



Mid-Ohio Psychological Services, Inc.

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QA REPORT

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

FROM: Shawna Watts-Shumaker, MBA
Quality Assurance Coordinator

SUBJECT: Quality Assurance Activities for May 2006
Chart Reviews for March 2006

SUBMITTED: August 8, 2006

I: MAJOR UNUSUAL INCIDENTS

There were three major unusual incidents for the month of May. The first incident occurred on 5/5/2006. Client #03112406 exhibited thoughts of suicide during a session. The client abruptly left the session without indicating where they were going. The Lancaster Police Department was contacted to help locate the client after several attempts were made to locate the client. Staff of the agency or the police department did not reach the client until the client showed up for a scheduled court session. The client was seen by Joe Dunson on 5/10/2006.

The second incident occurred on 5/23/2006. Client #06033103 had a seizure in the waiting room, paramedics were called and the client was transported to Fairfield Medical Center where the client was treated and released. The client was seen by Steve Ford on 6/7/2006.

The third incident occurred on 5/23/2006. Client #05102504 hit another vehicle parked in front of the agency. Lancaster Police Department was called to take an accident report. The incident was resolved between the parties involved.

II: TRANSFERS FROM STATE HOSPITALS

There was one discharge from a state hospital in May. Client #06032402 was admitted to Appalachian Behavioral Health Care on 04/11/2006 and discharged on 5/30/2006. The client was seen by Steve Ford on 6/2/2006.



AN INDEPENDENT CONTRACT AGENCY OF THE FAIRFIELD COUNTY ADAMH BOARD

There was one client discharged from community hospitalization in May. Client #04060706 was admitted on 5/11/2006 and discharged on 5/15/2006 from Fairfield Medical Center. The client was seen by Sonya Slater on 5/17/2006.

III: PLANT/PHYSICAL HEALTH AND SAFETY

There were no health and safety issues identified.

IV: RECORDS COMPLETENESS REVIEW (March)

Clinicians	Percent Compliant With Standard	Chart Included AOD Services	Chart Included CSP Services
Children/Family Team			
Chris Johnson, M.E.d.	92*	NO	YES
Amanda Martin, B.A.	99	NO	NO
Karis Mason, B.A.	98	NO	YES
Jessica Mitchell, B.A.	97	NO	YES
Tricia Ostrander, Ph.D.	98	NO	YES
Dr. Robin Rippeth Ph.D.	100	NO	YES
Claire Robitaille, M.S., LSW	91	NO	NO
Kimberly Ruggs, M.A.	99	NO	NO
Mike Selegue, MSW, LISW	99	NO	YES
Team Score	97		
Adult Team			
Dean Bachelor, M.Div.	97	NO	NO
A.J. Bierly, B.A.	97	NO	YES
Scott Craft, Ph.D.	99	NO	YES
Cassie Dille, B.A.	98	NO	YES
Joe Dunson, B.A.	97	NO	YES
Steve Ford, M.A., PCC	71*	NO	NO
Rick Gehlbach	98	NO	YES
Ellen Marshall	99	NO	NO
Paula Moreland, MSW, LSW	98	NO	YES
Sonya Slater, PsyD	89*	NO	NO
Team Score	94		
Franklin County Team			
Joni Grim	88*	NO	YES
Misty Coleman	98	NO	NO
Heather Stevens	93*	NO	YES
Team Score	93		
Dr. Brad Hedges	100	NO	NO

*Denotes that the clinician did not meet the target threshold of 95% compliance with the standards.

Eighty-two percent of the clinicians met the 95% threshold for the record review.

Reasons that clinicians did not meet the threshold and the percentage of records reviewed are as follows:

- Twenty-three percent of the records reviewed were missing a copy of the current medical card.
- Thirteen 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 39% of the clinicians.
- In forty-three percent of the records reviewed there was at least one session recorded that did not match the billing record.
- Twenty-six of the records reviewed had an Individual Service Plan on the chart that needed to be updated.
- Seventeen percent of the records reviewed did not have a reviewed health assessment.
- Twenty-six percent of the records were missing case notes for billed services.

V: PEER REVIEW (March)

Clinicians	Percent Compliant With Standard	Chart Included AOD Services	Chart Included CSP Services
Children/Family Team			
Chris Johnson, M.E.d.	92	NO	YES
Amanda Martin, B.A.	98	NO	NO
Karis Mason, B.A.	97	NO	NO
Jessica Mitchell, B.A.	96	NO	YES
Tricia Ostrander, Ph.D.	98	NO	YES
Dr. Robin Rippeth Ph.D.	100	NO	YES
Claire Robitaille, M.S., LSW	95	NO	NO
Kimberly Rugg, M.A.	99	NO	NO
Mike Selegue, MSW, LISW	96	NO	YES
Team Score	97		
Adult Team			
Dean Bachelor, M.Div.	87*	NO	NO
A.J. Bierly, B.A.	83*	NO	YES
Scott Craft, Ph.D.	92	NO	YES
Cassie Dille, B.A.	93	NO	YES
Joe Dunson, B.A.	97	NO	YES
Steve Ford, M.A., PCC	70*	NO	NO
Rick Gehlbach	91	NO	YES
Ellen Marshall	94	NO	NO
Paula Moreland, MSW, LSW	97	NO	YES
Sonya Slater, PsyD	74*	NO	NO
Team Score	88		
Franklin County Team			
Joni Grim	100	NO	YES
Misty Coleman	96	NO	NO
Heather Stevens	93	NO	YES
Team Score	96		
Dr. Brad Hedges	100	NO	NO

Eighty-three percent of the clinicians met the 90% threshold for peer review.

- Thirty-nine percent of the records reviewed for peer review showed that the clinician did not complete the required forms, or make the necessary referrals.
- Fifty-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 (May)

Clinician	Number of Clients Assigned	Number of Clients Seen	Average Number of Contacts Per Client Seen
Dean Bachelor	36	9	2.67
A.J. Bierly	46	28	3.54
Misty Coleman	64	33	2.55
Dr. Scott Craft	81	20	2.95
Cassie Dille	35	21	5.62
Joe Dunson	30	28	3.43
Steve Ford	72	39	1.87
Rick Gehlbach	55	37	1.49
Dr. Joni Grim	84	30	3.10
Dr. Brad Hedges	67	12	1.67
Chris Johnson	92	43	1.77
Ellen Marshall	112	52	2.31
Amanda Martin	50	47	3.23
Jessica Mitchell	42	41	1.66
Tricia Ostrander	74	41	1.51
Dr. Robin Rippeth	24	3	1.00
Claire Robitaille	42	38	1.92
Kimberly Rugg	51	44	2.11
Sonya Slater	45	43	1.93
Mike Selegue	91	64	1.53
Heather Stevens	45	39	2.38
Average	59	34	2.39

The No Show rate for May was 16%. When considering both the no show rate and the cancellation rate, this figure is 27%.

VII: AOD UTILIZATION REVIEW

There are currently no AOD groups active within the agency. AOD clients continue to be seen on an individual basis following the agency’s revised AOD program.

VIII: INVOLUNTARY TERMINATIONS

No involuntary terminations were conducted during the month of May 2006.

IX: PROFESSIONAL STAFF ORGANIZATION

The clinical staff maintains current licensure requirements.

X: REVIEW OF WAITING LIST

There were a total of 77 new clients seen in the month of May. Sixty-nine percent of these new clients were from Fairfield County. The total number of clients seen in the month of May was 712.

The average time between phone intake and completion of intakes for new clients was 35 days. The agency strives to see new clients within 30 days of initial contact.

XI: REVIEW OF SERVICES UNDER CONTRACT

Currently no services are provided under contract to this agency.

XII: FOCUSED REVIEW AREA

The focused area of review for May was to review the agency's QA process.

Review QA plan's overall goals and objectives and revise

The agency's current goals and objectives are listed below. No changes were made to the goals or objectives as they are still consistent with current QA activities.

Goal: Meet State requirements

Objectives: Clinicians, and other agency staff as applicable, must consistently complete documentation that is required by this agency, the State and the accrediting agencies that this agency is associated with.

Comments: The agency continues to meet all state requirements for ODMH and ODADAS as well as maintaining the requirements of our national accreditation through CARF.

Goal: Continuing Education

Objectives: Clinicians must continue to meet the standards of the State toward maintaining their licensure, developing competencies, and improving the quality of care for our clients.

Comments: The agency continues to improve in this area by developing E-trainings for staff and offering agency sponsored CEU trainings.

Goal: Clinical Accountability

Objectives: Quality Assurance staff will work with clinicians to make sure that they are providing a thorough assessment, accurate diagnoses, and services that are consistent with the philosophies and standards of this agency and the state of Ohio.

Comments: The committee continues to review charts for appropriate testing and diagnosis. Reviewers provide feedback to clinicians if goals are not supported by diagnosis. Reviews were conducted of high utilization clients and psychiatric clients to ensure that the agency is providing adequate care and that diagnosis supports the use of medication.

Goal: Provide feedback about utilization of services

Objectives: QA staff will develop an understanding of what services are sought at this agency, how these services are accessed, if these services meet the needs of our clients, what other services are needed, are we attempting to meet the needs of our clients when we don't have the available service (if so how?), and what external services are we as an agency utilizing and what external services are our clients utilizing.

Comments: The agency continues to monitor utilization of services by clients by monitoring clinical caseloads and high utilization reports. The case management team attempts to engage clients in external services when needed.

Goal: Ensure a safe environment free of hazards for staff and clients

Objectives: QA staff will conduct monthly physical plant inspections, quarterly fire drills, and monitor MUI's to provide re-education or preventative training to avoid future incidents.

Comments: Since last May, the agency has constructed a sidewalk between the 624 and 630 building due to stepping-stones becoming worn and raised and presenting a safety issue. A dehumidifier was added to the 632 building due to dampness and odor. Agency furniture was inspected and many chairs were disposed of and replaced due to age. The air conditioning unit for front half of 624 building was repaired. Carpet was replaced in the 624 building in the waiting room, front office, Executive Directors office and entry way. Carpet was also put down in the kitchen that was renovated into office space. Carpets were cleaned in the entire 632 building and in all of the common areas such as waiting room and hallways of the 630 building. A receptionist and the Administrative Coordinator cleaned and reorganized all of the shelving areas in the 624 front office. All of the agency supply closets were cleaned out and reorganized. The computer storage/basement storage area was cleaned out and new shelving was added to improve organization. The signage in front of the agency was replaced with a more secure version due to the old sign blowing down frequently. Ceiling tiles in the 632 building were repaired.

Review the achievement of accepted professional standards of practice

The QA Coordinator continues to review /monitor training through Monthly Summary Reports as well as monitoring license expirations for all clinicians. The agency has implemented e training for the agency and is a certified CEU provider for State of Ohio Psychology Board and the State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board. The agency has offered 4 trainings since becoming certified and has another one planned for August.

Review the resolution of identified problems

The QA Committee continues to monitor corrective actions to reviewed charts and looking for ways to improve the efficiency of monitoring corrections including improving comments and suggestions on how to make corrections. The QA Coordinator communicates problems with the clinical supervisors and Executive Director. QA updates are shared with the Board of Directors at every meeting. The QA committee conducted an inter-rater reliability study and is currently editing the Records Review and Peer Review forms with clarifications, instructions for sections that had poor reliability, and an overall update.

Assess the efficiency of QA activities

QA activities have fallen behind due to the inter rater reliability study and have remained behind due to the QA Coordinator not being able to devote adequate time to the reports and the QA reviewers being behind on reviews. Records Completeness and Peer reviews were suspended for the months of January and February in order to facilitate bringing QA reporting into a current time frame. The agency will still be in compliance with ODMH and ODADAS annual review requirements of ten percent of all cases by conducting approximately twenty-three reviews each month, the agency far exceeds the requirement on an annual basis.

Review the adequacy of corrective actions

Verifying that corrections have been made to charts continues to be a challenge for the QA Committee. The QA Coordinator continues to send out e-mail reminders if Correction Letters are not returned in a timely manner. However there has been some improvement in the number of clinicians who complete the corrections without being reminded.

Review methods for improving the service delivery system

Reminder calls continue to be made, and the agency continues to strive to get clients in within 30 days for services. Formal evaluations services and medication somatic services are being scheduled for the most part within 60 days. The case management and home based therapy programs continue to be improved through researching methodologies that

work best. The agency has applied for sliding scale funding for an Anger Management and expansion of the Sex Offender program from the ADAMH Board for FY2007.

Conduct a bomb threat drill

A bomb threat drill was not conducted; it will be conducted in the near future.

XIII: RESPONSE TO LAST MONTHS FOCUS REVIEW

There was no response to last month's focused review.

XIV: CLIENT RIGHTS AND GRIEVANCES

There was one client grievance filed with the agency. On 5/19/2006 client #01090405 filed a grievance with the client's rights officer regarding her psychiatric care. The client had concerns about medication side effects and past medical history. Dr. Hedges responded to the grievance on 5/23/2006. At the client's request psychiatric care was transferred to another agency. The client continues to see a therapist at this agency.

XV: TREATMENT OUTCOMES REPORTING

The "Outcome Review" for this month focused on assessing child and adolescent satisfaction with services (without regard to length of time in service). To assess this issue, client self report of their "overall satisfaction" was reviewed using the ODMH Data Mart for CY2002 thru CY2005. The satisfaction scale ranges from 4-24 (22-24 extremely dissatisfied, 17-21 moderately dissatisfied, 14-16 somewhat dissatisfied, 11-13 somewhat satisfied, 7-10 moderately satisfied, 4-6 extremely satisfied).

The results of this review for MOPS are depicted in the attached graph (Child and Adolescent Satisfaction) at the end of this report. Children and Adolescents reported a range of scores from 9.01 – 10.52. The overall trend of the graph suggests that the reported satisfaction shows a pattern of moderately satisfied.

As with all data derived from the data mart, the results should be viewed with caution due to inconsistent data sizes in each reporting period as well as the lack of external validation of the data scales.

cc: Fairfield County Mental Health and Recovery Services Board
MOPS Board of Directors

MOPS Staff
QA Minutes Log Book

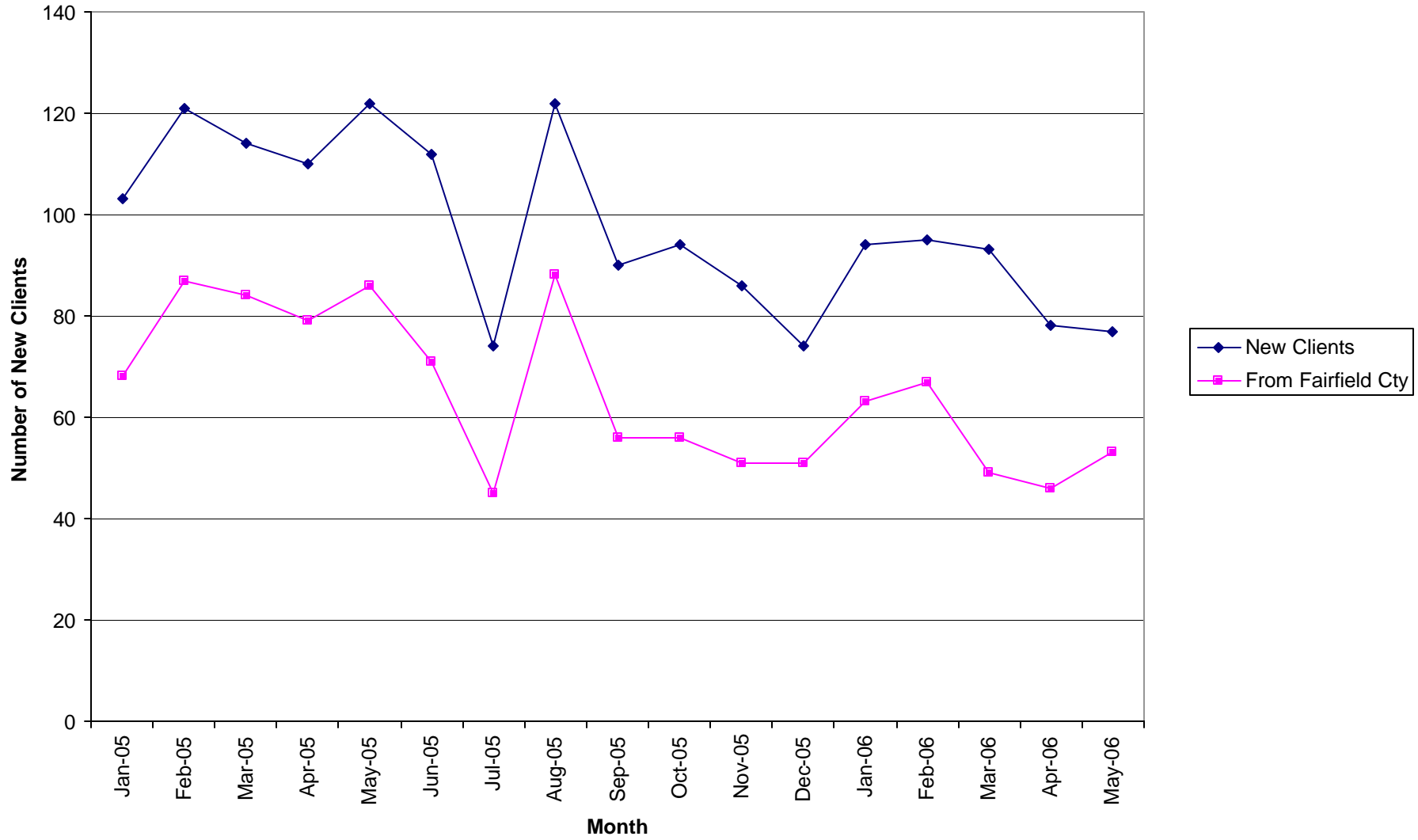
Agency Service Budget Month of May 2006

	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	121	94	200	83	1,876	1,281	2,200	913		
	\$15,755	\$12,245	\$25,998	\$10,789	\$243,796	\$166,504	\$285,978	\$118,681	(\$42,182)	\$47,823
Individual Counseling	926	620	962	510	10,623	6,700	10,582	5,610		
	\$83,331	\$55,782	\$86,580	\$45,900	\$956,079	\$602,982	\$952,380	\$504,900	\$3,699	\$98,082
Individual CSP	263	231	302	208	2,348	2,296	3,322	2,288		
	\$22,448	\$19,692	\$25,767	\$17,747	\$200,314	\$195,869	\$283,433	\$195,212	(\$83,119)	\$657
Group CSP	0	0	0	0	0	0	0	0		
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Group	246	39	208	26	2,361	427	2,288	286		
	\$9,724	\$1,540	\$8,212	\$1,026	\$93,196	\$16,850	\$90,330	\$11,291	\$2,866	\$5,559
Medication	54	39	53	34	649	412	583	374		
	\$11,366	\$8,182	\$11,176	\$7,170	\$136,834	\$86,857	\$122,937	\$78,865	\$13,896	\$7,992
AOD Assessment	0	0	2	2	0	0	22	22		
	\$0	\$0	\$192	\$192	\$0	\$0	\$2,117	\$2,117	(\$2,117)	(\$2,117)
AOD Individual	0	0	2	1	0	0	22	11		
	\$0	\$0	\$131	\$87	\$0	\$0	\$1,919	\$960	(\$1,919)	(\$960)
AOD Group	0	0	12	6	0	0	132	66		
	\$0	\$0	\$457	\$228	\$0	\$0	\$5,027	\$2,513	(\$5,027)	(\$2,513)
Court Diversion	51	0	196	0	560	148	2,156	0		
	\$1,782	\$0	\$6,860	\$0	\$19,607	\$5,177	\$75,460	\$0	(\$55,853)	\$5,177
Forensic Evaluations	4	0	2	0	26	0	22	0		
	\$2,000	\$0	\$1,000	\$0	\$13,000	\$0	\$11,000	\$0	\$2,000	\$0
Other	0	0	8	0	0	0	88	0		
	\$0	\$0	\$280	\$0	\$0	\$0	\$3,080	\$0	(\$3,080)	\$0
Sum \$	\$144,405	\$97,440	\$165,373	\$83,140	\$1,649,827	\$1,074,239	\$1,819,582	\$914,540	(\$169,755)	\$159,699

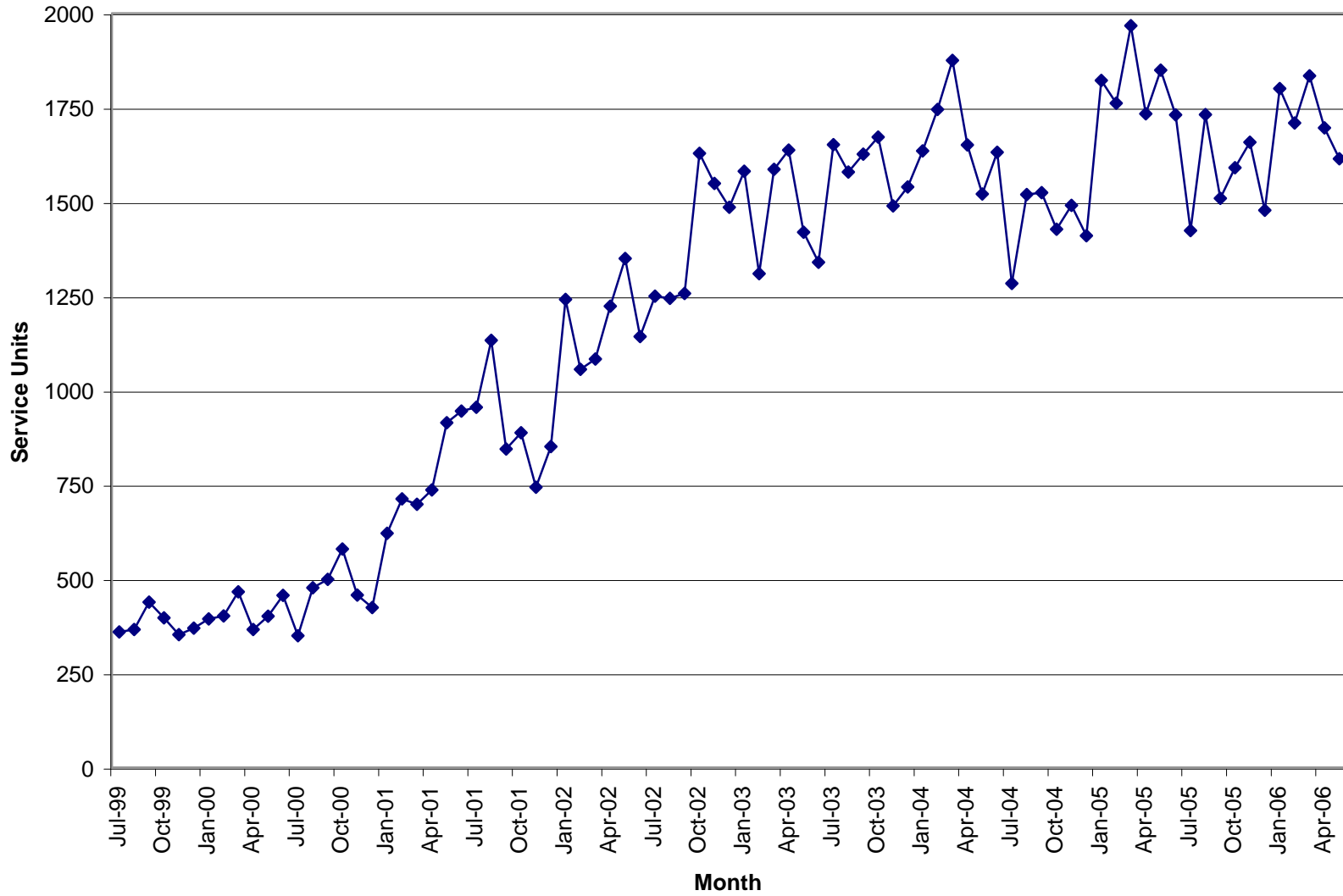
* () figures indicate that MOPS provided fewer services in this category than budgeted.

67% Percent of Services for Fairfield County
 9.40% Percent Below Overall MOPS Budget
 14.87% Percent Over Fairfield County Medicaid

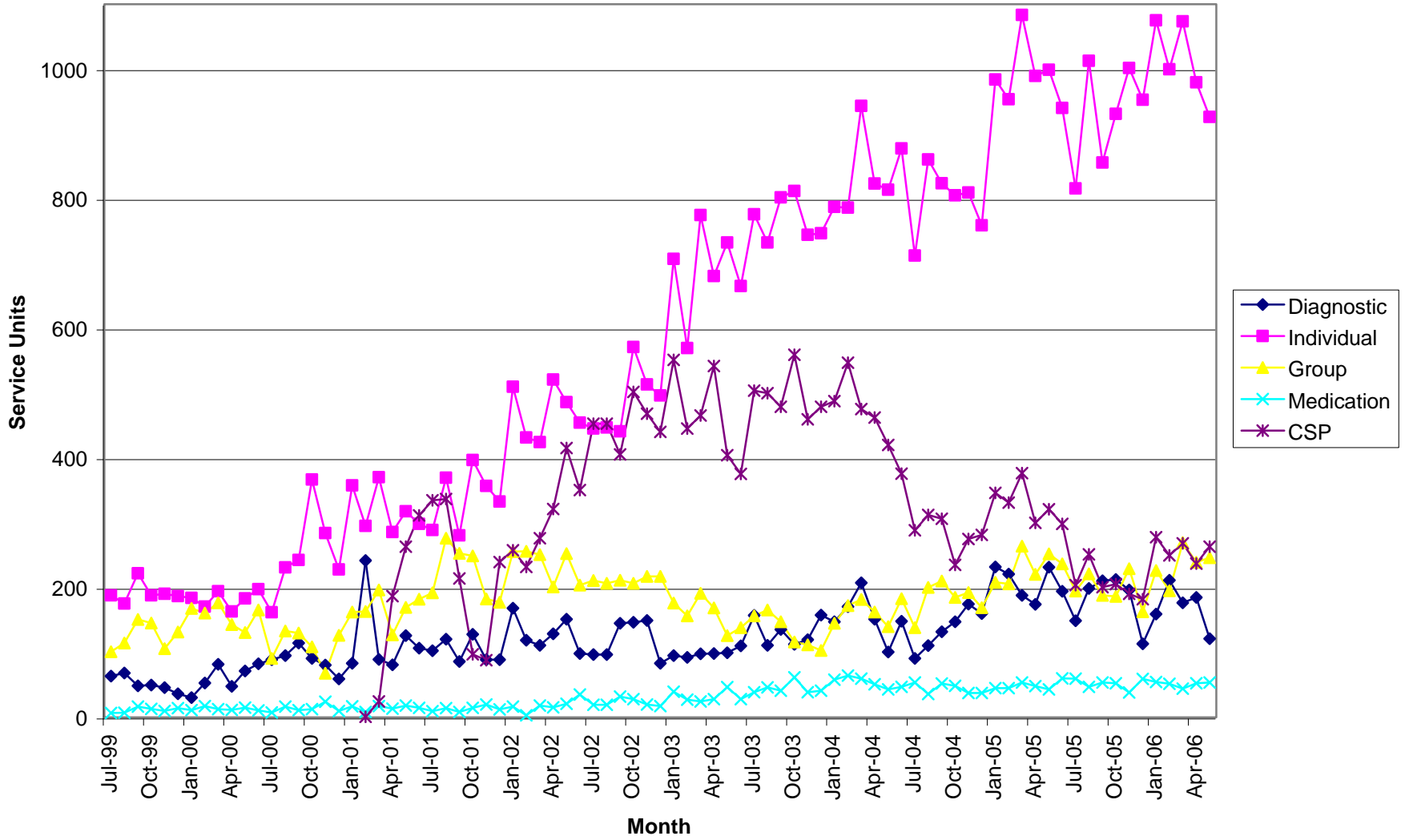
New Clients



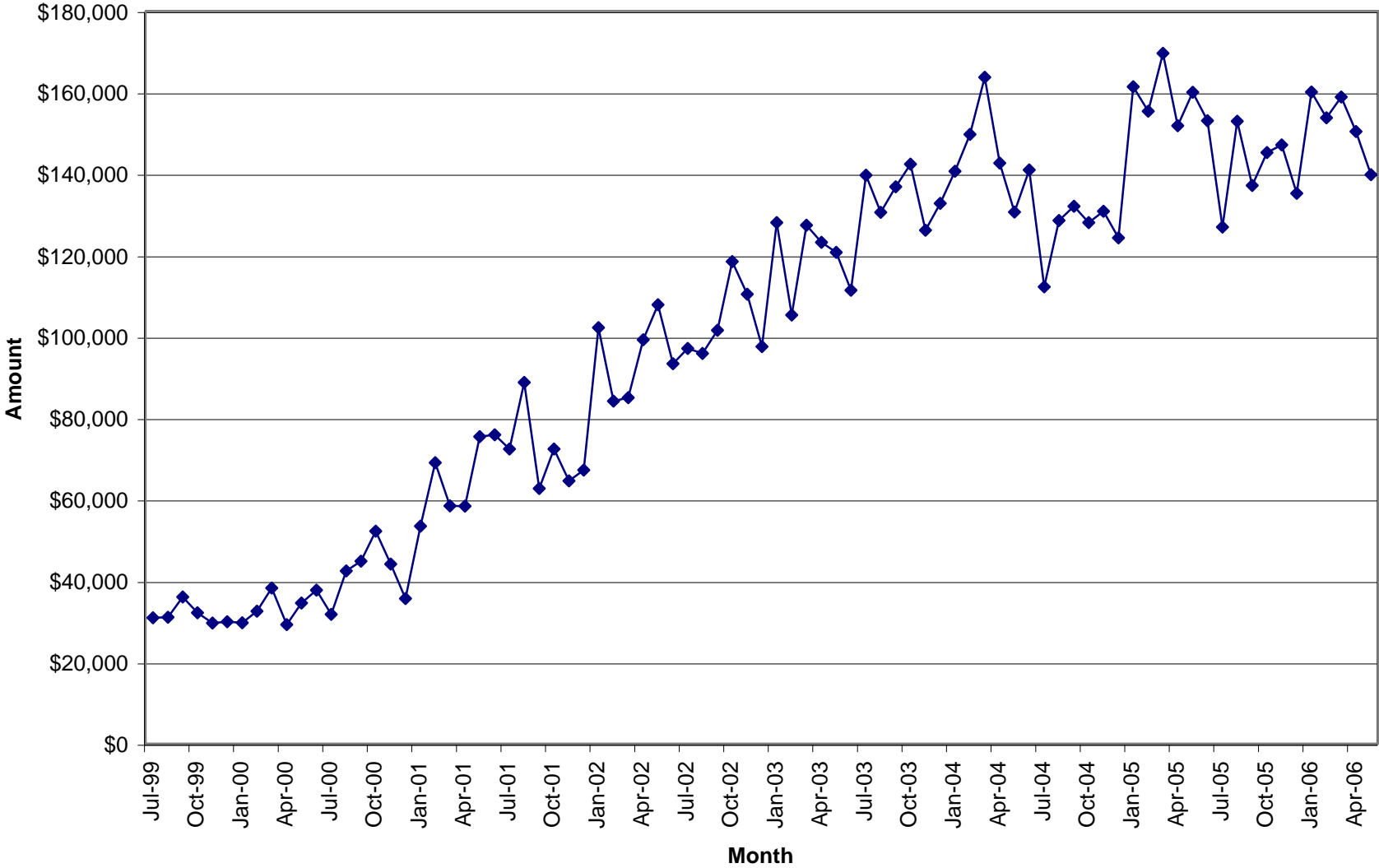
Total Units of Service



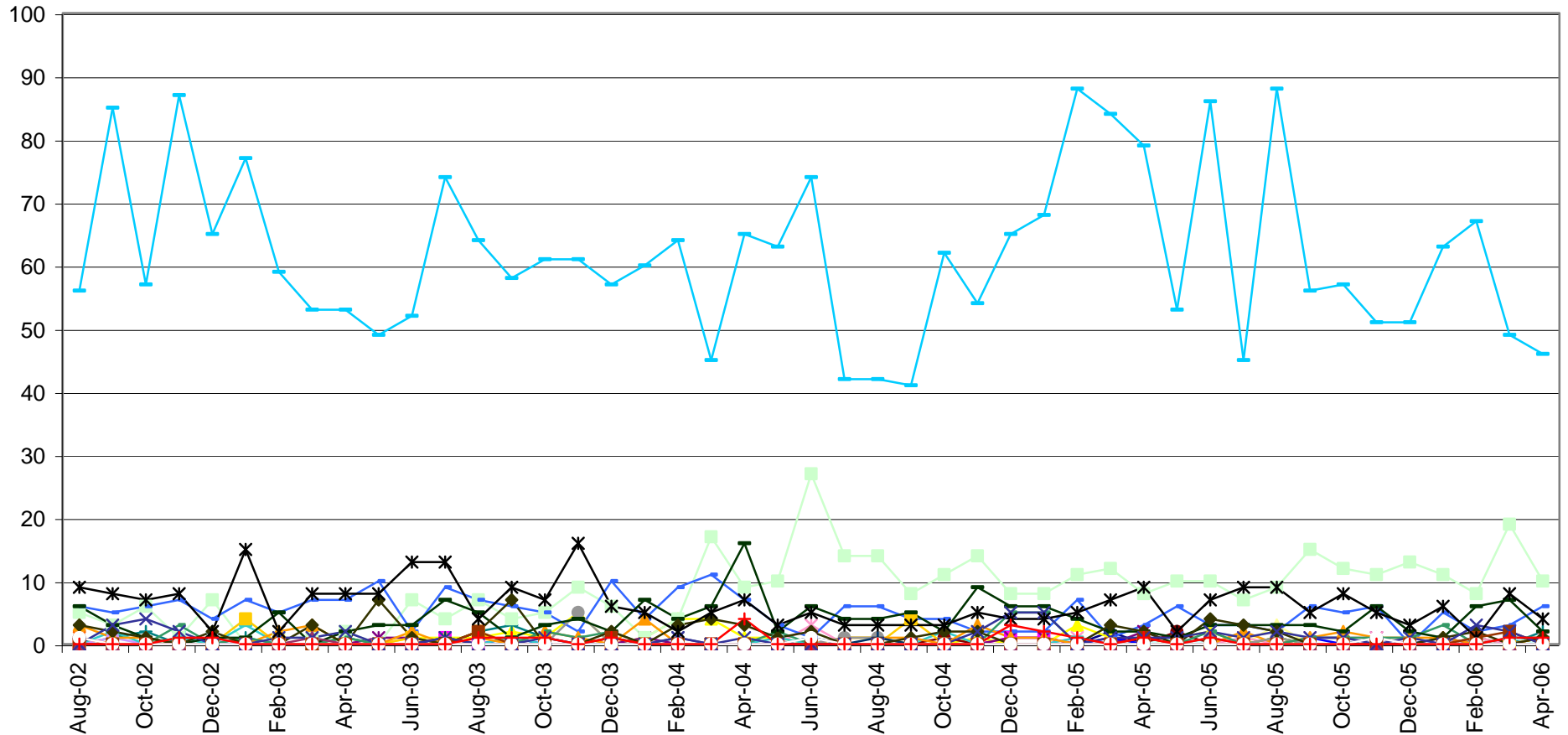
Units of Service



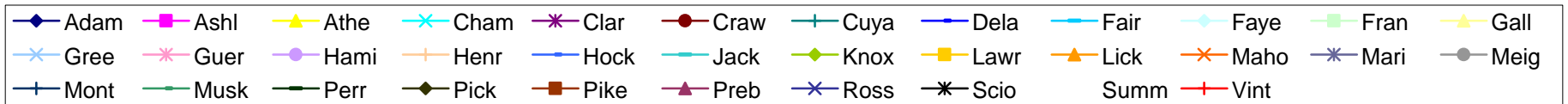
Total Units \$



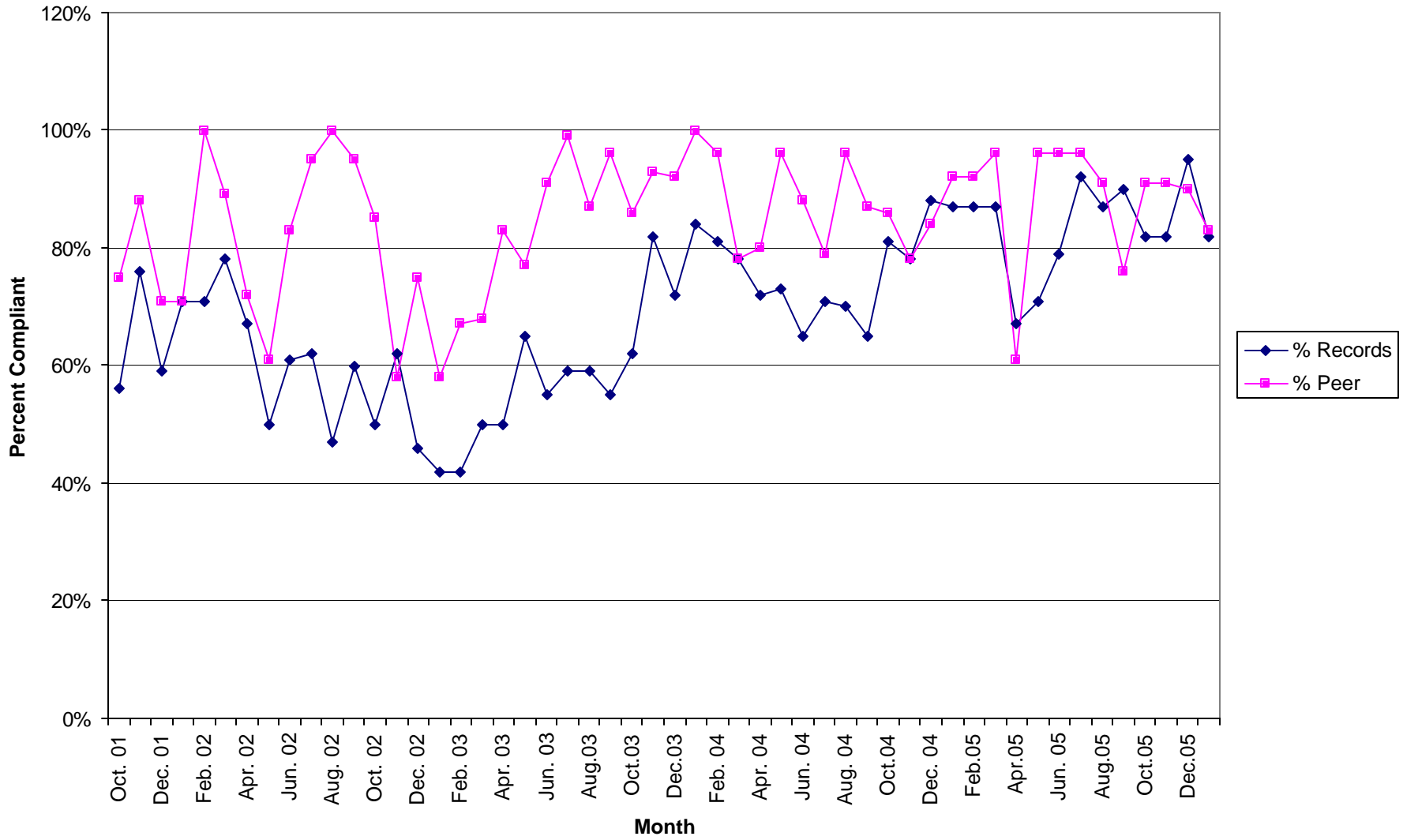
Number of Intakes by County



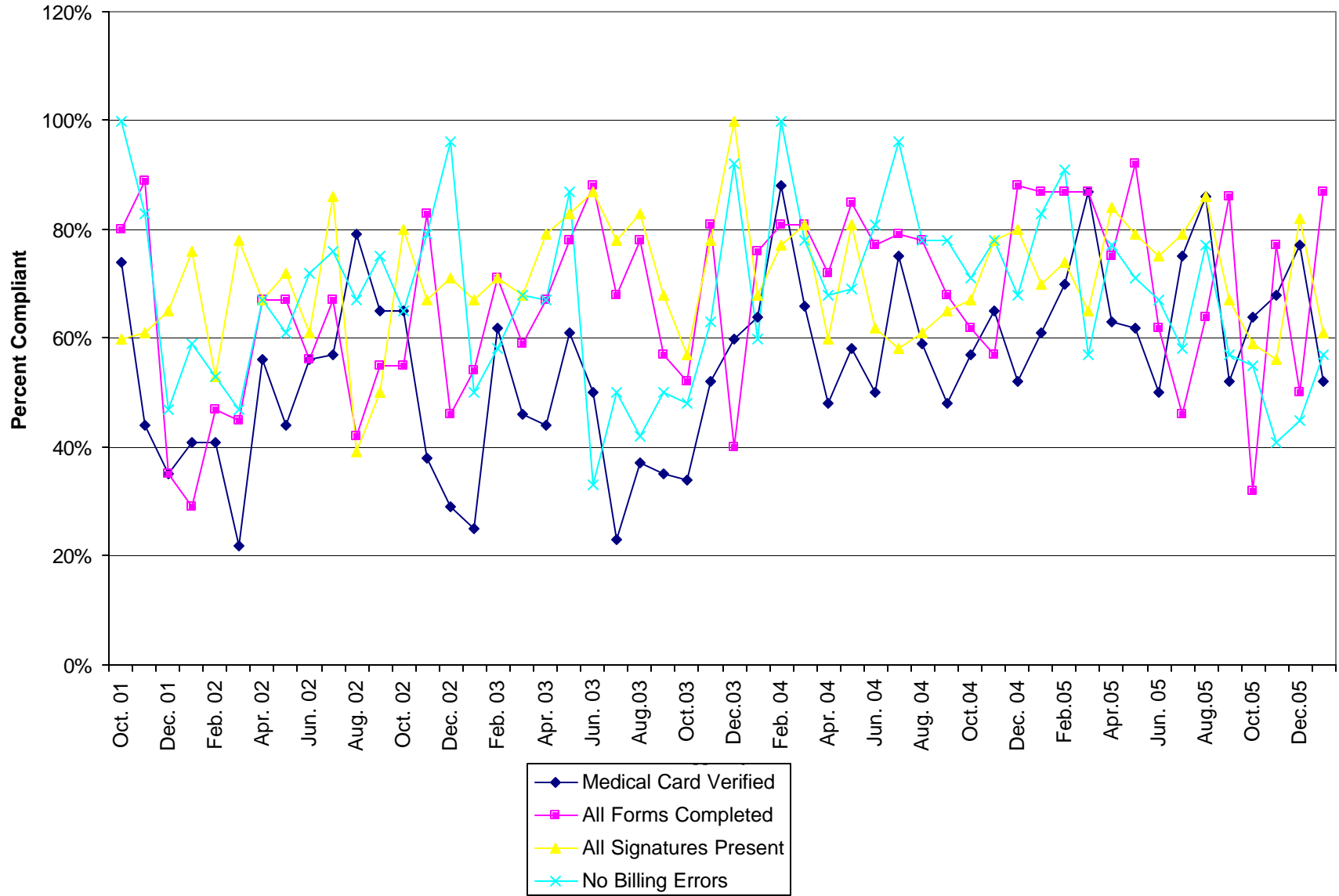
Prior to 9/05 the numbers reported were somewhat inflated due to a report issue that has been corrected.



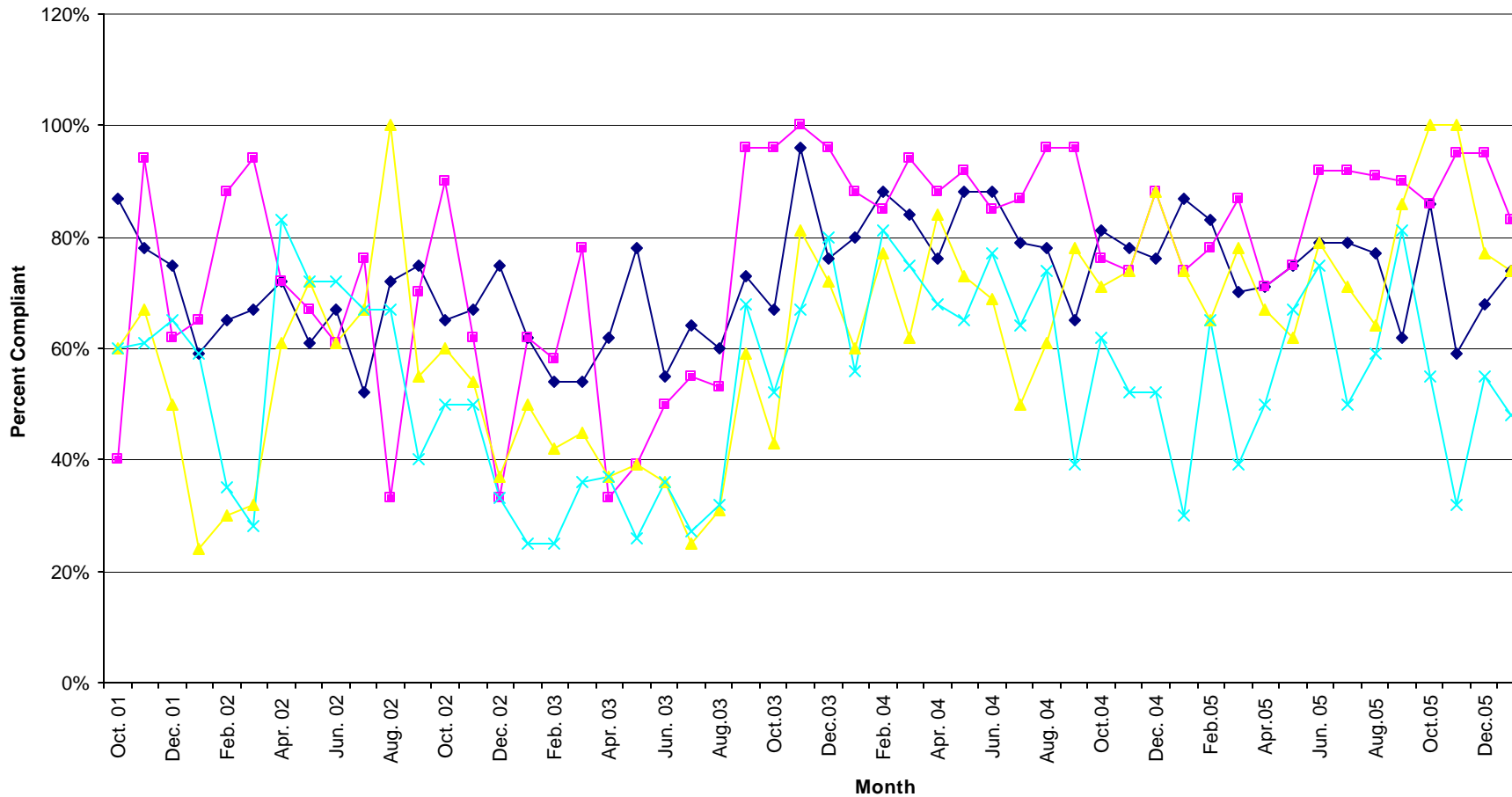
Compliance Review



Selected Record Review Issues



Selected Record Review Issues



- ◆ ISP Completed and Updated
- Health Assessment Completed and Reviewed
- ▲ All Notes Present
- × Record Maintained Consistently

**Unit Production & Scheduling Proficiency by Clinician
Mid Ohio Psychological Services**

May 2006

	Cancellations	Missed	Diagnostics	Evaluations	AOD Assessments	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
Unit Rate			129.99	129.99	96.24	90	39.48	65	195	35								
Dean Bachelor	4	10	0.00	0.00	0.00	8.00	16.00	0.00	0.0		38.00	24.00	34.00	71%	11%	26%	37%	1%
A. J. Bierly*	0	0	0.00	0.00	0.00	0.00	0.00	98.10	0.0		98.10	98.10	98.10	100%	0%	0%	0%	6%
Misty Coleman	44	20	2.00	0.00	0.00	62.30	35.00	0.00	0.0		163.30	99.30	119.30	61%	27%	12%	39%	6%
Scott Craft	8	17	1.30	0.00	0.00	22.60	60.50	0.00	0.0	4.0	113.40	88.40	105.40	78%	7%	15%	22%	5%
Cassie Dille*	0	0	0.00	0.00	0.00	0.00	0.00	90.50	0.0		90.50	90.50	90.50	100%	0%	0%	0%	5%
Joe Dunson	12	6	0.00	0.00	0.00	19.00	0.00	7.80	0.0	46.9	91.70	73.70	79.70	80%	13%	7%	20%	4%
Steve Ford	23	28	12.50	0.00	0.00	52.20	0.00	13.60	0.0		129.30	78.30	106.30	61%	18%	22%	39%	5%
Rick Gehlbach	14	20	10.80	0.00	0.00	37.50	0.00	1.30	0.0		83.60	49.60	69.60	59%	17%	24%	41%	3%
Joni Grim	16	11	2.00	0.00	0.00	49.60	73.50	4.40	0.0		156.50	129.50	140.50	83%	10%	7%	17%	8%
Brad Hedges	0	3	0.00	15.90	0.00	4.80	0.00	0.00	0.0		23.70	20.70	23.70	87%	0%	13%	13%	1%
Chris Johnson	14	28	5.00	0.00	0.00	63.00	0.00	4.20	0.0		114.20	72.20	100.20	63%	12%	25%	37%	4%
Ellen Marshall	23	42	11.00	0.00	0.00	104.20	0.00	3.70	0.0		183.90	118.90	160.90	65%	13%	23%	35%	7%
Amanda Martin	8	15	0.00	0.00	0.00	94.80	0.00	21.80	0.0		139.60	116.60	131.60	84%	6%	11%	16%	7%
Karis Mason	0	0	0.00	0.00	0.00	0.70	0.00	0.00	0.0		0.70	0.70	0.70	100%	0%	0%	0%	0%
Jessica Mitchell	29	41	0.00	0.00	0.00	44.50	26.50	0.80	0.0		141.80	71.80	112.80	51%	20%	29%	49%	4%
Tricia Ostrander	13	14	24.80	0.00	0.00	44.40	0.00	0.00	0.0		96.20	69.20	83.20	72%	14%	15%	28%	4%
Robin Rippeth	1	0	0.00	0.00	0.00	2.30	0.00	0.00	0.0		3.30	2.30	2.30	70%	30%	0%	30%	0%
Claire Robitaille	9	10	1.00	3.00	0.00	66.80	0.00	0.00	0.0		89.80	70.80	80.80	79%	10%	11%	21%	4%
Kimberly Rugg	11	27	10.00	0.00	0.00	61.00	0.00	6.60	0.0		115.60	77.60	104.60	67%	10%	23%	33%	5%
Mike Selegue	19	42	10.50	0.00	0.00	79.60	0.00	0.00	0.0		151.10	90.10	132.10	60%	13%	28%	40%	5%
Sonya Slater	22	30	17.20	3.40	0.00	51.50	0.00	5.90	0.0		130.00	78.00	108.00	60%	17%	23%	40%	5%
Charles Snyder	38	53	0.00	0.00	0.00	0.00	0.00	0.00	53.9		144.90	53.90	106.90	37%	26%	37%	63%	3%
Heather Stevens	16	28	13.10	0.00	0.00	57.10	34.80	4.40	0.0		153.40	109.40	137.40	71%	10%	18%	29%	6%
Sum Totals			121.20	22.30	0.00	925.90	246.30	263.10	53.9	50.9	2452.60	1683.60	2128.60					
Average														72%	12%	16%	28%	4%

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

% of Agency \$ Billed by Clinician

May	2006		Weighted							
	DA	EVAL	AOD	IND	Group	CSP	MED	Other	Tot Units	% of Tot
Unit Rate	\$ 129.99	\$ 129.99	\$ 96.24	\$ 90	\$ 39.48	\$ 65	\$ 195	\$ 35		
Dean Bachelor	0.00	0.00	0.00	8.00	16.00	0.00	0.0	0.0		
	\$0	\$0	\$0	\$720	\$632	\$0	\$0	\$0	\$ 1,351.68	0.96%
A.J. Bierly	0.00	0.00	0.00	0.00	0.00	98.10	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,376.50	\$0.00	\$0.00	\$ 6,376.50	4.53%
Misty Coleman	2.00	0.00	0.00	62.30	35.00	0.00	0.00	0.00		
	\$259.98	\$0.00	\$0.00	\$5,607.00	\$1,381.80	\$0.00	\$0.00	\$0.00	\$ 7,248.78	5.15%
Scott Craft	1.30	0.00	0.00	22.60	60.50	0.00	0.0	4.0		
	\$168.99	\$0.00	\$0.00	\$2,034.00	\$2,388.54	\$0.00	\$0.00	\$140.00	\$ 4,731.53	3.36%
Cassie Dille	0.00	0.00	0.00	0.00	0.00	90.50	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,882.50	\$0.00	\$0.00	\$ 5,882.50	4.18%
Joe Dunson	0.00	0.00	0.00	19.00	0.00	7.80	0.00	46.90		
	\$0.00	\$0.00	\$0.00	\$1,710.00	\$0.00	\$507.00	\$0.00	\$1,641.50	\$ 3,858.50	2.74%
Steve Ford	12.50	0.00	0.00	52.20	0.00	13.60	0.00	0.00		
	\$1,624.88	\$0.00	\$0.00	\$4,698.00	\$0.00	\$884.00	\$0.00	\$0.00	\$ 7,206.88	5.12%
Rick Gehlbach	10.80	0.00	0.00	37.50	0.00	1.30	0.00	0.00		
	\$1,403.89	\$0.00	\$0.00	\$3,375.00	\$0.00	\$84.50	\$0.00	\$0.00	\$ 4,863.39	3.46%
Joni Grim	2.00	0.00	0.00	49.60	73.50	4.40	0.00	0.00		
	\$259.98	\$0.00	\$0.00	\$4,464.00	\$2,901.78	\$286.00	\$0.00	\$0.00	\$ 7,911.76	5.62%
Brad Hedges	0.00	15.90	0.00	4.80	0.00	0.00	0.00	0.00		
	\$0.00	\$2,066.84	\$0.00	\$432.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 2,498.84	1.78%
Chris Johnson	5.00	0.00	0.00	63.00	0.00	4.20	0.00	0.00		
	\$649.95	\$0.00	\$0.00	\$5,670.00	\$0.00	\$273.00	\$0.00	\$0.00	\$ 6,592.95	4.69%
Ellen Marshall	11.00	0.00	0.00	104.20	0.00	3.70	0.00	0.00		
	\$1,429.89	\$0.00	\$0.00	\$9,378.00	\$0.00	\$240.50	\$0.00	\$0.00	\$ 11,048.39	7.85%
Amanda Martin	0.00	0.00	0.00	94.80	0.00	21.80	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$8,532.00	\$0.00	\$1,417.00	\$0.00	\$0.00	\$ 9,949.00	7.07%
Karis Mason	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ -	0.00%
Jessica Mitchell	0.00	0.00	0.00	44.50	26.50	0.80	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$4,005.00	\$1,046.22	\$52.00	\$0.00	\$0.00	\$ 5,103.22	3.63%
Tricia Ostrander	24.80	0.00	0.00	44.40	0.00	0.00	0.0	0.0		
	\$3,223.75	\$0.00	\$0.00	\$3,996.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 7,219.75	5.13%
Robin Rippeth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ -	0.00%
Claire Robitaille	0.00	3.00	0.00	66.80	0.00	0.00	0.00	0.00		
	\$0.00	\$389.97	\$0.00	\$6,012.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 6,401.97	4.55%
Kimberly Rugg	10.00	0.00	0.00	61.00	0.00	6.60	0.00	0.00		
	\$1,299.90	\$0.00	\$0.00	\$5,490.00	\$0.00	\$429.00	\$0.00	\$0.00	\$ 7,218.90	5.13%
Mike Selegue	10.50	0.00	0.00	79.60	0.00	0.00	0.00	0.00		
	\$1,364.90	\$0.00	\$0.00	\$7,164.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 8,528.90	6.06%
Sonya Slater	17.20	3.40	0.00	51.50	0.00	5.90	0.00	0.00		
	\$2,235.83	\$441.97	\$0.00	\$4,635.00	\$0.00	\$383.50	\$0.00	\$0.00	\$ 7,696.29	5.47%
Charles Snyder	0.00	0.00	0.00	0.00	0.00	0.00	53.90	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,510.50	\$0.00	\$ 10,510.50	7.47%
Heather Stevens	13.10	0.00	0.00	57.10	34.80	4.40	0.00	0.00		
	\$1,702.87	\$0.00	\$0.00	\$5,139.00	\$1,373.90	\$286.00	\$0.00	\$0.00	\$ 8,501.77	6.04%
Sum Totals	\$15,624.80	\$2,898.78	\$0.00	\$83,061.00	\$9,723.92	\$17,101.50	\$10,510.50	\$1,781.50	\$ 140,702.00	

This chart represents the percentage of the total dollars billed by clinician in May 2006.

Child and Adolescent Satisfaction

