



**Clinical Outcomes Group, Inc.**

*Improving the Health of Our Communities*



# ANNUAL REPORT

*July 1, 2010 - June 30, 2011*



## *Message from Our President*

COGI enjoyed a productive and effective FY 2010/2011 thanks to our professional staff and the communities we serve. Organizationally, we expanded opportunities to serve our community through direct counseling and intervention services, policy development, research, and prevention activities.

Our innovative efforts have been recognized by different funding sources and the scientific community, allowing us to meet our mission of developing and integrating science based services in meeting the needs of the communities we serve.

Our dedicated and professional staff continues to engage communities, businesses, and other organizations in helping to create a systematic approach to addressing community problems. There are too many community partners to recognize here, but without their vision, leadership, and efforts we would be unable to achieve our goals and fulfill our organizational mission.

Please take an opportunity to review this annual report and examine it with a heartfelt perspective that our services contribute to changing the lives of many individuals in our community. Chances are that someone you know has been favorably touched by our efforts.

While we ended our fiscal year on a positive note, it also ended with a tragic event as we lost our founder, Dr. David Zanis to a tragic accident. While the impact of this loss has been great, both personally and professionally in the COGI family, efforts are being made to cope and adapt. The next year will be devoted to preserving and growing the legacy that he left.

As always, we welcome your comments. If you would like to discuss any aspect of COGI or would like to work with us toward improving the health of our communities, please contact me directly at 1-800-264-1290 or [tinakzanis@gmail.com](mailto:tinakzanis@gmail.com).

Sincerely,

Tina K. Zanis  
President – Board of Directors

*Please note that this report is being written to reflect the fiscal period that extends from July 1, 2010 to June 30, 2011. It includes data from that period of time even though it is being produced in June 2012.. While Tina Zanis is presenting this report in her role as President of the Board of Director at the time of the writing, she was not a member of the Board during this specific fiscal year.*

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## *Board of Directors 2010-2011*

David A. Zanis, Ph.D, President

Ron Hollm, MS, MSW, LSW, PhD cand. , Secretary/Treasurer

Tom Scranton, Vice President



## *Staff 2010-2011*

**Executive Director**

Norbert McCloskey

**Director of Tobacco and Business Services**

Daniel Derr, MSW, LSW

**Program Director**

Jennifer Ryan Melochick

**Fiscal Director**

Kelly A. Examitas

**Office Coordinator**

Christina Staller

**Receptionist**

Ellen E Carder

**AIS Group Co-Facilitators**

Christina Butts, LSW

Samuel Lowe, MSW

John C. Phillips, LSW

**Policy and Enforcement Director**

Tina Zanis

**Tobacco Enforcement Officers**

Mary Agnes Handzus

John P Zuratt

**Health Educators**

Rebecca Eves

Kara D Eberle

Angela Morgan

Kelly Ann Pegg

Jennifer Wagner, MS

Kelli Weaver

Scott A Webb

**Chemical Dependency Counselors**

Jennifer A Brant

Mary Beth Pattay

**Re-Entry Case Manager**

Stephanie Rice

**AIS Group Co-Facilitators**

Christina Butts, LSW

Sylvia Costa, MSW, LSW

Samuel Lowe, MSW

John C. Phillips, LSW

**Maintenance**

Paul Stansbury

# *Clinical Outcomes Group Inc.*



## **About Us...**

Clinical Outcomes Group, Inc. (COGI) is a 501 (c) (3) private, non-profit organization dedicated to improving the health of the community. The organization was founded by David A Zanis, Ph.D. in 1997 as a sole proprietorship and converted to a non-profit in 2004.

COGI is governed by a volunteer Board of Directors comprised of community leaders.

COGI provides health and social services throughout Pennsylvania. Our focus is on behavioral health issues such as substance abuse, mental health, domestic violence, tobacco, workplace wellness and family services. COGI strives to develop and implement innovative programs through partnerships with communities and employers and to develop policies and programs that focus on a system of change.

COGI receives program funding from a variety of sources including Federal, State, and Local Government as well as Private Foundations. COGI is guided by a public health philosophy that emphasizes access to services, high quality and cost effective services. Our services are evaluated both internally and externally to assess effectiveness. We invest in a strong data collection and analysis infrastructure aimed to improve service quality.

Our dedicated staff includes individuals with advanced degrees with professional licenses specializing in behavioral health service delivery.

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## **What We Do...**



During this fiscal year, we conducted a number of ongoing programs in the community. These included the Tobacco Control and Cessation Program, the Abuse Intervention and Family Re-unification Programs, Workplace Wellness Programs.

In addition, we conducted a number of events in support of the public health and welfare of the eastern Pennsylvania communities we serve. These included the Red Ribbon project, Community Wellness Programs, Project Fresh with Head Start, and the Fatherhood Initiative.

New to COGI services during this fiscal year was our expansion into Drug and Alcohol Outpatient Services. COGI obtained our Drug and Alcohol License through the Pennsylvania Bureau of Drug and Alcohol effective May 27, 2010 and began services following appointment. Services are offered on an outpatient and intensive outpatient basis to adult clients suffering from alcohol and chemical dependency.

Also, COGI was the recipient through funding administered by Schuylkill County from the Pennsylvania Commission on Crime and Delinquency to conduct a Ex-Offender Re-Entry Program. This program led to a gamit of services to assist individuals leaving Schuylkill County Prison and entering the community. Case coordination started for most individuals while they were still incarcerated and continued post release. As part of this program, COGI staff members were able to conduct lifeskills groups within the county prison to better equip inmates with coping skills after they returned home.



## Tobacco Control Services

COGI provides tobacco control service including: advocacy, education, prevention/ education, tobacco-free policy development, cessation and enforcement. Also included under the umbrella of tobacco control are: regional coalition development, regional media and FDA inspections.

During the period from July 1, 2010 through September 30, 2010, COGI continued to provide services as a subcontractor for Family Health Council of Central Pennsylvania in six counties in the NorthCentral Health District and as a subcontractor of Health Promotion Council in Schuylkill County. In October 2010, COGI was awarded the primary contract to administer Master Settlement Funds for the entire NorthCentral Health District which includes the following 12 counties: Bradford, Centre, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, and Union. COGI also continued to serve as a subcontractor of Heath Promotion Council from October 2010 through June 2011 providing tobacco cessation to diabetic tobacco users, advocacy work and tobacco enforcement.



## Tobacco Free Policy

COGI has always believed that Tobacco Free Policies are needed to reduce an individual's exposure to secondhand smoke. COGI has offered assistance to any business implementing a tobacco free policy for the past few years. Part of what has been offered is policy education, policy development, and assistance for policy implementation. Staff training is also an important piece to a successful policy implementation and enforcement. Assistance in creation of press releases and sign development is also offered by COGI.

This year COGI also participated in PACT's Blue Card program which was designed to allow the public to sign a Blue Card and include a note as to why Clean Indoor Air legislation was important to them. These cards were collected by PACT and sent to the legislators of those who signed these cards.

With the passing of the Pennsylvania Clean Indoor Air Act in June 2008, COGI takes on a different type of educational role in which it will provide technical assistance to those who are affected by the law and assist with compliance.

Young Lungs at Play is an initiative through the Pennsylvania Department of Health to help communities create tobacco free parks, playgrounds and recreational areas for children. Compliance with indoor or outdoor clean air policies requires signage to announce the policy and inform visitors. Many Pennsylvania communities have instituted outdoor tobacco-free ordinances at parks, zoos, athletic fields, playgrounds, trails, beaches and even city sidewalks and streets as a way to protect both children and the environment.

The Penn State University Cooperative Extension was a statewide contractor for this initiative during the period from October 2010 through June 2011. The following adopted policies during this time:

- Centre County = 2 Boroughs, 4 Townships and 1 School District
- Clinton County = 2 Boroughs, 2 Townships and 1 Park
- Tioga County = 1 Borough

\*In fiscal year 11/12 - the regional primary contracts for tobacco control assumed the responsibility of implementing Young Lungs at Play. COGI is approaching this initiative in the NorthCentral Health District in partnership with the NorthCentral Tobacco Control Coalition.



## Tobacco Cessation Services



Providing group tobacco cessation services through our unique Quit & Win! workshops allows CO-GI continued success with assisting individuals in their quest to become tobacco-free. Our 90-minute workshops are held throughout our communities. These workshops have been especially helpful in providing tobacco cessation services to the employees of our business partners. These workshops emphasize the individual and his or her unique addiction, provide them with tips to first reduce their tobacco use, select a quit date, and develop a reasonable individualized quit plan. Throughout this entire process a cessation coach works with the individual to ensure adequate support and encouragement. When necessary, nicotine replacement therapy is provided.

Individual cessation is also provided for all of our clients. Clients who begin services by attending a Quit & Win! will continue in services with individual cessation coaching. Follow up calls are done with clients after 3 months, 6 months, and 1 year of cessation services. The follow up serves as a tool to determine quit rates as well as a method to check on clients to determine if they are in need of any additional services.

## Tobacco Cessation Participant Data



### Started Program With

|                 |     |     |
|-----------------|-----|-----|
| Q&W/Combination | 77  | 18% |
| Individual      | 356 | 82% |
|                 | 433 |     |

### Gender

|        |     |     |
|--------|-----|-----|
| Male   | 155 | 36% |
| Female | 278 | 64% |
|        | 433 |     |

### Ethnicity

|                  |     |     |
|------------------|-----|-----|
| White            | 395 | 91% |
| African American | 22  | 5%  |
| Asian            | 2   | 0%  |
| Indian           | 2   | 0%  |
| Other            | 7   | 2%  |
| Unkwn            | 5   | 1%  |
|                  | 433 |     |

### Age

|       |     |     |
|-------|-----|-----|
| 14-17 | 6   | 1%  |
| 18-24 | 70  | 16% |
| 25-34 | 111 | 26% |
| 35-44 | 98  | 23% |
| 45-54 | 98  | 23% |
| 55-64 | 32  | 7%  |
| 65+   | 12  | 3%  |
| Unkn  | 6   | 1%  |
|       | 433 |     |

### Education

|              |     |     |
|--------------|-----|-----|
| <9th         | 10  | 2%  |
| Some HS      | 71  | 16% |
| HS/Ged       | 195 | 45% |
| Some College | 105 | 24% |
| College Grad | 46  | 11% |
| Unkwn        | 6   | 1%  |
|              | 433 |     |

### Employment

|              |     |     |
|--------------|-----|-----|
| Full-time    | 147 | 34% |
| Part-time    | 42  | 10% |
| Unemployment | 97  | 22% |
| Disabled     | 73  | 17% |
| Retired      | 11  | 3%  |
| Homemaker    | 32  | 7%  |
| Student      | 27  | 6%  |
| Unkwn        | 4   | 1%  |
|              | 433 |     |

### Completion Rates

|               |         |
|---------------|---------|
| Intakes       | 433     |
| Progress Note | 169 39% |
| 30 Day        | 103 24% |
| 90 Day        | 69 16%  |
| 6 Mon         | 42 10%  |
| No Follow up  | 52 12%  |

*\*This Data is for the NorthCentral Health District for the period of October 1, 2010 through June 30, 2011.*



## Smokeless Tobacco Project

COGI was the recipient of Funding through the American Legacy Foundation to conduct a specialized project around smokeless tobacco. The project ran for two years beginning August 1, 2009 and ending July 31, 2011. The following is a summary of this study.

**Overview:** Over the course of the 2-year project, a total of 242 non-treatment seeking smokeless tobacco users were effectively recruited to participate in an assessment of their tobacco use and in an oral health screening (OHS) designed to identify risk factors associated with smokeless tobacco use. The survey and the OHS were developed into a SBIRT (Screening, Brief Intervention, Referral to Treatment) for smokeless tobacco users (STUs).

**Method:** The target population was low income, white males ages 18 to 45 from rural communities who were non-treatment seeking STUs. Recruitment of this population was targeted at community-based organizations such as race car events, workplaces, parades, grocery stores, volunteer fire companies, etc., as an assertive outreach approach. Outreach counselors provided a \$10 gift card incentive for completing the survey and tried to be as approachable in dress and manner as possible. Organizations partnered with COGI by allowing us to conduct recruitment and the SBIRT on-site. The project evaluator, dentist, and COGI staff developed the baseline assessment tool, follow-up survey and the OHS based on practice, experience and the scientific literature. All outreach counselors were trained by a licensed dentist to conduct the OHS. Staff also received training in motivational interviewing (MI). Staff members completed a reliability training demonstrating their effective use of the OHS, the assessment instrument, and the use of MI. Outreach counselors also provided tobacco cessation services to participants interested in receiving our services and conducted follow-up assessments. A partnership was formed with The Commonwealth Medical College in Scranton, PA where six students were trained to recruit project participants and conduct the SBIRT.

**Results:** 242 individuals completed the survey and OHS. Of the 242 participants, 117 (48%) reported interest in tobacco cessation treatment and 72 participants (30%) enrolled in services. Of the 140 participants who completed a follow-up survey, 54 (38%) reported a quit attempt and 34 (24%) reported being quit at a 30-day point prevalence. The effectiveness of this project has resulted in a model with a strong potential for replication among health care providers and public health professionals. These methods have led to positive outcomes for recruitment of non-treatment STUs into tobacco cessation services and have led to participants quitting tobacco use without enrolling in cessation services. A manual titled, “The Use of an Oral Health Screening as Part of SBIRT”, and an intervention video titled, “Conducting an Oral Health Screening on Smokeless Tobacco Users” were developed based on best practices established during the project.



## Project Fresh

Through funding from the Carlisle Area Health and Wellness Foundation, COGI was able to conduct Project Fresh in Cumberland and Perry Counties. This program was done in conjunction with Head Start Facilities in the area and designed to provide free smoke-free home services and tobacco cessation services to those families associated with the Head Start program. Project Fresh stressed the importance of exposing children to secondhand smoke and encouraged Smoke Free Home Policies. This program is designed to Project Fresh is focused on improving the health of all Head Start children by improving their living conditions and promoting smoke-free living environments.

Project Fresh provides accessible information and tools to Head Start families allowing them to develop smoke-free homes as well as providing smoking families the opportunity to take part in smoking cessation counseling and the use of nicotine replacement therapy.

Parents who were interested in developing a Smoke Free Home Policy and / or enter into tobacco cessation received support and coaching from COGI staff to meet their individual goals. Services offered through COGI were made available at no charge in when eligible, parents received free nicotine replacement therapy.



## Drug and Alcohol Services



The development and expansion of the Drug and Alcohol Counseling Services has continued. COGI offers adult substance abuse counseling on an outpatient and intensive outpatient basis. We provide clients with a comprehensive assessment, referral, drug and alcohol education, individual and/or group counseling.

We offer priority assessment, referral and/or admission to pregnant females as well as clients with special needs (i.e. injection drug users, substance abusers). COGI provides outpatient (OP), intensive outpatient (IOP) and case coordination services for addicted individuals who either have no insurance or have medical assistance in Schuylkill County. We strive to provide an effective treatment program that meets the complex needs of chemically dependent individuals.

Clinical Outcomes Group, Inc. employs a multi-disciplinary team that hold professional degrees and have specialized training in chemical dependency. The team includes consultation with a psychiatrist along with licensed and certified professionals.

From July 1, 2010 to June 30, 2011, we assessed 96 individuals for substance abuse and addictions treatment. Of these, 76 were men and 20 women. They were predominantly Caucasian (92.7%), mostly unemployed (71%), and never married (77%). While 36.5% had completed 12 years of school, only 11.5% had completed any post secondary schooling. The majority of our clients (39.6%) fall in the age range of 25-34 years old.

The overall length of stay for the 32 successful completions was 109 days.

**Status of 96 Screenings at End of Fiscal Year**

|   |    |
|---|----|
| Completed – No Drug Use                           | 32 |
| Referred to another facility                      | 29 |
| Discharged for Non-Compliance with Facility Rules | 18 |
| Left without Facility Advice                      | 8  |
| Jailed  | 6  |
| Administrative Discharge                          | 1  |
| Assessed Only – Did not meet D&A Criteria         | 1  |
| Still Active in Services as of 6/30/11            | 1  |

**Length of Stay for 32 Successful Completions**

|                |    |
|----------------|----|
| 30 – 60 days   | 4  |
| 61 – 90 days   | 10 |
| 92 – 120 days  | 4  |
| 121 – 150 days | 8  |
| 151 – 180 days | 5  |
| 182 days       | 1  |

The state regulation governing the drug and alcohol program (709c) requires that: If a facility is publicly funded, the governing body shall make available to the public an annual report which includes, but is not limited to:

Examples – a brochure, pamphlet, newspaper supplement or photocopied reports. Documentation of availability may take the form of a public notice via newspaper, mailing list distribution, or other notice to the community.

- (1) Activities and accomplishments of the preceding year.
- (2) A financial statement of income and expenses.
- (3) A statement disclosing the names of officers, directors and principal shareholders, where applicable.

This document fulfills the compliance requirements



## Ex-Offender Re-entry Program

Clinical Outcomes Group, Inc. uses the APIC Model of Re-Entry (Assess, Plan, Identify, & Coordinate), a best practices model that philosophically believes in shared responsibility in supporting the transition of the offender. Invested stakeholders include, but are not limited to the offender, the offender's family, identified support and any systems staff.

Our target population are individuals who will be incarcerated for a period of thirty days or longer, those being detained on a county probation/parole violation, those individuals with a reported history of behavioral health instability and/or are facing incarceration within the county prison system.

Points of contact include but are not limited to custody/prison personnel, those involved within the court system, concerned family members, etc.

The goals of the program are: (1) Increase access to treatment services for the targeted population (2) Improve family functioning and (3) Reduce the likelihood of recidivism.

COGI provides ex-offender re-entry services to individuals who are either incarcerated or recently released from the Schuylkill County Prison. Assessment, case management, and linkages to the community and support services are provided. COGI staff spend a great deal of time in the Schuylkill County community advocating for this population to increase opportunities for success, with housing being a key area of need.

By the end of 2011, 166 offenders have been screened and/or assessed for re-entry services. Of those 166, 76 offenders have actively engaged in administrative case management services and 44 have actively participated in intensive case management.

Schuylkill Build:

Schuylkill Build is a sub-pilot of ex-offender re-entry, targeting underemployed young offenders ages 18-21 who have not completed a high school diploma. The pilot provides on-site vocational experience and education in basic construction skills, GED instruction, group and individual counseling. In 2011, 4 individuals were served; all 4 obtained a GED.



## Abuse Intervention Services (AIS)

COGI's Abuse Intervention Program recognizes that domestic violence services are easily accessible to victims of domestic violence, however are not as readily available for the male offenders. COGI takes the approach that the violent offenders need to be held accountable while also learning new behaviors, free of violence. COGI works closely with the Schuylkill Women In Crisis (SWIC) program, Children and Youth, and the criminal court system to identify participants for the program.

Through a 26 week group process based on the Duluth Curriculum, offenders are introduced to the wide range of abusive behaviors, and confronts on how they have employed them. The group then works to learn new, non-abusive alternate behaviors.

The AIS program offers group counseling services in COGI's Pottsville and Northumberland offices to male perpetrators of domestic violence. Participation in the project is 27 weeks (1 week orientation and 26 program weeks). Program sessions are 90 minutes in length.

Funding for the Schuylkill County program has been made available through Service Access Management. The Northumberland component and the family re-unification projects has been provided by the Susquehanna Valley United Way and the Sunbury Foundation. In 2011, 66 men participated in AIS services.

## Pennsylvania Cancer Education Network (PCEN)



The Pennsylvania Dept. of Health has contracted with COGI to provide information and education sessions on ovarian, prostate, skin and colorectal cancer. It is offered in 6 rural PA Counties including Centre, Columbia, Montour, Northumberland, Snyder and Union. The information sessions last approximately 20-30 minutes.

COGI offers these sessions to workplaces, civic organizations, nonprofits, etc. It is offered through their new signature program, the Pennsylvania Cancer Education Network (PCEN).

COGI is collaborating with community organizations so that not only will their members benefit from the educational programs, but their organizations will have a monetary incentive to participate. Each organization determines and selects which presentations are most beneficial to their members.

The participant data that is included reflects the program from Feb. 2011 through June 2011.

**Presentation Attendance**

|                 | <i>Colorectal</i> | <i>Ovarian</i> | <i>Prostate</i> | <i>Totals</i> |
|-----------------|-------------------|----------------|-----------------|---------------|
| <b>Apr-2011</b> | <b>23</b>         | <b>10</b>      | <b>10</b>       | <b>43</b>     |
| <b>May2011</b>  | <b>92</b>         | <b>109</b>     | <b>82</b>       | <b>283</b>    |
| <b>Jun-2011</b> | <b>32</b>         | <b>26</b>      | <b>17</b>       | <b>75</b>     |
| <b>Totals</b>   | <b>147</b>        | <b>145</b>     | <b>109</b>      | <b>401</b>    |

## Additional Services



COGI participates in various activities to “Improve the Health of Our Communities.” These include health fairs, school based programs, life skills education, and healthcare professional training. COGI utilizes Centers for Disease Control (CDC) approved intervention services.

COGI is also a supporter and partner with the Schuylkill County Tobacco Free Youth Coalition (SCTFYC) and the North Central Tobacco Control Coalition (NCTCC). Clinical Outcomes Group, Inc. works closely with the youth in our community and provides a variety of prevention and cessation services for young people..

COGI was able to obtain funding to celebrate Red Ribbon Week each October. Our main activity has been the production of a mini-magazine called “*We Care*”. These publications were provided for distribution to area public and private schools as well as community youth organizations.

## Workplace Wellness Services



Wellness is comprised of good health and peace of mind. How individuals and organizations collectively respond to and plan for improved health, contributes to a productive workforce. Because of the diverse types of physical health, mental health, personal, and family stressors experienced by any workforce, the most effective approach to helping people identify, address, and manage issues is for each individual to review their health status with a professional on a regular basis.

The COGI Wellness Program is designed to assist employers in maintaining a healthy and productive workforce. A healthy and productive workforce can be achieved by offering employees and immediate family members of employees with rapid access to licensed health professionals who are able to assist individuals to effectively manage health, family, and personal issues. We offer employers with guidance in establishing health policies and in creating employee programs that can increase employee health and reduce employer costs associated with unplanned employee leaves, absenteeism, sick time, staff turnover, early retirement, and workers compensation claims. A healthy workforce can be more efficient and increase rates of job and employer satisfaction. In this fiscal year, COGI served a number of organizations including: Pottsville / Schuylkill Haven EMS Wellness, and Spectrum Controls.



**Clinical Outcomes Group, Inc.**  
**Fiscal Information July 1, 2010 - June 30, 2011**

***INCOME***

|                                    |                     |
|------------------------------------|---------------------|
| Grants                             | \$861,450.70        |
| Drug & Alcohol Outpatient Services | \$ 59,544.50        |
| Miscellaneous                      | \$ 48,704.36        |
| Medical Assistance                 | \$ 11,595.00        |
| Charitable Donations Received      | \$ 7,526.76         |
| Workplace Wellness                 | \$ 5,046.00         |
| Interest Earned                    | \$ 3,044.50         |
| <b>Total Income</b>                | <b>\$996,911.82</b> |

***EXPENSES***

|                              |                     |
|------------------------------|---------------------|
| Personnel                    | \$602,165.71        |
| Supplies / Equipment         | \$ 77,732.97        |
| Consultants                  | \$ 52,791.24        |
| Occupancy                    | \$ 49,179.62        |
| Nicotine Replacement Therapy | \$ 47,198.98        |
| Subcontracts                 | \$ 41,301.00        |
| Media                        | \$ 31,833.33        |
| Travel                       | \$ 27,330.34        |
| Misc                         | \$ 8,145.74         |
| Postage / Copies             | \$ 7,328.75         |
| <b>Total Expenses</b>        | <b>\$996,911.82</b> |

***SOURCES OF GRANT INCOME***

|                           |                     |
|---------------------------|---------------------|
| State Funding             | \$645,820.89        |
| County Funding            | \$114,973.98        |
| Private Foundations       | \$100,655.83        |
| <b>Total Grant Income</b> | <b>\$861,450.70</b> |

# Research and Publication



**COGI Research and Science: Advancing the field of behavioral health to improve the quality and effectiveness of services.**

## **Publications:**

Collins, B., Ibrahim, J., Hovell, M., Tolley, N., Jaffe, K., Zanis, D., & Audrain-McGovern, J. (in press). Residential smoking restrictions are not sufficient to reduce child tobacco exposure or maternal smoking in underserved populations. *Health*.

Coviello, D., Zanis, D., Welsh, S., Domis, S., (in press). An integrated drug counseling and employment intervention for methadone clients. *Journal of Psychoactive Drugs*.

Coviello, D. M., Zanis, D. A., Wesnoski, S. A., Lynch, K. G., & Drapkin, M. (in press). Characteristics and nine month outcomes of discharged methadone maintenance clients. *Journal of Substance Abuse Treatment*.

Nazar, B., Zanis, D.A., Melochick, J (in press). Self reported intentions and related factors for sexual onset in rural middle schools. *School Social Work Journal*.

Zanis, D., Coviello, D., Lloyd, J., Nazar, B. (in press). Predictors of drug treatment completion among parole violators. *Journal of Psychoactive Drugs*.

Zanis, D., Derr, D., Hollm, R., Coviello, D. (2010). *Assessing the utility of targeted outreach to intervene with 18 to 24 year old non treatment seeking tobacco users*. *Drugs: Education, Prevention & Policy*, 17(5), 641-649. doi: 10.1080/09687630802595863.

Zanis, D., Hollm, R., Derr, D., Ibrahim, J., Collins, B., Coviello, D., & Melochick, J. (2011). A randomized comparison of brief quit strategies targeting 18 to 24 year old non treatment seeking tobacco users: 3 month outcomes. *American Journal of Health Behavior*, 53(2), 240-247.

## **Presentations:**

**Eastern Evaluation Research Society.** *Assessing the utility of targeted outreach to intervene with 18-24 year old non treatment seeking tobacco users, and its application with brief intervention strategies* . Ron Hollm as the Invited Author honoree. Galloway, NJ. May 3, 2011.



**307 North 2nd Street, Pottsville, PA 17901**  
**65 King Street, Northumberland, PA 17857**  
**1-800-264-1290**  
**[www.COGInc.org](http://www.COGInc.org)**