Table of Contents

Census........................................................................................................................................3
Access...........................................................................................................................................4
Client and Family Grievances......................................................................................................4
No-Shows......................................................................................................................................5
Opiate Data...................................................................................................................................5-7
AoD Continuum Expansion Data.................................................................................................7-11
HEDIS Measures (Mental Health)...............................................................................................11-12
HEDIS Measures (AoD)..............................................................................................................12-13

Treatment Programming

Eastway........................................................................................................................................14-15
South Community.......................................................................................................................16-17
SBHI...........................................................................................................................................18-19
Nova Behavioral.........................................................................................................................20-24
Project Cure...............................................................................................................................24-26
Addiction Services.....................................................................................................................26-27
Women’s Recovery Center..........................................................................................................27-28

Prevention Programming

Addiction Services Risky Business............................................................................................29-31
Wright State University PECE-PACT.........................................................................................31-32
UMADAOP OVPP.....................................................................................................................33
UMADAOP Aiming High............................................................................................................33
SBHI...........................................................................................................................................33-36
Goodwill Prescription Medication Campaign...........................................................................37-40
Montgomery County Prevention Coalition ................................................................................41

Support and Specialized Services

Downtown Dayton Initiative / Main Street Project.................................................................42-46
PLACE Inc.................................................................................................................................46-49
Miracle Clubhouse and Social Clubs.......................................................................................49-53
Life Essentials.........................................................................................................................54-55
Consumer Operated Services – GESMV...............................................................................55-56
Daybreak Dayton......................................................................................................................57-60
Dayton Children’s Hospital......................................................................................................60-62
Brigid’s Path.............................................................................................................................62-63
CareSource JobConnect..........................................................................................................63-65
Montgomery County Courts.....................................................................................................66-69

Training.......................................................................................................................................70-71

Client Satisfaction Survey.........................................................................................................71-73
FY18+ Unique Census Served in Montgomery County (July-December, 2018)

FY18+ Total County of HSL: 3,327 / FY18+ Total Count of Medicaid: 6,132
FY18+ Total Census: 9,459

*Due to 42 CFR MCADAMHS does not receive non-GOSH enrolled Substance Abuse Disorder claims from Ohio Medicaid.
*Contracted agencies with less than 10 total claims are not included in the chart above, therefore total counts do not equal individually reported counts.
*Claim totals pulled on 2.21.2019
Wait Time

**Average Number of Days from First Contact to Intake Appointment**
(Out-patient Mental Health and AoD Providers)

| Quarter     | FY17 Q1 | FY17 Q2 | FY17 Q3 | FY17 Q4 | FY16 Q1 | FY16 Q2 | FY16 Q3 | FY16 Q4 | FY18 Q1 | FY18 Q2 | FY18 Q3 | FY18 Q4 | FY18 Q1+ | FY18 Q2+ |
|-------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Average     | 5.51    | 4.16    | 3.65    | 3.87    | 3.1     | 3.47    | 3.61    | 3.28    | 3.99    | 3.61    | 3.37    | 3.28    | 3.99    | 3.14    |

**Mean**

**UCL (3 \( \sigma \))**

**LCL (3 \( \sigma \))**

- FY18 Average: 3.51
- FY18+ Average: 3.64

Client and Family Grievances

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY17 Q1</th>
<th>FY17 Q2</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q1+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>8</td>
<td>10</td>
<td>13</td>
<td>6</td>
</tr>
</tbody>
</table>

**FY18 Total Number: 19**

**FY18+ Total Number: 32**
No-Shows (Out Patient Mental Health and AoD Providers)

FY18 Average No-Show Rate: 19.75%  
FY18+ Average No-Show Rate: 18.50%

Opiate Data

Montgomery County Monthly Overdose Death Totals

CY17 Total Deaths: 566  
CY18 Total Deaths: 292

FY18+/SFY19 Quality Improvement Report
FY18+/SFY19 Quality Improvement Report

DPD Narcan Administrations

- FY18 Total Victim Count: 1,258
- FY18+ Total Victim Count: 524
- FY18 Total Narcan Administrations: 1,243
- FY18+ Total Narcan Administrations: 656

Montgomery County Narcan Repository Dosages Distributed

- FY18 Dosages Distributed: 1,623
- FY18+ Dosages Distributed: 748

Project DAWN Narcan Kits Distributed Per Quarter

- FY18 Total Kits Distributed: 3,531
- FY18+ Total Kits Distributed: 1,841
FY18 Individuals Trained: 3,608  
FY18+ Individuals Trained: 2,033

FY18 Total Reported OD Reversals: 175  
FY18+ Total Reported OD Reversals: 70

AoD Continuum Expansion Data

-SBHI / OIS Data

Phone Consultations/Referral Contacts per Month (Data Collection Began 10/2016)

FY18 Consultations/Referrals: 653  
FY18+ Consultations/Referrals: 250

FY18+/SFY19 Quality Improvement Report
**Number of Individuals Denied Access to AoD Continuum Expansion Services Due to Significant Benzo Use or Medical Issues**

FY18 Total Denials: 25  
FY18+ Total Denials: 1

**SBHI Withdrawal Management: Number of clients seen and processed**

FY18 Total: 343  
FY18+ Total: 179

**SBHI Withdrawal Management: Number of Clients who Successfully Completed and Received a Vivitrol Injection**

FY18 1st Vivitrol Total: 73  
FY18+ 1st Vivitrol Total: 14

FY18+/SFY19 Quality Improvement Report
SBHI Withdrawal Management: Number of Clients Linked with Ongoing Services at SBHI per Month

- FY18 Total: 70
- FY18+ Total: 12

SBHI Withdrawal Management: Number of Client Linked with Ongoing Services at Other Outpatient Agencies per Month

- FY18 Clients Linked with Ongoing Services at Other Agencies: 10
- FY18+ Clients Linked with Ongoing Services at Other Agencies: 6

SBHI - Number of Clients Who did not Complete Withdrawal Management (Ambulatory Withdrawal Management Without Extended On-Site Monitoring, 1-WM), Stopped Attending, and did not Respond to Contact Attempts

- FY18 Total: 232
- FY18+ Total: 93
**Number of Clients that did not Complete Withdrawal Management (Ambulatory Withdrawal Management w/o Extended On-Site Monitoring, 1-WM), and were Referred to a Higher Level of Care**

- FY18 Total: 27
- FY18+ Total: 7

**Nova Behavioral Health Data**

**Number of Referrals Received for Clinically Managed High-Intensity Residential, 3.2-WM (WTP, Men's) through SBHI-OIS Programming**

- FY18 Total: 72
- FY18+ Total: 65

**Number of SBHI-OIS Referral Completions of Nova Residential Treatment**

- FY18 Completions: 46
- FY18+ Completions: 38
HEDIS Measures (Mental Health Agencies)

**SBHI-OIS Referrals Who Left Against Medical Advice (AMAs) of Nova Residential Treatment**

- FY18 AMAs: 38
- FY18+ AMAs: 9

**Children Who Received Follow-Up within 30 Days of Hospital Discharge**
(Agencies: SBHI, South Community, and FSA)

- FY17 Q3: 100%
- FY17 Q4: 100%
- FY18 Q1: 100%
- FY18 Q2: 100%
- FY18 Q3: 100%
- FY18 Q4: 100%
- FY18 Q1+: 100%
- FY18 Q2+: 100%

**Children Who Received Follow-Up within 7 Days of Hospital Discharge**
(Agencies: SBHI, South Community, and FSA)

- FY17 Q4: 100%
- FY18 Q1: 97%
- FY18 Q2: 95%
- FY18 Q3: 97%
- FY18 Q4: 98%
- FY18 Q1+: 100%
- FY18 Q2+: 100%

FY18+/SFY19 Quality Improvement Report
HEDIS Measures (AoD Agencies)

Initiation of AOD treatment - Children and Adolescents Who Initiated TX through an Inpatient AOD Admission, Outpatient Visit, Intensive Outpatient Encounter or Partial Hospitalization within 14 Days of Diagnosis

FY18+/SFY19 Quality Improvement Report
Engagement of AOD Treatment - Children and Adolescents Who Initiated Tx and Two or More Additional Services, with an AOD Diagnosis within 30 Days of Initiation Visit (Agencies: SBHI and South)

Initiation of AOD Treatment - Initiated Tx through an inpatient AOD Admission, Outpatient Visit, Intensive Outpatient Encounter or Partial Hospitalization within 14 Days of the Diagnosis

Engagement of AOD Treatment - Initiated Tx and Had Two or More Additional Services with an AOD Diagnosis with 30 days of the Initiation Visit (Agencies: Eastway, Addiction Services, SBHI, South, and Nova)
Treatment Agencies

Eastway

Wait Time from Initial Contact to Intake

- FY18 Average Wait Time: 2.20 days
- FY18+ Average Wait Time: 1.80 days

Reportable Incidents / Major Unusual Incidents

- FY18 Reportable Incidents / MUIs: 67
- FY18+ Reportable Incidents / MUIs: 24

Client / Family Member Grievances

- FY18 Total Family Grievances: 1
- FY18+ Total Family Grievances: 1

FY18+/SFY19 Quality Improvement Report
**Clinical Record Reviews**

- **FY18 Clinical Record Reviews:** 805
- **FY18+ Clinical Record Reviews:** 390

**Scheduled vs. Missed Appointments**

- **FY18 Scheduled Appointments:** 34,267
- **FY18 Missed Appointments:** 5,441
- **FY18+ Scheduled Appointments:** 19,215
- **FY18+ Missed Appointments:** 2,469

13.1% No-show Rate in FY18 Q2+
South Community

**Wait Time from Initial Contact to Intake**

- FY18 Average Wait Time: 1.65 days
- FY18+ Average Wait Time: 2.0 days

**Reportable Incidents / Major Unusual Incidents**

- FY18 Reportable Incidents / MUIs: 21
- FY18+ Reportable Incidents / MUIs: 4

**Client / Family Member Grievances**

- FY18 Total: 22
- FY18+ Total: 12

FY18+/SFY19 Quality Improvement Report
FY18+/SFY19 Quality Improvement Report

Clinical Record Reviews

Mean

UCL (3σ)

FY18 Total: 705  FY18+ Total: 319

Scheduled vs. Missed Appointments

13.1% No-Show Rate in FY18 Q2+

FY18 Scheduled Appointments: 117,574  FY18 Missed Appointments: 17,736
FY18+ Scheduled Appointments: 45,578  FY18+ Missed Appointments: 6,593

FY18+/SFY19 Quality Improvement Report
SBHI

Wait Time from Initial Contact to Intake

- FY18 Average Wait Time: 5.0 days
- FY18+ Average Wait Time: 5.0 days

Reportable Incidents / Major Unusual Incidents

- FY18 Reportable Incidents / MUIs: 1
- FY18+ Reportable Incidents / MUIs: 1

Client / Family Member Grievances

- FY18 Family Grievances: 4
- FY18+ Family Grievances: 0

FY18+/SFY19 Quality Improvement Report
FY18 Clinical Record Reviews: 698  
FY18+ Clinical Record Reviews: 310

Scheduled vs. Missed Appointments

FY18 Total Number of Scheduled Appointments: 55,746  
FY18 Total Number of Missed Appointments: 13,482

FY18+ Total Number of Scheduled Appointments: 24,075  
FY18+ Total Number of Missed Appointments: 6,522
Nova Behavioral Health

**Wait Time from Initial Contact to Intake**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY17 Q1</th>
<th>FY17 Q2</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q1+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wait Time (days)</td>
<td>10</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

**Mean**

**UCL (3 σ)**

**LCL (3 σ)**

FY18 Average Wait Time: 7.0 days  
FY18+ Average Wait Time: 6.25 days

**Reportable Incidents / Major Unusual Incidents**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY17 Q1</th>
<th>FY17 Q2</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q1+</th>
<th>FY18 Q2+</th>
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</thead>
<tbody>
<tr>
<td>Incidents</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Mean**

**UCL (3 σ)**

FY18 Total: 1  
FY18+ Total: 1

**Client / Family Member Grievances**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY17 Q1</th>
<th>FY17 Q2</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q1+</th>
<th>FY18 Q2+</th>
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<tbody>
<tr>
<td>Grievances</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

FY18+/SFY19 Quality Improvement Report
FY18 Total: 360

Clinical Records Review

Mean

UCL (3σ)

LCL (3σ)

Morningstar Residential Assessment No-Shows

8.3% No-Show Rate in FY18 Q2+

Women's Program Assessment No-Shows

12.0% No-Show Rate in FY18 Q2+

FY18 Scheduled: 419 / FY18 No-Shows: 73

FY18+ Admissions: 262 / FY18+ AMAs: 40

FY18 Scheduled: 263 / FY18 No-Shows: 42

FY18+ Scheduled: 99 / FY18+ No-Shows: 13
FY18+/SFY19 Quality Improvement Report

### Men's Program Assessment No-Shows
16.0% No-Show Rate in FY18 Q2+

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Total Scheduled</th>
<th>Total No-shows</th>
<th>Linear (Total Scheduled)</th>
<th>Linear (Total No-shows)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17 Q1</td>
<td>70</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY17 Q2</td>
<td>70</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY17 Q3</td>
<td>55</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY17 Q4</td>
<td>62</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q1</td>
<td>51</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q2</td>
<td>73</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q3</td>
<td>74</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q4</td>
<td>77</td>
<td>18</td>
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<tr>
<td>FY18 Q1+</td>
<td>65</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q2+</td>
<td>50</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Scheduled: 275</td>
<td>FY18 No-Shows: 47</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18+ Scheduled: 115</td>
<td>FY18+ No-Shows: 20</td>
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</tbody>
</table>

### Detox Program Assessment No-Shows
7.6% No-Show Rate in FY18 Q2+

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Total Admissions</th>
<th>Total No-shows</th>
<th>Linear (Total Admissions)</th>
<th>Linear (Total No-shows)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17 Q2</td>
<td>157</td>
<td>22</td>
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<td></td>
</tr>
<tr>
<td>FY17 Q3</td>
<td>147</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY17 Q4</td>
<td>67</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q1</td>
<td>157</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q2</td>
<td>165</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q3</td>
<td>148</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q4</td>
<td>168</td>
<td>35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q1+</td>
<td>170</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q2+</td>
<td>145</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Scheduled: 638</td>
<td>FY18 No-Shows: 96</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18+ Scheduled: 315</td>
<td>FY18+ No-Shows: 39</td>
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</tbody>
</table>

### Nova Outpatient Assessment No-Shows
23.8% No-Show Rate in FY18 Q2+

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Total Admissions</th>
<th>Total No-shows</th>
<th>Linear (Total Admissions)</th>
<th>Linear (Total No-shows)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17 Q1</td>
<td>222</td>
<td>46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY17 Q2</td>
<td>95</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY17 Q3</td>
<td>120</td>
<td>18</td>
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</tr>
<tr>
<td>FY17 Q4</td>
<td>123</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q1</td>
<td>235</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q2</td>
<td>146</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q3</td>
<td>148</td>
<td>36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q4</td>
<td>160</td>
<td>38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q1+</td>
<td>118</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q2+</td>
<td>122</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Scheduled: 689</td>
<td>FY18 No-Shows: 126</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18+ Scheduled: 240</td>
<td>FY18+ No-Shows: 53</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FY18+/SFY19 Quality Improvement Report
FY18 Admissions: 14 / FY18 AMAs: 2  
FY18+ Admissions: 2 / FY18+ AMAs: 0

FY18 Admissions: 224 / FY18 AMAs: 46  
FY18+ Admissions: 82 / FY18+ AMAs: 13

FY18 Admissions: 234 / FY18 AMAs: 34  
FY18+ Admissions: 95 / FY18+ AMAs: 20
**Project Cure**

### Wait Time from Initial Contact to Intake

**FY18 Wait Time:** 5.9 days  
**FY18+ Wait Time:** 4.25 days

### Reportable Incidents / Major Unusual Incidents

**FY18 Total Reportable Incidents / MUIs:** 7  
**FY18+ Total Reportable Incidents / MUIs:** 0
FY18 Client / Family Member Grievances: 1
FY18+ Client / Family Member Grievances: 4

FY18 Total Reviews: 1,155
FY18+ Total Reviews: 521

Scheduled vs. Missed Appointments
28.2% No-Show Rate in FY18 Q2+

FY18 Scheduled Appointments: 27,607
FY18+ Scheduled Appointments: 11,228
FY18 Missed Appointments: 8,324
FY18+ Missed Appointments: 3,101
Addiction Services

Wait Time from Initial Contact to Intake

- Mean
- UCL (3 σ)
- LCL (3 σ)

FY18 Average Wait Time: 5.5 days
FY18+ Average Wait Time: 4.0 days

- No Reported Incidents / Major Unusual Incidents in FY17 – FY18+

Client / Family Member Grievances

- Mean
- UCL (3 σ)

FY18 Grievances: 1
FY18+ Grievances: 3

Clinical Record Reviews

- Mean
- UCL (3 σ)

FY18 Clinical Record Reviews: 94
FY18+ Clinical Record Reviews: 36
Women’s Recovery Center

Scheduled vs. Missed Appointments

- FY18 Scheduled Appointments: 7,310
- FY18+ Scheduled Appointments: 3,062
- FY18 Missed Appointments: 2,885
- FY18+ Missed Appointments: 1,042

Wait List (Days from referral to intake)

- FY18 Wait List Average Number of Days: 21
- FY18+ Wait List Average Number of Days: 11.5

No-Shows

- FY18 No-Show Percentage: 14.25%
- FY18+ No-Show Percentage: 15.79%
FY18+/SFY19 Quality Improvement Report

**Total Discharges**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY18</th>
<th>FY18+</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18 Q1</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>FY18 Q2</td>
<td>17</td>
<td>13</td>
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<td>FY18 Q3</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>FY18 Q4</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>FY18 Q1+</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>FY18 Q2+</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

FY18 Discharges: 63  
FY18+ Discharges: 27

**Program Completes**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY18</th>
<th>FY18+</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18 Q1</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>FY18 Q2</td>
<td>12</td>
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</tr>
<tr>
<td>FY18 Q3</td>
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<td>12</td>
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<tr>
<td>FY18 Q4</td>
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<td>10</td>
</tr>
<tr>
<td>FY18 Q1+</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>FY18 Q2+</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

FY18 Completes: 46  
FY18+ Completes: 19

**Program Completion Rate**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY18</th>
<th>FY18+</th>
</tr>
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<tbody>
<tr>
<td>FY18 Q1</td>
<td>60%</td>
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</tr>
<tr>
<td>FY18 Q2</td>
<td>71%</td>
<td></td>
</tr>
<tr>
<td>FY18 Q3</td>
<td>77%</td>
<td></td>
</tr>
<tr>
<td>FY18 Q4</td>
<td>92%</td>
<td></td>
</tr>
<tr>
<td>FY18 Q1+</td>
<td>63%</td>
<td></td>
</tr>
<tr>
<td>FY18 Q2+</td>
<td>82%</td>
<td></td>
</tr>
</tbody>
</table>

FY18 Completion Rate: 75%  
FY18+ Completion Rate: 73%
Prevention Agencies/Programming

**Addiction Services Risky Business**

**Risky Business - Number of Juvenile Court Staff Trained (Yearly goal 15)**

<table>
<thead>
<tr>
<th>Year</th>
<th>0</th>
<th>16</th>
<th>0</th>
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<tbody>
<tr>
<td>FY17</td>
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<tr>
<td>FY18</td>
<td>0</td>
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</tr>
<tr>
<td>FY18 Q1+</td>
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<tr>
<td>FY18 Q2+</td>
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</table>

**Total Number of Coalition Meetings Held Associated with Risky Business (Yearly Goal 10)**

<table>
<thead>
<tr>
<th>Year</th>
<th>11</th>
<th>8</th>
<th>0</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
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<tr>
<td>FY18</td>
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<tr>
<td>FY18 Q1+</td>
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</tr>
<tr>
<td>FY18 Q2+</td>
<td></td>
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</tr>
</tbody>
</table>

**Total Percent of Compliance with Program Fidelity Measures (Goal 90% <)**

<table>
<thead>
<tr>
<th>Year</th>
<th>100%</th>
<th>100%</th>
<th>99%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
<td></td>
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<tr>
<td>FY18</td>
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</tr>
<tr>
<td>FY18 Q1+</td>
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<td></td>
</tr>
<tr>
<td>FY18 Q2+</td>
<td></td>
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</tr>
</tbody>
</table>
**Strengthening Families: Outputs**

**Percentage of Increased Average Perceived Risk Associated with each of the Risky Behaviors (Quarterly Goal is to Average 25%)**

- FY17 Q3: 8%
- FY17 Q4: 3%
- FY18 Q1: 3%
- FY18 Q2: 3%
- FY18 Q3: 28%
- FY18 Q4: 9%
- FY18 Q1+: Data not collected.
- FY18 Q2+: Due to transition in supervisor data not collected.

**Percentage of Increased Average Decision Making Knowledge After Receiving Risky Business Lessons (Quarterly Goal is to Average 25%)**

- FY17 Q3: 94%
- FY17 Q4: 100%
- FY18 Q1: 100%
- FY18 Q2: 100%
- FY18 Q3: 38%
- FY18 Q4: Due to transition in supervisor data not collected.
- FY18 Q1+: 10%
- FY18 Q2+: Data not collected.

**FY18 Number of Unduplicated Individuals Directly Served**

- FY18: 62
- Mid-SFY19: 159
- FSFY19: 364

FY18+/SFY19 Quality Improvement Report
WSU PECE-PACT

Second Step: Outputs

Percentage of Consumers Referred Who were Successfully Engaged with Addiction Services Prevention

- FY17: 95%
- FY18: 95%
- Mid-SFY19: 64%

Total Number of Parent Group Participants Who Directly Received Services

- FY17 Q3: 11
- FY17 Q4: 22
- FY18 Q1: 4
- FY18 Q2: 16
- FY18 Q3: 11
- FY18 Q4: 4
- SFY19 Q1: 15
- SFY19 Q2: 17

FY18 Parent Group Participants: 46
SFY19 Parent Group Participants: 17

Total Number of Child Care Group Participants Who Directly Received Services

- FY17 Q3: 21
- FY17 Q4: 22
- FY18 Q1: 4
- FY18 Q2: 5
- FY18 Q3: 5
- FY18 Q4: 10
- SFY19 Q1: 0
- SFY19 Q2: 22

FY18 Child Care Participants: 24
Mid-SFY19 Child Care Participants: 22

FY18+/SFY19 Quality Improvement Report
Total Number of Classroom Group Participants Who Directly Received Services

FY18 Classroom Participants: 103  Mid-SFY19 Classroom Participants: 17

Total Number of Classroom Sessions Held

FY18 Classroom Sessions: 77  Mid-SFY19 Classroom Sessions: 18

Total Number of Parent Sessions Held

FY18 Parent Sessions: 19  Mid-SFY19 Parent Sessions: 8

FY18+/SFY19 Quality Improvement Report
UMADAOP: OVPP

Number of Unduplicated Individuals Who Received OVPP Services

- FY18 Total Individuals: 787
- Mid-SFY19 Total Individuals: 204

UMADAOP: Aiming High

Number of Unduplicated Individuals Who Received Aiming High Services

- FY18 Total Individuals: 409
- Mid-SFY19 Total Individuals: 110

SBHI: Suicide Prevention: Outputs

Number of Students Who Completed the Signs of Suicide Program in Middle and High School

- FY18 Completions: 836
- Mid-SFY19 Completions: 518

FY18+/SFY19 Quality Improvement Report
Total Number of Middle and High School Students Receiving SOS Programming Who Completed the Brief Screen for Adolescent Depression (BASD)

- FY18 Completions: 1,711
- Mid-SFY19 Completions: 518

Total Number of Students Who were Identified as an Immediate Risk During the Past Quarter Who Received an Immediate Intervention.

- FY18 Total Identified: 178
- Mid-SFY19 Total Identified: 119

Total Number of Students Who Received a Referral for Treatment

- FY18 Total Identified: 110
- Mid-SFY19 Total Identified: 10
Suicide Prevention: Outcomes

Total Number of All Students Who Reported a Change in Beliefs and Attitudes Towards Mental Illness and Symptoms of Depression

FY18 Total Identified: 175
Mid-SFY19 Total Identified: 385

Total Number of Middle and High School School Students Who Reported a Reduction in Suicidal Thoughts and Behaviors After Receiving SOS Programming

Data not available at the time of reporting due to all student currently active in programming.

SBIRT: Outputs

Total Number of Students Screened

FY18+/SFY19 Quality Improvement Report
SBIRT: Outcomes

SFY18 % Increase in Communications Between Students and Their Family Regarding Depression and Substance Abuse Issues. (SFY19 data not yet available as post-tests will be administered later in the school year.)

FY18 % Increase in Communications Between Students and Their Family Regarding Depression and Issues. (SFY19 data not yet available as post-tests will be administered later in the school year.)
Goodwill Prescription Medication Campaign

New Adults Trained to Teach Elementary/Middle/ and High school Students on Generation RX

FY18 Total Identified: 85  
Mid-SFY19 Total Identified: 23

New Adults Trained to Teach Adults/Workforce on Generation RX

FY18 Total Identified: 13  
Mid-SFY19 Total Identified: 6

Number of New Adults Trained to Teach Seniors on Generation RX

FY18 Total Identified: 11  
Mid-SFY19 Total Identified: 8
Number of New Physician Offices to have Generation RX Information in their Offices

- FY18 Total Identified: 9
- Mid-SFY19 Total Identified: 18

Number of New Locations as Distribution Sites for the Drug Deactivation Packets

- FY18 Total Identified: 16
- Mid-SFY19 Total Identified: 30

Number of New Lock Boxes Distributed

- FY18 Total Identified: 121
- Mid-SFY19 Total Identified: 99

FY18+/SFY19 Quality Improvement Report
FY18+/SFY19 Quality Improvement Report

Number of new Drug Deactivation Packets Distributed

- FY18 Q1: 1069
- FY18 Q2: 1390
- FY18 Q3: 1440
- FY18 Q4: 1075
- SFY19 Q1: 2145
- SFY19 Q2: 1771

FY18 Total Identified: 4974
Mid-SFY19 Total Identified: 3916

Number of New Elementary Students to Receive Education in Generation RX

- FY18 Q1: 0
- FY18 Q2: 0
- FY18 Q3: 0
- FY18 Q4: 0
- SFY19 Q1: 0
- SFY19 Q2: 174

Number of New Middle School Students to Receive Education in Generation RX

- FY18 Q1: 0
- FY18 Q2: 0
- FY18 Q3: 0
- FY18 Q4: 0
- SFY19 Q1: 0
- SFY19 Q2: 10

Number of New High School Students to Receive Education in Generation RX

- FY18 Q1: 0
- FY18 Q2: 185
- FY18 Q3: 0
- FY18 Q4: 14
- SFY19 Q1: 0
- SFY19 Q2: 6

FY18+/SFY19 Quality Improvement Report
Number of New Adults to Receive Education in Generation RX

- FY18 Q1: 49
- FY18 Q2: 19
- FY18 Q3: 5
- FY18 Q4: 8
- SFY19 Q1: 25
- SFY19 Q2: 240

Number of New Workforce Employees to Receive Education in Generation RX

- FY18 Q1: 0
- FY18 Q2: 0
- FY18 Q3: 35
- FY18 Q4: 60
- SFY19 Q1: 0
- SFY19 Q2: 0

Number of New Seniors to Receive Education in Generation RX

- FY18 Q1: 38
- FY18 Q2: 40
- FY18 Q3: 96
- FY18 Q4: 33
- SFY19 Q1: 22
- SFY19 Q2: 94

FY18+/SFY19 Quality Improvement Report
Montgomery County Prevention Coalition

Amount of New MCPC Members Recruited in Each of the 12 Community Sectors:

- Youth
- Parents
- Business community
- Media
- Schools
- Youth-serving organizations
- Law enforcement
- Religious or fraternal organizations
- State, local or tribal agencies with expertise in the...
- Civic and volunteer groups
- Other organizations
- SFY19 Q2
- SFY19 Q1
- FY18 Q4
- FY18 Q3
- FY18 Q2
- FY18 Q1

SFY19 Total New MCPC Members:
- Youth - 0 / Parents - 0 / Business Community – 0 / Media – 0 / Schools – 6
- Youth-Serving Organizations – 8 / Law Enforcement – 1
- Religious or fraternal Orgs – 1 / State, local, tribal agencies w/expertise – 13
- Civic and volunteer groups – 4 / Other Organizations - 63

Number of Coalition Meetings

- FY18 Q1: 2
- FY18 Q2: 1
- FY18 Q3: 2
- FY18 Q4: 1
- FY19 Q1: 2
- FY19 Q2: 1

Number of Montgomery County Prevention Coalition Executive Committee Meetings

- FY18 Q1: 2
- FY18 Q2: 3
- FY18 Q3: 2
- FY18 Q4: 2
- FY19 Q1: 3
- FY19 Q2: 3

FY18+/SFY19 Quality Improvement Report
Support and Specialized Services

GWESMV: Downtown Dayton Initiative (DDI)

Number of Contacts with Targeted Persons

FY18 Contacts: 937  FY18+ Contacts: 271

Number of Visits to the Low Demand Environment from DDI Consumers

FY18 Low Demand Visits: 91  FY18+ Low Demand Visits: 22

Number of Visits to the Clubhouse From DDI Consumers

FY18 Club House Visits: 30  FY18+ Club House Visits: 10
<table>
<thead>
<tr>
<th></th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q1+</th>
<th>FY18 Q2+</th>
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<tbody>
<tr>
<td><strong>Number of Persons Who Completed GESMV First Day Paperwork</strong></td>
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<tr>
<td>FY18 GESMV First Day Paperwork: 20</td>
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<td>13</td>
<td>8</td>
<td>8</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
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<tr>
<td>FY18+ GESMV First Day Paperwork: 2</td>
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<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q1+</th>
<th>FY18 Q2+</th>
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</thead>
<tbody>
<tr>
<td><strong>Number of Persons Who Became Case Management Clients</strong></td>
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<tr>
<td>FY18 Case Management Clients: 3</td>
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<td>0</td>
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<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>0</td>
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<tr>
<td>FY18+ Case Management Clients: 2</td>
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<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q1+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Persons Who Became Clubhouse Members</strong></td>
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<tr>
<td>FY18 Clubhouse Members: 15</td>
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<td>8</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td></td>
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<tr>
<td>FY18+ Clubhouse Member: 3</td>
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</tbody>
</table>
FY18 Referrals to Community Resources: 519  
FY18+ Referrals to Community Resources: 222

FY18 Referrals to BH Providers: 107  
FY18+ Referrals to BH Providers: 65

FY18 Referrals to Housing: 90  
FY18+ Referrals to Housing: 60
FY18 Referrals to MVHO: 90
FY18+ Referrals to MVHO: 27

FY18 Referrals for Basic Needs/Other: 337
FY18+ Referrals for Basic Needs/Other: 33

FY18 Referrals to Physical Health Services: 43
FY18+ Referrals to Physical Health Services: 37

FY18 Showers Provided: 71
FY18+ Showers Provided: 17
We helped a homeless couple who had just been a victim of assault in the surrounding downtown area. The couple had just been released from the local emergency room and had nowhere to go for the night. The couple was hesitant and appeared afraid to go back on the streets after what happened the night before. They would only accept a lunch from the team at first. I saw the couple again and offered assistance again. The couple promised they would show up at Goodwill Easter Seals if they wanted my help. Several weeks go by and we had not seen the couple. The couple finally showed up and asked for help. We were able to offer services to get them in to the shelter that same night. The couple allowed me to complete First day paperwork in order to continue helping them with services. We were able to offer food, a hot shower and clothing. They both are consumers and are seeing someone in the Behavioral Health Department. We continue to work with this couple today.

We met Mr. H who lived downtown at the corner of 4th & Main about three months ago. We were able to provide Mr. H with food, clothing, showers and connected him with resources. After meeting with him on several occasions we suggested the Miracle Clubhouse and he was all for it. He is now a member of Clubhouse which allowed him to be around kind people who cared. We connected him with MVHO for housing and proceeded to help him regain his medical coverage as well. Mr. H had several health problems for which he had not received medical care in years. We connected him with a medical provider which allowed him to connect with a case manager. Mr. Harris is now waiting to be housed.
- 1 Reportable Incident during FY18; No Reportable Incidents during FY18+.
- No Client or Family Member Grievances during FY17 – FY18+.

**Clinical Record Reviews**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY18+</th>
<th>FY18</th>
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</thead>
<tbody>
<tr>
<td>Q2</td>
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<td>Q3</td>
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<tr>
<td>Q4</td>
<td>39</td>
<td>8</td>
</tr>
<tr>
<td>Q1</td>
<td>35</td>
<td>55</td>
</tr>
<tr>
<td>Q2+</td>
<td>35</td>
<td>55</td>
</tr>
</tbody>
</table>

FY18 Clinical Record Reviews: 97
FY18+ Clinical Record Reviews: 90

**Unduplicated Census per Quarter**

<table>
<thead>
<tr>
<th>Quarter</th>
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<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>153</td>
<td>38</td>
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<tr>
<td>Q2</td>
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<tr>
<td>Q3</td>
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<td>Q4</td>
<td>165</td>
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<tr>
<td>Q1+</td>
<td>169</td>
<td>38</td>
</tr>
<tr>
<td>Q2+</td>
<td>176</td>
<td>37</td>
</tr>
</tbody>
</table>

**PLACES: Supportive Living**

Percentage of SLP clients Who were Satisfied with Services at PLACES (defined as answering "somewhat" or "very satisfied") (cumulative yearly goal is 90%)

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q1+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>98%</td>
<td>100%</td>
<td>92%</td>
<td>94%</td>
<td>96%</td>
<td>100%</td>
<td>100%</td>
<td>Next Administration not until 1/2019</td>
</tr>
</tbody>
</table>

FY18 Cumulative Percent: 95.5%
FY18+/SFY19 Quality Improvement Report

PLACES: Housing First I-IV

Percentage of SLP Clients Who were Satisfied with Staff’s Respect of Culture (defined as answering "somewhat" or "very" satisfied) (cumulative yearly goal is 90%)

- FY18 Cumulative Percent: 97%

Percentage of SLP clients Who Successfully Met their Identified Goals and Graduated? (cumulative yearly goal is 10%)

- 0% indicates no formal graduations occurred during the quarter. Next graduation scheduled for February 2019.

Percentage of PLACES Housing First Tenants Who Remained Stably Housed (defined as remaining housed for a least 6 months) (cumulative yearly goal of 95%)

- FY18 Cumulative Percent: 94%
- FY18+ Cumulative Percent: 96%

FY18+/SFY19 Quality Improvement Report
PLACES: Adult Care Facilities

Percentage of ACF residents Who were Satisfied with Services at PLACES (defined as answering "somewhat" or "very" satisfied) (Cumulative yearly goal of 85%)

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q1+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>96%</td>
<td>No admin. during this</td>
<td>90%</td>
</tr>
</tbody>
</table>

FY18 Cumulative Percent: 99%

Percentage of ACF Residents Who were Satisfied with PLACES Staff's Respect of their Cultural Background (defined as answering "somewhat" or "very" satisfied) (Cumulative yearly goal of 90%)

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q1+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>88%</td>
<td>100%</td>
<td>95%</td>
<td>No admin. during this period</td>
<td>57%</td>
</tr>
</tbody>
</table>

FY18 Cumulative Percent: 96%

Miracle Club House and Social Clubs
Miracle Clubhouse

Total Daily Sign-ins per Quarter

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY17 Q2</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q1+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sign-ins</td>
<td>1492</td>
<td>1629</td>
<td>1552</td>
<td>1485</td>
<td>1305</td>
<td>1411</td>
<td>1564</td>
<td>1427</td>
<td>1470</td>
</tr>
</tbody>
</table>

FY18 Daily Sign-ins: 5765
FY18+ Daily Sign-ins: 2897

FY18+/SFY19 Quality Improvement Report
### Total Days Open

- **FY18 Total Days Open:** 254
- **FY18+ Total Days Open:** 128

### Average Daily Attendance

- **FY18 Average Daily Attendance:** 22.9
- **FY18+ Average Daily Attendance:** 22.6

### Active Member (Point-in-Time Count)

- **FY18 Total New Members:** 32
- **FY18+ Total New Members:** 15

FY18+/SFY19 Quality Improvement Report
FY18+/SFY19 Quality Improvement Report

**Total Meals Served**

FY18 Total Meals Served: 5,257  
FY18+ Total Meals Served: 2,628  

**Number of Outings/Events**

FY18 Outings/Events: 85  
FY18+ Outings/Events: 40  

**Number of Independent/Supported Job Placements**

FY18 Ind./Supported Job Placements: 29  
FY18+ Ind./Supported Job Placements: 10  

**Number of Transitional Job Positions**

FY18 Transitional Job Placements: 11  
FY18+ Transitional Job Placements: 7  

FY18+/SFY19 Quality Improvement Report
### Eastway Social Club

#### Total Daily Sign-ins

<table>
<thead>
<tr>
<th></th>
<th>FY17 Q2</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>149</td>
<td>104</td>
<td>148</td>
<td>171</td>
<td>166</td>
<td>119</td>
<td>167</td>
<td>151</td>
<td>189</td>
</tr>
</tbody>
</table>

FY18 Total Sign-ins: 623  
FY18+ Total Sign-ins: 340

#### Ongoing Active Members YTD: Point in Time

<table>
<thead>
<tr>
<th></th>
<th>FY17 Q2</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>20</td>
<td>32</td>
<td>41</td>
<td>21</td>
<td>18</td>
<td>23</td>
<td>30</td>
<td>20</td>
<td>24</td>
</tr>
</tbody>
</table>

#### Number of New Members

<table>
<thead>
<tr>
<th></th>
<th>FY17 Q2</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>13</td>
<td>11</td>
<td>17</td>
<td>7</td>
<td>9</td>
<td>3</td>
<td>10</td>
<td>4</td>
<td>12</td>
</tr>
</tbody>
</table>

FY18 New Members: 26  
FY18+ New Members: 16

FY18+/SFY19 Quality Improvement Report
FY18 Group Attendees: 90  FY18+ Group Attendees: 56

FY18 Total Groups: 104  FY18+ Total Groups: 46

FY18 Average Group Attendance: 6.35  FY18+ Average Group Attendance: 7.37
Life Essentials

Total Number of ADAMHS Eligible Assessments Conducted

- FY18 Total: 22
- FY18+ Total: 0

Total Number of ADAMHS Eligible Assessments Accepted for Guardianship

- FY18 Total: 22
- FY18+ Total: 0

Total Number of ADAMHS Eligible Assessments Declined for Guardianship:

- FY18 Total: 16
- FY18+ Total: 6

FY18+/SFY19 Quality Improvement Report
### Total Number of Court Approvals for ADAMHS Guardianship

- **FY18 Total:** 9
- **FY18+ Total:** 0

### Consumer Operated Services (COS) – GWESMV

#### Number of Consumer Employees Trained

- **FY18 Consumer Employees Trained:** 17
- **FY18+ Consumer Employees Trained:** 9

#### Number of Consumer Employees Who Regularly and Reliably Operate the Cart During Service Hours

#### Number of Consumers Who have Advanced to a Leadership Role with the Cart Operations and Peer-Train Newer Members

- **FY18 Advancements:** 12
- **FY18+ Advancements:** 9

---

FY18+/SFY19 Quality Improvement Report
FY18 Supportive Employment Placements: 4  FY18+ Supportive Employment Placements: 0

FY18 Traditional Employment Placements: 4  FY18+ Traditional Employment Placements: 6

FY18 Traditional Employment Placements: 4  FY18+ Traditional Employment Placements: 0
Daybreak

Race/Ethnicity of the Total Number of Unique Individuals Served

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q1+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Caucasian</td>
<td>3</td>
<td>7</td>
<td>9</td>
<td>9</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>White/Caucasian (Hispanic)</td>
<td>22</td>
<td>23</td>
<td>13</td>
<td>9</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Black or African American</td>
<td>17</td>
<td>22</td>
<td>17</td>
<td>19</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>9</td>
<td>9</td>
<td>7</td>
<td>7</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Asian</td>
<td>22</td>
<td>22</td>
<td>22</td>
<td>22</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific</td>
<td>22</td>
<td>22</td>
<td>22</td>
<td>22</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Mixed Race</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Unique Individuals Served by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q1+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>14</td>
<td>20</td>
<td>22</td>
<td>24</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
<td>12</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Transgender</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

FY18+/SFY19 Quality Improvement Report
Average Age of Individuals Served

FY18 Aggregate Average Age: 21.28 years  
FY18+ Aggregate Average Age: 21.38 years

Primary Diagnosis of Individuals Served per Quarter

FY18+ Aggregate Totals:  
Disruptive Impulse – 19%  Trauma Disorder – 18%  Bipolar Disorder – 6%  
Anxiety Disorder – 10%  Depressive Disorder – 47%

FY18+/SFY19 Quality Improvement Report
Number of Transition Age Youth Who are Homeless and Living with Serious and Persistent Mental Health (SPMI) Received Safe, Transitional Housing and Supportive Services (Cumulative Totals)

- FY18 Total: 139
- FY18+: 66

Number of Youth Who Increased Their Income through Employment and/or Mainstream Services while Residing in Housing Programs

- FY18 Total: 120
- FY18+: 

Number of Youth Who Successfully Initiated Accessing Mainstream Services through Department of Job and Family Services

- FY18 Total: 120
- FY18+: 65

FY18+/SFY19 Quality Improvement Report
The Number of Youth Who Initiated Increasing their Level of Education by Enrolling/Attending Public or Charter High School, a GED Program, a Vocational/Certificate Education Program, and/or a Post-Secondary Educational Program

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY17 Q2</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q4+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>11</td>
<td>6</td>
<td>24</td>
<td>8</td>
<td>12</td>
<td>1</td>
<td>12</td>
<td>17</td>
<td>5</td>
</tr>
</tbody>
</table>

FY18 Total: 33  FY18+ Total: 22

Number of Youth Who Exited the Program and Moved into Safe and Stable Housing. (Note: Most youth living with SPMI reside in Daybreak’s program for 18-24 months.)

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY17 Q2</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q4+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>11</td>
<td>5</td>
<td>40</td>
<td>5</td>
<td>9</td>
<td>10</td>
<td>17</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

FY18 Total: 41  FY18+ Total: 6

Dayton Children’s Hospital

Number of Patient Vists (Cumulative YTD)

<table>
<thead>
<tr>
<th>Year</th>
<th>FY17 Q2</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q4+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits</td>
<td>4697</td>
<td>1486</td>
<td>3035</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FY18+/SFY19 Quality Improvement Report
Number of Families Treated in Dayton Children's Psychiatric Clinic (goal 1,300) (Cumulative YTD)

- FY18: 1030
- FY18 Q1+: 854
- FY18 Q2+: 1052

Percentage of Patients Seen with Developmental Disabilities Diagnosis (Goal 25% for the year)

- FY18 Q1: 12%
- FY18 Q2: 23%
- FY18 Q3: 23%
- FY18 Q4: 23%
- FY18 Q1+: 12%
- FY18 Q2+: 14%

Number of Wright State University Psychiatry Fellows, Residents, Medical Students, or Other Health Care Professionals that Received Education in the Psychiatry Clinic

- FY18 Q1: 3
- FY18 Q2: 8
- FY18 Q3: 1
- FY18 Q4: 12
- FY18 Q1+: 4
- FY18 Q2+: 8

Number of Combined Months of Wright State University Psychiatry Fellows, Residents, Medical Students, or Other Health Care Professionals that Received Education in the Psychiatry Clinic

- FY18 Q1: 8
- FY18 Q2: 10
- FY18 Q3: 2
- FY18 Q4: 22
- FY18 Q1+: 7
- FY18 Q2+: 17

FY18+/SFY19 Quality Improvement Report
Brigid’s Path

Quarterly Recommendation to Return Score on Dayton Children’s Patient Satisfaction Survey

Number of Participants Entering into Services with Brigid’s Path

Number of Referrals by Brigid’s Path Staff to Community Agencies

FY18 Total Participants: 18  FY18+ Total Participants: 14

FY18 Referrals: 109  FY18+ Referrals: 56
FY18+/SFY19 Quality Improvement Report

Number of Contacts Between Brigid’s Path Staff, Consultants, Volunteers with Participants where Infant Care, Bonding and/or Safe Sleep are Discussed/Taught

FY18 Contacts: 430
FY18+ Contacts: 805

Program Completion Rate

FY18 Completion Rate: 75%
FY18+ Completion Rate: 73%

CareSource JobConnect

Members who Opted-In and Completed Paperwork

FY18+/SFY19 Quality Improvement Report
Members Who were Enrolled In/Completed Education Training

Total Number of Members Who are Pending Employment within 90 Days

Member Who Newly Gained Employment for the First Time

Total Number of Members Who Completed 90 Days
Members Who were Promoted

Members Who were Terminated

Current Retention Rate for Members Who Have Been Hired

Total Number of New Employer Parteners Gained

FY18+/SFY19 Quality Improvement Report
Montgomery County Courts: Mental Health Court Specialized Probation Office

Clients Who were Carried Over from Previous Quarters and Continued to Receive Services

<table>
<thead>
<tr>
<th>Period</th>
<th>33</th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18 Q3 - Q4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q1+ - Q2+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clients Who were Assessed but Not Admitted to the Program

<table>
<thead>
<tr>
<th>Period</th>
<th>9</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18 Q3 - Q4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q1+ - Q2+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clients Admitted to the Program During the Reporting Period

<table>
<thead>
<tr>
<th>Period</th>
<th>8</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18 Q3 - Q4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q1+ - Q2+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clients Who were Discharged (Successfully, Unsuccessfully, or Neutrally)

<table>
<thead>
<tr>
<th>Successfully</th>
<th>Unsuccessfully</th>
<th>Neutrally</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>FY18 Q3 - Q4</td>
<td></td>
<td>FY18 Q1+ - Q2+</td>
</tr>
</tbody>
</table>

Number of Drug Tests Administered

<table>
<thead>
<tr>
<th>Period</th>
<th>175</th>
<th>75</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18 Q3 - Q4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY18 Q1+ - Q2+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Number of Drug Tests with Negative Results

- FY18 Q3 - FY18 Q4: 135
- FY18 Q1+ - FY18 Q2+: 65

Number of Alcohol Tests Administered

- FY18 Q3 - FY18 Q4: 107
- FY18 Q1+ - FY18 Q2+: 17

Number of Alcohol Tests with Negative Results

- FY18 Q3 - FY18 Q4: 107
- FY18 Q1+ - FY18 Q2+: 14

Number of Discharged Clients Re-arrested While in the Program

- FY18 Q3 - FY18 Q4: 7
- FY18 Q1+ - FY18 Q2+: 1

Number of Arrests (New charges while in the program)

- FY18 Q3 - FY18 Q4: 2
- FY18 Q1+ - FY18 Q2+: 1
Number of Clients Who were Prescribed Medication for a Mental Health Disorder

FY18 Q3 - FY18 Q4: 16
FY18 Q1+ - FY18 Q2+: 19

Number of Clients Who Achieved Medication Compliance

FY18 Q3 - FY18 Q4: 16
FY18 Q1+ - FY18 Q2+: 19

Number of Clients Who Successfully Completed the Program

FY18 Q3 - FY18 Q4: 7
FY18 Q1+ - FY18 Q2+: 3

Montgomery County Courts: Forensic Contract

Number of Clients Referred to Anger Management

FY18 Q3 - FY18 Q4: 85
FY18 Q1+ - FY18 Q2+: 5
Number of Clients WhoSuccessfully Completed Anger Management

FY18 Q3 - FY18 Q4: 40
FY18 Q1+ - FY18 Q2+: 5

Number of Psychological Evaluations Conducted

FY18 Q3 - FY18 Q4: 44
FY18 Q1+ - FY18 Q2+: 0

Number of Clients Who Received Individual Therapy

FY18 Q3 - FY18 Q4: 9
FY18 Q1+ - FY18 Q2+: 19

Number of Clients Who Received Psychological Testing

FY18 Q3 - FY18 Q4: 10
FY18 Q1+ - FY18 Q2+: 0
Training

Number of ADAMHS Community Training Attendees

- FY18 Total Attendees: 1,502
- FY18+ Total Attendees: 740

Number of ADAMHS Prevention Training Attendees

- FY18 Total Attendees: 529
- FY18+ Total Attendees: 610

Number of ADAMHS Addiction/Substance Use Training Attendees

- FY18 Total Attendees: 836
- FY18+ Total Attendees: 20

Number of ADAMHS Trauma-Informed Care Training Attendees

- FY18 Total Attendees: 560
- FY18+ Total Attendees: 583

FY18+/SFY19 Quality Improvement Report
FY18+/SFY19 Quality Improvement Report

**Number of ADAMHS Mental Health First Aid Training Attendees**

<table>
<thead>
<tr>
<th>Year</th>
<th>Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
<td>724</td>
</tr>
<tr>
<td>FY18 Q1</td>
<td>250</td>
</tr>
<tr>
<td>FY18 Q2</td>
<td>144</td>
</tr>
<tr>
<td>FY18 Q3</td>
<td>518</td>
</tr>
<tr>
<td>FY18 Q4</td>
<td>356</td>
</tr>
<tr>
<td>FY18 Q1+</td>
<td>603</td>
</tr>
<tr>
<td>FY18 Q2+</td>
<td>190</td>
</tr>
</tbody>
</table>

FY18 Total Attendees: 1268  FY18+ Total Attendees: 793

**FY18+ Client Satisfaction Survey Data** (Overall percentage of individuals reporting being satisfied)

**How Would You Rate Your Overall Satisfaction with Services Received?**

- FY18 Q1: 93.24%
- FY18 Q2: 92.91%
- FY18 Q3: 94.17%
- FY18 Q4: 97.84%
- FY18 Q1+: 98.18%
- FY18 Q2+: 97.77%

**How Would You Rate the Timeliness of Appointments at the Facility?**

- FY18 Q1: 90.87%
- FY18 Q2: 90.79%
- FY18 Q3: 92.00%
- FY18 Q4: 97.94%
- FY18 Q1+: 96.78%
- FY18 Q2+: 97.09%
How Would You Rate the Helpfulness of Services at the Facility?

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q1+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating</td>
<td>93.72%</td>
<td>92.80%</td>
<td>95.19%</td>
<td>99.24%</td>
<td>97.95%</td>
<td>98.11%</td>
</tr>
</tbody>
</table>

How Would You Rate the Staff’s Respect of Your Cultural Background (i.e., race, ethnicity, country of origin, sexual orientation, religion, etc.) at the Facility?

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q1+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating</td>
<td>94.48%</td>
<td>94.83%</td>
<td>95.77%</td>
<td>99.35%</td>
<td>98.86%</td>
<td>99.05%</td>
</tr>
</tbody>
</table>

How Would You Rate the Treatment Planning and Goal Setting at the Facility?

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY18 Q1</th>
<th>FY18 Q2</th>
<th>FY18 Q3</th>
<th>FY18 Q4</th>
<th>FY18 Q1+</th>
<th>FY18 Q2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating</td>
<td>93.05%</td>
<td>92.28%</td>
<td>93.64%</td>
<td>98.80%</td>
<td>98.25%</td>
<td>98.37%</td>
</tr>
</tbody>
</table>

FY18+/SFY19 Quality Improvement Report
Would You Recommend the Services You Received to Others?

- FY18 Q1: 93.08%
- FY18 Q2: 92.68%
- FY18 Q3: 93.35%
- FY18 Q4: 98.59%
- FY19 Q1+: 98.10%
- FY19 Q2+: 98.18%

FY18+/SFY19 Quality Improvement Report