OUTCOME EVALUATION PLAN

FY 2018

MID YEAR REPORT JULY 1, 2017-DECEMBER 31, 2017

Mission:

Through a variety of primary prevention, intervention and treatment strategies, GateWay works with numerous other local and state agencies and organizations in an attempt to reduce and control problems related to those abusing or at risk of abusing alcohol and other drugs.

Executive Summary: GateWay Counseling Center (GCC) is coming off a very successful FY 2017. We entered FY 2018 aware of the challenges we faced to replicate that success. We absorbed two employees from grants that expired, we have one or possibly 2 retirements of key staff members and the overall SUD treatment environment is changing rapidly. In FY 2018 GCC increased revenue targets, maintained high levels of clinical accountability, added partnerships with local providers, and in general looked to positively impact the community even more than we did in FY 2017. The metrics listed below are from all aspects of the agency and are all part of the way GCC assesses "How are we doing?" in the ongoing process of service delivery, client satisfaction, referral sources satisfaction, and agency self-improvement.

Color Key:

Green=meeting or exceeding goal

Yellow= data pending, data unavailable, or close to target

Red=not meeting goal

A) County Plan/ Strategic Plan Priorities

GCC will reference the County Plan at length through the year. The plan itself has detailed strategies and expected outcomes. They will be summarized here and tracked at length throughout the year.

A.1) Priority Area: Adolescent Substance Use Disorders

Goal: To reduce the prevalence and severity of adolescent substance use disorders in Laurens County.

Outcomes

- 20 referrals in FY 17 from school districts (100% increase)
Mid-Year goal: 10
Mid-Year actual: 0
Comments: The partnership has only just begun with the local school district. Look for increase referral in the third quarter.
- Universal Prevention Programming to youth:
15 presentations given to the community related to adolescent substance use disorders
Mid-Year goal: 8
Mid-Year actual: 5
Comments: Look to increase this for the school district as part of the new partnership. The school district is also researching adding SUD universal programming to their overall curriculum.
- 5 flyers specifically created for this population
As of mid-year we have created only one. Look to have incoming Prevention Specialist focus on this for the next half of year.
- Selected Prevention Programming to 20 youth with identified risk factors for ATOD use disorders.
Mid-Year goal: 10
Mid-Year actual: 0
Comments: As progress occurred in partnering with the school district it was identified that selected and indicated prevention may best be services by intervention services conducted in the treatment department. There are multiple options for low level services that can be provided to adolescents with or without a SUD. Look to capture this number in adolescent treatment admissions.
- Indicated Prevention Programming to 20 youth with identified ATOD use.
Mid-Year goal: 10
Mid-Year actual: 0
Comments: As progress occurred in partnering with the school district it was identified that selected and indicated prevention may best be services by intervention services conducted in the treatment department. There are multiple options for low level services that can be provided to adolescents with or without a SUD. Look to capture this number in adolescent treatment admissions.
- 128 adolescents served overall in treatment for FY18. 20% increase
Mid-Year Goal: 64 Actual: 48
Comments: Low, looking to see benefit from LCSD 55 partnership second half of the year.
- ASAM Level II.1 IOP program will be offered at GCC
Comments: At this time there is not a sufficient case load to warrant this level of care. Staff has familiarized themselves with the ASAM requirements for this level of care and will look to implement an IOP if the need arises.

A.2) Opioid Treatment with Medication-Assisted Treatment

Goal: To reduce the negative consequences of the misuse of prescribed and illicit opiates: specifically overdoses and Emergency Room visits.

Outcomes

- Enroll at least 25 clients in the OTP program and have them receive services from GCC.
  Mid-Year goal: 13 clients
  Mid-Year actual: 18 clients
  Comments: Looking to increase admission as the partnership continues.
- Reduce emergency room visits due to opiate overdoses by 10%.
  Data collection for this is still being determined and may be end of year only.
- Conduct 12 speaking engagement to the community to educate on the unique risks associated with opiate use
  Mid-Year goal: 6
  Mid-Year actual: 6
  Comments: Met goal.

A.3) Alcohol-Related Car Crashes

Goal: Reduce the total number of alcohol related car crashes in the county

Outcomes:

- 5 Presentations given in the community
  Mid-Year Goal: 3
  Mid-Year Actual: 4
- 5 Trainings to Law Enforcement and legal system overall
  Mid-Year Goal: 3
  Mid-Year Actual: 1
- 1 Public Awareness campaign creation
  Comments: Currently planning a "Plan while you can" campaign. GCC expects it to roll out by the end of the fiscal year.
- 100 ADSAP PRI clients admitted and served
  Mid-Year goal: 50 clients
  Mid-Year actual: 42 clients
  Comments: Expect normal increase at tax return time in the spring.
- 50 ADSAP treatment clients admitted and served
  Mid-Year goal: 25 clients
  Mid-Year actual: 31 clients
- Alcohol Related Crashes /Alcohol related crash injuries and fatalities decrease by 10%:
  Comments: Data is going to be gathered with the help of local State Highway Patrol. There was discrepancy in the 2016 and 2017 data and we will attempt resolve this before we measure any impact we may have had.
- Increase of 10% DUI arrests made

  Comments: State wide there are issues getting this information. The state is looking to partner with Magistrate Courts across SC to access the data. Progress will be monitored.

B) Business Function Indicators

B.1) Revenue:

B.1.a) Grant/allocations/other funding. EXECUTIVE DIRECTOR

Monitor accounts receivable and resolve any discrepancies.

Comments: All account receivable are on target and in expected ranges.

B.1.b) Self Pay Collections. FINANCE DIRECTOR

Monthly Goal: $7,778.00
Yearly: $93,340.00
Mid-year goal: $46,668.00
Mid-year actual: $43,466.00
Comments: On track, hope to see increase in self pay revenue from ADSAP programs in the third quarter.

B.1.c) Medicaid Billing. FINANCE DIRECTOR

Monthly Goal: $4,583.00
Yearly: $55,000.00
Mid-year goal: $27,500.00
Mid-year actual: $22,534.00
Comments: Hope to see increased Medicaid revenue from AMI Kids Piedmont services(primarily Medicaid FFS) as we look to increase the census in those groups.

B.1.d) Medicaid MCO Billing. FINANCE DIRECTOR

Monthly Goal: $3,750.00
Yearly: $45,000.00
Mid-year goal: $22,500.00
Mid-year actual: $29,100.00
Comments: Targets are being met, the removal of the precertification requirement has been very helpful.

		Jul-17	Aug-17	Sep-17	1 Quarter	Oct-17	Nov-17	Dec-17	2 Quarter	6 month
Self Pay	Budgeted	$7,778	$7,778	$7,778	$23,334	$7,778	$7,778	$7,778	$23,334	$46,668
	Actual	$6,840	$7,502	$8,065	$22,407	$5,653	$8,220	$7,186	$21,059	$43,466
Medicaid FFS	Budgeted	$4,584	$4,584	$4,584	$13,752	$4,584	$4,584	$4,584	$13,752	$27,504
	Actual	$3,377	$4,427	$6,621	$14,425	$2,681	$2,525	$2,903	$8,109	$22,534
Medicaid MCO	Budgeted	$3,750	$3,750	$3,750	$11,250	$3,750	$3,750	$3,750	$11,250	$22,500
	Actual	$9,951	$3,454	$4,347	$17,752	$4,100	$2,709	$4,539	$11,348	$29,100
BG Assess	Budgeted	$2,500	$2,500	$2,500	$7,500	$2,500	$2,500	$2,500	$7,500	$15,000
	Actual	$2,320	$3,680	$1,840	$7,840	$2,080	$3,600	$2,960	$8,640	$16,480
Total	Budgeted	$18,612	$18,612	$18,612	$55,836	$18,612	$18,612	$18,612	$55,836	$111,672
	Actual	$22,488	$19,063	$20,873	$62,424	$14,514	$17,054	$17,588	$49,156	$111,580

Comments: Overall as whole collections are where we have projected. It is important to note that GCC significantly increased revenue targets this Fiscal Year to offset the loss of two revenue streams.

B.1.e) Self Pay Collections. FINANCE DIRECTOR

50% of clients in all groups will adhere to the details of their financial payment plan.

*This goal has been altered to instead track self-pay collections in all groups, including non ADSAP groups. The total is tracked, but this goal allows GCC to make sure that all groups are adding to the overall collection rate, not just ADSAP.

Comments: After auditing existing processes there were errors that have reduced the effectiveness of collections. Proper communication between intake staff and the treating counselor about financial obligations have been created. ADSAP collections are progressing well but non ADSAP groups are lacking. Look to montor monthly in the second half of the year. IIt is expected that we actually met this 50% goal as the ADSAP clients are 90% and higher adherence to their payment plans but the level of errors uncovered warrant significant corrective action.

B.1.f) Block Grant Assessment Collections. FINANCE DIRECTOR

Monthly Goal: $2,500.00

Yearly: $30,000.00

Mid year goal: $15,000.00
Mid year actual: $16,480.00

B.1.g) Block Grant Allocation Set Aside Collections. FINANCE DIRECTOR

Yearly: $21,257.00

B.1.4) Health Outcomes Proviso (HOP) Collections. FINANCE DIRECTOR

Yearly: $28,505

B.2) Expenses:

B.2.a) Adherence to annual budget. EXECUTIVE DIRECTOR

GCC will stay within 10% of budgeted areas: Personnel, Contractual Services, Supplies, Fixed Charges, Travel, Employer Contributions, and Other Expenses. Over and under budget areas are to be both noted and evaluated.

B.2.b) Overall Yearly Audit. EXECUTIVE DIRECTOR

GCC will provide all required information to the auditor to receive "clean" audit.

C) Clinical Efficiency Measures

C.1) Client engagement/Average length of stay. TREATMENT DIRECTOR

Average sessions after assessment: 4

This data point was finally achieved in the second quarter. Data is hand tallied from CareLogic. Look to further evaluate useful outcomes data points as the year progresses.

Total Discharged: 147

Total Sessions attended: 982

Average: 6.68 Sessions after assessment

Percentage of clients that attended 4 session or more: 109 of 147, 74%

Average Length of Stay in Services overall: 60-90 calendar days

Gateway Counseling Center					
Program Discharge Length of Stay (LOS) In Days					
	Discharge Count	Days	Min	Max	Ave
ADSAP - Intervention (PRI)	39	3575	7	300	92
ADSAP Outpatient (AD-OP)	35	3878	2	234	111
Outpatient (OP)	157	12911	0	464	82
Outpatient - Adolescent (ADOLOP)	53	3705	0	214	70
Program(s) Total	**284**	**24069**			**85**

Comments: Goal achieved

Percent of clients discharged without attending any recommended services after assessment: 10%

Assessments completed: 302
Admissions: 298
Only 2.4% did not attend services after their assessment.

C.2) Group roster /Group census. TREATMENT DIRECTOR

Discovery Groups: 10 attending, 16 on roster

Treatment Groups: 8 attending, 10 on roster (lowered due to historical data)

Adolescent Groups: 8 attending, 10 on roster (lowered due to historical data)

Discovery Groups: 6 attending, 10 on roster

Treatment Groups: 6 attending, 9 on roster

Adolescent Groups: 6 attending, 7 on roster

	1st Quarter Average	2nd Quarter Average	Ist half year Average
MONDAY DISC AM			
Attended	7	7	7
Scheduled	13	15	14
MON SOLUTIONS PM			
Attended	5	7	6
Scheduled	7	10	9
MON DISC PM			
Attended	5	4	5
Scheduled	8	7	8
TUES PRI LVL 1 AM			
Attended	2	4	3
Scheduled	5	6	6
TUES TX AM			
Attended	3	5	4
Scheduled	5	8	7
TUES PM DISC			
Attended	7	4	6
Scheduled	11	8	9
TUESDAY TX PM			
Attended	6	7	7
Scheduled	9	11	10
TUES AMI SAC			
Attended	6	3	5
Scheduled	6	3	5
TUES AMI BHT			
Attended	8	5	7
Scheduled	9	5	7
WEDS ADOL			
Attended	6	5	6
Scheduled	9	7	8

				AVG	Goal
DISC groups					
Attend	7	5	6	6	10
Scheduled	14	8	9	10	16
TX groups					
Attend	4	7		6	8
Scheduled	7	10		9	10
Adol groups					
Attend	5	7	6	6	8
Scheduled	5	7	8	7	10

Comments: Census in groups is not meeting targets. This data indicates that there may need to be programmatic changes. Due to staffing changes the Treatment Team will be reduced by one FTE as of July 1st, 2018. An analysis will be completed to make decisions about changes in groups. Options including merging groups, changing day and time, and changing clinical focus will all be researched.

C. 3) Direct client time per clinician. TREATMENT DIRECTOR

Counselor: 10 hours Billable /10 hours Non Billable time week (20 total)

Treatment Director: 15 hours Non Billable time per week (15 total)

Mid-Year actual:

	Billable							
	FY 18							
	Q1	Q2	Q3	Q4	Total	AVG/Q	AVG/WK	Goal
Counselor 1	113	88			201	100.5	8	10
Counselor 2	127	121			248	124	10	10
Treatment Director	25	13			38	19	1	0
Counselor 3	130	135			265	132.5	10	10
Counselor 4	143	109			252	126	10	10
	Non Billable							
	Q1	Q2	Q3	Q4	Total	AVG/Q	AVG/WK	Goal
Counselor 1	249	197			446	223	17	10
Counselor 2	103	98			201	100.5	8	10
Treatment Director	412	469			881	440.5	34	15
Counselor 3	198	160			358	179	14	10
Counselor 4	342	308			650	325	25	10
New employees not added yet as of end of 2nd quarter.								

Comments: All clinicians we close to or above targets. Look to monitor further. Look to make sure that all services are entered in a consistent manner to allow as much comparability as possible.

C.4) Client Case Load. TREATMENT DIRECTOR

Counselor: 30- 50 active clients (active=services within 3 weeks)

Clinicians	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Ave.
Counselor 1	72	32	43	40	33	32	42
Counselor 2	21	36	32	42	38	37	34
Counselor 4	16	22	25	21	16	23	21
Counselor 3	55	56	61	60	60	56	58

Comments: Adolescent caseload is still low but others look strong. Adolescent needs to be increased and effort are being placed in that direction. Look to monitor closely as one clinician transitions to Prevention as of July 1st, 2018 and their caseload will need to be allocated out.

C. 5) Access to Services (per DAODAS)

GCC will complete an assessment within 2 working days of intake on 75% of all client episodes

Comments: GCC completes intakes and assessments at the same time. We have maintained the walk –in assessment procedure and offer quick access to services to all clients.

C.6) Completion of qualifying service after assessment (per DAODAS)

GCC will complete a qualifying service within 6 working days of assessment on 50% of all client episodes

*Comments: This data point is to encourage prompt access to services after assessment. GCC only offers Level one services that often only meet one time per week. That makes this timeline a challenge. GCC makes effort to always document in a client chart if a **client** desires to delay their entry into services. Due to the fact that there are no waiting lists for outpatient all clients all clients are able to start groups within one calendar week and thus achieve this goal. Client no shows to services are removed form this data point as their absence was not related to the availability of the service.*

C. 7) Discharge of clients. TREATMENT DIRECTOR

GCC will complete a discharge form on 99% of all admitted clients

Comments: The electronic health record has allowed the minimization of any clients being "lost". The system will not allow a discharge without the proper forms being completed. Reports are instantly available that clearly show all active clients so that they can be reconciled. As of this date, 100% of all admitted clients that are discharged have been properly discharged.

D) Clinical Effectiveness Measures

D.1) Reduced substance use at discharge versus admission. PREVENTION DIRECTOR

Clients will indicate a 50% reduction in past 30 day drug use at discharge versus admission.

Clients will indicate a decrease in past 30 day arrests at follow up versus admission

Clients will indicate a reduction in stress related to their drug use a discharge versus admission

* All this data is predicated on the ability to retrieve data a reports form CareLogic system related to outcome calls.

Comments: Data is still not retrievable from the system in a reliable manner. In the upcoming quarters all surveys will be completed as a hard copy and will be tabulate by hand to get the outcomes data we require.

D.2) Successful Completion Rates. TREATMENT DIRECTOR

Overall agency: 60%

ADSAP programs (OP and PRI): 75%

Adolescent OP: 85%

OP programs: 50%

Mid Year Treatment Summary Report

Date:	1st half FY 18				#	%
July-Dec 2017			**OVERALL**			
Total Admissions		NA	Treatment or Services Complete		197	69%
Total Discharges		284	Treatment or Services Incomplete		87	31%
	#		#	%		
ADSAP PRI	39	Complete	34	87%		
		Incomplete	5	13%		
Adult OP	157	Complete	90	57%		
		Incomplete	67	43%		
Adolescent OP	53	Complete	45	85%		
		Incomplete	8	15%		
ADSAP OP	35	Complete	28	80%		
		Incomplete	7	20%		
Total	284	Complete	197	69%		
		Incomplete	87	31%		

FY 18   Actual

Successful Completion Goals

ADSAP PRI : 75%   87%

Adult OP (CBT): 50%   57%

Adolescent OP (ABT): 85%   85%

ADSAP OP: 75%   80%

OVERALL: 60%   69%

E) Satisfaction Measures

E.1) Client. PREVENTION DIRECTOR

 Initial:

E.1.1) GCC will provide access to services in a timely manner

95% of clients will rate that their first appointment was given promptly enough for their needs as YES (question 5)

Mid-Year Actual: 99%

E.1.2) GCC will seek to provide courteous services at all times

90% of clients will rate the staff at the agency as Courteous or Very Courteous (question 7)

Mid-Year Actual: 98%

Mid:

E.1.3) GCC will seek to actively involve clients in the creation and implementation of their services

90% of clients will rate that they feel actively involved in their services at GCC (question 6)

Mid-Year Actual: 100%

E.1.4) GCC Counselors and staff will effectively communicate with their clients

90% of clients will report that their questions posed to counselors were answered to your satisfaction (question10).

Mid-Year Actual: 99%

Exit:

E.1.5) GCC will seek to actively involve clients in the creation and implementation of their services

90% of clients will rate that they feel actively involved in their services at GCC (question 6)

Mid-Year Actual: 100%

E.1.6) GCC will seek to provide services that ultimately improve the overall functioning of the clients in their lives.

90% will report that the services they received will be helpful in their lives(question 10)

Mid-Year Actual: 100%

	FY 18					
	Client Satisfaction Report	Q1	Q2	Q3	Q4	Avg
Initial	*95% of clients will rate that their first appointment was given promptly enoug*	100	98			99.0
Initial	*90% of clients will rate the staff at the agency as courteous or very courteous*	100	96			98.0
Mid	*90% of clients will rate that they are actively involved in their services at GCC*	100	100			100.0
Mid	*90% of clients will report that their questions posed to counselorswere answe*	100	98			99.0
Exit	*90% of clients will rate that they are actively involved in their services at GCC*	100	100			100.0
Exit	*90% will report that the services they received will be helpful in their lives (q.*	100	100			100.0

E.2) Referral Source. EXECUTIVE DIRECTOR

   E.2.a) Positive Perception of GCC

   95% of referral sources will have a positive perception of GCC

   Actual: 100% of referral sources indicate the overall perception of the agency is positive.

   E.2.b) Programming is helpful

   90% will find GCC programs helpful to them

   86% reported that programming was helpful to them, the other 14% were neutral. We consider this data point met.

   E.2.c) Timely and appropriate interactions with GCC staff

   90% will report that their referrals to GCC were handled timely and appropriately

   Only 72% reported that their referrals were handled timely an appropriately, 28% were neutral. This area is a point of concern and will be looked at further in the upcoming quarter.

E.3) Employee. EXECUTIVE DIRECTOR

   E.3.a) Employees will complete a satisfaction survey. GCC will gather that data and offer a report with detailed analysis, rather than one or two goals.

Survey will be given to employees in January, 2018

F) Regulatory Inspections and Surveys

- DHEC survey. EXECUTIVE DIRECTOR

   100% Compliance

No survey this reporting period

- CARF Survey. EXECUTIVE DIRECTOR

100% Compliance

==No survey this reporting period. Expected in March 2018.==

- DAODAS Survey. EXECUTIVE DIRECTOR

    100% Compliance

==No survey this reporting period==

G) Human Resources/Staffing

G.1) GCC seeks to retain fully trained and qualified staff. FINANCE DIRECTOR

GCC will complete employee satisfaction survey with staff yearly and report on the results.

==*Mid-Year progress: Survey will be disseminated in January and the results will be reported on and followed up on with employees.*==

G.2) GCC seeks to provide competitive salary and benefits. FINANCE DIRECTOR

GCC will conduct salary and benefits study as part of the MTM project for the entire 301 system.

==*Cost study has been completed and a state wide survey is being completed. Salary from job postings has been analyzed from surrounding regional openings. GCC clinical and support staff salary meets or exceeds these salaries (Greenville, Union, Cherokee, Newberry, and Saluda). Finance and Executive Director Compensation were not available for comparison. The benefit package that employees receive is comparable to other agencies and is a comprehensive package.*==

H) Health and Safety (See also the annual Health and Safety Report)

H.1) GCC seeks to promptly and accurately receive input about critical incidents. EXECUTIVE DIRECTOR

100% of all Incident Reports will be completed correctly and within appropriate time frames.

==*Comments: All incident reports were completed in the proper manner in the appropriate timeframe. Actions, when indicated, were taken in a prompt manner.*==

H.2) GCC strives to resolve any issues that are identified to reduce the chance of problems. EXECUTIVE DIRECTOR

100% of all areas identified in Health and Safety Inspections will have correction plans completed.

Comments: Training was provided on how best to complete the inspections and to encourage feedback on the forms to allow actions to be taken. The current inspections have been filed in the appropriate time frame and had all action items responded to in a timely manner.

H.3) GCC strives to have a safe environment for employees and clients. EXECUTIVE DIRECTOR

100% of employees will report that they feel GCC is a safe place for employees and clients. Data will be gathered from Employee survey.

Mid-Year progress: Employee survey will be completed in January.

H.4) GCC will implement and follow monthly and yearly drill completion per requirement of all regulatory agencies.

100% of Internal reviews of required Health and Safety program will not identify errors

Comments: This process was again reviewed and altered. Guidance from Executive Director resulted in altering of some forms and tightening of the procedure. Overall improvement was noted and record keeping was improved. Look to monitor adherence to the program by the Health and Safety officer in the upcoming year.

I) Technology

I.1) GCC seeks to protect the privacy of the electronic information stored at the agency. TREATMENT DIRECTOR

No data breaches and no mishandling of PHI

No breaches noted. One possible breach of a referral with PHI to an incorrect referral source was identified and corrected before any breach could occur.

I.2) GCC seeks to maximize the benefits of their website. PREVENTION DIRECTOR

Review and update GCC website to increase community utilization of the site as a resource and to market our services to an increasing digital population.

Mid-Year Progress: Website is updated and is running well. We increased our ability to disseminate information, resources, and agency details. We have received excellent feedback about the increased functionality from stakeholders.

J) Accessibility (see also the annual Accessibility Report)

J. 1) GCC actively strives to remove barriers of any type that may interfere with services. EXECUTIVE DIRECTOR

100% of all Reasonable Accommodation requests will be completed correctly and replied to in the specified timeframes.

<mark>*No reasonable accommodations were requested this evaluation period.*</mark>

J.2) GCC seeks to maintain an up to date Accessibility Plan. EXECUTIVE DIRECTOR

Accessibility Plan Report will be completed in specified time frame and include action plans on all areas.

<mark>*Accessibility Plan was reviewed at the Mid-Year point and progress on areas noted. See Accessibility Report Mid-Year FY 18.*</mark>

K) Governor's Dashboard Measures (given to GCC by State DAODAS)

K.1) Increase client admissions. FINANCE DIRECTOR

FY 17 admissions listed at 590. Look for 600 in FY 18.

<mark>*Mid-Year Goal: 300*</mark>
<mark>*Mid-Year actual: 298*</mark>
<mark>*Comments: On target. Look to have increase in third quarter.*</mark>

K.2) Increase admissions of pregnant clients. TREATMENT DIRECTOR

FY 17: 12 Look to increase by 20% (to 15) in FY 18.

<mark>*Mid-Year goal: 9*</mark>
<mark>*Mid-Year actual: 4*</mark>
<mark>*Comments: This data point is still somewhat challenging to affect as we do not actively have programs that serve pregnant women. Long term strategic plan may involve expansion in this area.*</mark>

K.3) Increase admission of co-occurring clients. TREATMENT DIRECTOR

Increase admission that indicate mental health diagnosis by 10% (FY 17=77+(data point was not obtainable after mid-year), FY 17 goal=100)

<mark>*Mid-Year goal: 50*</mark>
<mark>*Mid-Year actual:70*</mark>
<mark>*Comments: The addition of a Behavioral Health Group for adolescents has increased this number. The continues partnership with the local FQHC has also maintained mental health referrals. There were a total of 24 referrals where MH was the primary diagnosis.*</mark>

K.4) Increase the count of alcohol compliance checks. PREVENTION DIRECTOR

Increase Primary Prevention Alcohol Compliance Checks by 50 %(FY 17=14 Goal=21 for FY 18)

Mid-Year goal: 11
Mid-Year actual: 0
Comments: This goal is solely dictated by the willingness for Law ENforcemtn to compoete these compliance checks.GCC has partnered with the Judicial Circuit AET and the local law enforcement agencies to encourage them for conduct these checks. We are hopeful that some will occur in the third quarter.