



The Phoenix Center

FY08-FY10 County Plan

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Part I

EXECUTIVE SUMMARY

The Greenville County Act 301 Authority, The PHOENIX CENTER, devoted the last year to extensive stabilization measures, both internally and externally. After a multi-state search process, the interim Executive Director was hired as the Executive Director, providing continuity as the agency moved on with improving collaboration with the community, County Council, and other stakeholders. A Deputy Director and an Executive Assistant were also hired to complete the Executive Team.

After much discussion, it was decided that, based on the Phoenix Center's demonstrated progress toward healing the rifts caused by personality differences and Board governance issues, the center would retain the Act 301 Authority for Greenville County. The center was placed under oversight by the County Council for one year, during which time the agency committed to revisit Board governance procedures, examine existing policies and procedures, and improve visibility and transparency of its operations. This oversight, while in no way substituting for Board governance, did offer the opportunity for the Phoenix Center to access County resources and activities. As an example, the County is assisting the Center in acquiring an independent audit firm to conduct the required yearly financial audit.

The Phoenix Center was successful in securing the \$6.2 million grant to construct an adolescent treatment facility, which will incorporate Best Practice clinical services across a continuum of treatment levels. Progress on construction was delayed while the search for a settled Executive Director occurred, but has resumed since the Director was hired in April 2007. Arising from the concern about the scarcity of services for youth and adolescents, the Phoenix Center commissioned the DeMint Group to conduct focus groups with stakeholders, community members, and parents to discover their concerns about the need for treatment, and their recommendations for the type of facility that would best serve the youth, adolescents, and families of Greenville County. These focus groups were well attended and provided significant input on the type of services needed. On June 1, 2007, the Executive Director will convene a follow-up meeting of the original focus group attendees, to advise them of the progress on the adolescent center and gain further input. The Phoenix Center is submitting a Request for Proposal (RFP) for an architect for the facility, and concurrently is searching for land in an appropriate location.

A Substance Abuse Task Force (SATF) was convened at the request of the County to make recommendations for improvements at the Center. The SATF consisted of representatives from the Solicitor's Office, the Phoenix Center, Greenville County Detention Center, Faces and Voices of Recovery (FAVOR), Rosewood House of Recovery, Morningside Baptist Church, and Don Foster & Associates and provided a means by which the Center could improve its community image, be better partners, educate the Board, and re-examine the mission and vision of the agency. The SATF was recently converted into the Substance Abuse Advisory Committee (SAAC), with many of

the dedicated members of the SATF remaining on the SAAC in an advisory capacity to the Executive Director rather than in an agency oversight role.

The Executive Director and her staff implemented a very deliberate strategic plan to counteract the existing morale, retention, and turnover issues remaining from the past year. This plan included a strategic review of all policies and procedures to ensure that they were personnel-friendly as well as effective and efficient; an emphasis on agency teambuilding activities (as opposed to departmentally focused); reconstitution of a staff committee to act as a communication/feedback loop to management (Representatives Aiming for Progress [RAP] committee); and formulation of an agency newsletter to encourage communication and recognition. As a result of these changes, the morale and staff retention rate of Phoenix Center staff have improved greatly over the past year, and personnel turnover has decreased. Finances are stable, to the point where the Center was able to give Cost of Living (COLA) increases to staff for the first time in over seven years. Income sources were diversified, resulting in an increase of 10% in client fee collection and an increase in private insurance collections.

The Phoenix Center continues to work closely with Greenville Mental Health and the Greenville Hospital System to provide enhanced treatment to the county's clients with co-occurring disorders. Additionally, the Greenville Hospital System sponsors an internship program for internal medicine physicians, who serve a rotation in Detox to support existing medical services and gain knowledge of alcohol and other drug issues. Greenville Tech supports an internship program as well, sending student nurses to Detox on a rotational basis. The strength of these relations will facilitate the availability of services going forward.

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.

Treatment services have undergone intensive process improvement under the direction of the Director of Treatment Services. The agency has implemented the Strengthening Treatment Access and Retention—State Initiative (STAR—SI) program to address issues of accessibility and retention of clients. Over the past year, Phoenix Center compliance with DAODAS Contract Objectives (measures of efficiency and effectiveness) has improved to meet or exceed the baselines set for each objective. The agency is continuing work on improving compliance with Governor's Goals. Recent data indicate that homelessness has been reduced by 43%, alcohol use by 61%, other drug use by 88%, and emergency room admissions by 99%. Our challenge is to reduce unemployment, which has shown an increase. Our Detox staff has affected a tremendous decrease in homelessness by strengthening its Case Management function and ensuring that all clients discharged from Detox have a referral to services which can address their basic needs.

Prevention Services continued to be active in the community. The REACH program continues to be both popular and efficacious. This program addresses problem behaviors in youth which are often linked to a high incidence of risk factors in the community, family, school, and personal life. REACH offers the youth an opportunity to engage in managed risk-taking, social skills improvement, and conflict resolution. A Prevention Specialist continues to provide off-site testing and risk assessment to the Piedmont Treatment Center, Greenville Metro Treatment Center and Place of Hope. Outreach programs are offered on an ongoing basis at Greenville Summit, Safe Harbor and the Greenville County Housing Authority. Our Specialist also works closely with AID Upstate for condom distribution and outreach and referrals.

Agency infrastructure has been greatly strengthened. The entire management/supervisory team participated in a Strategic Planning Session in April-May 2007, resulting in positive feedback regarding the process and pertinent and timely suggestions to move the agency forward in a culture of teamwork and a spirit of collaboration.

The CARF re-accreditation review will be September, 2007. Through diligent and ongoing review of policies, procedures, and practices, compliance with CARF should not be a problem.

REQUESTS FOR ADDITIONAL FUNDING

The Phoenix Center is requesting additional funds from DAODAS to support one additional FTE for a Prevention Specialist. We envision this person to be able to provide prevention services but will also have the ability to conduct clinical assessments if indicated and referral services to the Phoenix Center or other appropriate facility. We are requesting \$50,000.00 to support this position.

As we have identified AOD services for youth and adolescents to be our most important Critical Issue, we are requesting to be considered as a site for the Bridge Program Expansion. Greenville County currently has approximately 166 youth and adolescents who will be in need of a continuum of services as they transition back into the community after residential or inpatient AOD treatment. Based on the number of youth and adolescents who need these services, we would need 7-8 Bridge case managers.

We are also requesting re-funding of the EUDL program. The Phoenix Center has had a very successful program, with active involvement of local law enforcement and a strong task force. Despite the loss of funding, the EUDL Coalition was recognized in 2006 as a leader in the South Carolina EUDL efforts.

The Phoenix Center is committed to provide quality AOD services to the citizens of Greenville County. We are further committed to do so in an atmosphere of trust, mutual support, and collaboration with all county agencies, both public and private. Through sustained cooperative efforts, operational transparency, and dedication to our primary focus—clients and their families—we envision that clients in treatment achieve sustainable recovery; that citizens' attitudes and behaviors change, leading them to

refrain from AOD use or abuse; and that these choices result in the reduction of harm caused by the misuse of alcohol and other drugs.

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 (407,383 (est. 2005 Census) and has experienced the highest population growth of any County in the state (4,255,083, est. 2005 Census). Approximately 51.3% of the population is female. Youth and adolescents under 18 make up 24.2% of the population. Minority races (excluding Hispanic) make up 20.4% of the population. Hispanic residents comprise 5.7% of the total.

FY2006 PHOENIX CENTER DEMOGRAPHICS

Total intakes	4,024
Total admissions	3,579
Total discharges	2,656
Total clients served	3,738
Male	2,304
Female	979
White	2,355
African-American/Other	
Age 0-11	68
Age 12-17	282
Age 18-24	664
Age 25-44	2,149
Age 45-64	838
Age 65-up	23

The 2003 Tripp Umbach and Associates assessment on Substance Abuse Needs for Greenville County continues to be relevant. The following data indicate 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.

These data demonstrate the need to address our primary Critical Issue on Youth and Adolescent Treatment; to continue the emphasis on education of Greenville County citizens on AOD issues; and to collaborate with public, private, and faith-based referral and treatment facilities to reach maximum numbers of persons needing help.

D. County Planning Process and Review

During the FY2005-FY2007 planning cycle, the agency used 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 collaborations. Those data are still relevant and are supplemented by needs assessment data from the following sources:

Needs Assessment

Substance Abuse Task Force: As a result of a Public Hearing in February 2006, the County Administrator established the Substance Abuse Task Force. (SATF). This group was charged with developing recommendations for:

- structural and programmatic improvement and changes to the Phoenix Center
- opportunities for enhanced communication and coordination between existing service providers
- developing a preliminary plan to improve substance abuse services in Greenville County

The agency has acted on these recommendations and has established advisory boards to gather and present input on stakeholder needs. One of these boards is active in formulating plans for a “clearinghouse,” which would serve as a “one stop shop” to provide referrals, information, or education to people who call the agency, walk in, or are looking for internet resources. The SATF has now been reconstituted (with the members’ approval) as the Substance Abuse Advisory Committee, with the Phoenix Center’s Executive Director as chairperson.

Adolescent Focus Groups

In July 2006, the agency contracted with the DeMint Group to conduct focus groups with stakeholders and parents to help determine the type of adolescent facility would best serve the youth and adolescents of Greenville County.

The groups made extremely important recommendations as to the physical plant specifics, type(s) of treatment offered, location, and selection of clients. One of the most significant results was that the Phoenix Center was able to demonstrate openness to a new, positive, collaborative working relationship with both community agencies and potential recipients of services. A follow-up focus group is scheduled for June 1, 2007.

Outcome Based Evaluation/Strategic Planning

Analysis of computer-generated data by DAODAS is implemented by the Director of Administration 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 continuing 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. The initiative begun last year to monitor effectiveness of treatment as indicated by individual program outcomes as opposed to the agency as a whole continues 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 continue 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 linkage with 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 continues to be productive, providing a comprehensive way of monitoring compliance to standards outlined by Medicaid, DHEC, and CARF. Internal agency expectations are also monitored through this process.

A QA Committee continues to review clinical charts on a monthly basis. The QA Checklists allow both administrative and 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, other department managers, and the agency Clinical Supervisor to discuss any trends noted through the review process, and decide what training is needed to help the clinician correct any deficiencies or improve

existing skills. 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, Dual Diagnosis, treatment planning, and case management. 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.

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. The Finance Manager 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.

E. Statewide Priorities

Overall, the Act 301 Commission System has developed several areas of statewide importance for FY08-10:

Children/youth and adolescent services (under age 18, K-12).

Program Evaluation & DAODAS Statewide Client Outcomes System Results.

Contract Objectives (Goals for Effectiveness)

Health Insurance Portability and Accountability Act (HIPAA)

Grant Opportunities/Alternatives

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:

1. 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. Adolescent Intensive Outpatient (Level II.I), established in July 06 has expanded the continuum of care offered. Fiscal Planning for FY08—10 will focus on obtaining additional revenue and further identify the complement of services needed by the community.
2. The Phoenix Center will continue to develop volunteer services utilizing a Teen Institute-type program to expand prevention services in FY08—10 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).
3. The Phoenix Center is leveraging prevention staff by working closely with the school system and hope to add to these programs in the future. Funds to provide both a treatment and prevention counselor for the school system are

being applied for through DAODAS. This will assist with identification of possible treatment or referral needs.

4. The Phoenix Center will continue to take a more active lead in developing community education and awareness programs, particularly surrounding adolescent use and abuse.
5. The agency has secured funding for the adolescent campus to be built by FY10. This facility will provide residential, outpatient, intensive outpatient and prevention services on site.
6. Adolescent services will benefit from participation in the STAR-SI project to help with accessibility and retention. Increased parental involvement is a key initiative in the next three years.

Program Evaluation

The Phoenix Center will ensure adequate resources for maintenance and improvement of its performance. The KIS-E system is fully installed and operational; however, the need for a comprehensive training program is ongoing. The infrastructure support has been strengthened by being led by the Director of Administration and the data coordinator.

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.

Process Improvement activities taken by the Director of Services and the clinical supervisor have had a positive impact on poor performance in Objectives 1 & 2. A change in management in Detox has raised the level of medical proficiency throughout the staff. Our continued partnership with the Hospital System and Mental health has allowed for increased training on co-occurring disorders. The co-location of all services except the women's residential facility 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. Transition/discharge planning from detox has improved so that, whenever possible, clients exiting detox are able to meet and talk with clinicians from their next level of care before they are actually transferred.

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.
- Continue management and staff trainings.
- 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,

Focus continues on team building and organizational culture. 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.

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.

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. 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

The Phoenix Center received a \$20,000 grant from the Redevelopment Authority to refurbish bedrooms and purchase dining room furniture at Serenity Place. The Center is also in the first year of a three-year grant (at \$60,000 per year) from United Way to fund a full-time Adolescent Intensive Outpatient Program (AIOP) counselor to provide clinical services to clients and their families.

A major grant outside of our system which continues to be re-awarded was a \$400,000 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 the means to continue their care after leaving 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. Patients who would normally have ended up at the local Emergency Rooms have been able to be treated at our detox, thereby reducing the cost (but not the quality) of their care.

Despite Greenville’s continuing rapid growth, our efforts to expand EAP services have been slower than expected. We still expect to pursue the EAP business; however, we have found it necessary to concentrate on urgent aspects of our primary prevention/intervention/treatment continuum. We will continue to work on acquiring EAP contracts as opportunities present themselves.

Governor’s Goals and Homelessness

a. Reductions in repeated admissions of clients for detoxification. Following is a comparison of FY05, FY06, and FYTD07 statistics for repeat admissions to detox:

<u>Year</u>	<u>#Admissions</u>	<u>#(%) Readmissions</u>	<u>Change</u>
FY05	1019	115 (11%)	-----
FY06	1094	119 (11%)	none
FYTD07	945	71 (7%)	decrease

Approximately half of the readmissions were Crisis Stabilization clients, who have one or more mental health diagnoses along with their AOD diagnosis. Continued linkage with follow-up treatment, facilitated by detox case managers, may help to further decrease the recidivism percentages. It is a common and an ongoing problem to help people understand that detox is not treatment, and that intensive continuing care is necessary to address the disease in its entirety. By having the Crisis Stabilization beds as well as our own, Emergency Room admissions have decreased by 99%.

b. Client employment. Career development/work placement is part of discharge planning for all clients. The agency continues to work with Vocational Rehabilitation and has initiated a program with Greenville Tech in which clients may enroll in job readiness classes. Of all the Governor’s goals, this has been the most difficult in which to effect any desired change. Our current unemployment rates show a 114% increase, certainly not a desirable rate. The Phoenix Center is committed to finding ways to reduce unemployment and will continue to focus heavily on this during the next year.

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

d. Reduction in alcohol and drug use: Current data indicate that clients are

experiencing a 61% reduction in alcohol use, and an 88% reduction in other drug use. These numbers greatly exceed the benchmark of 40%, but we will keep exploring methods to help clients further reduce their use post-discharge.

e. Client use of the emergency room services. The Phoenix Center continues to send 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. As noted above, client admission to local Emergency Rooms has decreased 99%.

f. 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. It has proved to be very effective with great cooperation from the various merchants. Due to the success of this program, we are asking that it be re-funded.

f. Homelessness/Living Accommodations. The Phoenix Center 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 over the last three years has resulted in more clients being placed in safe accommodations. Our current data on homelessness indicate that there has been a 43% reduction, meeting the required benchmark of 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 FY05-07 strategic goals and objectives. In all efforts, guiding principles include:

- Addiction is 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 client-centered, 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, FY05--07

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

Status: Both CARF and DHEC certifications are up to date. The agency remains in compliance with HIPAA regulations. As this is an ongoing requirement, we are not longer designating it as a Critical Issue, but as a recurrent operational issue which has the infrastructure to support ongoing compliance.

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, both in its reserve and fund balance capacities, and with the acquisition of a CPA, has the necessary personnel to continue all financial activities. This issue does remain a Critical Issue, but for the 2007-2010 plan is Critical Issue #4, focusing on new revenue streams (e.g., grants) and increasing client fee collection and private insurance payments.

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

Status: This issue remains a Critical Issue, moving to Critical Issue #1 on the 2007-2010 plan. The Phoenix Center received the multi-million dollar grant for an adolescent treatment facility, and building is projected to begin in FY08.

Currently the Outpatient Services for Adolescents is operational with two full time counselors who have implemented the Matrix Model of treatment. Our Prevention staff continues to provide effective programs for at-risk youth, including 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.

Plans for the Adolescent Campus will be solidified in FY2008. The projected continuum of services includes:

Prevention and Intervention Services

- **REACH** - Leadership resiliency program for at-risk youth
- **ADP** - Alcohol Diversion Program
- **EUDL** - Greenville County Enforcing Underage Drinking Laws Coalition
- **Working with kids who have been expelled from school**

Treatment/Referral Services

- Complete bio-psychosocial assessment/referral
- Outpatient treatment
- Intensive Outpatient Treatment
- Long-Term Residential Treatment Beds for Youth (16)
- Parent/Family Counseling
- Mental Health Counseling
- Home/Charter Schooling, GED, After school programs
- Support Services: Career Counseling (Greenville Tech)
- Alateen, Al-Anon, Alcoholics, Narcotics Anonymous and other community resources
- Ropes Course
- Space for DSS, DJJ, etc., consultation and multidisciplinary patient consults
- Drug Testing
- Aftercare/Continuing Care

Although the EUDL grant was eliminated in December 2006, we are requesting re-funding of this successful program.

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

Status: This issue has been successfully addressed and no longer presents itself as a Critical Issue. Appropriate medical procedures are in place, and monthly audits of records continue to be excellent. The agency continues to benefit from the Mental Health contract for Crisis Stabilization beds. The target for improving services for this function has been implemented. The \$400,000/year Mental Health contract for Crisis Intervention has greatly contributed to this improvement.

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

Status: This issue remains a Critical Issue, moving up in ranking in the 2007-2010 plan to Critical Issue #2 and emphasizing partnering and collaboration. Due to the efforts recorded on the last County Plan, the Phoenix Center is more well known to the community and is regaining the respect of the stakeholders. These efforts continue, as noted in the Executive Summary and Needs Assessment section. EAP efforts were not as successful as we had envisioned, causing this initiative to be temporarily tabled as we concentrate on development of the adolescent facility.

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

Status: This issue remains essential to the agency's mission and function, but is being accomplished as part of regular operating procedures established during FY06-07 and is no longer a Critical Issue. Policy reviews are still being conducted and the results disseminated and documented. The Director of Administration has ensured that all leases, contracts, and policies and procedures are reviewed and updated on a regular basis. Compensation surveys have been conducted by HR and salaries adjusted as necessary. A continuing challenge is how productivity and utilization are documented for all staff members.

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: The Phoenix Center has conducted several needs assessments within the past year, as set forth earlier in this document. The number and constitution of our various advisory committees and boards provide a ready-made, ongoing method of collecting needs assessment data, as each meeting is documented in meeting minutes and disseminated as appropriate. We have incorporated needs assessment into ongoing operations and no longer view it as a Critical Issue.

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

Status: As a result of the collaboration between Mental Health and the Phoenix Center, we were able to establish a Crisis Stabilization Unit (CSU) in detox to admit those clients who had co-occurring disorders. The cross-training involving both agencies' staffs was, and continues to be, a reason why this critical issue is no longer critical and can be continuously addressed in regular clinical operations.

CRITICAL ISSUE #9 (gambling) was removed as a Critical Issue during the FY06 update.

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.

Status: With the installation of KIS-E, and the ability to obtain outcomes internally, this critical issue has become a part of standard operating procedure and is monitored on a daily basis; thus, it ceases to be a Critical Issue.

SUMMARY

The Phoenix Center, like its namesake, has risen from the ashes of a potentially catastrophic series of events to regain momentum toward becoming the respected and highly professional service provider that Greenville County expects it to be. The agency continues its quest for excellence in service provision, customer service, and community partnerships.

CRITICAL ISSUES FY08 – FY10

Critical Issue #1: The youth and adolescent population of Greenville County is critically underserved in the area of AOD treatment services

FY08 Goals and Objectives:

<u>GOAL</u>	<u>OBJECTIVES</u>	<u>RESPONS. STAFF</u>	<u>TARGET DATE</u>
1.1 Establish adolescent campus with a continuum of services	1.1.1. Secure land to build campus	ED, Development Coord (DC)	7/07
	1.1.2 Begin building on site		1/08
1.2 Develop community partnerships with agencies serving youth and adolescents	1.2.1 Provide info on YAS resources, establish referral criteria	ED, DC, Tx Svcs Dir, YAS supervisor, Prevention Staff	On-going
	1.2.2 Access community resources		Ongoing
1.3 Access and/or provide specialized training in YAS issues	1.3.1 Identify personnel needs	Deputy Dir, ClinSup, Division Directors	On-going
	1.3.2 Identify training needs		
1.4 Obtain appropriate curricula for YAS continuum	1.4.1 Hire Adolescent Project Manager	ED	6/07
	1.4.2 Identify evidence based curricula for entire continuum	Adol Proj Mgr, Division Directors	On-going
1.5 Begin PR and marketing efforts for new facility	1.5.1 Develop multi-media marketing/PR tools	DC, ED	FY08 and ongoing

FY09

1.1 Open adolescent campus and begin providing services	1.1.1 Provide continuum of services	ED, DC, QA Coordinator	FY09
	1.1.2 Begin outcome data collection		
1.2 Expand and maintain YAS at effective levels per outcome-based evaluation, MIS data, and needs ax	1.2.1 Establish capacity management plan and monitor outcomes	YAS staff, QA Coord	FY09

FY10

1.1 Evaluate first year operation	1.1.1 Modify as necessary; advise Board, community, and stakeholders	ED, Division Directors	FY10
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Critical Issue #2: The Phoenix Center is committed to improving community relations and partnering to deliver premium prevention, intervention, and treatment services to the citizens of Greenville County.

FY08 Goals and Objectives:

<u>GOAL</u>	<u>OBJECTIVES</u>	<u>RESPONS. STAFF</u>	<u>TARGET DATE</u>
2.1. Evaluate existing community partnerships and develop plan to maximize positive relationships.	2.1.1. Hire Director of Community Resources	Executive Dir., Deputy Director, Division Directors	FY08
	2.1.2. Written plan	Dir of Comm Resources	
2.2. Maximize use of advisory boards, focus groups, and PR to keep finger on community's pulse	2.2.1. Foster appropriate transparency of agency operations	ED, DD, Dir of Comm Resources All Staff having interactions with external agencies	FY08 and ongoing
2.3. Maximize relationships with County officials and access needed resources	2.3.1. Increase positive interactions with County officials	All staff having ongoing interactions with County personnel	FY08 and ongoing

FY09 Goals and Objectives:

<u>GOAL</u>	<u>OBJECTIVES</u>	<u>RESPONS. STAFF</u>	<u>TARGET DATE</u>
2.1. Continue community collaboration and partnerships	2.1.1. Increased referrals to and from other agencies	ED, DD, Dir of Comm Resources, all staff having interactions with external agencies	FY09 and ongoing
	2.1.2. Explore ways to eliminate duplicated or unnecessarily overlapping services		

FY10 Goals and Objectives:

<u>GOAL</u>	<u>OBJECTIVES</u>	<u>RESPONS. STAFF</u>	<u>TARGET DATE</u>
2.1. Continue partnerships and community collaboration	2.1.1. Maintain positive relationship with community	All staff	FY10 and ongoing

Critical Issue #3: The Phoenix Center is committed to planning for workforce development to maximize cross-training, minimize service interruption due to personnel turnover, and ensure succession planning at all levels.

FY08 Goals and Objectives

<u>GOAL</u>	<u>OBJECTIVES</u>	<u>RESPONS. STAFF</u>	<u>TARGET DATE</u>
3.1 Identify areas in the current workforce which need improvement	3.1.1 Evaluate employees' strengths and weaknesses	Dir of Administration, Dir of Tx Svcs, HR, Clin Sup	FY08 and ongoing
	3.1.2 Compile counselor sharing plans, cross-training schedules, and contingency plans for unplanned vacancies	Directors; all staff; HR	FY08 and ongoing
3.2 All functions at all levels will follow SOPs to the degree practicable	3.2.1 Employees create SOPs for their current positions	Directors; managers; all staff	Begin FY08

FY09

1.1 Implement plan for counselor sharing, cross-training and contingency management	1.1.1 Establish measures whereby at least 50% of the agency will be cross trained and/or will be able to rotate through other divisions (as applicable to their position description)	Directors, managers	Mid-FY09
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FY10:

1.1 Evaluate workforce development and succession plan	1.1.1. 50% of personnel are cross-trained and/or able to rotate through other divisions (as applicable to their position descriptions)	ED, directors, managers	Mid-FY10
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Critical Issue #4: In order to continue provision of high quality alcohol and drug services, the Phoenix Center must maintain adequate resources through ongoing financial stability and acquisition of new revenue streams.

FY08Goals and Objectives

<u>GOAL</u>	<u>OBJECTIVES</u>	<u>RESPONS. STAFF</u>	<u>TARGET DATE</u>
4.1. Control expenditures	4.1.1 Manage expense side through increased cost controls in procurement, operations and human resource management, limiting to essential expenditures	Finance Mgr. Deputy Director, Executive Director	Ongoing
4.2 Find revenue-producing services to support non-revenue producing activities	4.2.1 Review all non-public funding sources; secure grants; seek additional monies from DAODAS for adolescent counselor, BRIDGE expansion	Finance Mgr., Dir of Administration, ED	9/07 and ongoing
	4.2.2 Explore innovative ways of providing revenue-producing services which the public can access (e.g., anger mgmt, domestic violence)	Deputy Dir, Dir Tx Svcs, Finance Mgr, HR	9/07 and ongoing
4.3 Maximize Medicaid Revenues	4.3.1 Increase Medicaid chart/billing review	QA Coord., Clin Sup	9/07 and ongoing
	4.3.2 Continue staff training on Medicaid documentation and billing procedures	Deputy Dir, QA Coord, Clin Sup	9/07 and ongoing
4.4 Increase private insurance reimbursements by 10%	4.4.1 Acquire more licensed clinicians who can see insurance clients	HR, Clin Sup, Dir Tx Svcs	FY08
	4.4.2 Place the Phoenix Center on all available insurance panels	HR, Finance Mgr, Dir of Administration	9/07 and ongoing
FY09:			
4.1. Control expenditures	4.1.1 Manage expense side through increased cost controls in procurement, operations and human resource mgmt; limit to essential expenditures	Finance Mgr. Deputy Director, Executive Director	Ongoing

4.2 Find revenue-producing services to support non-revenue producing activities	4.2.1 Review all non-public funding sources; secure grants; seek additional monies from DAODAS for adolescent counselor, BRIDGE expansion	Finance Mgr., Dir of Administration, ED	Ongoing
	4.2.2 Explore innovative ways of providing revenue-producing services which the public can access (e.g., anger mgmt, domestic violence)	Deputy Dir, Dir Tx Svcs, Finance Mgr, HR	Ongoing
4.3 Maximize Medicaid Revenues	4.3.1 Increase Medicaid chart/billing review	QA Coord., Clin Sup	Ongoing
	4.3.2 Continue staff training on Medicaid documentation and billing procedures	Deputy Dir, QA Coord, Clin Sup	Ongoing
4.4 Increase private insurance reimbursements by 10%	4.4.1 Acquire more licensed clinicians who can see insurance clients (explore incentives to obtain)	HR, Clin Sup, Dir Tx Svcs	Ongoing
	4.4.2 Place the Phoenix Center on all available insurance panels	HR, Finance Mgr, Dir of Administration	Ongoing
FY 10:			
4.1 Evaluate FY08-09 initiatives	4.1.1 Adjust as necessary and re-evaluate	ED, Finance Mgr.	Ongoing
4.2 Evaluate FY08-09 initiatives	4.2.1 Adjust as necessary and re-evaluate	ED, Finance Mgr	Ongoing
4.3 Evaluate FY08-10 initiatives	4.3.1 Adjust as necessary and re-evaluate	ED, Finance Mgr	Ongoing
4.4 Evaluate FY08-10 initiatives	4.4.1 Adjust as necessary and re-evaluate	ED, Finance Mgr	Ongoing

Critical Issue #5: The Phoenix Center is committed to implementing and using evidence-based curricula/programs in its Prevention and Treatment services

FY08 Goals and Objectives:

<u>GOAL</u>	<u>OBJECTIVES</u>	<u>RESPONS. STAFF</u>	<u>TARGET DATE</u>
5.1 MATRIX system is fully established in all IOP programs	5.1.1 Integrate into all IOP treatment services	DD, Dir Tx Svcs, Clin Sup	FY09
5.2 Other evidence-based programs (EBP) implemented throughout the agency	5.2.1 Explore Duke Univ.'s EBPs	DD, Dir of Tx Svcs, Clin Sup	FY09
	5.2.2 Explore specific EBP for YAS	DD, Dir of Tx Svcs, Clin Sup	
	5.2.3 Explore EBP on follow-up and aftercare	DD, Dir of Tx Svcs, Clin Sup, QA Coord	

FY09:

5.1 All programs have implemented EBP/best practices	5.1.1 Provide scientifically based and validated prevention and treatment services	DD, Dir of Tx Svcs, Clin Sup	FY10
5.2 Evaluate per PCDA processes	5.2.1 Ensure appropriate implementation	QA Coord, Dir Tx Svcs	FY10

FY10:

5.1 All programs have implemented EBP/best practices	5.1.1 Provide scientifically based and validated prevention and treatment services	DD, Dir of Tx Svcs, Clin Sup	FY10
5.2 Evaluate per PCDA processes	5.2.1 Ensure appropriate implementation	QA Coord, Dir Tx Svcs	FY10

Critical Issue #6: The Phoenix Center is committed to improving access to treatment, retention in treatment, and customer satisfaction.

FY08 Goals and Objectives:

<u>GOAL</u>	<u>OBJECTIVES</u>	<u>RESPONS. STAFF</u>	<u>TARGET DATE</u>
6.1 Continue implementation of the STAR-SI project	6.1.1 Decrease days waiting to first appointment	DD, Dir Tx Svcs, QA Coord, Change Team	FY08 and ongoing
	6.1.2 Reduce intake and assessment paperwork		
	6.1.3 Reshape capacity to accommodate more		

	clients 6.1.4 Have flexible scheduling for appointments		
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FY09:

6.1 Continue STAR-SI process improvements per PDSA cycle	6.1.1 Implement/evaluate process improvements	Change Team, all staff	FY09 and ongoing
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FY10:

6.1 Continue STAR-SI process improvements per PDSA cycle	6.1.1 Implement/evaluate process improvements	Change Team, all staff	FY09 and ongoing
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PART II

PART II
FY08-10 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 FY07, 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.0) | 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 FY07, 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. Therapeutic Child Treatment
5. 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 FY07 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

Part III

Goals for Effectiveness

Goals for Effectiveness

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:

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

During FY06, the Phoenix Center’s performance on this Contract Objective was **69.8%** (per DAODAS). Within the last year, the Director of Treatment services made process improvements in the intake/assessment procedure to increase the number of clients who received an assessment within two working days of intake. The current figure for this Contract Objective (per KIS) is **78.10%**, which meets and exceeds the baseline. The Phoenix Center is continuing to explore ways to increase the number of clients who receive these services.

- 2. 50% of clients with an assessment should have a least one unit of clinical services within six working days from assessment.**

FY06’s compliance rate for this Contract Objective was **93.4%** (per DAODAS). Current figures from KIS indicate a rate of **60.28%**. While this is still in compliance with the baseline, the reduction is of concern. The Phoenix Center is investigating the possible reasons for the decrease and will take steps to make process improvement changes to address any barriers to raising the number of clients receiving clinical services within six working days of 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.)**

The current compliance rate for this Contract Objective (per KIS) is **.95%**, which meets the standard. FY06’s rate (per DAODAS) was **.5%**. We will monitor this rate carefully to ensure that all clinical staff is adhering to their 30 day No Service Activity auditing. Not only is this an important statistic to monitor for compliance with the Contract

Objective, it also serves to ensure that clients don't "fall through the crack," and that their needs are served expeditiously.

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

Our outcome compliance, while still above the required 15%, has fallen slightly from **20.7%** in FY06 (per DAODAS) to its current figure of **18.58%** (per KIS). The additional staff members who have taken on the duty of doing follow-up calls have helped the process tremendously. We will monitor the percentages and continue to look for more efficacious ways of obtaining follow-up data.

**May 2007
CAJ/caj**