

TABLE OF CONTENTS

	<u>PAGE</u>
I. County Plan Outline	
Executive Summary	3
Vision of the County Act 301 Provider	6
Mission of the County Act 301 Provider	6
Purpose of the Plan and Demographic Overview	6
County Planning Process and Review	8
Statewide Priorities	13
Critical Issues, Goals and Objectives	20
II. FY06 Proposed Budget	38-43
A. Core Services (Critical County Services)	38
B. Non Core Services (Critical Statewide Services)	38
C. Special Projects (Special Funded Projects)	38
III. Goals for Effectiveness	44

Appendix

Attachment 1:	Favor –G Committee (Needs Assessment)
Attachment 2	Organizational Chart for The Phoenix Center

Part I

Executive Summary

County Plan Outline

Development and Progress

PART I

County Strategic Plan Outline

Executive Summary

The Greenville County Act 301 Authority, THE PHOENIX CENTER, continues its engagement in an extensive change process.

The Phoenix Center has relocated all services except Serenity Place to a new facility located at 1400 Cleveland Street and is now doing business as The Phoenix Center. This has afforded persons served easier and better access, expanded and improved spatial needs, and assisted in improving public perception. A simultaneous and extensive marketing campaign was designed and implemented to bring attention to The Phoenix Center as the county authority. An emphasis on 24-hour referral and assessment was marketed with a client-friendly emphasis on quality. A new logo has been implemented, with Phoenix Center billboards in the community advertising the availability of the agency. Clear Channel Radio and other businesses assisted in this marketing campaign. The grand opening included a press conference, news articles, etc. The altered presence of the agency has opened doors previously denied, due to an improved community presence.

The Phoenix Center offers various levels of care in 6 distinct overarching treatment programs: Women's Services, Adult Outpatient Services, Medical Detox, Adolescent Outpatient Services, Children's Therapeutic Treatment Services and The Alcohol and Drug Safety Action Program (ADSAP). Prevention Services fall into the categories of General Prevention, Safe and Drug Free School and Communities Programs, Enforcing Underage Drinking Laws Program and the HIV/AIDS program. Community Based Outreach and the Statewide Initiative Grant have been eliminated for FY 06, but were both successful programs, particularly The Statewide Initiative targeting higher education students.

The Phoenix Center is CARF-accredited and DHEC licensed, and its services are considered to be much improved and of excellent quality. Recent review by The Phoenix Center Board and the Executive Director resulted in the following conclusions:

The CARF re-accreditation process is now an on-going initiative within the agency so that quality of care is consistent. The most recent CARF accreditation in September of 04 gave the agency high marks for its focus on Best Practices.

In spite of crippling budget cuts from the state in recent years, The Phoenix Center has sought fiscal stabilization through reduction in expenditures, building its development program, improving billing and increasingly focusing on internal business opportunities. A lesson learned in this area of operation in recent years is that diversity of funding insures stability.

The community is still underserved with regard to adolescent services. However, the Phoenix Center has developed an excellent relationship with the Greenville school district and as a result of the DAODAS school survey, has worked with the school board to implement a plan to address substance abuse issues. The plan addresses internal processes in dealing with substance abusing students, implementation of the Green-light Campaign, and referrals for the adolescent outpatient program. Further, The Phoenix Center has begun to turn its attention in the coming year to funding an adolescent campus to include residential services, outpatient programs of various levels, after-school and prevention programs. Sustainability has been addressed and determined. The property has been purchased and the agency is currently seeking capital funds for building the facility.

Increased funding for Detox in the form of improved Medicaid billing and access to the Medicaid population has resulted in the service ending FY05 in the black. Improved administration and medical management has resulted in more efficient operations while enriching client care. Improved administration has resulted in more efficient operations. A newly renovated facility has resulted in improved public perception. In addition, the agency has contracted with Mental Health and has reserved 8 of its 16 beds for co-occurring crisis stabilization. The increased revenue from this contract has allowed the agency to upgrade staffing, offer training and provide security for the Detox unit. Further, it has helped to move patients out of the Emergency Room to our less costly program. This has also provided the agency with a venue for reaching clients to whom it had not previously had access. With its current contract with Turning Point Half Way Facility for housing its detox patients, the Phoenix Center is now able to provide patients with transportation and outpatient treatment services. This solves the problem of having limited residential treatment in Greenville.

Community relations have also undergone a positive change. Management continues to focus intently on improvement in customer service. This is being accomplished in a variety of ways. The inclusion of a Phoenix Center counselor in the Emergency Room annex has greatly strengthened the relationship with the Greenville Hospital system. The Co-Occurring Disorders Collaborative has resulted in greatly improved public perception regarding The Phoenix Center's willingness to work with the community. The resultant award of a \$700,000 grant from Mental Health to implement the Co-Occurring Crisis Center in the existing Detox exemplifies the outcome of true community collaboration. The Executive Director's involvement with the Substance Abuse Services Alliance as former President, presence on Judge Faulkner's Commitment Task Force, the Advocacy Leadership Council, Clemson University and our management of the Statewide Initiative on College Drinking in Fy2004, as well as, agency staff serving on community coalitions, such as the Homeless Coalition, Safe Communities, DSS, Probation and Parole, Greenville Women's Professional Organization, legislative breakfasts, etc. are making significant in-roads into more positive community perceptions.

Agency infrastructure has been greatly strengthened. One area that continues to receive focus is the area of Medicaid billing. Training for providers of direct services is continuing with increased accountability and a more stringent evaluation of clinical skills. One of the lessons learned is that we must go a step beyond acceptance of credentials and require a stringent evaluation of clinical skills. A greater focus is being placed on the hiring of more skilled clinicians and better privileging practices. Outcomes are now broken down by individual programs and being compared/analyzed on a quarterly basis in order to improve outcomes. Linkage between program levels of care is now integrated with counselors providing services across all levels. In the past each program was an independent entity. This is no longer true. A lesson learned this year is in the area of effective Management. Formerly, managers were inexperienced with little or no management training. A focus on management training, policy interpretation, human resource training, expectations and peer support have improved the management team

skill level. This stronger management team is expected to bring the agency to a higher level of quality care and consistency in the coming year. Another major focus is that of insuring accurate data. The new computer system software, SQL 2000, has been installed to better handle KIS-E. Analysis of the data input process and better reporting tools will insure more accurate data.

The Community Leadership Council, now renamed FAVOR-G, is in the process of developing its Strategic Plan based on the four committees input over the past three years. Advocacy will be one of its main areas of focus. This group has been a major help in determining needs in Greenville County.

The Policy Governance method of board governance continues to work very well. All board members are trained and this requirement for training will continue.

The Agency is re-asserting itself as the substance abuse authority for Greenville County with support for the implementation of the community strategic plan developed as a result of the Needs Assessment and subsequent County Council support.

10. Keeping in stride with improving services, a major marketing effort continues in order to reach more people with substance abuse problems.

As the general healthcare landscape continues to change, the substance abuse service provision network, public and private, must adapt. If The Phoenix Center is to insure that clients in treatment achieve sustainable recovery and that citizen attitudes and behaviors change, the above concerns must be addressed.

A. Vision of the County Act 301 Provider:

That the people of Greenville County live free of the harmful effects of alcohol, drugs and other substances. (*Board of Commissioners, 2003*).

B. Mission of the County Act 301 Provider:

The mission of the Phoenix Center is to assist the citizens of Greenville County and surrounding areas in maintaining a healthy lifestyle through a continuum of affordable substance abuse and related services. (*Staff of the Phoenix Center, 2002*).

C. Background Purpose of the Plan and Demographic Overview

Greenville is the most highly populated county in South Carolina (379,616 “Census, 2000”) and has experienced the highest population growth of any County in the state (4,012,012; Census, 2000) since 1970 (CPC of Greenville County, 2000). Approximately 51.9% of the population is female. 22.5% are minority of which 18.3% are African-Americans. While making up only 3.8% of the current population, residents of Hispanic origin have increased by slightly more than 50% in the past year. This trend is expected to continue.

SUBSTANCE ABUSE PREVENTION IN GREENVILLE COUNTY

In 2000, the total Greenville County population in need of treatment (DSM-IV diagnosis of substance dependence) had reached 30,488 (10.2% of total population, DAODAS-Nalty, 2000):

Total	30,491
Male	21,786
Female	8,702
White	26,761
African-American/Other	3,727
Age 12-17	5,293
Age 18-24	7,556
Age 25-44	12,680
Age 45-64	4,696
Age 65-up	263

In 2003 Tripp Umbach and Associates research consultants completed an extensive two-year Substance Abuse Needs Assessment for Greenville County. The following data indicates areas of interest:

- 34% of Greenville County residents drink alcohol.
- 60% of Greenville County residents live with someone or know a friend, co-worker or relative with a substance abuse problem.

- 59% of Greenville County residents believe that a person can overcome a substance abuse problem with enough willpower.
- 94% of Greenville County residents believe that addiction is a treatable illness.
- 73% of Greenville County residents believe that Jesus Christ is the answer to substance abuse and/or dependence (*adults over the age of 12 years responding to Household Survey).

Tripp Umbach Healthcare Consulting, Inc. estimates that South Carolina spends more than \$5 billion on substance abuse including criminal justice costs, social services, healthcare, loss of productivity and treatment.

- Greenville County spends more than \$503 million toward the costs associated with substance abuse.
- Substance abuse in Greenville County costs every man, woman and child approximately \$1,300 per year.
- For every \$1 invested in substance abuse treatment, \$7 is saved in costs to the County such as criminal justice, social services, healthcare, loss of productivity, law enforcement, etc.
- If substance abuse treatment were provided to only 3,000 additional people than are receiving it today, it could save Greenville County more than \$43 million.
- Over 55% of Greenville County residents believe that alcohol and drugs negatively affect the community.
- Of each dollar spent on advertising in our community, only one cent goes toward promoting good health while 99 cents promote poor health habits (drinking, smoking, gambling, etc.).
- Alcoholics Anonymous is the most utilized resource for substance abuse treatment in Greenville County.
- When Greenville County adults are seeking treatment for substance abuse, they go to their church first, physician second and the phone book third.
- 73% of the residents of Greenville county stated that they would support a tax On alcohol and tobacco products if money were used for substance abuse programs.
- The largest gap in services for substance abuse treatment is in services for youth followed by inpatient services.

D. County Planning Process and Review

The County Planning process currently revolved around input from the County-wide Tripp Umbach Needs Assessment, the Leadership Committee, (now Favor-G) Outcome-Based Evaluation Studies, staff input, client input, and community input via many local collaboratives. The lessons learned include: 1) Needs Assessments must be implemented periodically and frequently. 2) Relationships with community leaders and a focus on community needs, specifically, are critical to meeting those needs and, incidentally, to perception of the agency. And, 3) Marketing efforts must be constant in order to keep the community aware of the availability of the Phoenix Center services to them.

- **Needs Assessment**

(FY03)- The planning partners involved with The Phoenix Center for the development of the Tripp Umbach Needs Assessment were the Community Planning Council, United Way and the Community Health Alliance. This collaborative grew from 60 to 80 community stakeholders led through an executive steering committee (*See attachment 1, Substance Abuse Study, Steering Committee*).

The goals of the Needs Assessment were:

- The agency needed to create a valid, credible database and picture of substance abuse prevalence, issues, needs and related factors in Greenville County
- An asset map needed to be created consisting of resources and services currently available in Greenville County.
- A gap-analysis of services for Greenville County needed to be completed.

As a result of this study, a strategic plan was developed by the Leadership Council to address advocating for resolution of the issues of substance abuse for Greenville County

The Assessment identified four specific initiatives that were perceived by the community to be critical to the County of Greenville. The Leadership Council studied each initiative via committees. The Phoenix Center has representatives on each committee. The identified initiatives were:

1. Develop and implement a coordinated continuum of care that will include improved communication between agencies and establish a central referral and information clearinghouse.
2. Increase awareness of substance abuse issues, impacts and available services.

3. Increase community and spiritual-based approaches and initiatives.
4. Increase services available for youth.

Task forces were developed to target each of these directives. However, work has been stalled recently due to re-organization of the Leadership Group. They have been renamed FAVOR-G with a focus on advocacy for substance abuse. Though the intent and direction of this group are admirable, one of the problems that they have encountered is their lack of official sanction. Their reorganization has pulled in a broad spectrum of community leaders which should give them more clout in their new direction of advocacy.

- **Outcome Based Evaluation/Strategic Planning**

Analysis of computer-generated data by DAODAS is implemented by the Director of Treatment and the Quality Assurance Manager and used to develop the quarterly Management report. The executive staff reviews this report to determine the Agency's progress toward the DAODAS Contract Objectives, The Phoenix Center outcome goals, the Governor's goals and any process improvement actions. Program evaluation has been expanded to include process improvement by direct care staff.

The inability of The Phoenix Center to access data from the state system this past year has negatively impacted its goal of high achievement on its contract objectives. Progress was unable to be readily monitored. With an agency this size, it is imperative that progress be measured frequently at consistent intervals. Managers are currently taking the lead role in correcting problems/outcomes internal to their department through a process improvement initiative. Effectiveness of treatment as indicated by individual program outcomes as opposed to the agency as a whole is a new initiative implemented this year and is designed to give the managers a better vehicle for analysis and improvement.

The development of an overall philosophy of treatment, evaluation by management of clinical skills of counselors with subsequent staffing changes, improved integration of services among departments, a focus on engagement of clients, daily multi-disciplinary treatment team meetings, cooperation among departments, case management implemented for each client, and more group therapy with diminished individual counseling are expected to impact services in a positive manner. Support groups are playing a larger role in our services, as clients are now required to choose a support group as part of treatment and in their discharge planning. The mandating of support groups has been significantly absent from The Phoenix Center programs in the past, but is now playing a larger role. For instance, the Greenville inner group of AA is supportive of our efforts in this endeavor, providing speakers for our groups, onsite AA, etc.

- **Utilization of QA/SPCC Data**

The process of QA reviews has undergone significant change in recent years. A new checklist was devised and revised numerous times in an effort to capture as much information as possible regarding the agency's compliance to standards outlined by Medicaid, DHEC, and CARF. Internal agency expectations are also monitored through this process.

A QA Committee has been created for each department providing treatment and meets monthly to review the appropriate number of charts. The QA Checklists allow administrative, as well as clinical issues to be addressed. The files are returned to staff for review and correction as appropriate. This gives staff feedback on deficiencies as well as achievements. Monthly meetings are held between the QA Manager and other department managers to discuss any trends noted through the review process. The department managers discuss these trends with staff members and notify the Division Director of plans for corrective action.

These reviews have assisted in identifying training needs. Specific trainings provided as a result of information gained through QA this fiscal year were ASAM criteria, clinical documentation, and Dual Diagnosis. In addition to detecting training needs, QA will continue to pinpoint problems in internal processes, assisting in completion of performance evaluations, tracking utilization of services and identifying client needs. The framework for gathering this information has been created. Analysis of the information will be the focus during the next fiscal year.

- **Budget Preparation**

The Phoenix Center has developed the fiscal leadership necessary to adequately develop, analyze and monitor budgets in order to control process and produce reliable data. The Executive Staff prepares the annual budget within the predetermined Agency "Ends" requirements. One lesson learned this year is that managers must be better informed regarding budgets and better trained in conformance to them. The Manager of Finance has regular meetings with each manager to implement a financial analysis of each department in an effort to educate and force focus on budgetary concerns. Also, managers are expected to submit/implement budget cuts for their departments, rather than the Executive Director and the Manager of Finance making that determination. The past four years has been spent in streamlining the budget, reducing staff to a minimum, and, in general tightening up expenses. Future budget cuts will undoubtedly result in elimination of services.

- **Needs Assessed**

The data realized from the Community Planning Council (CPC), DAODAS, The Detox Task Force, Kids Count 2001, The Umbach Needs Assessment, community members and staff input contributed to the planning focus. To summarize:

1. 17.4% of youth aged 12-17 in Greenville County were estimated to need substance abuse treatment (5293). (*Kids Count 2001/DAODAS*) The youth/adolescent population is under-served, for both prevention/intervention and treatment. While the total population needing treatment in Greenville County is 10.2%, 17.4% of the children from 12-18 are in need of treatment, as compared to The National average of 14.2%. This indicates a disproportionate need. The Agency will seek an adolescent campus to meet this need.
2. A total of 30,488 Greenville County residents need substance abuse treatment at any given time (*DAODAS*). Financial resources are inadequate to meet the need. However, collaboration and networking among county substance abuse providers has helped to leverage services for clients.
3. The community is generally un-informed about the availability of The Phoenix Center programs and performance. In the past, the visibility of The Greenville County Commission has been minimal. It has intentionally kept a low profile within the substance abuse provider community in the past three years to allow time to assess and greatly improve the level of treatment services. The theory being that there must be something effective to market. A name change to the Phoenix Center, stronger marketing strategies, a better reputation for quality services, less staff turnover, etc. have begun to make a difference. The agency is presently taking a greater lead in community collaborations, initiatives, tasks forces, education and awareness programs. Further, counselors are currently placed at Greenville Memorial Emergency room annex, Allen Bennett Hospital, and many other areas of outreach /community centers. Greenville Mental Health is providing a counselor onsite at The Phoenix Center as a direct result of the leadership The Phoenix Center has taken in responding to the needs of the community by opening up 8 co-occurring crisis stabilization beds in its detox center. Voc. Rehab now has a counselor coming into the agency weekly. Greenville Tech provides a Career Class for staff onsite for the clients.
4. The number of private substance abuse providers continues to decrease while resources from the state are, also, projected to continue to decrease. By focusing on community need, elimination of non-effective programs, tightening its expenses, etc., The Phoenix Center continues to prepare for increased demand for services.
5. The comprehensive substance abuse needs assessment was completed in FY03. An effective strategic plan for advocacy should be completed for Greenville County by June of 2006 through Favor-G.

6. Phoenix Center revenue is inadequate to meet the demands of quality programs that will span a complete continuum of need. Initiatives to augment current revenue include grant writing, marketing, and a development fund raising plan to generate new ways of earning dollars. There will be a focus on private/public partnering to fund adolescent residential services, implementing an Employee Assistance program (EAP) and partnering with other public agencies. Housing continues to be a problem in this community. Residential treatment programs are seriously deficient, particularly for adolescents and men.
7. Medical Detox is valued and required by the community. In past years, the program was inadequate to effectively address the needs of the population served in terms of follow-up care. The imperative that the Detox facility be improved in order to gain credibility in the community has been met. A new Director with higher credentialing and experience has improved Detox exponentially. Further, eight of the beds have been converted to treat co-occurring disorders (Substance abuse and Mental Health) by combining our resources with Mental Health. Credentialed staff has been considerably upgraded, stronger security has been implemented, and a mental health counselor is now on site. Continuation in treatment after detox has been effected through the provision of a contract for housing with another provider and includes transportation for our clients back to the Phoenix Center for treatment.
8. There are an inadequate number of unaccompanied women's treatment beds in the county (CPC, DAODAS). This was to be positively impacted in the community through an additional 16 beds opening up at Rosewood for women this past year. To date, the facility has been built, but not yet opened for residence. It is expected that additional funding for filling the home will be forthcoming this year.
9. A focus on clinical efficiency measures (scheduling, waiting lists, follow-up and engagement after intake/assessment) indicates a need to improve client care in those areas (DAODAS).
10. Client outcomes as a measure of success and with reliable baseline data still need to be improved. This coupled with the changes on the state level in terms of providing this data will drive the initiative of the agency to address this in a more expeditious manner in order to ensure accurate quality data. The Phoenix Center has a new data coordinator to track internal outcomes, thus decreasing reliance on DAODAS. Further, internal errors and tracking are a major focus in the coming year.

E. Statewide Priorities

Overall, the Act 301 Commission System has developed several areas of statewide importance for FY05-07:

1. Children/youth and adolescent services (under age 18, K-12).
2. Program Evaluation & DAODAS Statewide Client Outcomes System Results.
3. Contract Objectives (Goals for Effectiveness)
4. Health Insurance Portability and Accountability Act (HIPAA)
5. Grant Opportunities/Alternatives
6. Governor's Goals for the County Authorities and Homelessness.

- **Youth/Adolescent Services**

More focus on this population must occur in order to overcome the disproportionate need in this area. This is one of the critical issues also identified by the "Needs Assessment" recently completed (17.4% of youth/adolescents in Greenville require treatment as opposed to the national figure of 14%).

The Phoenix Center is providing outpatient treatment for adolescents with two full time adolescent counselors. If only 10% of the estimated 5,293 youth needing direct services presented, The Phoenix Center would need a minimum of 1.0 full time additional counselor. (The countywide school district is comprised of 16 high schools and 30 plus middle/junior high schools). The Phoenix Center has developed an excellent relationship with the Greenville school district and as a result of the DAODAS school survey, has worked with the school board to implement a plan to address substance abuse issues. The plan addresses internal processes in dealing with substance abusing students, implementation of a school drug court, and dissemination of The Phoenix Center's resource manual. Further, the successful Green-light Campaign was developed with the school to serve as a "Train the Trainer" initiative with the students to leverage opportunities to broaden peer support and information dissemination.

The Phoenix Center has developed a strong relationship with the local Department of Juvenile Justice (DJJ). During the previous year, DJJ used other community resources for needed services; however, with the changes in adolescent outpatient services at this agency, the Phoenix Center is satisfactorily supplying many of their services. The experienced staff added to this service proved to be advantageous to DJJ.

The “Reach” after-school Prevention Program has proved to be enormously successful and there are many requests to broaden this program to reach more children.

Recommendations for Youth/Adolescent Services:

While The Phoenix Center offers levels .5 and 1.0 for adolescents, an estimated 300 plus youth age 12-18 need a higher level of care. Adding Adolescent Intensive Outpatient (Level II.I) or Daycare services would expand the continuum of care offered. Adding this service depends on our ability to secure funding. Fiscal Planning for FY06 will focus on obtaining additional revenue to strengthen this program.

Continue to develop volunteer services utilizing a Teen Institute-type program to expand prevention services in FY06 while leveraging revenues. Green light fulfills this objective. Green light is a weekend leadership training for high school age youth. Partisans of Green light work with volunteers through out the year in implementing prevention initiatives (i.e., tobacco buys).

The Phoenix Center is leveraging prevention staff by working closely with the school system and hope to add to these programs in the future.

The ACT 301 authority (The Phoenix Center) will continue to take a more active lead in developing community education and awareness programs, particularly surrounding adolescent use and abuse.

Secure additional revenue to strengthen youth/adolescent services in FY06. The agency is planning to solicit funds for the building of an adolescent campus to house a residential facility, outpatient, intensive outpatient and prevention services on site. While sustainability has been determined and the property purchased, capital dollars for building the campus is the critical issue for which funding will be sought. Further, a grant has been written to expand the very successful REACH program.

Work with Favor-G to develop additional revenue streams.

- **Program Evaluation**

The Phoenix Center will ensure adequate resources for maintenance and improvement of its performance. The current limitation on achieving this goal, however, is a software system that is inadequate to support an agency this size. The new budget contains dollars to purchase SEQUEL software and support for this new and upgraded system. The county manages the agency system and they are receiving training on SEQUEL in order to be ready to support the new software.

The agency recently purchased more computers, new licenses and software and is physically ready to support the states' KIS-E and projected outcome measures goals. While the total number of agency computers and their capability is adequate, more training on KIS-E will be needed for staff. The infrastructure support should be completed through the recent appointment of a data coordinator and more informed staff.

Contract Objectives: (See Section III for comment on these objectives)

1. 75% of clients will receive at least one unit of assessment within two working days from intake.
2. 50% of clients with an assessment should have a least one unit of the following specified services within six working days from assessment.
3. Discharge forms will be completed on 99% or more of all admitted clients whose services have ended. (Missing discharges are not to exceed 1% of all applicable episodes.)
4. Outcome data will be collected on a representative sample of 15% or more of admitted clients whose services have ended.

The Phoenix Center has put forth much effort to enhance the substance of each program offered. One of the biggest challenges facing The Phoenix Center was that of integrating services so that clients are easily transitioned through a continuum of care. In addition, the agency has focused on enhancing the skill level of the clinicians by affording them quality training that specifically addresses the needs of the persons served and areas of needed improvement for each specific clinician. Attention has been given to ensuring that diagnosis and treatment plans are more individualized and that they address the critical factors of recovery. More focus has been placed on individual clinician competence and modeling more effective treatment.

During FY05 stronger clinical management for outpatient services was obtained and emphasis has been placed on continuing past efforts and developing processes that will enhance services. A change in management at Serenity Place has also been implemented, thus allowing a greater focus on treatment and clinical supervision of both staff and persons served. Also detox has moved under the direction of the Treatment Director rather than Director of Administration. This coupled with the fact that detox is now located in the same facility as outpatient services has ensured the transition of a client from one level of care to another by eliminating the need to travel from one location to another and meet an entirely different staff. Being co-located the programs share services and staff for the provision of treatment.

Recommendations for Performance Results Initiative Improvement

- QA mentoring more closely with all treatment services providing specific focus on individual departmental performance. It has been learned that the QA findings are only as valuable as the implementation of the subsequent corrective action.
- Continue to provide one-day annual training through HR for all staff for compliance in order to provide more time for the QA audits insuring compliance. This has been an effective strategy this past year.
- Continue to maintain standing committees for Quality Assurance in each department, Health and Safety, Policies, CARF and Staff Internal Communications.
- Continue developing improvement of Information Technology capability for monitoring, tracking and reporting OBE, client/customer satisfaction, strategic plan and effectiveness data.
- Continue to budget for continuous improvement in technology hardware.
- Continue to improve the process of training staff to analyze data and use that analysis to implement change in treatment. A lesson learned is that using this data and analysis to improve, needs to be specific to each department for measurement and quality improvement purposes.
- Continue to provide agency-wide quarterly training with an agenda of quality improvement, client-based process and “personal best” efficiency goals.
- Increase management training.
- Insure technology training for appropriate staff on MIS systems.
- Initiate internal indicators for measuring “success” by department.
- Continue to hold staff and departments accountable for quality errors.
- Continue to aggressively audit records. A lesson learned is that auditing must be followed by a specific departmental corrective action plan with aggressive management implementation.
- Improve modeling for clinical staffing, clinical accountability, multidisciplinary techniques, and consistency of application of treatment principles,
- Better integration of services.

Focus continues on improving outcomes through upgrading management and clinical staffing; providing more training on ASAM placement; adopting better clinical practices and engaging clients in their treatment and recovery.

A learned lesson is that there is a direct correlation between empowerment of staff through consensus-based decision making and morale and the quality of care provided. This lends to a new focus in the team building with clinicians.

a. HIPAA Compliance/Implementation

Prior to April 15, 2003, The Phoenix Center developed and implemented policies and procedures to address all Privacy Standards as specified by HIPAA and implemented policies and procedures around some of the Security Standards as well. All required training was completed for The Phoenix Center employees. The agency met the target date of implementing the other HIPAA regulations for the standardization of code sets on the required date of October 15, 2003. After April 15, the Director of Administration and the Policy Team immediately began addressing other Security Standards in order to be implemented well in advance of October 2005. The Phoenix Center implemented new policies and procedures during the past year. Relocation to the new facility at 1400 Cleveland Street heightened the focus on HIPAA.

Throughout this process, The Phoenix Center monitored the cost to implement the HIPAA regulations. To date, there has been no great expense for compliance to the regulations. It is estimated that The Phoenix Center has spent approximately \$2,500 - \$3,000 to address all Privacy Standards. The Phoenix Center has a new facility that has been designed with each HIPAA regulation in mind. The cost for these was not separated out from the renovation costs in general. The information provided by *iVista* consulting group weighed heavily in the development of policies and procedures as well as the design of the new facility. To this end, The Phoenix Center has made every reasonable effort to meet the HIPAA standards for privacy and is continually reviewing policies and procedures for security standards compliance.

• **Grant Opportunities/Alternatives**

In fiscal year 05 the Development Manager secured over \$100,000 in various funding opportunities, such as restaurant fundraisers, foundation requests, etc. The development function went into full focus this past year. However, the loss and subsequent replacement of the development Manager has created a developmental delay in funding increases this year. Plans are in place for a Recovery Walk, a jazz fest, a possible golf tournament and a luncheon in the coming year to raise dollars. A grant was secured from the County Redevelopment authority (\$20,000) and there is a grant pending to the Sisters of Charity (\$225,000). Planned grants are to Staples (\$25,000), Community Foundation (\$2000), Targeted Expansion Grant \$500,000 in Jan 2007 and Duke Endowment for capital dollars (amt unknown at this time).

A major grant sought and awarded this year outside of our system was a \$700,000 annual grant from Mental Health for the crisis stabilization contract. This has not only enabled the agency to provide Medical detox to a broader array of clients, but has provided continuing care treatment to them after they leave detox. It has enabled the agency to provide stronger care through staff upgrading and the addition of a Mental Health counselor. The grant has also provided stronger security to the agency through the hiring of security guards. It has deferred patients from the Greenville Emergency room, thereby reducing their cost.

Plans are in place to develop an EAP for small businesses in the community in FY 06. Greenville is growing rapidly and there is an expectation of 500 new businesses moving into the area in the coming two years. This is a timely project that should provide stable funding to the agency, as well as, increased services to the community.

- **Governor's Goals and Homelessness to Address:**

- a. Reductions in repeated admissions of clients for detoxification**

- As indicated, detoxification services have been exponentially strengthened, providing better care. However, detox is not treatment and, alone, will not impact recidivism. Due to the Mental Health grant, the agency is now able to purchase housing for Detox clients from Turning Point Half Way Facility. During the time that clients are housed there, clients are transported back to the Phoenix Center where they are provided intensive outpatient treatment (IOP). Once IOP is completed, clients are placed in continuing care and then are expected to work. This is the long-term goal, designed to reduce recidivism for detox and the Emergency room.

- b. Client employment:** Career development/work placement is part of discharge planning for all clients. The agency has begun rebuilding its relationship with Vocational Rehabilitation and has initiated a program with Greenville Tech in which clients may enroll in job readiness classes. Last fall, 34 students enrolled the classes, with 16 students completing the classes successfully. The classes will be offered again next fall.

- Reduction in unemployment:

- During the first two quarters of FY 05, there was a 14.9% reduction in client unemployment. This is an improvement from FY 04 when the reduction was 9.29%. The goal set by DAODAS/the Governor is 20% reduction.

- c. Relapse prevention**

- The agency incorporates some of the "Gorski" principles of relapse prevention into its programs and all clients receive relapse prevention in their care plan.

Staff receives training on relapse prevention. Further, the agency has increased its involvement with support groups (especially AA) to help clients maintain sobriety after treatment.

At Women's residential (Serenity Place) continuing care will be offered at the same time every week for any graduate from the program to help with relapse prevention.

Reduction in alcohol and drug use:

During the first two quarters of FY 05, there was a combined average reduction of 65.36% for AOD use. This is a decrease from FY 04 when the average combined reduction was 85.26%. The goal set by DAODAS is 40% reduction. Since a higher percentage of surveys were collected this year than last year it is probable that this year's percentage is more accurate than last year's percentage.

d. Client use of the emergency room services

The Phoenix Center sends a counselor to the Emergency Room Annex daily to assist with appropriate and quick transition from the Emergency room to the agency. Having 8 beds dedicated to Crisis Intervention at the Phoenix Center Detox Unit has made this a cost effective diversion program for the emergency room in terms of moving patients to a less costly form of treatment. The Hospital system is very pleased with this service.

Reduction in emergency room use:

During the first two quarters of FY 05, there was a 100% reduction in emergency room admissions. This is an improvement from FY 04 when the reduction was 84%. The goal set by DAODAS is 40% reduction.

e. Merchant Education

While the "Enforcing Underage Drinking Laws" grant was eliminated for Greenville this past December, the Phoenix Center's prevention department continued the service on its own, through volunteer manpower. The agency has continued its merchant education classes for those merchants caught selling to minors on a monthly basis. This is a 3 hour program for off premise selling and a 5 hour program for on premise selling. The county sheriff's office along with the multi-jurisdictional task force developed by the agency prevention department has worked to target those merchants. The agency is applying for this grant again and hopes to expand its efforts in order to build an even larger Merchant Education program. It has proved to be very effective with great cooperation from the various merchants.

f. Homelessness/Living accommodations:

The Executive Director, Kat Rice, is on the Homeless Task Force. This collaborative is designed to bring an end to chronic homelessness in this community and is working with many agencies in the county. Further, the agency is a member of the Homeless Coalition. For all clients who are homeless, finding and securing a home is part of the discharge plan and a critical part of insuring recovery. The agency collaborates with the City and County Redevelopment Authority to assist clients. The focus on homelessness is relatively new to the

agency and it is expected that much more focus will be placed here in the coming year.

Reduction in homelessness:

During the first two quarters of FY 05, there was a 50% reduction in homelessness. This is a slight decrease from FY 04 when the reduction was 57%. The goal set by DAODAS is 40%.

F. Critical Issues, Goals and Objectives:

Following are the critical strategic issues that must be addressed for The Phoenix Center in collaboration with other healthcare providers to achieve its vision/mission in the years ahead. First following is a status report of the FY05 strategic goals and objectives. In all efforts, guiding principles include:

- Addictions are a preventable, treatable disease.
- The citizen-client is always Priority #1.
- Clients and customers will be treated with dignity, respect, integrity, dedication and professionalism.
- The agency will:
 1. Provide county leadership and assistance on substance use and addiction issues.
 2. Work collaboratively with the provider system and other partners.
 3. Foster the special relationship between DADOAS and the 33 county alcohol and drug abuse authorities.
 4. Collaboratively ensure to the citizens of Greenville County a system of accountability.
 5. Value its employees and provide recognition and the opportunity for professional development in a supportive working environment.
- The Phoenix Center Commissioners and staff will be mission-focused, team-oriented, proactive, professional, culturally competent and effective communicators.
- The Phoenix Center will provide community leadership and assistance on substance use and addiction issues, working collaboratively with the State and local partners.
- The culture of the Greenville County Act 301 Authority will be driven by a zeal for continuous quality improvement.

Status Report on Goals and Objectives

CRITICAL ISSUE #1: The Phoenix Center must remain nationally accredited and state licensed in order to continue operations.

Status:

1. *Maintain CARF Accreditation* – While a 3 year accreditation was obtained in 2001 and 2004, maintenance of the CARF directives has insured continuous compliance.
2. *Maintain DHEC Licence.* This has been obtained and continuous monitoring insures compliance at all times.
3. *Provide comprehensive on-going client customer satisfaction program for gauging missions value/effectiveness.* This process is in place and the Director of Treatment is focused on effective analysis of these results. Further, the development of internal outcome measures for each program in order to identify success has been implemented. Focus is on consistency of measurement and continuous process improvement.
4. *Ensure employee and Board of Commissioner participation in accreditation/licensing and strategic planning process:* The Commissioners stay informed regarding the accreditation/licensing via the monitoring information it receives monthly from the Executive Director, through presentations by the Director of Treatment Services quarterly regarding progress with this initiative. Employees sit in on the QA planning and Policy committees in order to provide input across all areas of the organization. Employees participate in a strategic planning session every 2 years designed to address the gaps in services as identified by the needs assessment.
5. *HIPAA (Health Insurance Portability and Accountability Act)* The agency is fully HIPAA compliant.

CRITICAL ISSUE #2: In order to continue the provision of quality alcohol and drug services, The Phoenix Center must maintain adequate resources through financial stabilization and acquisition of new revenue streams.

Status:

The agency is fiscally sound, with a reserve of \$717,086 and a fund balance to date of \$6,253,109. Much more stringent expenditure controls have been implemented. Expanded revenue streams are a major focus. A development program has been implemented with fundraising initiatives planned and/or in progress. Improved and expanded Medicaid billing is a current target. The Phoenix Center has purchased the building housing Serenity Place plus 6 acres and a new building at 1400 Cleveland Street.

CRITICAL ISSUE #3: The Greenville County Youth/Adolescent population is critically underserved.

Status:

The Phoenix Center has in the past two years placed high emphasis on providing effective adolescent services. Currently the Outpatient Services for Adolescents is fully operational with two full time counselors. The community needs a residential service for this population and management has developed several recent proposals with community partners. Sustainable income has been developed with capital outlay for the building a major target. More of our expansion initiatives are currently focused on prevention than on treatment, as a way of leveraging our resources. In 2006, The Phoenix Center will continue to implement the evidence based All-Stars Program and the Leadership Resiliency Program (REACH), a program that works with youth, ages 14 –17, who have been identified as high-risk to use alcohol and other drugs.

Presently, the prevention department is staffed with 3 FTE ATOD Prevention Professionals, one HIV/AIDS Specialist, and an Administrative Assistant.

In 2004, the majority of prevention programs/services implemented were universal, meaning that services were aimed at general audiences. Classroom presentations and alternative events were the primary venue used in reaching youth and adolescents. With the fourth annual offering of the Green Light Campaign, prevention programs were made available and accessible in all Greenville County High Schools. As community/school awareness increases regarding prevention, so does the demand for services.

In 2006 the Phoenix Center will continue to implement science based prevention programs. While prevention efforts have been going on for many years, it is only in the past few decades that the field has emerged with evidence-based procedures that more effectively prevent the problems caused by the use of alcohol, tobacco and other drugs. Keeping with this standard, the Phoenix Center' prevention department has offered the evidence based prevention programs All Stars and REACH. These programs target adolescents between the ages of 12-17 and will continue to be offered in FY06. Additionally, the Alcohol Diversion program will be offered to people under the age of 21 who have been charged with a possession of alcohol violation.

The Statewide Initiative on College Drinking grant aimed at reducing drinking on college campuses has been eliminated. Community Based Outreach has also been eliminated, as well as the EUDL grant in Dec. of this year. However, we are seeking funding to continue and to build this program in FY 06.

CRITICAL ISSUE #4: The Greenville County and Upstate Communities clearly advocate for The Phoenix Center to provide public medical detoxification services.

Status:

The target for improving services for this function has been implemented. The \$700,000 Mental Health contract for Crisis Intervention has greatly contributed to this improvement. Medicaid billing has improved and for the third consecutive year Detox ended the year in the black. The boarding contracts and the DAODAS indigent fund were secured in FY05. The Medical Director has improved medical controls and other peripheral medical services. The Treatment Director will continue to participate on the Services committee with feedback and input to and from the staff. With the agency's move to 1400 Cleveland Street, Detox is now a beautiful, new and more spacious facility with two addiction counselors and a counselor from Mental Health. Strengthened contracts, improved customer service and stronger management and staffing initiatives have improved this program exponentially.

CRITICAL ISSUE # 5: In order to effectively promote, define and advocate for substance abuse services, The Phoenix Center must develop a strong, consistent community relation effort.

Status:

1. *Full Time staff resource effective in marketing and community relations.* The Phoenix Center has a full time Coordinator of Development for the third consecutive year. This program has been very effective in increasing community awareness of our agency and services.
2. *Develop a comprehensive community relations/marketing plan for on-going community involvement, advocacy, public awareness, and internal communications.* A full scale marketing plan began implementation in June 2005 to coincide with the move of prevention and outpatient services to 1400 Cleveland Street. The plan included traditional marketing devices such as billboards, web site changes, a new logo, radio PSAs, newspaper articles, etc. plus the implementation of a development advisory board comprised of community leaders was also helpful. Additionally, the Prevention Department is an integral part of the marketing/public relation effort. This effort includes strategies for increasing the role of Prevention and all staff in marketing The Phoenix Center to the community. Additionally, development is working on a plan for a type of signature event for the agency in the coming year.
3. *Outlay of The Phoenix Center mission, services, outcomes, and roles:* Continuing and greatly expanded. An excellent strategy has been the implementation of presentations to community groups such as the Mental Health Advocacy group, Michelin Tire, Sara Lee, General Electric, rotary, Lions Clubs, etc. New brochures have been developed for community outlay.
4. *Determine The Phoenix Center role and future regarding EAP:* No change currently. The move to Cleveland Street was necessary before this could be

implemented; however this program is in the planning process and placed on hold until FY06. At that time, a heavy emphasis and build-up of this program will transpire with the intention of building customer markets and significantly increasing the revenue.

CRITICAL ISSUE # 6: The Phoenix Center must improve and tighten its infrastructure in order to accomplish its mission.

Status:

1. *Policies and Procedures for all departments in compliance with all relevant standards:* Completed. A committee of managers of all treatment programs met twice monthly in order to insure continuous review and improvement. Currently an employee representative committee meets monthly to review/revise policies and agency staff has input to them each quarter before implementation.
2. *Contracts, leases, human resources and operational policies and procedure reviewed for compliance, cost effectiveness, risk management, safety, client care, impact:* All contracts, leases, policies have been updated and are continuously reviewed to insure relevancy, effectiveness and efficiency. A new Operations Manager has been hired who has been proactive in insuring compliance. Human Resources meet with Managers weekly to discuss issues/problems and to improve understanding of policies.
3. *Effective and cost- manageable employee utilization:* The agency has eliminated incompetent and under-utilized staffing through attrition. Turnover in the past three and a half years has been 85%. In the past 6 months this has decreased to 3%. Most part-time staff has been eliminated and replaced with contractors. A review of the compensation scales has been undertaken and revised. Productivity is being emphasized with increased responsibilities and accountability. Analysis of staffing productivity with regard to direct services has resulted in improved productivity and elimination of several positions without reduction in services. This effort will continue into the upcoming fiscal year. The focus is now on staff retention and efforts are proving to be successful.

CRITICAL ISSUE # 7: In order to adequately plan for effective resource allocation and service delivery, community needs must be assessed and analyzed on a continuous basis.

Status:

Current. The Community-Based Needs Assessment completed in FY 03 is the baseline for planning. The agency has staff on most of the major

collaborative groups/committees in the community. This is an excellent source of input for planning needs. The FAVOR-G committee is also an excellent source of determining need. There is an increased number of community stakeholders involved on this committee. (See list of community stakeholders, Attachment A, "Substance Abuse Study, Steering Committee", numbering over 80).

The Phoenix Center is partnering with the United Way and the newly developed Community Leadership Council. The council is taking an active lead in implementing solutions for Greenville County based on the results of the needs assessment.

Analyze the data for results and application. The study has identified 4 key strategic imperatives that will be developed, funded and implemented under a community leadership committee. The Phoenix Center is taking a lead role in working with the Council in this initiative and helping to develop the four strategic initiatives for the strategic plan:

1. Develop and implement a coordinated continuum of care, to include improved communication between agencies.
2. Increase awareness of substance abuse issues, impacts and available services.
3. Increase community and faith based approaches and initiatives.
4. Increase services available for youth.

SUMMARY:

The agency has worked tirelessly to strengthen service capabilities, improve customer service and community perception, improve its contract objectives and implement strategies to improve outcomes and internal processes. It is, in general, on target in terms of achieving its goals and objectives, and by the end of FY06 should have reached the excellence it strives to achieve.

In working toward a client-based outcome system, the following over-arching goals, in their broader sense, serve as a mission-focused guide:

Clients in treatment achieve sustainable recovery

Citizen attitudes and behaviors change leading them:

To refrain from use (abstinence)

To refrain from abuse; and

To reduce harm

CRITICAL ISSUES FY05 – FY07

Critical Issue #1: THE PHOENIX CENTER must remain nationally accredited and state licensed in order to continue operations.

FY05 Goals and Objectives:

	<u>GOAL</u>	<u>OBJECTIVES</u>	<u>RESPONS. STAFF</u>	<u>TARGET DATE</u>
1.1	Maintain CARF Accreditation	Prepare for CARF in August. Stay complaint 1.1.2 Complete new policies	QA Coordinator QA Committees, Executive Dir., Commissioners	Completed in Aug.
1.2	Maintain DHEC Licensing	1.2.1 Secure DHEC re-licensing per annual schedules	QA Coordinator, QA/Com., Deputy Director., Treat. Dir., Exec. Dir., Staff	On-going And Completed for 05
1.3	Provide comprehensive, on-going Program evaluation/Outcome Based Evaluation/ Client and customer satisfaction program for gauging mission value/effectiveness	1.3.1 Institutionalize PE/OBE/CS programs by ensuring adequate QA staff, training, competency, oversight and analysis of data.	Executive Dir., QA Coordinator Program Directors	On-going
	Ensure active employee participation in accreditation and licensure; include Commissioners, employees, and the public in strategic planning.	Recruit, train and involve representative samples of staff and Commissioners. Develop comprehensive strategic business and program plan.	Executive Dir., QA Coordinator, Commissioners Executive Dir., Management Team, Commissioners, Staff & Com. Stakeholders	On-going On-going

FY06:

1.1	Maintain CARF Accreditation	1.1.1 On-going	Executive Dir., Commissioners, QA Coordinator	On-going
1.2	(DHEC)	1.2.1 Successful DHEC re-accreditation	Executive Dir., Commissioners, QA	On-going
1.3	(PE/OBE/CS)	1.3.1 CARF on-going	Executive Dir., Commissioners, QA	Each FY, On-going
1.4	(Planning)	1.4.1 Successful CARF re-accreditation	Executive Dir., Commissioners, QA	On-going
1.5	Explore new, innovative planning and evaluation tools, adapt as feasible	Examine developments in healthcare, public policy and planning	Executive Dir., QA, and Staff, Commissioners	On-going
1.6	Develop and implement policies and procedures to meet HIPAA requirements as required in the Consolidated Grant	1.6.1 Develop and implement policies to address HIPAA Privacy Standards.	Executive Director, Deputy Director Management Team	On-going On target

FY07 and Beyond:

On-going	Maintain all Standards	Executive Dir., Commissioners, QA Manager	On-going
On-going	1.2.1 Maintain all standards	On-going	On-going
1.1 On-going	1.3.1 Maintain all standards	Ex. Dir., Commissioners	On-going
1.2 On-going	1.4.1 Revisit Planning Tool		

Critical Issue #2: In order to continue provision of high quality alcohol and drug services, THE PHOENIX CENTER must maintain adequate resources through financial stabilization and acquisition of new revenue streams.

FY05 Goals and Objectives:

<u>GOAL</u>	<u>OBJECTIVES</u>	<u>RESPONS. STAFF</u>	<u>TARGET DATE</u>
2.1. Positive variance plus maintenance of key services	2.11. Approve, monitor, track, adapt viable budget	Executive Dir., Deputy Director, Finance Mgr. Mgt. Staff.	Completed on target
2.2. Control expenditures	2.2.1 Manage expense side through increased cost controls in procurement, operations and human resource management, limiting to essential.	Finance Mgr. Deputy Director, Executive Director	Completed and on target
Increase base funding	Seek additional (50K) from Greenville County As a result of the 501C3 status write new grants in order to acquire new revenue streams for capital and operations Review all non-public funding sources; secure minimum (1) grant or foundation allocation totaling at least \$210K; Drug court expansion & Adolescent IOP. Increase billing for Medicaid services Secure funding to purchase land and build new adolescent services campus.	Executive Dir. Executive Dir. Executive Dir Mgr. Detox Exec Dir Development Coord. Executive Dir., Deputy Director, Development Coord. Adol. Services Coalition	Rec'd 20K Increased by \$100,000. Completed. Completed - \$700,000 K Eliminated FY 06 Ongoing Land Purchased FY05 Capital for Building 06
2.4 Build reserve fund balance.	2.4.1 Increase reserves by minimum 5%, dedicated non-discretionary	Executive Dir., Finance Mgr.	Done and on-going

FY06 Goals and Objectives:

<u>GOAL</u>	<u>OBJECTIVES</u>	<u>RESPONS. STAFF</u>	<u>TARGET DATE</u>
2.1. Positive variance plus maintenance of key services	2.11. Approve, monitor, track, adapt viable budget	Executive Director, Deputy Director, Finance Mgr. Mgt. Staff.	June 2006
2.2. Control expenditures	2.2.1 Manage expense side through increased cost controls in procurement, operations and human resource management, limiting to essential.	Finance Mgr. Deputy Director, Executive Director	June 2006
Increase base funding	Seek additional (30K) from Greenville County Acquire new revenue streams for capital and operations. \$100,000. Review all non-public funding sources & Adolescent IOP. Increase billing for Medicaid services Secure funding to purchase land and build new adolescent services campus.	Executive Dir. Executive Dir. Development Coord. Executive Dir Mgr. Detox Executive Dir., Deputy Director, Development Coord., Adol. Services Coalition	June 06 June 06 Completed - \$700,000 K Eliminated FY 06 Ongoing Land Purchased FY05 Capital for Building 06
2.4 Build reserve fund balance.	2.4.2 Increase reserves by minimum 5%, dedicated non-discretionary	Executive Dir., Finance Mgr.	Done and on-going
2.1 On-going			Complete and on-going
2.2 On-going			Complete and on-going
2.3 On-going	Secure additional \$100,000 grant. (Adolescent services) Secure 7 million capital for adolescent campus.	Exec. Director	June, 2006

FY07 Goals and Objectives:

2.1 On-going			Complete and on-going
2.2 On-going			Complete and on-going

Critical Issue #3: The Greenville County Youth/Adolescent population is critically underserved.

FY05 Goals and Objectives

<u>GOAL</u>	<u>OBJECTIVES</u>	<u>RESPONS. STAFF</u>	<u>TARGET DATE</u>
3.1 Expand The Phoenix Center's capability to provide youth/ adolescent services. 3.2. To determine the needs of the county youth through surveys and or focus groups. 3.3 To secure funding for the construction of a campus for the delivery of services to adolescents across a continuum of care	3.1.3 Monitor for options, efficiency and effectiveness.	Executive Dir. Treatment Dir. Development Coordinator	On-going
	3.2.1. To implement/develop on going research-based curriculums targeting youth & college students.	Executive Dir. Prevention Mgr., Staff, Dir. Of Treatment Ser.	Ongoing
	3.2.1 To assess the needs of the county youth through surveys and or focus groups.	Research Contractor Prevention Mgr., Staff	Completed
	3.3.1 Seek and develop relationship with funding sources for the construction and operation of campus.	Executive Dir. Development Coordinator	Ongoing for July 2006
	3.3.2 Locate property where facility can be constructed.	Executive Dir. Deputy Dir.	Completed June 05

FY06

3.1 <u>Expand & Sustain youth/adolescent services at effective levels per Outcome Based Evaluation and MIS data, needs assessment; serve adolescent population.</u>	3.1.1 Maintain Outpatient Services for Adolescents	Dir. of Treatment Services, Manager of Development	7/1/05 and on-going
	3.1.2 Maintain effective staff-client ratio and levels I.0 and II.0 services.	Executive Dir., Dir. of Treatment Service	
	3.1.3. Monitor for effectiveness	QA Manager, Exec Dir	
3.2 <u>Ongoing</u>			
3.3 <u>Design and construct campus for adolescent services</u>	3.3.1 Secure services of architect and general contractor	Executive Dir. Dir. Of Admin. Dir. Of Treat. Adolescent Services staff Dir. Of Admin.	October 2005
	3.3.2 Begin construction	Subcontractors	February 2006
	3.3.3 Complete construction		October 2006

FY07:

3.1 Expand & Sustain youth And adolescent services 3.3 Design and construct campus for adolescent services	3.1.1 On-going provision	All staff	On-going 7/1/06
	3.1.2. Add one full-time Prevention Specialist to implement increased evidence-based programs.	Exec. Dir, Mgr. of Prevention, Division Dir. Dev Coord., staff	
	3.1.3 Implement evidence-based programs	Dir. Of Treatment, & Prevention staff	On-going
	3.1.4 Continue Parent Liaison with School		Grant application pending
	3.1.5 Monitor productivity of all via MIS.	QA Coordinator, QA com.	On-going
	3.3.1 Acquire Funding for Building of Campus		July 2006
	3.3.2 Begin Construction		Dec. 2006

Critical Issue #4: The Greenville County and Upstate Communities clearly advocates for THE PHOENIX CENTER to provide public medical detoxification services.

FY05 Goals and Objectives:

GOAL	OBJECTIVES	RESPONS. STAFF	TARGET
Reconfirm commitment to medical Detox as critical need in continuum of care.	4.1.1 Relocate to new facility and fully integrate detox with other services along the continuum of care	Executive Dir., Treatment Dir., Staff	August 2004
	4.1.2 Renew mental health care, boarding contracts and DAODAS indigent fund.	Executive Dir. Mgr. of Detox, Dir of Treatment Services	On-going annually
	4.1.3 Actively participate in state-wide bedded services study group for maximum input to state plans; advocate for higher priority. Monitor for effectiveness, efficiency and outcomes.	Executive Dir. Staff QA Coordinator, QA Com., Dir. of Treatment Treatment Director	On-going
	Continue to solicit input from community, provide stakeholders with information.	Executive Dir. Board of Commissioners	On-going
4.2. Participate in community group to ascertain the needs of the community	Participate in co-Occurring committee	Executive Dir.	On-going
	4.2.2 Implement Social-Detox Program	Executive Director Treatment Director Detox Manager	February 2005

FY06:

4.1 Through statewide initiatives, confirm medical Detox as essential service, as current levels, for 301 systems to provide.	4.1.1 Actively participate in planning process while providing quality, effective and efficient medical Detox services.	Executive Dir. Treatment Director, Detox Manager	On-going
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FY07 and Beyond:

4.1 On-going	4.1.1 On-going 4.1.3 Continue to provide services in the emergency room annex of GMH	Executive Dir. Treatment Director, Detox Manager	On-going
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Critical Issue #5: In order to effectively promote, define and advocate for substance abuse services, THE PHOENIX CENTER must develop a strong, consistent community relation effort and improve the community perception.

FY05 Goals and Objectives:

<u>GOAL</u>	<u>OBJECTIVES</u>	<u>RESPONS. STAFF</u>	<u>TARGET DATE</u>
5.1 Develop comprehensive community relations/marketing plan public awareness, and internal communications.	5.1.1 Develop active community relations/marketing plan 5.1.2 Implementation begun. 5.1.3 Continuous program of marketing	Executive Dir. Staff, Commissioners	July 2004 Completed On-going
Continuing positive, comprehensive outlay of THE PHOENIX CENTER mission, services, & outcomes; building a larger role in community network. 5.3 Develop and implement EAP services	Consistently support feedback based on reliable information, customer service and timely response. Build position on SASN through the provision of a staff person to lead the organization 5.3.1 Plan the EAP course of action. 5.3.2 Implement and market expanded program	Executive Dir., Staff Executive Director Executive Dir. Deputy Director, Dir. Of Treatment Staff Develop. Coordinator	Completed On-going Delayed until FY 06
FY06:			
5.1 Develop comprehensive community relations/marketing plan public awareness, and internal communications.	5.1.1 Cont. implementation Hire Dir of Com. Resources	Dir of Com Services Prevention Mgr. Exec. Dir	ongoing July 2005
5.2 Continuing positive, comprehensive outlay of THE PHOENIX CENTER mission, services, & outcomes; building a larger role in community network. 5.3 Develop and implement EAP services	5.3.1 develop Plan for EAP 5.3.2 Market EAP Services 5.3.3 Implement EAP Services	Prevention Dev. Coord. Exec. Dir Dir of Com. Services Dir of Comm Services	On-going Sept 2006 March. 2007 June 2007

FY 07:

5.1 Develop comprehensive community relations/ marketing plan public awareness, and internal communications.	5.1.1 Build marketing program.	Dir. Of Community Services	August 2006 Ongoing
Continuing positive, comprehensive outlay of THE PHOENIX CENTER mission, services, & outcomes; building a larger role in community network.	5.2.1. Implement marketing plan 5.2.2 Secure Additional Resources 60K. 5.2.3 Add billboards	Dir. of Community Ser. Exec. Dir. Dir of Com Services Dir of Tx.	On-going July 2006 Dec. 2006
5.3 Build EAP services	5.3.1 Monitor and evaluate EAP services		Ongoing

Critical Issue #6: THE PHOENIX CENTER must improve and maintain its infrastructure in order to accomplish its mission.

FY05 Goals and Objectives:

<u>GOAL</u>	<u>OBJECTIVES</u>	<u>RESPONS. STAFF</u>	<u>TARGET DATE</u>
6.1 Current policies & procedures for all departments in compliance with all relevant standards and consistently enforced.	6.1.1. Review/revise for compliance and internal controls.	Executive Dir. QA Com, QA Coordinator	July 2004
	6.1.2. All policies and procedures posted on computer network with limited access to change.	Dir. Of Administration	July 2004
	6.1.3 Policies consistently enforced.	All management staff & Commissioners	On-going
6.2. Contracts and leases are current, compliant, cost-effective, & risk minimal	6.2.1 Review all obligations for compliance, cost effectiveness, risk management, safety, and client care impact; make necessary changes.	Management team	July 2004
6.3 Effective and cost-manageable employee utilization	6.3.1 Review job descriptions, compensation scales, staff assignments; obtain staff feedback; develop alternatives, if indicated.	Management team	July 2004 and on-going
	6.3.2. Complete reorganization	Executive Director	July 2004

FY06:

6.1 Current policies & procedures for all departments in compliance with all relevant standards and consistently enforced	6.1.1. Review/revise for compliance and internal controls.	Management team	Completed and on-going
	6.1.2. All policies and procedures posted on computer network with limited access to change.		

	6.1.3 Policies consistently enforced.		
6.2. Contracts and leases are current, compliant cost effective, & risk minimal	6.2.1 Review all obligations for compliance, cost effectiveness, risk management, safety, and client care impact; make necessary changes.		on-going
6.3 Effective and cost-manageable employee utilization	6.3.1 Review job descriptions, compensation scales, staff assignments; obtain staff feedback; develop alternatives if indicated. 6.3.2. Complete re-organization		on-going

FY07:

6.1 Current policies & procedures for all departments in compliance with all relevant standards and consistently enforced	6.1.1. Review/revise for compliance and internal controls. 6.1.2. All policies and procedures posted on computer network with limited access to change. 6.1.3 Policies consistently enforced.	Management team	on-going
6.2. Contracts and leases are current, compliant cost-effective, & risk minimal	6.2.1 Review all obligations for compliance, cost effectiveness, risk management, safety, and client care impact; make necessary changes.		on-going
6.3 Effective and cost manageable employee utilization	6.3.1 Review job descriptions, compensation scales, staff assignments; obtain staff feedback; develop alternatives if indicated. 6.3.2. Complete re-organization		on-going

Critical Issue #7: In order to adequately plan for effective resource allocation and service delivery, community needs must be assessed and analyzed on a continuous basis.

FY05 Goals and Objectives:

<u>GOAL</u>	<u>OBJECTIVES</u>	<u>RESPONS. STAFF</u>	<u>TARGET DATE</u>
Current Greenville County	THE PHOENIX CENTER	Executive Dir.,	Assessment

7.2 Develop a Strategic Plan for The Community of Greenville	alcohol and drug abuse needs assessment completed in concert with agencies and county planning resources.	continues to lead in developing alcohol and drug abuse needs assessment	Commissioners Contractor: Umbach & Associates	Completed FY03
		Work with planning groups to complete assessment	Executive Dir., Staff	
		Print and market assessment	CPC, CHA and stakeholders	On-going
		Analyze data for results and application	Commissioners Contractor: Umbach & Associates	On-going
	7.2.1 Utilize needs assessment data and the community to develop a strategic plan	Executive Dir., Staff		August 2004
	7.2.2 Print & market the strategic plan	CPC, CHA and stakeholders Commissioners Contractor: Umbach & Associates		October 2004

FY06:

7.1 On-going		Exec Dir. & Comm. Stakeholders, Commissioners, Staff	On-Going
7.2 On-going			On-going

FY07:

7.1. Develop new needs assessment	Secure resources to fully implement a new needs assessment within existing resources.	Executive Director Commissioners Staff	July 2006
	Develop and implement the county strategic plan within existing resources		May 2007
	Continue to monitor the plan.		
	Continue to communicate/plan with stakeholders.		

Critical Issue #8: The Phoenix Center must work in concert with other authorities to address the issue of co-occurring disorders.

FY05:

8.1 Continuation of work already begun by local agencies to develop plan of action	8.1.1 Maintain alliances with other organizations	County-wide alliance members	On-going
	8.1.2 Continue to seek alternative funding to support services		
	8.1.3 Take active leadership		

		role in process		
8.2 Provide viable solution to alleviate need for admission to emergency rooms for mental health/substance abuse issues	8.2.1	Creation of service/facility to fill gap of "safe harbor" type service	County-wide alliance members	June 2005 Implemented CSU
	8.2.2	Staff and manager of the facility	County-wide alliance	June 2005

FY06:

8.1		completed		Completed
8.2 Provide viable solution to alleviate need for admission to emergency rooms for mental health/substance abuse issues	8.2.1	CSU continues	Detox staff Manager of Treatment	On going
8.3 Provision of quality services for persons in need	8.3.1	CSU self evaluates and monitors	Detox staff Manager of Treatment	On-going

FY07:

8.1 Continuation of efforts				On-going
8.2 Completed in FY05				
8.3 On-going				On-going

Critical Issue #9: THE PHOENIX CENTER no longer sees gambling as a critical issue

Critical Issue #10: THE PHOENIX CENTER shall closely monitor client outcomes and make necessary changes in services to ensure best possible outcomes are obtained for persons served.

FY05:

10.1 The agency will seek to develop an internal reporting system that will provide accurate outcome data	10.1 The agency will hire a data coordinator to evaluate data input and outcomes reports	Deputy Director Data Coordinator QA Mgr.	May 2005 Completed
10.2 The agency will monitor this information on a routine basis to ensure quality outcomes	10.2.1 The QA Mgr. will monitor the outcomes on a monthly basis to track trends and compliance with DAODAS guidelines 10.2.2 This information will be processed with appropriate staff to ensure compliance 10.2.3 Corrective action will be made as necessary	QA Mgr. Executive Dir. Treatment Dir. QA Mgr. Treatment Staff Responsible Staff	Ongoing On-going On-going

FY06:

10.1 The agency will seek to develop an internal reporting system that will provide accurate outcome data	10.1.1 The agency will upgrade its software to accommodate KIS-E 10.1.2 The agency will provide training on KIS-E 10.2.3. The agency will insure error free data 10.2.3. The agency will develop new reports for monitoring	Mgr. Of Operations Mgr. Of Operations Data Coordinator Data Coordinator Data Coordinator Dir of Treatment.	July 06 July 06 and ongoing July 1 and ongoing July 1 and Ongoing
10.2 The agency will monitor this information on a routine basis to ensure quality outcomes	10.2.1 The QA Mgr. will monitor the outcomes on a quarterly basis to track trends and compliance with DAODAS guidelines 10.2.2 This information will be processed with appropriate staff to ensure compliance 10.2.3 Corrective action will be made as necessary	QA Mgr. Executive Dir. Treatment Dir. QA Mgr. Treatment Staff Responsible Staff	Ongoing On-going On-going

FY07:

10.1 The agency will seek develop an internal reporting system that will provide accurate outcome data	10.1.1 Completed	Dir. Of Admin. QA Mgr.	Completed
10.2 The agency will monitor this information on a routine basis to ensure quality outcomes	10.2.1 The QA Mgr. will monitor the outcomes on a monthly basis to track trends and compliance with DAODAS guidelines	QA Mgr.	Ongoing
	10.2.2 This information will be processed with appropriate staff to ensure compliance	Executive Dir. Treatment Dir. QA Mgr. Treatment Staff	On-going
	10.2.3 Corrective action will be made as necessary	Responsible Staff	On-going

PART II FY06 BUDGET

A. Core Services (Critical County Services) (Medicaid billed where appropriate)

Definition: Basic services that should be available in all South Carolina counties; included as base funding for each Act 301 Commission. For FY05, they are:

- | | | |
|----|---|-------------------------|
| 1. | Assessment and referral | Consolidated Grant |
| 2. | Basic outpatient counseling (ASAM I.O) | Consolidated Grant |
| 3. | Crisis intervention/on call | Consolidated Grant |
| 4. | Primary prevention | Consolidated Grant |
| 5. | ADSAP (DUI services) | Consolidated Grant/Fees |
| 6. | Adolescent intervention/treatment
(ASAM 0.5 and I.O) | Legislative/EIA/Grant |

THE PHOENIX CENTER provides all these services.

B. Non-Core Services (Critical Statewide Services)

Definition: Services above ASAM Level I, funded based on demonstrated need, program performance and funding availability. For FY06, non-core services provided in Greenville include:

1. Detoxification (ASAM III.2D/III.7D)
2. Intensive Outpatient/DT (IOP) (ASAM II.1/II.5)
3. Residential services (appropriate ASAM III)
(for FY06, THE PHOENIX CENTER provides medical Detox (III.7D), and residential for women (ASAM III.5).
4. Intensive In Home Family Services
5. Therapeutic Child Treatment
6. HIV Outreach

C. Special Projects/Other Grants (Special Funds)

Definition: Funded activities that compliment core and non-core services and those funded in addition to base funding. For FY06 they include:

1. Intern Program
2. Faith Initiative
3. PAIRS Drug Free Schools Grants
4. Green Light Campaign
5. REACH Program
6. On-site services as outreach to the community; i.e., Emergency Room Annex, Community Based Health Centers, Homeless Sites, etc.
7. Enforcing Underage Drinking Laws
8. P.A.C.T.

Part III

Goals for Effectiveness

Goals for Effectiveness (Attachment II)

The goals for effectiveness are designed to ensure successful client engagement and link them in a seamless continuum of care. They are based on clinical “best practices” as outlined by the U. S. Department of Health and Human Services, the Center for Substance Abuse Treatment and the American Society of Addiction Medicine (ASAM).

Contract Objectives:

Following are the contract objectives and targets for the first two quarters of 05. Results are not yet in for the remaining two quarters.

- 1. 75% of clients will receive at least one unit of assessment within two working days from intake.**

During the first two quarters of FY 05, an average of 81% of clients received an assessment service within two working days of the intake. This is an improvement on the FY 04 score of 74%.
- 2. 50% of clients with an assessment should have a least one unit of clinical services within six working days from assessment.**

During the first two quarters of FY 05, an average of 64% of clients received a clinical service within six working days of the assessment session. This is a reduction from 77% in FY 04. This reduction is most likely due to an increase in intakes and admissions in the first quarter of FY 05. During that quarter, there were 861 intakes and 753 admissions. This was higher than any quarter in FY 04. The increase in intakes and admissions could not be accommodated through the existing groups. Waiting lists increased and additional groups were added to accommodate the increase.
- 3. Discharge forms will be completed on 99% or more of all admitted clients whose services have ended. (Missing discharges are not to exceed 1% of all applicable episodes.)**

During the first two quarters of FY 05, an average of 2.05% of clients whose services had ended did not have a completed Discharge Form. This is an increase from 1.30% in FY 04. One of the major contributing factors in the increase for this objective is that the time period required for completion of the Discharge Form decreased from 45 days to 30 days. This requires that all active cases have some type of activity every 30 days. This change was made by DAODAS without notification to the local agencies in a timely manner. Changes have now been implemented to allow for more regular monitoring of active cases to avoid this problem in the future. However, it is very time consuming to monitor cases this frequently, especially in ADSAP

where it is common for cases to remain active until the client meets his/her financial obligation or other administrative requirements. The goal set by DAODAS is 1%.

4. Outcome data will be collected on a representative sample of 15% or more of admitted clients whose services have ended.

During the first two quarters of FY 05, an average of 35% of clients who were admitted and discharged completed an outcome survey. This is an improvement on the FY 04 score of 26%.

**May 2005
KR/ta**