

GOOCHLAND POWHATAN COMMUNITY SERVICES
COMMUNITY SUPPORT SERVICES
Outcomes Measurement Report
FY 2004-2005

Community Support Services is a unique blending of programs that interact closely with the Clinical and Mental Retardation areas of Goochland Powhatan Community Services. The four program areas within Community Support Services are: Transportation Services, Mental Health/Substance Abuse Residential Services, Virginia House, and Prevention Services. Each of these programs will be briefly described within its own section.

Transportation Services

Transportation Services focus on providing transportation to the participants in Monacan Services and Virginia House. These participants are provided transportation to their respective day program and home on a daily basis. Vans are available to these programs during the day to provide the participants recreation trips or work experiences in the form of enclaves or work crews. Vehicles are also provided for primary use by the Clinical, Mental Retardation and MH/SA Residential programs to be used for traveling to appointments with consumers and/or transporting consumers to appointments.

The current fleet of agency owned vehicles (May 2005) consists of five (5) 15-passenger vans, two (2) 15-passenger vans modified to accommodate wheelchair transportation, four (4) 7-passenger vans, and eight (8) cars. These vehicles were driven a total of 2807106 miles during FY 04.

Goal: 100% Safety Record for Transporting Consumers
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Target Measurement: Actual vehicle safety Record for FY 04

Rational: The mission of GPCS' Transportation Services is to provide safe and reliable transportation to the consumers of our services. A measure of safety is done by continued scrutiny of the records submitted by our drivers, as well as regular individual and group meetings. A zero number of accidents is always the goal.

Method to Measure: Review of safety checks done by the drivers on a weekly basis, as well as the individual and group supervisions done by the Transportation Supervisor.

FINDINGS: This goal was not met. During FY 04, there was one major accident and one minor one. In neither accident was anyone injured, nor was the GPCS driver charged. In the major accident, the investigating officer as well as the first EMS responder reported that the skill of the GPCS driver kept all passengers safe.

During FY 05 there have been one major and one minor accident. The major accident occurred in January, 2005 after the day programs had been closed early due to inclement weather. The van slipped on the wet road and went into another

vehicle. One passenger was injured, but has recovered. The injuries may have been the result of the seat belt performing well. The minor accident occurred when a deer ran into the side of a van. In neither instance was the GPCS driver charged.

Goal: Consumers of GPCS Transportation Services will demonstrate an increased level of satisfaction with the transportation provided.

Population Measured: Consumers, and their families of GPCS Day Treatment programs, as well as the staffs of these programs.

Rationale: Those persons transported by GPCS Transportation Services are the participants in the MH & MR day programs who have no alternative forms of transportation. This does not mean that they need to settle for inferior services. Our goal is to provide on going methods for feed-back to those consumers and provide the quality level of service that is deserved.

Method: Consumers participate in an annual satisfaction survey. This will be expanded to include transportation specific questions. The initial survey will be distributed in September, 2003 with the follow – up done in the spring of 2004.

FINDINGS: This goal was not met. A transportation specific survey was not done. Transportation issues were mentioned on several of the consumer and staff surveys that were completed.

Staff has been spoken to and attempts are being made to upgrade the vehicles assigned to each program. Another wheelchair vehicle has been requested for Monacan Services, which will alleviate significant stressors for that staff.

Goal: GPCS will reduce the number of 15-passenger vans regularly until they are no longer utilized, as the budget allows.

Population Measured: Actual number and model of vehicles purchased.

Rationale: The GPCS Board of Directors has mandated, upon recommendation of the Transportation Committee, that the agency replace the 15-passenger van with smaller vehicles, as the budget allows.

Method to measure: Actual number and model of vehicles purchased.

FINDINGS: This goal has been accomplished. Thus far, three of the 15-passenger vans utilized for daily routes have been replaced with 12-passenger Ford vans. These vans are shorter and slightly wider than the 15-passenger vans, giving them added stability. Both drivers and consumers have had positive comments about these vehicles.

Mental Health/Substance Abuse Residential Support Services

MH/SA Residential Services provides the necessary training and supports necessary for individuals with severe and persistent mental illness and/or substance abuse disorders to achieve and maintain community stability and independence in the most appropriate, least restrictive environment. These services may be delivered in any of a variety of locations, including agency-sponsored apartments or the individual's home or that of other family members with whom they may live.

Goal: Consumers will achieve 60% of their agreed-to goals on their Individualized services Plan (ISP).

Population Measured: Supervised apartment program consumers.

Rationale: The MH/SA Residential Services seeks to provide the training and supports necessary to enable consumers with severe and persistent mental illness and/or substance abuse disorders to achieve community stability and independence in the most appropriate and least restrictive environment. Each of the consumers living in the supervised apartments has goals on his/her ISP which reflect that person's level of functioning in three areas:

- Improvement in Activities of Daily Living Min/Mod/Intense
 1. Personal Care/Hygiene
 2. Home maintenance/cleaning
 3. Grocery shopping/nutrition/price awareness
 4. Laundry/use of products
 5. Home/Community safety

- Ability to manage own finances
 1. Check writing
 2. Use of Food Stamps/ATM's
 3. Bill paying

- Ability to manage own medications
 1. Knowledge of medications and purpose
 2. Self administration/need for assistance
 3. Refill notification to staff

Method to Measure: The information will be gathered from monthly documentation done on all consumers. Baseline data will be based on documentation from the previous year, and/or entry level data of functioning, and on an annual level of functioning survey of consumer.

FINDINGS: The outcomes were measured in April 2005 through staff reporting and tabulation of minimal, moderate, and intense standards developed around ISP goals. The goal of 60% achievement of ISP goals was not met by consumers. Several short term positive outcomes were noticed, such as three individuals

becoming able to administer their own medications for a brief time. However, these individuals were not able to maintain 100% medication compliance, resulting in Residential staff resuming assistance with medication . A majority of consumers were able to move from their entry status of needing intensive training services to needing moderate assistance from staff. 50% of consumers were able to increase their knowledge of medications and improved their ability to manage their finances (i.e. use of ATM/Food Stamp card). Because of the chronicity and lack of consistency in maintaining gains made, these target service goals will remain.

Goal: To accurately assess the need for future directions for the MH/SA Residential Services

Population Measured: The GPCS Clinical Staff

Rationale: The most recent staff survey revealed MH/SA residential services was targeted as an area of need. A residential services-specific survey will be distributed to the clinical staff. The results will be studied to determine the, at least short term, direction of the program.

Method to measure: Review of current referrals to residential services, as well as the results of the clinical services survey.

FINDINGS: This goal was partially met. A survey with case mangers was done, but the report has not been finalized. This goal is continued for FY 06.

Virginia House

Virginia House Psychiatric Rehabilitation Services is programming designed to assist persons with serious mental illness develop techniques in self-managing their illness, gain experience and self-confidence through normalizing work experience, and become a part of the general community to the greatest extent possible. Our individualized rehabilitation plans delineate these efforts in clearly stated, measurable goals and objectives.

Goal # 1: 85% of all active consumers at Virginia House will participate in at least one Mental Health Awareness group per month for the next twelve months.

Modified January 2004. Goal is modified as approximately one third of active consumers are not scheduled to attend on Wednesdays when these groups are scheduled. The modified goal will read:

85% of all active consumers whose schedule allows attendance on days groups are held will participate in at least Mental Health Awareness group per month for the next twelve months.

Population Measured: all active cases at Virginia House within each one-month period for the next twelve months.

Rationale: Offering consumers the opportunity to learn to self-manage the symptoms of their illness is a primary responsibility of PSR. Consumers are given the chance to learn about medication, side-effects, symptoms, how to describe symptoms and side-effects to service providers and strategies to implement to prevent relapse. Measuring the number of consumers participating in this type of training will indicate if an adequate number of consumers are gaining access to this information.

Method to Measure: Records are kept of all consumers participating per session (there are two sessions per month). Monthly tabulations will be made of the percent of active consumers participating. An average will be tabulated for the annual figure.

FINDINGS: Measurements were taken for previous 6 month period. An average of 70% of all consumers participated at least monthly. When adjusted to count only those consumers whose transportation allowed them to attend on days when groups were held resulted in a percentage that exceeded 85%.

<p>Goal # 2: 50% of active Virginia House consumers will participate in at least one community integration activity per month for the next twelve months.</p>
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Population Measured: all active cases at Virginia House within each one-month period.

Rationale: Persons with serious mental illness are at a distinct disadvantage in gaining independence by the use of community resources. This is due to a number of factors: stigma, lack of transportation, lack of experience, poor social skills, and lack of financial resources. Community integration activities in PSR offer opportunities to gain experience in using proper social skills, gaining knowledge of appropriate resources, and transportation to program locations. They also provide the supports and encouragement necessary to explore opportunities and assist w/ financial arrangements. Measuring the percent of consumers using these activities will indicate exactly how widespread their impact is on the population we serve.

Method to Measure: Records of all participants in community integration activities are kept. The percentage of active consumers involved on a monthly basis will be tabulated and averaged at the end of one year.

FINDINGS: Measurements were taken for the previous eight month period. The result showed an average participation rate of 57%. Rates would be higher but participation on weekend and evening programs is limited to eleven consumers is the activity is off-site. We have begun to offer more on-site weekend activities to accommodate more consumers.

<p>Goal #3: 50% of all active consumers at Virginia House will participate in at least one paid-work crew each month for the next twelve months.</p>

Population Measured: all active cases at Va. House within each one-month period.

Rationale: This PSR program is based programmatically on a “work-ordered-day” premise. The ability to work, make wages and provide for oneself financially is central to a strong and affirmative self-image and being independent. Our daily programs are broken down into two types. Unit work, for which consumers volunteer daily, is activity focused on the running of their PSR program and facility. It teaches basic work, social and ADL skills, builds stamina and promotes self-confidence. The second type of activity is the paid-work crew which is work done for persons or organizations outside of Virginia House. Consumers are paid minimum wage and for many participants it is their initial experience in earning a wage. The work settings are both center and community based. It is considered the interim step to regular, competitive employment in the community. The measurement will indicate how widespread our efforts are in preparing consumers for competitive employment.

Method to Measure: Records are kept of all participants in work crews on a daily basis. Each month the percentage of active consumers participating in these crews will be tabulated and an average for the year will be calculated at the end of the following twelve-month period.

FINDINGS: Measurements were taken for the previous twelve month period. An average of 68% of active consumers participated in paid-work crews on a monthly basis.

Goal #4: 100% of all active consumers at Virginia House will attain 75% of their PSR goals and objectives as specified in their individual rehabilitation plans during the next twelve months.

Population Measured: all Virginia House Consumers who have been active for the one year period measured by this long-range plan.

Rationale: The general programmatic goals of maintaining good mental health by self-management of illness and gaining independence through community integration and real work experience are individualized for each person receiving PSR services in their Rehabilitation Plans. These plans are written annually, reviewed monthly and modified as consumers and service providers deem necessary. The goals are written in collaboration with consumers and service providers. They are the means for determining progress and deciding what areas of growth are necessary for maintaining wellness and gaining independence. This measurement will be a means to determine if appropriate goals are being written.

Method to Measure: Annual Reviews of plans occur monthly—depending on when consumers originally entered services. Goal attainment percentages will be determined monthly as annual review dates occur. Monthly figures will be averaged at the end of the twelve month period to determine if this goal is attained.

FINDINGS: The method for measuring attainment of this goal was changed. All rehabilitation plans were reviewed for consumers who were present for the entire previous twelve months. In all, twenty-five rehab plans and annual reviews were studied. Average success rate for achieving goals was 70%. Only four consumers had a success rate under 50%. Forty-four percent of consumers had a success rate of 75% or better. The previous rate was only 20%.

The previous low attainment level led to modifying the way goals and objectives were being written and to work on setting more realistic and appropriate goals in the rehab plans.

Prevention Services

Prevention Services has a strong commitment to the services that are designed to reduce the prevalence of alcohol, tobacco and other drug use in the communities. We strive to promote resiliency in youth and families through activities that teach and nurture pro-social life skills and healthy choices. These activities are carried out in a variety of ways and in a variety of settings.

Goal: Awareness of the identified needs within the communities that are served by GPCS.
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Population measured: Citizens of Goochland and Powhatan counties as well as human service agencies within the two counties.

Rationale: One of the requirements of the DMHMRSAS is that a community based prevention plan be done on a yearly basis. One of the necessities is that a needs assessment be done periodically. The last needs assessments were done 5 years ago. Grant searches will be done to identify potential funding sources to defray the costs of the needs assessments.

Method to measure: A research based needs assessment (yet to be determined).

FINDINGS: This goal was not met. Several grant applications were submitted, but none were funded. In addition, neither of the school divisions chose to a needs assessment. This remains a goal for FY 2006.

Goal: Increase the number of community based prevention activities by 10%.

Population Measured: Actual number of community based programs presented

Rationale: The focus in Prevention is to be actively involved in all aspects of the community. This is continuing the process of changing the orientation of our staff as well as the community.

Method of measurement: Actual count of community based programs compared to the number of programs offered during the previous year.

FINDINGS: This goal was met, partially through involvement with the Powhatan Schools. This will continue as a goal for FY 2006.

Goal: 10% increase in participation in the Partners in Prevention, the community-based prevention planning team in each county.

Population Measured: Actual number of community persons participating in the Partners in Prevention.

Rationale: The goal of Prevention Services is to be responsive to the expressed needs of the community served, as opposed to imposing its own thoughts. Combined with the previously mentioned needs assessments, a strong, insightful community based planning team is vital for the development of vision that is reflective of the community.

Method of measurement: Actual numbers of members compared to the previous year.

FINDINGS: This goal was met in Goochland. The Powhatan Partners in Prevention has struggled within the past year, but is in the process of reorganizing. This will remain a goal for FY 2006.