

# FAMILY SERVICES

of Western Pennsylvania  
AGENCY OUTCOMES REPORT



**JANUARY-DECEMBER 2010**  
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# 2010 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 to those individuals who need our assistance in a fiscally responsible way.

The following is a summary of outcomes data collected in the 2010 calendar year. These data were analyzed and results were presented to the agency in June 2010. The report is divided into three sections. First, we present agency-wide outcomes. This is the third year in which the agency has collected system-wide data on the individuals we serve. 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 are of low income and 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 improve the efficiency of service delivery to those seeking assistance. This includes efforts to improve access to care by increasing hours and offering additional levels of care. In addition, we continue efforts to increase attendance at appointments and to assist individuals in engaging in services. This section also highlights administrative accomplishments from 2010.

## AGENCY WIDE RESULTS

2010 represents the third year that we have collected agency wide measures to evaluate if the agency is meeting its overall mission. The vast majority of programs has 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 1549 individuals providing demographic information, 26.7% of those seeking services did not complete high school or obtain their GED. An additional 37.8% held a high school diploma or their GED. The remaining individuals had some college or technical school (23%), an associate's degree (6%) and 7% had a college degree and/or post-baccalaureate training. Low income is a persistent problem for the individuals we serve, with 80% reporting a household income below \$19,999.

### 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 use issues. During 2010, people receiving services through the Agency showed a 60% reduction in the number of psychiatric hospitalizations they experienced (n=1184).

Additionally, there were 30% fewer

incidents of homelessness (n=1146), and a 36% reduction in the number of legal issues arising for those we serve (n=1162).



### GOAL ATTAINMENT

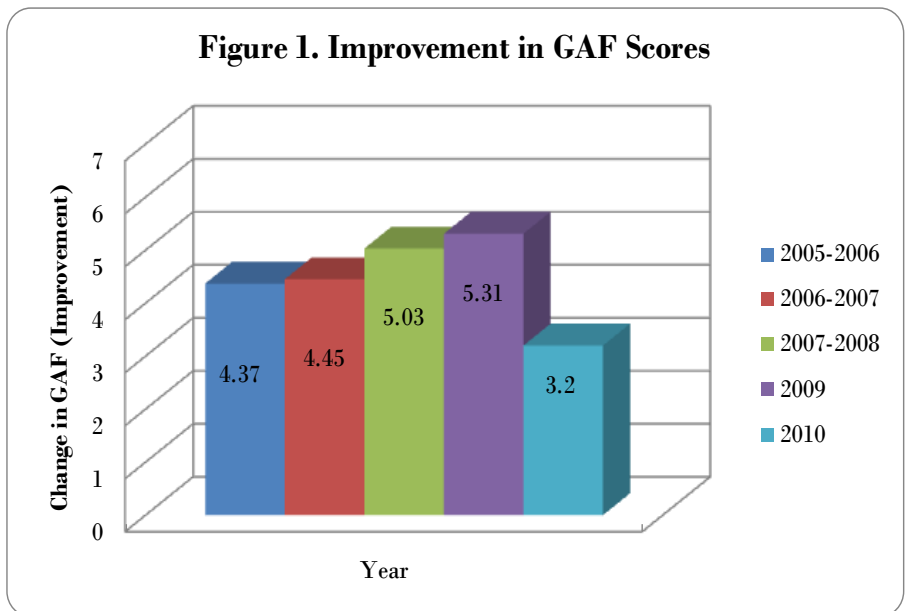
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<sup>1</sup> Data from some programs were omitted from some analyses due to variations in data collection or differences in program foci. Some individuals were excluded because they only responded to one assessment, making it impossible to assess change 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.

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 2010, 68% of the 2256 goals set by the 1161 individuals sampled were either attained or partially attained by either discharge or the second assessment point.** This is very consistent with the previous year's rate of 67%.

### 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



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 2010 remained statistically significant,  $t(969)=14.3, p<.001$ , 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 2010 to 2009. In 2010, a total of 48% of the individuals showed an improvement over time and 22% remained the same. The overall decrease in impairment was 11% which was statistically significant for all three subscales.

**TABLE 1: SHEEHAN DISABILITY SCALE**

<b>Outcomes Year</b>	<b>Improved</b>	<b>Same</b>	<b>Worse</b>
2009 (n=660)	54%	18%	28%
2010 (n=791)	48%	22%	30%

**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 2010, 91% of the individuals assessed required less intense or similar services upon discharge or their second assessment point.** Only 5% were moved to more intensive services in 2010. A comparison with the previous outcomes year as can be seen in Table 2.



**TABLE 2: LEVEL OF CARE COMPARISON**

<b>Outcomes Year</b>	<b>Less Intense</b>	<b>Same Intensity</b>	<b>More Intense</b>
2007/2008 (n=252)	39%	37%	13%
2009 (n=646)	37%	42%	14%
2010 (n=1025)	33 %	58 %	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 2010, 95% 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 3 shows the restrictiveness of living environment at discharge for the individuals we serve compared to the previous outcome year.

**TABLE 3: RESTRICTIVENESS OF LIVING ENVIRONMENT**

<b>Year</b>	<b>Less Restrictive</b>	<b>Same Restrictiveness</b>	<b>More Restrictive</b>	<b>Unknown</b>
2007-2008 (n=239)	21%	71%	8%	<1%
2009 (n=912)	5%	86%	9%	1%
2010 (n=1249)	5%	90%	4%	1%

## PROGRAM OUTCOME RESULTS

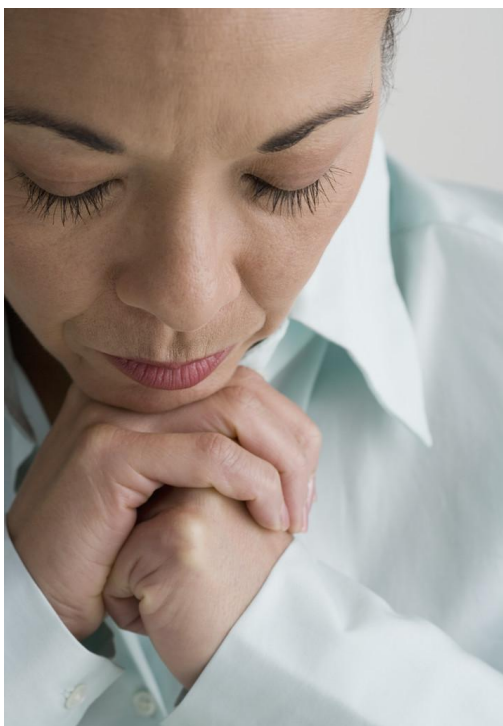
### BEHAVIORAL HEALTH SERVICES

☞ 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: Thirty-two percent more of the children served were living in their homes and communities three months after treatment compared to three months prior to treatment.

☞ 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: Through ongoing engagement efforts, attendance rates for initial assessments have been stabilized at 68%.



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

OUTCOME: Individuals showed improvements in their scores on a clinician rated measure of addiction severity (Addiction Severity Index) over the course of program participation. Scores on the drug use subscale reached statistical significance for those in the Intensive Outpatient Program.

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

OUTCOME: 92% of the individuals met the long term goal of remaining at the outpatient level without the need for inpatient intervention.

☞ 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: Critical events (hospitalizations, homelessness, legal involvement, DUI, D&A, use of crisis services) decreased by 57% with Mobile Medication Team involvement. The events decreased even further (by 76%) after 6 months of service.

☞ 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: Global Assessment of Functioning scores increased on average by 8.4 points between program admission and program discharge for completed discharges. This was an improvement from last year's increase of 7.84 points

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

OUTCOMES: Eighty percent of individuals either met or partially met their goals during their stay on the Adult DAS unit.

☞ 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: There was a statistically significant improvement over time in attitudes towards recovery from substance use among individuals served.



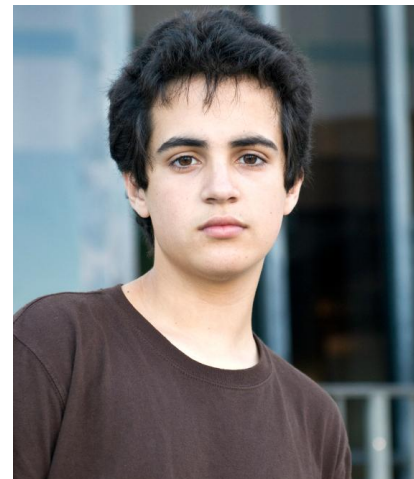
☞ COMMUNITY TREATMENT TEAMS are multidisciplinary teams dedicated to supporting individuals with serious and persistent mental health issues as they return to living in the community. Teams respond to urgent needs that occur and support individuals as needed so that they can remain at home and avoid restrictive care. Team goals include prevention of recurrence and improved functioning through support to the individual and family as needed. OUTCOME: There was significant threefold improvement in knowledge of Wellness Recovery Action Planning over time.

☞ 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 a significant increase in knowledge skills about where to turn to in a crisis and decision-making skills.

☞ 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 2010 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 53 participants that completed the tracking tool, 79% of the individuals measured either partially met or completely met a goal at T2.



☞ 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, 90% of adolescents (n=65) 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% increase 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: Use of the Responsibility Training/ Time-Out Room was reduced by more than half compared with a year ago.

## 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 2010.

☞ 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: 81% of individuals report increased knowledge of recovery. 84% report behavior changes as a result of this knowledge.

☞ 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 calendar year 2010 80% of SR participants increased their recovery oriented behaviors.

☞ 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 2010, 94% of program participants self-reported an increase their recovery skills and abilities as measured by Part B of the Agency Satisfaction Survey.

- ☞ 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 2010 calendar year, 94% of program participants who completed the Recovery Assessment Scale reported that they had achieved a higher level of recovery as a result 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: The total number of negative behaviors displayed by individuals transitioning into the day program was reduced by 77% over a three month period.

- ☞ 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 five report periods, we have maintained percentages of remunerative work time around 58%, 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, 81 % of the adults we served indicated an improvement in their knowledge of coping skills, social skills, self-sufficiency and meeting goals. Adults also showed statistically significant improvements in this knowledge over time.

☞ 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 \$10,232, 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: Among the 24 individuals who paid off their loans, 82% experienced an increase in their credit rating/score, making them more financially self-reliant.

☞ 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 drop-in centers attained a positive change in results from the pre-test to the post-test for all three outcomes (immediate, intermediate and long-term). Specifically, 84% of people scored above our internal benchmark on a measure of knowledge of recovery at their second assessment point.

☞ 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 2009-10, Interfaith Volunteer Caregivers handled 699 more service inquiries and successfully resolved 257 more requests for volunteer assistance; altogether, IVC served 1,702 frail elderly individuals, family caregivers and disabled adults and handled 2,068 requests for Information & Referral/Assistance, *Faith in Action* care giving, and Safety for Seniors.



☞ 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 program service capacity increased 19% in 2010, with 858 more client contacts than were recorded in 2009. Altogether, APPRISE staff and counselors conducted 5,452 Medicare benefits counseling sessions: making 2010 the most productive year since Family Services began operating Allegheny County APPRISE.

## INCREASED SERVICES EFFICIENCY

### ACCESS TO SERVICES

Seeking mental health treatment is often a difficult decision to make. It is critical that individuals who are in need of services are able to connect quickly with appropriate services and become engaged in the process of seeking mental health care. The agency has implemented several strategies to improve our ability to retain and serve individuals who seek our help. The following improvements highlight efforts the agency is making to ensure that individuals get the appropriate care quickly and efficiently.

☞ THE PSYCHO-SOCIAL REHAB PROGRAM expanded their ability to serve individuals by increasing hours of operation from 10:15am-1:30pm to 9am-3:30pm during this calendar year.

OUTCOME: This increase in service hours provided members with the opportunity to participate in more groups ranging from special topics and groups relevant to stages of recovery.

☞ IN OUR OUTPATIENT THERAPY DEPARTMENT Motivational Interviewing techniques were implemented to cultivate motivation for treatment to decrease the number of “no shows” and missed appointments among those whose motivation has wavered in the past.

OUTCOME: This process change resulted in higher rates of referral acceptance and good rates of kept appointments among a difficult to engage group. In 2010 there were 56 doctor referrals of which 75% were accepted after the motivational interview.

☞ THE DRUG & ALCOHOL THERAPY DEPARTMENT expanded the service area and implemented a higher level of care in order to meet previously unmet needs of individuals that qualified for higher levels of care, particularly intensive outpatient services of a co-occurring nature.

OUTCOME: The expansion in level of care in the Tarentum office has decreased the unmet need in the valley by almost 30%.

### 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.



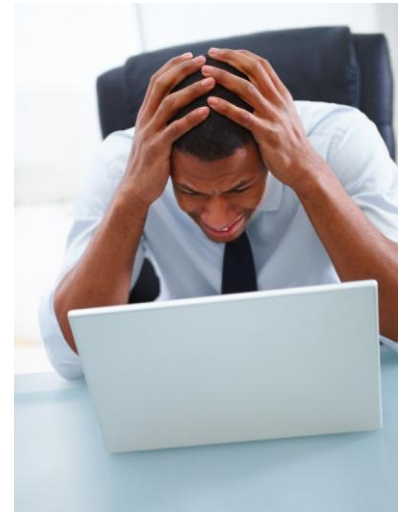
**OUTCOME:** The operations department scored a customer satisfaction rating of 3.95 out of a possible 4.

☞ **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:** Over 2010, the Department of Research and Quality Improvement worked through the Toyota Model to successfully reform the crisis calls system ensuring that individuals with psychiatric emergencies received the fastest, most appropriate care after hours.

☞ **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 2,147 calls, resolving 95% of them at the time of call.



☞ **THE DEVELOPMENT & COMMUNICATIONS DEPARTMENT** SUPPORTS the mission of Family Services of Western Pennsylvania through resource development and public visibility. Department 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 the agency website.

**OUTCOME:** In conjunction with the Development Committee of the Board of Trustees, the first-ever Family Services Annual Development & Communications Plan was created and executed to outline fundraising and communication activities, goals, actions and timeline for the 2010-2011 fiscal year.

☞ **THE FISCAL DEPARTMENT** provides oversight to approximately 35 programs and manages over 50 different payer sources that comprise the agency's \$25M budget.

**OUTCOME:** In the face of a 3.5 month state budget impasse, FSWP's efforts to effectively manage cash throughout the year resulted in lower than anticipated borrowings and lower than anticipated debt incurred during the crisis.



**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 evaluate and 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 individuals who seek our help.