# EVALUATION OF YOUNG ADULT SERVICES (YAS) PROGRAM

## Birmingham Group Health Services

**A Project of the Region II Regional Mental Health Board**

**March 27, 2008**

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# EVALUATION REPORT

## Birmingham Group Health Services

## Young Adult Services

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| **Evaluation Date:** | March 27, 2008 |
| **Agency Name/Address:** | Birmingham Group Health Services<br>P.O. Box 658<br>435 East Main Street<br>Ansonia, Connecticut 06401 |
| **Program Name:** | Young Adult Services |
| **Program Funding (This Year):** | $425,422; Funding from DMHAS: $424,088 |
| **Review Team Members:** | Lyne Landry, CAC #8<br>Claire Phelan, CAC #6 |
| **Board Consultant:** | James A. Crispino |
| **Birmingham Staff:** | Sandy Lombardi, Director of Case Management Services<br>Cory Sells, YAS Clinical Team Leader<br>Tracy Cafasso, YAS Coordinator<br>Katie Bratz, YAS Community Support Specialist<br>Karen Kopec, YAS Community Support Specialist<br>Jim Birden, YAS Community Support Specialist<br>Trudy Higgins, VP of Services<br>Mary Nescott – Director of QM |

**Program Description**

Program participants receive the supports they require to remain in the community, based upon their identified needs at any point in time. These supports include the full range of young adult services, ongoing supportive counseling, assistance with skill building and social connectedness. The supports are flexible, ranging from regular periodic visits to daily visits from staff. The program is driven by the participant's needs, requiring adaptability and close teamwork on the part of the staff.

During the initial meeting between the participant and the YAS Community Support Specialist, they will discuss, in depth, the participant's personal preferences regarding any reasonable accommodations that s/he feels will be required to meet his/her special needs. These special needs will have been identified at intake, and preliminary planning will have been carried out during the Intake Team Meeting. The reasonable accommodations may include, but are not limited to, signers, readers, personal escorts, interpreters, and materials transcribed into large print. If the participant is enrolled in additional programs, the Community Support Specialist will serve as the coordinator of the above procedure between programs, as part of the integrated service planning process.

Specific recipient services are varied. All participants are involved in the services listed below that are preceded by an asterisk, while others are offered on an "as needed" basis.

*Participation in the development and periodic review of a treatment/recovery plan;
*Participation as part of an interdisciplinary team;
*Intensive Case Management;
*Skill-building;
*Psychosocial Assessment;
Help with housing (when resources are available);
Residential Support (assistance with independent living skills);
Crisis Intervention;
Vocational Services;
Educational Supports.

**Days and hours of operation**: 8 am – 8 pm M-F and weekend supports.

**Operation during holidays**: The Valley Social Club is open to provide both on-site and offsite activities to celebrate the holidays. If any crisis should arise during holidays, the South Central Crisis Service is available 24/7.

**Additional hours/days available by beeper/answering service:** 24/7 via South Central Crisis Services; 24/7 via Program Director/Coordinator's cell phones.

**Languages Spoken Other than English:** None

**Sign Language Interpreter:** Currently, the YAS program does not have the need for an interpreter. However, if the need should arise, the program will access a sign language interpreter via Infoline's (i.e. 211) Community Resource Database.

All services are provided by staff in collaboration with other agency and community treatment providers. Maximizing independence is a program goal for all participants; therefore all available means of transportation, including public, are considered part of a recipient's service plan.

Since the YAS program is only one program of BGHS, the clients benefit from the comprehensive services offered by the organization. These services include, but are not limited to: benefits counseling, housing subsidies (e.g. Bridge Subsidy and SHP); socialization via the Valley Social Club and clothing vouchers from BGHS' thrift store (i.e. "My Sisters Place").

The young adults differ from other populations within the DMHAS system of care in four main areas. First, since many of the young adults are in the mental health/substance abuse system for the first time, they are unfamiliar with the system as a whole. Lacking a sense of "resourcefulness," they often require more intensive services to help navigate the complex system of behavioral health. Secondly, this population is more difficult to engage in treatment and often requires a more non-traditional approach. Staff use incentives, Wal-Mart gift card, Dunkin Donuts trip, social opportunities, and skills developed at trainings, e.g., IDDT to motivate young adult participation in treatment. Third, a large number of young adults in the program are sexually active. As a result, 35% have become parents (Note: only 1 male client is a father). Thus, the need for safe sex education and parenting services is a rising trend. Lastly, this population often necessitates family involvement from both clinical and case management perspectives of treatment.

BGHS has been an active participant in the various DMHAS initiatives for many years. Specifically, there is a Trauma Committee comprised of representatives from each department, including the Director and Coordinator of the YAS program; an IDDT committee which is co-chaired by the YAS Clinical Team Leader; and a Recovery Committee, that also has representatives from each program. Furthermore, the Director of YAS was instrumental in co-chairing the cultural competency committee when it was first implemented in the agency.

To help integrate all of these initiatives within each program, the agency has developed an "Integrative Initiatives" Committee (of which the YAS Director is a member). Among the various tasks of this committee are to: (1) identify commonalities and differences among the various initiatives; (2) reinforce the expectation that all supervisors will promote these initiatives in their supervision with staff; (3) review systemic processes to make certain they are addressing the various issues of the initiatives and (4) to ensure that staff undergo appropriate training (e.g. all YAS staff have had extensive training on co-occurring disorders, recovery, trauma and cultural competency).

Collaboration with the following groups occurs in the ways described below:

**DCF** – Since 6 of the 33 clients currently enrolled in the YAS Program have DCF involvement, the staff have a variety of contacts (e.g. phone calls, meetings, etc.) which are very case-specific. In addition, the YAS contracted staff member from the Parent Child Resource Center (PCRC) serves as the program's liaison to DCF by attending the DCF monthly meetings.

**Local ER/hospital** – BGHS has had a Memorandum of Agreement with Griffin Hospital (GH) for numerous years. Since GH is only 2 miles away from the agency, the majority of BGHS clients are transported to GH for acute services. In addition, some attend the hospital's day program or evening IOP. The Coordinator of Crisis/Hospital Liaison consults with GH staff each morning to review any BGHS clients who have been in the ER or are currently on the inpatient or medical units. This information is shared every morning during the crisis meeting (which is comprised of representatives from each department). This enables the two organizations to collaborate and determine the best course of treatment for the young adult population served.

**Cedarcrest Hospital** – The collaboration with Cedarcrest has been minimal. Back in May 2004 the program received one referral from Cedarcrest. Overall, the transition went well and no problems were noted. No other referrals have been received from Cedarcrest since that time.

**Other parts of the service system** –The YAS staff collaborate with virtually every other program within the BGHS service system. This includes the outpatient clinic, Social and Vocational Rehabilitation Departments, Umbrella, Crisis and the adult community support services division.

**The community** – Having a 29-year history in the Valley, BGHS (and the YAS program) has an excellent reputation within the Valley and surrounding communities. As a result, the agency coordinates with a variety of community providers which includes but is not limited to the following: PCRC, TEAM INC., Spooner House Shelter, local food banks, Derby Superior Court, probation, etc.

**Staff Information**

**Total FTEs:** 5.43 **Total unduplicated number of staff**: 7

**Total FTE A.S.:** 2.18 **Total FTEs D.S.:** 3.25

One-hundred percent of the direct care staff have had prior experience with this age group. Upon hire, all staff attend a 1.5 day "new hire" orientation conducted by the Personnel Department. Following that orientation, each department then orients new staff to the specifics of their department (e.g. documentation, treatment planning, community resources, etc.) which includes "shadowing" supervisors or peers. In addition, each year there are numerous mandatory trainings: blood-borne pathogens; cultural diversity; trauma training; workplace violence; elder/child abuse and confidentiality, to name a few. Finally, specialty trainings are also offered regarding IDDT, Psychiatric Rehabilitation Model and treatment planning to help equip direct care staff with the skill set that is required to work effectively with this challenging population.

Within the YAS program, four main resources/consultants are utilized: (1) Vivek Agnihotri MD– He is the designated YAS psychiatrist and addictionologist who is available to provide feedback regarding clinical interventions with the young adult population; (2) Dan Brockett Ph.D. – DMHAS's Neuropsychologist is available to the program regarding the need for developing/implementing behavioral plans; (3) Michael J. Lustick, MD – Medical Director at Parent Child Resource Center with expertise in treating adolescents/young adults; he is available for consultation and/or presentations via a Memorandum of Agreement with BGHS and (4) Anne Russo – A masters-level clinician, also contracted via PCRC, specializes in parenting issues.

The types and frequency of supervisions are noted below:

The YAS Clinical Team Leader is supervised 1-2 times per month by the Clinical Director regarding clinical issues and weekly by the Director of Community Support Services to address any administrative issues. This last meeting is also attended by the YAS Coordinator.

The YAS Coordinator and the YAS Community Support Specialists are clinically supervised weekly by the Clinical Team leader in individual sessions to review client issues, potential crisis situations and to discuss the CASIG and the formulation/review of skill building/case management treatment plan goals; and as a team for a staff meeting in which administrative issues are discussed along with the presentation of client cases.

The supervisors/psychiatrists have received specialized training for this population as follows:

Vivek Agnihotri, MD (YAS Psychiatrist) – A Board Certified Psychiatrist with a specialty in Addiction. His expertise across the life span includes, but is not limited to, treating depressive, anxiety and substance abuse disorders, as well as developmental disabilities and sexual dysfunctions.

Scott Migdole, LCSW (Clinical Director) –A clinician with extensive experience in working with young adults in the public sector system of behavioral health. He has conducted numerous trainings around substance abuse and how to understand young adults within a "stages of change" perspective. He also sits on the clinical faculty of the Yale Child Study Center where he has worked with trainees around issues related to transitioning into young adulthood.

Sandy Lombardi, MA MBA (YAS Director) – As a direct care staff, she had six years experience working with adolescents in both residential and inpatient settings within Connecticut. As a masters prepared staff for two years and then as an administrator for the next 18 years, she has worked within the field of behavioral health assisting individuals from 18 to 60+ live independently within the community.

Cory Sells, PsyD (Clinical Team Leader) - A psychologist who conducted her internship on an adolescent inpatient unit at Broughton Hospital in North Carolina for a period of six to eight months. Later, she facilitated an adolescent group for one year in a private outpatient

agency in Brookfield CT. She has received specialized training in both ADHD and dual diagnosis for young adults.

The YAS staff are interested in increasing their knowledge base in the following areas: (1) Asperger's syndrome; (2) nutrition; (3) psychiatric/substance abuse disorders and (4) psychopharmacology.

**Consumer Information**

**Capacity**: 33 **Est. unduplicated count for this year**: 51 individuals

**Total number of active clients on roster at this time**: 23; 7 new admissions are in transition. There are 75 other young adults whose needs are being met by BGHS adult mental health services and who do not require a YAS level of care.

Since the inception of the program, the YAS program has never had a waiting list.

The YAS program is currently funded to serve 33 clients. The amount of time from referral to admission within the program is individualized. Since the program does not have a waiting list, the time lapse between referral and admission is equal to the time that it takes to transition a young adult from another provider into the program. For the majority of the cases, this timeframe is very short.

From 1/07 to 12/07, clients' ages have been:
:

18 years old - 3
19 years old - 7
20 years old - 9
21 years old -10
22 years old - 7
23 years old - 7
24 years old - 6
25 years old - 2

Community Support Services provides case management services to individuals age 18-25 when the YAS program is at capacity. In addition, these individuals are also served by the outpatient clinic, rehabilitation programs and the Valley Social Club.

**Languages spoken**: English: 51

**Ethnicity**: White/Caucasian: 39; Black/African American: 4; Asian-Pacific: 2; Other: 6

The following information about housing options was collected upon admission: Private residence without professional support: (i.e. with family; living in own apartment) 38; private residence with professional support (e.g. VNA, DCF) 10; Shelter: 2; Jail: 1.

The percentage of the referrals from DCF is low in comparison to referrals from the community: OOC= 4; DCF= 1; Self= 1; Family= 7; Court= 2 ; Probation= 3; Parent Child Resource Center= 5; Other BGHS programs (e.g. clinic = 6; Umbrella shelter =3; PATH = 2); Private physician =1; Local/State hospitals = 6; Other LMHA = 1.

Towns of origin/previous residence: Ansonia: 11; Derby: 18; Shelton: 12; Seymour: 8; Oxford: 1; Bethany: 1.

From 1/1/07 to 12/31/07, there were 51 clients enrolled in YAS. Of these 51 clients, 15 were new admissions; 14 were ongoing clients and 20 were discharged. Eight of the 51 clients noted above were admitted and discharged within this time period. Of the 29 individuals who were discharged between 1/1/07 and 12/31/07, the dispositions were as follows: 17 were discharged to a private residence without YAS support (1 of whom was previously homeless); 10 to a private residence with support (2 of whom were previously homeless); 2 were incarcerated (1 of whom was previously homeless) and 1 became homeless.

The number of clients who are:

- Currently in school = 3 (high school) and 3 (college);
- Completed GED or High School = 33;
- Working = 16;
- Involved in community activities (non-DMHAS-funded) = 42;
- Have co-occurring disorders (substance abuse) = 6.

Following an analysis of the FY 2007 Satisfaction Survey, three main agency recommendations were made by the Director of Quality Management:

(1) Continue to provide training on customer service (including attitudes and telephone skills – Since the YAS support staff serves as the receptionist at the BGHS Extension, she participated in this training;
(2) The implementation of an automated voice message telephone system during FY 2008 – This new system was also implemented at the Extension to help route calls more efficiently;
(3) Offer training on gender diversity issues and incorporate it into the Cultural Diversity Plan –The YAS staff, like all BGHS employees, are all mandated to attend this yearly training.

The program does not have a separate consumer council or consumer advisory group, but this is a goal that the YAS program will be including in the FY'08-09 Annual Work Plan.

**Outcomes**

The program tracks the outcomes described in the chart below. See Appendix B for the latest tracking report.

**PERFORMANCE OUTCOMES MEASURES REPORT**
**Young Adult Services**
**FY 2008**

| OUTCOME | MEASURE | Tracking Mechanisms Utilized |
|---|---|---|
| | | |
| **EFFECTIVENESS** | | |
| | | |
| **Clients will maintain or increase stability in the community.** | Average number of crisis incidents per client will decrease during any 6-month reporting period (as compared to the previous 6 months). | Given the low number of crisis incidents, the YAS Director manually reviews the Crisis Incident binder kept by the Director of Quality Management. |
| | | |
| **Clients will develop skills to maximize independence.** | **All clients** will show documented progress in each of the following areas: community involvement (includes recreational activities); skills needed to acquire and maintain food, shelter and clothing; and activities that promote becoming active partners in their own recovery. | This information is captured via the YAS Service Tracking Form and consultation with staff. |
| | | |
| **Clients will increase their overall ability to manage their lives.** | **At least 75%** of Clients will maintain or increase their level of functioning over a six-month period as measured by the GAF scale. | This information is easily obtained from Clinicians Desktop. |
| | | |
| Clients will participate in the development and | **All Clients** will have a current goal | Chart audits conducted by the YAS Coordinator reveal |

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| ongoing review of an individualized treatment plan. | formulation sheet and service plan | this information. |
| | | |
| Clients will utilize program services to support recovery goals. | **At least 50%** of persons receiving YAS services will use the services to support his/her recovery as measured by the YAS Services tracking form. | This information is captured via the YAS Service Tracking Form and consultation with staff. |
| | | |
| **Clients will obtain employment.** | **75% of Clients** who have completed their vocational training program will obtain competitive employment. | This information is easily obtained from Clinicians Desktop. |
| | | |
| **Clients will obtain appropriate educational/vocational services.** | **100% of clients** will be enrolled in and demonstrate progress in educational/vocational training programs. | This information is currently obtained directly from consultation with staff. In the near future, however, it will be included in the YAS Service Tracking Form. |
| | | |
| **Clients will develop a reliable social support system.** | **95%** of clients will engage in regular (2x/weekly) age specific and developmentally appropriate activities with peers/significant others.<br>**100%** of clients will show progressive improvement in mastering social skills & involvement in social activities. | This information is captured via the YAS Service Tracking Form and consultation with staff<br>This information is captured via the YAS Service Tracking Form and consultation with staff |
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| **Clients will become actively involved in their own treatment and recovery.** | **95%** of clients will learn to identify the symptoms of their illness, stressors & ameliorative interventions through participation in a psychoeducational group process. | This information is currently obtained via staff (i.e. the Clinicians and Community Support Specialists). Psychoeducational issues are currently conducted in individual sessions. |
| | | |
| **EFFICIENCY** | | |
| | | |
| The program will maximize community-based care. | **At least 60%** of contacts with Clients will take place outside of the office/facility. | This information is easily obtained from Clinicians Desktop. |
| | | |
| **The program will operate at capacity.** | The program will achieve at least a **90% utilization rate**. | This information is easily obtained from Clinicians Desktop. |
| | | |
| **SATISFACTION** | | |
| | | |
| **Clients will be satisfied with services.** | **At least a 75% level** of consumer satisfaction with access to services, quality of services, outcomes, participation in treatment planning and overall satisfaction with services will be achieved, as measured, analyzed and reported by a DMHAS-approved survey. | This information is gathered by the Director of Quality Management from the DMHAS satisfaction survey each year. |

## Family Involvement

An analysis of the current roster indicates that approximately 40% of the young adults reside with their parents. Due to this fact, they are encouraged to sign Releases of Information upon admission into the program. The Clinical Team Leader often schedules joint meetings between the young adults and their parent(s) and/or significant others when it is deemed clinically appropriate and permission is granted by the client. In addition, the Community Support Specialists also work collaboratively with families via telephone, office visits and home visits.

## Program Strengths

Staff identify the following as the major strengths of the YAS program:

- Due to the fact that YAS is just one program of BGHS, the YAS clients benefit from a variety of other programs/services provided under the larger umbrella of BGHS. These include, but are not limited to: the Valley Social Club, benefits counseling, holiday gifting and participating in services which have truly integrated the following initiatives: recovery, trauma and IDDT.
- To help promote independence, the YAS staff has participated in a training provided by Boston University Psychiatric Rehabilitation program over a seven-month period of time. The primary focus was to learn the process of skill building techniques as it pertains to four environments: living, learning, working and social. This training has proven beneficial to identify skills that are needed for the client to become more independent following the completion of the CASIG (i.e. Clients Assessment of Strengths, Interests and Goals).
- The small caseload size of each Community Support Specialists allows staff to spend ample time establishing trusting relationship with clients. This relationship-building not only helps to engage the clients into treatment but it is also essential to the overall progress of the individual as well.
- Acknowledging the challenges in serving this population, the strong commitment and flexibility of staff is a major strength of the program. From the program administrators to the direct care staff, the willingness to “go above and beyond” to engage this population into services – with the hopes of promoting independence – is unprecedented.

## Major Issues

YAS staff see these as the major issues in providing supports/services to this group. Also presented are the agency’s assessments of its abilities to address them:

| Major issues | Is this an issue that the program is unable to address & what is needed to |
|---|---|

| | address them? |
|---|---|
| **Lack of childcare** | Yes – The high cost of childcare is definitely a barrier to treatment. Therefore, additional funding for this service would enable clients to attend their appointments, make progress in their treatment and ultimately become less reliant upon the behavioral health system. |
| **Lack of health insurance** | Yes – Since young adults are only covered under their parents insurance if they are full time students, many of our young adults do not qualify. Furthermore, they are also ineligible for city benefits since most are not pending Social Security. To address this issue (a) additional money specifically earmarked to help young adults prepare for and maintain employment is essential, and (b) changes within the state/federal legislature to assist young adults who can not afford health insurance. |
| **Need for parenting skills due to high pregnancy rate** | No –Via a Memorandum of Understanding, the YAS program has a contract with Parent Child Resource Center to provide weekly parenting classes and home visits. |
| **DCF involvement** | Yes – The bureaucracy of DCF often makes it difficult for YAS staff to receive timely return calls from workers and/or their supervisors. In terms of what is needed to address this problem, fewer clients on each DCF workers caseloads might allow for more prompt communication and more collaborative efforts between the DCF and DMHAS system may help foster a cooperative relationship |
| **Insufficient transportation** | No –Clients are encouraged to utilize Logisticare to any medical/clinical appointments whenever possible.<br><br>Yes – The location of the program makes it difficult to promote client independence regarding transportation when attending appointments. Thus, the lack of safe public transportation to this site is currently being discussed by the Program Director and the Mayors office. |

| | |
|---|---|
| **Lack of a higher level of residential care (e.g. 24/7 supervised apartments) and an Intensive Outpatient Program** | Yes – Additional funding to support an IOP or a 24/7 residential program would be required (e.g. recent proposal submitted to Lee Swearingen for utilizing discretionary discharge funds). |
| **Denial of illness and the need for treatment** | No – Via ongoing clinical treatment and/or medication, along with case management services, the YAS program continues to address these issues. |
| **Parental influence can often be negative** | No – If the client agrees to have his/her parents participate in treatment then the staff can help identify negative influences between the client and the parents and offer possible forms of interventions.<br><br>Yes – Sometimes the clients do not want parents involved in his/her treatment. Additional funding earmarked specifically to educate parents, who have troubled young adults, may prove beneficial to this population as a whole. |

Staff have identified the following gaps in services/ barriers:

(1) A full continuum of services (e.g. IOP; residential, etc.) for the young adults in the Valley. Without the ability to place a young adult in the most appropriate level of care, the YAS program struggles to provide services to young adults who require a higher level of care. This ultimately leads to increased ER visits and inpatient admissions. If a 24/7 residential program were available, hospital visits would decrease. Furthermore, a step-down program, such as an Intensive Outpatient program specializing in young adults, would also prove beneficial to the clients being discharged from a residential or inpatient level of care.
(2) Lack of transportation – For young adults without a car, transportation in the Valley is limited to Valley Transit (which requires a fee of approximately $3.00) and Logisticare which is exclusively for medical/clinical treatment. Unfortunately, both forms of transportation are often unreliable (i.e. they are late when picking up clients to/from appointments) and VTD is geographically limited. As a result, the Community Support Specialists often transport a client, which unfortunately fosters more dependence on the system.
(3) Lack of childcare – Since 35% of the current young adults are/or will soon be parents, the need for childcare is on the rise. Without this resource, the young adults are often unable to consistently attend appointments or to have some needed time to focus on their own individual course of treatment.

## Merits

The review team offers the following commendations to the YAS program:

- Commitment to recovery-oriented, individualized treatment planning;
- Impending formation of a Young Adults Advisory Council and Family Support Group;
- Extensive collaborative efforts with other community providers;
- Exemplary charting procedures (See Appendix A);
- Ability to maintain a solid staff infrastructure, particularly at the management level, that produces a high level of staff cohesion and job satisfaction, even with significant staff turnover;
- Simultaneous adoption of the Boston University Model of treatment planning and the DMHAS-mandated CASIG inventory; these models complement each other and should be considered a best practice for adoption by other YAS programs; **the review team feels that the CASIG inventory should be conducted at one-year, rather than six-month, intervals;**
- Efforts to motivate clients to participate in treatment through motivational interviewing techniques, IDDT training, provision of social opportunities and strategic use of incentives;
- Ability to provide appropriate levels of care for 75 young adults not in YAS but who are enrolled in other Adult Services;
- Realistic assessment of major barriers and gaps in service and ability to address them.

## Findings/Recommendations

The evaluation team makes these findings/recommendations:

### Staff Training

*Finding* – YAS staff have participated in a variety of trainings and workshops. As the program is fairly new and there have been some recent staff additions, the time is right for the program to develop a formal, comprehensive training program for YAS staff.

*Recommendation* – The program should develop a formal, comprehensive training program for YAS staff, particularly in the area of developmental issues.

*Agency Response* – The program administrators and staff strongly concur with this recommendation. Once training topics have been reviewed with staff, the Director of Community Support Services will then speak with the Medical Director at Parent Child Resource Center to see who is available for training.

**Advisory Council/Family Group**

*Finding* – The YAS Program is in the process of forming both a Young Adult Advisory Council and a Family Support Group.

*Recommendation* – The panel commends staff for their efforts and recommends that program staff keep the Catchment Area Council appraised of progress made in establishing these two bodies.

Agency Response – The formation of both a YAS Advisory Council and a Family Support Group will be noted as goals in this fiscal year's departmental work plan.

# APPENDIX A

## DMHAS Chart Review Report

DMHAS Reviewers: Hannah Carlson, Behavioral Health Community Monitor, and John Weicht, Behavioral Health Specialist, conducted chart reviews at BGHS' YAS program in Ansonia. 3 active and 2 discharged client charts were reviewed and the following are observations and recommendations:

**Observations:**

**Psychosocial assessment, history, face sheet**
Assessments were comprehensive and included all relevant areas such as presenting problems, history of mental health, substance abuse, history of treatment, educational, vocational, and family histories. Client statements were included and evidenced in the initial recommended treatment plan.

The face sheet contains basic demographic information and appears to serve as a chart-identifier rather than provide a snapshot of the client's clinical or medical status. It does contain emergency contact information and any known allergies in most of the charts.

**Recovery/treatment plan**
The charts are segregated by discipline so that there is a clinical section and community support services section. Recovery plans are initiated at admission and individualized with the primary clinician. They clearly identify the clients' strengths and problems, but rarely include clients' words. Community Support goals are measurable, time-limited, and achievable. It is challenging with some goals to see the coordinating of goal development between the two very distinct disciplines. However, progress notes, clearly indicate communication and integration of clinical and community support is occurring. Natural supports are included in implementing the treatment plan and supporting the client.

**Discharge plans**
Plans summarize the progress toward the goals and include original reason for referral. Services are described clearly and recommendations are included. In one case, while the client was discharged after relocating to another state, continuing efforts to connect the client to care in her new area were documented.

**Progress notes**
Notes serve as contact notes and progress notes relating to the clients' recovery plans. They document contacts describing efforts to better engage or provide intervention in accordance with the plans. Interventions show attempts to prevent premature discharge and engagement with the client in a non-judgmental manner.

**Treatment plan review**
Reviews contain all necessary elements, note changes to plans as appropriate, and are timely.

**Release of information**
Releases are present and up to date.

**Consumer grievance process/handbook**
Documentation shows that clients participate in an orientation and receive information regarding client rights and the grievance procedure.

**Recommendations:**

Birmingham staff, management, and leadership are to be commended for their diligent efforts to quality assurance and thoroughness in charting for the YAS program.

As it was described by BGHS leadership during our morning discussions, BGHS is encouraged to continue to examine their current levels of care for opportunities to facilitate greater flow of clients through the program towards greater independence.

# APPENDIX B

## Mid-Year Review of FY 2008 Program Performance Outcomes Measures

March 10, 2008

TO: Executive Committee

FROM: Mary Nescott

RE: Mid-Year Review of FY 2008 Program Performance Outcomes Measures

Attached is the Mid-Year Review of FY 2008 Program Performance Outcomes Measures report analyzing data collected during the six-month period of July 1, 2007 through December 31, 2007. The report includes the 12 BGHS programs that have DMHAS contractual reporting obligations and mandated performance outcomes measures as well as PREP, Ryan White programs, ABI/TBI program and The Umbrella.

Please discuss this information with your staff. It is particularly important that areas where outcomes are not being achieved are reviewed and corrective action plans developed, as appropriate.

I have highlighted some promising trends and program challenges:

*Hospitalization rates:* Short-term psychiatric/substance abuse hospitalization rates for the Clinic and CMS met established benchmarks during the reporting period. However, 30% of hospitalized clients experienced more than one admission (2 episodes up to 8 separate episodes). Half of all hospital admissions were classified as Dual Diagnosis or Substance Abuse admissions.

*Persons served will increase their overall ability to manage their lives:* Overall, the majority of persons served (Clinic and CMS) exceeded the 75% threshold for maintenance or improvement of level of functioning. This was based on comparative level of functioning data (MGAF scores) reviewed at 6-month intervals for nearly 500 individuals. The data is affected by small enrollments (small sample size) in many of our specialty services.

*January 2008 Audit of MD-Only Clinical Records:* 77% of reviewed records (209 of 270 records) had a current treatment plan. This represents a significant improvement since the last audit conducted 7/07.

*Access to care*: Many services can provide immediate access. All persons discharged from inpatient or residential settings received needed care promptly (at least two services in one community program in the month following discharge).

*Persons served will increase in ability to live independently:* Data is analyzed in several different fashions including reported homelessness, increased level of independence in living situation upon discharge and stability of housing at

discharge. Across services this outcome has generally been achieved. This data is also affected by small enrollments (small sample size) in many of our specialty services.

*Clients will increase in work skills:* More than 80% of clients enrolled in Vocational Services were engaged in career enhancement activities. Eighty percent (80%) of adult Case Management clients maintained or increased their amount of competitive employment from admission to discharge.

I have also highlighted outcomes that demonstrate significant variance from established benchmarks at mid-year:

*Access to Care:* Although wait times for initial clinical appointments for clients with routine needs have improved in recent months, persons may still wait up to six weeks. MIS has now developed a monthly management report that specifically tracks Clinic access to care data by payor sources.

*Service capacity and utilization:* Vocational Services only achieved a 65% utilization rate for the reporting period. This continues a pattern of under utilization that has been reported for several years.

*Provision of services in community/natural settings:* Traditional adult case management services continue to vary significantly from the (60%) benchmark at 43%. Office/community service ratios will continue to be monitored as Community Support Services are implemented.

*Appropriate chart documentation:* Timely and accurate completion of goal formulation sheets, service plans and clinic treatment plans remains a quality improvement focus across the organization. Only 55% (6/11) of PILOTS clients had a current goal formulation sheet and service plan.

*Young Adult Services:* This service did not meet the majority of its benchmark outcomes during the reporting period although it came close to achieving many of them. As noted previously, benchmarks established for YAS are notably higher than for most other DMHAS-contracted programs.

*Consumer satisfaction:* The annual DMHAS-designed consumer survey will be administered in March – April, 2008.

Data for PATH (homeless) and PREP (forensic) clients indicate that they have more difficulty securing and maintaining adequate housing. PREP clients frequently cannot access subsidized housing due to criminal histories. Only 19% of forensic (PREP) clients admitted without a job secured employment while receiving services (50% benchmark).

Let me know if you have questions or comments about this information.

## APPENDIX C

## FORUM MINUTES

On March 11, 2008, members of the Region II Regional Mental Health Board review team participated in discussions with Young Adult Services (YAS) staff, consumers, family members and community providers. Members of the team included: Lyne Landry, Claire Phelan, Pat Settembrino (Staff) and James A. Crispino (Consultant). The minutes of each meeting, as transcribed by the consultant, are presented below.

### Consumers

Five consumers attended this forum.

Consumer #1 – transferred from Bridges several years ago. She is a stay-at-home mom and has two children in DCF custody. She has a case manager and a psychiatrist through the YAS program. She also is in a moms group and does couples counseling. Staff are attentive and caring; they really try to work with you; they help you advocate for yourself. Staff push you into normal social activities; they ask us where we want to go. The program is "amazing." For this person, recovery is "a normal life."

Consumer #2 – this person was at the Parent-Child Resource Center (PCRC) and has been with YAS for 3-4 months. His case manager has been helpful. He participates in the art group. He plans on having his own apartment and is working with his case manager to get a job. What he likes best about the program is that staff are "willing to help."

Consumer #3 – this person has been at YAS for a few years. He feels comfortable at the social club. Staff have been helping him find a job. He likes groups and trips. Recovery for him means "less meds."

Consumer #4 – this person has been at Birmingham for seven years. Overall, she likes it. She works in an after-school program. Staff help her with her goals and have established a reward system for her. Transportation is an issue; staff sometimes drive her to appointments. She has had 15 different case managers in the last seven years. She would like to have Birmingham's psychiatrist available for medication prescription and review at the Extension on Route 34.

Consumer #5 – this person has been receiving services since 2005. He enjoys it; he has been making friends; staff help him pay bills. He goes to the gym twice/day, and a nurse visits him for his medications. He watches TV a lot and spends time with his father. He wants to learn how to pay his bills on his own.

### Staff

Six staff attended this meeting.

These staff identify these program strengths:

- Small caseloads, so staff are able to establish meaningful relationships with clients;
- The program is able to change, according to what clients say and need; there are more social activities now;
- Caring staff;
- Staff were trained in the Boston University model in November 2007; this was a seven-month social rehabilitation training that focused on how to work with clients to build their skills; treatment planning and goal setting occur in three-month increments; staff have just started implementation; prior to implementation, there was much communication with the consumers and other agency staff so they would be aware of changes before they happened;

- There is a 20-hour/week liaison person with the PCRC; she helps clients transition to YAS, employing talk and art therapy, connects them to entitlements, etc.; she conducts parenting classes (18 clients are parents).

The program is attempting to establish a continuum of care for young adults within the agency.

Barriers: transportation; need higher levels of care (IOP, intensive residential); daycare for clients with children; health insurance and care for 18-21 year olds who are not in school and who live at home; crosswalk access on Route 34; DMHAS mandate that the Client Assessment of Strengths, Interests and Goals (CASIG) be administered every six months (one year would be better). However, staff do agree that CASIG is a useful tool. Groups are a challenge – participation, transportation, scheduling; some clients do not function well in a group setting.

**Community Providers**

Two community providers attended this meeting.

The aim of PCRC is a smooth transition from youth to adult (young) services. When youth reach the age of seventeen and one-half, the liaison and PCRC staff begin the transition process – evaluation, medication review, goal setting, etc. The process now is working more smoothly than in the past. However, there is sometimes a wait for clients to get into YAS.

A visiting nurse service does medication compliance in the community. There is communication and coordination between Birmingham, PCRC and this service. If there is an issue, YAS staff are quick to respond. This person works as closely as possible with the client's psychiatrist, including presence at the meeting where meds are prescribed, to help ensure successful medication management.

Issues: constant turnover and switching of YAS staff; need for generic documentation to be shared among all providers; a child and adolescent psychiatrist should train YAS staff on young adult developmental issues.

**Family Members**

Three family members attended this meeting.

Family Member #1 – there is no problem with any staff; they are kind, patient and responsive; the client has had a series of vocational counselors; he needs more activity.

Family Member #2 – this client is doing very well; he drives, he works, he pays his own way; "Birmingham has been a lifesaver;" he will be graduating from a community college in May; Birmingham provided a job coach and transportation. Issues include staff turnover and the need for more activities on weekends.

Family Member #3 – this client lives by himself and now has friends; he is doing better with personal hygiene and eating. He sees a nurse twice/day.