



## Agency Outcomes Report



Elijah, Micah and Jonah having fun at the NAMI walk

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# 2012 AGENCY OUTCOMES REPORT

## INTRODUCTION

FAMILY SERVICES OF WESTERN PENNSYLVANIA has as its mission to empower people to reach their full potential.

The agency seeks to meet this mission by constantly assessing and improving on the capacity of the individuals we serve to live productive and independent lives and to improve their financial and emotional wellbeing. We also assess and adapt our own internal processes to ensure that we are providing quality services in a fiscally responsible way to those individuals who need our assistance.

The following is a summary of outcomes data collected in the 2012 calendar year. These data were analyzed and results were presented to the agency in June 2012. The report is divided into three sections. First, we present an agency-wide overview of how individuals we serve in our behavioral health programs are doing in terms of functioning. The second section of this report provides specific information regarding the wide range of programs housed within the agency. In the third section, we present our efforts to increase the efficiency of administrative processes. This section highlights administrative accomplishments from 2012 including integration of care, financial management and other logistical efforts.

## AGENCY WIDE RESULTS

Every year, we collect agency wide measures to evaluate if the agency is meeting its overall mission. The vast majority of programs have incorporated these agency measures into their current outcomes tracking system. By tracking the same outcomes across the many programs Family Services offers, we are able to present an overall summary of the impact that the agency is having on the individuals we serve. Whenever possible, comparisons to internal data from previous years or external benchmarks are provided. <sup>1</sup>

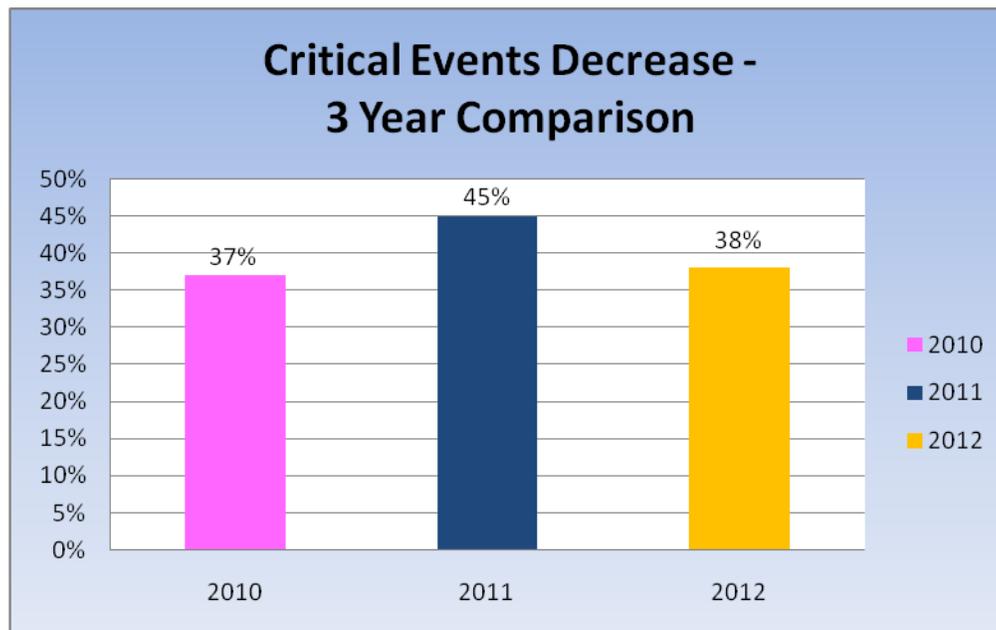
### DESCRIPTIVE INFORMATION

Of the individuals providing demographic information, 55% were female, 84% were white, 56% were single and 81% had an average household income of less than \$20,000. Analysis of education level showed that 34% of those seeking services did not complete high school or receive their GED. An additional 36% held a high school diploma or earned their GED. The remaining individuals had some college or technical school (18%), an associate's degree (7%) or college degree and/or post-baccalaureate training (6%).

## CRITICAL EVENTS

The most pressing issue for many of the individuals who seek assistance through Family Services programs is to reduce the number of adverse life events they are experiencing. Critical events may include psychiatric hospitalizations, homelessness, legal involvement, substance abuse, DUI, and other notable events. **During 2012, overall there were 38% fewer critical events** during the course of service. Additionally, people receiving services through the Agency showed a 47% reduction in the number of psychiatric hospitalizations they experienced (n=1078). Figure 1 display a 3 year comparison of the overall decrease of critical events.

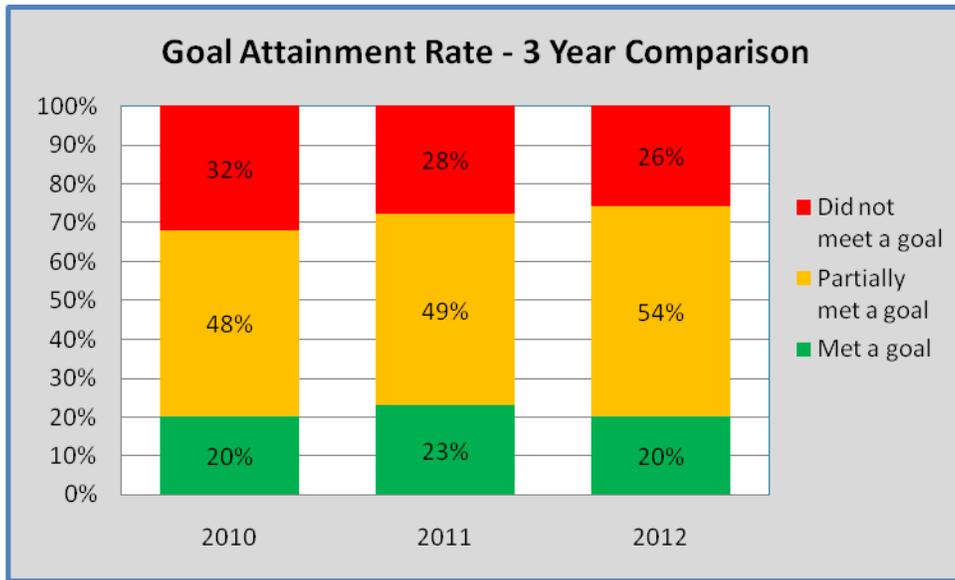
Figure 1: Decrease of Critical Events – 3 Year Comparison



## GOAL ATTAINMENT

Individuals receiving mental health services from the Agency work collaboratively with their healthcare team to develop person-centered service plans. These plans include goals that are collaboratively determined by the individual and care providers and are periodically reassessed. Intervention success can be measured by evaluating goal attainment as outlined in the person-centered plan. **In 2012, 54% of the goals set were partially met and 26% were either met at discharge or the second assessment point by the 2712 individuals sampled.** Figure 2 displays the 3 year comparison of the goal attainment rate of all goals set.

Figure 2: Goal Attainment Rate



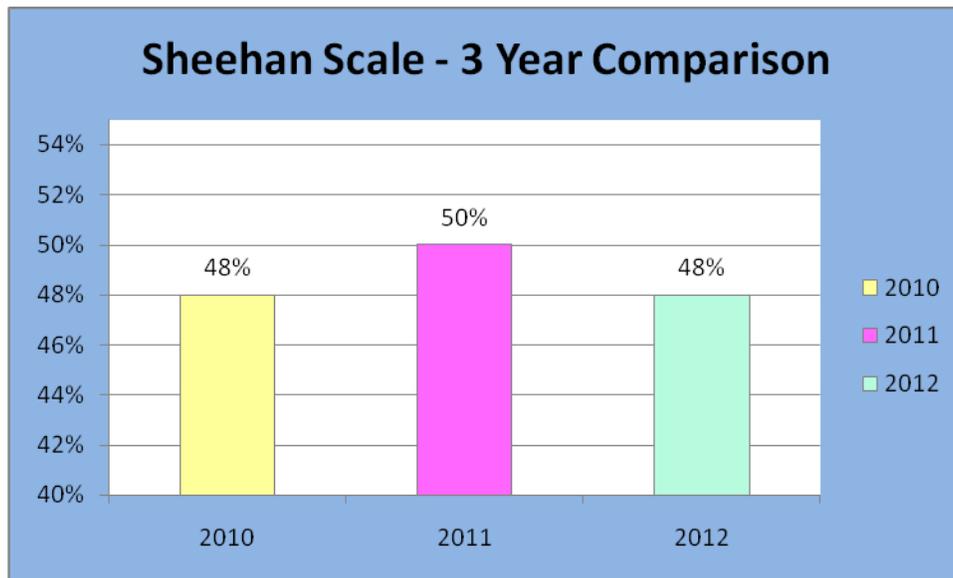
### MENTAL HEALTH FUNCTIONING

The agency utilizes the Global Assessment of Functioning Scale (GAF; Luborsky, 1962) to obtain an objective measure of individual functioning and to evaluate progress. The GAF is a widely used clinician-rated assessment of the individual's overall level of functioning. Individuals are assigned a score ranging from 0 to 100 with 100 indicating optimal functioning. In 2012, 52% of the individuals improved their GAF scores and 41% maintained their GAF Score over time. **The average change in GAF scores for 2012 remained statistically significant,  $t(385) = 10.65, p \geq .001$ , two-tailed.**

### SHEEHAN DISABILITY SCALE

The Sheehan Disability Scale (SDS; Sheehan, Harnett-Sheehan, Raj, 1996) assesses an individual's degree of impairment in three general areas of life (work, social life, and family relationships) that is due to mental health difficulties. The scale uses a self-rating format on a scale from 1 to 10 for each area of life, with 10 indicating total impairment and 1 indicating no impairment at all in that area. Figure 4 displays the percentage of individuals who have shown improvement and compares 2012 to 2011 and 2010. In 2012, a total of 48% of the individuals showed an improvement over time. The overall decrease in impairment was 16% which was statistically significant for all three subscales.

Figure 4: Sheehan – 3 Year Comparison - Percent of Individuals Improved



**LEVEL OF CARE**

Mental health and other social services can be delivered in a variety of care settings. Some of these settings are more restrictive than others but offer more intensive intervention opportunities. The agency assesses level of care both as a proxy for how well an individual is doing and as part of our ongoing goal to provide the least restrictive level of service necessary for an individual to succeed. We view less restrictive care settings as indicative of treatment success. The agency seeks to maintain those we serve at the minimal level of treatment intensity required for them to remain well and accomplish their recovery goals. **In 2012, 93% of the individuals assessed required less intense or similar services upon discharge or at their second assessment point.** A comparison with two previous outcomes years as can be seen in Table 1.

**TABLE 1: LEVEL OF CARE COMPARISON**

<b>Outcomes Year</b>	<b>Less Intense</b>	<b>Same Intensity</b>	<b>More Intense</b>
2010 (n=1025)	33%	58%	5%
2011 (n=928)	32%	58%	7%
2012 (n=783)	32%	61%	5%

Note: Totals may not equal 100% due to refusal to answer or refusal of further services.

## RESTRICTIVENESS OF LIVING

In accordance with the recovery model, an agency-wide goal is to provide appropriate treatment and support such that individuals can continue to live as independently as possible and avoid long-term restrictive living arrangements such as residence in state



hospitals or other structured settings, as appropriate. **In 2012, 13% of individuals receiving clinical services were living in less restrictive settings upon discharge or reassessment and 81% in a similar setting.** Given the multiple challenges that the individuals we serve face, including low socio-

economic status, multiple health problems, and multiple mental health diagnoses, improvement in or maintenance of living situations reflects program success. Table 2 shows the restrictiveness of living environment at discharge for the individuals we serve compared to two previous outcome years.

**TABLE 2: RESTRICTIVENESS OF LIVING**

<b>Year</b>	<b>Less Restrictive</b>	<b>Same Restrictiveness</b>	<b>More Restrictive</b>
2010 (n=1249)	5%	90%	4%
2011 (n=954)	9%	83%	6%
2012 (n=834)	13%	81%	6%

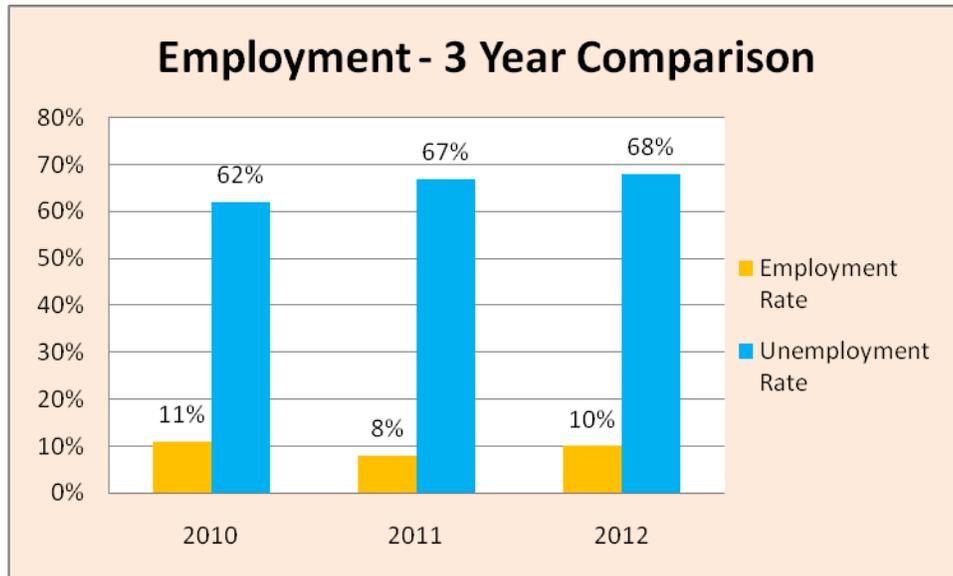
Note: Totals may not equal 100% due to refusal to answer or refusal of further services.

## EMPLOYMENT STATUS

Of the 909 individuals with employment data available, 7% of the individuals served improved their employment status and the majority 89% maintained at the same level. Figure 5 displays the employment and unemployment rate comparing the last 3 years. The employment rate has been quite consistent across time. In 2012 the employment rate was 10% and the unemployment rate at 68%.



Figure 5: Employment & Unemployment Rate – 3 Year Comparison



## Outcomes Highlights of Individual Agency Programs

### Behavioral Health Services

☞ **Family Based Mental Health Services** provides services to children who are at risk for out-of-home placement because of severe psychiatric illness. It also provides “step-down” services to children who are returning to their family setting following care out of the home.

Outcome: There was an 82% decrease of critical events occurring at 3 months follow-up after discharge.

☞ **Outpatient Mental Health Program** provides outpatient counseling to individuals in the community. Over the past several years, the program has implemented a program designed to improve engagement in treatment for the individuals we serve.

Outcome: The OP Therapy Department decreased the number of critical events that occurred by 52% and the number of individuals experiencing critical events by 57%.

☞ **Outpatient Drug and Alcohol Program** provides outpatient substance use counseling to individuals in the community.

Outcome: The Stages of Change Readiness and Treatment Eagerness Scale SOCRATES scores indicate that there was a statistically significant increase in scores for one out of the six subscales. The increase in scores was statistically significant for the ambivalence alcohol subscale.

☞ **Adult Psychiatric Nursing & MD** provides psychiatric evaluations, medication checks, injectable medication administration, and hospital discharge assessments to the individuals served.

**Outcome:** Despite a generally high level of psychiatric acuity, 80% of the individuals served were maintained at the outpatient level and did not require inpatient treatment.

☞ **The Mobile Medication Team** fosters recovery among individuals with chronic and severe mental illness by providing in-home medication management and medication education. The field team consists of both registered nurses and a peer counselor.

**Outcome:** The number of individuals experiencing critical events (hospitalizations, homelessness, legal involvement, DUI, D&A, use of crisis services) decreased by 67% (50% last year) during Mobile Medication Team involvement.

☞ **The Acute Partial Hospitalization Program** provides intensive, time limited care for adults in an environment that is significantly less restrictive than inpatient settings, allowing individuals to remain in their communities during intensive treatment. The program provides psychiatric evaluation and medication management as well as individual, group and family therapy sessions.

**Outcome:** The goal attainment rate in the Adult Acute Partial Hospitalization Program, 86%, exceeded the internal bench mark by 16%. This was an increase from 75% goal attainment in 2011.

☞ **Adult Respite** provides an alternative to inpatient hospitalization by stabilizing individuals in a community based, short term treatment facility.

**Outcomes:** During 2012, eighty-six percent of our individuals increased their goal attainment scores. Our goal for increase was set at 70%. In 2011, we had seventy-four percent of our individuals increasing their goal attainment score. This data shows an increase of twelve percent between years 2011 and 2012.



Robyn and her daughter Bryanne at the agency picnic

☞ **Community Treatment Teams** are multidisciplinary teams dedicated to supporting individuals with serious and persistent mental health issues as they return to living in the community. Teams respond to urgent needs that occur and support individuals as needed so that they can remain at home and avoid restrictive care.

Team goals include prevention of recurrence and improved functioning through support to the individual and family as needed.

Outcome: ACT and CTT helped to stabilize psychiatric hospitalization, and decrease critical events for the 4<sup>th</sup> year in a row.

☞ **Service Coordination** provides coordination of care to individuals with or at risk for serious mental illness. By facilitating access to appropriate services, we support the individuals we serve in maintaining their psychiatric health and achieving recovery. Services include assessment, service planning, service plan monitoring, service linkage, advocacy, treatment team participation, attendance at school and other meetings, and emergency services.

Outcome: Individuals in services had a 15% decrease in critical events including a 48% decrease in hospitalizations.

☞ **Administrative Service Coordination** conducts hospital discharge assessments, coordinates outpatient commitment hearings, participates in hospital discharge planning, and connects children with Behavioral Health Rehabilitation Services.

Outcome: 100% of individuals discharged from inpatient treatment were scheduled a hospital discharge assessment within 7 days

☞ **Community Outreach through Resources and Education (CORE)** assists individuals with mental health diagnoses to navigate the transition from adolescence to adulthood and to assume independence in their recovery process.

Outcome: Of the 30 participants that completed a self-report measure of skills and abilities, 83% increased their score over time by an average of 32%.

☞ **Adolescent Diversion and Stabilization** provides an alternative to inpatient hospitalization by stabilizing individuals in a community based, short term treatment facility.

Outcomes: Upon discharge from the ADS program, 96% of the 90 adolescents improved their life functioning, as measured by the Global Assessment of Functioning Scale.



New Adolescent DAS unit in Allegheny Township

☞ **The Adolescent and Child Partial Hospitalization Programs** provide a means for children and adolescents to continue their mental health recovery without sacrificing academic progress. The program provides psychiatric evaluation and medication management as well as individual, group and family therapy sessions and classroom instruction so that treatment minimally interferes with academic achievement.

**Outcome:** Children and adolescents in the Partial Program report a 40% improvement in overall functioning from intake to discharge, as measured by the Child Functioning Scale.



☞ **The Student Assistance Program** is a collaborative effort in conjunction with the Pennsylvania Departments of Education, Health, and Welfare and provides services to children whose behavioral problems are interfering with their education. Primary activities include team

assessment, in-school behavioral interventions, group prevention programs, and drug and alcohol education for teens.

**Outcome:** In the 2012-2013 school year, participants in the student assistance program experienced a 54% decrease in critical events.

## **Rehabilitation and Residential Services**

☞ **The Intellectual and Developmental Disabilities Residential Program** provides a supportive and stimulating living environment to individuals with developmental disabilities. The MR Residential Program consists of seventeen homes located in various communities in Allegheny, Armstrong, Butler and Westmoreland counties. Staff works with residents to develop and pursue individual life skill goals while promoting self-determination and community integration.

**Outcomes:** One hundred percent of the residents of the IDD Residential Program remained in the most integrated community setting appropriate to their individual support requirements for 2012.



☞ **The Mental Health Residential Supportive Living program**

houses individuals with severe and persistent mental health diagnoses such as schizophrenia and bipolar disorder. The program goal is to educate individuals about recovery and engage them in recovery-oriented activities in their communities.

**Outcomes:** Hospitalization rates decreased 56% for Stepping Stone participants and homelessness decreased by 71%.

☞ **Fairweather Lodge Program.** The mission of the Fairweather Lodge of New

Kensington is to provide individuals with the next step towards community independence, by providing peer supports within the Lodge essential for living, working, learning and participating fully in the community. The Fairweather Lodge of New Kensington has the capacity of 4 adults who share a house, adhere to lodge principles and will own/operate a small business.



**Outcome:** The Fairweather lodge members developed a business plan and created their own business called “The Fairweather Shoppers” helping out individuals in the community with their shopping needs. Also, 91% of the lodge members were eating healthy meals at least once per day.

☞ **The Drop-in Centers** provide educational, social, recreational, and peer support opportunities to individuals in the community who are receiving or have received mental health or behavioral health services on a “drop in” basis.

**Outcome:** Of the forty individuals who completed a program developed knowledge and skill test, 73% scored 3 or higher at the second assessment. The overall reported improvement was 28% which was statistically significant.

☞ **The Social Rehabilitation Program** provides mental health rehabilitation services in a day program. The program goal is to provide recovery oriented programming in a supportive group environment to help individuals reestablish appropriate social roles and become integrated in their communities.

**Outcome:** During this year, 90% of the 9 members assessed reported an increase of skills and abilities as measured by a program developed pre and post test.

☞ **The Psychiatric Rehabilitation Program** facilitates individuals’ recovery efforts by assisting individuals in developing and fulfilling life goals. The program uses the

Boston University approach to Psychiatric Rehabilitation which emphasizes the role each person plays in his or her own recovery.

**Outcomes:** During this year, 91% of the 24 members assessed reported an increase of skills and abilities as measured by a program developed pre and post assessment.



☞ **The Certified Peer Specialist Program** provides adjunctive support services to individuals with severe and persistent mental health problems. Services are provided by trained, certified peer specialists – individuals with personal experience in living with mental health diagnoses. The goal of

this service is to instill hope and encouragement, provide assistance during the recovery process, and model recovery practices through sharing one's own lived experiences.

**Outcome:** During the 2012 calendar year, of the 18 individuals who completed outcomes measures, 8 (44%) increased their GAF score between T1 and T2 and the remaining 10 maintained their score over time. The overall increase in GAF was 4 points, which was statistically significant.

☞ **The Adult Developmental Training Program (ADT)** provides vocational rehabilitation services to adults with mild to severe physical and developmental disabilities in a day program setting.

**Outcome:** Twenty nine individuals or 45% of individuals in both programs went on community outings in the past year.

☞ **Community Employment Educational Rehabilitation Services (CEERS) and Facility Based Vocational Rehabilitation (FBVR)** provide services to individuals identifying a vocational component in their individual recovery plan. CEERS provides vocational skill enhancement in a community setting or competitive employment setting. FBVR provides pre-vocational training in a light assembly industrial setting.

**Outcome:** For the past seven report periods, we have maintained percentages of remunerative work time between 58% and 64%, which exceeds the Department of Welfare/state regulations standard of 20%.

## **Community Partnerships**

☞ **Families Outside** provides a means for families and individuals to visit with incarcerated loved ones either through scheduled bus trips to correctional facilities or through "virtual" visits.

**Outcome:** 88% of individuals using Families Outside transportation services indicated that they felt as close or closer to their incarcerated family member following their visit.

☞ **ParentWISE** provides education and support to parents, caregivers and professionals who work with families. The primary goal of the ParentWISE program is to eliminate child abuse and neglect in our community by providing primary and secondary prevention activities, including public education, parent education and support, and continuing education programming for professionals.

**Outcome:** Overall, 74% of the training participants improved their knowledge of parenting skills by an average of 22% as measured by a variety of training specific pre and posts tests.

☞ **The Neighborhood Family Counseling Program** provides, among other services, parenting, stress management and financial literacy classes.

**Outcome:** A three-year comparison showed that 90% of the individuals showed an increase in their GAF scores. The overall increase from T1 to T4 was 7.5 points, which was statistically significant.

☞ **Representative Payee Services** provides financial management services to individuals deemed by their physician as unable to manage their finances independently. Services include comprehensive financial management, including budget planning and debt negotiation.

**Outcome:** With an average annual income of just \$10,306 dollars, of the 117 people in debt, 81 of them or 69% had their debt 100% resolved.

☞ **The Ways to Work program** provides auto loans to low-income families who are not otherwise able to secure reliable transportation to work. The program also provides financial literacy training to its participants.

**Outcomes:** 70% of those who purchased a car experienced a decrease in their overall time spent in transit. The average travel time went from 44 minutes to 19 minutes.

☞ **The Interfaith Volunteer Caregivers program** offers volunteer coordination and other services to senior citizens to support their ability to continue to live independently.

**Outcome:** Compared with 2011-12, Interfaith Volunteer Caregivers handled more service inquiries and successfully resolved 1,170 more requests for volunteer assistance.

☞ **APPRISE** is a state supported service which provides assistance to individuals seeking to understand their Medicare benefits. Services include public educational seminars and individual counseling either via phone or in person.

**Outcomes:** APPRISE staff and counselors conducted 6,784 Medicare benefits counseling sessions. It is the second most productive year since Family Services began operating Allegheny County APPRISE, close behind the last year's record-breaking results of 6,840 counseling sessions. This accomplishment was achieved largely by continued strategic use of volunteers.

☞ **Reach out to Create Success (ROCS) Program** is a grant supported service which provides assistance to individuals ages 16 to 24 who have experienced foster care in their childhood and/or teen years and reside in Allegheny and Westmoreland counties. Services focus on achieving career and academic goals as well as providing resource coordination services to help those who are struggling with unstable housing, food insecurity, and in meeting other basic needs.

**Outcomes:** Out of 59 individuals enrolled in the program in 2012, 45% completed a job readiness program of which 43% were employed. In addition, 3% completed an Associate's Degree and 5% completed a Bachelor Degree.





☞ **Option Care Program** serves older adults in the northern part of the county and is contracted through Allegheny County Department of Human Services/Area Agency on Aging (ACDHS/AAA). The program is a social service that supports the care of participants and their caregivers in achieving and/or sustaining their highest possible level of functioning. The program is designed to provide care management services,

including the coordination of the delivery of in-home services to seniors age 60 years and older. The Family Caregiver Support Program (FCSP) is a part of the Option Care program that is designed specifically to address and meet the needs of caregivers and care recipients.

**Outcomes:** Serving roughly 1600 participants, the program has reached and surpassed the projected capacity, and by the second quarter the program has attained 97-100% compliance with all AAA identified high-risk monthly benchmarks.

☞ **The Economic Empowerment Program** was developed out of a 2 year funding opportunity from the RK Mellon foundation beginning in July 2010. Several programs were created, including financial wellness trainings, 1:1 budget counseling, Workshop in Business Opportunities (WIBO), Moneythink™, savings initiative, and Supported Employment/Supported Education. The goal of the Economic Empowerment program is to assist individuals with financial wellness so they can break the cycle of poverty and live more successfully with less debt.

**Outcome:** Seventy-three percent of the nearly 1600 training participants increased their knowledge of financial literacy by an average of 28% in 2012, which was a statistically significant difference.

### **Administrative Efficiency and Effectiveness**

#### ☞ **Integrated Care Team**

The charge of this team was developing and implementing a process for integrating services across divisions and making them accessible to service recipients under “one roof”. The goal was to provide a holistic treatment that is more seamless and comprehensive to persons in need, while simultaneously addressing all of the person’s needs instead of consecutive treatment of needs as is typical in behavioral health treatment centers.



Outcome: A Center of Integration was successfully established at a new site (Corbet II) combining multiple programs and services under one roof. Service providers follow an enhanced team model with regular team meetings and a shared case load.

☞ **Crisis Response VIP Team** – The Team charge was to develop a planned system of response in case of threat that keeps staff and clients safe. The team developed a simple, easy to remember color-coded alert system. Code Red- Imminent threat to personal safety where a weapon is presented or objects are being thrown. Code Blue represents any immediate medical crisis. Code Yellow constitutes a behavioral incident that includes person who is highly agitated, argumentative and/or verbally berating. The next step completed was to find a way to communicate the code efficiently throughout the different office areas which was established via the office phones and having staff practice the alert and crisis response system successfully.

### **Administrative Functions**

☞ **The Community Operations Department** handles agency logistics, transportation, vehicle maintenance, communications, facility maintenance, inter-office mail delivery, health/safety, non-clinical contracts/ leases and administers the agency web site.

Outcome: To date the operations department provides a customer satisfaction rating of 3.96 out of a possible 4.

☞ **The Research and Quality Assurance Department** provides a number of supportive services to Agency programs and staff in terms of both quality improvement endeavors and service outcomes. The department assists programs in understanding their efficacy, effectiveness and efficiency and in designing and evaluating improvement projects.

Outcome: Through 2012, the Research and Quality Improvement department promoted staff safety by facilitating improvements in crisis response for several sites.

☞ **The Human Resources Department** provides a range of services to staff including recruitment and new hire orientation, personnel processing, benefits administration and training. The Department examines data and develops solutions when personnel issues arise that effect the staff and/or the services staff provide.

Outcome: The agency's retention rate has improved over the years with the highest retention rate of 99% for staff with a tenure of 10 to 15 years and 96% for staff with a tenure over 15 years.

## CONCLUSION

**Family Services of Western Pennsylvania is very proud of the work that we do.** It is our privilege to work with the individuals that we serve to help them to lead full and satisfying lives. We are deeply invested in continually assessing and improving the services we provide so that those we serve can accomplish the best possible outcomes and achieve recovery. We will continue to use stringent tests of improvement both to assess the progress of individuals we serve and to evaluate the programs we provide.

It is our belief that these efforts allow us to continually improve our effectiveness and efficiency while making the best use of public funding and other sources of income as we empower people to achieve their full potential.



Debby and her children Sophia, Brody, and Ethan at the agency picnic