



ANNUAL OUTCOMES REPORT



JANUARY-DECEMBER 2011
PREPARED BY MORGAN A. R. KELLY, PH.D.,
& MICHAELA KENNEDY, MA, LPC
DEPARTMENT OF RESEARCH &
QUALITY IMPROVEMENT

2011 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 2011 calendar year. These data were analyzed and results were presented to the agency in September 2011. The report is divided into three sections. First, we present agency-wide outcomes. This data pertains primarily to mental health status and provides a general overview of how the individuals we serve are doing in terms of functioning.

The second section of this report provides specific information regarding the programs housed within the agency. Our clinical services are comprised of two broad service areas. BEHAVIORAL HEALTH SERVICES includes services such as outpatient mental health, substance use programs and partial hospitalization. REHABILITATION & RESIDENTIAL SERVICES includes vocational rehabilitation and IDD residential housing services. In addition to the services we provide to individuals with mental health diagnoses, Family Services of Western Pennsylvania partners with the community to provide services to support the continued wellbeing of families and individuals who have low incomes as well as people facing other life challenges. This effort includes programs that help elderly individuals remain in their homes, facilitate financial independence for families and individuals with low incomes, and help families remain close to incarcerated loved ones. Outcomes for these programs are described under the heading of COMMUNITY PARTNERSHIPS.

In the third section, we present our efforts to reduce costs internally by increasing the efficiency of administrative processes. This includes scrutiny of the way office supplies are procured and managed in the agency and how we acquire, maintain, and manage the agency's vehicles. This section also highlights administrative accomplishments from 2011.

AGENCY WIDE RESULTS

2011 represents the fourth year in which we have collected 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. ¹

DESCRIPTIVE INFORMATION

Of the 3017 individuals providing demographic information, 61% were female, 75% were white, 56% were single and 68% had an average household income of less than \$20,000. Analysis of education level showed that 27% of those seeking services did not complete high school or receive their GED. An additional 37% held a high school diploma or earned their GED. The remaining individuals had some college or technical school (19%), an associate's degree (9%) or college degree and/or post-baccalaureate training (10%).

CRITICAL EVENTS

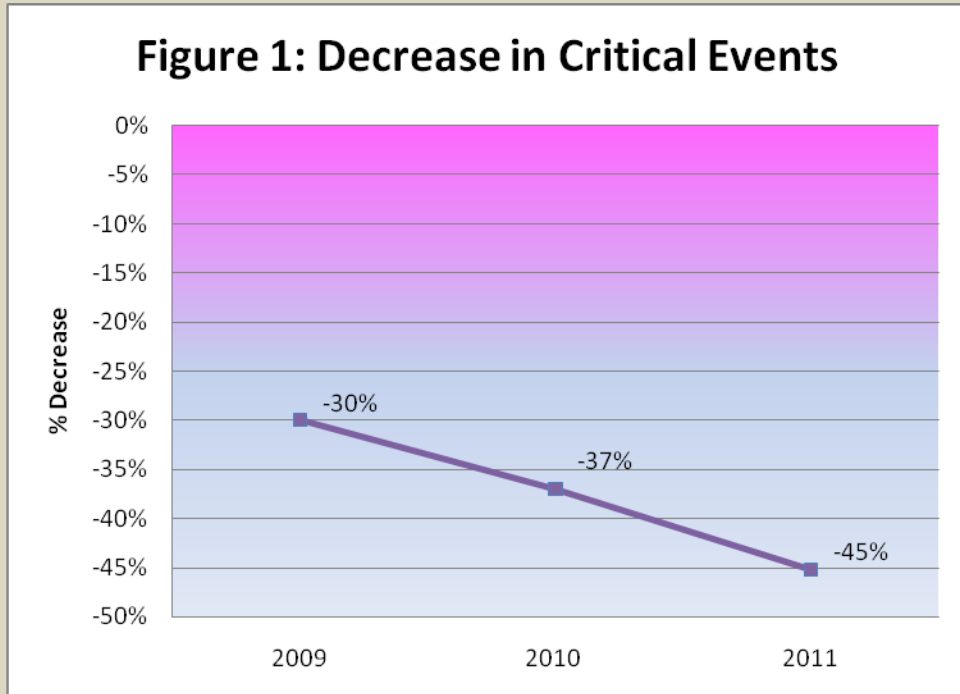
The most pressing issue for many of the individuals who seek assistance through Family Services programs is to reduce the number of adverse life events they are experiencing. These may include psychiatric hospitalizations, homelessness, legal involvement, or substance abuse.

During 2011, there were 14% fewer incidents of homelessness (n=1185), and a 42% reduction in the number of legal issues arising for those we serve (n=1162). A comparison across the last three years shows that the

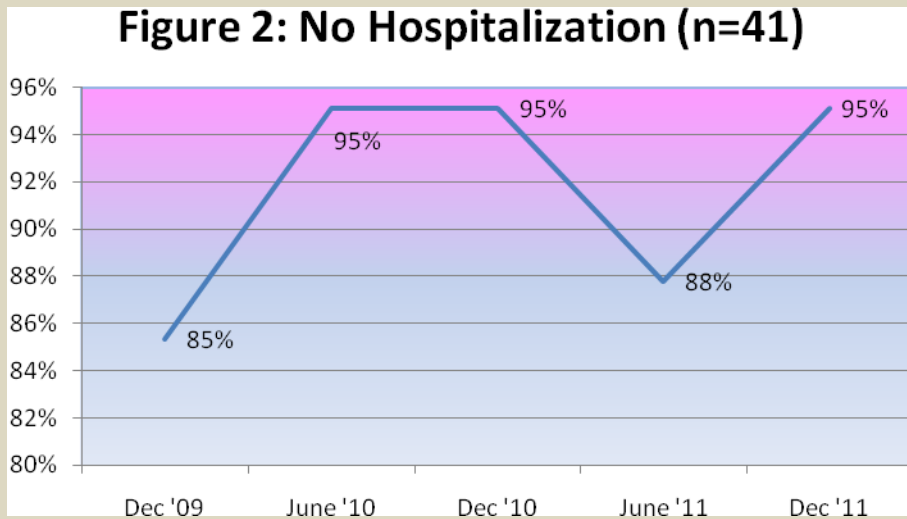


occurrence of critical events has consistently been decreasing over the last three years (see Figure 1). Additionally, people receiving services through the Agency showed a 59% reduction in the number of psychiatric hospitalizations they experienced (n=1224).

¹ Data from some programs were omitted from some analyses due to variations in data collection or differences in program foci. Some individuals were excluded because they only responded to one assessment, making it impossible to assess change over time as is called for in some analyses. It should be noted that some individuals may participate in more than one service. As such, it is possible that individuals may be assessed in each of those programs and the data presented here may not be fully independent. While this is a statistical shortcoming, we feel that the results still provide a sense of how the agency is impacting those who seek our assistance.



In several programs, we have been collecting the same data consistently for several years. This affords us the opportunity to examine change over more than two or three time points for the same people. In this way, we can begin to see the longer term impact of those services that tend to take effect more slowly. One such program is Service Coordination, where 3 year data were available for 41 individuals. The number of individuals with “no hospitalization” was charted across time (see Figure 2). However, change was not statistically significant. Over time the number with no hospitalization increased by 10% (from 85% to 95%).



GOAL ATTAINMENT

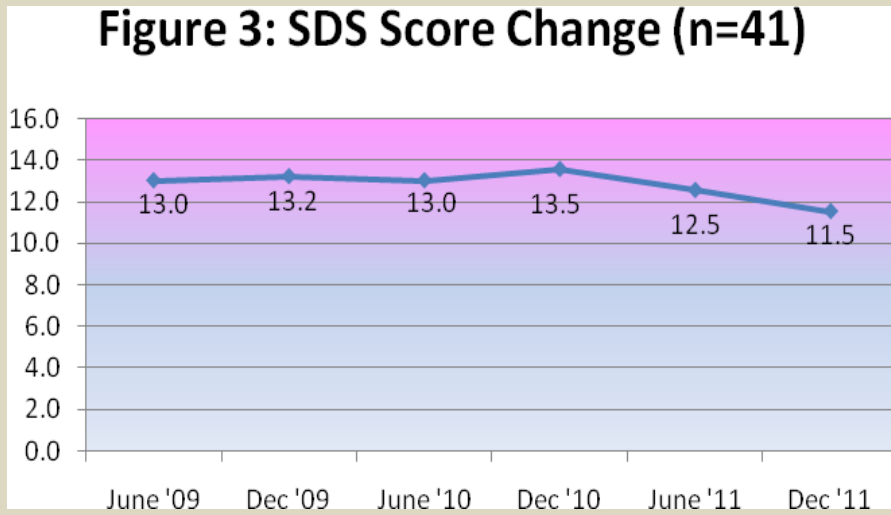
Individuals receiving mental health services from the Agency work collaboratively with their healthcare team to develop person-centered service plans. These plans include goals that are collaboratively determined by the individual and care providers and are periodically reassessed. Intervention success can be measured by evaluating goal attainment as outlined in the person-centered plan. **In 2011, 72% of the 2470 goals set by the 1161 individuals sampled were either attained or partially attained by either discharge or the second assessment point.**

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. Figure 1 displays the average improvement in GAF scores across the agency. While GAF scores have improved over the past several years, the level of improvement this year was somewhat lower than usual. However, **the average change in GAF scores for 2011 remained statistically significant, $t(547)=12, p<.001$, 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. Table 1 displays the percentage of individuals who have shown improvement and compares 2011 to 2009. In 2011, a total of 50% of the individuals showed an improvement over time. The overall decrease in impairment was 16% which was statistically significant for all three subscales. As with hospitalizations, 3 year data regarding disability were available for 41 individuals who have consistently participated in Service Coordination. Total SDS scores were analyzed and the change of scores charted across time (see Figure 3). However, change was not statistically significant.



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. For example, an individual who initially needs an inpatient hospitalization, is discharged to a partial hospitalization program, and then can be maintained via outpatient therapy, has moved from more intensive

to less intensive treatment settings and is likely progressing in recovery. 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 2011, 90% of the individuals assessed required less intense or similar services upon discharge or their second assessment point.** Only 7% were moved to more intensive services in 2011. A comparison with two previous outcomes year as can be seen in Table 1.



to less intensive treatment settings and is likely progressing in recovery. 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 2011, 90% of the individuals assessed required less intense or similar services upon discharge or their second assessment point.** Only 7% were moved to more intensive services in 2011. A comparison with two previous outcomes year as can be seen in Table 1.

TABLE 1: LEVEL OF CARE COMPARISON

Outcomes Year		Less Intense	Same Intensity	More Intense
2009	(n=646)	37%	42%	14%
2010	(n=1025)	33 %	58 %	5 %
2011	(n=928)	32%	58%	7%

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 2011, 92% of individuals receiving clinical services were living in similar or less restrictive settings upon discharge or reassessment.** 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 ENVIRONMENT

Year		Less Restrictive	Same Restrictiveness	More Restrictive	Unknown
2009	(n=912)	5%	86%	9%	1%
2010	(n=1249)	5%	90%	4%	1%
2011	(n=954)	9%	83%	6%	2%

EMPLOYMENT STATUS

Last year 8% of the individuals served pursued independent employment and 6% engaged in volunteer work. Of the 992 individuals with employment data available 5% improved their employment status over time and the majority 92% remained at the same employment status.



PROGRAM OUTCOME RESULTS

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 43% and the number of individuals experiencing critical events by 50%.

☞ OUTPATIENT DRUG AND ALCOHOL PROGRAM provides outpatient substance use counseling to individuals in the community.

OUTCOME: Individuals in treatment at the outpatient drug and alcohol program demonstrated a statistically significant decrease in the severity of their addiction symptoms as measured by the alcohol and

drug use subscales of the Addiction Severity Index (ASI).

☞ ADULT PSYCHIATRIC NURSING provides psychiatric evaluations, medication checks, injectable medication administration, and hospital discharge assessments to the individuals served.

OUTCOME: Eighty-seven percent of individuals receiving services from the Adult Psychiatry/Nursing program were able to maintain their outpatient status over time despite the severe and persistent mental health problems they face.

☞ 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.

OUTCOMES: The number of individuals experiencing critical events (hospitalizations, homelessness, legal involvement, DUI, D&A, use of crisis services) decreased by 50% 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 treatment completion rate in the Adult Acute Partial Hospitalization Program increased from 39% in 2010 to 60% in 2011.

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

OUTCOMES: Sixty-three percent of individuals increased their knowledge regarding medication administration from the time of admission to the unit and time of discharge.

☞ **THE MOBILE COUNSELING AND SUPPORT PROGRAM** offers community based therapy and peer support services to individuals with chronic mental health issues and substance use diagnoses.

OUTCOME: The program noted trends toward statistical significance on all standardized measurements including the RAQ-7, ASI, and Sheehan Disability Scale.

☞ **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:** For the third year, ACT and CTT have decreased hospitalizations among our participants by at least 57%.



☞ **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 service linkage, advocacy, treatment team participation, attendance at school and other meetings, and emergency services. **OUTCOME:** Individuals in services had, on average a 44% increase in knowledge about where to turn to in a crisis. This improvement was also statistically significant.

☞ **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 psychiatric treatment in 2011 were scheduled for a hospital discharge assessment within 7 days of their discharge.

☞ **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 24 participants measured, 88% indicated an increase in skills and abilities over time. The average increase was 38%.

☞ **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, 91% of adolescents (n=88) improved their life functioning, as measured by the Global Assessment of Functioning Scale (Luborsky, 1962).



☞ **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: Through educational classes on behavioral decision making, 88% of children in the Alternative Education program improved their decision making skills. The average improvement was 25% which was statistically significant.

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 2011.

☞ 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 59% for Stepping Stone participants.

☞ 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 calendar year 2011 the SR Program reported that 81% of SR Participants increased their skills and abilities.

☞ PSYCHIATRIC REHABILITATION 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, 89% of members met or partially met at least one of their goals.

☞ 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 2011 calendar year, peer program participants who completed the Recovery Promoting Relationships Scale significantly improved their scores on the measure over time (from T1 to T2). This change is considered to be a valid measure that looks at the results of working with a Certified Peer Specialist.

☞ THE ADULT DEVELOPMENTAL TRAINING PROGRAM provides vocational rehabilitation services to adults with mild to severe physical and developmental disabilities in a day program setting.

OUTCOME: Twenty nine individuals or 47% of individuals in both programs went on community outings in the past year, twenty two of those individuals were new participants compared to 2010.

In which on only seventeen or 31% of individuals went on community outings, three of those individuals were new participants.



☞ 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 six 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: 99% 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 Parent WISE 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: Children of parents

who completed our parent skills classes showed significant improvements in their level of functioning.

☞ THE FAMILY SUPPORT INITIATIVE provides, among other services, parenting, stress management and financial literacy classes.

OUTCOME: Overall, 82% of the children either improved or maintained good grades (=B Average) over time and 83% of the children tracked were believed to be passing on the next grade.

☞ 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 \$10,212, 58% of the people in the program with debt had their debt 100% resolved, i.e. all debt paid in full.

☞ 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: 62% of those who purchased a car experienced a decrease in their overall time spent in transit. The average travel time went from 41 minutes to 19 minutes

☞ MAVERICK AND OLIVE BRANCH 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: The self-reported improvement in status and functioning was 33% which exceeded the goal of 30% and was statistically significant.

☞ 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 2010-11, Interfaith Volunteer Caregivers handled 558 more service inquiries and successfully resolved 421 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 volunteers conducted 6,840 Medicare benefits counseling sessions during 2011, resulting in 1,388 more client contacts than in 2010.



INCREASED ADMINISTRATIVE EFFICIENCY

AREAS OF SAVINGS

The past several years have been challenging ones in terms of the types and amounts of funding sources that are available to the agency. Over the 2011, we have seen a series of funding cuts both at the individual payor, county and state levels. As a result, the agency has vigorously sought ways in which we can increase the efficiency of our administrative procedures in the hopes of effecting increased cost savings. The following section highlights two efforts that have been undertaken with the hopes of reducing costs across the agency. We feel that by becoming more efficient in terms of procedures and administrative functions, any moneys we save can be redirected to the care of those we serve.

☞ SUPPLIES TEAM: Through our ongoing quality improvement efforts, we continue to examine areas where the agency could effect cost savings or increase efficiency. One area that was examined during 2011 was the process of ordering and maintaining agency office supplies. Due to the multi-site and multi—cost center nature our business, we were unsure if excess supplies were being ordered, if there was any waste, or if there were areas where efficiency could be increased.

OUTCOME: Through a careful review of the office supply process at our largest site, it was determined that the system as it stood was operating efficiently and that there was little to no waste involved. The system was maintained in its current state.



☞ FLEET MANAGEMENT. An additional area that was identified as a potential area for improvement was in the way in which decisions are made regarding the vehicles that the agency maintains. Through a series of meetings, the VIP team tasked with examining fleet management developed several ways in which vehicles could be more affordable to the agency and better maintained without sacrificing vehicle utilization by those programs that need to provide transportation to staff or to those we serve.

OUTCOME: We have now implemented a more efficient system of vehicle management through which we are able to procure more affordable vehicles, avoid lease mileage overage charges, provide better oversight for vehicle maintenance, and have vehicles serviced off of business hours to reduce inconvenience to the programs. In addition, we have contracted with a fleet management company that will provide us access to more affordable leases with significantly reduced fees. We anticipate that cost savings will be significant.

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: The operations department scored 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 2011, the Research and Quality Improvement department oversaw the reaccreditation process resulting in a full 4-year reaccreditation from COA.

☞ 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: Despite increasing health care costs, the HR department was able to negotiate the same health care rate as last year, which put our costs almost \$1000 below the national average per staff.



☞ THE INFORMATION SYSTEMS DEPARTMENT is responsible for the agency’s computer information network and equipment, operations and support. This includes all servers, desktop and laptop computers, LAN and WAN locations, all network and VPN connections, all installed software and future installations, all printers and fax machines.

OUTCOME: The Help Desk received a total of 2,438 calls, resolving 95% of them at the time of call.

☞ THE DEVELOPMENT & COMMUNICATIONS DEPARTMENT SUPPORTS the agency’s mission through resource development and public visibility. Activities include grant writing, special events coordination, and individual and corporate donation management. The department also provides the public face of the agency thorough media contact, promotional materials, outreach events, and social media.

OUTCOME: The Development & Communications Department, in conjunction with the Development Committee of the Board of Trustees, have created a signature fundraising event. “Act 2” was held for the first time in December 2011 and raised about \$12,000 for the Heinz Foundation grant match for the Educational Assistance Program.



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 so that we are providing the best care and support possible to the people who seek our help.