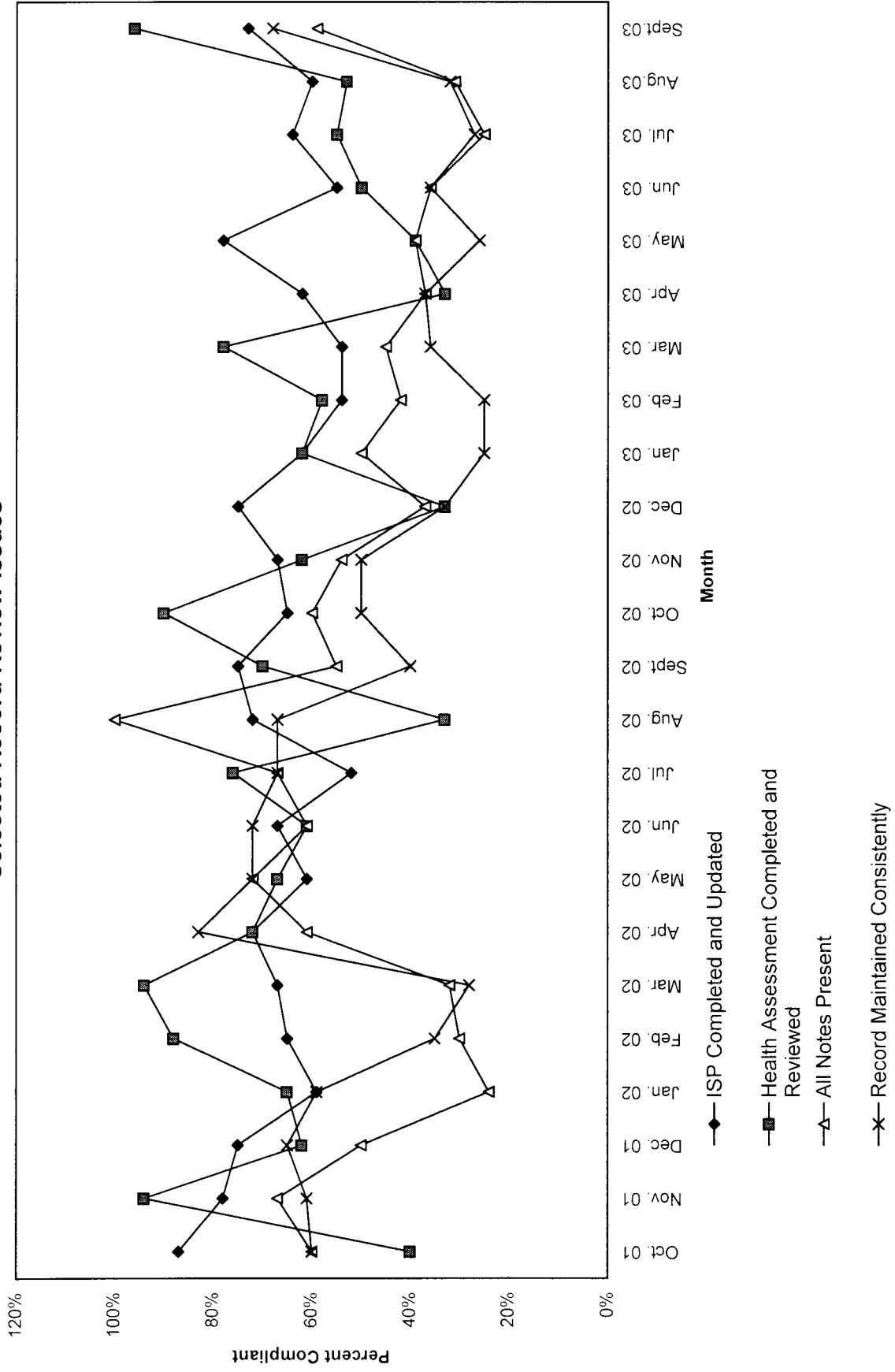
Compliance Review



Selected Record Review Issues



Selected Record Review Issues



Agency Service Budget Month of September 2003

	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	154	65	108	54	421	226	324	162		
	\$19,953	\$8,436	\$14,039	\$7,019	\$54,726	\$29,378	\$42,117	\$21,058	\$12,609	\$8,319
Individual Counseling	802	498	458	183	2,310	1,418	1,374	549		
	\$72,162	\$44,811	\$41,220	\$16,470	\$207,900	\$127,620	\$123,660	\$49,410	\$84,240	\$78,210
Individual CSP	479	360	319	175	1,483	1,085	957	525		
	\$31,129	\$23,387	\$20,735	\$11,375	\$96,395	\$70,525	\$62,205	\$34,125	\$34,190	\$36,400
Group CSP	0	0	42	38	0	0	126	114		
	\$0	\$0	\$1,648	\$1,491	\$0	\$0	\$4,944	\$4,473	(\$1,648)	(\$4,473)
Group	126	51	104	67	424	170	312	201		
	\$4,971	\$2,010	\$4,106	\$2,645	\$16,740	\$6,712	\$12,318	\$7,935	\$4,422	(\$1,224)
Medication	41	28	42	19	126	95	126	57		
	\$8,490	\$5,852	\$8,655	\$3,915	\$25,964	\$19,576	\$25,964	\$11,745	\$0	\$7,830
AOD Assessment	2	2	1	0	2	2	3	0		
	\$144	\$144	\$96	\$0	\$192	\$192	\$289	\$0	(\$96)	\$192
AOD Individual	0	0	1	1	0	0	3	3		
	\$0	\$0	\$87	\$87	\$0	\$0	\$262	\$262	(\$262)	(\$262)
AOD Group	22	20	21	17	65	58	63	51		
	\$819	\$762	\$800	\$647	\$2,475	\$2,209	\$2,399	\$1,942	\$76	\$267
Jail Based	75	0	75	0	225	0	225	0		
	\$2,625	\$0	\$2,625	\$0	\$7,875	\$0	\$7,875	\$0	\$0	\$0
Court Diversion	100	0	100	0	300	0	300	0		
	\$3,500	\$0	\$3,500	\$0	\$10,500	\$0	\$10,500	\$0	\$0	\$0
Sum \$	\$143,792	\$85,402	\$97,511	\$43,651	\$422,767	\$256,211	\$292,532	\$130,952	\$130,236	\$125,260

* () figures indicate that MOPS provided fewer services in this category than budgeted.

59% Percent of Services for Fairfield County
 43% Percent Over Overall MOPS Budget
 96% Percent Over Fairfield County Medicaid

% of Agency \$ Billed by Clinician

September	2003		Weighted						
	DA	EVAL	IND	Group	CSP	MED	Other	Tot Units	% of Tot
Unit Rate	\$ 135	\$ 135	\$ 90	\$ 40	\$ 65	\$ 195	\$ 35		
Dean Bachelor	0.00	0.00	11.00	21.00	0.00	0.0	0.0		
	\$0	\$0	\$990	\$840	\$0	\$0	\$0	\$ 1,830.00	1%
A.J. Bierly	0.00	0.00	0.00	0.00	65.30	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$4,244.50	\$0.00	\$0.00	\$ 4,244.50	3%
Misty Coleman	21.00	0.00	70.10	19.50	7.90	0.00	0.00		
	\$2,835.00	\$0.00	\$6,309.00	\$780.00	\$513.50	\$0.00	\$0.00	\$ 10,437.50	7%
Scott Craft	2.80	0.00	40.50	1.00	0.00	0.0	100.0		
	\$378.00	\$0.00	\$3,645.00	\$40.00	\$0.00	\$0.00	\$3,500.00	\$ 7,563.00	5%
Jodie Frazier	0.00	0.00	0.00	0.00	41.40	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$2,691.00	\$0.00	\$0.00	\$ 2,691.00	2%
Steve Ford	8.30	0.00	105.30	0.00	17.00	0.00	0.00		
	\$1,120.50	\$0.00	\$9,477.00	\$0.00	\$1,105.00	\$0.00	\$0.00	\$ 11,702.50	8%
Rick Gehlbach	9.00	0.00	66.80	9.00	1.50	0.00	0.00		
	\$1,215.00	\$0.00	\$6,012.00	\$360.00	\$97.50	\$0.00	\$0.00	\$ 7,684.50	5%
Joni Grim	7.60	0.00	65.30	61.90	5.40	0.00	0.00		
	\$1,026.00	\$0.00	\$5,877.00	\$2,476.00	\$351.00	\$0.00	\$0.00	\$ 9,730.00	7%
Brad Hedges	4.50	10.30	7.00	0.00	0.00	0.00	0.00		
	\$607.50	\$1,390.50	\$630.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 2,628.00	2%
Chris Johnson	2.00	5.00	48.00	13.50	0.00	0.00	75.00		
	\$270.00	\$675.00	\$4,320.00	\$540.00	\$0.00	\$0.00	\$2,625.00	\$ 8,430.00	6%
Kelly Kleimeyer	0.00	0.00	56.10	0.00	43.50	0.00	0.00		
	\$0.00	\$0.00	\$5,049.00	\$0.00	\$2,827.50	\$0.00	\$0.00	\$ 7,876.50	5%
Tonya Kraner	0.00	0.00	38.90	0.00	1.60	0.00	0.00		
	\$0.00	\$0.00	\$3,501.00	\$0.00	\$104.00	\$0.00	\$0.00	\$ 3,605.00	3%
Dawn McCoy	12.00	0.00	73.40	0.00	6.00	0.00	0.00		
	\$1,620.00	\$0.00	\$6,606.00	\$0.00	\$390.00	\$0.00	\$0.00	\$ 8,616.00	6%
Stephanie Miller	1.50	0.00	3.00	0.00	0.00	0.0	0.0		
	\$202.50	\$0.00	\$270.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 472.50	0%
Bonnie Pearse	10.00	0.00	76.00	21.50	11.80	0.00	0.00		
	\$1,350.00	\$0.00	\$6,840.00	\$860.00	\$767.00	\$0.00	\$0.00	\$ 9,817.00	7%
Chris Ray	3.00	2.80	35.70	0.00	0.00	0.00	0.00		
	\$405.00	\$378.00	\$3,213.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 3,996.00	3%
Robin Rippeth	19.60	0.00	14.80	0.00	0.40	0.00	0.00		
	\$2,646.00	\$0.00	\$1,332.00	\$0.00	\$26.00	\$0.00	\$0.00	\$ 4,004.00	3%
Claire Robitaille	14.00	0.00	48.90	0.00	0.00	0.00	0.00		
	\$1,890.00	\$0.00	\$4,401.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 6,291.00	4%
Mike Selegue	20.10	0.00	41.00	0.00	4.30	0.00	0.00		
	\$2,713.50	\$0.00	\$3,690.00	\$0.00	\$279.50	\$0.00	\$0.00	\$ 6,683.00	5%
Charles Snyder	0.00	0.00	0.00	0.00	0.00	41.20	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,034.00	\$0.00	\$ 8,034.00	6%
Amanda Moore	0.00	0.00	0.00	0.00	186.50	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$12,122.50	\$0.00	\$0.00	\$ 12,122.50	8%
Tara Rice	0.00	0.00	0.00	0.00	66.00	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$4,290.00	\$0.00	\$0.00	\$ 4,290.00	3%
Joe Dunson	0.00	0.00	0.00	0.00	19.40	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$1,261.00	\$0.00	\$0.00	\$ 1,261.00	1%
Sum Totals	\$18,279.00	\$2,443.50	\$72,162.00	\$5,896.00	\$31,070.00	\$8,034.00	\$6,125.00	\$144,009.50	4%

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

Unit Production & Scheduling Proficiency by Clinician
Mid Ohio Psychological Services

September 2003

	Unit Rate	Missed	Diagnostics	Evaluations	Individual	Group	Community Support	Medication	Other Units	Total Units	Billable Units	Units Billed+ Missed	Schedule Proficiency	% Canceled	% Missed
Dean Bachelor	6	7	0.00	135	90	40	65	195	35	45.00	32.00	39.00	82%	13%	16%
A. J. Bierly*					11.00	21.00	65.30			65.30	65.30				
Scott Craft	13	23	2.80	0.00	40.50	1.00	0.00		100.0	180.30	144.30	167.30	80%	7%	13%
Misty Coleman	37	32	21.00		70.10	19.50	7.90			187.50	118.50	150.50	63%	20%	17%
Steve Ford	13	25	8.30		105.30	0.00	17.00			168.60	130.60	155.60	77%	8%	15%
Jodie Frazier*							41.40			41.40	41.40				
Rick Gehlbach	15	38	9.00	0.00	66.80	9.00	1.50			139.30	86.30	124.30	62%	11%	27%
Joni Grim	22	22	7.60		65.30	61.90	5.40			184.20	140.20	162.20	76%	12%	12%
Brad Hedges	2	6	4.50	10.30	7.00		0.00			29.80	21.80	27.80	73%	7%	20%
Chris Johnson	17	20	2.00	5.00	48.00	13.50			75.0	180.50	143.50	163.50	80%	9%	11%
Tonya Kraner	20	17	0.00		38.90		1.60			77.50	40.50	57.50	52%	26%	22%
Dawn McCoy	18	23	12.00		73.40	0.00	6.90			133.30	92.30	115.30	69%	14%	17%
Stephanie Miller	4	5	1.50	0.00	3.00	0.00				13.50	4.50	9.50	33%	30%	37%
Bonnie Pearse	26	43	10.00		76.00	21.50	11.80			188.30	119.30	162.30	63%	14%	23%
Chris Ray	7	27	3.00	2.80	35.70					75.50	41.50	68.50	55%	9%	36%
Robin Rippeth	9	5	19.60	0.00	14.80	0.00	0.40			48.80	34.80	39.80	71%	18%	10%
Claire Robitaille	14	25	14.00		48.90					101.90	62.90	87.90	62%	14%	25%
Mike Selegue *	4	24	20.10		41.00		4.30			93.40	65.40	89.40		4%	26%
Charles Snyder	40	43			0.00			41.2		124.20	41.20	84.20	33%	32%	35%
Amanda Moore*					0.00		186.50			186.50	186.50				
Kelly Kleimeyer	0	0	0.00		56.10	0.00	43.50			99.60	99.60	99.60	100%	0%	0%
Tara Rice *			0.00				66.00			66.00	66.00				
Joe Dunson *							19.40			19.40	19.40				
Sum Totals	267	385	135.40	18.10	801.80	147.40	478.90	41.2	175.0	2449.80	1797.80	1804.20	67%	14%	20%
Average															

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

PROGRAM EVALUATION

Mid-Ohio Psychological Services Juvenile Court Program

Funded by the Fairfield County Children, Adult, and Family First Council
October 2003

BACKGROUND INFORMATION

In June 2002, Mid-Ohio Psychological Services was contacted by staff from the Fairfield County Juvenile Court requesting that MOPS submit a response to a requests for proposals to participate in a grant funded by the Fairfield County Children, Adult, and Family First Council through the Family Stabilization Grant. This grant had previously been awarded to New Horizons Youth and Family Center who were actively providing staff to the Fairfield County Juvenile Court including a court liaison, therapist, and case manager. Data from the Fairfield County Juvenile Court indicated dissatisfaction with the program that was in place.

In response to this request for proposal, MOPS submitted the attached proposal (See attachment #1). Essentially, MOPS suggested that the program be restructured to include a mental health liaison and two therapists. Further, it was suggested that research be conducted to clarify best practice for treatment. It was initially proposed that services could most effectively be provided in a group format in order to provide the largest number of services in the most cost-effective fashion. Limited home-based and family counseling was viewed as an appropriate adjunct to these primary services.

MOPS was notified in mid-June 2002 that we were awarded this grant with a start date of July 1, 2002. No plans for transitioning the program were established and MOPS staff were notified that MOPS would need to hire one existing therapist who was working for New Horizons Youth and Family Center under the current program, however this staff person was on maternity leave and would not return for approximately two months.

Upon discovery that MOPS was awarded the grant, initial attempts were made to recruit staff by advertising both locally and in the Columbus region.

PROGRAM DEVELOPMENT

In mid-July, Mike Selegue was hired as the court liaison, and in early August Misty Coleman was hired as a therapist. Also in mid-August, Debbie Culp returned from maternity leave.

Upon being hired, the Juvenile Court staff participated in orientation to the policies and procedures of Mid-Ohio Psychological Services. From August through September the new staff members were oriented and participated in program development activities. This program development included completing a thorough review of research literature affecting best practice in the treatment of juvenile offenders. Additionally, assessment tools were developed and policies and procedures relating to this program were developed. By October, limited services were initiated.

After reviewing the literature, it was determined that five broad populations could best be serviced by identifying core criminogenic issues relating to juvenile offending behavior. These groups included socialization skills, living with chemical dependency, affect management, environmental coping, and a group for parents. Additionally, limited individual counseling was to be implemented. A two-level assessment was implemented including an initial screening, which could then be followed up with a more intensive assessment protocol when warranted.

Initially, the affect management, socialization skills, and living with chemical dependency groups were initiated successfully. Shortly thereafter, the environmental coping skills group was initiated (attachment #2). By November, juvenile court staff indicated dissatisfaction with the progress of the program and suggested that the program be restructured to respond to the perceived more immediate needs of the court clients. Based on this request, the parenting group was never initiated. It was determined, however, that parents who needed specific support could be referred for family counseling.

In January 2003, Deb Culp indicated that she would be terminating her employment with this agency to secure a job closer to her home. Because funding for the program was not secured for continuation subsequent to July 1, 2003 and to prevent further building a program which would be discontinued within a relatively short period of time, it was determined that the most appropriate action would be to not replace this program staff person.

From January 1st through July 1st, a full implementation of the planned program proceeded with the exception of the parenting group. When it was determined that funding would not be continued through the grant, it was suggested to the Court that alternatives needed to be established for maintaining continuity of services subsequent to the cessation of funding. The Fairfield County "cluster" agreed to provide limited continuation funding from July through September in order to facilitate the Court hiring staff internally in order to provide ongoing treatment services to the client population. MOPS staff began titrating services to the Fairfield County Juvenile Court beginning July 1st and extending through October 1st. This titration included not accepting new clients into ongoing treatment services, linking clients to other treatment providers within the community when available, and attempting to address crisis situations as they arose. By October 1st, the entire MOPS Juvenile Court Program was terminated. The Court did not hire any internal staff prior to the termination of this program to continue services.

PROGRAM DEMOGRAPHICS

During the course of the program, approximately 189 clients received services, with each client receiving an average of 11.8 units of service, for a total cost of approximately \$138,000. Of the 189 clients screened for services, approximately 40% of the clients (79) were deemed to not require mental health services due to not evidencing significant mental health needs or possessing significant criminogenic factors. Of the

remaining population, 19 were receiving services elsewhere or were referred for services at another agency. A total of 93 clients received some service beyond screening alone. Of these 93 clients, 62% completed treatment prior to the termination of the program. An additional 35 clients were linked with other providers at the end of the program for continuation of services. Approximately 50% of the clients were screened within 7 days of the date of referral and approximately 30% were screened within 2 days of referral. This number is significantly skewed given that a number of referrals were made prior to the complete development of the program, or concurrently with placement of the client in detention, and therefore many clients were seen well beyond the two day threshold stated in the proposal.

Demographic data on the clients served in this program can be found in appendix #3. The average age of the client's served was 16.6 and approximately 2/3 of the clients were male. Well over 50% of the clients were from Lancaster (105), with the second largest municipality represented being Pickerington (22). Approximately 1/3 of the clients had some level of substance abuse. The most commonly occurring diagnosis was Oppositional Defiant Disorder. None of the clients evidenced a thought disorder and less than 20% of the clients evidenced a mood disorder.

PROGRAM OUTCOMES

Because of the relatively brief period of full implementation of the program, it was impractical to complete the full outcome assessment proposed in the program proposal. Ideally, outcome measures including a comparison of new criminal activity between program participants and non-participants may have been utilized to aid in determining whether the identified criminogenic factors were being adequately addressed and impacting behavior. Additionally, as the program mutated in response to the requests of the court, the outcome measures provided in the proposal were no longer relevant.

Limited program evaluation was conducted in the form of client satisfaction and referral source satisfaction.

Referral source satisfaction surveys were distributed to all juvenile court staff having regular contact with clients. This included the judge, magistrate, and all probation staff. Eight surveys were returned. The results of the referral source survey can be found in attachment #4. As can be seen in the data, overall, respondents indicated that the program was helpful and were generally happy with the services which were rendered. In general, mental health screening services and informal consultation were viewed as the most helpful services to the respondents. In general, the group programs were viewed as not helpful. When asked what they would like to have different about the program, the respondents indicated concern about continuity of care, duplication of services with substance abuse involving the drug court, a desire for less group and more individual counseling, and an increase in responsiveness to the time it took to provide letters, reports, and client treatment.

In addition to the referral source satisfaction survey, a client satisfaction survey was conducted. Approximately 30 surveys were distributed to clients who were receiving services in July, 2003. Eleven responses were received, including five youth and six parents. The results of this survey can be found in attachment #5. Approximately 60 percent of the respondents identified the program as being "quite a bit" or "a lot" helpful. Only 10 percent of the respondents found the program to be of very little help. Clients and parents perceived group activities as being more helpful in general than probation staff perceived the group activities. In general, it appears that clients viewed the relationship with clinical staff in very positive terms and perceived staff as being responsive to client needs.

RECOMENDATIONS

Based on the currently available data, it is not possible to determine the efficacy of the program offered by MOPS to the Fairfield County Juvenile Court. It is recommended that a longer evaluation time be used to determine the viability of a program of this nature. Certainly, it is interesting to note that, although research supports the addressing of criminogenic factors in a group format as a primary treatment modality, court staff and consumers did not identify this treatment modality as helpful as the personal contact with staff. This does not imply that group treatment is necessarily inappropriate, but does highlight the role of personal relationships in the therapeutic process. Certainly, if the group programs had been allowed to proceed for a longer period of time and had been allowed to mature, a very different perception of the programs may have occurred.

Based on available data, it appears that an attempt to facilitate "best practice" did occur and the constructs measured by the Correctional Program Assessment Inventory were largely upheld. Further exploration of this treatment program is warranted.

Attachment #1

PROPOSAL

Fairfield County Family, Adult, and Children First Council Family Stability Incentive Funds SFY 2003

Mid-Ohio Psychological Services (MOPS) is a community mental health agency certified by the Ohio Department of Mental Health and the Ohio Department of Drug and Alcohol Addiction Services. MOPS has been providing forensic and quasi-forensic services to the Fairfield County and surrounding areas for the past decade. We are the only Fairfield County agency certified to provide forensic mental health services by the Ohio Department of Mental Health.

Currently, MOPS provides extensive mental health services to the adult “system” including a mental health liaison, forensic case management, as well as alternative sentencing programming. MOPS has also provided mental health services with Fairfield County Juvenile Court System in the form of formalized assessment services, sex offender treatment services, family counseling services, and individual counseling services. It is the belief of the staff of MOPS that we have an excellent working relationship with various social service agencies including the common pleas court, domestic relations court, and the municipal court. Members of our staff have been declared experts in mental health services in at least 12 courts in the southern and central Ohio regions.

MOPS utilizes a “psychology” model for intervention services. That is, MOPS strongly advocates the use of aggressive assessment technique early in the management of a case in order to clarify the dynamics which result in disruptive behavior. Assessment focuses on both recognizing pathology, as well as identifying strengths which can be utilized in fostering improved behavior and global functioning. It is our agency’s belief that without adequate initial assessment that resources are frequently poorly utilized in attempting to provide intervention to individuals and families. Once an adequate assessment has been completed, targeted services can then be developed and utilized drawing upon the strengths of the individual/family to provide effective intervention.

MOPS proposes to provide the following services to the Fairfield County Juvenile Court as part of this grant process:

Mental Health Screener

Given the relatively large volume of cases which are received through the Fairfield County Juvenile Court, it is clear that not all individuals can be thoroughly assessed and certainly not all cases being processed by the juvenile court possess a significant mental health issue. As a result, it is important to utilize screening measures in order to aid in differentiating those clients who possess mental health issues from those persons who do not suffer from mental illness. It is proposed that a mental health liaison position be utilized for the purpose of screening and providing rapid feedback to the court system to help in clarifying whether, in fact, particular youth's unruly/delinquent behavior is a result of mental illness or can better accounted for by criminogenic factors. This screening process may also include screening of adult family members who may be contributing to the unruly/delinquent behavior of a child. It is estimated that approximately 20 hours per week of direct contact for the purpose of screening can be conducted by this position.

In some cases, it becomes apparent that mental health issues are significantly contributing to an individual's unruly/delinquent behaviors. In these cases, a more thorough psychological assessment should be conducted in order to further clarify the exact nature of the mental health issues and to appropriately identify intervention strategies. It is proposed that the mental health liaison conduct one psychological evaluation per week for this purpose.

Court-Based/Home-Based Therapist

Certainly, assessment without intervention is relatively non-productive. It is therefore recommended, that two full-time court-based/home-based therapists be utilized to provide ongoing treatment services for those identified by the Mental Health Liaison as requiring intervention services. Certainly, the most effective and cost-efficient method of intervention is group treatment. Several core needs can be identified in a large percentage of unruly/delinquent youth who are seen by the juvenile court system. These needs may effectively be intervened through utilization of group treatment. It is recommended that the Court offer at least one therapeutic group each day during a normal business week, each day reflecting a new treatment issue. Specific treatment groups that should be implemented on a rotating basis include groups to address the following issues: anger management, victim empathy/restitution, independent living skills, treatment of children of alcoholics/chemical dependency, management of emotions, and survivors of abuse.

Additionally, unruly/delinquent behavior is often exacerbated by ineffective/inappropriate parenting techniques. It is, therefore, recommended that a parenting group be established to aid parents in developing appropriate parenting strategies for the management of unruly/delinquent behavior.

These fixed-length treatment groups can be facilitated by the Home-Based/Court-Based Therapists after individuals have been referred to the program through the Mental Health Liaison.

Not all treatment services can be effectively implemented through a group treatment format. As a result, additional mental health services need to be available for those individuals whose needs cannot be met through group counseling. It is therefore recommended that limited services be made available for individual counseling and case management services on an individual basis as recommended by the Mental Health Liaison.

All of the above identified treatment services will focus on helping youth choose healthy behavior and ameliorate those conditions which prevent them from choosing healthy behavior effectively. Additionally, each of the treatment services will focus on helping children and youths succeed in school by identifying barriers to this success and developing coping mechanisms to overcome these barriers. However, the goal of each of these treatment services will be to help the youth transition from adolescence into adulthood as successful and productive members of society by minimizing the impact of mental health issues which contribute to difficulties in this transitional phase of their lives.

To facilitate continuity of services, the Mental Health Liaison, as well as both Court-Based/Home-Based Therapists will be physically located with the juvenile court probation department. This will allow frequent and consistent communication with probation staff and the Court. Additionally, all group sessions will be conducted at the juvenile court to both reinforce the importance of the therapeutic interventions, as well as providing for easy access to persons who are already required to appear for probation requirements. Mental health staff will be readily available to court staff for consultation and networking purposes.

The juvenile court-based mental health staff will also have direct access to the entire Mid-Ohio Psychological Services mental health staff for the purpose of consultation. MOPS employs a vast array of mental health treatment providers including a psychiatrist, forensic psychologists, and various other mental health practitioners who are readily available for consultation. The Mental Health Liaison and two Court-Based/Home-Based Therapists will be directly supervised by an independently licensed

clinical counselor with extensive experience in treating and assessing unruly/delinquent youth. Supervision will include at least two hours of direct supervision of each of the juvenile court-based mental health clinicians. The juvenile court-based mental health clinicians will also be encouraged to participate in agency staff trainings/case presentation experiences.

To ensure continuity of current programming, current court diversion staff who are qualified to provide the services outlined above will be retained. A concerted effort will be made to aid in further developing the skills necessary in order to provide the treatment services outlined above.

Outcome Measures

It is estimated that at least 250 youth/families will be screened for mental health services and at least 50 percent of those youth screened for mental health services will receive ongoing treatment through this project. Specific performance measurements will be utilized to determine the effectiveness of this project including the following:

1. 90 percent of youth referred for screening will be screened within two business days of referral.

Measurement Technique: Time elapsed between referral and time seen for screening.

2. 90 percent of clients screened and deemed requiring mental health services will be linked with appropriate services within 10 business days.

Measurement Technique: Time elapsed from identification of mental health needs to time referral/linkage made with appropriate treatment provider.

3. 60 percent of individuals referred for court-based/home-based treatment services will complete services prescribed.

Measurement Technique: Number of clients who complete court-based/home-based treatment services.

4. 80 percent of youth will identify and implement at least one adaptive coping skill subsequent to participating in court-based/home-based mental health treatment services

Measurement Technique: Termination survey.

Reporting Requirements

MOPS will provide monthly summary of services provided, as well as an invoice for the services rendered. Quarterly and annual program and financial reports will be provided to the Court delineating the progress towards the identified goals, units of production, as well as a narrative description of the process to-date in implementing the program. MOPS will also provide an annual presentation to the Family, Adult, Children First Council providing the above information, as well as identifying recommendations for modification to future programming.

Formalized program evaluation will attempt to be conducted at the end of the program year utilizing a modified version of the Correctional Program Assessment Inventory, as well as a Key Stake Holder survey.

Budget

Service Type	Unit of Service	Cost/Unit	Projected # of Units	Cost for Service
MH/AOD Screening	Contact Hour	\$25	1040	\$26,000
MH/AOD Assessment	Contact Hour	\$135	104	\$14,040
Case Management	Contact Hour	\$65	520	\$33,800
Individual Counseling	Contact Hour	\$90	380	\$34,200
Group Counseling/Class	Group Hour*	\$90	260	\$23,400
Total Cost				<u>\$131,440</u>

*estimate 5 groups/week with at least 5 participants/group for a total of approximately 1,300 client contacts

Fairfield County
 Family, Adult and Children First Council
Family Stability Incentive Fund
SFY 2003

Budget Summary

Agency Mid-Ohio Psychological Services

Revenue

FSIF Funds Requested	\$131,440
Federal (identify)	\$
State (identify)	\$
County/City (identify)	\$
Contributions(identify)	\$
United Way	\$
Miscellaneous (Identify)	\$
Total Revenue for Proposed Project	\$131,440

Expenditures

STAFF COSTS	
Salaries	99,000
Fringe Benefits	14,850
TOTAL STAFF COSTS	
OPERATIONAL COSTS	
Travel	3,000
Consumable Supplies	
Occupancy	
Insurance	3,000
Other Costs (Identify)	
Supervision Expenses	5,590
Support Services	6,000
TOTAL OPERATIONAL COSTS	\$131,440

- **Total Expenditures should equal the Total Revenue**

Fairfield County
Family, Adult and Children First Council
Family Stability Incentive Fund SFY 2003
Applicant Information Form

Name of Organization Mid-Ohio Psychological Services, Inc.

Address 624 East Main Street
Lancaster, Ohio 43130

Phone (740) 687-0042 FAX (740) 687-0024 Email bradhedges@mopsohio.com

Federal Tax ID#: 31-1358292

Contact Person (Name and Title) Bradley A. Hedges, Ph.D., Director

Type of Organization (check one)	Incorporation Status (check one)
<input type="checkbox"/> Government	<input checked="" type="checkbox"/> Independently Incorporated
<input checked="" type="checkbox"/> Non-Profit	<input type="checkbox"/> Part of Parent Corporation
<input type="checkbox"/> For Profit	<u>09/02/92</u> Date of Incorporation
<input type="checkbox"/> Other	<input type="checkbox"/> Unincorporated

Family Stability Incentive Funds Requested \$ 131,440

Attachment #2

Name:

Affect Management Group

Population

Serves adolescents, (referred by Mike Selegue, Mental Health Liaison at Juvenile Court), male and female, age 13 to 18.

Admission Criteria

Once referred by Mike Selegue, applicable candidates will be interviewed by Affect Management Group facilitator. Candidates must possess low average range of intelligence or higher. Candidates enrolled in the group must show evidence, by self-report, nature of offenses, or otherwise, of a difficulty in resolving conflicts using healthy and appropriate outlets for anger, depression, anxiety, etc. Candidates will not be enrolled in Affect Management Group if they are determined more appropriate for a different group, i.e. Living With Substance Abuse, Socialization Group, or Environmental Group. Candidates must be willing participants for group so as not to disrupt the progress of other members.

Explanation of Emotion Regulation

Emotion regulation consists of both intrinsic and extrinsic processes that are responsible for learning to recognize, monitor, evaluate, and modify emotional reactions (Thompson, 1994). Emotional reactions include strategies to maintain, enhance, subdue, and/or inhibit emotions in attempting to accomplish goals (Denham, 1998). Fox (1994) states that:

the regulation of emotion is the ability to respond to the ongoing demands of experience with a range of emotions in a manner that is **socially tolerable** and **sufficiently flexible** to permit spontaneous reactions, including the ability to delay spontaneous reactions as needed. Regulating emotions is crucial in maintaining a connection with ongoing perceptual processes, having access to a greater number of adaptive responses, and enhancing flexible and appropriate responses. Lacking the ability to regulate emotions can result in deleterious emotional arousal and the mis-identification and mis-direction of emotions, thereby hindering the ability to function adaptively and appropriately (Kostiuk and Fouts; 2002).

Treatment Plan Goals Specific to Group:

- 1) Develop ability to identify and label emotions
- 2) Develop coping skills for emotions.
- 3) Establish and utilize an appropriate support system as a means of positively reinforcing positive changes in behavior
- 4) Ultimately eliminate legal involvement/school disruption

Model of Treatment:

Cognitive-Behavioral/Rational Emotive Behavior Therapy, and Psycho-educational are the primary models of treatment used. Techniques may be pulled from other disciplines when appropriate.

Discharge Criteria/Processes

- 1) Develop ability to identify and label emotions.

Complete Affect Logs (assignment #1)

- 2) Develop coping skills for emotions

Complete Coping Skills Logs (assignment #2)

- 3) Establish and utilize positive support network

Complete Support Network Logs (assignment #3)

- 4) Eliminate Legal Involvement

Implement learned skills in everyday living situations

As evidence to support their progress in therapy, clients should exhibit a decrease in the following behaviors:

- A) Physical/Verbal Aggression
 - 1) Bullying, threatening and intimidating others
 - 2) Initiating physical fights
 - 3) Possessing and/or using weapons
 - 4) Physical cruelty
 - 5) Stealing
 - 6) Forcible sexual activity
- B) Destruction of Property
 - 1) Deliberate fire setting
 - 2) Deliberately destroying other's property
- C) Violating Rules Imposed by Legal System, Guardian, or any other authority figures
 - 1) Staying out after understood curfew
 - 2) Running away from home
 - 3) Truancy

Name:

Environmental Coping Group

Population

Serves adolescents, (referred by Mike Selegue, Mental Health Liaison at Juvenile Court), male and female, age 13 to 18.

Admission Criteria

Once referred by Mike Selegue, applicable candidates will be interviewed by Environmental Coping Group facilitator. Candidates must possess low average range of intelligence or higher. Candidates enrolled in the group must show evidence, by self-report, nature of offenses, or otherwise, of a difficulty in healthy daily functioning in current living environment. Candidates will not be enrolled in Environmental Coping Group if they are determined more appropriate for a different group, i.e. Living With Substance Abuse Group, Socialization Group, or Affect Management Group. Candidates must be willing participants for group so as not to disrupt the progress of other members.

Treatment Plan Goals Specific to Group:

- 1) Identify current problems with coping with environment
- 2) Identify barriers to coping with environment
- 3) Develop/implement plan for coping with environment

Model of Treatment:

Cognitive-Behavioral/Rational Emotive Behavior Therapy, and Psycho-educational are the primary models of treatment used. Techniques may be pulled from other disciplines when appropriate.

Discharge Criteria/Processes

- 1) Identify current problems with coping with environment
Complete Problem Identification Form (assignment #1)
- 2) Identify barriers to coping with environment
Complete Problem Solving Inventory (assignment #2)
- 3) Develop/implement plan for coping with environment
Complete "Power" Logs (assignment #3)

4) Eliminate Legal Involvement

Implement learned skills in everyday living situations

As evidence to support their progress in therapy, clients should exhibit a decrease in the following behaviors:

- A) Physical/Verbal Aggression
 - 1) Bullying, threatening and intimidating others
 - 2) Initiating physical fights
 - 3) Possessing and/or using weapons
 - 4) Physical cruelty
 - 5) Stealing
 - 6) Forcible sexual activity
- B) Destruction of Property
 - 1) Deliberate fire setting
 - 2) Deliberately destroying other's property
- C) Violating Rules Imposed by Legal System, Guardian, or any other authority figures
 - 1) Staying out after understood curfew
 - 2) Running away from home
 - 3) Truancy

NAME:

Socialization Group

POPULATION:

Serves Adolescent males and females age 13 to 18

ADMISSION CRITERIA:

- Must possess borderline to average intelligence;
- Must be involved with the juvenile court system;
- Must possess below average social skills;
- Must not possess any serious disorders of thought or delusional thinking;
- Must display a willingness to participate with other adolescents in a group setting.

TREATMENT PLAN GOALS SPECIFIC TO GROUP:

- Increase use of appropriate socialization
- Increase ability to identify appropriate methods for getting needs met
- Increase utilization of appropriate conflict management techniques

MODEL OF TREATMENT

Psycho educational therapy, Cognitive therapy, behavioral modification and rational-emotive therapy. Other techniques may be utilized from other disciplines to fit the need of the group and/or individual.

DISCHARGE CRITERIA:

- No new charges for 3 months
- Complete Social Skills Logs
- Complete Empathy Logs
- Complete Conflict Management Logs

Increase Use of Appropriate Socialization, and No New Charges for 3 months

Group member progress will be measured by 0 new charges for 3 months, completion of Social Skills Logs, Empathy Logs, self report to group weekly and by therapist collaborating with probation officers and parents.

Implementation of Appropriate Conflict Management Skills

Group members progress will be measured by group participation and completing Conflict Management Logs.

NAME:

Living Beyond Substance Abuse

POPULATION:

Serves Adolescent males and females age 13 to 18

ADMISSION CRITERIA:

- Must possess low average range of intelligence or higher;
- Must be involved with the juvenile court system;
- Evidence of substance abuse on at least one occasion;
- No serious disorders of thought or affect disorders;
- Must display a willingness to participate with other adolescents in a group setting.

TREATMENT PLAN GOALS SPECIFIC TO GROUP:

- No new episodes of substance abuse
- Gain understanding of addiction and recovery model
- Gain insight into substance abuse
- Gain an understanding of the patterns of problems in children with substance abuse parents
- Develop coping skills for handling negative responses to substance abuse
- Develop a healthy support network
- Develop/implement a plan for abstinence from chemical abuse

MODEL OF TREATMENT:

Psychoeducational therapy, Cognitive therapy, behavioral modification, rational-emotive therapy and 12 step program. Other techniques may be utilized from other disciplines to fit the need of the group and/or individual.

DISCHARGE CRITERIA:

- Maintained sobriety for 30 days
- Passing score on Substance Abuse/COA test
- Complete three autobiographies
- Complete relapse plan
- Complete support system worksheet

Attachment #3

Juvenile Court Program Program Summary Statistics

10-13-2003

Age of Clients:

For clients with a start date between 7/1/2002 and 10/1/2003

<i>Average</i>	16.16
<i>Minimum</i>	0.00
<i>Maximum</i>	19.00
<i>Standard Deviation</i>	1.99
<i>Variance</i>	3.94

Gender of Clients:

For clients with a start date between 7/1/2002 and 10/1/2003

<i>Gender</i>	<i># of People</i>
	0
F	62
M	123
U	1

Number of People by City

With referral dates between 7/1/2002 and 10/1/2003

	0
Amanda	5
Baltimoe	1
Baltimore	8
Bremen	5
Canal Winchester	4
Carroll	6
Heath	1

Juvenile Court Program Program Summary Statistics

10-13-2003

Hide-A-Way Hills	1
Lancaster	105
Lithopolis	2
Logan	3
Millersport	3
Pickerington	22
Pleasantville	3
Reynoldsburg	2
Rushville	2
Stoutsville	6
Sugar Grove	1
Thornville	4
Thurston	1
Wellston	1

Juvenile Court Program Program Summary Statistics

10-13-2003

Diagnosis per client:

For clients with a start date between 7/1/2002 and 10/1/2003

<i>Average</i>	2.35
<i>Minimum</i>	1.00
<i>Maximum</i>	5.00
<i>Standard Deviation</i>	0.88
<i>Variance</i>	0.77

Offenses per client:

For clients with a start date between 7/1/2002 and 10/1/2003

<i>Average</i>	1.57
<i>Minimum</i>	0.00
<i>Maximum</i>	4.00
<i>Standard Deviation</i>	0.82
<i>Variance</i>	0.68

Juvenile Court Program Program Summary Statistics

10-13-2003

Offense Summary

For clients with a start date between 7/1/2002 and 10/1/2003

<i>Offense</i>	<i># of People with This Offense</i>
	4
2151.02 Delinquency	14
2151.02(B) Truancy	18
2151.02.2 Unruly Child	43
2151.31 Runaway	4
2903.13 Assault	26
2903.21 Aggravated Menacing	4
2903.22 Menacing	4
2906.06 Criminal Damaging or Endangering	10
2907.09 Public Indecency	2
2909.01 Destruction of Property	1
2909.03 Arson	6
2909.05 Vandalism	3
2909.07 Criminal Mischief	3
2911.02 Robbery	1
2911.11/2911. Burglary	5
2911.13 Breaking and Entering	11
2911.21.1 Trespassing	1
2913.02 Theft	33
2913.03 Unauthorized Use of Motor Vehicle	4
2913.04 Unauthorized Use of Property	3
2913.31[A] Forgery	1

Juvenile Court Program

Program Summary Statistics

10-13-2003

2913.51	Receiving Stolen Property	4
2913.71	Credit Card Theft	2
2917.03	Riot	1
2917.11	Disorderly Conduct	17
2917.21	Telephone Harrassment	1
2917.32	Setting off False Alarms	1
2917031		1
2919.24	Contributing to Unruliness/Delinquency	1
2919.25	Domestic Violence	10
2919.26	Violating Protection Order	1
2921.13	Falsification of Theft on Insurance Claim	2
2923.02		1
2923.12	Carrying Concealed Weapons	3
2923.17	Illegally Processing or Manufacturing Ex	1
2923.24	Possessing Criminal Tools	1
2925.03	Manufacturing of Drugs/Drug Trafficking	1
2925.11	Possession of Drugs	5
2925.14	Drug Paraphernalia	6
2925.31	Abusing Harmful Intoxicants	1
2925.37	Promoting Drug Abuse	3
4301.63.2	Underage Consumption/Purchase of Liq	13
4301.67/4301.	Illegal Possession of Alcohol	1
4507.99	Driving Without a License	1
4511.20	Reckless Driving	1
4511.99	D.U.I	1

Juvenile Court Program Program Summary Statistics

10-13-2003

Number of Clients Referred by Service

For clients with a start date between 7/1/2002 and 10/1/2003

<u><i>Service Requested</i></u>	<u><i>Number Referred</i></u>
	5
Affect Management Group	19
Anger Management Counseling	2
AOD Assessment	1
AOD Court Group	4
Environment Management Gro	11
Group Counseling	8
Individual Counseling	25
Medication/Somatic	3
Mental Health Screening	165
Parenting Group	2
Socialization Group	5

Juvenile Court Program Program Summary Statistics

10-13-2003

Diagnosis

For clients with a start date between 7/1/2002 and 10/1/2003

<i>Diagnostic Group</i>	<i>Diagnosis</i>	<i>Code</i>	<i># of People with Diagnosis</i>
		V71.09	2
		Sum	2
Adjustment	Adjustment Disorder With Depressed Affect	309.00	3
	Adjustment Disorder With Depressed Mood	309.0	1
	Adjustment Disorder With Mixed Anxiety and Depressed Mood	309.28	1
	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct	309.4	1
	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct	309.40	3
	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct	R/O309.40	1
		Sum	10
Anxiety	Anxiety Disorder NOS	R/O300.00	1
	Posttraumatic Stress Disorder	309.81	3
	Posttraumatic Stress Disorder	R/O309.81	4
		Sum	8
Behavioral	Attention-Deficit/Hyperactivity Disorder Combined Type	314.01	14
	Attention-Deficit/Hyperactivity Disorder NOS	314.9	1
	Attention-Deficit/Hyperactivity Disorder Predominantly Inattentive Type	314.00	3
	Child or Adolescent Antisocial Behavior	V71.02	35
	Conduct Disorder	R/O312.8	4
	Conduct Disorder	312.8	3
	Conduct Disorder	312.80	10
	Conduct Disorder	R/O312.80	4
	Conduct Disorder NEC	R/O312	1
	Disruptive Behavior Disorder NOS	312.9	4
	Impulse-Control Disorder NOS	312.30	1
	Intermittent Explosive Disorder	312.34	4
	Intermittent Explosive Disorder	R/O312.34	1
	Oppositional Defiant Disorder	313.81	80
	Oppositional Defiant Disorder	R/O313.81	1

Juvenile Court Program

Program Summary Statistics

10-13-2003

		Sum	166	
Cognitive/Organic	Borderline Intellectual Functioning	R/OV62.89	6	
	Borderline Intellectual Functioning	V62.89	5	
	Communication Disorder NOS	307.9	1	
	Learning Disorder Not Otherwise Specified	315.9	9	
	Learning Disorder Not Otherwise Specified	R/O315.9	1	
	Mental Disorder NOS Due to ...	293.9	1	
	Mental Retardation, Severity Unspecified,	R/O319	1	
	Mild Mental Retardation	317	2	
	Reading Disorder	315.00	7	
		Sum	33	
Mood	Bipolar Disorder NOS	R/O296.80	1	
	Bipolar I Disorder, Most Recent Episode Depressed Moderate	296.52	3	
	Bipolar I Disorder, Most Recent Episode Depressed Unspecified	296.50	1	
	Bipolar I Disorder, Most Recent Episode Manic Moderate	296.42	1	
	Bipolar II Disorder	296.89	3	
	Dysthymic Disorder	300.4	11	
	Major Depressive Disorder, Recurrent Unspecified	R/O296.30	1	
	Major Depressive Disorder, Single Episode Mild	296.21	1	
	Major Depressive Disorder, Single Episode Unspecified	296.20	1	
	Mood Disorder NOS	296.90	4	
	Mood Disorder NOS	R/O296.90	1	
	Rule Out Bipolar I Disorder, Most Recent Episode Unspecified	R/O296.7	1	
			Sum	29
	Other V-Codes	Academic Problem	V62.3	9
Diagnosis Deferred on Axis II		799.92	4	
Diagnosis Deferred on Axis II		R/O799.92	1	
Diagnosis or Condition Deferred on Axis I		799.91	1	
No Diagnosis on Axis II		V71.092	67	
No Diagnosis or Condition on Axis I		V71.091	2	
Parent-Child Relational Problem		V61.20	30	
Phase of Life Problem		V62.892	1	
Relational Problem NOS		V62.81	2	
Sexual Abuse of Child (attention focus on victim)		995.51	1	
Sibling Relational Problem		V61.8	1	
		Sum	119	

Juvenile Court Program Program Summary Statistics

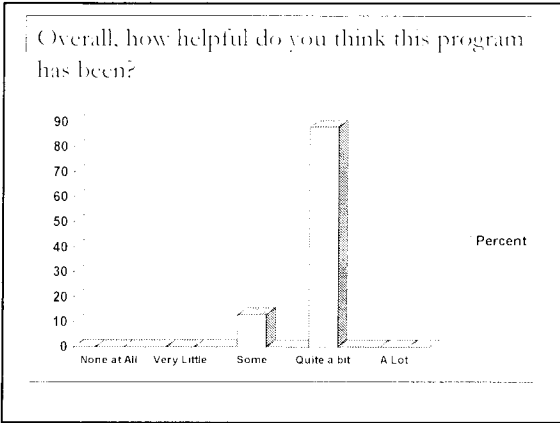
10-13-2003

Paraphilias	Sexual Abuse of Child	V61.21		2
			Sum	2
Personality	Antisocial Personality Disorder	301.7		1
	Antisocial Personality Disorder	R/O301.7		1
			Sum	2
Psychosis	Psychotic Disorder NOS	R/O298.9		1
			Sum	1
Substance Use	Alcohol Abuse	R/O305.00		1
	Alcohol Abuse	305.00		10
	Alcohol Dependence	303.90		3
	Cannabis Abuse	305.20		22
	Cannabis Dependence	R/O304.30		1
	Cannabis Dependence	304.30		9
	Cannabis Dependence with Early Full Remission	304.31		1
	Other (or Unknown) Substance Intoxication	R/O292.8926		1
	Other (or Unknown) Substance-Related Disorder NOS	292.90		2
	Polysubstance Dependence	304.80		2
	Polysubstance Dependence	R/O304.80		3
			Sum	55

Attachment #4

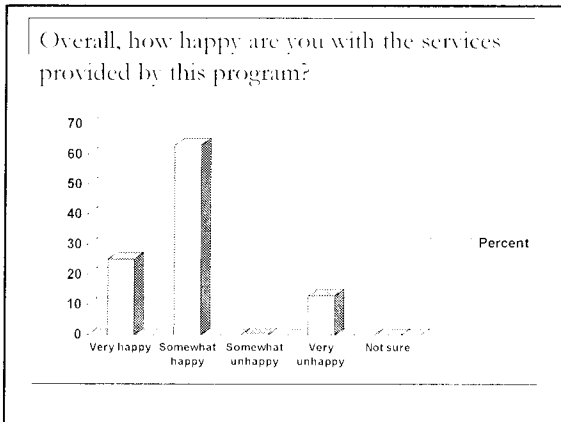
Mid-Ohio Psychological Services

Juvenile Court Program Referral Source
Satisfaction Survey--2003



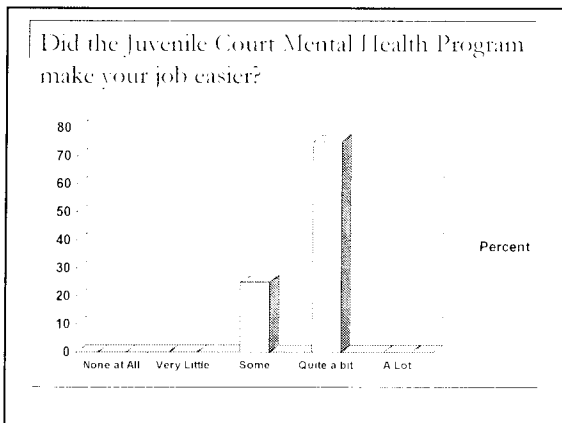
Overall, how helpful do you think this program has been?

Choice	Count	Percentage Answered
1 - None at All	0	0.0%
2 - Very Little	0	0.0%
3 - Some	1	10.0%
4 - Quite a bit	8	80.0%
5 - A Lot	0	0.0%



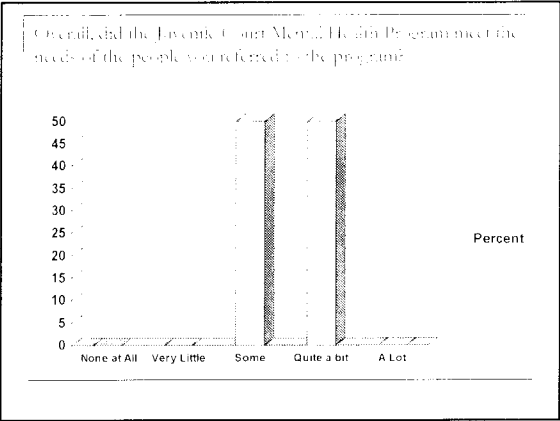
Overall, how happy are you with the services provided by this program?

Choice	Count	Percentage Answered
1 - Very happy	2	25.0%
2 - Somewhat happy	5	62.5%
3 - Somewhat unhappy	0	0.0%
4 - Very unhappy	1	12.5%
5 - Not sure	0	0.0%



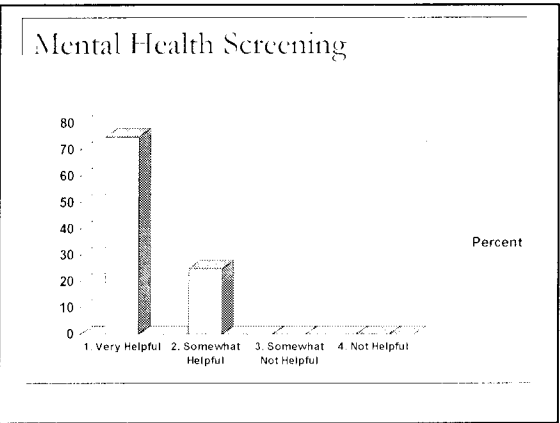
Did the Juvenile Court Mental Health Program make your job easier?

Choice	Count	Percentage Answered
1 - None at All	0	0.0%
2 - Very Little	0	0.0%
3 - Some	2	25.0%
4 - Quite a bit	7	75.0%
5 - A Lot	0	0.0%



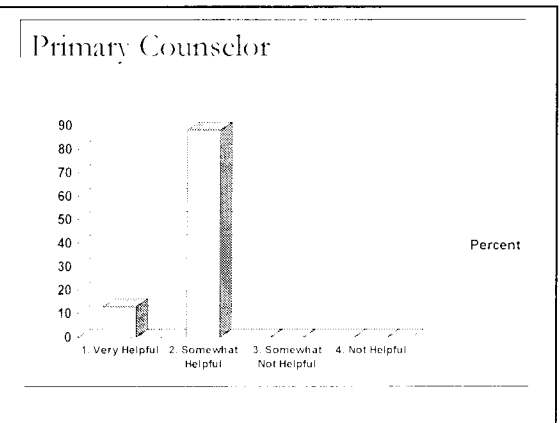
Overall, did the Juvenile Court Mental Health Program meet the needs of the people you referred to the program?

Question	Count	Percentage Answered
1. None at All	0	0.0%
2. Very Little	0	0.0%
3. Some	4	50.0%
4. Quite a bit	4	50.0%
5. A Lot	0	0.0%



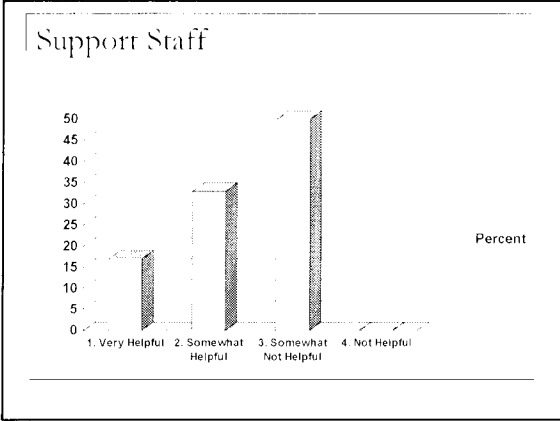
Mental Health Screening

Question	Count	Percentage Answered
1. Very Helpful	6	75.0%
2. Somewhat Helpful	2	25.0%
3. Somewhat Not Helpful	0	0.0%
4. Not Helpful	0	0.0%



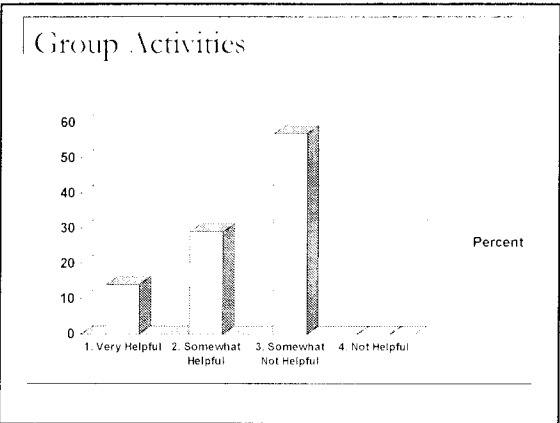
Primary Counselor

Question	Count	Percentage Answered
1. Very Helpful	1	12.5%
2. Somewhat Helpful	7	87.5%
3. Somewhat Not Helpful	0	0.0%
4. Not Helpful	0	0.0%



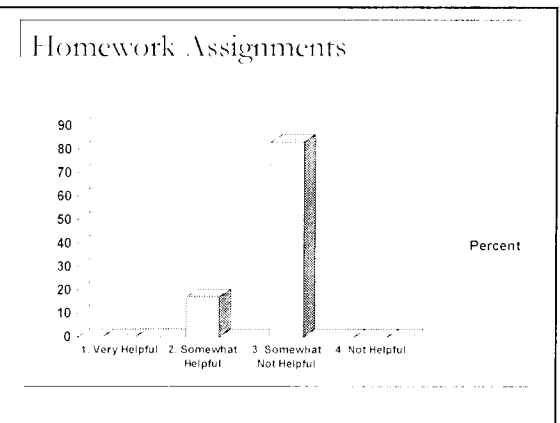
Support Staff

Question	Count	Percentage Answered
1. Very Helpful	1	18.2%
2. Somewhat Helpful	2	35.7%
3. Somewhat Not Helpful	3	50.0%
4. Not Helpful	0	0.0%



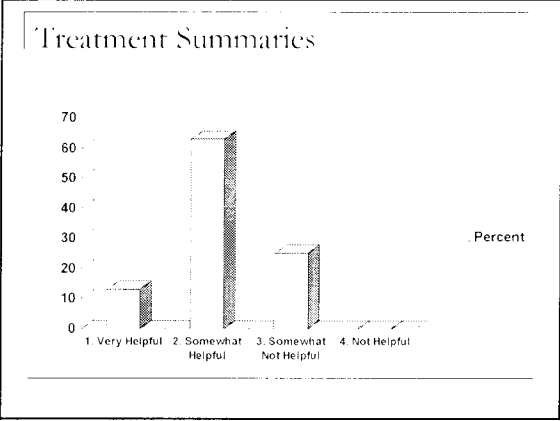
Group Activities

Question	Count	Percentage Answered
1. Very Helpful	1	14.3%
2. Somewhat Helpful	2	28.6%
3. Somewhat Not Helpful	4	57.1%
4. Not Helpful	0	0.0%



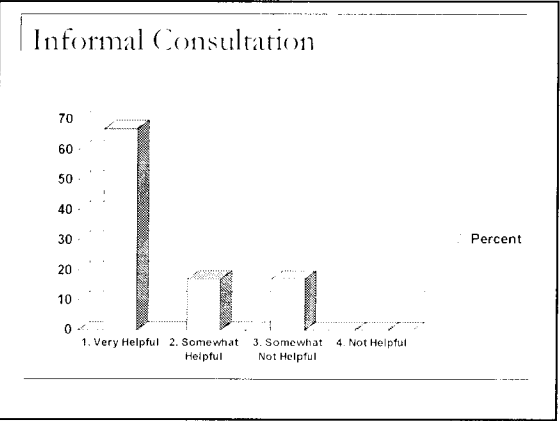
Homework Assignments

Question	Count	Percentage Answered
1. Very Helpful	0	0.0%
2. Somewhat Helpful	1	16.7%
3. Somewhat Not Helpful	5	83.3%
4. Not Helpful	0	0.0%



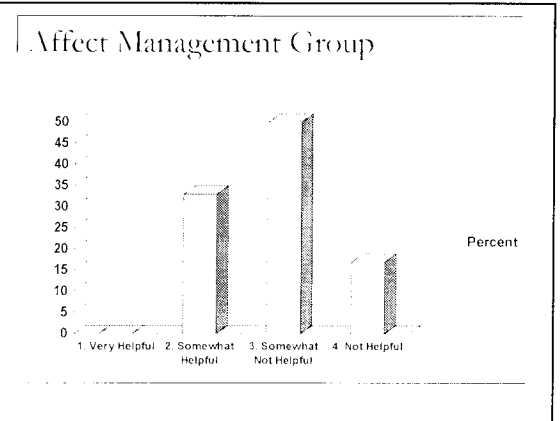
Treatment Summaries

Question	Count	Percentage Answered
1. Very Helpful	1	15.4%
2. Somewhat Helpful	6	65.4%
3. Somewhat Not Helpful	2	25.0%
4. Not Helpful	0	0.0%



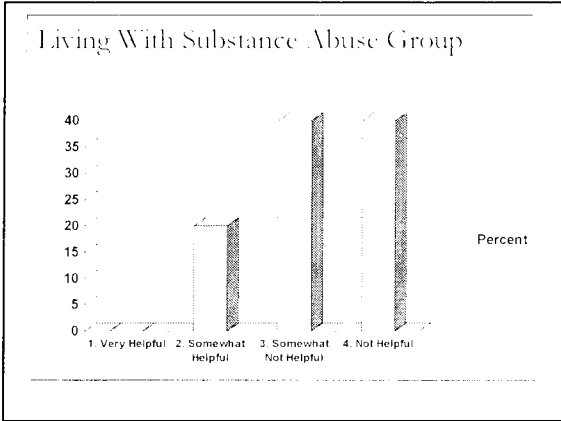
Informal Consultation

Question	Count	Percentage Answered
1. Very Helpful	4	66.7%
2. Somewhat Helpful	1	16.7%
3. Somewhat Not Helpful	1	16.7%
4. Not Helpful	0	0.0%



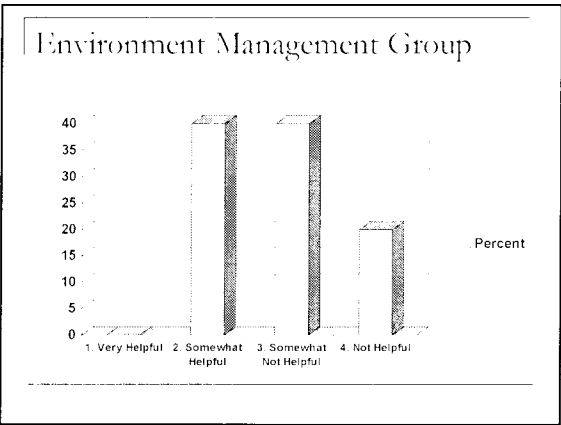
Affect Management Group

Question	Count	Percentage Answered
1. Very Helpful	0	0.0%
2. Somewhat Helpful	3	43.8%
3. Somewhat Not Helpful	5	56.2%
4. Not Helpful	1	13.1%



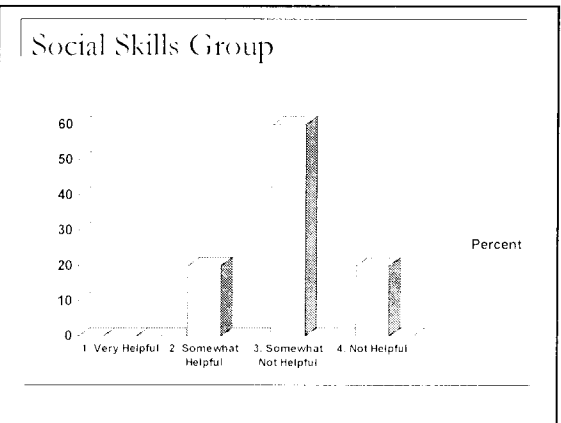
Living With Substance Abuse Group

Question	Count	Percentage Answered
1. Very Helpful	0	0.0%
2. Somewhat Helpful	2	20.0%
3. Somewhat Not Helpful	4	40.0%
4. Not Helpful	4	40.0%



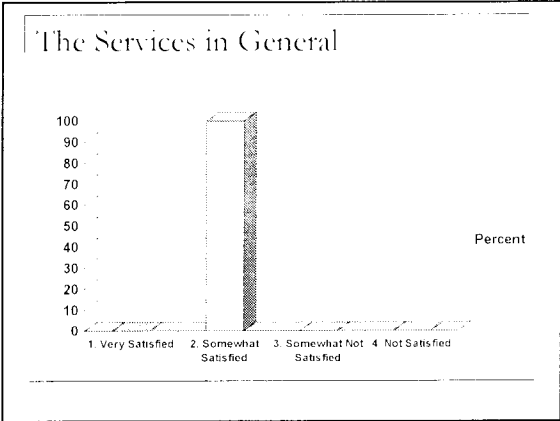
Environment Management Group

Question	Count	Percentage Answered
1. Very Helpful	0	0.0%
2. Somewhat Helpful	4	40.0%
3. Somewhat Not Helpful	4	40.0%
4. Not Helpful	2	20.0%



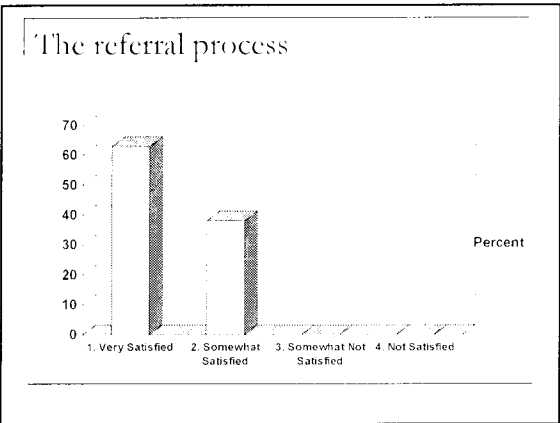
Social Skills Group

Question	Count	Percentage Answered
1. Very Helpful	0	0.0%
2. Somewhat Helpful	2	20.0%
3. Somewhat Not Helpful	6	60.0%
4. Not Helpful	2	20.0%



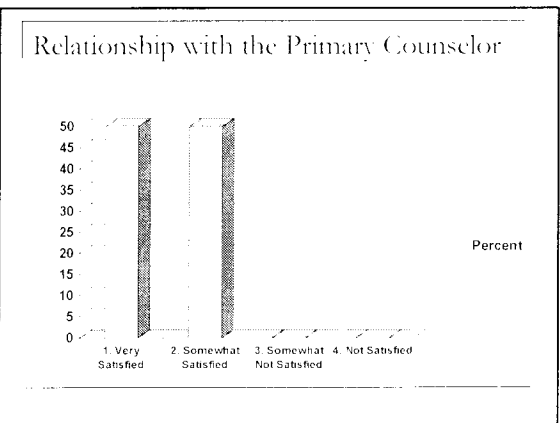
The Services in General

Question	Count	Percentage Answered
1. Very Satisfied	5	100%
2. Somewhat Satisfied	0	0%
3. Somewhat Not Satisfied	0	0%
4. Not Satisfied	0	0%



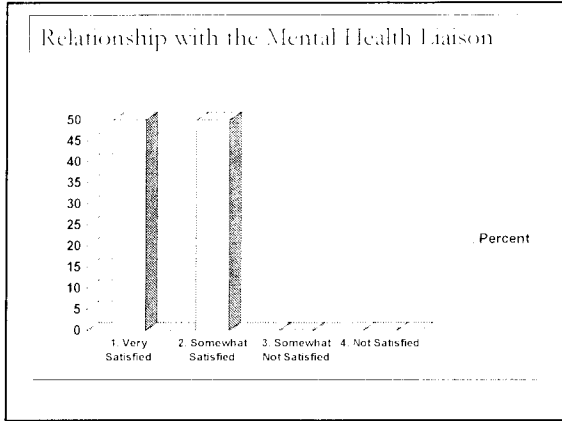
The referral process

Question	Count	Percentage Answered
1. Very Satisfied	5	62.5%
2. Somewhat Satisfied	3	37.5%
3. Somewhat Not Satisfied	0	0%
4. Not Satisfied	0	0%



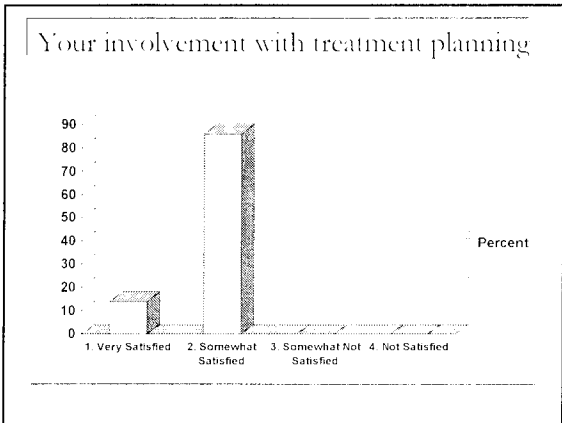
Relationship with the Primary Counselor

Question	Count	Percentage Answered
1. Very Satisfied	4	50%
2. Somewhat Satisfied	4	50%
3. Somewhat Not Satisfied	0	0%
4. Not Satisfied	0	0%



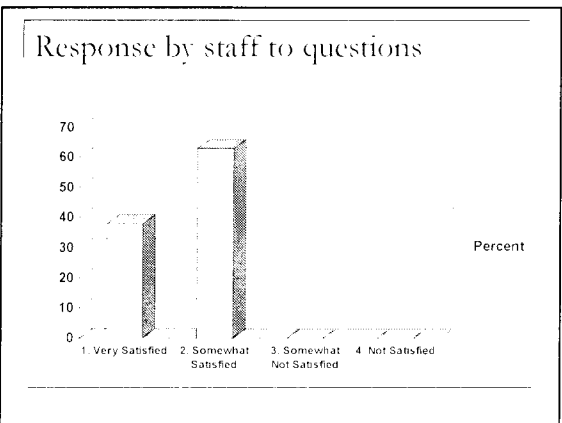
Relationship with the Mental Health Liaison

Question	Count	Percentage Answered
1 Very Satisfied	4	100%
2 Somewhat Satisfied	4	100%
3 Somewhat Not Satisfied	0	0%
4 Not Satisfied	0	0%



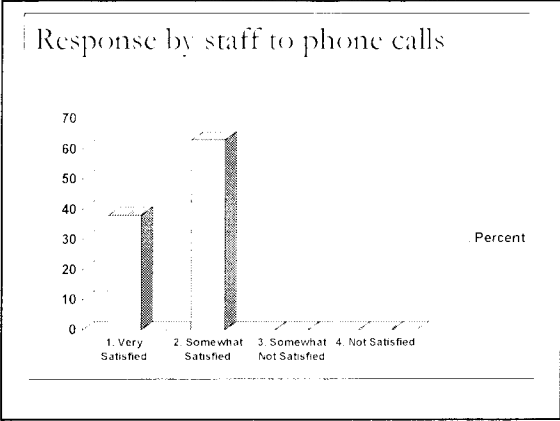
Your involvement with treatment planning

Question	Count	Percentage Answered
1 Very Satisfied	1	14.3%
2 Somewhat Satisfied	6	85.7%
3 Somewhat Not Satisfied	0	0%
4 Not Satisfied	0	0%



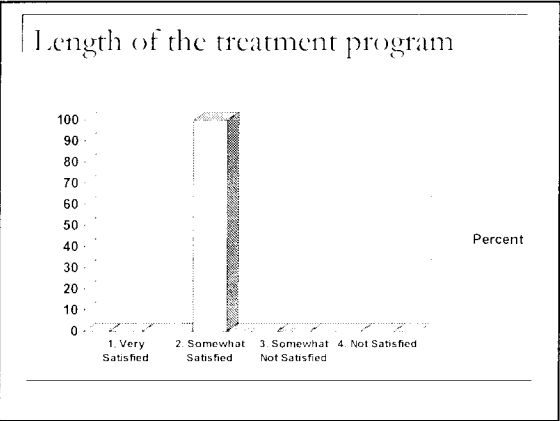
Response by staff to questions

Question	Count	Percentage Answered
1 Very Satisfied	4	62.9%
2 Somewhat Satisfied	5	77.1%
3 Somewhat Not Satisfied	1	15.7%
4 Not Satisfied	0	0%



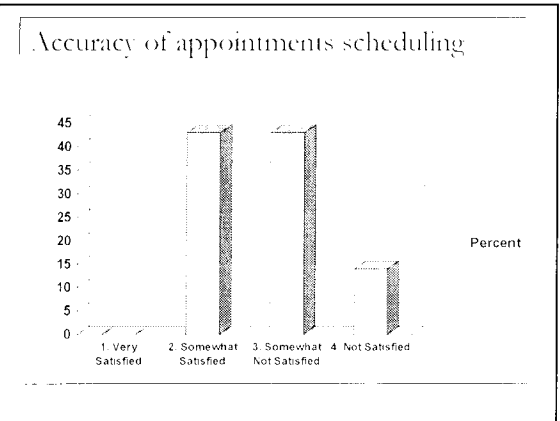
Response by staff to phone calls

Question	Count	Percentage Answered
1. Very Satisfied	4	40.0%
2. Somewhat Satisfied	7	65.0%
3. Somewhat Not Satisfied	0	0.0%
4. Not Satisfied	0	0.0%



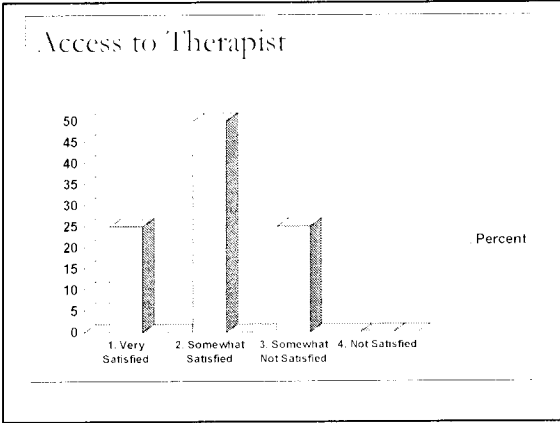
Length of the treatment program

Question	Count	Percentage Answered
1. Very Satisfied	0	0.0%
2. Somewhat Satisfied	7	100.0%
3. Somewhat Not Satisfied	0	0.0%
4. Not Satisfied	0	0.0%



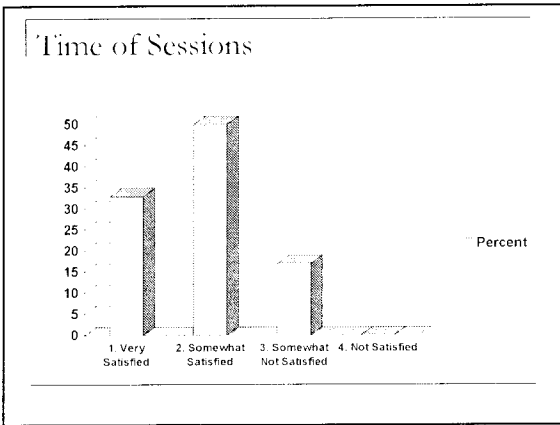
Accuracy of appointments scheduling

Question	Count	Percentage Answered
1. Very Satisfied	0	0.0%
2. Somewhat Satisfied	4	43.0%
3. Somewhat Not Satisfied	4	43.0%
4. Not Satisfied	2	14.0%



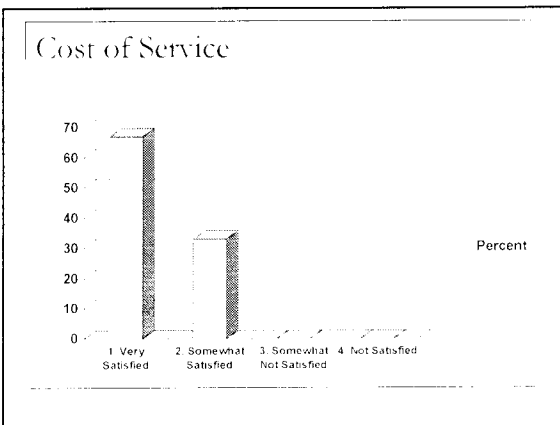
Access to Therapist

Question	Count	Percentage Answered
1. Very Satisfied	2	25.0%
2. Somewhat Satisfied	5	62.5%
3. Somewhat Not Satisfied	3	37.5%
4. Not Satisfied	0	0.0%



Time of Sessions

Question	Count	Percentage Answered
1. Very Satisfied	2	33.3%
2. Somewhat Satisfied	5	50.0%
3. Somewhat Not Satisfied	3	16.7%
4. Not Satisfied	0	0.0%



Cost of Service

Question	Count	Percentage Answered
1. Very Satisfied	4	66.7%
2. Somewhat Satisfied	2	33.3%
3. Somewhat Not Satisfied	0	0.0%
4. Not Satisfied	0	0.0%

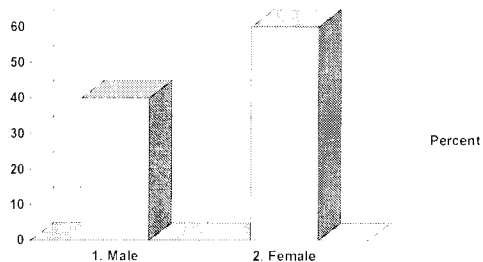
What would make this experience more helpful? What would need to be different?

- I would like to have a staff member who is trained in how to assist me with my mental health. I would like to have a staff member who is trained in how to assist me with my mental health.
- I would like to have a staff member who is trained in how to assist me with my mental health. I would like to have a staff member who is trained in how to assist me with my mental health.
- I would like to have a staff member who is trained in how to assist me with my mental health. I would like to have a staff member who is trained in how to assist me with my mental health.

What could be done to make Mid-Ohio Psychological Services a better place to receive services?

- Make this appointment easier to make.

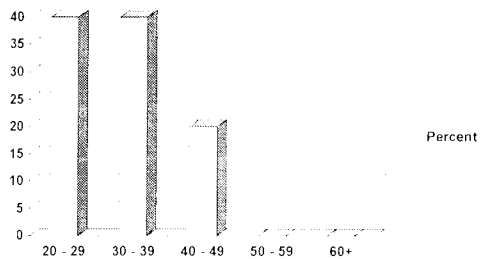
What is your gender?



What is your gender?

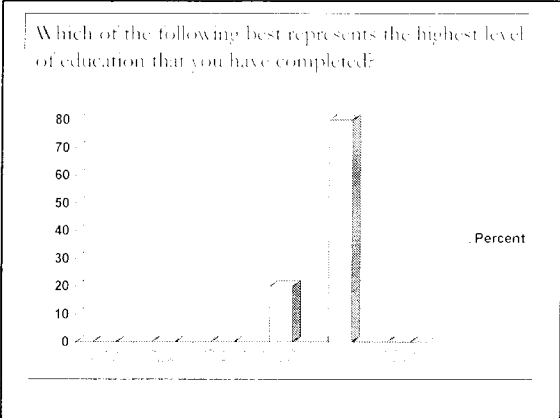
Choice	Count	Percentage Answered
1. Male	2	40.0%
2. Female	3	60.0%

How old are you?



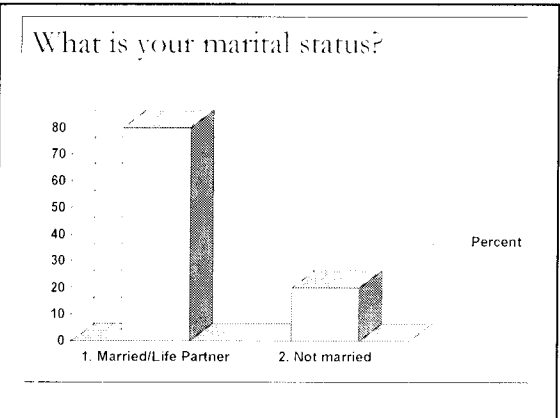
How old are you?

Choice	Count	Percentage Answered
1. 20 - 29	2	40.0%
2. 30 - 39	2	40.0%
3. 40 - 49	1	20.0%
4. 50 - 59	0	0.0%
5. 60+	0	0.0%



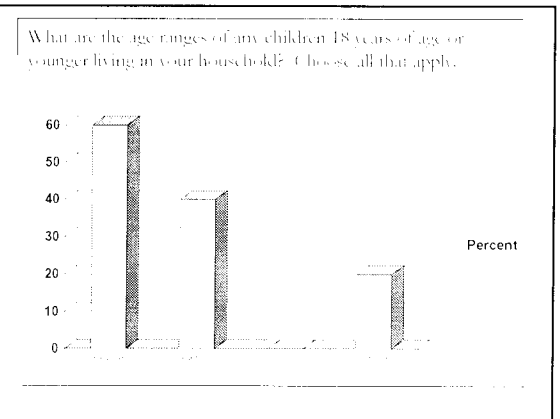
Which of the following best represents the highest level of education that you have completed?

Choice	Count	Percentage Answered
1. Less than high school graduate	1	20%
2. High school graduate	1	20%
3. Attended some college	2	40%
4. Associate degree	0	0%
5. Bachelor's degree	0	0%
6. Postgraduate education	0	0%



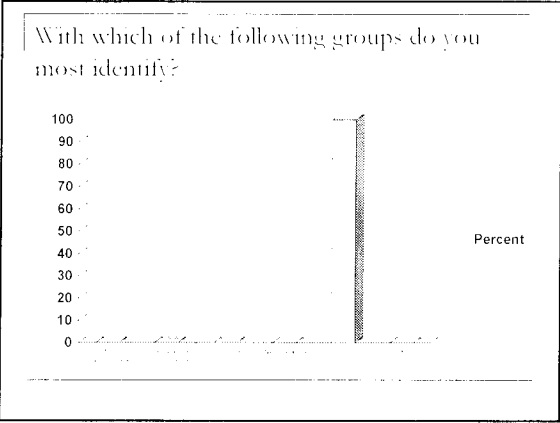
What is your marital status?

Choice	Count	Percentage Answered
1. Married/Life Partner	4	80%
2. Not married	1	20%



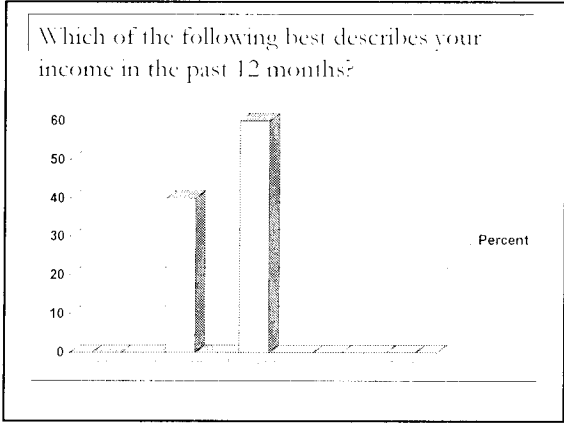
What are the age ranges of any children 18 years of age or younger living in your household? Choose all that apply.

Choice	Count	Percentage Answered
Under Age 4 years	3	60%
Age 4-11	2	40%
Age 12-17	1	20%
No children 18 years of age or younger living in household	0	0%



With which of the following groups do you most identify?

Group	Count	Percentage Answered
1. African American	0	0.0%
2. Asian American	0	0.0%
3. Hispanic American	0	0.0%
4. Native American	0	0.0%
5. Other	1	100.0%
6. White	0	0.0%



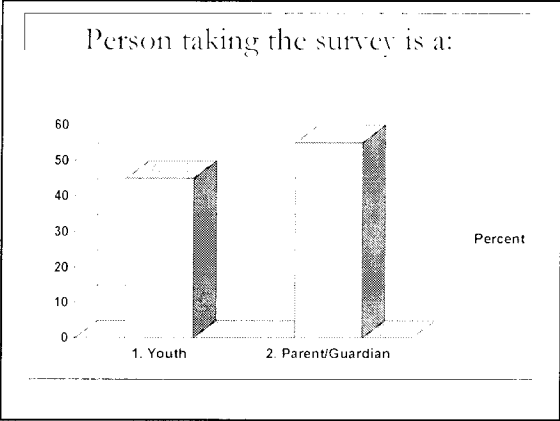
Which of the following best describes your income in the past 12 months?

Income	Count	Percentage Answered
1. Under \$10,000	0	0.0%
2. \$10,000 - \$20,000	1	40.0%
3. \$20,000 - \$30,000	2	60.0%
4. \$30,000 - \$50,000	0	0.0%
5. \$50,000 +	0	0.0%

Attachment #5

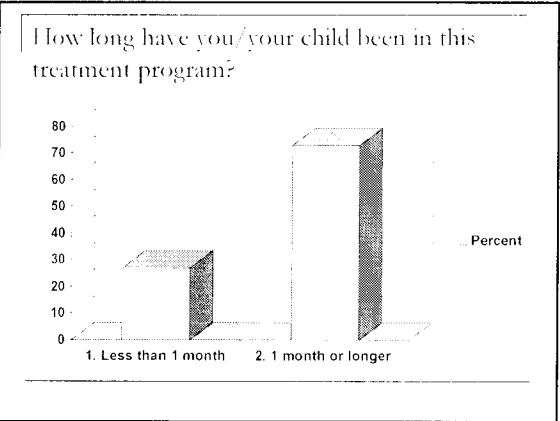
Mid-Ohio Psychological Services

Juvenile Court Program Client
Satisfaction Survey--2003



The person taking the survey is a:

Choice	Count	Percentage Answered
1. Youth	3	45%
2. Parent/Guardian	4	54%

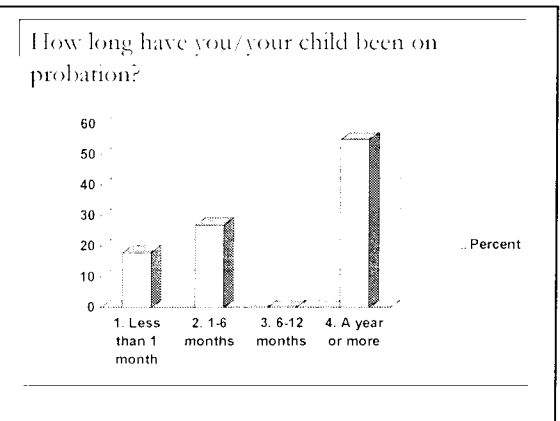


How long have you/your child been in this treatment program?

Choice	Count	Percentage Answered
1. Less than 1 month	3	37.5%
2. 1 month or longer (Specify # of months)	8	72.5%

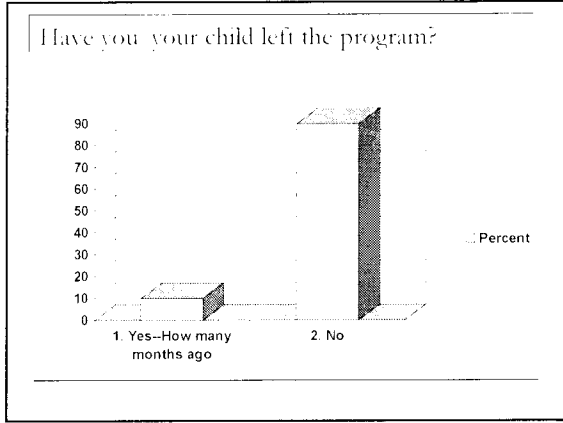
1 month or longer (Specify # of months)

- 0
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months
- 13 months
- 14 months
- 15 months
- 16 months
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- 82 months
- 83 months
- 84 months
- 85 months
- 86 months
- 87 months
- 88 months
- 89 months
- 90 months
- 91 months
- 92 months
- 93 months
- 94 months
- 95 months
- 96 months
- 97 months
- 98 months
- 99 months
- 100 months



How long have you / your child been on probation?

Choice	Count	Percentage Answered
1. Less than 1 month	2	7.7%
2. 1-6 months	4	27.7%
3. 6-12 months	5	34.5%
4. 1 year or more	8	54.0%



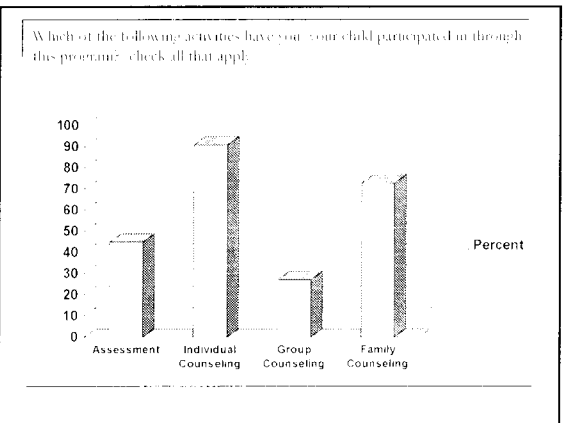
Have you / your child left the program?

Choice	Count	Percentage Answered
1. Yes-How many months ago	1	10.0%
2. No	9	90.0%

Q.CompletedSpecified-1 Yes-How many months ago
Yes-How many months ago

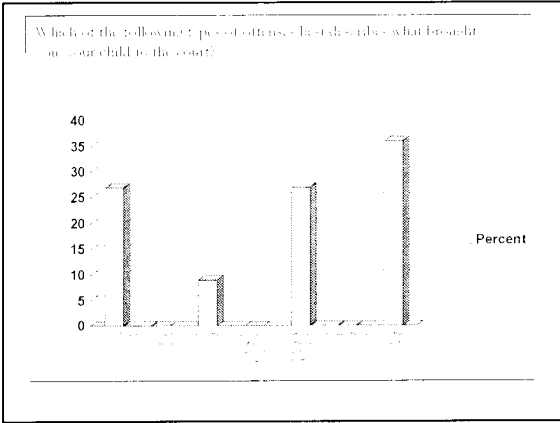
Item	Frequency	Percent
Not Answered	11	100.0%
Total	11	100.0%

Sample Answering: 0 responses



Which of the following activities have you / your child participated in through this program? (check all that apply)

Choice	Count	Percentage Answered
Assessment	4	44.4%
Individual Counseling	10	100.0%
Group Counseling	1	11.1%
Family Counseling	4	44.4%

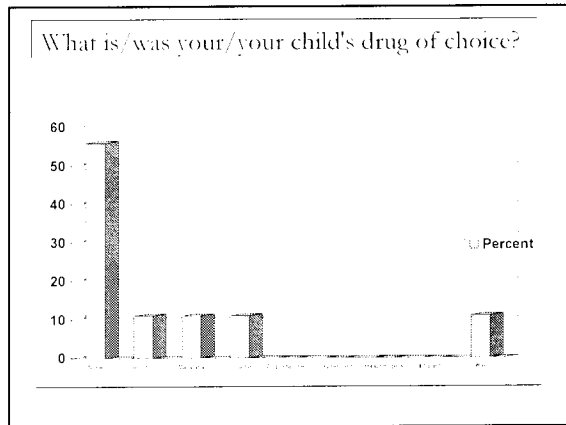


Which of the following types of offenses best describes what brought your child to the court?

Offense	Count	Percentage Answered
1. Family Dispute	11	27.3%
2. Domestic Violence	0	0.0%
3. Drug Offense	4	9.1%
4. Violence of Abuse (assault, robbery)	0	0.0%
5. Property Offense (handlark, theft, forgery, etc.)	11	27.3%
6. Sex Offense	0	0.0%
7. Other (specify)	14	36.4%

Other (specify) - Other (specify)

- underage consumption
- all of the above excluding sex offense
- all of the above
- all of the above excluding sex offense



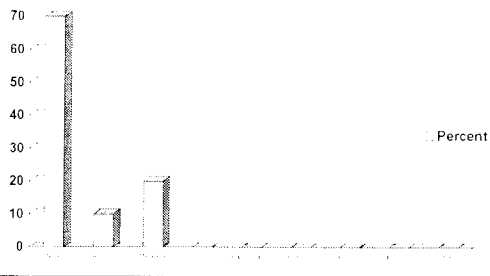
What is/was your/your child's drug of choice?

Offense	Count	Percentage Answered
1. None	6	55.6%
2. Cocaine	1	11.1%
3. Marijuana (Pot)	1	11.1%
4. Prescription (Oxycodone, Percocet)	1	11.1%
5. Other (prescription, speedball, etc.)	1	11.1%
6. Prescription (oxycodone, percocet, etc.)	1	11.1%
7. Other (prescription, speedball, etc.)	1	11.1%
8. Prescription (oxycodone, percocet, etc.)	1	11.1%
9. Other (prescription, speedball, etc.)	1	11.1%

Other (specify) - Other (specify)

- Prescription Medication

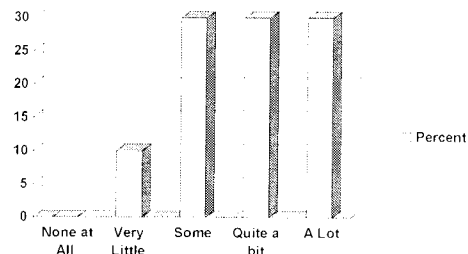
What is was your your child's second drug of choice?



What is was your your child's second drug of choice?

Choice	Count	Percentage Answered
1. Cocaine	7	70.0%
2. Heroin	1	10.0%
3. Marijuana	2	20.0%
4. Crack/Crack Cocaine	0	0.0%
5. Prescription/Over-the-counter prescription	0	0.0%
6. Prescription/Over-the-counter prescription	0	0.0%
7. Prescription/Over-the-counter prescription	0	0.0%
8. Prescription/Over-the-counter prescription	0	0.0%
9. Prescription/Over-the-counter prescription	0	0.0%
10. Prescription/Over-the-counter prescription	0	0.0%
11. Other/Specify	0	0.0%

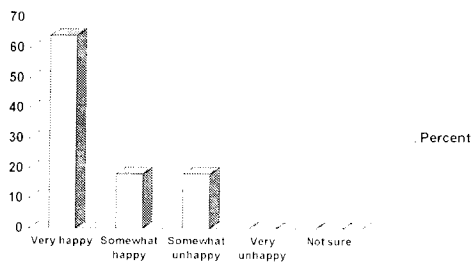
Overall, how helpful do you think this program has been?



Overall, how helpful do you think this program has been?

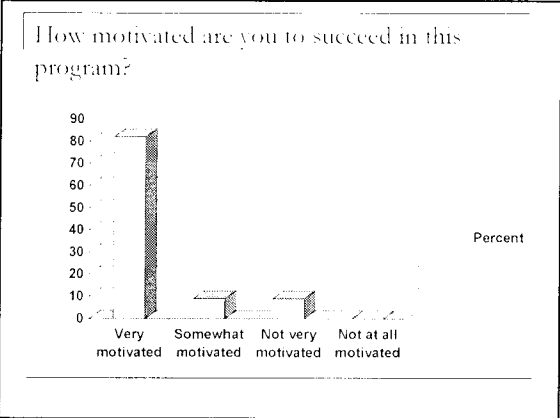
Choice	Count	Percentage Answered
1. 1. None at All	0	0.0%
2. 2. Very Little	1	10.0%
3. 3. Some	3	30.0%
4. 4. Quite a bit	3	30.0%
5. 5. A Lot	3	30.0%

Overall, how happy are you with the services that you have received so far?



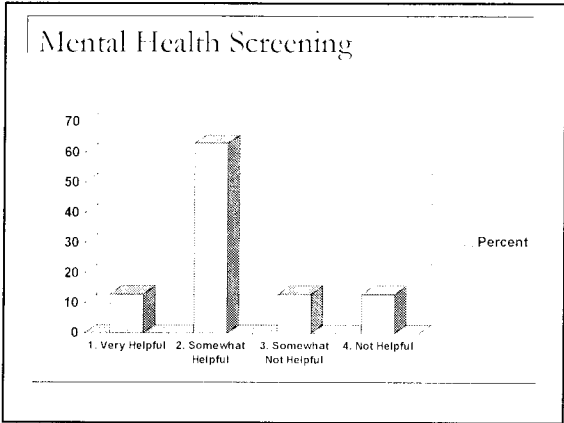
Overall, how happy are you with the services that you have received so far?

Choice	Count	Percentage Answered
1. Very happy	7	65.0%
2. Somewhat happy	2	18.2%
3. Somewhat unhappy	2	18.2%
4. Very unhappy	0	0.0%
5. Not sure	0	0.0%



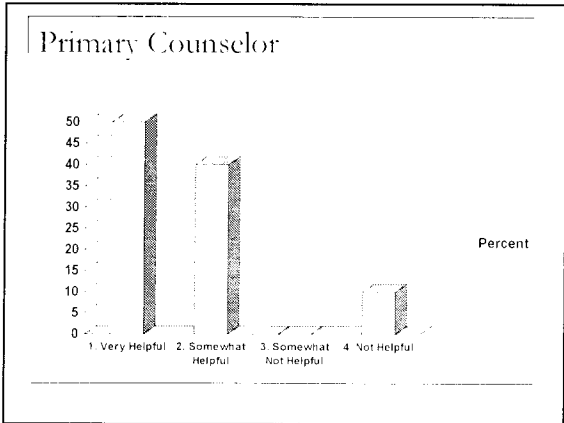
How motivated are you to succeed in this program?

Question	Count	Percentage Answered
1. Very motivated	7	87.5%
2. Somewhat motivated	1	11.9%
3. Not very motivated	0	0.0%
4. Not at all motivated	0	0.0%



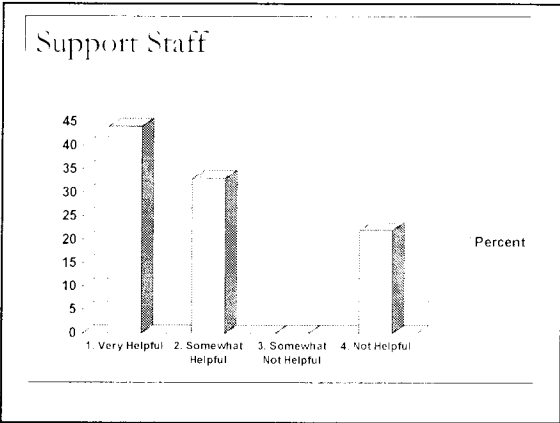
Mental Health Screening

Question	Count	Percentage Answered
1. Very helpful	1	12.5%
2. Somewhat helpful	6	62.5%
3. Somewhat Not Helpful	1	12.5%
4. Not helpful	1	12.5%



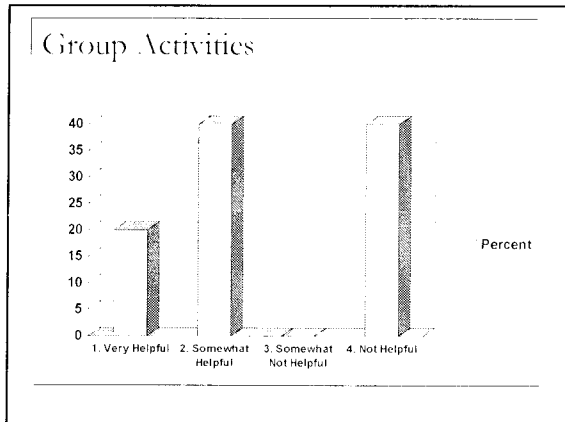
Primary Counselor

Question	Count	Percentage Answered
1. Very helpful	5	62.5%
2. Somewhat helpful	4	47.6%
3. Somewhat Not Helpful	0	0.0%
4. Not helpful	1	11.9%



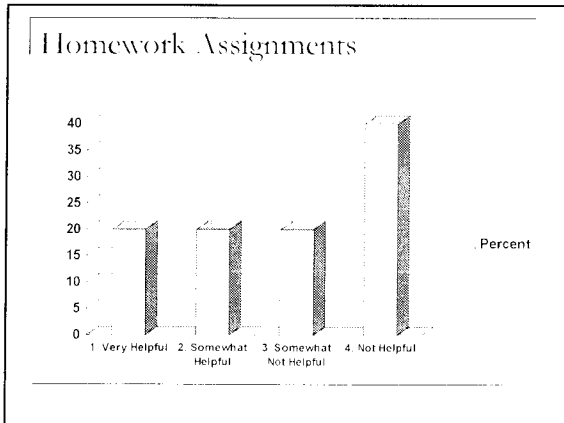
Support Staff

Question	Count	Percentage Answered
1. Very Helpful	4	45.0%
2. Somewhat Helpful	3	35.0%
3. Somewhat Not Helpful	0	0.0%
4. Not Helpful	2	20.0%



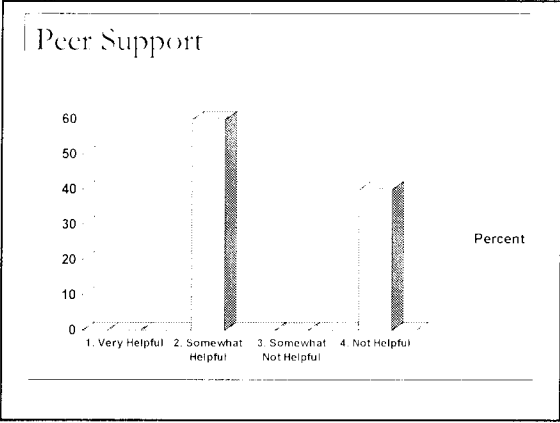
Group Activities

Question	Count	Percentage Answered
1. Very Helpful	1	20.0%
2. Somewhat Helpful	2	40.0%
3. Somewhat Not Helpful	0	0.0%
4. Not Helpful	2	40.0%



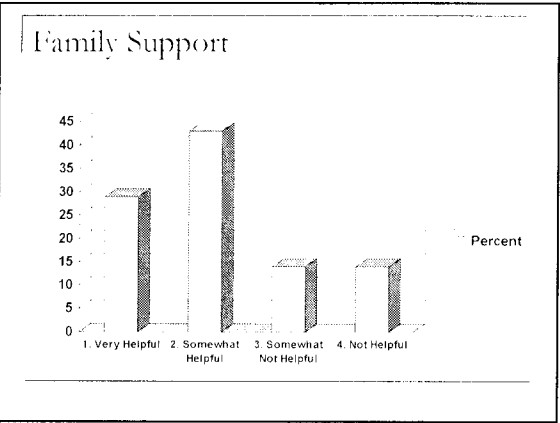
Homework Assignments

Question	Count	Percentage Answered
1. Very Helpful	1	20.0%
2. Somewhat Helpful	1	20.0%
3. Somewhat Not Helpful	1	20.0%
4. Not Helpful	2	40.0%



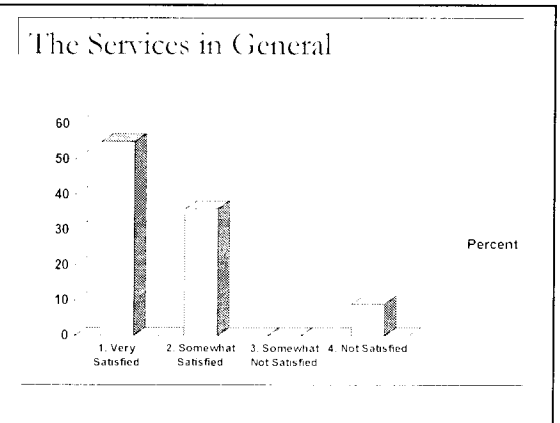
Peer Support

Question	Count	Percentage Answered
1. Very Helpful	6	60.0%
2. Somewhat Helpful	0	0.0%
3. Somewhat Not Helpful	0	0.0%
4. Not Helpful	4	40.0%



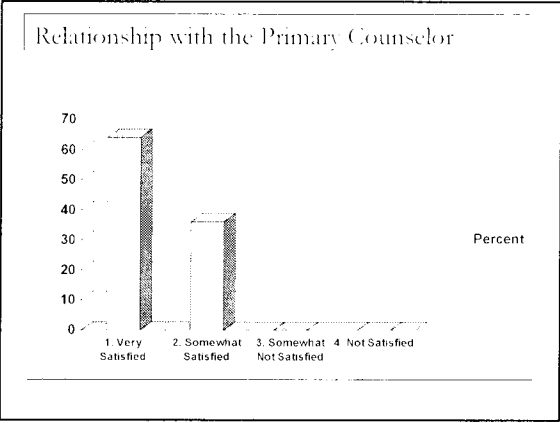
Family Support

Question	Count	Percentage Answered
1. Very Helpful	3	28.6%
2. Somewhat Helpful	5	40.9%
3. Somewhat Not Helpful	1	14.3%
4. Not Helpful	1	14.3%



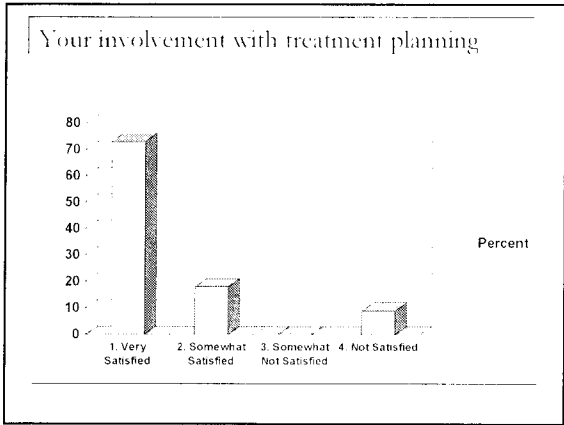
The Services in General

Question	Count	Percentage Answered
1. Very Satisfied	6	54.5%
2. Somewhat Satisfied	4	36.4%
3. Somewhat Not Satisfied	0	0.0%
4. Not Satisfied	1	9.1%



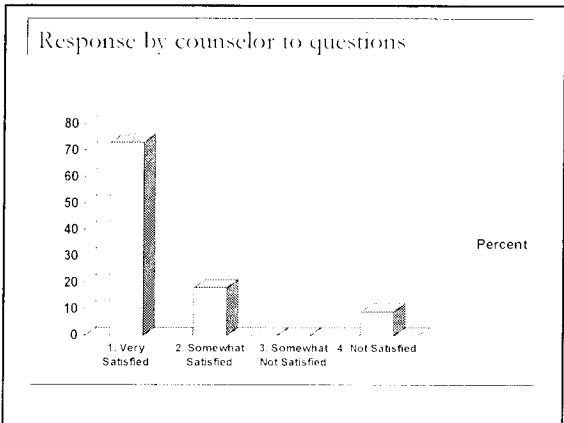
Relationship with the Primary Counselor

Question	Count	Percentage Answered
1. Very Satisfied	6	66.7%
2. Somewhat Satisfied	3	33.3%
3. Somewhat Not Satisfied	0	0.0%
4. Not Satisfied	0	0.0%



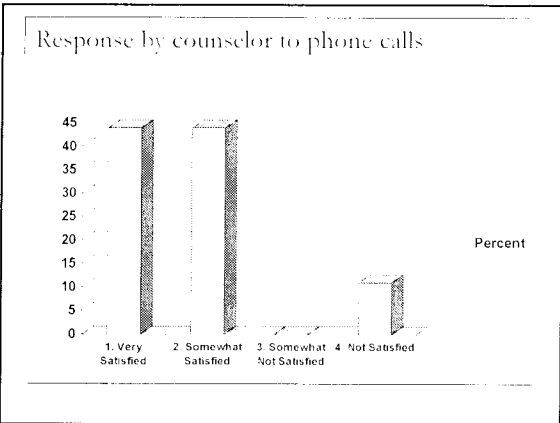
Your involvement with treatment planning

Question	Count	Percentage Answered
1. Very Satisfied	6	75.0%
2. Somewhat Satisfied	2	25.0%
3. Somewhat Not Satisfied	0	0.0%
4. Not Satisfied	1	12.5%



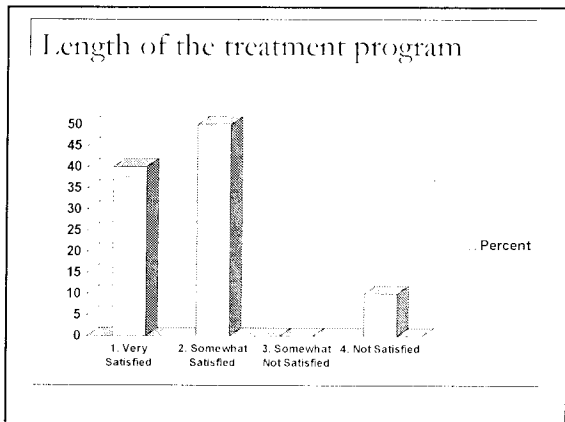
Response by counselor to questions

Question	Count	Percentage Answered
1. Very Satisfied	6	75.0%
2. Somewhat Satisfied	2	25.0%
3. Somewhat Not Satisfied	0	0.0%
4. Not Satisfied	1	12.5%



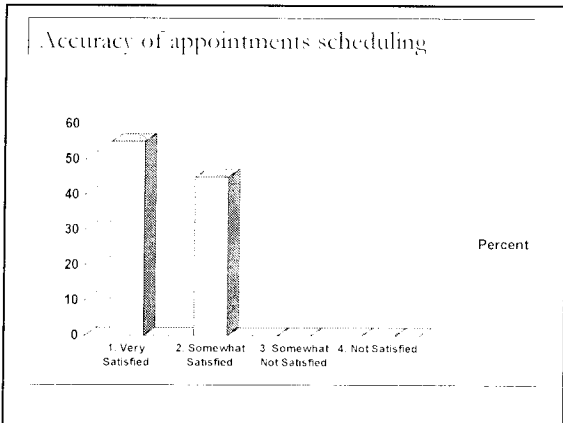
Response by counselor to phone calls

Question	Count	Percentage Answered
1. Very Satisfied	4	44.4%
2. Somewhat Satisfied	4	44.4%
3. Somewhat Not Satisfied	0	0.0%
4. Not Satisfied	1	11.1%



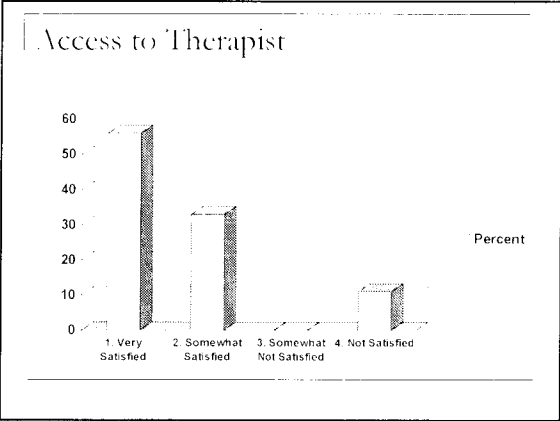
Length of the treatment program

Question	Count	Percentage Answered
1. Very Satisfied	4	40.0%
2. Somewhat Satisfied	5	50.0%
3. Somewhat Not Satisfied	0	0.0%
4. Not Satisfied	1	10.0%



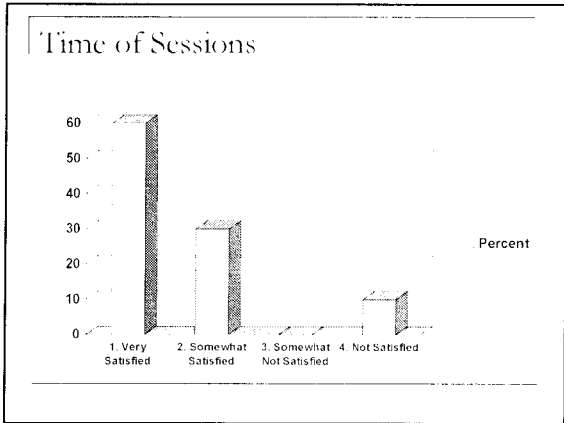
Accuracy of appointments scheduling

Question	Count	Percentage Answered
1. Very Satisfied	4	54.5%
2. Somewhat Satisfied	3	45.5%
3. Somewhat Not Satisfied	0	0.0%
4. Not Satisfied	0	0.0%



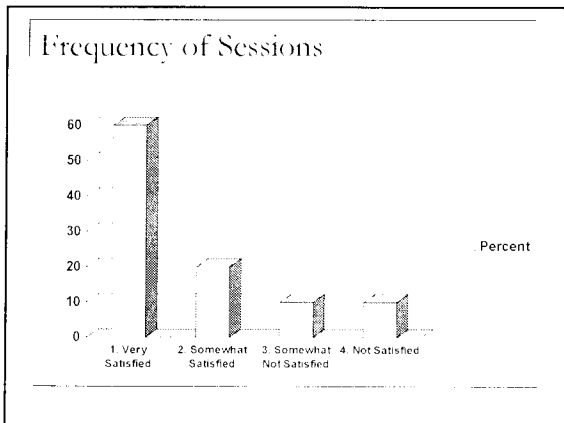
Access to Therapist

Question	Count	Percentage Answered
1. Very Satisfied	3	55.0%
2. Somewhat Satisfied	3	33.0%
3. Somewhat Not Satisfied	0	0.0%
4. Not Satisfied	1	11.1%



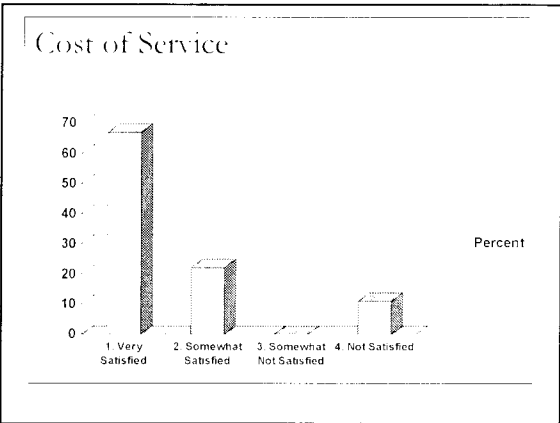
Time of Sessions

Question	Count	Percentage Answered
1. Very Satisfied	6	60.0%
2. Somewhat Satisfied	3	30.0%
3. Somewhat Not Satisfied	0	0.0%
4. Not Satisfied	1	10.0%



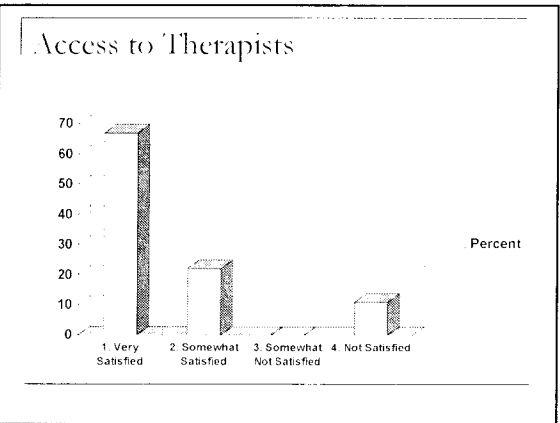
Frequency of Sessions

Question	Count	Percentage Answered
1. Very Satisfied	6	60.0%
2. Somewhat Satisfied	2	20.0%
3. Somewhat Not Satisfied	1	10.0%
4. Not Satisfied	1	10.0%



Cost of Service

Question	Count	Percentage Answered
1. Very Satisfied	6	66.7%
2. Somewhat Satisfied	2	22.2%
3. Somewhat Not Satisfied	0	0.0%
4. Not Satisfied	1	11.1%



Access to Therapists

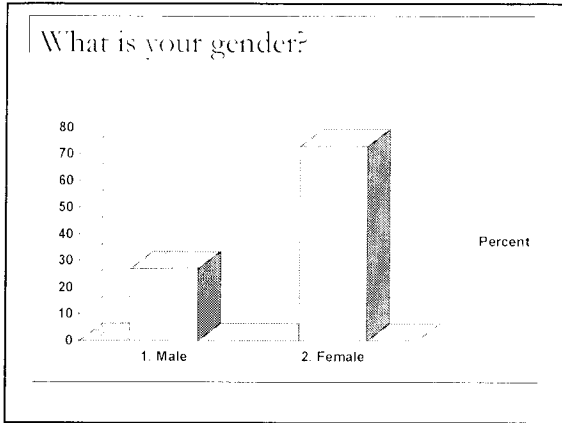
Question	Count	Percentage Answered
1. Very Satisfied	4	66.7%
2. Somewhat Satisfied	2	22.2%
3. Somewhat Not Satisfied	0	0.0%
4. Not Satisfied	1	11.1%

What would make this experience more helpful? What would need to be different?

- Not have to go to the court as much
- Talking
- Talking to them
- Meeting with primary caregiver or child at court instead. The courts should have more support and stability in the community. This way, we can help them and it can help the child.
- Connect the program
- Get feedback for the program to help with the program and the court system.
- More equipment for the program

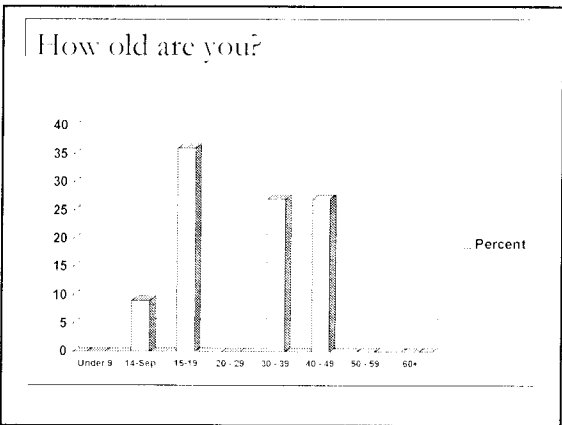
What could be done to make this agency a better place to receive services?

- Nothing
- A more individual assessment of each juvenile offense. The courts take a "one size fits all" approach to discipline, which is not appropriate punishment and there is a lack of consistency at this point for each offense. My son's experience is the first hand.
- Support group for parents who are in the system on a regular basis
- More funding for services



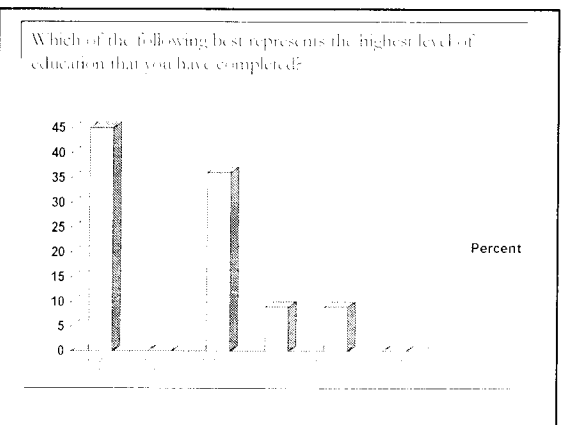
What is your gender?

Gender	Count	Percentage Answered
1. Male	3	27.3%
2. Female	7	72.7%



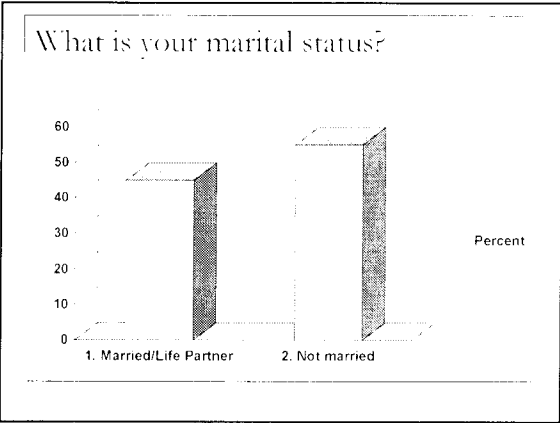
How old are you?

Choice	Count	Percentage Answered
1. Under 9	0	0.0%
2. 14-19	1	9.1%
3. 15-19	4	36.4%
4. 20-29	0	0.0%
5. 30-39	3	27.3%
6. 40-49	3	27.3%
7. 50-59	0	0.0%
8. 60+	0	0.0%



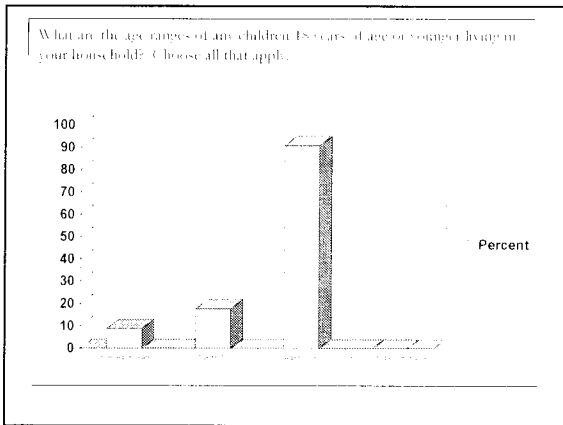
Which of the following best represents the highest level of education that you have completed?

Choice	Count	Percentage Answered
1. High school or less	4	36.4%
2. High school graduate	0	0.0%
3. Associate's degree	4	36.4%
4. Bachelor's degree	1	9.1%
5. Postgraduate	1	9.1%



What is your marital status?

Choice	Count	Percentage Answered
1. Married/Life Partner	31	48.5%
2. Not married	26	51.5%



What are the age ranges of any children 18 years of age or younger living in your household? (Choose all that apply.)

Choice	Count	Percentage Answered
Under Age 6 years	1	5.1%
Aged 6-12	2	18.2%
Aged 13-17	10	90.9%
Have no children 18 or under living in household	0	0.0%