

**Fremont Counseling Service
Annual Management Report
FY13**

Fremont Counseling Service, a community-based, non-profit organization exists to meet the needs of all peoples of Fremont County in all areas of mental health and substance abuse; our mission is to provide accessible, affordable, high quality services through education, counseling, treatment and crisis intervention.

Mission

To provide the highest quality mental health and substance abuse services to enhance people's lives and enrich our communities.

Vision

Healthy minds for all.

Belief Statements

- Fremont Counseling Service (FCS) has a caring, highly skilled staff.
- Fremont Counseling Service provides our clients prompt, thorough, attentive care.
- Treatment from Fremont Counseling Service results in healthier citizens and a healthier community.

Fremont Counseling Service Values

- Strive to create environments that promote professional, safe and accessible services for those served.
- Advocate for programs where those served, their significant others and staff feel respected and valued.
- Recognize and value each team member's gifts offered.
- Support the need for agency growth
- Maintain a unified vision that enhances partnerships.
- Maintain consumer-friendly attitude and services.

Strengths

- We are a highly skilled, well trained staff.
- Fremont Counseling Service has a positive image in the community for providing other services that enhance the therapeutic process.
- Fremont Counseling Service staff is committed, experienced and pro-active.
- Fremont Counseling Service provides quality care accessible to those in need of mental health and substance abuse treatment services.
- Fremont Counseling Service is dedicated to developing and maintaining partnerships with other community agencies.
- Fremont Counseling Service provides services in the community as well as in the office.
- Fremont Counseling Service provides consultation and education services to many community programs.
- We use supportive data to make wise (management and service) decisions.

Challenges and Opportunities

- Maintaining CARF accreditation and State Certifications.
- Retention and Recruitment of qualified staff.
- Continue developing a local/regional system of care for all populations served.
- Strengthen the commitment of community collaboration.
- Management of Information.
- Increasing cost of doing business.
- Increased local competition for resources (Local, State and Federal).
- Increased competition locally for funding.

Fremont Counseling Service Goals for FY2013

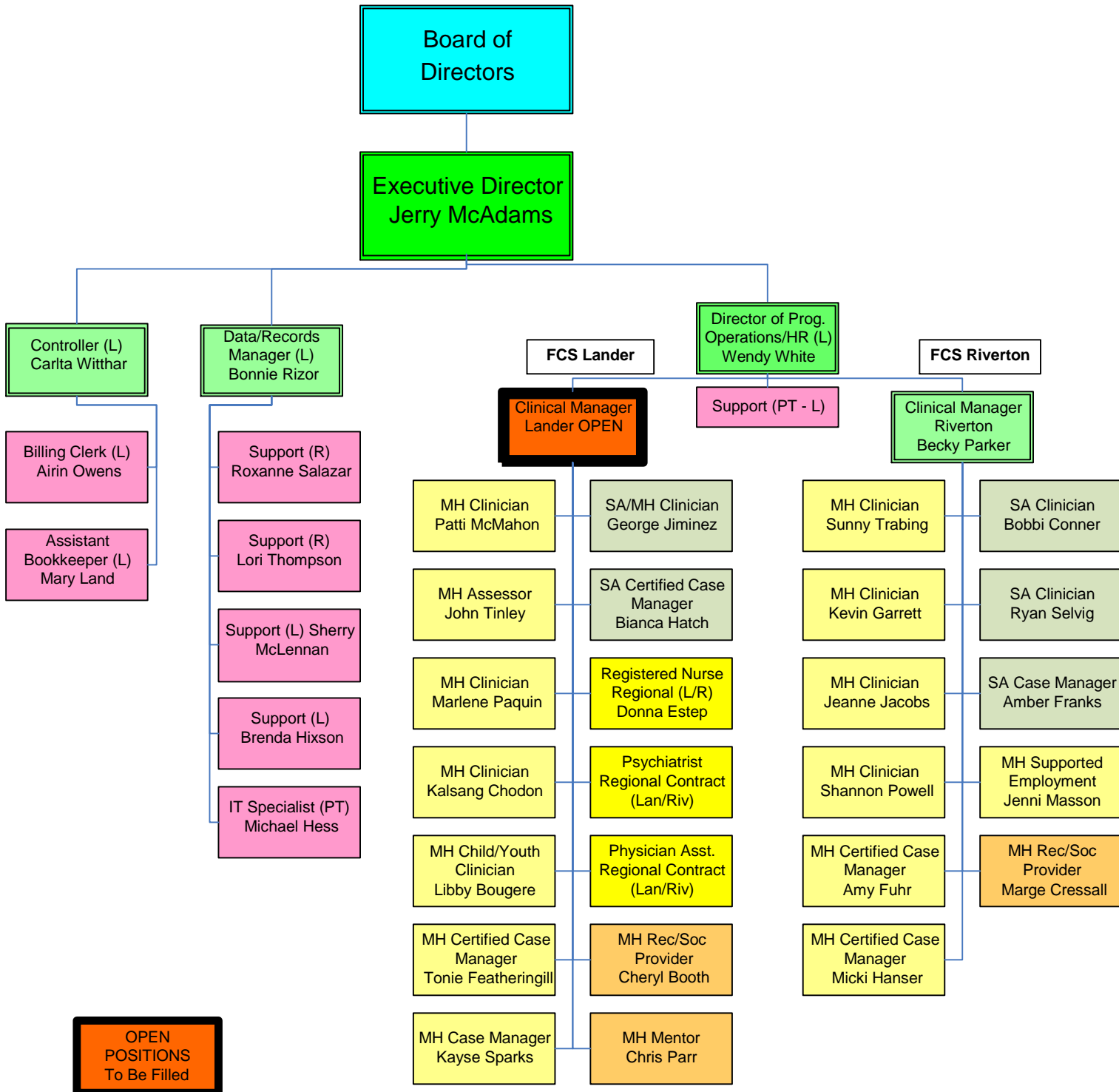
- Develop a Marketing Plan to effectively promote Fremont Counseling Services
- Develop a Financial Plan to assist in the investing of Fremont Counseling Services funds to insure the best possible financial return on funds invested
- Recruit and Retain Board Members

Service Locations

Fremont Counseling Service provides services at two (2) office locations as well as community-based services in most Fremont County communities. Fremont Counseling Service's main locations are:

- 748 Main Street Lander, WY 82520
- 1110 Major Avenue Riverton, WY 82501

**Fremont Counseling Service
Organizational Chart
July 1, 2012
FY13: Approved for 37 positions (35 FT, 2 PT)
Updated 07.30.12**



Accomplishments

- Fremont Counseling Services was able to exceed the direct service hours as required by the State of Wyoming.
- Fremont Counseling Services was able to hire and maintained a full staff (Substance Abuse & Mental Health) through FY13.
- The occupancy rate of the SIP apartments was 85%.
- Fremont Counseling Services completed the implementation process for the Anasazi software (Electronic Medical Records) November 30, 2012 and was fully implemented on December 1, 2012.

Program Sustainability

During Fiscal Year 2013 the funding streams for the mental health and substance abuse service areas remained stable. Fremont Counseling Service exceeded service hour expectations for the mental health and substance abuse state contract.

Expectations for Fiscal Year 2014 include continued review and implementation of operations; fine-tuning and improving outcome measures; increasing input from those served, their family members and stakeholders regarding satisfaction with services; improving access and continued improvement in clinical documentation.

Accessibility Plan FY13

Access Issue – Attitudes

Lack of follow-up with emergency contacts

- Reduce stigma associated with mental health and substance abuse treatment-ongoing
- Sponsor or Co-sponsor community events – ongoing
- Speaking to groups - ongoing

Access Issue - Financial:

Clients/community members feeling financially unable to seek and receive services

- FCS staff will assist clients in applying for third party assistance (i.e. Medicaid, Kid Care) - ongoing
- Changes in the State of Wyoming, Division of Mental Health and Substance Abuse requirements for performance payments
- Report on accomplishments of the requirements given to the Leadership team regularly – ongoing
- Reconciliation with WCIS (State System) - ongoing

Access Issue – Architectural:

- No deficiencies noted at time of review at any location

Access Issue – Environmental

- No deficiencies noted at time of review at any location

Access Issue - Transportation

- No deficiencies noted at time of review at any location

Access Issue – Communication

- No deficiencies noted at time of review at any location

Access Issue – Other:

Long wait for next appointment for psychiatric medication services.

- Collaborate with primary care physicians in the Community – ongoing
- Employ an APN or Physicians Assistant - accomplished October 25, 2012

Risk Management

Fremont Counseling Service has insurance coverage that adequately protects all the agency's assets including coverage for professional liability, Directors and Officers, buildings, equipment and inventory, worker's compensation and vehicles. Fremont Counseling Service maintains coverage against claims from persons served, personnel, visitors, volunteers and other associates.

When, upon investigation, issues of risk to persons served, personnel, visitors and the organization are found to exist, FCS will act as quickly as possible to take corrective actions and make changes so the identified risk is minimized (or removed) and the potential for loss is decreased. Corrective actions will be reviewed to ensure that the actions are or will be effective.

All staff adhere to the confidentiality rules outlined in 42 CFR, part 2 and 45 CFR (HIPAA).

All risks continue to be assessed and updated on a regular basis. In all instances, FCS has done everything within reason to ensure that all risks to the agency are minimized.

Persons Served Fiscal Year 2013

- A total of 1,104 persons received clinical services; 718 persons received mental health services and 386 persons received substance abuse treatment services.
- Of those served, 518 were female and 585 were male.
- Of those served, 75% were Caucasian, 18% were American Indian, and 7% were of other race or nationality. Of those served 7% were also of Hispanic origin.
- Of those receiving Mental Health and Substance Abuse Services 185 were under the age of 18 and 919 were 18 and older.
- The need for substance abuse treatment services continues to greatly exceed service availability.

FY 2013

Breakdown of State Mental Health Direct Service Hours Provided

Service Type	State Contract
Clinical Assessment (Intake)	742.50
Agency Based Therapy	4,586.00
Community Based Therapy -	28.75
Psychiatric Services - Psychiatrist	108.25
Psychiatric Services – APN/PA	197.75
Medication Case Management - RN	366.50
Group Therapy	1,777.50
Case Management	1531.25
Individual Rehabilitative Service	493.75
Group- Recreation/Socialization	1398.75
Individual Recreation/Socialization	493.75
Emergency Services	81.25
Supported Education/Employment	661.00
Total Hours of MH Services Provided	13,659.00

Breakdown of State Substance Abuse Direct Service Hours Provided

Service Type	State Contract
Clinical Assessments	606.50
Client Engagement Services	66.50
Agency-based Individual/Family	577.00
Group Therapy	1,823.50
Intensive Outpatient Treatment	5,572.00
Medication Management- Dr.	4.50
Medication Management – APN	1.00
Medication Case Management	.1.50
Case Management	313.50
Total Hrs of SA Services Provided	8,965.00

Outcome Measures

**Fremont Counseling Service -
Data Dashboard**

Mental Health Outpatient Outcomes

	FY11			FY12			FY13		
	Count	% at Admit	% at Discharge	Count	% at Admit	% at Discharge	Count	% at Admit	% at Discharge
Are Not Homeless	809	98.52 %	99.01 %	594	99.66 %	99.49 %	518	99.23 %	99.23 %
Are Not Homeless - Not SPMI/SED/SMI	655	98.78 %	99.24 %	376	100.00 %	99.73 %	337	99.70 %	99.70 %
Are Not Homeless - SPMI	94	95.74 %	96.81 %	65	98.46 %	98.46 %	68	95.59 %	97.06 %
Are Not Homeless - SED	60	100.00 %	100.00 %	64	100.00 %	100.00 %	34	100.00 %	100.00 %
Are Not Homeless - SMI		-	-	89	98.88 %	98.88 %	79	100.00 %	98.73 %
Are Homeless	809	1.48 %	0.99 %	594	0.34 %	0.51 %	518	0.77 %	0.77 %
Are Homeless - Not SPMI/SED/SMI	655	1.22 %	0.76 %		-	-	337	0.30 %	0.30 %
Are Homeless - SPMI	94	4.26 %	3.19 %	65	1.54 %	1.54 %	68	4.41 %	2.94 %
Are Homeless - SMI		-	-	89	1.12 %	1.12 %		-	-
Are Employed	359	63.51 %	69.08 %	235	67.66 %	68.94 %	237	63.71 %	69.20 %
Are Employed - Not SPMI/SED/SMI	317	67.51 %	71.92 %	147	74.83 %	74.83 %	151	69.54 %	75.50 %
Are Employed - SPMI	42	33.33 %	47.62 %	32	43.75 %	59.38 %	24	33.33 %	37.50 %
Are Employed - SED		-	-	2	100.00 %	50.00 %		-	-
Are Employed - SMI		-	-	54	61.11 %	59.26 %	60	63.33 %	66.67 %
Are Not Employed	359	36.49 %	30.92 %	235	32.34 %	31.06 %	237	36.29 %	30.80 %
Are Not Employed - Not SPMI/SED/SMI	317	32.49 %	28.08 %	147	25.17 %	25.17 %	151	30.46 %	24.50 %
Are Not Employed - SPMI	42	66.67 %	52.38 %	32	56.25 %	40.63 %	24	66.67 %	62.50 %
Are Not Employed - SMI		-	-	54	38.89 %	40.74 %	2	100.00 %	50.00 %
School Attendance		-	-		-	-	60	36.67 %	33.33 %

	FY11		FY12		FY13	
	Count	% Improvement	Count	% Improvement	Count	% Improvement
No Recent Criminal Justice Involvement		-	28	21.43 %	49	30.61 %
No Recent Juvenile Justice Involvement		-	42	21.43 %	54	31.48 %
Improved Functioning GAF - Tx Completed Only	197	75.13 %	95	62.11 %	104	56.73 %
Treatment Complete	809	24.35 %	594	15.99 %	518	20.08 %
Wait Time					302	9.01

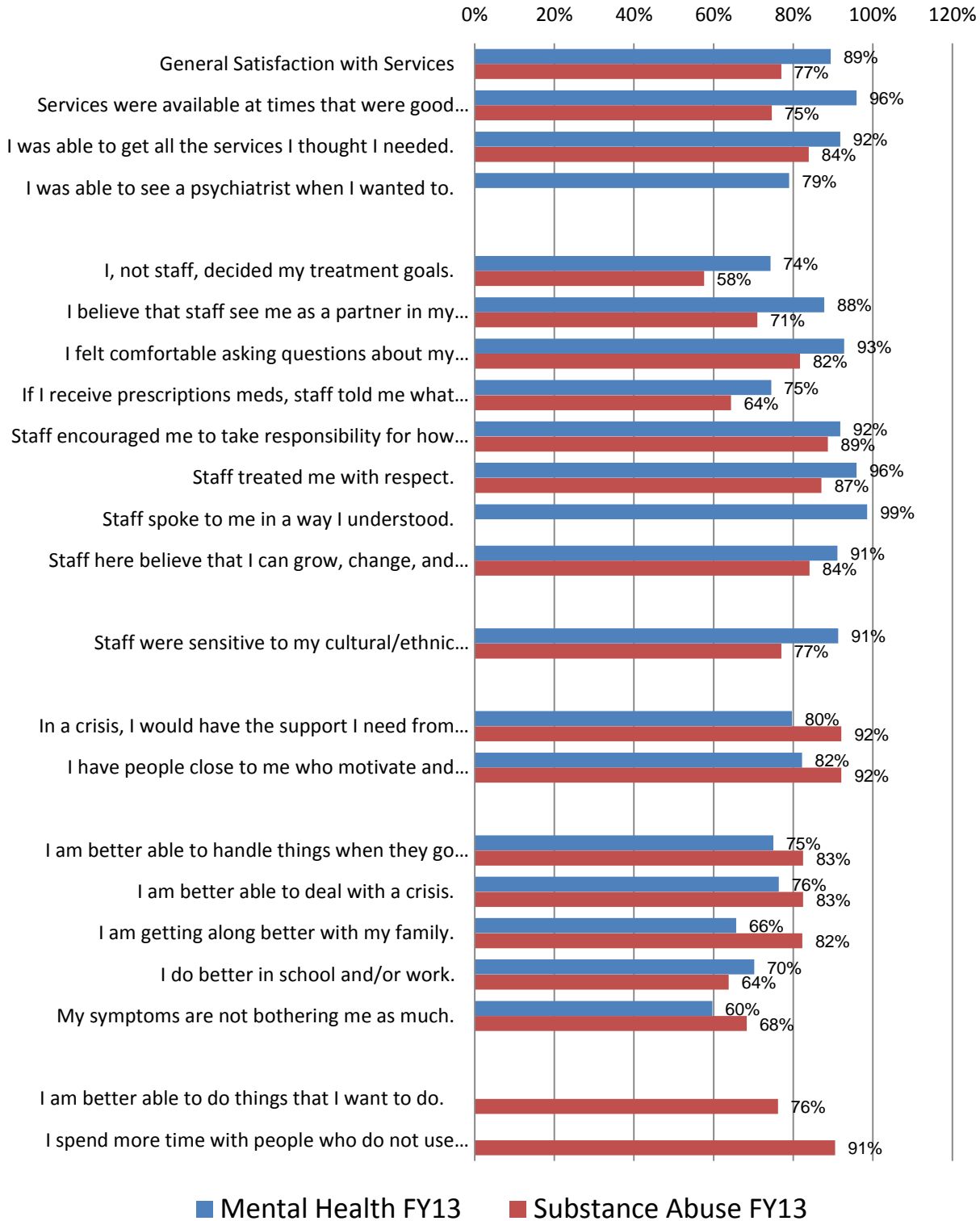
**Fremont Counseling Service -
Data Dashboard**

Substance Abuse Outpatient Outcomes

	FY11			FY12			FY13		
	Count	% at Admit	% at Discharge	Count	% at Admit	% at Discharge	Count	% at Admit	% at Discharge
Are Not Homeless	519	99.42 %	99.23 %	363	99.17 %	99.45 %	329	99.09 %	99.39 %
Are Homeless	519	0.58 %	0.77 %	363	0.83 %	0.55 %	329	0.91 %	0.61 %
Are Employed	322	52.80 %	64.60 %	224	60.71 %	76.79 %	237	55.27 %	61.60 %
Are Not Employed	322	47.20 %	35.40 %	224	39.29 %	23.21 %	237	44.73 %	38.40 %
School Attendance							6	33.33 %	66.67 %

	FY11		FY12		FY13	
	Count	% Improvement	Count	% Improvement	Count	% Improvement
No Recent Criminal Justice Involvement	68	69.12 %	34	67.65 %	33	69.70 %
No Recent Juvenile Justice Involvement	76	65.79 %	36	69.44 %	34	67.65 %
Improved Functioning GAF - Tx Completed Only	120	45.83 %	89	67.42 %	89	77.53 %
Frequency of Use of Drugs Decreased- Tx Completed Only	88	7.95 %	68	2.94 %	63	1.59 %
Frequency of Use of Alcohol Decreased- Tx Completed Only	32	6.25 %	21	4.76 %	26	0.00 %
Treatment Complete	519	23.12 %	363	24.52 %	329	27.05 %
Wait Time					202	16.10

Consumer Satisfaction Survey - FY13

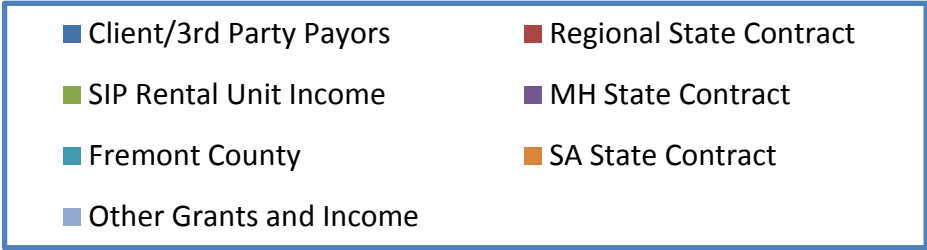
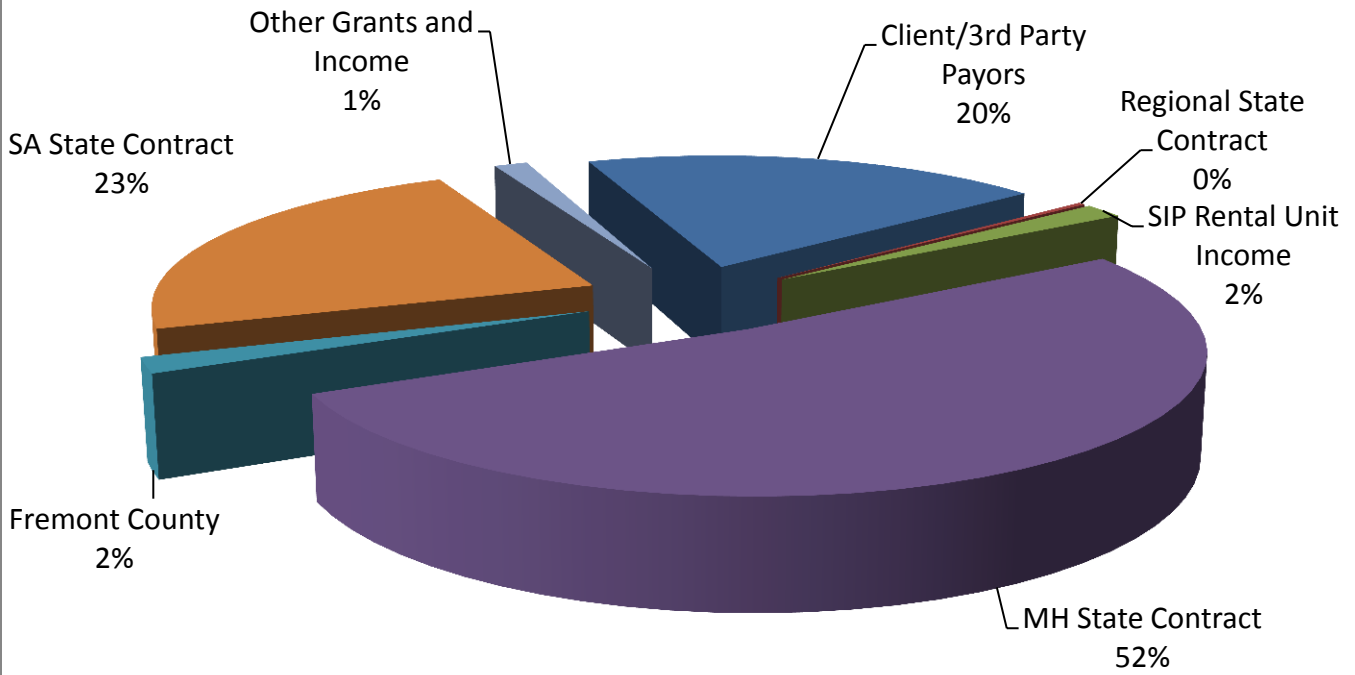


Financial Operations

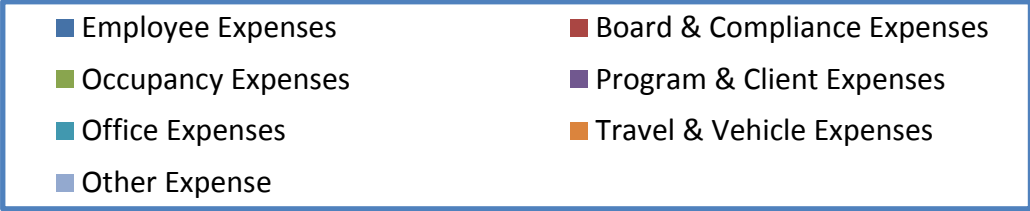
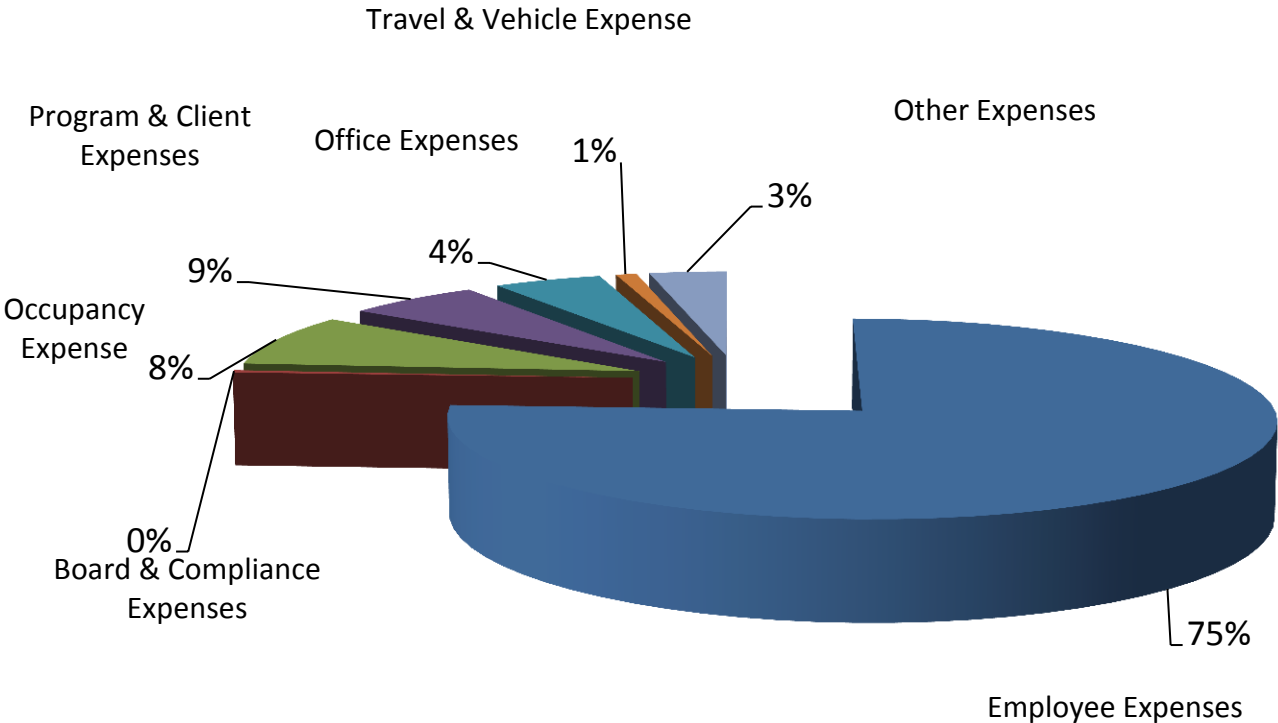
Financial operations consist of policies and procedures that insure the continued financial success of Fremont Counseling Service through prudent financial management. Financial management is the process of controlling and utilizing resources to best achieve agency goals. This type of management consists of the following principles:

1. liquidity (ability to meet short-term financial obligations such as monthly agency expenses)
2. solvency (ability to meet long-term obligations)
3. stewardship (use of assets, specifically public funds, in compliance with grants and contracts and in the best interest of the community and our clients)
4. efficiency (ability to obtain the maximum output possible from our limited resources)
5. fidelity (any appearance of conflict of interest will be identified and reported immediately to the Executive Director).

FY13 Revenue



FY 13 EXPENSES



Fremont Counseling Service

Trends Assessment - Complaints.Grievances

FY13

July 2012 - June 2013

Complaints Filed:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Filed
FY13	2	1	1	1	5
FY12	2	1	3	2	8
FY11	1	2	6	3	12
FY10	1	0	2	3	6
FY09	5	1	3	3	12
Total	9	4	14	11	38

	Date	Submitted by	Regarding	Resolution
1	7/19/2012	Consumer	Services / Staff complaint.	Founded, apology.
2	9/27/2012	Consumer	Services / Staff complaint.	Unsubstantiated.
3	12/19/2012	Consumer	Nursing/Med Services - confidentiality.	Unsubstantiated, apology.
4	3/4/2013	Consumer	Staff complaint.	Unsubstantiated.
5	4/30/2013	Consumer	Services / Staff complaint.	Founded, apology.

Three of the five complaints filed in FY13 were about one specific staff member. Over the course of the year, this staff member was reprimanded and was required to be retrained on topics related to the various nature of the complaints. Unrelated to these complaints, this specific staff person resigned from FCS at the end of the fiscal year.

There are no other obvious trends, patterns, or areas of concern noted in the submitted complaints/grievances that need to be addressed further beyond the appropriate review.

Fremont Counseling Service

Trends Assessment - Incident Reports

FY13

July 2012 - June 2013

Incident Reports Filed:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Filed
FY13	1	7	1	7	16
FY12	6	3	5	0	14
FY11	6	7	8	6	27
FY10	9	7	10	8	34
FY09	4	8	10	4	26
Total	26	32	34	25	117

	Date	Summary of Incident	Forwarded
1	7/5/2012	Restriction of client rights for inappropriate mail to staff.	QA - Lander
2	10/30/2012	Minor client bumped head during session. No first aid required.	H/S - Lander
3	11/3/2012	Adult client report of mistreatment by family. DFS notified.	QA - Lander
4	11/5/2012	Staff contact with law enforcement resulted in client arrest.	Staff Manager
5	11/7/2012	Deceased client found in apartment by staff. LE called. Death by natural causes.	QA - Lander
6	11/14/2012	Client attempting to scheduled appointment later evaluated for T25.	QA - Lander
7	12/3/2012	Law enforcement contacted for client/significant other altercation on site.	H/S - Riverton
8	12/6/2012	Client safety issue. Wellness check requested.	H/S - Riverton
9	3/8/2013	Employee injury - hit head on file cabinet. Reportable.	H/S - Riverton
10	4/8/2013	Agency vehicle accident with another vehicle. LE called and report filed.	H/S - Riverton
11	4/9/2013	Employee fall on ice. Reportable.	H/S - Lander
12	5/23/2013	Miscommunication with parent of minor client. LE was looking for minor client during service provision.	H/S - Lander
13	6/6/2013	Altercation with staff, manager, and other staff.	H/S - Lander
14	6/11/2013	Client in office requiring medical attention. Ambulance was called.	H/S - Riverton
15	6/14/2013	Client elopement during session. Client was returned to FCS.	QA - Riverton
16	6/17/2013	Client reported spider bite that needed obvious medical attention.	H/S - Lander

There are no obvious trends, patterns, or areas of concern noted in the reported incidents that need to be addressed further beyond the appropriate review.

Fremont Counseling Service
Comparison Report - Terminations/New Hires
(Full-time Positions Only)

	FY09	FY10	FY11	FY12	FY13
Terminations	12	12	7	7	13
Voluntary	12	8	7	7	10
Involuntary	0	4	0	0	3
New Hires	5	8	1	3	9
Employees Completing Exit Interview	9	10	4	0	6
Rate of Return	75%	83%	57%	0%	46%

<u>TERMINATIONS BY</u>					
Service Area					
Mental Health	6	6	2	1	6
Substance Abuse	2	2	2	3	2
SPMI	2	2	1	1	0
Admin	2	2	2	2	5
Employment Category					
Clerical	2	2	2	1	3
Non-Clinical	6	6	1	3	1
Clinical	3	3	4	0	7
Manager	1	1	0	2	0
Location					
Lander	6	6	3	4	8
Riverton	6	6	4	3	5

<u>NEW HIRES BY</u>					
Service Area					
Mental Health	1	1	0	2	3
Substance Abuse	3	3	1	1	0
SPMI	0	0	0	0	0
Admin	1	1	0	0	6
Employment Category					
Clerical	1	1	0	0	4
Non-Clinical	2	2	0	0	0
Clinical	2	2	1	3	3
Admin	0	0	0	0	1
Manager	0	0	0	0	1
Location					
Lander	2	2	1	2	5
Riverton	3	3	0	1	4

**Fremont Counseling Service
Quality Assurance Review
Fiscal Year 2013
October 22, 2013**

Fremont Counseling Service began transitioning to a new electronic medical record late in FY2011 and fully implemented the program on December 1, 2012.

During the course of this transition, quality assurance focused on training staff to become comfortable with the software and ensuring that areas of deficiency were addressed by “building in” requirements into the new system. These included, but are not limited to:

- Certain required elements (urgent needs, abuse or trauma – experienced or witness, etc.) are now included as required elements in a clinical assessment.
- Client’s medical history is a separate form required at intake and is reviewed/addressed during the clinical assessment.
- Notification of Treatment Team and Transition/Discharge forms are required components of the clinical assessment.

Impressions

Based on the information collected over the course of the year, primary deficiencies of records include:

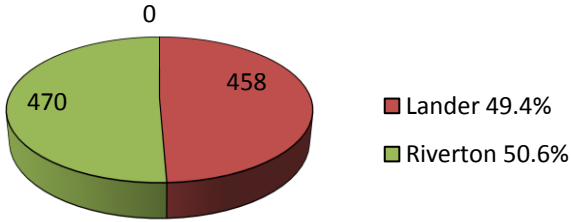
- Periodic updates of clinical assessments.
 - FCS needs to monitor this and send out reminders of when annual updates are due.
- Treatment Planning:
 - Treatment plans are too “expansive” and need to focus on a 90-day treatment period.
 - Goals in treatment plan are outdated and not noted as completed or discontinued.
 - No measureable progress on goals during episode of treatment.
- Progress Noting:
 - Progress notes do not always refer to progress on a specific treatment objective and are general in nature.
- Releases of information are not current.
- Medical records are lacking progress notes that discuss effectiveness, side effects, etc of medications prescribed.
- Failure to transfer updated GAF information from the DLA-20 worksheet to the appropriate data field on the Diagnostic Review form.

Primary deficiencies were reviewed in appropriate group and individual staff meetings and improvements were noted towards the end of the fiscal year.

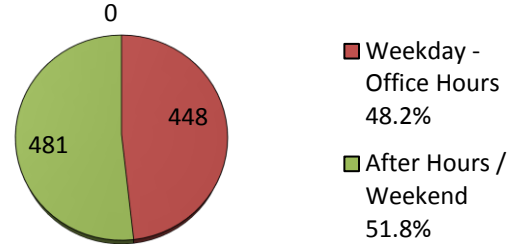
Now that staff are familiar with the software, the Quality Assurance team will once again develop a formalized process of QA which will continue to evolve in the next year. Our goal for QA is become more focused and to provide better feedback and appropriate tools for improving documentation of direct service staff in order to better meet the needs of FCS, our clients and staff.

Fremont Counseling Service FY13 Emergency Services Summary

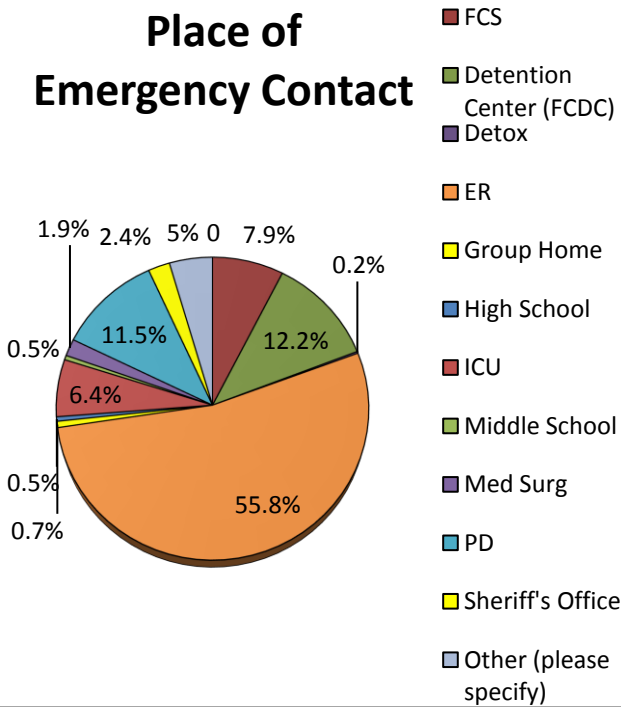
Emergency Calls by Office



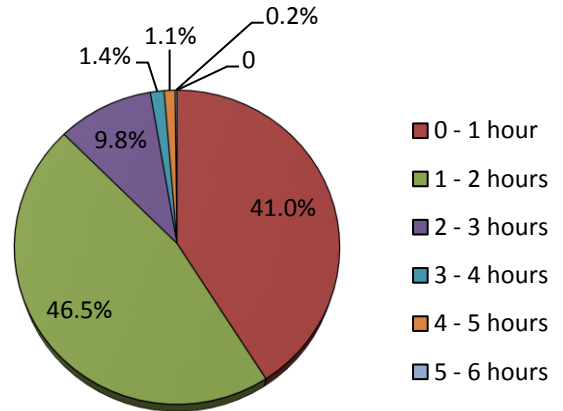
When Emergency Calls were Received



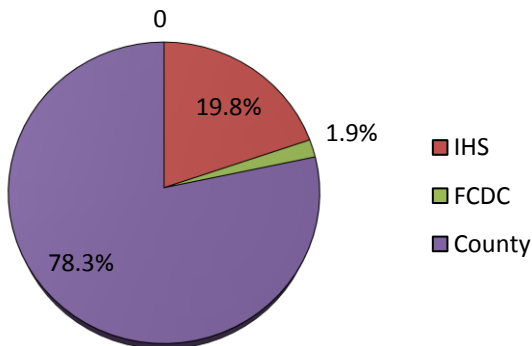
Place of Emergency Contact



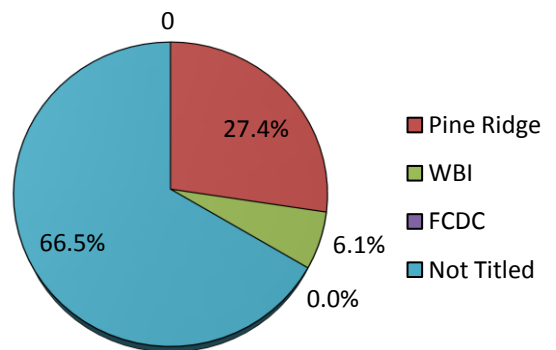
Time Spent Per Emergency Call



Payor Source



Titled to:



Technology

In Fiscal Year 2013, Fremont Counseling Service had no upgrades. All operational servers are running Windows Server 2008 and 2008 R2 with one backup legacy 2003 server.

Fremont Counseling Service Goals for Fiscal Year 2014/Fiscal Year 2015

- Increase investment account at least \$25,000 to \$1,000,000
- Increase Substance Abuse Services in Lander
- Strengthen Outcome Measures and require that staff meet their target outcome measures with at least 95% of their consumers at the time of treatment completed discharge
- Retain at least 90% of existing staff, both clinical and administrative
- Increase the number of enrolled consumers by at least 10% by increasing the number of hours the centers are open with staff to see consumers
- Decrease the number of days enrolled in treatment by 5% in the number of treatment hours provided prior to discharge