

Clinical Outcomes Group, Inc.

Improving the Health of Our Communities

2020

Annual Report

Clinical Outcomes Group, Inc.
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Company Profile

Clinical Outcomes Group, Inc. (COGI) is a dynamic, public health non-profit that exists to meet the unmet needs of vulnerable populations. In our community, these populations may include individuals suffering from addiction disorders, pregnant women, veterans, children and others susceptible to public health issues. COGI strives to provide high quality, low cost, easily accessible health services to any individual or community in need in Schuylkill County, Pennsylvania and surrounding areas.

Originally established as a sole proprietorship in 1997, COGI received 501(c)(3) non-profit status in 2004. Our agency has been uniquely successful in designing and implementing meaningful projects that address the root causes of social and health issues in central Pennsylvania. COGI receives financial support from various sources including governmental agencies (federal, state, local), as well as national and private foundations. COGI's annual operating budget is over \$2,000,000 with unrestricted reserves of \$250,000 and a \$100,000 line of credit. We employ 31 dedicated staff members with advanced degrees and professional licenses specializing in behavioral and public health service delivery.

In 1997, COGI was awarded a contract for tobacco control services in Schuylkill County, Pennsylvania by the Pennsylvania Department of Health. With a long term plan to become a regional well-rounded public health entity, COGI's charter documents were developed in a broad way to lay a foundation for the organization. A target population was never specifically defined; rather the founders left that to be determined by the changing needs of the communities we serve. COGI opened its doors as an outpatient/intensive outpatient drug and alcohol clinic in 2010 and added medication-assisted treatment in 2012. In 2018, COGI was designated as a "Center of Excellence" (one of only 45 statewide) charged with battling the current opioid crisis.

In 2020, COGI has increased its internal capacity to serve our community by becoming a credentialed trauma-informed care facility, expanded our prevention programming to provide evidence-based curriculums in all of Schuylkill County's 12 school districts and acquired funding to once-again provide re-entry services in our community.



Board of Directors

Ms. Christianne F. Bayer, Ed.D., LPC, NCC,, President, Psychological Associates, LLC
Dr. Bayer is licensed as a Professional Counselor by the Pennsylvania State Bureau of Professional and Occupational Affairs (2002), and is a Nationally Certified Counselor (NCC) through the National Board of Certified Counselors.

Mr. Tom Scranton, Vice President, Pyramid Healthcare
Mr. Scranton is a founding Member of COGI's Board of Directors.

Mr. Eric Prock, Secretary, Esquire, Member at Large, Fanelli, Evans & Patel, P.C.
Mr. Prock is Co-Chairman, Schuylkill County Bar Association; and a member of Schuylkill Young Professionals, Pottsville Lions Club, YMCA Fundraising Committee

Mr. Tom Palamar, Treasurer, City Administrator, Pottsville, PA
Mr. Palamar's community activities include Pottsville's Lasting Legacy; Nativity B.V.M. Green and Gold Association; Penn State University Alumni

Rev. Dennis Snyder, M. Div., M.A., MFT, Member at Large, Pastor, Bethany E.C. Church
Reverend Snyder is Assistant Fire Chief, Cressona, PA; and is active in Outreach Club Facilitation, Schuylkill Haven High School, Schuylkill Haven, PA



Staff

Administration

Alicia Fleischut, MA, LPC, CAC, NCC, Executive Director

Kelly Examitas, Director of Fiscal Operations

Courtney Tamagini, MS, NCC, LPC, Clinical Supervisor

Tina Staller, Administrative Coordinator

Kimberlie Gridley, Grant Writer

Ben Fleagle, Office Assistant

Linda Boltz, Billing Specialist

Angelica Harkins, Billing Assistant

Direct Care

Daniel Blugis, PROMISE Project Assistant

Jennifer Brant, Drug and Alcohol Counselor

Marie Coombs, Center of Excellence Community Based Care Manger

Katie Comer, Certified Recovery Specialist

Christopher Cooper, Center of Excellence Community Based Care Manager

Annette Fleming, CADC, Drug and Alcohol Counselor

Linda Hanson, Drug and Alcohol Counselor

Kara Heitzman, Drug and Alcohol Counselor

Kaitlyn Herndon, Prevention Educator

Kimberly Hunter, Certified Recovery Specialist

Estelle Kerestus, Case Coordinator

Brittany Ketchem, D&A Counselor

Mary Ketterer, LPN, AAC II, Drug and Alcohol Counselor

Jessica Lawell, Prevention Educator

Karen McCloskey, Supervisor, Medication Assisted Therapy Program

Shawn McGinley, Drug and Alcohol Counselor and Case Management Supervisor

Candice Moser, Assistant, Medication Assisted Therapy Program

Newton Mull, Certified Recovery Specialist

Jamie Nabholz, Assistant, Medication Assisted Therapy Program

April Panzarella, Drug and Alcohol Counselor

Beth Pattay, CADC, Drug and Alcohol Counselor

Brandon Radziewicz, MA, CAADC, Drug & Alcohol Counselor, LETI Program Coordinator

Helen Rebuck, CADC, Drug and Alcohol Counselor

Joseph Reppert, Center of Excellence Community Based Care Manger

Larry Schew, Drug and Alcohol Counselor, AIS and ACE Program Coordinator

Kathryn Spofford, PROMISE Project Coordinator

Karyn Stevenson, Case Coordinator

Courtney Stewart, Prevention Educator

Nicole Tag, Drug and Alcohol Counselor

Grace Wolfe, Forensic Case Manager

Physicians

John W. Stefavic, MD, Medical Director

Ilene K. Weizer, MD

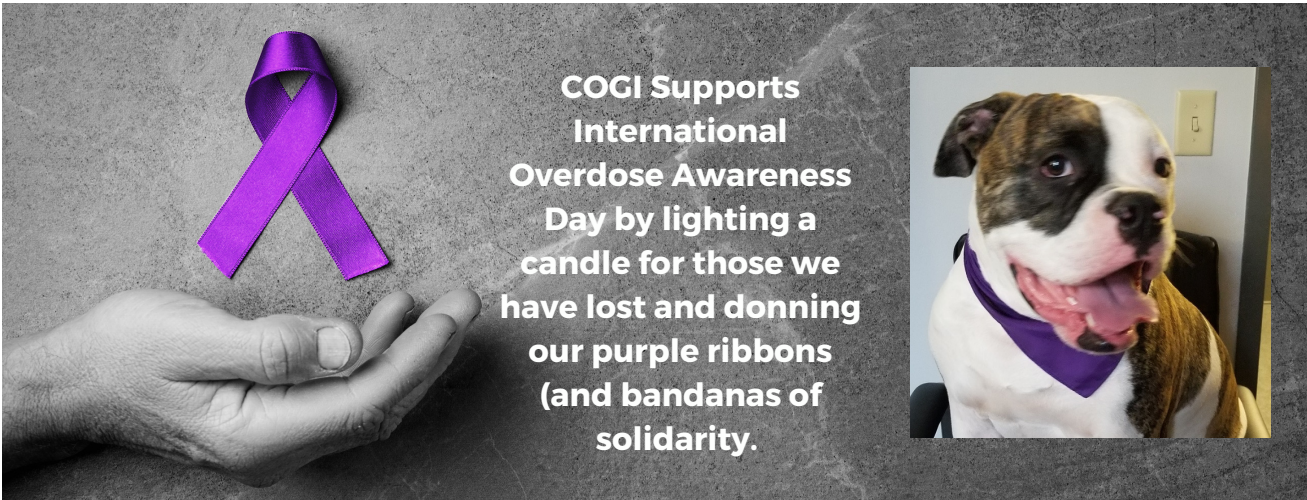


Staff

Engaged Staff participate in Red Ribbon Week to raise awareness for Drug Abuse Prevention



Staff



K-9 Crew



In Loving Memory of Boo Boo Bear



Boo Boo Bear joined COGI in 2012 as the founding member of COGI's K-9 Crew. A gentle giant, Boo Boo roamed the halls of COGI greeting clients and staff with his slobbery face. He always seemed to sense when someone was having a bad day. He was known to lean into your legs and make sure his presence was known. He was happy just to 'be' and surely appreciated a few scratches and snacks. His quiet, laid-back personality made him sometimes unnoticeable. In July, 2020, at the age of 7, Boo Boo Bear crossed the Rainbow Bridge. He is very sadly missed by his family, our Executive Director Alicia, her husband Kevin, and his little brother and fellow COGI K-9 Crew buddy, Theodore "Teddy" Bear. The COGI Family misses him dearly and he has surely left a paw print on all our hearts!

Theodore "Teddy" Bear

Theodore Bear is an American Bulldog owned by Alicia Fleischut, COGI's Executive Director and her husband Kevin. At the tender age of 2, Teddy had to quickly take over as the head of the COGI K-9 Crew after losing his big brother. Staff and clients are generally greeted by Teddy sitting in a chair and waiting for him to extend his paw to be held. He loves scratches and attention and makes you aware he is in the room.



Finding our Forever Home

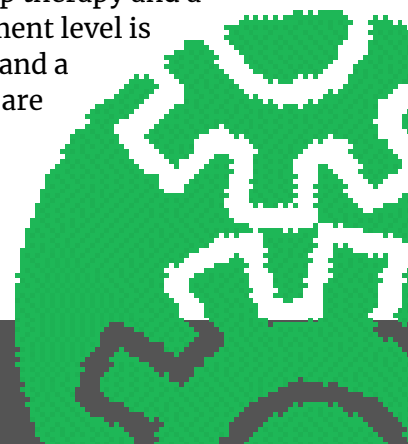


COGI became a licensed outpatient drug and alcohol facility in 2010 and quickly realized our office at 307 N Second Street in Pottsville was not conducive to our vision of growth. In 2012, COGI moved into a larger space at 437 North Centre Street in Pottsville. The office served us well and initially we thought this would be our office for years; within a few years, we had also outgrown this space. It was imperative that we find an office that would allow our counseling staff and case managers to have maximum client time and their own counseling space. Over the course of several years and visits to many properties, we searched for COGI's Forever Home.

In 2017, COGI purchased an office building. We were able to get clearances, design the space, and get renovation bids; it quickly became clear that the renovations needed were well beyond our budget. We once again found ourselves searching for options.

In the Fall of 2019 we signed a lease to rent space at One South Second Street in Pottsville. We immediately began working on renovation design since our existing lease was ending on June 30, 2020, and our building was being sold. The statewide shutdown in March 2020 due to COVID threw a wrench in the system, slowing down our minor renovations. Thankfully we had hired amazing contractors and were able to move in just in the nick of time. On July 1, 2020, we officially moved into our Forever Home.

Our new location at One South Second Street, Pottsville is suiting our needs as a growing outpatient treatment facility. Each counselor and case manager has a private office to meet with clients and conduct everyday business. The first floor consists of three larger rooms for group therapy and a training/conference room where we hold staff meetings and trainings. The basement level is home to our Medication Assisted Treatment Program, a case management suite, and a prevention team suite. As they say, "Good Things Come to Those That Wait." We are grateful to finally be settled in our "Forever Home."



Demographics

COGI's average client is a white, non-hispanic unemployed male between the ages of 30 and 64, never married with a high school diploma.

Marital Status

divorced: 134
live in partner: 5
married: 109
never married: 778
seperated: 62
widowed: 19
unknown: 79

Race

asian: 2
black: 26
other: 4
other single race: 8
two or more races: 12
white: 870
unknown: 264

Education

Grade 8 or below: 28
Grade 9: 48
Grade 10: 77
Grade 11: 111
Grade 12 - no diploma: 26
GED: 191
High School Diploma: 382
Associates Degree: 69
Bachelors Degree: 24
Graduate Degree: 6
Some College: 163
Certification Post HS: 10
unknown: 51

Gender

male: 627
female: 542
unkown: 17

Age

under 18: 10
18 - 29: 282
30 - 64: 880
over 64: 14

Employment

disabled: 118
full-time: 167
homemaker: 2
part-time: 83
retired: 13
student: 10
unemployed: 744
unknown: 49

Ethnicity

Hispanic: 18
Not of Hispanic: 716
Other specific hispanic: 9
Puerto Rican: 7
Unknown: 436

Outpatient

total clients: 1186
1EOC: 1011
MEOC: 175
Active @ year end: 451

carry over: 415
1EOC: 408
MEOC: 7

started services: 771
1EOC: 603
MEOC: 168

2020 MAT clients: 474
carry over: 288
started services: 186
Active @ year end:
305

2020 WHO clients: 136
1EOC: 130
MEOC: 6



Programs

Anger Control Education (ACE)

ACE is a 13 session (initial assessment and 12 sessions), anger control educational group for individuals who experience excessive anger on a regular basis. The goal of the ACE program is to help individuals lead lives less controlled by anger and its consequences. Anger is a healthy human reaction to many different stimuli. Anger plays a vital role in everyday life, alerting us to harmful or dangerous situations. However, when experienced in excess, anger is problematic in many different ways. Individuals suffering from excessive anger control issues often suffer negative biological, psychological, and sociological consequences. In general, anger management is a skill that is developed throughout one's life. Some individuals lack this skill or possess a weakened ability to control anger for a multitude of reasons. Through educational interventions and practice, these individuals can learn to cope with anger in new, healthy, and manageable ways.

The primary objectives of the ACE program include:

- *Assisting in development of healthy ways to manage participants feelings of anger.*
- *Ameliorating violence and/or the threat of violence.*
- *Helping participants develop recognition and self-control of thoughts and actions associated with anger.*
- *Creating an environment where participants can receive support and feedback from others.*

Abuse Intervention Services (AIS)

AIS is a 27 session (initial assessment and 26 sessions) non-violent educational group for men. The goal of the AIS program is to help men lead non-abusive, non-violent lives. Our participants have used violence in their personal relationships to obtain power and control over their partners. Physical violence has often been the most effective method of achieving this goal. Historically, our society has tolerated and protected a man's use of violence against his family, and thus each of us has a responsibility to reduce violence in our community. The goal of AIS is to assist participants in identifying and shifting the beliefs that uphold and contribute to violence and to begin to develop alternative, non-violent behaviors.

The primary objectives of the AIS program include:

- *Reviewing participants past violence and exploring how this relates to issues of power and control.*
- *Eliminating of abusive behavior through examination of the negative effects of the behavior.*
- *Exploring cultural support of violence and the beliefs that underlie the behavior.*
- *Teaching practical non-violent tools participants can practice to eliminate abusive and controlling behavior.*



Programs

Center of Excellence (COE)

COE is focused on individuals suffering with opiate addiction. The case manager works with clients holistically, to provide services beyond drug and alcohol treatment. Non treatment needs and external stressors often create a barrier for individuals attempting to maintain sobriety. Custody issues, housing issues, transportation needs, financial problems, unaddressed mental health, and trauma issues are a few of the areas that are addressed in COE case manager/client relationship. By linking clients with other community agencies, providing supportive services, and helping individuals to obtain documentation (birth certificates, state ID or social security cards), the COGI COE strives to remove as many external burdens as possible for the client so that they can concentrate fully on their sobriety.

Schuylkill Mothers United for Recovery and Families (SMURF)

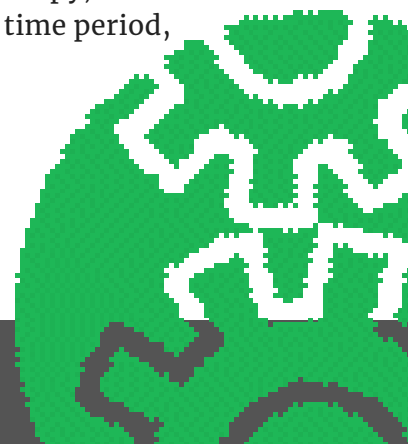
SMURF provides prevention education, early intervention, basic treatment, case management, aftercare and follow-up for women affected by opioid addiction. The counselor is responsible for clinical evaluation of clients, on-going treatment of clients, and continuum of care throughout treatment.

The SMURF (Schuylkill Moms United in Recovery and Family) Program began in October 2019 through funding awarded by the Department of Drug and Alcohol Programs. This program focuses on treatment and referral services for pregnant and post-partum woman with children through the age of three who suffer from opiate addiction.

In 2020, the SMURF Program was just getting ramped up when COVID-19 hit. This caused many changes within the program and most treatment was transitioned to telehealth from late March 2020 through the end of the year. This made it very difficult to keep clients engaged.

Case Management services focuses on assisting several clients with obtaining insurance, completing housing applications, and completing job applications.

Based on data collected from October 2019 through December 2020, COGI had 57 clients referred to the SMURF program and of the 57 referrals, 44 women were admitted. Under SMURF clients can receive substance abuse counseling, medication assisted therapy, case management, and certified recovery specialists services. During the 15 month time period, enrolled clients were engaged in an average of two of these services.



Programs

Veterans

In 2020, COGI expanded our focus to the veteran population. In October, a homeless Veteran happened to spend time on a bench near our office. Every day several staff talked to him; he never asked for anything. One day we invited him into our office for food and we discovered how he was struggling with homelessness and other domestic issues. We were able to find him temporary housing, a job, and ultimately a permanent residence. He is now employed with his own apartment and doing well. This inspired us to hold a fundraiser to raise money for other veterans in need. Currently we have developed a Veteran's program with dedicated Case Manager and Counselor to assist in providing treatment and care to local veterans. In 2021, we plan to apply for grant funding to expand our Veterans program; continuing to 'Make the Impossible Possible' for veterans.

Self-Management and Recovery Training (SMART Recovery)

SMART Recovery is a science-based recovery support group. Participants learn from a trained facilitator self-empowering techniques to aid their recovery through mutual face-to-face meeting services. SMART Recovery does not limit itself to just drug addiction, its methods have been proven to work for other addictions such as gambling, sex, and shopping addictions. Utilizing Cognitive Behavioral Therapy and Motivational Interviewing techniques SMART recovery consists of a 4 Point Program which includes: Building and Maintaining Motivation, Coping with Urges, Managing Thoughts, Feelings, and Behaviors, and Living a Balanced Life.

What makes SMART Recovery different is it advocates choice, so those seeking recovery can choose what works best for them from a variety of options. For example, a participant can actually choose to “graduate” when they feel the addictive behaviors are behind them. Many SMART Recovery graduates continue to volunteer as meeting facilitators to help “pay it forward.”

This program was first introduced to our clients in February of 2019. Since the inception of the group, it has grown from 2 initial participants to 10 participants in 2020. Weekly meetings are held on Thursday evenings from 5:30-7:00pm. SMART Recovery participants receive a workbook with many tools and activities that are subsequently reviewed at each meeting.



Programs

Prevention

Classroom Education:

COGI entered into several contracts to provide “Too Good for Drugs”, an evidence-based curriculum in Schuylkill County schools. This curriculum offers students alternatives to drug use via positive life skills. Through social and emotional learning as well as substance abuse prevention skills, this program empowers children to use those skills to lead happy and healthy lives. Too Good for Drugs has a curriculum for each grade level from Kindergarten through 12th grade. Contracts to provide “Too Good for Drugs” were executed with the following funders for the attached services:

The Schuylkill County Drug and Alcohol Program (SCA):

COGI provided prevention services in 7 Schuylkill County school districts through funding from the SCA including Blue Mountain, Mahanoy Area, Minersville, North Schuylkill, Pottsville, Saint Clair, and Schuylkill Haven school districts. Students in grades ranging from 1st grade to 9th grade received the evidence-based curriculum. A grand total among all five districts of students receiving “Too Good for Drugs” through the SCA partnership is 1,605 students. Unfortunately, due to COVID restrictions and closures, not all grades were able to receive the full curriculum.

Minersville Area School District (MASD):

Administration from the Minersville Area School District wanted to provide “Too Good for Drugs” to students in grades that were not included in COGI’s contract with the SCA. MASD privately funded COGI’s prevention services for students in grades 1, 3, and 5. 264 students received the curriculum through COGI’s contract with MASD.

Mock Bedroom

The Mock Bedroom is an interactive parent education display (children are not permitted) where parents, guardians and other caretakers walk through a “bedroom” to learn what to look for and how to be aware of potential indicators of drug and/or alcohol use. This learning experience also educates the visitor on what different illicit substances and paraphernalia look like. COGI’s prevention team has created booklets to inform parents and guardians about not only the harmful substances in their child’s bedroom, but other health related issues. This booklet includes information about eating disorders, cutting, suicide, depression, substance abuse, and community resources. COGI has been invited to present the Mock Bedroom at back-to-school night, community safety nights and other events in Schuylkill County. In 2020, the Mock Bedroom was not displayed at events due to COVID shutdowns and restrictions.



Programs

Summer 2020:

While working from home, COGI's prevention staff used creativity to keep children safe and healthy through the summer months. COGI's prevention staff created packets that included coloring sheets and other informative activities and distributed them to lunch pickups through school districts within Schuylkill County. Staff also held a summer scavenger hunt. The scavenger hunt encouraged children to complete a daily activity that followed a specific letter of the day (snapping a picture of findings or themselves completing a letter correlated activity). Upon submission, the child was entered into weekly prize giveaways. All entries were entered into the grand prize drawing – a Nintendo Switch!

Prevention staff attended the 2020 Commonwealth Prevention Alliance. The conference was held virtually over the course of 4 days. Prevention specialists attended discussions on a variety of topics including: CBD – How Did We Get Here?, Methamphetamine: What's Old is New, Suicide Prevention, The Science and Solution to Stress, and much more.

As the 2021 school year quickly approached, staff also took the time to learn the new technology, such as: Kahoot!, Google Classroom, Zoom, and Class Dojo.

PROMISE

Many changes were made to the PROMISE Project during 2020 due to the COVID-19 pandemic. One main change was the halt to all in-person programming and a transition to virtual.

In winter 2020, the Botvin's LifeSkills Training program was implemented in 6th grade health classes as part of the health curriculum. The 5th, and final, cycle of the school year began in March 2020 right as the Tamaqua Area School District halted in-person classes. At that time, an online version of the LST lessons and curriculum did not exist and the last cycle of students was unable to receive the training.



PROMISE program staff offer smiles of pride for a job well done!



Programs

In Fall 2020, online lessons were rolled out in time for the second cycle of students. Allowing teachers to assign online work in e-LST, which introduced the students to new concepts as homework; focusing on the skills-practice in class. This proved helpful for the students who attended school online as they are able to do homework online and attend class for practice through Google Meet. LST was provided to both 6th and 7th graders, level one and level two.

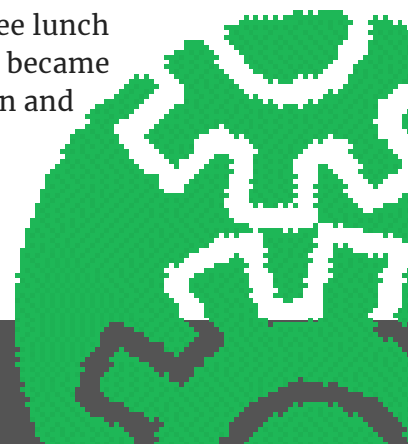
In early 2020, PROMISE struggled to recruit families to participate in the Strengthening Families Program (SFP). An in-person cohort was planned to begin in February and was rescheduled when no families attended the first meeting program. A second cohort began the first week of March with only one family attending. Low turn out was due to COVID-19 and a general hesitancy to participate in group activities. In late March, the cohort was cancelled.

SFP was put on hold for several months as Iowa State University, the creators of the program, worked to develop a virtual means of delivery. The online program was rolled out in July, 2020 and by November PROMISE was able to begin our first virtual cohort. Limited in-person accessibility led to a challenging family recruitment process. In fall 2020, outside organizations were not allowed in schools and TASD went paperless. PROMISE used emails, cold calls and social media for recruitment. These techniques were not nearly as effective as in person contact.

In March 2020, PROMISE held the first in-person training for Social Development Strategy. This training was provided to the middle school and high school teachers of the TASD. Penn State Epis Center worked to transition SDS into a virtual training. Our coordinators and trainer completed training for virtual trainings and fidelity observations with the first being held in September 2020. Our project partner, Micah Gursky, trained to be an SDS trainer and was added to the PROMISE team. The transition from in-person to virtual delivery for SDS was fairly seamless. A community training program was scheduled for January 2021. Several others are currently on the project's radar.

PROMISE was able to focus more attention on our primary prevention messaging campaign. We teamed up with PA Start and Boom Creative to create promotional materials such as postcards and billboards. COVID-19 relief resources were included on the postcards such as emergency assistance, housing, food, unemployment, mental health services, etc. PROMISE also created SFP information cards given out with lunches at the Southward Playground free lunch program during the summer as well as with orders made at Hope & Coffee. We became more present on social media sharing resources, articles, program information and positive messaging on both Facebook and Instagram.

To learn more, visit raiderspromise.org



Programs

Medical Assisted Therapy (MAT)

Total number of Patients by Month:

	<u>Dr. Stefovic</u>	<u>Dr. Weizer</u>
January	213	65
February	215	70
March	216	67
April	209	74
May	206	77
June	209	77
July	210	78
August	210	75
September	203	72
October	197	71
November	195	73
December	192	72

Clinic is held Monday (8 to 4:30) – Wednesday (8 to 7) and Friday (8 to 4:30). Dr. Stefovic is here daily until 4:30. Dr. Weizer is here Wednesday 5 to 7 and Friday 12 to 4:30.

The MAT program provides prescriptions for Buprenorphine (Suboxone, Subutex, Sublocade – the 1x/month injectable form of the medication) and Vivitrol. We are seeing increased success with Sublocade, with patients going 8 weeks between injections. This form of the medication will make it easier for a patient to taper and we are starting to see those results. Generic forms of the medication and Sublocade are covered by Medicaid without a prior authorization.

The doctor's also continue to prescribe mental health medications for our patients; there is a continued need for this service. Mental health appointments are hard to schedule and it can take several weeks for the patient to see a psychiatrist. The doctor's also prescribe regular medications for patients until we can get them appointments with a PCP. Our CM team does a great job of connecting our patients to these services. Both doctor's also bridge the gap with medications for patients coming out of rehab or incarceration. In addition, Dr. Weizer continues to help the female population procure birth control medications and helps them obtain gynecological treatment.

The newest member of the MAT team is Jamie Nabholz, a Certified Medical Assistant. Jamie has become a valuable member of the MAT team helping with necessary tasks for clinic, requesting labs and medical records, and drawing bloodwork. Having the ability to do bloodwork in our facility is an integral part of the MAT service as our patients do not always have the ability or feel comfortable going elsewhere for these services.



Programs

NARCAN DISTRIBUTION 2020

SCHUYLKILL COUNTY, PA



86 LIVES SAVED

In 2020, participating agencies administered Narcan to 88 individuals resulting in 86 lives saved.

KIT DISTRIBUTION

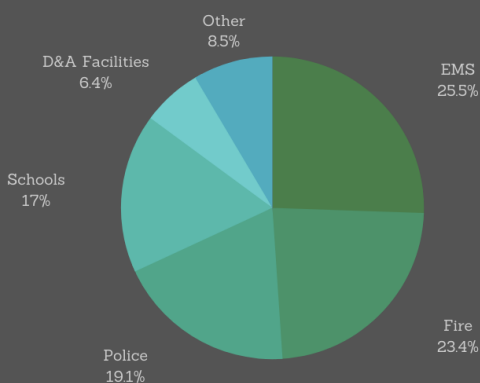
348 kits (696 doses) of Narcan were distributed to participating agencies throughout 2020.

146 doses were administered to 88 individuals and 14 doses were left behind with the individual and their family in the event of repeat overdose.



AGENCY PARTICIPATION

In 2020, 47 unique agencies participated (receiving kits or Narcan administration) in the program. A breakdown of the types of participating agencies is charted below.



Narcan Kits distributed in Schuylkill County are provided by:
The Pennsylvania Commission on Crime and Delinquency (PCCD)

Warm Handoff

In 2016, the Pennsylvania Department of Drug and Alcohol Programs (DDAP) implemented the Warm Handoff which was designed to help overdose victims who are brought into the emergency room. This program gives the emergency department personnel a contact to handoff the patient to a drug and alcohol provider to get the patient right into treatment for their addiction.

DDAP has put the responsibilities on the Single County Authorities (SCA) to create a process whereby patients receive a direct treatment referral from the emergency department.

Schuylkill County Drug & Alcohol (SCA for Schuylkill County) has contracted with COGI to coordinate Warm Handoff for Schuylkill County. COGI team members rotate being on-call 24/7/365 to conduct Warm Handoff services during non-business hours. Emergency room referrals come from Geisinger / St. Luke's Hospital in Orwigsburg, Lehigh Valley Health Network in Pottsville, and St. Luke's Miners Memorial Hospital in Coaldale. Our on-call staff report to the emergency room and do a brief screening with the patient. Depending on the situation, staff can do a direct referral to detox or rehab treatment or, when required, our staff will do a complete assessment and referral. The goal is that the patient goes directly from the hospital to a substance abuse treatment facility upon receiving medical clearance.



Impacts of COVID19 Epidemic

ACE/AIS

AIS was not running from April to August. In August, we attempted zoom sessions but were unsuccessful. In person groups began again Sept 23. ACE has been held on an individual basis and was done via Telehealth during covid.

Telehealth

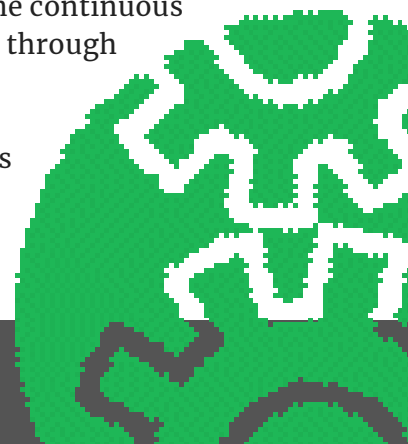
It was more demanding therapeutically to engage a client with the lack of body language communication and this was a different technique than face to face sessions. I found myself doing a lot more of the talking in order to adequately engage. Maybe the clients needed to know that I was more invested as they could not see my body language. Some clients were more open as a result of telehealth and it was easier to detect the problem they were communicating, due to only being able to listen. I found that some clients were grateful that transportation did not impact their ability to attend sessions. I did not prefer telehealth due to the lack of personal interaction. I was grateful to see people in person again.

Counseling Services

COVID definitely impacted drug and alcohol counseling. Not having face-to-face sessions was difficult because it lacked gaining a therapeutic rapport. Not being able to 'see' new clients in person was challenging, both for clients and Counselors, It felt impersonal and clients were distracted with other things (shopping, fishing, watching tv, etc.). I had a difficult time conducting sessions from home. The office was also changed by not seeing or hearing staff.

Warm Hand-off (WHO)

The WHO program operated a little differently during COVID-19. Rather than personally going to the hospital to respond, we coordinated everything through telehealth. Some patients requested this program by name and were aware of our services. Mostly, the hospital staff identified individuals who would benefit from the program based on the reason for their hospital visit. Some patients are easily identified as being appropriate for the WHO program because they are hospitalized for an overdose or were inebriated. Others were a little more difficult to identify. For example, I received a call from the nursing staff for a gentleman who was in the hospital secondary to a fall. Although he appeared to be functioning normally, the staff ran tests and found his Blood Alcohol Level to be extremely high. The staff inquired about his drinking habits and connected him to our program. The gentleman was initially hesitant about receiving services, but agreed to go to detox and inpatient treatment. The continuous education and partnerships between WHO staff and the hospital strengthened through telehealth coordination because it requires more frequent, direct contact and communication to nursing staff. Despite not being able to go to the hospital in-person, the WHO program continues to receive many referrals and provides help for many patients, some of whom continue with our facility's outpatient, MAT, and recovery support programs.



Impacts of COVID19 Epidemic

COE

Staff had to become creative in order to keep client's engaged. Utilizing "Recovery at home" workbooks were one of the tools staff used to keep client's engaged. The workbooks were dropped off at willing client's homes. Workbooks contained 12-step information, online resources, and activities to take the client's mind off of their troubles (crossword puzzles, mandalas). Worksheets related to client's specific goals were also provided as "homework" between telehealth sessions.

SMURF

Challenges arose with clients who did not have access to cell phone service. This was a disadvantage for several clients as they could not maintain telehealth services or communications with the SMURF treatment team. Client's also struggled with transportation to the office due to limited operating transportation services.

MAT

We operated through in person and telemedicine. Patient's who receive an injectable medication were given the option of going back to an oral form of the medication or staying on their injection. Changing to the oral form of the medication gave them the opportunity to do telemedicine. While most of our patients who are on injectable medication chose to stay on that form there were times when we needed to do telemedicine and place them on the oral form due to quarantine restrictions. Drug screens were utilized and case managers were given drug screen kits for home visits. This allowed us to have some control over testing and documenting relapse. We saw many patients relapse due to several factors, including: less face to face visits, less accountability/drug screens, boredom, job loss, and heightened anxiety. Telemedicine proved to be a helpful option for patients struggling with transportation or child care issues. However, patients did not always answer during their scheduled appointments, technology issues prevented face-to face communications, and drug screens/medication counts were not possible.

Helen's Story of Empathy in Action

I received a call from a former client's mother. She felt her son was struggling with depression due to COVID. She wasn't concerned about a relapse, rather his motivation and mental health were plummeting. When she asked how he was feeling he responded, "fine." Several days later he had an appointment with the facility doctor. I took some time to talk to him and see how he was doing. When I asked how he was doing with COVID he said "oh great no problems." As we talked more I decided to share my own struggles with isolation and the changes we were all dealing with through COVID. Afterwards he opened up and expressed his struggle as well.

We both realized that it is ok to not always be "ok."



Fundraising

As a non-profit, COGI has always done some level of fundraising. Often our fundraising efforts were to replenish the COGI Cares Fund used to assist clients with a variety of needs. 2020 began a new focus for fundraising efforts. Staff coordinated fundraisers to assist us in raising money to fund expenses related to our eventual Forever Home. After relocating the office in July, COGI turned its focus once again.

Veterans have always been a priority population for COGI, however events of 2020 showed us that we needed funding to cover outside the box things. COGI decided to do something we have never done before. We wanted to host a one-day event where we have local bands providing entertainment throughout the day while food trucks and vendors offer things to eat and do throughout the day. An event was planned for October 2021 and fundraising was ramped up to cover the costs of the day so that ticket sales for the day would all fund Veterans programming. COGI began selling raffle tickets and doing online drawings via Facebook Live. The pandemic made fundraising even more of a challenge than usual, so we were faced with using social media as a method of getting the word out and focusing on non-personal events.

WHY VETERANS FOCUS

Shortly after moving into our new office, COGI Staff befriended a gentleman often seen spending several hours during the day on the bench in the church yard located next door. As Fall was turning to Winter, and temperatures were dropping, we started to wonder why this man spent so much time sitting outside. After saying “Hello” and offering assistance several times only to be turned down, our new friend finally accepted a pair of gloves. A few weeks later while COGI was having a staff luncheon, our friend from the bench finally accepted our offer to come inside and grab a bite to eat. Through some conversations we learned this man was a Veteran but due to his level of service, etc. he did not qualify for Veterans benefits. He became homeless when he had lost his job and could no longer afford his rent. He continued to seek employment but after being homeless for a period of time, he was too ashamed to interview because of his hygiene. He feared sleeping outside at night so he walked the city by night and napped/rested on our neighbors bench by day. He had no where to turn until he met COGI Staff. He was initially not willing to take our help nor did he ask for help but slowly we gained enough trust to get him exactly what he needed, a roof over his head and some clean clothes. COGI staff joined together to get him clothes and basic supplies and we used COGI Cares funds to pay for a week at a local hotel to buy us some time to find a better solution. In using our resources we found him a temporary room, get an ID, and began the hunt for a job. A few weeks later he was able to find employment and obtain his own apartment. This solidified our decision to fundraise even more and support our Veterans.



Financial Summary

\$2,579,247

TOTAL BUDGET

