

**Clinical Outcomes Group, Inc.**

*Improving the Health of Our Communities*

## **Annual Report**

**January 1, 2015 – December 31, 2015**

Clinical Outcomes Group, Inc.

437 North Centre Street

Pottsville, Pennsylvania 17901

(800) 264-1290

[www.COGInc.org](http://www.COGInc.org)

## **Introduction**

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 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.

## **Board of Directors**

COGI's 2015 Board of Directors includes:

- Ms. Tina K. Schmidt, President, COGI Co-Founder
- Mr. Tom Scranton, Vice President, Pyramid Healthcare
- Ms. Christianne Bayer, Ed. D., LPC, NCC, Treasurer, Schuylkill Intermediate Unit #29
- Ms. Kay Jones, Ph. D., Secretary, Schuylkill County's VISION
- Mr. Eric Prock, Esquire, Member at Large, Fanelli, Evans & Patel, P.C.
- Mr. Tom Palamar, Member at Large, City Administrator, Pottsville, PA

## **COGI's Staff**

### Administrative Staff:

- Ms. Alicia Fleischut, Executive Director
- Ms. Jennifer Melochick, Director of Programs
- Ms. Kelly Examitas, Fiscal Director
- Mr. Tina Staller, Administrative Coordinator
- Mr. Ben Fleagle, Office Assistant

### Outpatient Substance Abuse Treatment Clinic Staff:

- Ms. Jennifer Brant, Drug and Alcohol Counselor
- Ms. Brianna Hannaway, Drug and Alcohol Counselor Assistant
- Mr. Brian Hudock, Drug and Alcohol Counselor
- Ms. Estelle Kerestus, Drug and Alcohol Administrative Assistant
- Ms. Mary Ketterer, Drug and Alcohol Counselor
- Ms. Jennifer Marnickas, Lab Technician
- Ms. Karen McCloskey, Case Coordinator, Medication Assisted Therapy
- Ms. Beth Pattay, Drug and Alcohol Counselor
- Ms. Jane Pritiskutch, Billing Clerk
- Ms. Helen Rebuck, Drug and Alcohol Counselor
- Ms. Esther Rowan, Drug and Alcohol Counselor
- Ms. Amanda Wessner, Case Coordinator, Medication Assisted Therapy Program
- Ms. Denise Whalen, AIS Group Facilitator/ Supervisor

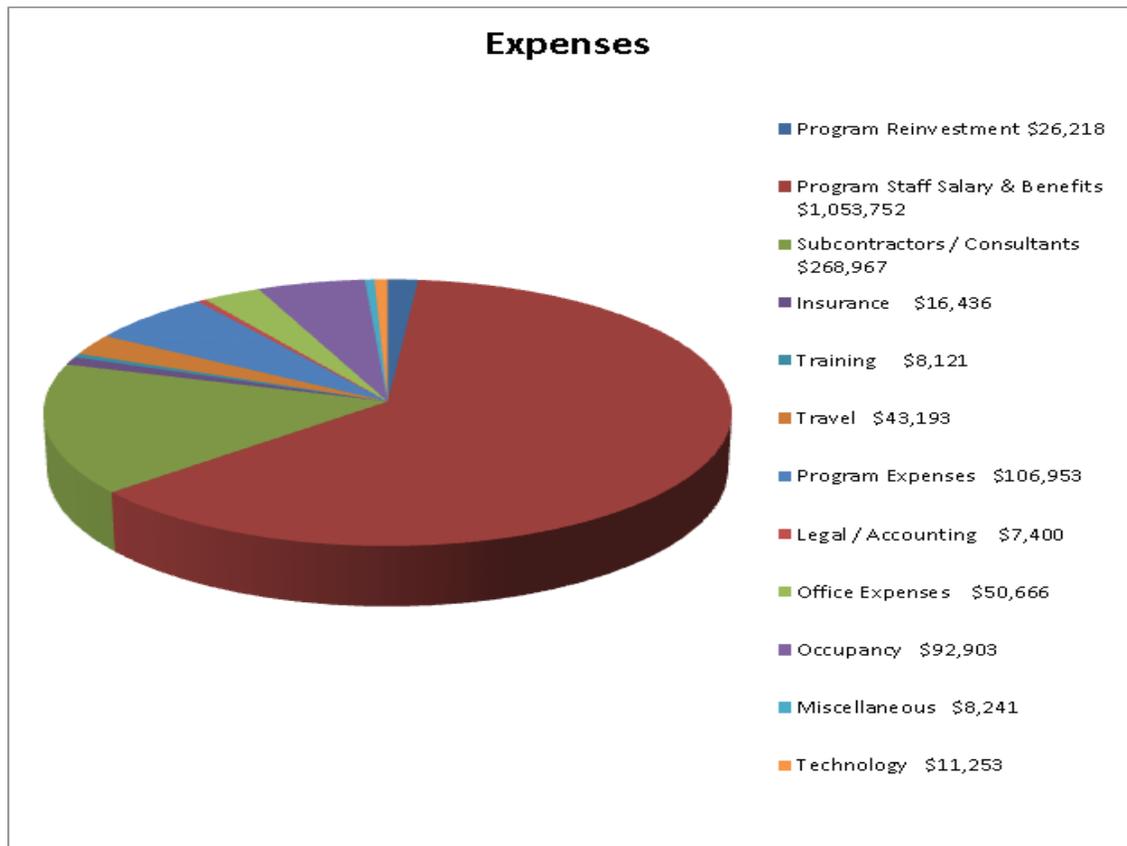
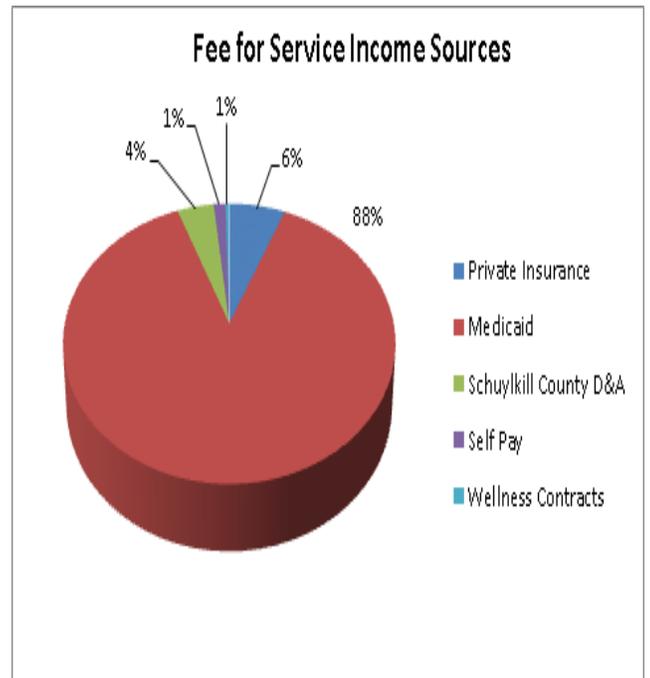
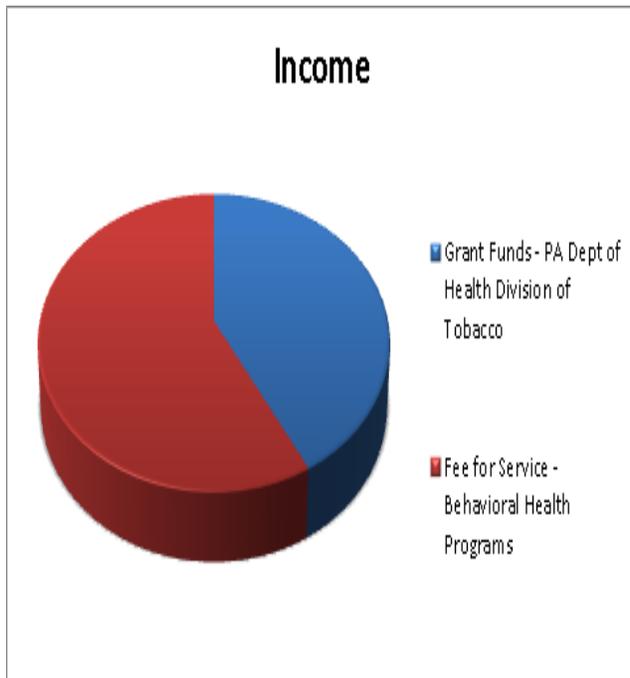
### Physicians:

- John W. Stefavic, MD, Medical Director
- Ilene K. Weizer, MD

### Tobacco Control Staff:

- Ms. Kristi Hammaker, Health Educator
- Ms. Mary Handzus, Enforcement Officer
- Ms. Leslie Hosterman, Health Educator
- Mr. Sam Lowe, Health Educator
- Ms. Kelly Ann Pegg, Health Educator
- Ms. Kristie Rospendowski, Enforcement Officer
- Ms. Robin Steimling, Health Educator
- Ms. Jenny Wagner, Health Educator
- Mr. John Zuratt, Enforcement Officer

## COGI 2015 Financial Information



**All income and expenses figures are taken from COGI's annual audit conducted by L. Samuel Deegan, P.C., Certified Public Accountant and available for review on COGI's website at [www.coginc.org](http://www.coginc.org).**

## **COGI in the Community**

- Helen Rebeck, COGI Drug and Alcohol Counselor participated in a research study for Inflexion Inc. {Healthy Behavior through Technology} sponsored by the National Institutes of Health. The purpose of the study was to conduct a randomized controlled trial to test the efficacy of *Behavioral Health Solutions (BHS)*, a system designed to facilitate use of evidence-based treatments (EBTs) among substance abuse counselors. 184 participants were included in this study. Ms. Rebeck was randomly assigned to one of two groups, one of which involved using BHS to implement EBTs in clinical work with clients. She used the BHS website as often as possible in her work with clients over a 16-week period, preparing for a session, creating a treatment plan for a new client, updating a treatment plan for an existing client, and used in group sessions. After the study all material used in the study was available to all participants. The study was conducted March-July 2015.
- Sam Lowe, LSW, COGI Health Educator published an article on access to tobacco cessation programs in the Fall 2015 issue of Pennsylvania Rural Health. This magazine is produced by the Pennsylvania Office of Rural Health and highlights the issues affecting the health status of rural Pennsylvanians, showcases effective rural health initiatives within the state and offers in-depth information on state and federal rural healthy policy and legislation.
- In the Fall of 2015 COGI partners with Schuylkill County's VISION and joined it's motor vehicle safety committee. The 2015 Safe Driving campaign for Schuylkill county Teens was based on the very successful previous 2014 campaign. We once again selected the recommended, evidenced-based intervention of a mass media campaign (Task Force on Motor Vehicle-Related Injury Prevention; Guide to Community Prevention: What works with Public Health). We made contact with all 13 high schools that have varsity football games in the fall. We contacted the superintendents, coaches and booster clubs. All agreed to participate again and many said they were very happy to be part of the initiative. Public service announcements were read by the announcers during the football games. We estimate that the reach of these messages on a given weekend may have been as high as 15,000. The basic message of traveling the football field without seeing anything if you are texting an average of 4.8 seconds at 55 mph was repeated from last year with added material this year. High school booster clubs provided a free ad in the football programs. In addition we provided PSAs (based on National Highway Safety materials)for school announcements during teen safe driving week (October 18-24). The County Commissioners had issued a Proclamation for teen safe driving week at a Youth Summit meeting earlier in the month. VISION also wrote an editorial in the Pottsville Republican to support teen safe driving.

## **Drug and Alcohol Outpatient Treatment Services**

COGI offers adult substance abuse counseling in an outpatient and intensive outpatient basis. We provide individuals with a comprehensive assessment, referral, drug and alcohol education, individual and/ or group counseling. We strive to provide an effective treatment program that meets the complex needs of chemically dependent individuals. Our multi-disciplinary treatment team holds professional degrees and has specific training in addiction and chemical dependency. Our team includes consultation services with a medical doctor/ DO, plus other licensed and certified professionals. Our services are offered to addicted individuals who either have no insurance or have medical assistance in Schuylkill County, Pennsylvania.

## **Case Coordination Services**

Case coordination is an individualized service offered to clients in COGI's drug and alcohol treatment program who have ancillary needs. The purpose of case coordination is to provide assistance in accessing needed services and resources for successful recovery, as well as support and advocacy to address both treatment and non-treatment needs. Needs vary among individuals with case coordination services including: treatment service coordination, case management to support transitions in level of care, and intermittent assistance with non-treatment needs. The goals of our program in 2014 were to maintain clients in services and treatment by helping to break down barriers like transportation, housing, employment, finances, etc. that interfere with recovery. Case coordination provides necessary support to our drug and alcohol treatment services by filling gaps that cannot be addressed in counseling. Positive outcomes in 2014 include improved access to non-treatment services; improved quality of life by removing barriers to treatment, allowing individuals to focus on recovery; and improved cost-effectiveness of treatment by providing a centralized location for individuals for referral of other services.

## **Medication Assisted Therapy (MAT) for Opioid Addiction**

### **Treatment Philosophy**

Suboxone and Vivitrol are prescribed at COGI as treatment modalities for opiate addiction. It is recognized that not every client struggling with opiate addiction is a candidate for Methadone or detoxification with Methadone. These medications offer alternative forms of treatment to those who are considered appropriate and meet the criteria for admission to the MAT Program. Medication is prescribed as part of a comprehensive, multi-disciplinary approach that will be used as a therapeutic tool to assist clients in the process of recovery.

### **Program Methodology**

The program is a multi-discipline, level based system, bringing together a prescribing physician, drug & alcohol therapy, case coordination, addiction recovery programs and necessary referrals. There will be a point of access where the case coordinator will assess the client, determine what needs should be addressed and make all necessary referrals.

### **Goals**

- To provide a multi-disciplinary team approach to the treatment of chemical dependencies while increasing the accessibility of dependable medication assisted treatments with the use of Buprenorphine for opioid dependence.
- To provide medication assisted treatment for those individuals who meet admission requirements. Provide connection and referral if necessary for co-morbid conditions in both physical and mental health realm.
- To provide educational and counseling support necessary for clients to progress in the process of recovery while increasing the abstinence rate for opiate addicted individuals.
- To decrease the need for higher level of care related to substance abuse.
- To monitor and assess need for “action plan” to decrease diversion, decrease poly-substance abuse and increase program retention and success.

## North Central Tobacco Control

COGI continues to provide tobacco control services on behalf of the Pennsylvania Department of Health as a Regional Primary Contractor for the North Central Health District. As a provider of tobacco control services, COGI develops and implements innovative community-based and regional programs focusing on policy change, advocacy, cessation and public-health to keep people healthy. COGI provides tobacco control programming in the following 12 counties: Bradford, Centre, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga and Union.

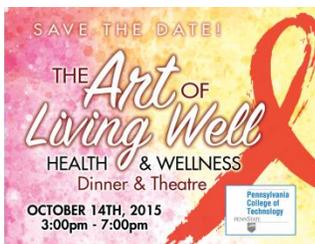
2015 proved to be a challenging year in the administration and provision of tobacco control services due Pennsylvania's State Budget Impasse, which lasted 9 months into 2016. Most of COGI's programming in the last quarter of the year was greatly reduced or frozen until the impasse was resolved. Our hardworking Health Educator team provided programs and services to the best of their ability and we are proud of the accomplishment of this program in spite of the challenging conditions. Some of the highlights from 2015 include:

- *Young Lungs at Play Day* - On May 12, 2015 House Resolution 305 passed unanimously designating March 31, 2015 as "Young Lungs at Play Day". COGI Health Educators have worked diligently over the year with Representative Matthew Baker (R-



Tioga/Bradford/Potter) and his support of tobacco control initiatives and Young Lungs at Play in his district has been unwavering. His resolution acknowledges that more than 858,000 young people in Pennsylvania are exposed to tobacco smoke pollution every day and that 80% of smokers started smoking before age 18. This day helps provide model non-smoking behavior to children and youth and helps provide children, youth and their families with a safe, smoke-free environment.

- *The Art of Living Well* - In June of 2015 Clinical Outcomes Group (COGI) and AIDS Resource formed a partnership with a common goal to raise awareness within the HIV community in the North Central district concerning the risks associated with co-morbid conditions disproportionately affecting this population. As a result of this 6 month long collaboration, COGI and AIDS Resource hosted a unique event on October 14<sup>th</sup> 2015 at Pennsylvania College of Technology in Williamsport entitled "The Art of Living Well. There were 72 attendees from 15



different counties and 26 different communities represented at the event. The guests included: staff from AIDS Resource and Caring Communities (HIV service providers), COGI staff, individuals personally affected by HIV, and other community agencies. The method of engagement included scientific presentations by healthcare professionals, lay person demonstrations of lifestyle management techniques, individual brief behavioral interventions, and an artistic presentation on healthy behavior and self empowerment.

## Cessation Data

Tobacco Cessation: Research from the Centers for Disease Control show that 69% of smokers want to quit smoking completely. Helping individuals who are addicted to tobacco quit has been a COGI priority since the organization's inception. COGI is proud to share cessation data from our services in 2015.

In spite of the PA State Budget Impasse's effects on our services, COGI's team of Health Educators completed intakes for 176 tobacco users in 2015. At intake and on average these individuals smoked 29 days per month, smoked 17 cigarettes per day and began smoking at age 17. The following tables show demographic data at intake among the tobacco users in the 12 North Central Counties.

gender			quit attempts		
male	56	32%	1	24	14%
<b>female</b>	<b>120</b>	<b>68%</b>	<b>more than 1</b>	<b>145</b>	<b>82%</b>
pregnant	21	18%	none	7	4%
<b>not pregnant</b>	<b>98</b>	<b>82%</b>	<b>avg quit attempts</b>		<b>3.57</b>
not answer	1	1%			
education			last quit attempt		
<9th	4	2%	less than 30 days ago	16	9%
some HS	22	13%	1 to 6 months ago	39	22%
<b>HS/GED</b>	<b>83</b>	<b>47%</b>	<b>6 or more months ago</b>	<b>113</b>	<b>64%</b>
some college	19	11%	blank	8	5%
college grad	45	26%			
no answer	3	2%	occupants in home		
			adults	377	
			children	173	
			<b>*60 homes with children in them</b>		

At 30 day follow-up, the following data are presented:

Quit Attempt at 30 day			Use level at 30day(attempted)		
Yes	67	63%	Not at all	15	22%
No	7	7%	Somedays	32	48%
N/A	27	25%	Everyday	20	30%
Blank	5	5%			
Others smoke in home(last 7 days)			Others smoke in car(last 7 days)		
Yes	13	12%	Yes	15	14%
No	92	87%	No	91	86%

**For more information on COGI's programs, services and current news,  
please visit our website site at:**

**[www.COGInc.org](http://www.COGInc.org)**

**or Like us on Facebook at:**



**<https://www.facebook.com/pages/Clinical-Outcomes-Group-Inc/118990504817919?ref=hl>**



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