



THE counseling center, INC.
we believe in miracles

**Scioto County
 Outpatient Services**
 411 Court Street
 Portsmouth, OH 45662
 740.354.6685 PH
 740.354.5061 FAX

OUTPATIENT TREATMENT
 Integrated AOD/MH
 Adults | Children | Adolescents

**Adams County
 Outpatient Services**
 210 N. Wilson Drive
 Suite 101
 West Union, Ohio 45693
 937.544.5218 PH
 937.544.5609 FAX

OUTPATIENT TREATMENT
 Integrated AOD/MH
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**Stepping Stone
 Outpatient Services**
 816 4th Street
 Portsmouth, OH 45662
 740.354.6550 PH
 740.355.7936 FAX

OUTPATIENT TREATMENT
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**Crisis Center and
 24 Hour Hotline**
 1311 2nd Street
 Portsmouth, OH 45662
 740.354.1010 PH

RESIDENTIAL TREATMENT
 Adults | Support | Information |
 Referral Services

**Scioto County
 Administrative Office**
 923 Findlay Street
 Portsmouth, OH 45662
 740.354.3829 PH
 740.353.6669 FAX

ADMINISTRATION
 HR | Finance | Community
 Relations & Development

**The Counseling Center is
 a contract provider of the
 ADAMHS Board serving
 Adams, Lawrence, and
 Scioto Counties.**

Programs Accredited by

 Commission on Accreditation of
 Rehabilitation Facilities

PROGRAM ACCOUNTABILITY STANDARDS

The Counseling Center, Inc. offers outpatient treatment and treatment with supportive housing for men and women, formatted on the disease concept of addiction, focusing on outcomes. Every referral to The Counseling Center goes through an initial screening process. Referrals may be presented by court systems, health care providers, mental health providers, employers, friends, family members or by self-referral.

ASSESSMENTS:

Upon completion of the initial screening, The Counseling Center administers a client assessment, internally, by a state licensed, certified clinician or specialist. The assessment tool is designed to identify the client's needs, risks, mental health factors, and level of severity of abuse of alcohol and or drugs. When substance abuse is determined, the Substance Abuse Subtle Screening Survey (SASSI) may also be administered. When the client's needs, risks and level of abuse have been defined, the clinician will develop an individualized action plan that will include the client's goals and objectives in meeting set goals. The level of substance abuse treatment recommended will be determined by the level of severity identified in the assessment as either mild, moderate, or severe.

PROGRAM TREATMENTS:

The treatment models for the substance abuse programs are Didactic, designed to teach, and Process, based on the client's action plan, focusing on addiction as a disease. Services offered include: outpatient programs, supportive housing (in-house treatment), transitional housing, and medically assisted treatment. The duration and intensity of the treatment is based on the individual needs and the severity level of substance abuse. Treatment recommendations for severe level may include supportive housing and/or Into Action out-patient services (Intensive). Moderate level may warrant Into Action or basic out-patient, and mild level would consist of the appropriate degree of out-patient services such as relapse prevention and aftercare. Medically assisted treatment is an option only for active abusers and is limited to the shortest possible period of treatment depending on the client's situation.



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INDIVIDUALIZED SERVICE:

All programs are designed to address substance abuse, and addiction as a disease.
Individualized services are based on the client's action (case) plans created from objectives identified in the assessments, to address risks and needs.
Clients actively participate in the development of their individual action plan.
Areas targeted in action plans include abuse of alcohol and other drugs, education and employment needs, criminogenic targets, anti-social attitudes and peers, family, and pro-social activities.

GROUP TREATMENT DYNAMICS:

Process treatment groups are separated by gender and severity of abuse (risk).
The goal for client group size is a 12 to 1 ratio.
In didactic treatment groups, even though the goal of 12 to 1 is desired, there is no real limit to group size.

BEHAVIOR MANAGEMENT:

Programs implement a behavior management system that includes both incentives and punishers designed to encourage new skills and pro-social behavior, while suppressing anti-social tendencies.

PROGRAM/TREATMENT QUALITY ASSURANCE:

The Clinical Director conducts monthly case record audits and monitors staff's delivery of services.
The Clinical Director audits 10% of the client caseload each month. A case record is examined from the beginning of the treatment episode to the present, covering initial screenings, assessments, treatment plans, administrative code, case notes, medical records, special orders, and discharge summaries.
Issues needing addressed are communicated to the appropriate supervisor and resolved by the clinician.
All staff participate in the QA process, and program staff have the opportunity to provide input into the modification of the programs.



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TREATMENT COMPLETION CRITERIA:

- Program completion is determined by established, defined criteria, based on the client's progress in meeting the goals outlined in the individualized treatment plan.
- A discharge summary is created and displays the client's progress while in the program in meeting target behaviors and goals, as well as making further recommendations for ongoing continuity of care in the specified areas of need of the client.

REFERRAL OUTCOMES:

- Referrals that are made as a special Order of a court or as a term of probation, require the client to approve the release of information to that referring court agency. Program compliance or non-compliance is then communicated to the referring court agency.
- Program statistics on the number of referrals, successful completions, and unsuccessful completions, will be made available to referring court systems, to show a Diversion vs. Recidivism rate.

Nick Ferrara

Regional Jail Diversion Coordinator
411 Court Street
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www.thecounselingcenter.org



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