

**EVALUATION OF YOUNG ADULT SERVICES (YAS) PROGRAM**

**River Valley Services**

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

**March 26, 2008**

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# EVALUATION REPORT

## River Valley Services (RVS)

### Young Adult Services

**Evaluation Date:** March 26, 2008

**Agency Name/Address:** River Valley Services  
Box 351  
Middletown, Ct.06457

**Program Name:** Young Adult Services

**Program Funding (This Year):** \$972,241; Funding from DMHAS: \$915,418

**Review Team Members:** Lyne Landry, CAC #8  
Richard Schreiber, CAC #8

**Board Staff:** Patrick Settembrino, Executive Director  
James A. Crispino, Consultant

**River Valley Staff:** Howard Reid, Executive Director  
Jane Stanton, Community Services Division Director  
Michelle Leister, Program Director

## **Program Description**

Young Adult Services (YAS) staff are part of the RVS Community Support Team A (CSP A), which is a clinical case management team that serves up to 150 clients. YAS shares some services/resources with other RVS programs; these include nursing, money management and several others. Twenty-two of the CSP A clients receive direct clinical, case management and vocational services through the Young Adult Services (YAS) staff. Ten of the twenty-two clients also receive 24/7 onsite or offsite residential support services through the Community Living Service (CLS), which is a component of YAS. The YAS staff is comprised of a Program Director, Senior Clinical Case Manager, Clinical Case Manager, Vocational Rehabilitation Counselor, CLS Residential Program Coordinator, sixteen CLS Client Support Workers and two as-needed Specials. YAS staff are available to provide consultation services to the treatment teams who serve the other twenty-nine young adult clients at RVS.

YAS services are focused on the psychosocial, cognitive and physiological issues of young adult development. Services support and encourage learning and development of adult roles in areas of independent living, vocational development and interpersonal skills. YAS has a special expertise in the treatment of Autism Spectrum Disorders and sexual offender issues. Also, the Community Living Service (CLS) provides 24/7 residential support services to up to eight clients in a multi-family residence with on-site staff and to four clients in off-site apartment settings.

As part of the site visit, members of the evaluation team visited the multi-family residence and talked with staff and residents. The facility is located in a good neighborhood, close to shopping and transportation. Established in 2006, it currently houses six individuals; one young adult, age 19, is being transitioned from a DCF group home and is expected to move in on May 15<sup>th</sup>. It is in generally good condition. Some apartments housing two young adults seem a bit small for two people. Also, there seems to be insufficient signage and other measures in place to address fire safety issues.

Days and Hours of Operation: 8:30-5:00 (M-F), CLS 24/7 (including holidays)

Operation during holidays: Supervisor on-call to CLS after-hours/weekends

Languages spoken other than English: None

Sign language interpreter: Yes

Other supports beyond on-site program staff: Specials up to 17.5 hours/week to provide vocational support.

YAS has integrated DMHAS initiatives in the ways described below:

### *Trauma-Informed Services*

All referrals to RVS receive an initial psychosocial assessment which includes an assessment of trauma/victimization. Once a client is assigned to YAS, the treatment team and the client develop a treatment plan to address trauma-related issues, if indicated. All YAS clinicians/supervisors have training and experience in trauma treatment and incorporate it into their practice and supervision. RVS provides Trauma Recovery and Empowerment (TREM),

which is an evidence-based group approach for women developed by The Community Connections in Washington, D.C. and is available to all RVS clients of any age.

### *Cultural Competency*

As part of the initial assessment process, clients are queried about language preferences, ethnicity and cultural/spiritual orientation. Once a client is assigned to YAS, the Life Skills Functional Assessment is completed initially and annually to assist in understanding a client's cultural/spiritual orientation and its influence on learning. Issues of ethnic and racial diversity are considered and discussed throughout the treatment planning process for the individual and the family/significant other. Staff are encouraged to participate in cultural diversity training when it is offered.

### *Co-Occurring Disorders*

The RVS treatment approach for clients with co-occurring disorders is the New Hampshire-Dartmouth Integrated Dual Disorder Treatment (IDDT). IDDT is an evidence-based approach that helps clients with dual disorders by integrating substance abuse services with mental health services. The IDDT model views all activities of life as part of the recovery process. RVS provides IDDT stage-wise treatment groups which are available to YAS clients. The YAS Program Director has been trained in IDDT; the two YAS Clinical Case Managers will be receiving more intensive training in IDDT.

### *Recovery Orientation*

The philosophy of YAS is based on recovery principles. Staff are trained and supervised to provide client-centered treatment based on each individual's unique goals. The program is in the process of implementing a new recovery-oriented treatment plan.

The program collaborates with these groups in the ways described:

**DCF-** When a DCF client is targeted to be referred to RVS/YAS, a series of transitional planning meetings are held with YAS, DCF and DMHAS OOC. After admission to YAS, there is on-going communication and treatment planning between YAS and DCF.

**Local ER/hospital** - The RVS Hospital/Community Liaison is assigned to facilitate collaboration between Middlesex Hospital (MH) and RVS clinical treatment teams. If a YAS client is admitted to MH, the Hospital Liaison tracks clinical progress daily by meeting with MH treaters and clients and relays information and status of clients' progress to YAS treaters. In addition, YAS clinicians attend the first MH team meeting after client admission to discuss issues leading to hospitalization, inpatient treatment recommendations and discharge planning. YAS clinicians continue to communicate and meet with MH treaters/client throughout the hospitalization.

**Cedarcrest Hospital** - The RVS Hospital Liaison is also assigned to facilitate collaboration between Cedarcrest Hospital (CRH) and the RVS clinical treatment teams. If a YAS client is

admitted to CRH, the Hospital Liaison tracks clinical progress at least 4 times a week through meetings with CRH treaters and clients and relays information and status of clients' progress to YAS treaters. In addition, YAS clinicians meet with the CRH treatment team and client during the course of hospitalization to collaborate on treatment and discharge planning.

**Other parts of the service system** - YAS staff have direct relationships with numerous parts of the service system including, but not limited to: DSS, Social Security, medical providers, pharmacies, legal system, community colleges, BRS, other clinical providers, etc.

### **Staff Information**

Total FTEs: 15

Total Unduplicated Number of Staff: 23

Total FTEs A.S.: 1

Total FTEs D.S.: 23

One hundred percent of current direct care staff have had prior experience with this age group or with adolescents.

All new staff receive age-competency training as part of the RVS New Employee Curriculum. Newly employed YAS staff also receive specialized training in: Pervasive Developmental Disorder, problem sexual behavior, young adult development, risk management, overview of communication skills and boundaries, and vocational services. Last year, YAS staff participated in a workshop on transgender issues.

If the YAS team is at a treatment impasse or has treatment approach questions, the YAS Program Director may request a case conference led by the RVS Medical Director which would include participation of YAS team members and other senior staff. Also, YAS can request OOC to provide expert consultations or case conferences to assist in the treatment formulation and planning for specialized treatment populations and/or hard-to-treat/high risk clients.

The Program Director has weekly individual supervision meetings with the Clinical Case Managers, the Vocational Rehabilitation Counselor and the Residential Program Coordinator. The Residential Coordinator has individual supervision meetings every two weeks with the 16 Client Support Workers.

All supervisors have specialized training or experience in young adult development and Autism Spectrum Disorders. Recently, YAS supervisors attended training from the Institute for Applied Behavioral Analysis (IABA) sponsored by DMHAS OOC. The training is specifically designed to develop positive approaches using strength-based interventions in working with young adults with challenging behaviors.

Staff indicate that there is a need for more training in Autism Spectrum Disorders.

## **Consumer Information**

Capacity: 35

Total Number of active clients on roster at this time: 22

Estimated Unduplicated Count for this Year: 22

All young adults who are eligible for RVS services are assigned to teams according to needed level of care. Clients who are referred by DMHAS YAS are prioritized for YAS services, if appropriate. Clients who are in need of CLS residential services are approved for admission by DMHAS OOC and are placed on a waiting list if there are no vacancies. In most cases, clients referred to RVS are scheduled for intake appointment within eight working days and assigned to ongoing treatment within 12 working days of initial referral.

YAS has identified 12 young adults who are in the RVS system now; they are being transitioned to YAS. The program expects to be at full capacity by the end of April 2008.

Clients are referred to RVS by a variety of different sources, e.g., self, family, hospital, another provider. If the client is a young adult and does not need ACT or residential support, the client is referred to YAS without OOC approval if there is capacity.

RVS is the LMHA and point of entry for the Catchment Area (CA) 10 service system. Any person aged 18 or over is assessed by RVS Intake and referred to appropriate services. DCF clients who wish to reside in CA 10 and are in need of continued mental health services through DMHAS are identified by OOC and referred to RVS/YAS for preliminary treatment and service planning.

The breakdown of the ages of current clients is: 18 (3); 19 (2); 20 (4); 21 (4); 23 (3); 24 (2); 25 (1); 26 (1); 27 (2).

RVS serves 29 individuals age 18-25 who are not in the YAS program.

English is the primary language for all of young adult clients. Clients' ethnicity/race are as follows: 1 Asian/Pacific Islander (Muslim culture); 1 Jamaican-American; 3 African-American; 5 Bi-Racial (3 African American/Caucasian); 12 Caucasian.

Six clients live in 24-hour, onsite staff supported apartments; four in 24-hour offsite staff supported apartments; three with parents; four in independent apartments; one in a motel; two in DCF residential programs; and two in prison.

Of the 22 current clients, 14, or 64%, were referred by DCF.

The breakdown by town of origin/previous residence is: Cheshire (1), Clinton (1), Colchester (1), Cromwell (3), East Hampton (1), Essex (1), Guilford (1), Hartford (2), Middletown (5), New Haven (1), Old Lyme (1), Portland (2), Westbrook (1), Windsor (1).

YAS had one new admission in 2008 and six new admissions in 2007. There were no discharges in 2007-08.

The number of clients who are:

In school – 5 clients or 23% are in school;

Working – 8 clients or 36% are working;

Are involved in community activities (non-DMHAS funded) - Narcotics Anonymous (1), YMCA (2), Food Pantry (13) Library (5), State Parks (13), Ct Autism Spectrum Center(1).

Have co-occurring disorders – 6 clients or 27% have co-occurring disorders.

The program does not have a separate consumer satisfaction survey. YAS is included in the overall CSP A survey. Once YAS is free standing, it will have its own separate satisfaction survey. The program has made a number of changes as a result of client feedback and advocacy. For example, CLS clients advocated in writing to the RVS Director for a comfortable place to sit outside their residence and to be protected from the rain. As a result, RVS obtained a large picnic table with an overhead umbrella. Also, there have been other upgrades to the CLS physical residence as a result of client advocacy e.g., front door entry area improved, all carpeting in apartments professionally cleaned and windows upgraded.

The program does not have a separate consumer council, but is at the initial stage of developing one that is starting out on the basis of an employment/education group.

## **Outcomes**

YAS has a weekly inpatient data base report that tracks client hospitalizations and is reviewed in weekly utilization meetings to ensure clients continue to require hospital level of care, that clients' needs are adequately served, and that a viable discharge plan is in place. The program collects data through individual incident reports that allow it to track if there are any client/program trends that are of concern e.g., increased victimization. There is also a monthly report that tracks employment/vocational status of YAS clients. Program-level outcomes for vocational services are now being tracked.

Individual client progress is discussed daily in YAS team meetings and weekly in treatment plan review and individual supervision meetings. Individual client progress is tracked through documented quarterly treatment plan reviews and annual treatment plan updates. YAS clients have access to funds to support their individual treatment goals; but these funds are typically not tapped because of the cumbersome state process to obtain them.

Annually, each young adult completes the Basis 32 Assessment; clinicians complete the Life Skills Functional Assessment; both are used as the basis for goal setting and treatment planning.

## **Family Involvement**

All YAS clients are encouraged to include family/significant other in their treatment. Family members participate in treatment planning meetings, have ongoing contact with YAS staff and are viewed as an integral part of the treatment team. At the forum, family members expressed a desire to meet regularly as a group.

## **Program Strengths**

Staff identify the following as program strengths:

A major strength is the extensive clinical/professional experience of the YAS leadership, who are committed to the recovery model. Also, the CLS residence offers young adult clients the opportunity to develop independent living skills in a 24/7 staff-supported setting in a safe neighborhood. CLS is in the process of developing a continuum of care to increase the ability to support clients transitioning to more independent settings or supported apartments. YAS is planning to become a free standing RVS Program in the near future and is in the beginning stages of this development.

## **Major Issues**

Staff see the following as major issues:

One of the major issues/challenges is helping young adults who have experienced childhood trauma to develop goals and to believe in the possibility of attaining their hopes and dreams. Other difficulties arise from socio-economic issues that many young clients face, e.g., social stigma, lack of affordable housing in safe areas and living on very limited incomes. Services that would enhance YAS ability to serve young adults include providing ACT level of care and developing a full continuum of residential support services. A building adjacent to Dutton Home is being renovated for the exclusive use of YAS; the program is seeking its own budgets from DMHAS for such items as nursing services, vehicles, etc.; finally, YAS is seeking to establish its own supported residential program, distinct from that of RVS.

Some of the YAS service gaps include the need for after-hours or weekend services for clients not residing in CLS; some flexibility for clients to move in and out of more intensive supports as needed; increased funding for bridge subsidy/rents to enable clients to afford and find better housing; increased and more accessible transportation resources; and a client activity fund. Also, as YAS continues to expand, there is a need for additional vocational, clinical and community support staff.

## **Merits**

The evaluation team offers the following commendations:

- Exemplary charting procedures – recovery-oriented, comprehensive assessments; recovery plans; progress notes and treatment plan review, as described in the DMHAS Chart Review Report (Appendix A);
- Its efforts to establish its own identity and to be a more freestanding entity, including the renovation of its own building adjacent to Dutton Home and its attempts to secure funding for vehicles, nursing services, supported residential program; YAS is also now holding its own monthly staff meetings;
- Responsiveness to consumer feedback – securing a picnic table and umbrella and upgrades to the physical plant at CLS;
- Extensive staff training in general, but in particular, specialized training in IABA, cultural diversity, and person-centered treatment planning;
- Efforts to establish a full continuum of services for young adults, particularly supported residential;
- Engagement with family members in individual treatment planning and willingness to convene a meeting of family members who attended the family forum that was part of this review (scheduled for April);
- Commitment to recovery-oriented treatment planning, including revision of treatment plans to be more recovery-focused;
- Enthusiastic and energetic staff;
- RVS YAS is highly regarded by DMHAS Central Office and DCF (see notes from staff forum);
- Clients at forum reflect personal change and self-awareness of their progress; they have respect and concern (and sometimes irritation) for their peers; they are quite comfortable expressing themselves;
- Consumers, family members, front-line and administrative staff exhibit a sense of community and reflect shared perceptions of the program, its goals, and its possibilities;
- YAS is integrated with other RVS programs and staff;
- YAS has a substantial commitment to working with young adults around vocational goals;
- RVS has a clinically sophisticated staff in general which is an asset to YAS because these staff are able to address the variety and complexity of the presenting conditions of young adults.

## **Findings/Recommendations**

The evaluation team makes these findings/recommendations:

### **Program Expansion**

*Finding* – The program is seeking additional resources to establish a supported residential component specifically for YAS clients.

*Recommendation* – The team recognizes that this level of care is much needed, commends YAS for this initiative, supports it wholeheartedly, and encourages staff to be vigorous in its pursuit of such funding.

*Agency Response* – YAS is submitting a proposal to YAS/OOC to request expansion of the supervised apartment program (CLS). YAS currently has 8 supervised on-site apartment beds. YAS is requesting an additional capacity of 12 to provide an off-site supervised apartment level of care. This expansion would offer a variety of housing options in different locations, including single apartments, driven by client interest and choice. Residential supports would be available for skills building, risk management, individualized support and coordination of care 24/7.

### **Single-Occupancy Apartments**

*Finding* – Some clients living with other clients do not do well. Some apartments may be too confining for more than one young adult with serious mental health issues.

*Recommendation* – YAS should seek, where feasible, to give strong consideration to securing single-occupancy apartments for those young adults whose presenting conditions suggest that they would benefit from this type of living arrangement.

*Agency Response* – The off-site supervised apartment proposal will offer clients other housing options with wrap-around residential supports. Bridge subsidies are critical in providing the financial resources needed for safe and affordable housing.

### **CLS Facility**

*Finding* - A tour of the CLS facility revealed several fire safety issues that RVS and Gilead (building owner) should examine.

*Recommendation* – The panel recommends that RVS and Gilead undertake a fire safety audit to determine the need for additional signage, fire extinguishers, staff training, fire drills, etc.

*Agency Response* – Gilead, the Property Manager of CLS, is arranging an inspection of the residence from the Fire Marshall. RVS will implement all recommendations as advised by the Fire Marshall's inspection, including signs and fire safety drills. Fire safety training for residents and staff has been scheduled for May 15, 2008.

**R&E Committee Recommendation: The committee recommends that RVS conduct fire drills, safety training and Fire Marshall inspections on an ongoing basis.**

## **Use of Discretionary Funds**

*Finding* – RVS has a small amount of discretionary funds that, creatively expended, could go a long way toward helping individual young adults achieve recovery goals. However, the process to use these funds is slow and cumbersome.

*Recommendation* – Staff should explore ways to make these funds more readily and flexibly available.

*Agency Response* – The proposal for the expansion includes a request for client support funds. The issue will continue to be discussed with Howard Reid and YAS/OOC to determine what funds can be made available and how they can be managed to ensure adequate controls. There is a plan to make bus tokens available for clients for vocational and educational purposes at the discretion of the Vocational Counselor.

## **Family Involvement**

*Finding* – Families at the forum found it to be a rewarding therapeutic experience and expressed a desire to have similar gatherings of family members in the future.

*Recommendation* – The review team recommends that YAS convene a meeting of family members in the near future (team understands that such a meeting has already been arranged for April) to see if regularly scheduled meetings could be beneficial to family members.

*Agency Response* – RVS is very excited about this opportunity to bring families together. The first family meeting is scheduled for May 6<sup>th</sup>. The plan is to have quarterly ongoing family meetings. The meetings will offer family support and opportunities to discuss YAS services with program and agency leadership. Future meetings may include guest speakers, such as the team psychiatrist, depending on interests of family members. Twelve family members are expected to participate in the meeting on May 6<sup>th</sup>.

## APPENDIX A

### DMHAS CHART REVIEW REPORT

DMHAS Reviewers: Hannah Carlson, Behavioral Health Community Monitor, John Weicht, Behavioral Health Specialist, and Bob Donovan (YAS), conducted chart reviews at RVS' YAS program in Middletown. 4 active 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 in most of the charts. As described by Michelle Leister, Program Director, the policy and practice for immediate access to information during a crisis or emergency, is to contact Mobile Crisis who manages the event and dissemination of the information needed.

Risk assessments and mobile crisis interventions documents were found in the front of the charts. This information serves as a useful adjunct to the assessment as well as a current snapshot of client's level of risk.

##### **Recovery/treatment plan**

Recovery plans read more like Master Treatment Plans but are initiated at admission and individualized with the primary clinician. They clearly identify the clients' strengths and problems, and include clients' input. Community Support goals are measurable, time-limited, and achievable. 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**

No evidence of discharge planning was observed in treatment development although there is a section labeled "Discharge Criteria" in the treatment planning document. Several entries read, "When client no longer meets continued stay criteria", which clearly is not specific or individualized to the clients.

##### **Progress notes**

Notes clearly relate 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:**

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

**Treatment/Recovery plan** – Michelle stated a revised treatment plan form has recently been approved and will replace the version we observed during our review. It is anticipated that this form will reflect more of a recovery plan approach with community service oriented goals and objectives, client input, and discharge planning.

## **APPENDIX B**

### **FORUM MINUTES (Transcribed by Pat Settembrino)**

### **FOCUS GROUPS RIVER VALLEY SERVICES MARCH 12, 2008**

1. **CONSUMERS** – 22 clients in program. Residential C.L.S. (house in Portland). Capacity of 8 (4 apartments for 2 each). 24 hour staffing. Instruction is daily and weekly. 6 or 7 clients are working. 2-3 are in school, 18-27 years old.

#### **Impression of program from Client A & B**

**Client A** – (2003) using drugs, bad behavior. Got clean. Opportunities to grow. Wants to work and get a job so he can get money. CLS house resident, trying to do positive things. Right state of mind. Help to achieve goals (Fire Department).

**Client B** (started in 2007 summer). Complaint is no recycling bin. Like to be treated as an adult. No bad consequences unless necessary. Independence, goals, save money, lose weight, complete a book, get out of CLS and learn to drive. Program has helped get a job. Program does not help only observes, job coach helps. Would like to get a ride further away.

Would like group apartment with staff and roommate 1 time a week. Lots of criticism about roommate.

Goal to help both figure out solutions to problems, work and relationships.

**Problem** - Won't allow scanner for fire department use. Talk from staff disrespectful and ordering them around, clients rights.

2. **REGIONAL MONITORING MANAGEMENT TEAM** - Program started in 2004 in community.

**Bob Donovan, Jane Stanton, Laureen Sheehan, DCF, Ellen Econs, Michelle Leister (Program Director), Howard Reid (Executive Director).**

Client into program – referrals – gets information in advance. Intake prior to arrival - meetings with family, DCF. Start planning. Office of DCF and Commissioner referrals, assigned to social worker.

Strengths of Program – need for a program to help Y.A.S. to help lives turn around. Support of staff, towns recovery. Geography of catchment areas, community MHC. All YAS are comprehensive, some stronger clinically but no specialty areas. RV, case management, vocational counseling, etc., strength engage clients, risk management, comprehensive approach to crisis. Changes/improvements would like to be free standing, expand and continuum of residential care.

VOC - everyone is in a different place, don't know options, usually schools, staff.

Need more resources and more opportunity for apartment living and employment.

Crisis intervention examples – mobile crisis team, team meetings focus on previous day's occurrences, regular reports on client changes, no critical incidents. Incident reports are filed.

Clients know how to get what they need. Clients are helped to match up to chores.

Can move into independent living arrangements. Females/males together in CLS is problematic.

CLS MH assistant 1 on site.

### 3. **DIRECT CARE STAFF**

**Ellen Devlin - CLS, Brad Quirk – Vocational Counselor, Tony Valentin - CLS, Lynn Lehane - Clinical, Eric Brysgel - Case Manager, Nan Bassett - Residential Coordinator.**

Value of single residence vs. roommate. In March trying to get away from shared apartments.

Shared funding, recommended that there be single level apartments – rental costs and utilities and expenses (high cost of rents in Connecticut). Economic factors. Loneliness is an issue vs. roommate conflict. Depends on client.

Option not available for clients that need their own apartment. VOC 44% have jobs (PT entry level) support needed for 2<sup>nd</sup> shift and weekends. Transportation is a big concern.

Strengths – staff and clients and people involved. Structure to do more for them because clients needs are not met. More teaching (nutritional) “life styles”. Structure clients more to make it. Philosophical differences to little (keeping client independent) vs. too much interference “boundaries.”

Training – everyone comfortable for this age group. Meetings in place to discuss clients.

\*at first clients need more attention. (currently 4 of 12 in the community) community diversion 2<sup>nd</sup> shift. Critical incidence - 2 in jail. Felony and misdemeanor. Less average than cities.

Petty cash - \$10.00 per week is needed. For pizza, movies. (upkeep of houses, yard initiatives are needed)

Change – need to be bigger, better, peer supports – are needed, food is a motivator, more satellite apartments and more funding to help supplement their rent.

### 4. **FAMILY MEMERS** – 5 members = 4 clients.

Needs more staff and more money

**Input into treatment plans of child. When information is needed it comes forward.**

Client permission for things can be difficult.

**Information is forthcoming and accommodating. Didn't seem like enough staff time with client.**

What team at house (Gilead) can do with a client is not enough. Socialization is better with roommate and mixed housing.

Everyone likes the Y.A.S. program. Good communications with staff.

High turnover staff rate. People who are fragile with change. Staff moves on and too many changes in faces.

Need more supported housing. Can't stay at home because it is too stressful for family/client.

Group meeting of all the clients one time a month.

Social Family meetings one/2 per year – help each other in a forum to address issues.

Medications/housing/transportation/work/jobs

What happens after 25 years old.

**FORUM MINUTES  
(Transcribed by Richard B. Schreiber)**

**YOUNG ADULT SERVICES, RIVER VALLEY SERVICES**

**Core Programs**

Headquartered in Dutton Home on campus of Connecticut Valley Hospital, the Young Adults Services program of River Valley Services, on the visit date of Friday March 12, 2008, was providing services to 22 clients.

Services are offered through 2 core programs:

a)Community Living Services-- a residential 4-apartment co-ed facility with capacity for 8 residents, and current census of 6, staffed 24 hours each day, seven days a week. CLS provides supports to 4 clients off-site and clinical case management to an additional 12 clients. Highest priority for this service is given to clients referred by the Connecticut Department of Children and Families.

b)Other services to young adults are provided through River Valley Services. The current census is 20 clients.

**Staff Services**

The types of staff services available (not facilitated by this program) include:

Personal Counseling, including coaching in fundamental life skills;

Interpersonal Mediation, including dispute resolution techniques;

Vocational Counseling, including job placement and supported employment;

Educational Counseling, including training placement, study skills inculcation and supported learning;  
Quasi-ACT Services, including client search and find;  
Emergency Services, including intervention with health, mental health and criminal justice authorities.

The types of service dynamics provided include:

One on one;  
Small group (less than 5 persons);  
Large group;  
Medication administration;  
Also specialty groups—habitual runaways, cross-dressers, anger management, exhibitionism, among others;  
Also, special linkages with AA and NA.

### **Gathering Information**

On Friday, March 12, the review team had 4 different discussion sessions in the YAS main office conference room, with persons associated with programs:

Session 1-- Two clients, both young men;  
Session 2-- Seven members of program management group;  
Session 3-- Six members of front-line service delivery staff; and  
Session 4-- Six parents, or other family members of clients.

### **Strengths**

Clients interviewed reported general satisfaction with services received. Particularly noted: harsh consequences only imposed for poor behavior reported when necessary.

Each client reflected on how much personal change had been experienced, contrasting present personal behavior and understanding with behavior upon entry into program.

Both clients appeared able to express concern and respect and irritation about other clients.

One client seemed in touch with reservations about the realistic possibilities of his immediate goals.

Program seems well regarded by Connecticut DMHAS, the principal funding agency.

Program seems well regarded by its highest priority referral source, Connecticut Department of Children and Families.

For most part, there seemed to be impressive consistency among views of clients, direct service staff and management, as to current program strengths and needs for enhancements, giving a sense of shared community and perceptions.

## Concerns and Recommendations

### *Client Plans and Requests*

Based on limited interviews conducted, the program's work with clients in articulating goals is recognized by reviewers and respected. The challenge of clients' unrealistic goal setting needs to be addressed in a way that is attention-getting and focused for the client. An interviewed client's discussion of immediate personal goals mixed some which appeared to have possibilities (learn to drive, lose weight, and get rides to far away places— such as Cromwell, among other “far away” places), with others which seemed presently extremely ambitious and rather unconnected with real possibilities (saving money for a big house, and working on a book trilogy). Questioned further, the client said he had discussed all plans with staff, showed no awareness of any limitations.

Apparently, there is a need for a better system for tracking clients time-to-time requests, which seem to get lost when not written down, particularly between shifts.

### *Housing, Living Together*

Appears to be a need for giving CLS program residents the option of living in a single-occupancy supported apartments.

For residents who choose to live in double-occupancy apartments, staff service for mediation among roommates should be considered. Client-reported long-standing problems with roommate included roommate's personal aloofness, superior pose, reluctance to be forthcoming, and “complete denial” of personal circumstances. Steps taken by client included reporting matter to staff. Client felt result was that he was the one who wound up being corrected.

### *Education, Heightening Awareness, Information and Understanding*

A need appears to exist for improved awareness among clients and staff about the possible extent, and limitations, of privacy and confidentiality in the CLS setting. Training is needed to address the issue. Concern was expressed that right to confidentiality under HIPPA rules was violated by a staff member when that staffer told another client that the concerned client was impersonating fire department personnel.

Staff policies and procedures should be reviewed, regularly aiming for consistent application. Example: should a client be awakened to get going to a morning job interview, or should the client's job interview appointment be ignored by staff letting the client sleep in and thereby learn that there are unwanted consequences to irresponsible behavior? Uneven and vaguely discretionary exercise of this particular procedure was described. Clients should be involved in the review and formulation of such policies and procedures, including full acquaintance with procedures not subject to change because mandated under state or federal laws or regulations.

Education, including round-table discussion, seems needed by clients regarding broad spectrum of the program's rules and policies touching upon socially, culturally or stylistically deviant, but victimless, behavior. The experience of a client, a “homosexual cross-dresser” whose right to cross-dress was vetoed by staff, was described. Was there, or was there not, a violation of that person's rights? Matter was reported to have been referred to Advocacy Unlimited and to

Connecticut Legal Rights Project.

Education for clients about bathroom access and bathroom behavior seems to be needed. Clients appear not to understand why they are not allowed to use the staff bathroom.

A need for convening, on a regular basis, groups of clients' parents or other family members was described. Information about much that goes on within the program would be of importance to such a group and participants could also benefit from mutual support of such a group.

*Staff Resources*

An increase in staff resources is recommended for providing clients with life skills training for independent living.

Strengthening of staff resources is recommended for working with clients' education settings..

An increase in staff resources is recommended for providing crisis management, particularly for second shift accessibility to such resources.

A CLS discretionary fund should be established, providing staff the opportunity to draw on petty cash for occasionally occurring client reasonable but unbudgeted needs. Best estimate of funding needed: \$10.00 per client per week.

Development of, or connection with an ACT team should be considered to meet level of care needed by up to one-third of clients living in supported apartments.

Generally, the ratio of number of clients to staff needs to be reduced.

