EVALUATION OF YOUNG ADULT SERVICES (YAS) PROGRAM

Bridges…A Community Support System

A Project of the Region II Regional Mental Health Board

April 3, 2008

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EVALUATION REPORT

Bridges…A Community Support System

Young Adult Services

Evaluation Date:	April 3, 2008
Agency Name/Address:	Bridges…A Community Support System 949 Bridgeport Avenue Milford, Ct. 06460
Program Name:	Young Adult Services
Program Funding (This Year):	$2,581,479; Funding from DMHAS: $2,581,479
Review Team Members:	Ralph Despres, CAC #5 David Stevens, Community Volunteer
Board Staff:	Pat Settembrino, Executive Director
Bridges Staff:	Barbara DiMaura, LCSW, Program Director Jason Crockett, Program Coordinator

Program Description

The program provides two levels of community-based supported housing. The first level of care is a scattered-site model; the second level of care is a 24-hour clustered site model. Both are designed to promote recovery and facilitate reintegration into the community. Priority for admission is given to those discharged from state inpatient and residential facilities and those persons with behavioral health disorders who are homeless.

Administrative and support services are available 9-5, Monday through Friday. There are two satellite offices connected to the residential program. The YAS portion of the program maintains a staff office 24 hours per day, seven days per week. In addition, the YAS program maintains a separate 24-hour supervisory on-call to provide feedback and on-site response, if indicated. The scattered site apartment program, DMR/DMHAS, maintains a staff office with standard office hours. Crisis intervention services are provided during hours of operation.

Staff provide a comprehensive range of services (see below), with primary consideration given to client-determined recovery goals.

- Assistance in choosing and maintaining safe, stable and affordable housing; leases may be held in clients' own names;
- Staff support available as needed, 24 hours per day, 7 days per week;
- Linkage to other agency services and other community and medical resources;
- Collaborative relationships with a variety of community providers, including Home Health Care providers, CMHC, area partial hospitalization and inpatient facilities, landlords, local housing authorities, police departments and emergency rooms;
- Collaboration with family members as appropriate;
- Liaison to the Beth El Transitional Living Center in Milford;
- Assistance with entitlements, budgeting, developing a credit history;
- Assistance with transportation;
- Advocacy/Empowerment;
- Instruction in and development of daily living skills;
- Support in choosing and utilizing opportunities for recreational, cultural, and spiritual experiences;
- Assistance with food purchasing and preparation;
- Crisis intervention and stabilization;
- Establishing and maintaining adequate utilities;
- Transition/discharge planning;
- Facilitation of clients reaching individual educational goals.

Other supports beyond on-site program staff include: Home Health Care Agencies; Special Education programs and schools; West Haven Soup Kitchen: Project Wheat; Bridges storefront and social club; Gateway Community College; West Haven Police Department Crisis Intervention Team and Community Action Team; Bridges to Business Advisory Council; Rape Crisis Center; OCD Foundation.

The differences between the services YAS clients receive vs. others in the system are:

- Provision of subsidized housing;
- Client Support Subsidy for those not yet on entitlement;
- Provision of vocational, social rehabilitation and clinical services within the program and occurring simultaneously;
- Intensity of case management contact;
- As many as 2 individualized treatment planning case conferences per month with full team and the consumer;
- 24-hour access to program staff.

YAS integrates DMHAS initiatives in the ways described below:

Trauma-Informed Services – Staff receive the trauma-informed curriculum "Risking Connection." One staff member is a trainer along with CO staff. Staff have received DBT training and consultation, and the program has offered a DBT group for clients. Since all of the consumers have been subject to significant trauma throughout their childhood, and many continue to place themselves in situations where they are re-traumatized, all individual and group supervisions address management of trauma on an ongoing basis.
Cultural Competency – Staff have received agency-wide training, as well as program-specific workshops. The next scheduled workshop is by the CT Latino Behavioral Health Initiative.
Co-Occurring Disorders – Bridges' Medical Director is board-certified in Addictions and Mental Health and provides supervision and education regarding co-occurring conditions.
Recovery Orientation - Young adult input is valued and sought on treatment, program planning, quality improvement and peer advocacy. The places where this is evident include the consumer advisory committee that meets at minimum on a monthly basis and the bi-monthly treatment planning meetings between clinicians and consumers. Bridge will be holding a recovery retreat for consumers and staff that will be facilitated by a state-wide expert; it is scheduled to take place by the end of the current fiscal year.

YAS collaborates with the following groups as described below:

DCF - There are currently eight YAS clients who are active with DCF. Collaboration with the Department's individual case workers and/or their supervisors occurs on a consistent basis and involves their inclusion in YAS case conferences. Additionally, YAS case managers and clinicians have ongoing communication with DCF as needed. Monthly "DCF Billing Forms" provide status updates and service information.

Local ER/Hospital - When emergency evaluation and/or inpatient admission is necessary, YAS program clients are admitted to Yale (YPH) or the Hospital of St. Raphael. It is standard practice to provide detailed clinical information to Emergency Department (ED) staff when a client is in the ED; similarly, collaboration with inpatient units involves YAS clinicians and case managers meeting with the client's treatment team during their stay, as well as being available for consultation, the provision of pertinent information and discharge planning.

Cedarcrest Hospital - YAS clients who have not been able to achieve stability with multiple short-term hospitalizations have done well in the longer term stay offered at Cedarcrest. YAS has

transitioned individuals from Cedarcrest as new clients when their prior history had resulted in a prolonged inpatient stay at Cedarcrest. Program practice when a client is at Cedarcrest is to meet at least weekly with the client and the treatment team, participating in the development of the discharge plan.

Other parts of the service system - Many clients use other services available both at Bridges, such as the Open Door Social Club, and in other community provider organizations – Fellowship and the West Haven Community House. YAS also routinely utilizes the services of Home Health Care Agencies, with nurses making at least one visit per day.

The community - A partial list of community resources accessed in the community includes:

Aids Project New Haven (provides Sex Education programming to YAS population), Armstrong Fitness (local gym which provides YAS clients with discounted membership); Domestic Violence Support Services of Greater New Haven and Milford (YAS clients utilize groups when indicated; YAS is also currently developing a plan to collaborate with these agencies for the provision of Healthy Relationships training); local area churches in West Haven and Milford (Wesley United Methodist Church, Berean Christian Center, First Lutheran Church (clients have volunteered on several projects, including painting and refurbishing one church and hosting the soup kitchen workers at a YAS Social Club event); Rape Crisis Center of Milford; West Haven Community House (provide free tax consultation to clients) and various local businesses that employ YAS clients, including Home Depot, Chuckee Cheese and Panera Breads in Milford.

In addition to the above, the YAS Program and Clinical Coordinators have developed a collaboration with the West Haven Police Department to provide consultation to their Crisis Intervention Team. They are also members of the WHPD Community Action Team. Several YAS managers attend monthly meetings of the West Haven Chamber of Commerce in an effort to network with local business owners and to promote the YAS Bridges to Business venture.

Staff Information

Total FTEs: 33.22 **Total unduplicated number of staff**: 38.00

Total FTE A.S.: 2.29 **Total FTEs D.S.**: 30.93

Seventy-five percent of current direct care staff have had prior experience with this age group or with adolescents.

Monthly mandatory in-services are provided for all agency staff. This education component includes, but is not limited to, training related to psychopharmacology, best practices in recovery-oriented services, cultural competence, co-occurring illnesses, DBT, crisis intervention and trauma-informed treatment. In addition, health and safety mandated trainings such as first aid, CPR, behavioral management strategies, mandated reporting, and infectious disease control, are provided in-house or through DMHAS-sponsored trainings.
Since the YAS program began, it has had approximately 10 expert consultations on individual clients and/or related to treatment planning for addressing high-risk behaviors.

All direct care case management staff receive bi-weekly clinical individual supervision and bi-weekly clinical group supervision. The staff who are providing clinical services to clients receive weekly supervision and monthly group supervision. The YAS supervisory and management staff who are providing clinical supervision receive weekly individual supervision and weekly group supervision.

Supervisors have received extensive training in treatment of this population, including Pervasive Developmental Disorders, Sexually Reactive Disorders and Offender Treatment. The YAS Clinical Coordinator is currently participating in the DMHAS IABA training. Bridges has recently hired a child/adolescent psychiatrist who has had specialized training in the areas referenced above and who will be dedicating a substantial number of hours to the direct care of the YAS population.

Staff indicate the need for the following additional training:

- Ongoing IABA training that would include additional staff from various disciplines;
- Personality Disorders and Complex PTSD;
- Trauma-Informed Intervention.

Consumer Information

Capacity: 35 **Est. unduplicated count for this year**: 39
Total number of active clients on roster at this time: 34

The program does not have a waiting list**.** The average/current time from referral to admission is 3 months, but can be as long as one year with planned transition. The two primary referral sources are the OOC and currently active Bridges clients who meet the DMHAS/Young Adult Services population criteria. Predominantly, the referrals have come from OOC and Bridges front door. The program has had fewer referrals from inpatient facilities such as CMHC. The agency serves approximately 150 individuals in the 18-25 age range who are not in the YAS Program

The following is a breakdown of the ages of persons served in YAS:

18-19	5
20-21	11
22-23	7
24-25	7
26-30	6

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The languages spoken/ ethnic backgrounds of the young adults are English, some Spanish.

Housing options used by clients are 1- and 2-bedroom apartments in two clustered sites; all are currently individual placements.

Since 1999, 9% of active clients are from the community; 5% of all referrals are community-based.

The breakdown by town of origin/previous residence is: 30% CAC #6; 15% Greater New Haven; 55% other individual city/towns.

This year there have been 5 new admissions and 3 discharges. Two clients were discharged to the scattered- site program. Two were discharged to the community.

The number of clients who are:
- In school-8;
- Working-15;
- Are involved in community activities (non-DMHAS-funded) – 100%;
- Have co-occurring disorders (substance abuse)-26 or 75%.

Please see Appendix B for the results of the most recent consumer satisfaction survey.

The program continually makes adjustments based on the feedback received from the Consumer Advisory Committee, in individual therapy sessions, focus group sessions, and formal satisfaction survey results. Examples include modifying the practice of apartment and safety checks, nursing services that are solicited, and the types of social rehab activities that are offered.

The program has a separate consumer council. YAS is currently attempting to increase the membership on the Consumer Advisory Council in an effort to provide more clients with a forum in which to voice concerns and to engage more actively in developing additional programming and/or policies and procedures that will enhance their recovery goals and support independence. The Council meets monthly.

Outcomes

The program tracks these outcomes; FY '07 performance is indicated.

OUTCOMES	MEASURES	PERFORMANCE
Client 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).	FY07 experienced at 12% decrease in crisis reports compared to FY06.
Client will develop skills to maximize independence.	At least 85% of individuals who are enrolled in the program for at least 6 months will maintain or increase their level of functioning (as compared to the previous 6 months) when measured by the Modified Global Assessment of Functioning scale (MGAF) [Psychosomatics, 1995; Vol.36,	90% of individuals enrolled in the program maintained or increased their MGAF score in second half of the FY07 as compared to first half scores. In addition, individualized service plans show documented progress in the specified areas.

	No. 3 pp. 267-275]. In addition, clients will show documented progress in each of the following areas: community involvement which includes recreational activities; skills needed to acquire and maintain food, shelter and clothing; and activities that promote becoming active partners in their own recovery.	
Client will obtain appropriate educational/vocational services.	100% of individuals will be enrolled in and demonstrate progress in educational/ vocational training programs, unless employed or sufficiently disabled to require intensive treatment.	100% of individuals were enrolled in educational or vocational training at some point during FY07.
Client obtains employment.	75% of individuals who have completed their educational/ vocational training program will obtain competitive employment or an employ preparation placement within the 6 month reporting period unless sufficiently disabled to require intensive treatment.	70% of individuals who have completed educational programs obtained competitive employment during FY07, however these were often multiple and/or short-term positions. Current competitive employment rate overall is 44%.
Clients will develop a reliable social support system.	At least 95% of clients will engage in regular (at least twice weekly) age specific and developmentally appropriate activities with peers and significant others. 100% of clients will show progressive improvement in mastering social skills and involvement in social activities.	Achieved.
Clients will become actively involved in their own treatment and recovery.	95% of clients will learn to identify the symptoms of their illness, stressors, triggers, risk factors and ameliorative interventions through participation in appropriate treatment.	Achieved.
Contractor will meet the required utilization rate for the	A utilization rate for the program of at least 90% will be	Achieved.

service.	achieved.	
Clients will increase their overall ability to manage their lives.	At least 75% of clients will maintain or increase their level of functioning between time of admission and time of discharge or will maintain or increase their level of functioning over a six-month period as measured by the Modified Global Assessment of Functioning Scale (MGAF) [Psychosomatics, 1995; Vol.36, No. 3 pp. 267-275].	Because most referrals come to Bridges from highly structured in-patient or residential treatment facilities, their MGAF is frequently higher at admission then it will become in the 18 months following that typically is needed to create a vigorous and effective recovery plan.

Individual client progress is tracked via bi-monthly documented case conferences with client and treatment teams, guided by the treatment plan goals and objectives.

Family Involvement

Family involvement is strongly encouraged during the engagement process, at the point of admission and throughout treatment. Pre-admission case conferences are scheduled during which time the client and family have the opportunity to learn about the services, tour the physical plant, meet the staff and become familiarized with policies and procedures. After admission, parents/significant others are invited to bi-monthly or monthly case conferences which include the client and the entire treatment team.

Program Strengths

YAS staff see the following as program strengths:

- Wide variety of services, including residential, vocational, social rehabilitation, case management, clinical services operating within the recovery model and focused on client-centered planning and client strengths;
- Retention of employees, e.g., case managers, respite workers, etc.;
- 24-hour community-based program;
- Integrated recovery-based service plan;
- Skilled, seasoned clinicians with specialized training in young adult populations;
- Embedded in a highly diverse agency with expertise in child guidance and home-based services, allowing for multiple levels of care;
- A fleet of vehicles;
- Travel training to clients in program;
- Bridges to Business.

Major Issues

YAS staff see the following as major issues:

The developmental stage of these youth, coupled with their histories of illness and abuse, presents a major issue. They evidence poor judgment and lack family supports and community integration. The young women are at-risk for unplanned pregnancies; the program has been unable to meet the needs of young mothers with infants. Other young women have had their children removed by DCF. Perhaps the development of Young Parents programming, that might include foster home placement for mother and child, or other creative developments, would help break this cycle of early neglect and placement.

In addition, the risky behavior that many clients engage in, including substance abuse and association with higher-functioning adults in the community who are involved with criminal activity, is difficult to address in a program that does not provide for 24-hour tracking and monitoring of such situations.

Another challenge is the cost of affordable housing. Placement in senior and disabled housing does not seem like an acceptable solution. Improved access to Section 8 would help YAS clients.

Staff see the following as service gaps:

There are currently very few transitional services available for this population. Many young adults have been institutionally placed since early childhood and are referred to YAS programs that require some degree of independent living skills that they do not possess. Most often there is a need for an intermediate level of care: a setting in which there is more structure and skills training provided.

Equally problematic is the fact that these young adults come to YAS without having received adequate or appropriate behavioral health treatment; they present with clinical symptoms and personality disturbances that have gone unaddressed since childhood, thus making engagement in treatment, pharmacologic intervention and the development of therapeutic relationships quite challenging.

Many young adults come to YAS programs without entitlements, and the application process is then complicated and lengthy. As a result, a client may be without this type of support for up to one year. This phenomenon limits their access to other needed services, which include but are not limited to, more intensive behavioral health treatment and general medical treatment.

The Site Review: April 3, 2008

The review committee met with key staff, including the Assistant Clinical Director, the Program Coordinator, the Clinical Coordinator, Lead Clinician and the Recovery Manager at the beginning and the end of the visit. We met at their West Haven office space and then did site visits at the homes of designated residents of Young Adult Services. We then visited the Bridges to Business site, as well as the new store front that they recently rented but have not occupied as of yet. We then viewed a video abut their Café. The information gathered during the site visit led the team to the following observations:

Commendations:

- Seems to be a creative a wide array of services available for the Young Adults at the times when they are most needed.
- Staff were enthusiastic about their work and spoke positively and respectfully of the people they serve.
- Support staff are geographically close so that supports are accessible
- Staff do a great deal of networking to develop natural supports and break down stigma in the community, as evidenced by their involvement with the business community the Rotaries and the Chamber of Commerce.
- The space they have identified is in a retail area and very integrated in the community.
- All of the residents expressed a high level of satisfaction with the staff and the services provided.
- There was a clear commitment to the principles of recovery and the role of employment in recovery.
- They are dealing head-on with the lack of affordable housing, but there are barriers they are not able to overcome that seem to be consistent with other Young Adult Programs throughout the state.
- They have developed a strong sense of Team in their Young Adult Services and use these teams to do planning and also plan for crisis intervention.
- There is an active consumer advisory board that appears to be an excellent forum for the residents.
- The program conducts its own satisfaction survey, separate and distinct from the DMHAS survey, so they can gather information specifically related to Young Adults; there is also evidence that this information is used to impact program development.
- The array of activities that are offered is considerable, and the fact the residents appreciated getting reminder calls inviting them to participate speaks to the extent of their outreach and engagement activities.
- The goal of hiring staff with a minimum of a Bachelors degree is commendable.
- High level of normalized activities taking place

- Activities are age appropriate and reflect consumer input and planning.
- The teams include dedicated social rehabilitation and vocational rehabilitation staff.
- The supervisory structure appeared strong with a good process for decision making evident.
- There is a good system in place for regular reviews of all the program participants, while giving more immediate attention to those with imminent needs.

Suggestions/Recommendations

Safe Environment

Finding **-** In one apartment there were items blocking the stairway, cigarette burns on the carpet and a hanging smoke alarm with the wires hanging out.
Recommendation **-** That the program is more diligent about ensuring safe environments for the Young Adults through working with the landlords or providing it themselves.
Agency Response – The specifics noted were unusual for the individual; he had left material for disposal in the hallway. He had recently stopped the smoke alarm from sounding by yanking it. It was repaired in a timely fashion.

The housing manager will continue to ensure that safety checks of apartments and the surrounding environment are conducted daily. Safety issues inside apartments are documented and addressed in a timely fashion. This report is forwarded to the program coordinator. Issues are reported to the landlord immediately and in the event that the landlord is not responsive, we maintain a line item that can be accessed for emergency repairs. In addition, our ongoing program goal is to educate and empower the clients to be invested in living in a safe environment.

YAS Staff Involvement in Planning

Finding - Staff did not reflect much involvement in the agency's Recovery Plan or the LMHA Employment plans or an awareness of their content as it related to them.
Recommendation - That the organization more strongly involve Young Adult staff in the planning and carrying out of the organization Recovery Plan and LMHA Employment plan.
Agency Response – While we were commended for our clear commitment to the principles of recovery and the role of employment in recovery, the agency's Recovery Plan and Employment Plan have been developed at the Central Clinic level. As we have developed a new management team consisting of a program coordinator, clinical coordinator, recovery manager, and lead clinician, we will become more effective in providing education and supervision to the line staff regarding the vision, policies and procedures, and the agency's Recovery and Employment Plan. In addition, we will be able to include more staff in the development of the plans as our Bridges to Business efforts expand.

Programming for Clients with Children

Finding – The agency acknowledges that a major gap in service is the lack of programming that addresses the unique needs of individuals with children.
Recommendation - That the agency look at creative ways of providing Young Adult Services to people with children, as this is currently an exclusionary criteria as their Young Adult Program is based in a Residential Model of Services.
Agency Response - The agency outpatient and case management programs serve a number of young adults who are parents with evaluation, psychotherapy, medication and support in accessing resources. We maintain a close working relationship with the Young Parents program in our area. We also work closely with area visiting nursing services who support young parents. And we are a major provider and collaborator with DCF.

In our Young Adult residential program, however, our experience with clients who have had children has presented enormous challenges and has compromised our ability to work with the clients as we have been catalysts for DCF taking custody of the infants. Consequently, we have adopted an exclusionary criterion for the residential program for individuals who are primary caretakers of young children.

The task of developing creative ways to provide residential levels of care to young parents will be expensive and challenging. Further, programming would need to be independent of the existing YAS residential program in order to ensure the health and safety of young children. The young adults frequent each other's apartments regularly, and some may engage in behaviors that would put children at risk. However, we recognize the need and would be willing to explore additional resources to address this challenge.

Lastly, we would like to mention the need for a more intensive transitional setting, allowing for closer supervision and support and skill building for many of the individuals being discharged from residential treatment.

Recommendations for DMHAS

That funding is continued and that any opportunities for additional funding to support Bridges' business ventures are strongly considered by DMHAS and are funded.

That the state assist all Young Adult Programs in resolving the problem of inadequate resources in the Adult System to support and carry on the activities of Young Adult Services for those who still need that level of care after turning 25.

That DMHAS support attempts to provide transitional services for Young Adults moving into the Adult System

APPENDIX A

DMHAS Chart Review Report

DMHAS Reviewers: Wayne Starkey, Regional Manager, Hannah Carlson, Behavioral Health Community Monitor, John Weicht, Behavioral Health Specialist, and Elaine Flynn, Clinical Manger (YAS), conducted chart reviews at Bridges' YAS program. 6 active and 1 discharged client charts were reviewed and the following are observations and recommendations:

Observations:

Psychosocial assessment, history, face sheet
All areas of the psychosocial assessment are completed in each chart including areas of presenting problems, mental health and substance abuse history, history of treatment. Goals are clearly derived from assessment and evidenced client statements and input.

The face sheet contains fields for basic demographic information and appears to serve as a chart-identifier rather than provide a snapshot of the client's clinical or medical status. Face sheets are inconsistently present in the charts with only 2 charts having face sheets. Face sheets are incompletely filled in with blank spaces in areas such as emergency contact, allergy information, conservator information, and medical information.

Recovery/treatment plan
Recovery plans are initiated at admission and individualized with the primary clinician. They clearly identify the clients' strengths and problems, and include clients' words. Community Support goals are measurable, time-limited, and achievable. It is challenging with some goals to see the coordination of goal development between disciplines, Case Management and Clinical/Medical services. However, progress notes clearly indicate communication and integration of clinical and community support services. Natural supports are included in implementing the treatment plan and supporting the client.

Treatment plans include a section to address discharge planning, and while client's comments and occasionally, clinician comments are present, formal discharge planning does not seem to occur. For example, one client wishes to live in an apartment with a goal of managing his budget. While he knows he needs money and a job, his goals or objectives do not specified how much he would need to earn to achieve this goal or how he will transition to a lower level of care by reaching any of his goals.

Discharge plans
The plan clearly describes services and reason for discharge. However, connection to the next level of care is not always documented. For example, while a client was referred to another provider, it is not clear whether or not the client connected to the next level of care as he had left Bridges against medical/clinical advice and had not been in contact with his case manager or clinician.

Progress notes
The progress notes are segregated by discipline so that there are notes in an administrative/team conference section, a clinical section, and community support services section. Notes are described as either contact notes or progress notes. 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. While there is a space on the form to list what goal and objective is the focus of the intervention, it was inconsistently completed and when present, goals and objectives were represented by the number and letter of the goal rather than writing the goal itself. This made it cumbersome to repeatedly flip back and forth between the treatment plan and each of the voluminous progress notes to identify which goal and objective was being addressed. It is evident through the progress notes that frequent contact with clients is occurring and that case managers and clinicians are diligently working to meet the needs of the clients.

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:
It appears through the charting of services provided by the YAS program staff at Bridges, that clinical and case management treatment planning and care is being provided with a team approach that is coordinated and client-focused. Below are several recommendations to support the continuation of their efforts.

Face sheets - Face sheets should be routinely completed and present in the front of the charts for immediate and convenient reference to all pertinent information such as diagnosis, allergies, emergency contact, conservator, and other demographic information.

Treatment plans - Specific goals and objectives should be written out on progress notes so that it is clear which goal and objective is being addressed with which intervention.

Archiving records - A systemic method of archiving chart documents should be developed and regularly implemented to ensure that each chart contains the same documents.

Transition period captured in assessment or intake - Clinical and case management interventions that occurred during the transition period should be documented, perhaps in summary form, on the intake, so as to capture any concerns, events, progress, or strengths that may be relevant to the treatment planning process moving forward. These notes would document all the engagement and planning that is involved in transitioning young adult clients into the program.

Discharge planning -Treatment planning should focus attention on discharge planning at program admission, with both short and long term goals the assist clients to move through the system of care to a lower level of care or greater independence.

Releases of information - Releases should use client initials instead of check marks or slashes in the boxes to ensure the client is clear on the specific nature of the information being released.

APPENDIX B

Consumer Satisfaction Survey

Gender		Age			
Male	11	20 and under	5		
Female	12	21 - 24	11		
		25 - 34	5		
Primary Reason for receiving services					
Emotional/Mental Health		1			
Supportive Housing		5			
Both Emotional/Mental health and Supportive Housing		11			
Race		Ethnicity			
White	10	Puerto Rican	1		
Black/African Am	7	Other Hispanic or Latino	1		
Hispanic	1	Not Hispanic	13		
Am Indian/Alaskan					
Pacific Islander		Length of Service			
Asian	1	Less than 1 year	2		
Mixed	3	12 mo to 2 yrs	7		
Other		More than 2 yrs	8		
		More than 5 yrs	4		
Question 1 - I like the services I receive here.					88.5%
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
9	8	6		3	11.5%
Question 2 - If I had other choices, I would still choose services from this agency.					80.8%
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
9	11	1	2	3	19.2%
Question 3 - I am involved in my community e.g. Church, volunteering, work support groups.					88.5%
Strongly Agree	Agree	Neutral	Disagree	Strongly	

				Disagree	
13	6	4	2	1	11.5%
Question 4 - Staff is willing to see me as often as I feel necessary.					84.6%
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
8	10	4	3	1	15.4%
Question 5 - I think my symptoms are not bothering me as much.					96.2%
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
14	6	5	1		3.8%
Question 6 - I deal more effectively with daily problems.					96.2%
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
6	14	5	1		3.8%
Question 7 - Staff believe I can grow, change and recover.					92.3%
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
14	8	2	1	1	7.7%
Question 8 - I feel comfortable asking questions about my services, treatment or medication.					92.3%
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
13	8	3	2		7.7%
Question 9 - I feel free to complain.					88.5%
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
14	5	4	3		11.5%
Question 10 - I was given information about my rights.					84.6%
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
9	9	4	3	1	15.4%
Question 11 - Staff respects my wishes about who is, and who is not, to be given information about my treatment and/or services.					88.5%

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
10	8	5	1	2	11.5%
Question 12 - Staff are sensitive to my cultural/ethnic background (race, religion, language, etc.)					92.3%
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
7	12	5	1	1	7.7%
Question 13 - Staff gives me help in receiving other services from YAS and/or in the community.					100.0%
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
12	6	8			0.0%
Question 14 - My wishes are respected about the amount of family involvement I want in my treatment.					96.0%
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
9	10	5		1	4.0%
Question 15 - Since I have been involved in this program I have more friends.					
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
12	6	2	5	1	
COMMENTS					
Mary, Nikki, Roshelle and Bernadette are good staff with overall positive attitudes and good					
work ethics.					
I think that more outings should be issued and that staff should respect there boundries a					
little bit more. And that they all should be on the same page.					
Staff - Stop barging in my house without knocking!					
Some staff don't respect confidentiality.					
I would like to turn the little room in the kitchen into a computer room.					
Low Key is GREAT!					
Without Bridges I'd be in jail.					

Awesome staff!					
	Percentage Satisfied				
	Percentage Dissatisfied				

APPENDIX C

Forum Minutes

Introduction

On March 20, 2008, members of the Region II Regional Mental Health Board review team participated in discussions with Young Adult Services (YAS) staff, consumers, community providers and family members. Members of the team included: Lyne Landry, Dick Schreiber and James A. Crispino (Consultant). The minutes of each meeting, as transcribed by the consultant, are presented below.

Line Staff

Five YAS line staff attended this forum.

The YAS program is a scattered site, intensive case managements program. There are currently 33 clients most of whom live in West Haven. Staff are available 24/7. There is an office with overnight coverage that serves as respite; it is also a social gathering place for clients.

The program started as a "special populations" initiative. Now, clients are not as "hard core" and have more independent living skills. Consequently, the program is able to be more flexible and client-focused. YAS has adopted a recovery model. In addition, the new management team model, placed into service about one and one-half years ago, provides more support to line staff and allows them to be more active with clients.

About one year ago, staff took it upon themselves, with no directive from management and with no DMHAS funding, to launch an initiative entitled "Bridges to Business." These staff recognized that YAS clients encounter significant challenges to employment. Bridges to Business offers a variety of employment opportunities that allow for a work experience at a level that clients can handle. Staff have also been more active in the community recently to educate potential employers about the program and about the possibility of hiring some of the clients.

These staff acknowledge that their clients have challenging presenting conditions. They are patient and accept the reality that progress will be slow. Getting the client to take the first step is a struggle; once the first step is taken, it is easier for staff to further engage clients in treatment. The major strength of the program is its moving away from a standardized clinical model to an individualized, recovery-oriented model. The primary clinical tool is establishing the "relationship."

These staff identify the following issues: females in the program are taken advantage of by males in the community; some clients prey on other clients; it is difficult to engage clients in treatment; there is a need for a step-down from DCF and other residential situations to independent living; the lack of affordable housing.

Staff related a remarkable story. One client was difficult to engage. He became interested in horsts and every day for one year he has been going to a horse farm to help out. His self-esteem is higher and the pace of his recovery has accelerated. Part of the success of this individual is that the horse farm owner holds him accountable. She does not treat him as if he is limited.

Community Providers

Five community providers attended this meeting.

Several participants praised the relationship that has developed amongst DMHAS, YAS and the West Haven Police Department. The police department developed a Crisis Intervention Team CIT at the end of 2003 with the goal of having all officers receiving 40 hours of crisis training. There are 35 now trained; there is at least one CIT-trained police officer on every shift. Training includes such topics as de-escalation, medication management, signs and symptoms, etc. The goal of the team is to be able to identify situations in which a person with mental illness is involved and then to resolve that situation in the most peaceful manner possible.

DMHAS has assigned a liaison to the police departments in West Haven and New Haven. This person coordinates the relationship between DMHAS and the local police departments. In fact, he is recognized as the "go-to" person for crisis issues involving mentally ill persons residing in the community. He has recently established a "community care team" to work on training matters, issues of confidentiality, safety, etc. It meets monthly and has been meeting for three months. All parties report that YAS staff, particularly senior staff, have been wonderful to work with. They are responsive and helpful; they have close contact with and really know their clients. They do not let them get lost in the system. Of particular note is the excellent job YAS staff do in intervening with clients in apartment conflicts.

A nursing service, which does medication administration and monitoring in clients' homes, reports an excellent relationship with YAS clinicians and case managers. At times, clients are not in their homes when the nurse arrives - they may be visiting friends, in the street, at the social club – nurses call YAS staff who respond quickly to help locate the client so he/she can receive the meds they need at that moment. This service compliments Bridges for establishing a medication re-fill line. YAS medication coverage on weekends is a minor issue.

YAS clients come to the soup kitchen/food pantry at Project Hope. YAS staff generally provide transportation. Clients interact with their peers in a social atmosphere. The vicar reports that he has never had a problem with YAS clients.

An adult education teacher reports that she has been teaching sewing to clients in the Bridges to Business for one year. Staff approached her and she agreed to volunteer working with clients to teach them sewing – together, they make pillow covers, ipod covers, handbags, tapestries, etc. They sell these items for a small profit. Clients are paid with gift cards. This teacher has seen significant growth in these individuals. They have a job and they have input into the business. They are relaxed and talk about their personal lives. They are learning to sew, to sell, and to help each other. They have pride in their craftsmanship.

Attendees identified these as issues:

- More and more young adults are entering the DMHAS system; there is a need for considerably more resources to address the more intensive level of service these clients require;
- There is a need for more staff training in the areas of crisis intervention and de-escalation techniques;
- West Haven needs a homeless shelter;
- Some clients require financial aid to pay for their medications;
- The police would appreciate receiving updated lists of client addresses on a regular basis.

Consumers

Six consumers attended this forum.

Client #1 says that his case manager is friendly and helpful; it is better now than it was three years ago. In August of 2008, he will have been in the YAS program for four years. He would like to have more activities in general, and more out-of-state. He has suggested this to staff, who said they would think about it. He understands that his behavior and ability to manage money are issues.

Client #2 says that YAS should purchase more vehicles as the ones they have break down frequently.

Client #3 says that YAS provides clients with the opportunity to make our own choices and decisions. Staff are helpful. They talk to her a lot; they are a great support system. She has been in a lot of programs – "Bridges is the best."

Client #4 says that his clinician and case manager have helped him progress; he is able to think better and make better decisions; they have kept him out of jail. He is able to do more things on his own now.

Group concerns

Community meetings have low attendance because staff do not listen; they do not follow up on client suggestions;
There is a staff shortage;
Staff barge into our apartments unannounced, sometimes when they have friends over;
Staff complain a lot; they talk about other clients;
Third-shift staff sleep and are not responsive to clients;
Often, weekend activities are cancelled because staff are not available;
Case managers and clinicians are great; the problem is with the evening and weekend staff;
We need more vocational counseling;
We need more social activities;
There is confusion regarding the storefront – consumers thought it was to be a social club for them, not a site for Bridges to Business.

Families

Three family members attended this forum. Two were the mother and grandmother of one client.

Family #1 – These family members report that the program has changed a lot over the last one and one-half years. There is more organization, structure; the program is better at meeting the needs of clients, particularly crisis situations. They credit this change for the better to the new management team. Staff do apartment checks twice/day; they do not barge in. There is an established protocol for situations in which the nurse is delivering meds and the client is not in the apartment; the nurse calls Bridges and they will let the nurse in. There was one instance where there was miscommunication around medication; they called Bridges staff who immediately resolved the issue. There is a regularly scheduled monthly meeting between these two family members and Bridges staff (these family members requested this arrangement).

This client is in printing class and has a job. He is going to groups more frequently now because of the recently introduced incentive program. He goes to dances. A staff member learned that this client loved music, so he brought his guitar in and is now giving the client music lessons. Bridges helped facilitate a meeting with BRS and Marrakech to provide additional job supports. The police have been excellent; there have been times when the client felt he was in danger of hurting himself; the police responded and talked him down.

Family #2 – This person' grandson has been in the program for only a few months. He lives with her. He is not highly motivated. Thus far, staff have been helping him get SSI, are working with him on personal hygiene and have done a vocational assessment. Staff have listened to the grandmother and have been responsive to her suggestions and questions.

Administrators

Six administrative staff attended this forum.

These staff believe that YAS programming is more effective now because:

- DMHAS is more supportive; there is more structure, more training, more resources; the philosophy has changed; there is a YAS division within the Office of the Commissioner; the central office acknowledges that we are all still learning;
- There is more respect for Young Adult Services – it used to be considered a baby sitting service;
- There is a DMHAS initiative – IABA – that helps programs focus on positive programming for clients with difficult behaviors by eliminating negative consequences.

There is a new management team in place. It includes a Clinical Director (new position), a Program Director, Lead Clinician, who has a caseload but also consults with other staff on their clients, and a Recovery Manager who focuses on vocational and social rehabilitation. This is a cohesive team. Now, there is more accountability, more individual and group supervision, clinical supervision of

line and implementation of ethical policies. There is a clinical group for case managers. The location on Center St in West Haven is more accessible to clients. These changes have freed up time for line staff to engage more with their clients.

Issues

Staff constantly struggle to strike a balance between client choice, safety, confidentiality, ability of clients to live independently, landlord issues, etc.; they have been proactive in working with clients and police around some of these issues;
There are a large number of paraprofessionals on staff; they require a considerable amount of clinical training and supervision;
Many clients are still connected to DCF, and it is difficult for them to comply with that agency's expectations around school, jobs, etc.; DCF treatment philosophy is "child protection," while DMHAS is recovery-oriented; as part of the transitioning from DCF, that agency should work with its clients on recovery principles;
There is a need for a level of care between DCF and independent living;
As many clients have children, there is a need for them to obtain parenting skills;
Receptivity of clients to community providers is an issue;
Affordable housing is the biggest challenge;
Where are YAS clients to be discharged to? There is no level of care when they age out.