

Mended Reeds

2023-2024 Annual Report and Performance Improvement Plan

The past year has seen plenty of challenges as well as exciting changes and developments. As an agency, we have added an additional office building and 2 recovery houses and implemented an evidence-based curriculum. We have developed new job roles and reconstructed previous job roles. During our fall 2023 CARF survey, it was identified that we had a strong program overall that provides quality services to our clients and serves an excellent working atmosphere for our staff but is lacking in our organizational policies and procedures. This feedback, along with feedback from clients, employees, and stakeholders, identified the need for more clearly defined policies and procedures as well as an improved means to publish and communicate those policies and procedures. We have implemented changes in technology to decrease workload and are continuing to upgrade properties and facilities to improve safe and therapeutic atmospheres where recovery can happen. We rebranded our mission statement to ensure that everyone is focused on ***empowering and restoring people to fulfilling lives.***

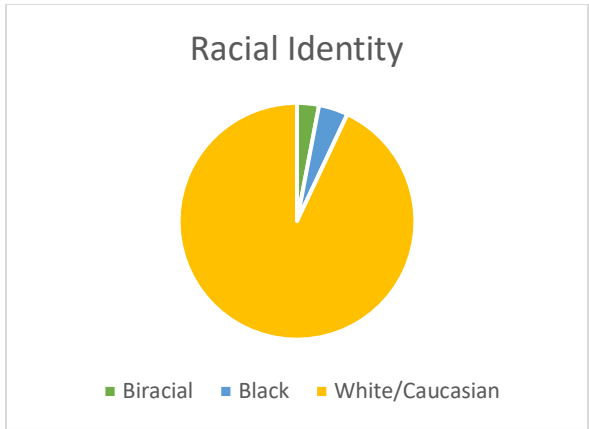
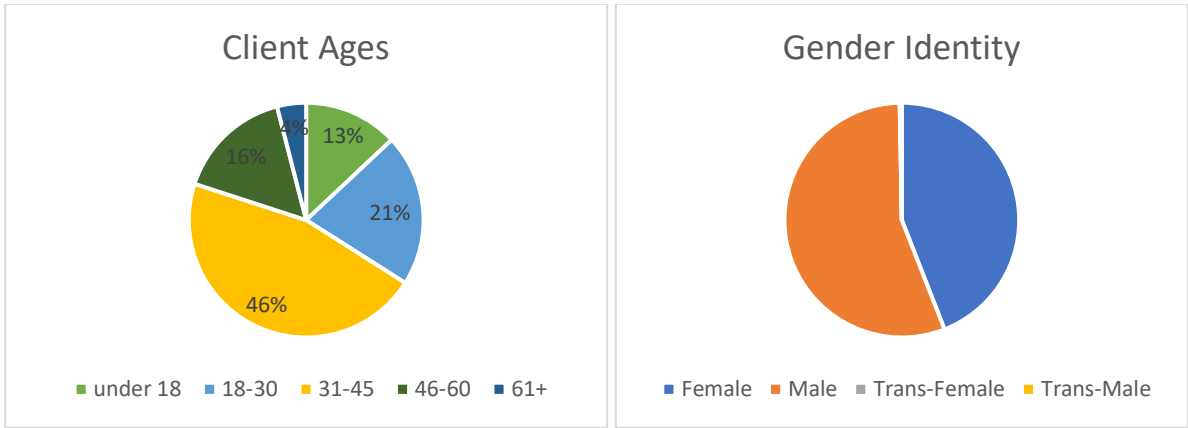
Agency Milestones

- Addition of the 93 Recovery House June 23, 2023
- Addition of the downstairs Walnut Unit July 5, 2023
- Opening of the 4th Street Office Building October 2, 2023
- Introduction of Evidence-Based Curriculum Schedule October 2, 2023
- 1-year CARF accreditation – October 2023
- Restructuring of Program Manager Job Roles and Creation of Additional Role November 2023
- Addition of Vernon Street Apartment December 5, 2023
- Addition of upstairs Walnut unit, December 2023
- Collaboration with BHBS Credentialing December 2023
- Development of 2.5 Food Pantry to Assist with Housing Transition
- Restructuring of Recovery Housing Managers January 2024
- Mended Reeds joined the Ohio Council to improve knowledge and communication of state-wide initiatives
- Updated Performance-Based Incentive Program launched March 2024
- Mended Reeds Shared SharePoint Launch June 2024

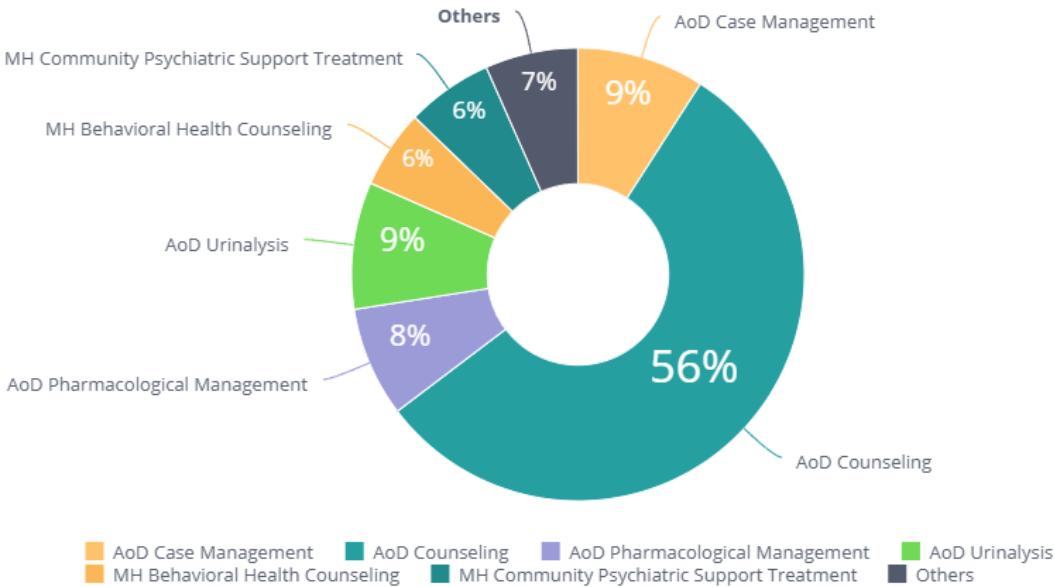
Clinical Overview

- 1021 clients were served between July 1, 2023, and June 30, 2024
- Clients ranged in age from 9 to 87, with 46% presenting between the ages of 31 and 45
- 55% of clients identified as male
- 734 (72%) had a substance use disorder
- Over half of the services, we provide are comprised of SUD Counseling, and the majority are provided in person

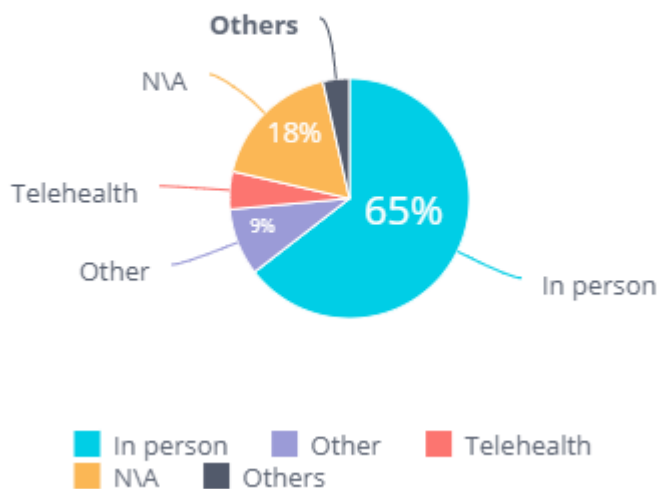




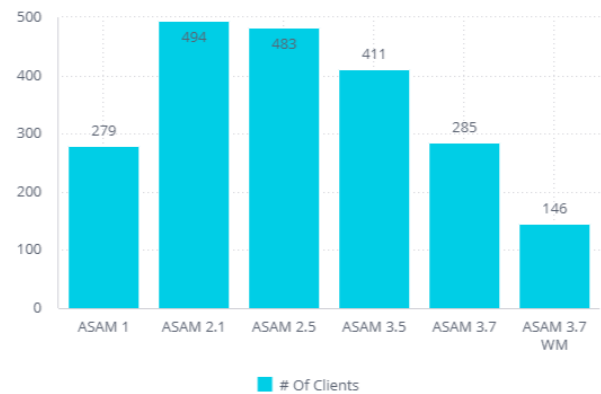
Notes by Service Type



Records by Method

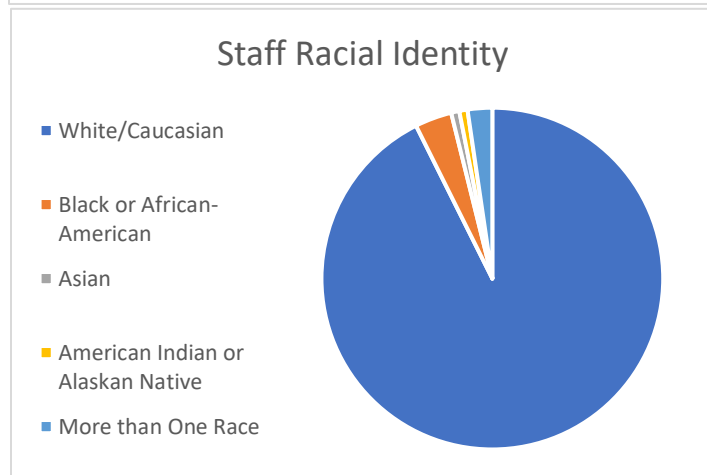
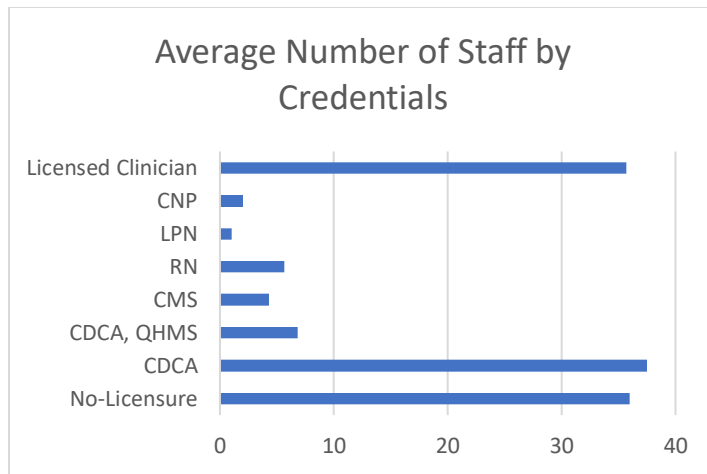
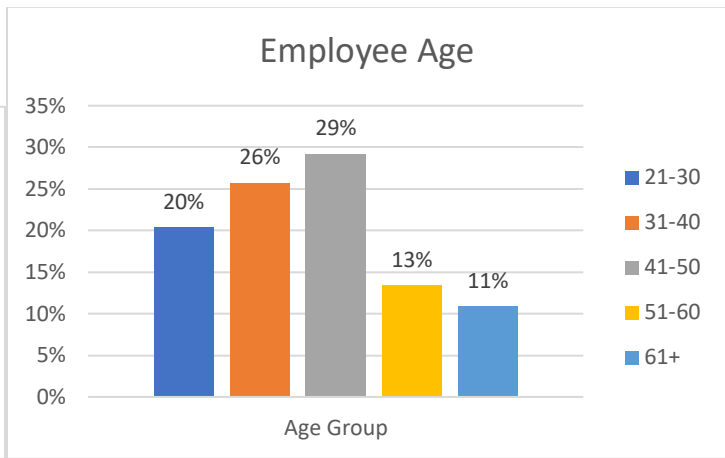
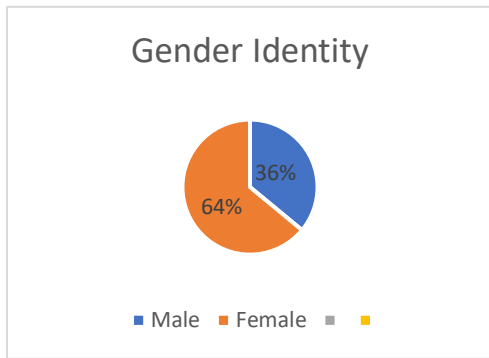


Clients by ASAM Level



Staff Overview

- During this period, we averaged 129 employees with the demographics identified below.
- The average length of employment is 4.5 years.
- Important Staff Milestones
 - Jaykano Cooper: CCTP - Certified Clinical Trauma Professional - and Counselor Trainee
 - Hannah Ratcliff: MSN-PMHNP – Master of Science in Nursing – Psychiatric Mental Health Nurse Practitioner
 - Mike Harris: MSW - Master of Social Work, LICDC – Licensed Independent Chemical Dependency Counselor
 - Stephanie Kettel: CT – Counselor Trainee (Mental Health Counseling Internship)
 - Kenneth Jenkins: LPCC – Licensed Professional Clinical Counselor
 - Callie Salters: Master of Clinical Mental Health Counseling and LPC – Licensed Professional Counselor
 - Patty Young: CDCA – Chemical Dependency Counselor Assistant
 - Ethan Preston: BSW – Bachelor of Social Work
 - Mary Brady: Associate of Applied Science and LCDC-II – Licensed Chemical Dependency Counselor II
 - Jenny Hixon: LPCC – Licensed Professional Clinical Counselor
 - Hannah Pauley – LPCC - Licensed Professional Clinical Counselor



Performance Improvement and Management Measures

Grievances

There were eighty-seven grievances filed. Of these grievances, sixty-one occurred in the latter part of 2023. Leadership noted that many did not constitute grievances but were complaints or requests that could have been managed more quickly by direct care staff. The agency complaint and grievance policy and procedures were revised and more clearly outlined in the client handbook, leading to a significant reduction in grievances (26 in the first half



of 2024). The average response time for grievance resolution was 15 days. We believe that the improved grievance policy and procedures will assist in reducing the average response time to 7-10 business days.

Incident Reports

There were ninety-eight incident reports since the beginning of 2024. None of these incidents created OMHAS reportable incidents. The leadership team has developed a new incident report policy and procedure in order to improve ease of completion and more accurately track and categorize the type, location, and results of incidents. We hope to have an initial data analysis by December 2024.

Health and Safety

This year's risk management and performance measurement indicated the need for several new performance targets related to health and safety. The organization developed new Site and Vehicle Inspection forms that leadership reviews monthly. We are working to determine how these will be utilized to develop a specific data target to measure moving forward.

Another health and safety measure is the development of a maintenance tracker to classify requests as urgent or non-urgent and measure the time from request to completion. Leadership plans to create a maintenance supervisor position to better track this measure of performance and report to the management team.

Finally, it was indicated during our most recent CARF survey that we were lacking safety drills. Safety drill procedures have been created, as well as tracking sheets, but leadership is working to develop the methods for analyzing this data as a performance target.

Documentation Quality

Our agency's average for documentation errors is 4%, which remains below the goal of 5%. Most recently, we have been working to decrease the number of notes entered late. We began tracking this in December at a 14% rate. We have redefined the documentation policy and guidelines for enforcing ethical documentation standards. We are also working with AWARDS to enable the ability to amend notes rather than edit the original note. This feature will be implemented by the end of October.

Productivity

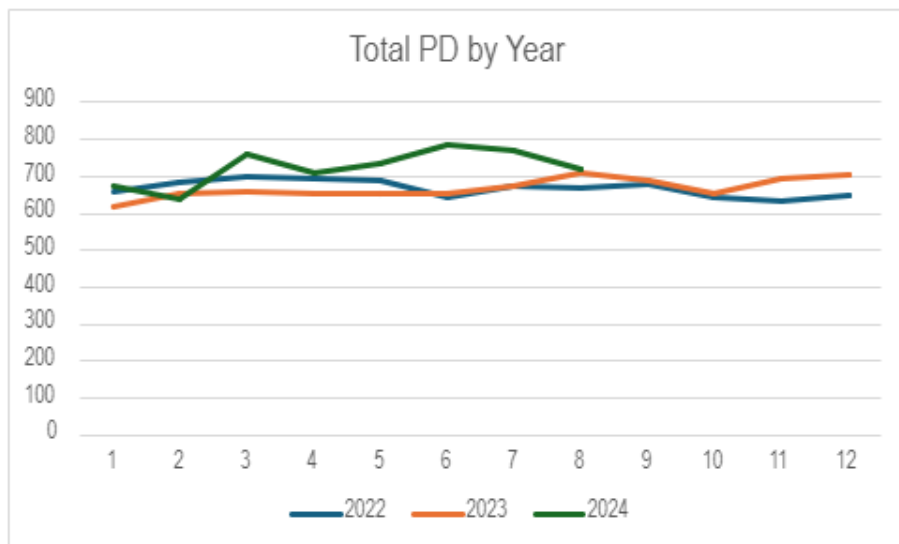
Productivity is closely monitored to ensure the efficiency of services. It is utilized as both a business function and a clinical output measure. The clinical staff is assigned productivity standards based on job roles as outlined in Mended Reeds' policy I17 *Clinical Productivity and Quality Standards for Performance-Based Incentives*. Productivity is published to staff as a percentage of goal as various job roles have differing productivity. Thus, 100% means that staff member is meeting their goal. The agency's target is 90% of staff meeting or exceeding their goal. For this period, the agency met this cut-off, with the actual result being 90%. There was an increase in the percentage of staff meeting the goals following the first performance-based incentive bonus. However, this appears to have declined in the most recent period.

Program Days

Agency leadership utilizes program days as the primary measure of budget management person-centered services delivered. Though this has historically been tracked weekly (see below in financial), we have also begun aggregating



the data monthly. The average monthly program days on a weekly basis were 707, and we have maintained above the 700 average weekly program days since March 2024.



Occupancy

An additional measure of program days is occupancy reports, monitored by management as a measure of efficiency. The average occupancy for the Residential Program was 90%, and the average occupancy for the Recovery Housing Program was 97%. The Residential Program met the agency goal of 90%, and the Recovery Housing Program exceeded the goal of 95%.

Admissions

We admitted 720 new clients as an agency, with an average of sixty-seven admissions per month. Of these admissions, 68% were admitted to the SUD services program, 24% were admitted to the outpatient program, 13% to Primary Care, and 9% to the Children and Adolescent Program. We have recently updated our waitlist policy and form and hope to improve tracking the length of time from referral to admission.

Average Length of Stay

Another measure of efficiency is the average length of stay. This is a fairly new measure, and plans are to continue improving data collection and analysis. Agency-wide, the average length of stay was 105 days. For the SUD Program, the average length of stay was 84 days. The average length of stay for the Children and Adolescent Program was 178; for the Outpatient Program, the average length was 112 days. We plan to better separate the length of stay by program and level of care.

Hospitalizations

The management team has noticed an apparent increase in the need for hospitalization, particularly for residential clients. This has included both medical and psychiatric reasons. In the coming year, the agency plans to better track client hospitalizations overall and by program, including the reason for hospitalization. This will primarily be done using the improved incident report and tracker, but a separate module in AWARDS may also be utilized.

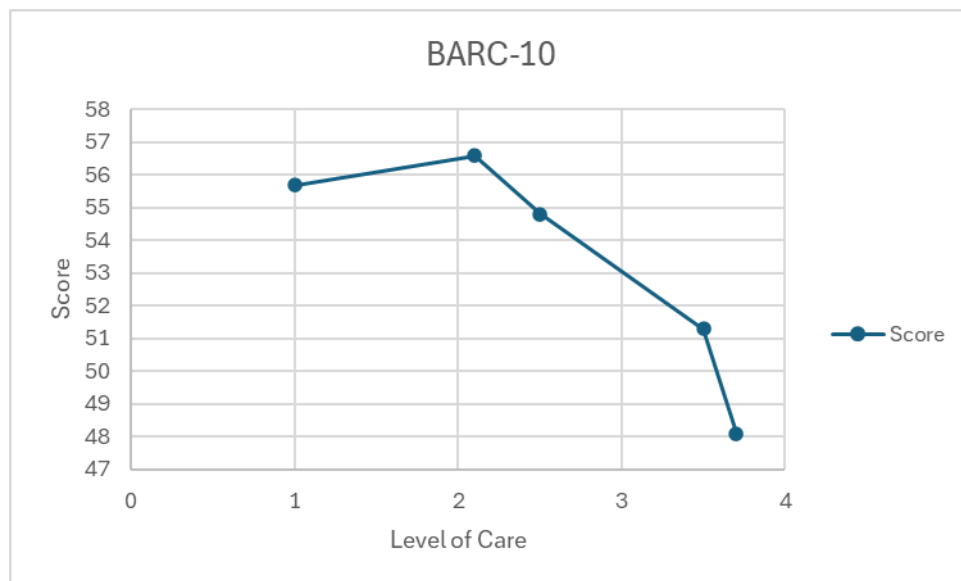


Discharges and Completion Rates

The management team regularly tracks clients who leave residential and housing programs against advice (AMA) or are unsuccessfully discharged. However, we learned that our termination process makes it difficult to clarify the overall reasons for discharge and completion rate. The Residential Program Averaged 13 AMAs per month, with Recovery Housing averaging one (1) 2.5 clients per month and four (4) 2.1 clients per month. This data is somewhat misleading as we currently classify clients who have received a certificate of completion but are left without an approved transition plan to be AMA. There are multiple planned improvements regarding how terminations and transfers are processed and categorized in the upcoming year. The unsuccessful discharges averaged one (1) per month for the Residential Program with Recovery Housing, averaging one (1) for 2.5 clients and two (2) for 2.1 clients. Data entered on termination summaries indicate a 49% rate of successful completion agency-wide, with another 70% being transferred internally to a similar program; however, it is difficult to analyze how many were transferred internally due to having completed the previous levels of care. The most concerning factor learned was that due to our current termination system, 36% of terminations were not classified and were pending additional information. Program Managers were requested to start tracking this each month during the reporting period. During that time, the residential program averaged 22 program completions, the 2.5 program averaged 20 program completions, and the 2.1 program averaged 24 program completions. Improving our transfer and termination process for better success rate outcomes will be one of our biggest priority items to improve in the coming year.

Clinical Outcomes BARC-10

The Brief Assessment of Recovery Capital-10 (BARC-10) is given upon SUD admission and with every service plan review thereafter. This graph shows a progression of scores, with the lower scores at the beginning of admission and gradually increasing throughout the program.



Additional Clinical Outcome Measures

This year's analysis identified several gaps in clinical outcome measures that are in development for the next review. Notably, though the BARC-10 scores showed a reasonable increase in recovery capital as clients advanced through

the program, the scores appeared high given the functional assessment of our clients. We are reviewing additional outcome measures to better assess needs and progress.

Similarly, the DASS-42 average scores were so low that there was no meaningful information at a programmatic level. Clinical directors are reviewing replacement screening tools and considering how the DASS is implemented to provide more meaningful data.

Additional measures being developed include lapse/relapse both during the program and following discharge as well as returning to treatment. These are not currently being tracked in a meaningful way. Similarly, though we regularly contact clients for follow-up, this is rarely documented and does not consistently follow the procedure. Leadership would like to delegate this task to a Centralized scheduler in the coming year.

Finally, most data points have been tracked overall with minimal separation by program. During this year, leadership is creating ways to separate data by program to analyze both business and service delivery functions.

Input from Persons Served

This year's survey had 81 responses, representing an increase from previous years. The majority of respondents had positive feedback. The most urgently noted concerns related to cleanliness and maintenance of properties and vehicles. Additionally, concerns were noted regarding the desired improvement in handling grievances in a timely manner, involving family and loved ones more actively in treatment, and improving case management services.

Since the survey in June, Mended Reeds has purchased 2 new vehicles, created a full-time custodian position, and hired/named 4 case managers.

Future plans include improved cleanliness and maintenance of vehicles, more education on grievance and complaint procedures, and increased involvement of family and loved ones. Additional case management program goals are outlined below.

Input from Personnel

73 surveys were received from employees, which also presents a significant increase in previous response rates. The need for increased training was the most frequently identified, followed by the need for additional office space and parking.

Since the survey, Relias training has been assigned to every employee to assist with training. Training specific to policies and procedures, Microsoft Teams, and the agency's new SharePoint site were also provided agency-wide. Several video trainings are in development for onboarding and general use and a training curriculum has been created.

Future plans include obtaining both increased office space and parking. Due to location, parking may continue to be somewhat of a burden, and additional problem-solving is ongoing for these concerns.

Input from Other Stakeholders

This year's Stakeholder survey had 24 responses. Most feedback was positive or neutral. The agency will continue to work to increase opportunities to receive stakeholder feedback. It was noted that many stakeholders have worked with Mended Reeds for several years, and 100% were likely to recommend Mended Reeds to a friend or family member.



Program Updates and Goals

Leadership

This year, a new director role was developed, and director roles were further clarified to improve workflow and communication. A senior director of clinical operations was named. The organization chart was updated to reflect changes and improved ownership of programs. Additionally, a new program manager role was developed alongside restructuring and clarifying all program manager roles to improve workflow and chain of command. The agency mission statement was updated and condensed, and efforts have been made to make this more visible and present to staff, clients, and other stakeholders. Agency leadership improved steps to acquire feedback and incentivized survey responses for the first time, which more than doubled the number of survey responses obtained from previous years. Suggestion boxes and QR codes have been added throughout agency sites to offer multiple avenues for feedback. The Mended Reeds SharePoint was launched to increase the accessibility of important information, including policies and procedures. The increased usage of Microsoft Teams is being implemented to improve workflow and communication.

In the coming year, leadership hopes to continue to increase accessibility, training, and communication and develop initiatives to make policies and procedures easily accessible. The addition of a Nursing Manager position is planned to improve integration of behavioral health and primary care. The leadership team will continue to assess feedback, needs, and risks to plan, implement, and check current and planned processes.

Claims

The billing and claims department changed credentialing companies and increased reporting of claims and billing information, gaps, and concerns. Claims has restructured their department, updated job descriptions, and cross-trained staff to improve workflow and coverage. Updated Medicaid Reimbursement rates were recreated within the EHR to support continued billing. An outside consultant was contracted to assist with the quality review of clinical and billing content. The sliding fee scale was updated along with the application.

In the coming year, the claims department will assist with the transition to therapists completing termination summaries directly within the EHR, and the medical department will take responsibility for daily pharmacological note checks. Additionally, they plan to continue training and implement any new changes made by billing entities and federal and state guidelines and create necessary changes in the EHR to support those updates. They will continue problem-solving issues within the claims department and outside entities when appropriate to improve the overall billing and financial process. Additional measures of tracking and reporting meaningful data are being identified.

Financial

Thanks in part to the recent 11% increase in most services Medicaid services, the agency has had a strong year financially. This increase has allowed the agency to increase salaries, increase quarterly bonuses, cover increased benefit costs, add additional administrative support staff, and increase training.

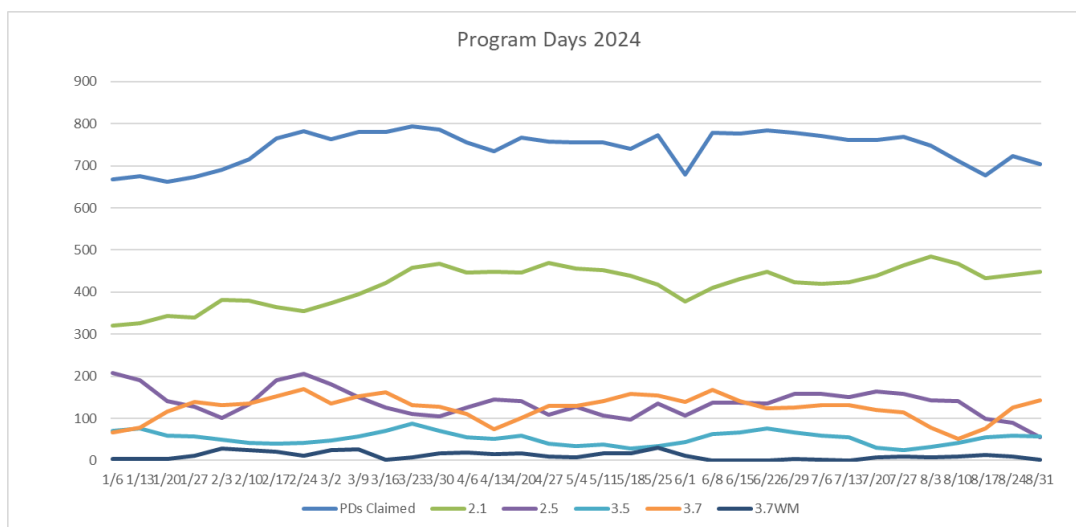
- In 2023, salaries and benefits increase 8% from the previous year
- In 2024, salaries and benefits have increased 12% from the previous year, together a 20% increase in two years



- In the past two years, performance bonuses have increased exponentially, in 2023, bonuses increased 194% from the year before, including more staff.
- In 2024, bonuses increased another 99% over the previous year. It is our desire to recognize those performing above and beyond minimal standards.

Even with the increases mentioned, **all services are fully funded without risk of needing additional support in the coming year.** We are well within our 2024 expenses and capital budgets. Thanks to efforts to expand Recovery Housing LOC2 bed capacity in the past two years (increasing the number of beds from to 59 to 74), we have greatly increased the number of persons served and income to the agency. The agency now operates 117 beds. While we are not able at this time to meet our occupancy goal of 95% average bed-nights used, we are considering options to reach that goal during the cooler months of the year.

The most significant financial indicator is program days of services delivered. The weekly program days goal is 700 PDs per week to cover operations, but the challenge goal is 720 PDs per week. Maintaining the challenge level provides ample income to expand programs and maintain higher bonuses for employees. Most weeks in 2024 were well above 720 PDs/wk. Within the program day total, there has been a greater emphasis on LOC 3.7 services (including withdraw management, shown in orange below). While this service requires more resources, the service meets an expressed need within our stakeholders in area courts.



Regarding protection of assets, the agency now insures \$7.3 million in buildings, not counting facilities rented. Also we have added to our fleet of vehicles. We now have 8 vehicles to manage the transportation needs of our clients. The year 2024 is turning out to be a successful year and we are pleased to share those benefit with employees and increase services to our clients.

Health and Safety

Within the area of health and safety, the agency has developed site and vehicle inspection logs to more closely monitor facilities and vehicles for safety and maintenance concerns. Additional first aid equipment, including AEDs and sharps containers, have been purchased. There have been efforts for increased training in staff, updated emergency procedures and drills, and equipment (such as temporary sleeping mats) to prepare for emergency needs. The medical department now maintains large Do-Terra bags for quicker disposal of illicit substances and discontinued medications.



In the coming year, plans for improvement include the development of a Maintenance Supervisor role, water fountain upgrades to improve hydration throughout office buildings, gradual mattress replacement throughout residential and housing facilities, an increase in smoking cessation, and refinement of drills and safety marshals. Additionally, creating a maintenance supervisor role would better track and manage maintenance needs and work orders, prioritizing the most important items.

Workforce Development

Within the area of workforce development, the primary emphasis in the past year has been increasing training opportunities for staff. Our Relias training system was expanded to include all employees instead of clinical staff only. Within Relias, an orientation and ongoing training curriculum has been created to increase consistency and improve employee experience.

Additional means to improve employee experience include obtaining a new provider for our EAP (employee assistance program) for staff struggling with stress management or behavioral health concerns, increasing opportunities for flexible scheduling, and increasing flexibility on benefit enrollment such as the enrollment in dental or vision insurance as a separate enrollment option. The dress code was also modified to include increased personal expression with the addition of bright hair colors with prior HR approval.

In response to increased reimbursement rates, the performance-based incentive program was expanded to allow clinical staff to earn an additional \$2-4 per hour based on job role and responsibilities. The starting rate of pay for all employees was also increased.

A new employee screening system throughout employment has been adopted to ensure the workforce's safety. The community partner that provides our workforce screening has started randomly selecting employees to complete employment screening to ensure that background checks, verification of licensure, and overall fitness to duty are maintained throughout employment.

Finally, leadership has been reviewing and modifying job descriptions to more clearly identify job expectations in various roles and increasing cross-training in key positions. The organizational chart has been updated to provide a clearer Chain of Command, and new management positions have been identified to ensure adequate oversight and support.

In the coming months, the HR department will continue reviewing and modifying job descriptions and updating Job Performance Reviews to provide more detail specific to the job role. The employee appreciation program is being revamped to include an employee of the month in different job classifications. New job roles are being created to assist with workflow, including a centralized scheduler and an additional administrative HR staff member.

Technology

During the past year, the IT department has been working on an inventory of technological equipment and replacing outdated equipment. The cameras and software have been updated to increase supervisors' accessibility and minimize non-essential access to improve clients' privacy. Our technology team has worked closely with our EHR platform to improve workflow overall and within specific clinical programs and forms and has also supported leadership in continued integration of SharePoint and Teams to improve communication and workflow and to better record and analyze data for performance management. New wi-fi access points have been added to improve cyber security and establish regular testing of various equipment.

In the coming months, IT staff will continue to better inventory equipment and streamline the process for identifying and replacing outdated equipment. The agency will increase the number of telehealth devices available, ensuring



that at least one device is used by clients in each housing location. We will continue to collaborate with Foothold Technology to improve EHR workflow and continue improving the use of Teams and SharePoint to improve communication and training. Finally, we will implement client e-signatures to streamline multiple EHR processes and decrease the need for paper records to be uploaded manually.

Accessibility

During this year, several changes were made to improve accessibility for clients, employees, and the community. Most notably, all surveys were updated to improve the identification of barriers. As both office space and transitional housing were noted as barriers, three (3) recovery housing units were added, as was an additional office space housing 2 group rooms, 5 offices, and an administrative area to make the administrative and HR team more accessible to employees.

Regarding architecture and environment, improved signage, ramp, and awning were installed at the Park Avenue location, and new signage was at the 4th Street office. An improved ramp was built between the clinical and medical parts of the Park Avenue office, and a new chair lift was installed at the Vernon 2 house to ensure that all residential locations had accessibility options. In-person groups and office hours were extended to accommodate client work and school schedules better.

Regarding attitude, staff completed training regarding harassment, cultural diversity, and working with LGBTQ+ clients due to a noted trend in complaints related to this area. The diversity curriculum was re-introduced in the residential program to educate clients to recognize and honor the diverse characteristics of others. There was an increase in obtaining demographic information of clients and staff and the inclusion of preferred names and pronouns on the client navigation bar within the EHR.

The case management program was expanded to better assist with employment and financial barriers.

The development of a Mended Reeds SharePoint site and the use of Microsoft Teams were developed to establish improved communication agency-wide and provide a searchable document library for policies and procedures and associated forms. The number of phone extensions increased, as did the number of IT devices available for staff and clients.

Finally, the agency sought to increase community presence through increased promotion, events, and community sponsorship and maintain an active advocacy role through the Ironton City Council and the Ironton Behavioral Health Coalition.

In the coming year, accessibility goals include increasing office space and parking, identifying additional handicapped parking, and covering smoking areas at office locations. Additionally, leadership plans to update the public website and add an FAQ section and frequent forms. Work is underway to expand medical providers and hours for the medical office. Finally, within the monthly SharePoint agency updates, cultural highlights, including special holidays and observances, will be included to continue celebrating diversity factors.

Clinical Services

In addition to the abovementioned changes, clinical programs developed an evidence-based curriculum and a new group scheduling system. The community program was expanded, and family and couples' services were increased. The agency saw an expansion of QMHS offerings, a partnership with Thrive Peer Support, and a new Partnership with ARC Bellefonte for Crisis Referral. Supervision policies and logs were updated including a fillable PDF to improve supervisors' workflow. Finally, a rule violation chart was created to increase consistency with problem behaviors and modification strategies.



Goals for the coming year include improving services to assist with vocational retention and increased integration of family and loved ones earlier in the treatment process. A clinical orientation training curriculum has been created to assist with thorough and consistent training. Additionally, improvement in data tracking specific to each program will be implemented.

Screening and Intakes

In the past year, the assessment forms and procedures were revised and shortened to improve client engagement and decrease employee stress. The phone screening was updated to screen potential clients better and decrease acceptance of clients who are likely to be a risk to themselves or others. The waitlist policy and form were updated, and staff training procedures were more detailed.

Goals for the coming year include updated assessment updates, further revision of the intake packet to include client e-signature functions when possible, and improved consent for on-site community partners currently including Thrive and LabCorp.

Person-Centered Planning

During the last year, the incorporation of SNAP (strengths, needs, abilities, preferences) was added to the treatment plan, as was the integration of medications and medical information. Additionally, improvements were made to the weekly report formatting to decrease the amount of data manually entered by clinicians.

Goals for the coming months include the implementation of client e-signatures and updating the approval procedure for service plans. Additionally, edits of service plans will be reduced, and major changes will require the completion of an updated service plan to decrease the frequency of unsigned documents. Finally, a progress note amendment function will be utilized to eliminate the need for unsigned progress notes out of the 48-hour notice window.

Transition/Discharge

Improvements to client transition and discharge this year have included the development of a transition group for all clients transitioning within the week and improving warm-handoff procedures for residents transitioning from residential to recovery housing as well as for clients transitioning from housing to the community program.

In the coming year, updated phase promotion packets will be implemented emphasizing the eight (8) wellness domains. The termination summary form and procedure will be updated to track progress and outcomes better. Finally, the newly designed centralized scheduler position will be responsible for follow-up phone calls for clients recently discharged.

Medication Use

During the past year, several policies and procedures have been updated and created relating to medication use, storage and transport. Nurses have been trained to utilize the AIMS scale and the COWS scoring to assess medication effectiveness and side effects. Mended Reeds has partnered with a new pharmacy for increased efficiency in medication delivery and has seen a significant improvement in the delay of medication delivery. The interim medical director has provided several trainings on medication use as well as frequent anti-psychotic medications.

The primary goals for the coming year focus on implementing an e-MAR system to decrease errors in observed self-administration of medication and improve recognition when an error has been made.

Quality Records Management



Mended Reeds has implemented several strategies to improve quality records management in the past year. The primary strategy was engaging with an outside consultant for a clinical and billing review. This process was designed to recognize risks and identify areas for improvement within clinical documentation and billing. We began tracking notes entered late and realized that this represented a significant risk. We have decreased the number of late notes by 5% since December 2023.

In the coming year, the quality records review will be updated to include updating the Level 1 and Level 2 quality reviews. These reviews will be migrated into the EHR to report and analyze trends efficiently. Additionally, the discussed addition of the client e-signature function will allow important forms, including the Release of Information, to be signed electronically using client signatures or pin codes. Finally, the agency will continue to work to decrease the percentage of late notes to less than 5%.

Case Management

This year, case management was restructured and expanded to increase client services, including the expansion of the discussed QMHS services. A case management training curriculum was created, and smart goals and action plans were incorporated into the case management plan. Increased emphasis has been placed on budgeting, rent payments, and obtaining vital documents that serve as employment barriers.

This year's goals include expanding services and staff and better measuring specific outcomes, including obtainment and maintenance of employment.

Withdrawal Management

This year, the medical department has implemented more widespread use of COWS score to measure withdrawal symptoms and medication effectiveness. The timeframe for receiving injectable medication has been decreased, and the agency has offered a new injectable medication, Braxadi.

The primary goals for the coming year are continued improved communication between medical, clinical, and residential staff. Additionally, finding a meaningful way to track and interpret the data from the COWS score is a goal for performance measurement and improvement.

Integrated Behavioral Health/Primary Care

This year integrated primary care and behavioral health services have been expanded to include EKG and PFT testing and expanded smoking cessation services. The medical office has extended hours, improved opportunities for external consultation, and increased collaboration with community partners. MRS became a preferred provider with the Cleveland Clinic for PICC Line Patients. The medical office added an additional exam room and triage station to support the changes. To better integrate these departments, a quick view of recent notes was added to all progress notes, and recent medication or diagnosis changes are now clearly displayed as well.

Goals for the coming year include improved collaboration between the medical and clinical, ongoing expansion of internal services, and better-measuring of health outcomes.

Intensive Outpatient/ASAM 2.1

In the previous year, the IOP program launched an evidence-based curriculum for overall program completion and a community and transition curriculum for residents who have previously completed the initial curriculum. The development of block scheduling has served to provide increased organization and structure and to reduce



interruptions during group. Adding a new office building increased client space for group and individual sessions. After-hours in-person services were extended.

The primary goals for the coming year are increased focus on recovery sustainability and improved tracking of post-discharge outcomes.

PHP/ASAM 2.5

This year's biggest improvement has been the addition of the 4th Street office, which primarily houses the 2.5 program. Additionally, a transition group to assist clients transitioning from residential to 2.5 was developed as was a pantry to assist with meeting resident needs as they transition. Similarly to the IOP program, block schedules and evidence-based curricula have been incorporated along with extended hours.

Goals for the coming year include an increased focus on recovery sustainability, a successful transition to lower levels of care, and improved outcome tracking.

Residential Treatment

The residential program underwent several changes in the last year, including the addition of door alarms for safety monitoring, an increase in both behavioral health and medical collaboration, and an increase in transition readiness. A new menu was developed with client feedback and approved by a dietitian. A training binder was developed to assist with consistency between residential locations and improve management skills.

Primary goals for the coming year include the implementation of a safety patrol to verify that night-time checks are being completed, improved clinical supervision, and increased accessibility to leadership.

Community Housing

The past year has seen the addition of 3 new housing units. During this time, one program manager role has been dedicated solely to Recovery Housing and Site Manager Roles were restructured to streamline endeavors to meet client needs. The agency restructured extensions for residents not meeting transitional requirements who were not ready to exit the program to provide additional time to gain employment or housing.

Goals for the coming year include obtaining 1-3 additional housing units, including the addition of level 1 housing, restructuring the rent structure, and obtaining Ohio Recovery Housing Certification.

Children and Adolescent Services

In the last year, we have seen great success in our team-building skills in our youth programs. There has been increased verbal and written communication amongst our therapy staff and residential staff we are contracted to assist. We have also managed to streamline the supervisory process for our CCO staff, creating a more unified team with better communication. We have seen several therapy staff members work toward and obtain independent licensure as one has taken the NPC exam and passed. At the same time, another has completed their application to test (currently awaiting a testing date). There has been a more consistent use of screening tools during the intake and evaluation process (DASS-Y, CATS, WALLS). The Mended Reeds Boys home has created a new conference room with a separate HVAC for improved privacy of therapeutic services.

Goals for the next few months include additional SUD services for the Mended Reeds Boys home, particularly outside of school hours, and additional therapeutic staff for the Children's Center of Ohio programs.



In conclusion, the last year has seen a significant shift in the culture and overall atmosphere at Mended Reeds. In the coming year we hope to continue making improvements to benefit clients, staff, stakeholders and the community.

