



Annual Report

Fiscal Year 2011

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Introduction

Bristlecone's Board of Directors

and Leadership Team are proud to present a comprehensive report on our accomplishments in the past fiscal year – July 1, 2010 through June 30, 2011.

This report addresses the following areas:

- Financial Information
- Accessibility
- Resource Allocation
- Surveys and Inspections
- Risk Analyses
- Service Delivery Assessment
- Governance
- Human Resources
- Technology Analyses
- Health and Safety
- Field Trends

Bristlecone continues to fight addiction with a solid service delivery record. We are very thankful to our generous financial supporters, volunteers and partners who continue to make this possible.

Like most of the nation, Bristlecone is feeling the effects of these unprecedented economic times. However, despite the economic climate, the work begun over 40 years ago goes on and we will continue to be there in good times and in bad. Our services are vital to the well-being of our community. It is through people like you that we are afforded the opportunity to continue with our mission of helping people reclaim their lives by providing customized addiction and mental wellness treatment services.

As we look forward into the new fiscal year, there are some significant changes on the horizon. Most prominent and important is the purchase and remodel of our new home at 120 S. Wells Avenue. This change is both challenging and exciting but will make us more accessible to people seeking treatment.

We sincerely appreciate the hard work of our Board members, staff members, and stakeholders who worked hard to keep Bristlecone available to people who need us. Together, we continue to make a difference in the lives of our clients and their families.

Financial Information

The year-end net income for fiscal year ended June 30, 2011 was \$76,595. This reflects an increase in profit of \$124,772 over the fiscal year ended June 30, 2010 net loss of (\$48,177). Revenue decreased by \$173,727 between the two years, while expenses decreased by \$294,762. Client fee revenue decreased by \$12,325, but was offset by increases in drug court revenue of \$27,337 and grant/contract revenue of \$134,065. The gambling and United Way grants decreased but were offset by increases in funding from SAPTA, the Veterans Administration and Federal Parole and Probation. As for expenses, the main savings were payroll which decreased by \$170,041 and benefits expense which decreased by \$39,370. There also was a decrease in drug testing expense of \$56,452, as the adult drug court contract changed in FY2011 and Bristlecone did not perform drug testing on new clients. In addition to the more favorable financial position at the end of FY2011, the Wells Building project has been moving forward. As of August 31, 2011 cash has been raised and set aside in the amount of \$94,869. The building purchase option was not exercised, so capitalized lease payments in the amount of \$107,500 have been expensed in FY2011.

Campaigns and Special Events

Total Giving in FY 2011

| | |
|-----------------------|-------------|
| Total Number of Gifts | 155 |
| Sum of All Gifts | \$71,840.52 |
| Smallest Gift | \$1 |
| Largest Gift | \$20,000 |

Total Pledges in FY2011

| | |
|--|----------|
| Total Number of Pledges Received | 16 |
| Total Dollar Amount Pledges | \$12,252 |
| Total Dollar Amount of Fulfilled Pledges | \$11,352 |
| Number of Fulfilled Pledges | 5 |
| Number of Unfulfilled Pledges | 11 |
| Pledge Fulfillment Rate | 45% |
| Percentage of Total Giving from Pledges | 16% |

Donors

| | |
|--|-------|
| Total Prospects/Donors in Database | 1,234 |
| Total Donors in Database (has given \$1 or more) | 285 |
| Total New Donors (given \$1 or more) in FY2011 | 80 |

Breakdown of Giving by Campaign in FY2011

| Campaign | Total for Campaign | Percentage of Total Giving in FY11 |
|--|--------------------|------------------------------------|
| Ride for Recovery (no event in FY2011 so not included in | \$3,067 | 0% |

| | | |
|--------------------------|----------|-----|
| Total Giving for FY2011) | | |
| Italian Feast | \$11,593 | 16% |

Breakdown of Giving by Campaign in FY2011 - Continued

| | | |
|--------------------------|-------------|--------------|
| Holiday Wish Campaign | \$43,345 | 60% |
| Flight for Food Campaign | \$190 | Less than 1% |
| Other | \$16,710.52 | 23% |

Total Giving in FY 2010 vs. FY 2011

| | FY 2010 | FY 2011 | Growth |
|-----------------------|-------------|-------------|------------|
| Total Number of Gifts | 186 | 155 | -31 |
| Sum of All Gifts | \$62,268.58 | \$71,840.52 | \$9,571.94 |
| Smallest Gift | \$15 | \$1 | |
| Largest Gift | \$10,000 | \$20,000 | |

Total Pledges in FY2010 vs. FY 2011

| | FY 2010 | FY 2011 | Growth |
|--|---------|----------|---------|
| Total Number of Pledges Received | 3 | 16 | 13 |
| Total Dollar Amount Pledges | \$4,000 | \$12,252 | \$8,252 |
| Total Dollar Amount of Fulfilled Pledges | \$4,000 | \$11,352 | \$7,352 |
| Number of Fulfilled Pledges | 3 | 5 | 2 |
| Number of Unfulfilled Pledges | 0 | 11 | |
| Pledge Fulfillment Rate | 100% | 45% | |
| Percentage of Total Giving from Pledges | 6.4% | 16% | 9.6% |

Donors Growth in FY2010 vs. FY 2011

| | FY 2010 | FY 2011 | Growth |
|--|---------|---------|--------|
|--|---------|---------|--------|

| | | | |
|--|-----|-------|-----|
| Total Prospects/Donors in Database | 872 | 1,234 | 362 |
| Total Donors in Database (has given \$1 or more) | 205 | 285 | 80 |

Grants

Grant staff has exceeded all goals for grant writing as outlined in the agency's Strategic Plan during FY2011 despite multiple challenges.

Total grants submitted: 29

The total number of grant submissions decreased by six from FY2010 despite grant submissions to 6 new funders. This was the result of a number of factors.

New grants submitted: 6

Total new dollars brought in: \$244,900.00

Awards supported both capital and operating projects (Wells Building, GATE, client journals, and dining room makeover).

A \$5,000 award from the Robert Z. Hawkins Foundations had a huge impact on the agency – the dining room makeover. Portable colorful tables and chairs replaced old broken and dated items. Assorted dinnerware sets were replaced with one modern dinnerware set with matching glassware and utensils. The results were a coordinated appearance giving a welcoming family style feel to mealtime. In addition, staff was able to update the kitchen with additional pots, pans, and serving dishes.

In addition, two in-kind grants were awarded:

- NIATx: training grant
- Allegra FootPRINT Fund: This award provided the printing of a new agency brochure, which supported the new Brand Platform. The printing of the brochure had been cost prohibitive for the agency.

Collaborative Grants: Bristlecone was the lead agency for a NIATx training grant proposal. Participants included SAPTA, and other treatment providers in northern Nevada.

The agency was unsuccessful in submitting a collaborative grant for the Supportive Services for Veteran's Families. The focus of the grant was for supportive services for the veteran and their family, it was not a treatment grant.

Challenges: The agency is heavily reliant on grant funding for operating revenue (approximately 76 percent). This becomes a far greater test for the agency as it seeks to secure operating and capital funding during a turbulent economic climate. Federal and state grants are decreasing in number, demand greater collaborative efforts, and have implemented stringent reporting requirements. Collaborative submissions are becoming the norm rather than the exception.

The ability of the agency to diversify its funding streams is critical.

Strengths: Although the agency has experienced funding cuts, there has not been an elimination of any major grant. To the agency's surprise, some grant awards have experienced funding increases. The ability of the agency to maintain all of its major funding sources despite some cuts, has allowed the agency to maintain the full continuum of care services to clients and their families.

Grant staff continues to be persistent and creative in their grant research and submissions. The presence of staff in the community, and the relationship building that has been taking place continues to form a solid foundation for increased community awareness, and foundation grant support.

Accessibility

In FY2010-2011, Bristlecone launched a major donation campaign for the Wells Avenue project. To date, the agency has received over \$90,000 that will be used toward expenses arising from the purchase of the building which is due to close in September, 2011.

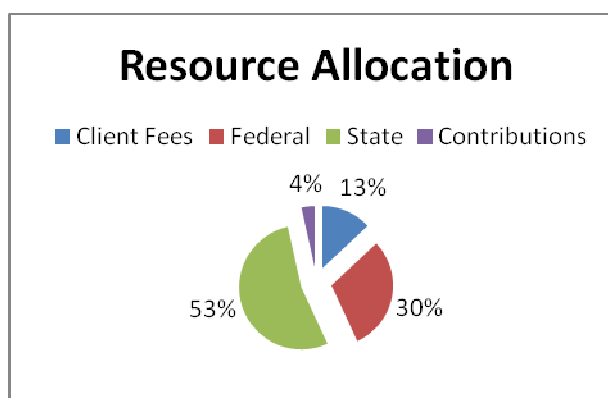
Leadership began planning for the relocation of the Adult Drug Court program which is currently located on Keystone Avenue. It was determined that the facility needs to be relocated to an area more accessible to clients of the ADC program and in a facility which allows for a more therapeutic environment.

Bristlecone's Compliance Officer has been working closely with intake staff and counselors to improve the agency's system for admitting clients. The staff is working together to ensure that appropriate placement is made into both level of care and agency programs such as the GATE program and Transitional Living.

Finance staff were able to evaluate 3rd party billing as a result of a grant obtained through NIATx. By improving these processes, more clients have been able to receive treatment services covered by their insurance provider. Additionally, the agency has seen a substantial increase to its revenue as a result of these improvements.

Mission and Vision statements have been revisited and revised to be more inclusive of the population we serve: specifically, those needing mental health treatment and/or compulsive gambling treatment.

Resource Allocation



Surveys and Inspections

The Substance Abuse Prevention and Treatment Agency (SAPTA) (through the State of Nevada) certifies treatment programs by level of care and program. Bristlecone received the following certifications:

Services

Expires

| | |
|--|------------|
| Level 1 Outpatient/Adult-Keystone | 02/02/2013 |
| Drug Court/Adult-keystone | 02/02/2012 |
| Level 1 Outpatient/Adult McCarran | 02/02/2012 |
| Level 11.1 Intensive Outpatient/Adult McCarran | 02/02/2013 |
| Level 1 Outpatient/Adult COD McCarran | 02/02/2012 |
| Level 11.1 Intensive Outpatient/COD McCarran | 02/02/2012 |
| Comprehensive Evaluation/Adult McCarran | 02/02/2013 |
| Level 111.2-D Residential Detox/Adult McCarran | 02/02/2012 |
| Level 111.3 Residential/Adult McCarran | 02/02/2013 |
| Transitional Living/Adult McCarran | 06/30/2013 |
| Civil Protective Custody/Adult Parr | 02/28/2012 |

Bristlecone received a three year Accreditation from the Commission on the Accreditation of Rehabilitation Facilities (CARF) for the following programs:

Social Model Detox- McCarran
Residential Treatment-McCarran
Outpatient Treatment-McCarran

The next CARF survey will be in June 2013.

Risk Analysis

Internal Risks: Injury on unit; Violence on the unit; Loss of revenue; competitive wages and staff turnover; inability to dispense medications; increasing cost of employee benefits; workman's compensation claims this year (this increased our policy cost from \$29,000 to \$39,000); increase in client numbers due to state and federal funding cuts among partner agencies; increased the need for full-time staff, impacting the budget.

External Risks: Current location. Workforce vs. wage; liability issues; fundraising; reduced amount of grant opportunities; decreased funding of other community agencies puts increased stress on Bristlecone.

Governance

In FY2011, the Board of Directors determined that Bristlecone needed a Brand Platform which was developed over a period of approximately 6 months. Today, Bristlecone has an updated Mission statement, Vision statement, Core Values, positioning statement, and tag line. Additionally, all brochures, letterhead and marketing materials were redeveloped to support the new platform.

Human Resources

Employee Trainings: The training curriculum consists of monthly mandatory trainings involving issues of compliance, ethics, and clients rights. These trainings are conducted by staff members, leadership, and the National Association of Employers. The trainings are held three times a month to ensure that all staff can attend. The training issues are:

- Cultural Diversity
- Emergencies / Critical Incidents / Workplace Violence

- Medical Emergencies / Infection Control
- Harassment in the Workplace
- Medication Training & Education
- Ethics / Person Centered Services
- Confidentiality / HIPPA
- Rights of Clients Served
- Drug Free Workplace
- Suicide Prevention

One of staff members has been trained in Crisis Prevention and offers specialized trainings to counselors and client advocates regarding behavior management training.

Workman's Compensation: We had two workman's compensations claims. Due to the size of the claims, our premium increased \$10,000.

Staff Diversity: Bristlecone currently has 49 employees. 86% are Caucasian, 10% are Hispanic, 1% African American, 1% White/Hispanic, 1% Pacific Islander, and 1% White/American Indian. 59% of the staff is women, and 41% are men.

Performance Evaluations: Leadership has once again assessed the processes by which it evaluates staff performance. Now, utilizing a team approach, reviews are conducted twice a year: July and December. In years past, leadership has found that it is difficult to stay current with evaluations when conducted on the anniversary date of the employee's hire. When conducted in July, leadership know the agency's funding contracts and overall budget. As a team, leadership considers all aspects of the employee's performance and can discuss goals which would benefit not only the employee but the agency as well. July's reviews include all employees working for the agency 6 months and longer. In December leadership will review staff who have been with the agency less than one year. We have found this process to be much more comprehensive and it ensures that all staff are evaluated consistently using the same methods for scoring performance.

Staff Turnover: In 2010, we had a 14% turnover, a decrease of 23% from the prior year. So far in 2011, we have had a 25% turnover rate. This increase is due to upper management changes, and lack of competitive wages.

Technology Plan

In the past year, thanks to the I.T. grant of \$15,000 from IQ Solutions. We have made advancements and moved forward into the Cloud (Online Storage and Management Systems). With the grant money, we were able to purchase and install: several new computers, a faster and more manageable anti-virus system (Symantec Corporate Antivirus Solution), and an off-site backup and management system (Carbonite Backup). Additionally we have moved forward with migrations to Microsoft Online Solutions (Microsoft Hosted Exchange Server for shared Calendars and Better User Management and Interface, with New Additional Futures).

As a result of all the improvements, a few problems are surfacing which will require work in the future. Both our Keystone and McCarran servers are having issues with hardware failure, due to age, location and use. As yet, these issues are not causing major user problems, but they are a sign of problems to come. The agency will seek a grant(s) to purchase a new server and hardware to upgrade our systems and network infrastructure – allowing us to better serve our clients.

In addition to the above changes and issues, we have added three new networked printers to help with the needs of the organization. It cuts cost of ink, toner, and repairs, while giving us fast page counts with a higher load in between services. A WiFi Network access has been setup and secured in the meeting room for wireless access for the administrators meetings and trainings.

Health and Safety

All areas are inspected yearly, along with inspections from Bureau of Health Care Quality and Compliance (BHCQC), we do walk throughs on a weekly basis in order to repair safety hazards. Chores are completed daily and the level of cleanliness is recorded. SimplexGrinnel comes yearly to inspect the fire suppression by the stove hood and the fire extinguishers. State Fire Protection inspects the sprinkler system yearly. The boilers were inspected by the State of Nevada and the kitchen was inspected by BHCQC. Evidence of all inspections can be found in our Health and Safety records kept at the McCarran site.

Evidence of drills and trainings are also found at our McCarran site. Trainings encompass the six areas CARF requires: fire, bomb threats, natural disasters, utility failures, medical emergencies and safety during violent or other threatening situations.

Field Trends

Providing treatment- The field seems balanced between ever increasing clinical knowledge in multiple services vs. dwindling resources to do so. Excellent progress is being made at the national level to assure Evidence Based Practices in publicly funded agencies, but a stagnant economy continues to threaten financial support and follow through. With the continued integration of mental health treatment and substance abuse treatment (Co-Occurring Treatment), education standards for treatment staff and liabilities continue to increase. One good thing that comes from this trend is that clients are increasingly treated by multifaceted staff at less restrictive levels of care.

There is increased focus and commitment to addressing substance abuse issues, while dispensing medicine is also gaining footing. The medical field is increasingly recognizing that physicians must be adequately trained to prevent, recognize and treat substance use disorders," says Larry M. Gentilello, MD, professor of surgery at the University of Texas Southwestern Medical Center in Dallas. With a greater understanding of the extent to which individuals with at least a problem level of drinking or drug use could be assisted in everyday general medical settings, the numbers are becoming too compelling for physicians to ignore. "Nearly one out of four patients seen in health care settings for routine medical problems would screen positive if evaluated for addictive or harmful alcohol use, illicit drug use, or use of prescription drugs for non-medical reasons," Gentilello says.

The trend of utilizing legal pressure in the form of drug courts continues to increase retention rates and aid in unburdening the prison systems. Again, most research finds that longevity of treatment is a key element in the likelihood of a successful outcome, i.e., sustained recovery.

One trend of note that is significantly demonstrated at Bristlecone is the tendency of clients to avoid treatment for problematic drug use due to federal mandated restriction of tobacco use while in a treatment facility receiving federal funding. However, research repeatedly finds that clients experience significantly better rates of recovery from drugs of abuse when they concurrently cease tobacco use. Researchers in Ohio found that the number of patients who completed a program at the women's treatment center decreased 28 percentage points following

the center's implementation of a tobacco-free policy. We will continue to enforce a no-tobacco use at the agency and work to improve the delivery of Evidenced Based Practices tobacco cessation strategies.

Lastly, illicit use of marijuana continues to climb in America with the largest growing segment found amongst Baby-boomers. This year, perceived risk of regular marijuana use also declined among 10th and 12th graders, suggesting future trends in use may continue upward. Marijuana use is now ahead of cigarette smoking on some measures.

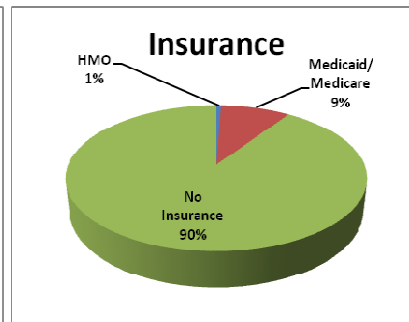
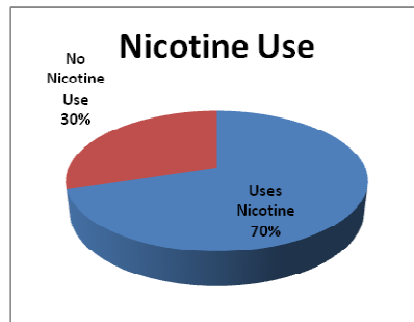
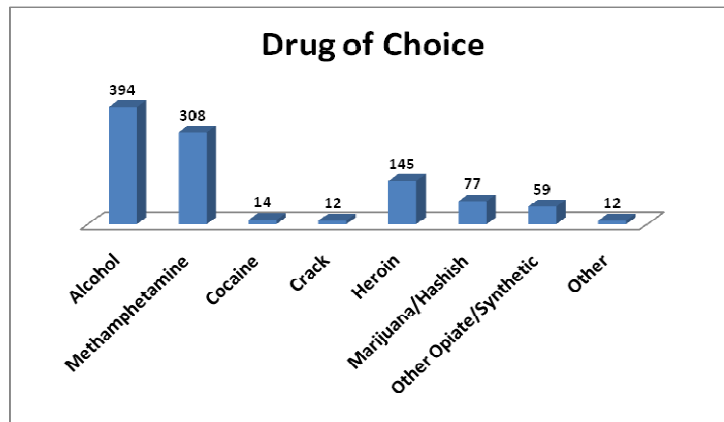
Use Patterns

Admission for alcohol is going down nationally, with marijuana and opiates rising.

Utilization of pharmaceuticals for managing detox and sustained recovery

Nationally marijuana in increasing especially amongst 18-25 group

Locally and statewide, heroin continues to increase



Client Completion Rate: 53%

Service Delivery

Overall our delivery of services shows steady improvement over the past year. Close scrutiny of operations and compliance has assured consistency to what we do and how we do it. Triage Services have significantly shortened

waiting periods and steadily improves in its ability to get people to the appropriate level of care with minimal delay and heartache.

Adult Drug Court (ADC) has undergone some significant personnel changes and is scheduled for a location change. Although current ADC operations are cited as satisfactory by court and county representatives, program adjustments will be implemented to better assure that Evidence Based Practices are provided with much higher fidelity and consistency. This is a good thing.

Likewise, Residential and Detox Services have experienced some key personnel changes that invite an opportunity for us to clarify our curriculum and improve fidelity in the delivery of services. I think it is important to note that staff has done an excellent job of incorporating Cognitive Behavioral Therapy as the primary theoretical modality with good reports from clients.

Access to treatment has improved but continues to present challenges to clients who lack resources such as primary medical care, housing, and transportation. Providing care to homeless clientele will continue to tax our capabilities and threaten sustained recoveries. Homeless individuals with substance use disorders - particularly those who are dually-diagnosed - pose a substantial challenge to the substance abuse treatment community. One of the most consistent findings in this research is the direct association between the length of time spent in treatment and positive outcomes. On the whole, this body of research points us in the direction of treatment programs that address: homeless clients' tangible needs (e.g. housing, employment) as well as their addiction; are initially flexible and non-demanding; are targeted to specific needs of subpopulations, such as gender, age, or diagnoses; and provide longer-term, continuous interventions. There is ample agreement in this body of literature that any effective treatment for this population must foster interagency collaboration; this is necessary in order to meet their multiple needs in a context of scarce community resources. Equally agreed upon is the complexity of such an endeavor.

We are making inroads to obtain the services of a 4th year medical student working under the tutelage of a licensed psychiatrist to provide prescriptions for clients. One area where we are lacking, as are most agencies, is providing prescriptions that can reduce cravings for clients early in recovery.

Again, it is important to note that staff have done consistently well at situating a welcome, safe, and low stress environment to a clientele that can be extremely challenging. This, more than anything, is what allows successful treatment outcomes and mitigates threats to the agency.

Data Collection and Methodology

Data was collected thru NHIPPS (our computerized charting systems) and through client information surveys collected at admit, discharge and 30-days post discharge by the Compliance Officer. Because of the poor return rate clients were offered fast food coupons for returning their survey. Some client data was obtained when they returned for treatment in another level of care. Client data was collected, alphabetized and put into sets. The information on client level of care and dates of service were verified through NHIPPS. Once level of care was established sets were compiled and full sets were used in the data collection. Numbers in each area were added and divided by the number of responses to find the mean.

Effectiveness: the capability of producing an effect, and is most frequently used in connection with the degree to which something is capable of producing a specific, desired effect. Clients were asked to rate on a scale of 1 to 5 (5 being the greatest level of concern and 1 being the lowest) their current level of

concern in five areas: employment/education; family life; emotional/physical; legal issue; and housing issues.

| Effectiveness Measures Social Model Detoxification (3.2d) | | | | | | |
|---|-------|-----|--------|-------|-----|--------|
| | 2010 | | | 2011 | | |
| | admit | D/C | 30 day | admit | D/C | 30 day |
| Question 1 | 4.2 | 3.6 | 3.2 | 3.8 | 3.6 | 3.7 |
| Question 2 | 4 | 3.6 | 3.4 | 4 | 4 | 3.8 |
| Question 3 | 4.2 | 3.7 | 3.6 | 3.8 | 4.3 | 3.8 |
| Question 4 | 3.2 | 2.3 | 2.5 | 2.3 | 1.8 | 1.7 |
| Question 5 | 3.6 | 3.7 | 3.8 | 3.8 | 2.7 | 3 |

| Effectiveness Measures Residential Treatment (3.3) | | | | | | |
|--|-------|-----|--------|-------|-----|--------|
| | 2010 | | | 2011 | | |
| | admit | D/C | 30 day | admit | D/C | 30 day |
| Question 1 | 3.9 | 3.5 | 3.2 | 4.2 | 3.7 | 3.5 |
| Question 2 | 4 | 3.5 | 3.3 | 4.2 | 3.1 | 2.8 |
| Question 3 | 4.1 | 3.4 | 3.2 | 3.6 | 3.2 | 2.6 |
| Question 4 | 3.2 | 2.9 | 2.4 | 3.4 | 3.1 | 2.3 |
| Question 5 | 3.9 | 3.2 | 3.1 | 3.9 | 2.3 | 2.3 |

| Effectiveness Measures Outpatient Treatment (Level 1) | | | | | | |
|---|-------|-----|--------|-------|-----|--------|
| | 2010 | | | 2011 | | |
| | admit | D/C | 30 day | admit | D/C | 30 day |
| Question 1 | 3.9 | 3.5 | 2.9 | 3.6 | 3 | 2.9 |
| Question 2 | 4 | 3.3 | 2.7 | 3.8 | 3.5 | 2.9 |
| Question 3 | 3.3 | 3.1 | 2.8 | 3.4 | 3.5 | 3.2 |
| Question 4 | 3.1 | 2.7 | 2.3 | 3.5 | 3 | 3.1 |
| Question 5 | 3 | 2.5 | 2.1 | 3 | 2.3 | 2.4 |

Efficiency: the capability of a specific application of effort to produce a specific outcome effectively with a minimum amount or quantity of waste, expense, or unnecessary effort. Bristlecone monitors completion rates and transfer rates

(obtained from NHIPPS). Completion rates once again increased from last year. Bristlecone will continue to use evidenced based practices and staff trainings to increase completion rates. We will also continue to work toward decreasing the numbers of those leaving against professional advice. Outpatient completion rates increased from last year but still continue to run low. The Clinical Director is researching ways to improve in this area.

| Efficiency Measures | | | |
|------------------------------------|------|------|------|
| Social Model Detoxification (3.2d) | | | |
| | 2009 | 2010 | 2011 |
| Completion | 46% | 67% | 70% |
| Transfer | 43% | 53% | 58 % |

| Efficiency Measures | | | |
|-----------------------------|------|------|------|
| Residential Treatment (3.3) | | | |
| | 2009 | 2010 | 2011 |
| Completion | 71% | 75% | 71% |
| Transfer | 61% | 69% | 61% |

| Efficiency Measures | | | |
|--------------------------------|------|------|------|
| Outpatient Treatment (Level 1) | | | |
| | 2009 | 2010 | 2011 |
| Completion | 32% | 35% | 38% |
| Transfer | 18% | 19% | 10% |

Access: The ability to approach or enter the agency within a reasonable period of time. Wait list days were obtained from NHIPPS. We have no wait list for assessments or Social Model Detox. Wait list days decreased from the previous year. Our triage team works diligently to not only engage clients while on the wait list, but engage them in treatment as soon as possible.

| Access Measures | | | |
|-----------------------------|---------|---------|---------|
| Residential Treatment (3.3) | | | |
| | 2009 | 2010 | 2011 |
| Days on wait list | 16 days | 20 days | 17 days |

| Access Measures | | | |
|--------------------------------|---------|---------|---------|
| Outpatient Treatment (Level 1) | | | |
| | 2009 | 2010 | 2011 |
| Days on wait list | 22 days | 23 days | 18 days |

Client satisfaction: The number of customers or percentage of total customers, whose reported experience with a firm, its products, or its services (ratings) exceeds specified satisfaction goals. Clients were asked to rate on a scale of 1 to 5 if they were treated with dignity and respect. Clients were also asked to answer yes or no to the question: do you see yourself as a valuable and contributing member of society. The ratings showed that levels of concern decreased in all areas from admit to 30 days post discharge. Scores were high showing a great level of satisfaction. Bristlecone staff has been trained in motivational interviewing and non-violent crisis intervention, and will continue to create a safe environment for recovery to occur.

On a scale of 1 to 5, do you feel you were treated with dignity and respect?

| Satisfaction | | | | | | |
|------------------------------------|-------|-----|--------|-------|-----|--------|
| Social Model Detoxification (3.2d) | 2010 | | | 2011 | | |
| | admit | D/C | 30 day | admit | D/C | 30 day |
| | 4.7 | 4.8 | 4.7 | 4.9 | 5 | 4.8 |

Do you see yourself as a valuable and contributing member of society?

| Satisfaction | | | | | | | | | | | |
|------------------------------------|----|-----|----|-----|----|------|----|-----|----|-----|----|
| Social Model Detoxification (3.2d) | | | | | | | | | | | |
| 2010 | | | | | | 2011 | | | | | |
| Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 8 | 7 | 12 | 3 | 15 | 0 | 7 | 6 | 12 | 0 | 9 | 3 |

On a scale of 1 to 5 do you feel you were treated with dignity and respect?

| Satisfaction | | | | | | |
|-----------------------------|-------|-----|--------|-------|-----|--------|
| Residential Treatment (3.3) | 2010 | | | 2011 | | |
| | admit | D/C | 30 day | admit | D/C | 30 day |
| | 4.9 | 4.6 | 4.7 | 4.3 | 4.4 | 4.7 |

Do you see yourself as a valuable and contributing member of society?

| Satisfaction | | | | | | | | | | | |
|-----------------------------|----|-----|----|-----|----|------|----|-----|----|-----|----|
| Residential Treatment (3.3) | | | | | | | | | | | |
| 2010 | | | | | | 2011 | | | | | |
| Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | 6 | 25 | 2 | 23 | 4 | 13 | 1 | 14 | 0 | 14 | 0 |

On a scale of 1 to 5 do you feel you were treated with dignity and respect?

| Satisfaction | | | | | | |
|--------------|--|--|--|--|--|--|
|--------------|--|--|--|--|--|--|

| Outpatient Treatment (Level 1) | 2010 | | | 2011 | | |
|--------------------------------|-------|-----|--------|-------|-----|--------|
| | admit | D/C | 30 day | Admit | D/C | 30 day |
| | 4.6 | 4.7 | 4.8 | 4.5 | 4.5 | 4.5 |

Do you see yourself as a valuable and contributing member of society?

| Satisfaction | | | | | | | | | | | |
|--------------------------------|----|-----|----|-----|----|------|----|-----|----|-----|----|
| Outpatient Treatment (Level 1) | | | | | | | | | | | |
| 2010 | | | | | | 2011 | | | | | |
| Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 13 | 5 | 14 | 4 | 17 | 1 | 10 | 2 | 10 | 2 | 11 | 1 |

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) web site:

Abuse and Dependence: Questions in NSDUH are used to classify persons as being dependent on or abusing specific substances based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)* (American Psychiatric Association, 1994). Rates of abuse or dependence on alcohol or drugs have shown variability across survey years but have generally remained at or slightly above rates for the country as a whole.

Rates of abuse or dependence on alcohol in Nevada have remained at or above the national rate for all age groups and across all survey years, as have rates of alcohol dependence alone.

Rates of abuse of or dependence on illicit drugs show more variability both across survey years and among age groups, although generally the rates have been at or below the national rates.

Substance Abuse Treatment Facilities: According to the annual National Survey of Substance Abuse Treatment Services (N-SSATS)³, the number of treatment facilities in Nevada has remained relatively stable from 2002 until 2006, the years for which the most recent data are available. In 2006, the majority of facilities (41 out of 77) were private nonprofit. An additional 22 facilities were designated as private for-profit, and 5 facilities were owned or operated by Tribal governments.

Although facilities may offer more than one modality of care, the majority of Nevada facilities in 2006 (72 out of 79, or 91.1%) offered some form of outpatient care, and 15 facilities (19%) offered some form of residential care. Nine facilities offered opioid treatment programs, and 56 physicians were certified to provide buprenorphine therapy.

In 2006, 65 percent of all facilities (51 of 77) received some form of Federal, State, county, or local government funds; and 35 facilities had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

Quality Record Review

Bristlecone seeks feedback through provider surveys, employee surveys, client surveys and from our governance authority. Provider surveys and client surveys rated Bristlecone very high. However, staff survey's had some strong feedback about communication within the agency and wages. Leadership has improved this by sending out weekly reviews of what Leadership is working on. Also, with the new grant year Leadership was able to give wage increases based on performance.

Appropriateness of Services: Our assessment process (grounded in the ASI Lite, ASAM PPC-2 and DSM-IVTR) provides a positive correlation between level of care placement and successful discharges from our services. Clients are staffed at bi-weekly staffing for any concerns or issues with placement. During quarterly chart reviews charts are checked for appropriate level of care placement. Treatment plans are generated from the assessment and counselors work with the clients to ensure client involvement in the process. Progress notes reflect objectives and treatment interventions. Transition plans need to be started earlier so if clients walk away from Bristlecone they will have some plan to follow to extend gains made in treatment.

Chart reviews were completed (one active and one closed chart was looked at from each counselor). Staff do well making sure assessments are complete before admission. Assessments are improving, containing more information and tying information to level of care placement. Improvement is needed to ensure recording medications and effect after use.

Progress notes and group notes have shown great improvement and more information since changes were implemented to have the counselors enter notes rather than advocates. Improvement is required to verify the aftercare portion of the treatment plan is completed.

Finally, documentation of discharges are consistently completed within the 5 day timeline. Counselors are presenting more information including how the client performed in treatment, what specific referrals were given and any recommendations made for ongoing treatment. Efficacy of medications taken while in treatment is still not being included and we need to improve in this area.

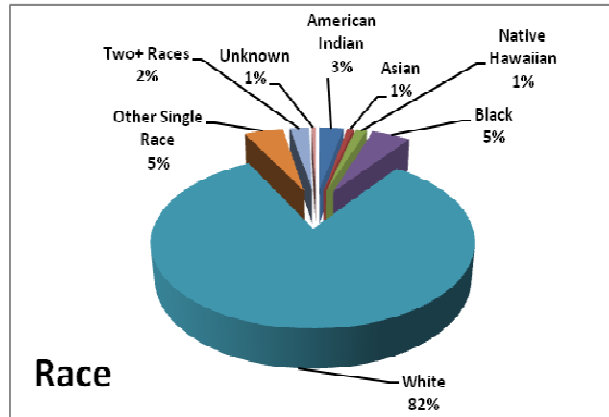
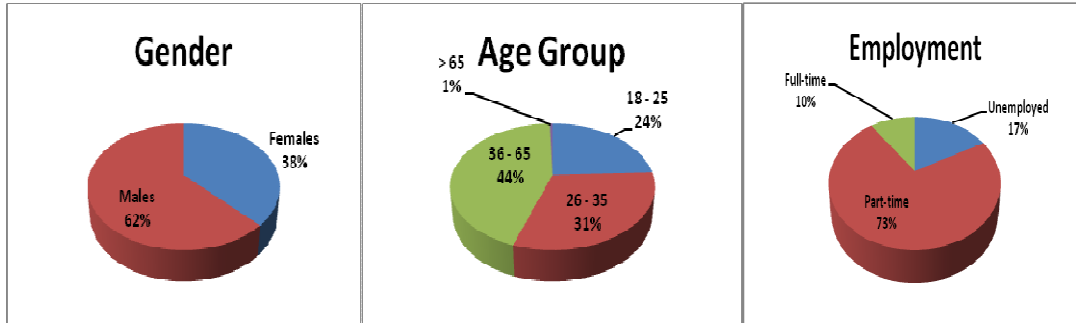
Utilization Review: Bristlecone works hard to make sure clients are placed in the appropriate type and intensity of care. We work with many outside entities including Northern Nevada Adult Mental Health Services and Mojave Clinic for medication management. We receive many outside assessments from other service providers. Clients are provided with orientation and are then brought into services or placed on the wait list. When they are admitted, this information is reviewed. It is also reviewed at the one year mark of treatment.

Client Orientation: Client orientation data compiled for the period from June 1, 2010 to February 28, 2011 include 239 clients needing no special accommodations and 36 special accommodations requests in the following areas:

- Meals – soft food (tooth problems), allergies to mustard, strawberries, oranges, pork, sea food, low sodium, vegetarian, extra protein (anemic), several small meals a day (stomach surgery)
- Faith - request to burn sage
- Health – asthma, auto immune disorders, allergy to cats
- Language – illiterate
- Other – requests for specific counselors

All requests were accommodated.

Additional Client Data



- 34% of our clients have children under the age of 18
- The 34% are raising 677 children (under 18)
- 188 of those children are in custody of Child Protective Services