

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

**Connecticut Mental Health Center (CMHC)**

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

**March 28, 2008**

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## EVALUATION REPORT

### Connecticut Mental Health Center (CMHC) Young Adult Services

**Evaluation Date:** March 28, 2008

**Agency Name/Address:** CMHC  
270 Center Street  
West Haven, Connecticut

**Program Name:** Young Adult Service (YAS)

**Program Funding (all DMHAS):** \$570,131 (Clinical Services)  
\$257,477 (Clinical and Administrative)  
\$1,000,000 (TSP and Residential – Marrakech)

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## **Program Description**

The Young Adult Service (YAS) is a delivery unit within the Connecticut Mental Health Center, developed to meet the needs of young adults with severe and persistent psychiatric difficulty who need assistance negotiating the transition from adolescence to early adulthood. The primary goal of the service is to provide more intensive levels of care to young adults who have the potential to be stabilized in the community and transferred to traditional outpatient levels of care after 12 to 36 months of intervention. Clients leaving an emergency room, an inpatient psychiatric unit, or a residential treatment center *and* clients referred by the Young Adult Services Division of the Connecticut Department of Mental Health and Addiction Services are prioritized for admission.

*Days and hours of operation:* The program is presently open Monday, Tuesday, Thursday, and Friday from 9AM to 5PM and Wednesday from 9AM to 7PM.

*Operation during holidays:* The program is closed for all state holidays.

*Additional hours/days available by beeper:* On-call service is available when the clinic is not open.

None of the direct service staff speak a language other than English. Assistance with English-Spanish translation and clinical services in Spanish are available within the building. A sign language interpreter is available through the Outpatient Services Division at CMHC.

The target population for the service is young adults with severe and persistent psychiatric difficulty living in Bethany, Hamden, New Haven, West Haven, or Woodbridge. Referrals are accepted as clients approach their 18th birthday, and treatment is offered for moderate to severe psychiatric difficulty.

Most clients have a history of psychiatric hospitalization, residential treatment, or out-of-home placement as a child *or* risk for recurrent psychiatric hospitalization as a young adult associated with the onset of a primary psychiatric disorder like schizophrenia, schizoaffective disorder, or bipolar affective disorder. The Young Adult Service provides developmentally informed, recovery-oriented clinical and case management services. The program utilizes an assertive, community-based approach to treatment that both targets problems and builds upon the strengths of clients, their families, and their community. Services are delivered both in a clinic setting and in the community at client's home, school, or vocational setting.

Services are delivered by an interdisciplinary treatment team with expertise in the assessment and treatment of adolescents and young adults. Each client is assigned a clinician-case manager who is responsible for developing and implementing an individualized treatment plan. Support for the implementation of a comprehensive treatment plan is provided by other clinicians on the team, mental health workers, an advanced practice registered nurse, vocational counselors, a psychologist, and a psychiatrist. Residential support and money management for some clients is provided by a private, non-profit partner.

Treatment focuses on helping clients: understand ways their psychiatric difficulty will affect their development as a young adult; establish a sense of responsibility for their behavior; develop the capacity for independent decision-making; develop the capacity to cope with psychosocial stress; develop the capacity to manage symptomatic distress; manage sexual and aggressive impulses; avoid high-risk behaviors; promote compliance with psychiatric care; develop daily living skills; complete their formal education; develop vocational skills; establish a source of financial support; manage their financial resources and social service benefits; establish access to primary medical care; develop sources of social support; establish stable dyadic

relationships; negotiate adult relationships with family of origin; develop social, recreational, avocational interests; establish and maintain a residence in the community.

The Young Adult Service offers the following clinical services as part of an individualized treatment plan: psychosocial, behavioral, psychological and psychiatric assessment; individual, group and vocational-educational counseling; creative arts; substance abuse intervention (motivational and relapse prevention); Dialectic Behavior Therapy (DBT); family counseling and education; intensive case management; assistance with money management; rental assistance; physical examination and medical screening; psychiatric medication.

Other supports available include, but are not limited to, special residential support programming available through Marrakech, Inc., a bridge rental fund, a client activity fund, Planned Parenthood, Women's Center, the West Haven Teen Parent Program, the West Haven Energy Assistance Team (WHEAT), local shelters, Yale Psychiatric Hospital, and the other clinical units at the Connecticut Mental Health Center.

Additionally, through separate contract with CMHC, Marrakech manages a Young Adult Transitional Living Program, consisting of one apartment building housing nine clients, and a second housing three (for young adults who require an even higher level of support to live more independently) in close proximity to each other in New Haven. As this program was only recently established (August 2007), it has yet to reach its full potential as an integral part of the continuum of care for young adults in this catchment area. Relatively speaking, the program has inexperienced staff in need of specialized training to enable them to meet the needs of young adults. Also, most young adults came to the program from difficult settings, with little or no transition planning, in an urgent/crisis mode. Comments from consumers at the forum suggest a troubled living environment. DMHAS, CMHC and Marrakech staff have been involved in addressing the issues of staff training, planful transitions, etc., that have arisen in the first six months of this program's operation.

Young Adult Service is expecting to establish a special program in the fall for approximately 8-10 young mothers. It will provide day care, specialized interventions, and other programming uniquely tailored to the needs of young mothers still to be determined.

The Young Adult Service integrates DMHAS initiatives as follows:

**Trauma-Informed Services:** Dialectical Behavioral Therapy and other forms of individual psychotherapy are available to target the psychosocial consequences of psychological trauma. Two clinicians have been trained in the Trauma Empowerment Model, and one clinician has been training in Seeking Safety.

**Cultural Competency:** The treatment team makes every effort to provide assessment and treatment to clients that is sensitive to differences in clinical presentation associated with the age, gender, race, ethnicity, sexual orientation, and socioeconomic status of the client.

**Co-Occurring Disorders:** All clients complete screening for co-occurring difficulty upon admission; all clients are asked for a urine sample for toxicology upon admission; some clients provide urine samples for toxicology in an ongoing manner; harm reduction and motivational frameworks are used to address the substance use of all clients; some clients have their substance use targeted as a component of their Dialectical Behavioral Therapy; and some clients have been referred to primary substance abuse treatment as a collateral intervention.

**Recovery Orientation:** All clients have a recovery-oriented treatment plan.

Collaboration with the following groups occurs in the ways described:

**DCF:** When clients remain involved with DCF, there is consultation with DCF caseworkers and casework supervisors at the time of referral, at the time of admission, and as needed as treatment occurs.

**Local ER/hospital:** When clients are in need of hospitalization for psychiatric reasons, they are typically referred to the emergency room and psychiatric service at Yale New Haven Hospital.

**Cedarcrest Hospital:** Several clients with serious risk to harm themselves or others have been referred to the Young Adult Service at Cedarcrest Hospital for an extended period of inpatient treatment. Several clients had also been hospitalized there prior to their admission.

**Other parts of the service system:** Clinicians collaborate with all other human service systems to meet the needs of the clients.

**The community:** Because the program serves clients living in several different communities, there is not collaboration with a specific community or local political group. However, there is collaboration with a broad range of community agencies.

## **Staff Information**

Total FTEs: The program has 12.175 FTEs, with 2 new full-time positions pending.

Total unduplicated number of staff: 15 unduplicated staff members, with 2 new positions pending.

Total FTEs A.S.: There are presently 1.4 administrative FTEs.

Total FTEs D.S.: There are presently 10.775 direct service FTEs.

Eight of 12 staff members who provide direct services have had prior experience working with adolescents or with young adults. All new staff members have an orientation to the Connecticut Department of Mental Health and Addiction Services, an orientation to the Connecticut Mental Health Center, and a 30-day orientation to the Young Adult Service. Trainings offered by the Connecticut Department of Mental Health and Addiction Services, the Division of Young Adult Services, the Connecticut Mental Health Center, and the Department of Psychiatry at the Yale University School of Medicine are available to all staff members. Members of the staff have recently completed training in motivational interviewing, attachment theory, Dialectical Behavioral Therapy, Dialectical Behavioral Therapy with adolescents, sexual offending, and applied behavioral analysis and positive behavioral support.

The treatment team meets four times weekly for review of clinical problems and ongoing treatment. The Dialectical Behavioral Therapy treatment team meets weekly for clinical consultation. Most clinical staff have weekly clinical supervision. In terms of specialized training for this population, the Program Director is trained as a child and adolescent psychologist. Clinical staff report a need for training in human sexuality, prevention of unwanted pregnancy, and attachment-based parent intervention.

Expert consultations are available on an as-needed basis through the Division of Young Adult Services. Special programming in applied behavioral analysis and positive behavioral support is presently becoming available for use with clients who present a high-risk behavior that interferes with their potential to live independently in the community. Consultation from a clinician-researcher with experience in the development of attachment-based parent intervention is being pursued. Special consultation for the continued development of Dialectical Behavioral Therapy is also available one to two times monthly.

## **Consumer Information**

Capacity: 55 clients. Ten treatment slots are for clients enrolled in a transitional living program, and 45 treatment slots are for clients living in the community. The program expects to receive additional DMHAS funding to increase the latter component's capacity by 20 during the next two fiscal years. There are presently 52 clients enrolled in the program. There are two additional clients who the program is responsible

for administratively as young adult clients who receive their clinical services from other providers by special contract. The program expects to serve approximately 65 clients this year.

The program currently has a waiting list of 10. Most live with families or with friends, and some are receiving services elsewhere in the system. The wait time for admission varies. Clients are triaged for admission as soon as possible based on eligibility and clinical status. Referrals come from OOC, as well as from a wide range of community providers including, but not limited to, the Connecticut Department of Children and Families, Yale New Haven Psychiatric Hospital, Yale Child Study Center, other units within the Connecticut Mental Health Center, other psychiatric providers, and teen pregnancy programs. Referrals have also come from ACES, West Haven High School, Youth Continuum, and Job Corp.

Five clients were referred by the Connecticut Department of Children and Families, nine clients were referred by the Division of Young Adult Services, and 38 clients were referred from the community.

Two clients are currently 18 years of age, seven are 19, seven are 20 years, nine are 21, six are 22, eight are 23, eight are 24 years, four are 25, and one is 26.

Clients 18 to 25 years of age who are not in YAS are served throughout the Connecticut Mental Health Center.

Three clients speak English and Spanish, and one client speaks English and a native African language. Upon admission, 20 clients identified their racial heritage as Caucasian, 19 of African heritage, 11 of mixed racial heritage, one of Pacific Island heritage, and two did not report their racial heritage. Eleven clients reported being of Hispanic heritage.

Two clients currently live in a specialized apartment program established by contract between Marrakech, Inc. and the Division of Young Adult Services; nine clients currently live in a transitional living program administered by Marrakech, Inc.; 13 clients currently live in their own apartment with financial support from the program; one client lives in a college dormitory; and 27 clients live in the community with family, sexual partners, or friends.

Forty-eight clients were originally from the greater New Haven area, one from the Danbury area, one from the Greenwich-Stamford area, two from the New London area, and one from the Hartford area.

For the year beginning July 1, 2007, there are 43 clients who are ongoing, there are nine clients who are newly admitted, and there are six clients who were discharged. Most clients discharged in the past year were transferred to other psychiatric treatment programs after they moved out of the area. A few clients were discharged because they chose to end treatment or they did not attend treatment and did not respond to efforts to reengage them in ongoing treatment.

Thirty-one of 52 clients are currently attending school or working. Five clients are currently attending school and working, 12 clients are attending school, 13 clients are working, and one client is working at a volunteer job. Seventeen of 52 clients have a current substance abuse problem or a previous history of a substance abuse problem.

The results of the most recent consumer satisfaction survey are reported in Appendix B. Although the program has met critical thresholds in all areas, the consumer satisfaction surveys have suggested there is a need throughout the Connecticut Mental Health Center to continue focusing on symptom reduction and recovery-oriented activity. The program does not have a separate consumer council or consumer advisory group.

## **Outcomes**

The program does not formally track and aggregate clinical outcomes at the program level. Clinical outcomes are tracked on an individual basis using the problem-oriented treatment plan review approved for use within CMHC. YAS is developing a system to track program-level outcomes using the Periodic Service Review developed by the Institute of Applied Behavior Analysis. Training in the use of this model is currently taking place.

## **Family Involvement**

Families are involved primarily on an individual basis through family therapy and consultation. Family involvement is facilitated through home visits, use of telephone consultation, and availability of transportation.

## **Program Strengths**

Staff of the program see its strengths including, but not being limited to, (a) the integration of clinical, vocational, and residential services, (b) the integration of clinical staff who have experience working with children and adolescents with clinical staff who have experience working with adults, (c) the mobile nature of the treatment team, (d) creative use of transportation to promote adherence to treatment, (e) the bridge rental fund, (f) the special use fund, and (e) the link to the psychology training program within the Department of Psychiatry at the Yale University School of Medicine.

## **Major Issues**

The two major issues facing young adult clients living in south-central Connecticut are affordable housing and employment that offers a living wage and benefits. There is need for creative programming to address these two issues. A developmentally informed, recovery-oriented outpatient level of treatment would allow for more clients this age to be served within a clinical program designed specifically to meet their needs. Programming to better meet the needs of young parents would be helpful. The treatment team would like to increase options available for social and recreational programming, occupational therapy, and parent intervention.

## **Merits**

The evaluation team offers these commendations:

- Considerable amount of work being done to help clients find gainful employment (See Senior Staff Forum minutes);
- The significant amount of contact with individual family members (See Family Forum minutes);
- Responsiveness to clients and families, as indicated by testimony at the consumer and family forums;
- The program's work with DMHAS to secure funding to expand the capacity of the non-residential component of YAS by 20 slots;
- The enthusiasm of clients as they report great relationships with case managers and clinicians; they feel that these staff are really helping them move along in their recovery;
- Its planning to establish a young parents group for mother (8-10) to provide specialized interventions, daycare, etc.; DMHAS will be providing the funding;

- The program's work with Marrakech to help address the issues that have surfaced during the first six months of this program's operation;
- The program's work to help ensure a smooth transition for clients entering the Marrakech-managed residential program.

## **Findings/Recommendations**

### **Transitional Living Program**

*Finding* – The transitional living program was launched in August 2007; there are a significant number of new staff, most of whom do not have four-year degrees or specialized training/expertise in young adult services. There is a tension between what residents of the program are willing and capable of doing and staff expectations and approaches. The program is not yet organized and fine-tuned enough to resolve this tension in a systematic way.

*Recommendation* – The review team recommends that the program continue to work with Marrakech to ensure compliance with contractual obligations regarding skill building activities, groups, individual treatment planning and participation in treatment; issues of staff training and credentials should also be addressed.

*Agency Response* – CMHC, Marrakech, and DMHAS staff will continue to work to develop this new transitional living program. Arrangements have already been made to provide Marrakech with the funding needed to increase the minimum education and experience of residential staff for the program, a program of inservice education for the residential staff is currently being developed by Marrakech, and nature of the programming available to clients enrolled in the program will be reviewed and modified as the program is developed over time.

### **Chart Review**

*Finding* – The DMHAS chart review report made several recommendations regarding recovery, discharge planning, quality assurance, client orientation and patient rights, and plan reviews.

*Recommendation* – The agency should work with DMHAS to address issues identified in the chart review report.

*Agency Response* –As explained during the exit interview, the Young Adult Service must adhere to the policies and procedures established for CMHC. Elements of the recommendations are already being done as outlined in CMHC policies and procedures. All clients receive information about services available, patient rights, the grievance procedure, etc. All clients participate directly in treatment planning, and the current treatment plan form includes a section that documents the expected outcome of treatment. The master treatment plan for all ambulatory treatment units is currently being revised to better address goals and standards for documentation set by a number of external sources. CMHC currently has two quality assurance mechanisms to systematically review documentation. The Program Director for the Young Adult Service will review the recommendations with the CMHC Director of Clinical Operations to determine which of them will be addressed by changes already being pursued for all ambulatory units. The Program Director and YAS Treatment Team Leader will consider how the content of master treatment plans and treatment plan reviews can be improved. The Young Adult Service will consider making documentation of treatment planning a performance improvement goal for the next fiscal year.

## **Young Adult Advisory Council**

*Finding* – The program receives informal feedback from clients on a continuous basis; it also conducts an annual consumer satisfaction survey.

*Recommendation* – The panel recommends the formation of a Young Adult Advisory Council to give consumers a greater voice in program issues.

*Agency Response* –The Program Director and YAS Team Leader will review the possibility and feasibility of establishing a youth advisory group with the CMHC Director of Consumer and Family Initiatives.

## **Family Involvement**

*Finding* – Family members would benefit from a greater knowledge of mental health issues and from support from others in the same situation.

*Recommendation* – The evaluation team recommends that the program seek to establish a Family Education and Support Group.

*Agency Response*- Family members associated with the Young Adult Service are able to participate in family forums and other family support programs organized by the CMHC Family Support Committee for family of all CMHC clients. The YAS Treatment Team Leader is currently a member of that center-wide committee. The Program Director and YAS Treatment Team Leader will review the possibility and feasibility of establishing a separate family support program for the Young Adult Service.

## APPENDIX A

### DMHAS Report on Chart Reviews

DMHAS Reviewers: Hannah Carlson, Behavioral Health Community Monitor, and Chris Lewis, Clinical Manager (YAS), conducted chart reviews at CMHC's YAS outpatient program in West Haven. 6 active client charts were reviewed and the following are observations and recommendations:

#### **Observations:**

##### **Psychosocial assessment, history, face sheet**

Most areas of the clinical assessment and face sheets were thoroughly completed but areas including co-occurring screenings, legal involvement, and using client's words were not consistently present.

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

Master Treatment Plans were present but not recovery plans. Goals are misrepresented on some treatment plan as "The Problem". For example, one client's "Problem" was to "obtain her GED". Objectives are not documented in order to measure time-limited or measurable progress. Interventions indicate services to be provided but could be more recovery-oriented and include tasks that the client might do as part of his or her recovery. For example, one goal was for a client to "increase his ability to leave his home without fear", but there were no objectives steps that could provide a measure of his progress on this goal.

##### **Discharge plans**

None present. The reviewer did not see any documented discharge plan discussions during the treatment planning and goal setting process.

##### **Progress notes**

Frequently, notes did not relate to goals of treatment plan. The area reading, "Problems addressed" inconsistently reflects what is reported in the narrative below. There were instances where the clinicians were doing tasks for the clients instead of skill building. One notable exception to this observation, is the clear evidence in one chart of various "skill building" activities such as handling anxiety in open and populated spaces, applying for jobs, and negotiating administrative issues at college while working with a vocational counselor.

##### **Treatment plan review**

Master Treatment Plans are updated every 3 months. Occasionally, plans are modified, but there are no reasons given for the modification. For example, in one instance a progress note indicates the client needed housing, but the goal is not addressed in the MTP.

##### **Release of information**

Releases are frequently expired. Some charts fail to have releases. One chart had a release not dated or signed.

##### **Consumer grievance process/handbook**

It is not clear that clients receive orientation to the YAS scope of services, their role in the treatment/recovery process, or their patient rights. There are no records of clients receiving information on the grievance process.

**Recommendations:**

**Recovery plans** - Recovery plan should use recovery-oriented language that includes the client as an active participant in formulating goals, objectives and interventions. Goals should be stated as desired outcomes. Objectives and interventions should be reasonable, time-limited, measurable, and achievable.

**Discharge plans** - Discharge planning should be an integral component of the recovery plan.

**Plan reviews** - Plan reviews and updates should include a summary of progress toward goals to reflect any changes to plan.

**Quality assurance** – An internal chart review process could vastly improve the quality of documentation and charting, with respect to releases, recovery-oriented language in documents, and documentation for client orientation and patient rights.

**Client orientation and patient rights** - There should be documentation of clients' participation in orientation of services and patient rights.

## APPENDIX B

### Consumer Satisfaction Survey Results FY 2007

#### Young Adult Services Summary Report

Between October 2006 and May 2007, programs at CMHC administered the DMHAS Consumer Satisfaction Survey. This document contains program-level results on Young Adult Services consumer satisfaction in each of eight domains: access; participation in treatment; quality and appropriateness of services; outcome; satisfaction with services; family involvement; recovery; safety. Depending on the domain, the number of surveys used in the analysis ranges from 30 to 38.

<u>DOMAIN</u>	<u>% AGREE</u>
Access	89%
Participation in Treatment	100%
Quality/Appropriateness of Services	95%
Outcome	86%
Satisfaction with Services	95%
Family Involvement	100%
Recovery	78%
Safety	92%

## APPENDIX C

### FORUM MINUTES

On March 12, 2008, members of the Region II Regional Mental Health evaluation team participated in discussions with Young Adult Service (YAS) staff, consumers and family members. Members of the team included: Toni Tyndall, Claire Phelan, Dave Stevens and James A. Crispino (Consultant). The minutes of each meeting, as transcribed by the consultant, are presented below.

#### **Marrakech Staff (TYP)**

Two members of the staff participated in this forum.

Marrakech is under contract with CMHC to operate the Transitional Youth Program in this catchment area. DMHAS funds the entire budget of the program. Marrakech manages two facilities in close proximity to each other in New Haven. The first houses 9 clients, the second houses 3. The latter serves as a step-down from the first for those young adults who are able to live more independently in the community. Young adults are referred from a variety of sources; most have arrived at TYP from urgent/crisis situations.

The population is challenging. Generally, clients are not prepared to be at TYP. They have few independent living skills; engage in risky behaviors; do not have jobs; have extremely low levels of motivation.

These staff identify the following as program strengths:

- Relationship with clients;
- Staff availability to clients;
- Helpfulness of CMHC crisis team;
- DMHAS liaison – weekly meetings and consultations as needed;
- DCF workers;
- Open-door policy of managers;
- Staff turnover is not an issue.

These staff would like to have more resources available for incentives for clients to participate in groups. They also indicate that many of their clients have not been held accountable in the past, i.e., that schools, employers, etc. have made exceptions for them due to their presenting condition. Perhaps there has been a bit too much leniency; the result is clients in this program who are not accustomed to having responsibilities for which they are held accountable.

#### **Consumers**

Fifteen consumers attended this forum.

#### *Transitional Youth Program*

Consumer # 1 – staff do not have degrees; they locked me out of the house;

Consumer #2 – we do not have independence; only staff can use the computer; staff are tied to their desks; staff are irritated when consumers make phone calls; staff are not professional; they do not treat us as individuals with unique histories; staff choose favorites

Consumer #3 – certain staff are not helpful; this person does not like the bulk food purchase system;

Consumer #4 – “we are spoiled;” previous staff were different (they cared more); there used to be more community activities;

Consumer #5 – this person does not like groups; he prefers to sit in his room all day and watch TV.

### *ACTT*

Consumer #1 – CMHC clinicians are very good; they have helped her grow; she receives a rental subsidy from CMHC, which helps her to save money, and her representative payee also helps her to save money;

Consumer #2 – staff helped her get an apartment when her mother threatened to throw her out; staff helped her to get a job; she is no longer doing drugs or smoking cigarettes; wants “Mommy and Me” program;

Consumer #3 – groups should be mandatory, but you should be able to choose your groups; needs more one-on-one with his clinician;

Client #4 – program has really helped him; he has finished school, has a driver’s license and is saving money for driving lessons; staff are always there for you;

Client #5 – DSS should have no limit on savings; clients should be able to save as much as possible.

### **Senior Staff**

Five CMHC staff attended this meeting.

One person in attendance works at Park Street and is the liaison between YAS and the main office of CMHC. She helps coordinate referrals, case conferences, program development, etc. with YAS. Another person manages the WAGE Program (Workers Achieving Gainful Employment), a division of the Yale University School of Medicine. This program provides 1.8 FTE to YAS for vocational assessment, skills assessment, job development, etc.; all clients in YAS have a vocational goal. In fact, 31 of 52 clients currently on the caseload are in school or working. WAGE is about to start a 12-week vocational curriculum for YAS clients.

ACTT has a men’s group, a women’s group, an art group, DBT group, weekly Friday activity and many others. The program is developing a young parents group. Generally, clients see their clinicians 1-2 times/week. There are medication reviews once/month.

The Transitional Youth Program began in August 2007 with many new staff. Most of the clients have long histories of institutionalization. Few of the staff have four-year degrees or are credentialed. Marrakech, which manages the program, has agreed to upgrade the skill level of its staff; they have already received positive behavior approach training. In addition, because most of the clients have come from urgent/crisis situations since the inception of the program, smooth transitioning has been an issue. CMHC is working with its DMHAS liaison to develop protocols that will ensure a more planful transition than has occurred in the past.

There are more young adults requiring YAS services than the program can accommodate, so there is a constant triage process involving CMHC in New Haven and YAS in West Haven. Those whose needs cannot be addressed at YAS go into the general adult services population. The system is gridlocked – services for young adults transitioning out are scarce, as places they should be going to have waiting lists. Other issues: inability to expand the program without more space; CLRP.

### **Line Staff**

Five line staff attended this meeting.

Marrakech has a liaison to referral sources at DCF and in the community. She interviews referrals and works with staff of various programs to help ensure a smooth transition. She attends PPTs, participates in treatment planning and works with CMHC on clients' clinical issues. Marrakech groups include ADLs, house rules, substance abuse, men's, women's and recreation. There is a field trip once/month. Generally, clients have little say in determining which groups are offered. Recently, the program has instituted an incentive program whereby clients who participate in groups receive phone minutes and other rewards. Staff report that attendance has increased since the beginning of the program.

CMHC clinicians do a lot of case management. There are a significant number of parents with children in the program. Treatment teams, consisting of clinicians, vocational specialist, APRN and others, meet every week.

Strengths of the program these staff identified include: availability of wrap-around support, flexibility and good client retention rate. The YAS model is working – smaller caseloads so clinicians are able to really get to know their clients and to establish a trusting relationship. The provision of an intensive level of care now predicts greater client stability and independence later so that fewer, if any, services will be required.

Issues include: a requirement for admission to TYP is that clients have entitlements in place; very often, DCF referrals do not come with entitlements in place; generic memberships (4-5) in a fitness center would provide clients with exercise (which can also be an anti-depressant), boost in self-esteem and an opportunity to engage.

### **Family Members**

Three family members attended this forum.

Family Member #1 - CMHC provides a great service. There is a need for more mental health services and for money for clients to live on. Many young adults could benefit from longer inpatient stays, so there is a need for more beds of this type.

Family Member #2 – this person's family member came to TYP in October. Her comments: the house is not homey; there is no food in the house; staff are not supportive, professional or well-trained; young men and women should not be in the same house together; the program made many promises in the beginning but delivered on virtually none of them; groups did not interest this client. He is at home now and has a job and is looking for an apartment. He has an ACTT clinician and vocational counselor (they are great). His clinician sees him three times/week, takes extra time for him and has built up his self-esteem.

Family #3 – "I do not have a single negative thing to say." Her daughter has been at CMHC for four years. She works full-time and goes to school. Her daughter has been in and out of treatment for several years; she

has threatened suicide. This mother credits CMHC clinicians with saving her daughter's life. Staff actually contact this mother and listen to her. There needs to be more information about the program so that those in need of mental health services know where to go to get them.

