

ANNUAL REPORT
FY 2005-2006

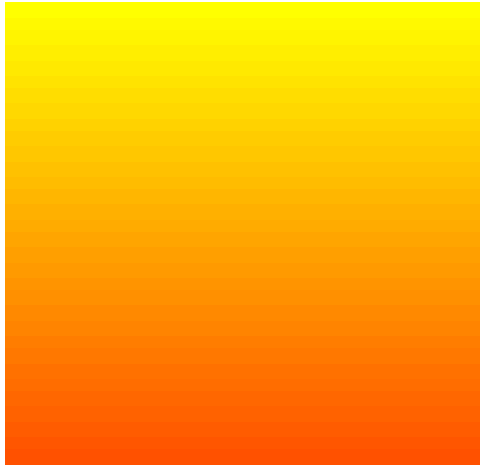


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Summary and Overview

This Annual Report covers the period from July 1, 2005 to June 30, 2006. During this period Youth Dynamics, Inc. entered its 26th year of operation as a provider of community based behavioral health services to Montana families. The year referenced in the report has been the third consecutive year of stability as the State of Montana has avoided making any substantive changes in the public mental health system and the agency has continued to improve its position, both programmatically and financially, as it has over the last 4 years but especially over the last two years.

The focus this year has been less on expansion and more on “looking inward” toward stabilizing and fine-tuning the expansions of the previous years and preparing for the agencies application for CARF accreditation. There has been an increased emphasis on such critical initiatives as improving and fine tuning our performance improvement program, addressing the need for an improved employee performance evaluation system, and improving our computer network and clinical database. Administratively, the agency also completed the de-centralization of supervision of clinical offices, adding Area Managers who will provide oversight in local offices and the hiring of a Foundation Director.

While doing this we also engaged in modest expansion by taking over the Alternative Youth Adventures Program and facility in Boulder Montana and putting in place the infrastructure for our new line of business, chemical dependency treatment. Because of these two factors, and the continuity in the Management structure, the experience of the agency has been one of increasing stability throughout the year. The horizon for the future looks a bit less stable as federal Medicaid changes are likely to impact the delivery of children’s mental health services for the State of Montana. The full impact is yet to be known but it appears that there will be substantially increased administrative requirements and more complicated billing.

During the period of this report the following initiatives were completed:

- 08/05: Assumed operation of Alternative Youth Adventures program
- 09/05: Pilot Performance Appraisal process with Management Team
- 11/05: Decentralize Supervision of Area Offices
- 01/06: Completed Leadership Curriculum and Training for supervisors/managers
- 02/06: Execute contract for re-design of Clinical Database
- 06/06: Completed Lead Clinical staff curriculum and training
- 06/06: 25th Anniversary Celebration
- 07/06: Execute contract with new information technology provider

The number of “permanent” staff employed by the agency has increased during this time from 102 to 130, again reflecting the relative stability of staffing for the agency. This growth in staff was in the Therapeutic Group Care Program due to the opening of the new group homes and day treatment program in Boulder.

The stability described above is also reflected in a continuing trend toward increased financial stability and resources. The actual revenues for the agency increased from the previous fiscal year by 26%. This, following a 22% increase the previous fiscal year reflects a steady trend toward improved stability in cash flow. The overall margin for the year was 11.9% %, and the agency has a sound cash position reflecting a very stable financial picture.

The Youth Dynamics, Inc. Client Profile for FY 2005-2006 is as follows:

- At any one point in time the agency is serving over 750 clients
- The total number of clients served for the fiscal year was 1064
- 722 clients exited services during this last fiscal year
- The most frequent reason for exiting services is “completed treatment” at 20% with an approximately equal percentage exiting for “transferring to a higher level of care”, “lack of contact”, or “other” all showing percentages of around 10%.
- The ratio of planned to unplanned discharges is 2:3..
- The average length of stay for all services is 10.51 months.
- The majority of youth served (44%) were in the 13-18 year age range with the 7-12 age range being the next most frequent (32%).
- Parent/Guardian Satisfaction Surveys for all programs two years ago reflected that 82% rate the contact with the YDI worker as being “Good to Excellent” and the same percentage reported the overall benefit to the child as “Good to Excellent”.
- 80% of Parent/Guardians reported that the “worker/team did coordinate services that helped to stabilize their families”.
- 92% or Parent/Guardians reported that they would “refer another youth/family to this program.”

More detailed information is available in the sections of this report referencing each specific Program.

The upcoming year should be one of continuing to build on the stability that evolved over the last 36 months, as well as preparing for the changes that the federal Centers for Medicaid Service audit should bring to the Montana children’s mental health system. In addition, the AYA program and campus should be further integrated into the YDI treatment system; and expanded as opportunity arises. Internal improvements made the last two years should continue to be fine-tuned as the agency prepares for a visit by the CARF accreditation team.

Agency wide initiatives have been accomplished in preparation for this visit and the major initiative needing to be addressed at this point is the development and implementation of a competency based orientation and training program. There also is a need to continue to diversify funding through Foundation development, grants, and reaching for other revenue streams through private insurance. The agency Marketing and Public Relations efforts need to become better coordinated to achieve the maximum benefit and this likely is a function of the Foundation. We anticipate addressing these issues as well as responding to any additional opportunities for growth/expansion that are consistent with the agency mission and strategic direction. YDI is well positioned, financially and programmatically, to take the next developmental step toward becoming a more sophisticated provider, and this step will be taken.

More specific recommendations for the agency include the following:

- YDI must secure Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation.
- The YDI Foundation membership should be expanded and the Foundation should increasingly take a leadership role in expanding the private revenue stream.
- YDI must continue to diversify its revenue stream to decrease reliance on public funds.
- Internal Performance Improvement monitoring and compliance must have increased attention from staff and management, especially as they relate to the new performance evaluation system.
- Staff training and increased clinical competence must be addressed through the implementation of a competency based staff orientation and training program.
- YDI must take an opportunistic approach to the development of partnerships with other agencies when there can be a value added for all parties, including clients.
- Internal oversight of the agency computer network should be explored and considered.

BUSINESS & FINANCIAL SERVICES

Summary and Overview

Youth Dynamics, Inc.(YDI) is a private, non-profit 501 (3)(c) charitable corporation. YDI is based in Billings, Montana, with Montana satellite operations in Miles City, Lame Deer, Sidney, Glendive, Wolf Point, Bozeman, Livingston, Helena, Butte, Great Falls, and the addition of AYA Boulder intensive level group homes and day treatment in August of 2005. The opening of AYA at Boulder was most likely the single most significant event financially during this fiscal year.

A Business Manager was hired in November of 2005 to assist the Finance Director with business office functions, primarily because of the addition of the new facilities at Boulder. Information Technology was updated during this fiscal year, enabling more consistent access to all offices across the state, utilizing a Virtual Private Network (VPN).

The organization maintains its books on the accrual basis of accounting. Accordingly, revenues are recognized when earned and expenses are recorded when incurred. Youth Dynamics, Inc. depends significantly on third-party reimbursement arrangements for its support and revenue. Such arrangements are made primarily on the basis of contracts for providing services on a “fee for service” basis through Medicaid claims and the Montana Department of Public Health and Human Services (DPHHS).

YDI is licensed by the State of Montana to provide mental health services for youth and their families. Youth Dynamics, Inc. both owns and leases property in our local offices. Property and equipment acquisitions are carried at cost when purchased, or, if donated, at estimated fair market value at the date of receipt. Depreciation of property and equipment is provided utilizing the straight-line method over the estimated useful lives of assets, ranging from three to thirty-nine years. Expenditures for major renewals and betterments that extend the useful life of property and equipment are capitalized.

Demographic/Descriptive Information

The agency had a very successful financial year. Net gain from operations increased from \$370,264 in the previous year to \$791,799. Revenues increased 26% over the previous year, reaching \$6,980,891. A breakdown of revenue follows:

• Therapeutic Placements Services	\$1.8 Million	25% of Total Revenue
• Community Services	\$2.7 Million	38% of Total Revenue
• Outpatient Services	\$.4 Million	5% of Total Revenue
• Group Homes/Shelter Care	\$2.3 Million	32% of Total Revenue

Expense increased 23% over the previous year, reaching \$6,189,092. Expenses of significance were as follows:

• Direct Client Expense	\$.8 Million	13% of Total Expense
• Employee Wage/Tax/Benefits	\$3.7 Million	59% of Total Expense
• Other Operating Expense	\$.8 Million	13% of Total Expense
• Administrative Expense	\$.9 Million	15% of Total Expense

Total Net Assets at the end of the fiscal year equaled \$2,421,121, a 3:2 asset to liability ratio.

Performance Improvement

Established indicators for the Business and Finance departments are as follows:

Effectiveness

- Measure/Benchmark:

- a) Outstanding check audits – 90% under 6 months
- b) AR/AP aging – 5% or less over 90 days

Performance:

- a) Target benchmark was not achieved during fiscal year
- b) AR/AP aging + 90 days as at 5% - target met.

- Measure/Benchmark:

Monitoring of Accounts Receivable and Accounts Payable aging on a monthly basis. No more than 5% of the total over 90 days uncollected/unpaid was measured.

Performance: Accounts Payable achieved this goal for the fiscal year.

Accuracy

- Measure/Benchmark:

- a) AP Check stubs; P.O.'s; check register – all achieve 90% accuracy

Performance: All accuracy benchmarks were achieved in FY2005

- Measure/Benchmark:

Billing statements for Accounts Receivable are reviewed for accuracy on a quarterly basis with a 95% accuracy benchmark

Performance: This was not achieved in the second half of the year for Accounts Receivable as the accuracy was calculated at 80%

Efficiency

- Measure/Benchmark:
Write-offs to bad debt ratio is <1/2%
Performance: benchmark not met - we achieved a 1% write-off to bad debt ratio.

Performance Improvement Recommendations

- 1) Closer monitoring of Accounts Receivable functions, including billing, aging and write-offs. Because of the growth YDI has seen over the past few years, sufficient staff are required to accurately and timely process paperwork throughout the department. We are continuously monitoring the reallocation of duties. Accounts Payable functions are handled within guidelines set and present no significant problems at this time.
- 2) Although the agency's computer system was upgraded during this fiscal year, an updated Technology Plan needs to be drafted to look into the agency's future needs.

Finance Department Recommendations

- Continue close monitoring of the Accounts Receivable aging report
- Maintain Finance Staff accuracy to minimize costly errors
- Invest for a better return on available cash
- Work closely with all clinical staff to increase awareness of paperwork promptness
- Provide adequate training/cross-training to all staff
- Integrate billing processes with YDI clinical database
- Update the Agency's Technology Plan to ensure up-to-date equipment is utilized

HUMAN RESOURCES

Summary and Overview

Youth Dynamics Inc. employees are the heart of the organizations. We recognize that without them – we do not exist. It is our goal to recruit, hire and train good employees that believe in our mission, values and principles and strive to help us meet our goals. That is a difficult task in these times of tight labor markets. This past year has been an exciting year for Youth Dynamics Inc.

We have had challenging work opportunities that strive to improve the well being of the youth we serve. That is why it is so very important to recruit and hire qualified employees that believe in our mission. The year represented growth for YDI. The training program underwent an extensive overhaul with the development of our core competencies. These competencies will give structure to our training program that will go hand in hand with our CARF accreditation that is being sought. We had another exciting implementation with YDI.

YDI made a change to our benefit program that allowed us to become partially self-insured. This will be a long term relationship with our broker and administrator in fulfilling health care benefits to our employees. This new plan helps YDI move into a unique approach in taking control of our employees benefit costs. By establishing this partially self insured plan, we can review the total benefit plan, corporate culture, and financial impact of the benefit plan. We will then be able to develop a strategy designed to meet the needs of the agency.

Our expansion in the fiscal year of July 2005 through June 2006 included the Boulder, Montana location. Alternative Youth Adventures became part of Youth Dynamics Inc, in August 2005. This facility has offered a great opportunity for growth to YDI services in the Therapeutic Group Home Program. The recruitment and hiring for the Boulder, MT location proved to be challenging and retention tools are going to be focused on in the upcoming year to keep our staff count constant.

This next year will be measured by effectiveness and satisfaction of employees. The following information will reflect what our issues were and what our strengths have been. Our benchmarks will be important to assessing our success.

Demographic/Descriptive Information

The agency had a 13% increase in total employees during the period of July 2005 and June 2006.

July 2005 total employees were 105

June 2006 total employees were 119

During this time period 51 employees were hired and 37 employees were terminated. Job postings for the positions that were posted during the fiscal year were open an average of 42.2 days. The goal is for positions to be filled within 45 days of posting position. The agencies increase in employees was due to expansion in some areas and in others the existing staff absorbed vacated positions that were due to turnover. The overall picture shows a positive increase that was steady over the 12 months.

Employee Survey information that was given in September 2005 showed positive results. There was a 52% response from employees who were sent out an employee survey. The information received back showed positive results on employee satisfaction. One of the questions on the survey asked if the employees knew what was expected of them at work, 89% of the responses were either “agree” or “strongly agree”. In the other 11 categories, which questioned issues of employment opportunities by employees, recognition from supervisors, development of employees, mission of agency, relationships of co-workers and supervisors and perception of employee’s opinions, 73% “agreed” or “strongly agreed” with positive feedback. This overall satisfaction enhanced the agencies ability to grow.

Performance Improvement

Effectiveness

- Measure/Benchmark:
Accuracy and completeness of personnel files - benchmark is 90% compliance
Performance: All files meet the compliance standard.

- Measure/Benchmark
Employee retention rate - YDI will maintain a 60% annual employee retention rate.
Performance: We have met the benchmark by being at 61%

Accuracy

- Measure/Benchmark
Employee grievances – 5 or fewer grievance reports per year.
Performance: There were a total of 5 grievances for last year is at our benchmark.

- Measure/Benchmark
Employee harassment reports – 5 or fewer per year.
Performance: There was no employee harassment reports submitted to Human Resources in FY2005

Performance Improvement Recommendations

The areas that HR will focus on for performance improvement are as follows:

- The retention benchmark will be reassessed in FY2006 as HR begins implementing the core competencies and other retention tools.
- Efficiency in timely processing of job postings, average daily ratio of days positions are open
- Positions will be filled within a 45 day period
- Employee retention will be measured on a monthly average ratio as well as a yearly average ratio. The goal for monthly average will be 80% and the yearly average will 60%
- Responsiveness to employee grievances submitted. Grievances will be reviewed and responded to within 30 day period. A 90% benchmark will be set for completed grievances as well a benchmark of total grievances filled not to exceed 5 annually.
- The benchmark for accuracy of personnel files will remain at 90% compliance for FY2006
- The benchmark for employee harassment complaints will remain at 5 or fewer for FY2006

Human Resources Recommendations

- Hire Right – post internally and externally when needed, interview qualified candidates with a good interview team and have a good review of interviews.
 1. Complete background checks, CPS, criminal and DMV as well as a complete reference check for three given references.
 2. hire the most qualified candidates using “hiring tough” mentality.

- Total Compensation Package – Make sure compensation package including pay and benefits can be competitive with other agency in the same field.
 1. review all positions on an annual basis with current market
 2. maintain quality benefit package
 3. raises based on performance and productivity with potential of bonuses for over achievers
 4. Seasonal bonuses at discretion of Executive Director
 5. Incentives for employees regarding recruitment for open positions (examples of incentives are \$100.00 gas card, dinners, week-end get a ways etc.)
 6. 6-month, 1,5,10,15,20 year awards

7. Individual bonuses for exemplary performance (separate from performance bonuses when evaluation is given)
 8. Budget – Make sure staffing budget is within planed and proposed budget from Finance Director
- Training and Competencies
 1. Implement core competencies at orientation and follow through with training and success of competencies.
 2. Provide good communication between management and staff

Youth Support Services

THERAPEUTIC FOSTER CARE (TFC)

Summary and Overview

For fiscal year 2005-2006, the average daily census of youth in Therapeutic Foster Care was 52.4. The budget was projected at a daily census of 69, and SAD Plans projected 74. YDI had 85 licensed homes available to provide TFC and/or Respite for those providing TFC. February, March, and April had the highest daily census of youth in care. October, November, and December had the median daily census of youth in TFC. The lowest daily census of youth in care was in the months of January, June, July, August, and September.

In 2004-2005, the average daily census was 46, which was an increase from the average daily census of 44.65 in 2003-2004. The 2005-2006 fiscal year shows a 3 year growth trend in Therapeutic Foster Care.

Demographic Information

The Therapeutic Foster Care Service Termination Report for fiscal year 2005-2006 shows the following data by number of youth, which is based on 45 youth discharged from Therapeutic Foster Care services during this time period. This year it is unknown as to who referred 33 of these youth. Nine of the youth were referred by DPHHS – Child and Family Services. YBGR, Probation/Parole, and Legal Guardians are the referral source for one youth each. Additionally, we were unable to capture funding sources for TFC Room and Board. With the new Clinical Database and procedures for collection of inquiry and intake data and funding sources, more accurate information should become available for next year.

These 45 youth were served in eight of our service locations. Bozeman served 12 of the youth, Billings 9, Butte 8, Helena 5, Great Falls 5, Sidney/Plentywood 3, Miles City 2, and Wolf Point 1. This information is most meaning full when compared by location with reasons for discharge. In Billings, Bozeman, and Helena, 40-60% of the youth discharged were placed at a higher level of care. This is disproportionate and high, which needs to be further explored.

The age distribution of y youth was 6 youth from 0 - 6 yrs, 18 youth from 7-12 yrs, and 21 youth from 13-18 years. This is a 10% increase in youth ages 0-6 and a 10% decrease in youth ages 13-18 with youth 7-12 remaining stable in 04-05.

The male/female distribution of youth was 20 males and 25 females. This is a 16% decrease in males and a 16% increase in females from 04-05.

The primary diagnoses of youth in Therapeutic Foster Care shows 16 youth with other Seriously Emotionally Disturbed Diagnoses that do not fall within the diagnoses that follow, 11 youth with Oppositional Defiant Disorder, 7 youth with Post Traumatic Stress Disorder, 5 youth with a diagnosis that had Depression in its label i.e. Major Depression, Depression NOS, etc., 3 youth with Dysthymic Disorder, 2 youth with Attention Deficit Hyperactivity Diagnosis, and 1 youth with Bi-Polar Disorder. This is a 5.6% increase in other SED Diagnoses, 7% decrease in Oppositional Defiant Disorder, 12% increase in Post-traumatic Stress Disorder, 1% increase in Depression Disorders, 1% decrease in Dysthymic Disorder, 2% increase in ADHD, and a 3% decrease in Bi-polar Disorder.

The average length of stay for these youth was 12.64 months, which is only a slight decrease from the average of 12.76 months last fiscal year. This is a two year trend and is most likely representative of a typical length of stay in TFC.

The data regarding the prior level of care of these youth is not complete. The data was not collected on 12 youth. Thirteen of the youth were in TFC prior to coming in to TFC, which generally means they transferred from other agencies to YDI. It is also known that 4 of the youth were in RTC, 1 was incarcerated, 1 was in an Intensive Level Group Home, 1 was in shelter care, 5 were in Regular Foster Care, 4 were with Family, and 4 were with their legal guardian prior to being placed in TFC.

Forty-four of the youth were discharged from Moderate Level TFC, and one youth was discharged from Basic Level TFC. The Discharge Level of Care distribution was 1 youth was incarcerated, 2 youth went to In-patient Psych Center, 2 went to a Residential Tx. Center, 7 went to a Group Home/Shelter Care, 4 went to Therapeutic Foster Care with another agency or step-down w/in YDI's Therapeutic Foster Care levels, 4 stepped down to Regular Foster Care, 10 were discharged home to their Legal Guardian, 1 was adopted, 4 were placed with relatives, 2 stepped down to Independent Living, 2 youth ran away, and 6 youth went to other unknown levels. This data demonstrates that 69% of the youth discharged in 05-06 were stepped down to a lower level of care, and this is an increase from 40% in 04-05.

When analyzing the youth's changes in levels of care according to their severity rating, there is only data available on 17 youth. Of the 10 youth with a High Severity Rating, we know that 3 of them went to less acute care, 1 went to more acute care, and 1 remained at the same level of care. Of the 5 youth with a Moderate Severity Rating, we know that one went to less acute care and 2 remained at the same level of care. It is also known that one of the youth with a Low Severity Rating went to a less acute level of care.

Based on the 05-06 data, the average profile of a youth in Therapeutic Foster Care is a female or male, ages 7-18, with an other Serious Emotional Disturbance than those listed in the above categories. These youth require an average of 12.64 months of treatment at this level of care, and 69% of them are likely to successfully complete treatment or at a minimum maintain at this

level of care. DPHHS – Child and Family Services continues to be the primary referral source. This in turn means that they are the primary funding source of Room and Board, and Montana Foster Care Medicaid is the primary funding source for treatment.

Performance Improvement

Established indicators for this program is

Effectiveness

- Measure/Benchmark:

- a) Positive change in CAFAS Home Issues' scores between Intake and 6 month follow up – 10% decrease

Performance:

- a) Benchmark not assessable as insufficient data collected

- Measure/Benchmark:

- b) Positive change in CAFAS Behavior Issues' scores between Intake and 6 month follow up – 10% decrease

Performance:

- c) Benchmark not assessable as insufficient data collected

Comments:

Not enough data available. The agency has been attempting to gather this but there is not sufficient data to analyze to date. At this time, it is difficult to determine if the benchmark is reasonable.

Efficiency

- Measures/Benchmarks:

The initial benchmarks for these two indicators are to be determined at the end of the first year.

a) Length of Stay: The average length of stay this fiscal year was 12.64 month. The 04-05 fiscal LOS was 12.76, and the 03-04 fiscal year LOS was 15.67. The average length of stay has been consistent for two years. A benchmark of 12.7 months seems reasonable given the intensity of treatment at this level of care. To continue to decrease the length of stay would more than likely compromise treatment.

b) Program Capacity: This fiscal year the program capacity was 52.4 clients. The 04-05 fiscal year capacity was 46 clients, and the 03-04 fiscal year capacity was 44.65 clients. This 3 year trend demonstrates growth in the program capacity. Based on this data a growth benchmark would be to increase capacity of the program by 2 clients.

Accessibility

- Measure/Benchmark:

Number of days from intake to service activation - fewer than 30 days

Performance: Not assessable

Comments:

Service Initiation Lag Time: Our current data represents the time span from when a person calls to inquire about services to the time we accept the client for the service. Within these parameters, it is unknown how long this process took for 71% of the clients, for 16% it was over 90 days, and for 13% it was less than 30 days. While this data is useful, the time span from when we accept a client for TFC services to the date the client is first placed in TFC is the data needed to best represent this indicator. Given the intake process for TFC, the data collected which shows only 13% as taking less than 30 days to determine eligibility is appropriate.

Satisfaction

- Measure/Benchmark:

Availability of Care Manger – 90% satisfaction

Performance:

Benchmark met – 100% satisfaction

I will continue with this benchmark because it will be important to determine if this is feasible next year as we gather more data.

Comments:

The Other/Unknown Category of Diagnoses has increased and provides incomplete information to determine the most prominent diagnosis being treated. The high number of Unknowns for referral sources does not provide adequate data. Lack of data to measure Performance Outcomes does not provide a useable baseline.

Performance Improvement Recommendations

1. Increase compliance of CAFAS completion and submission to data entry to provide data.
2. Ensure Satisfaction Surveys are completed.
3. Review process for acquiring 3/6 Month Post Discharge Survey information.
4. Develop a report on database to analyze Client Satisfaction Surveys.
5. Develop reports on database to analyze 3/6 Month Post Discharge Surveys.

Therapeutic Foster Care Program Recommendations

1. Implementation of a Competency Based Orientation and Training Program for staff.
2. Refine the Employee Retention/Incentive Program for employees to improve quality and continuity of care.
3. Increase agency profile in the community to increase referrals.
4. Develop and implement program checklists for Basic and Permanent Long Term Care Levels of TFC.
5. Complete Service Facility Profile to receive new 2 year contract with CFS.
6. Explore provision of TFC services to youth who are sexually reactive or sex offenders.
7. Develop Budget projections based on 3 year history.
8. Develop SAD Plan projections on 3 year history.
9. Review Diagnoses that fall into Other/Unknown Category to look for new trends and needs for training.
10. Work with staff and data entry to ensure referral sources are entered.

THERAPEUTIC GROUP CARE PROGRAM

Summary and Overview

The first quarter of this fiscal year is marked by significant expansion in the TGC program by nearly doubling in size with the addition of Alternative Youth Adventures. On August 1, YDI assumed operation of two eight bed Intensive Level Therapeutic Group Homes and a Day Treatment Program in Boulder. This acquisition increased the Therapeutic Group Care Program by nearly 1 million dollars (\$996,092) making it 28% of the entire agency budget. Additionally, 22 new employees were hired increasing the total agency number of regular employees by 21% to a total of 127. The acquisition of AYA also proved to be a financially profitable endeavor as the operating margin for this fiscal year was 29% making the entire TGC Program's margin 26%.

The Therapeutic Group Care Program consists of three services, Intensive Level Therapeutic Group Home, Shelter Care / Group Home and Day Treatment. YDI operates 4 Intensive Level Therapeutic Group Homes, STAR Youth Hostel, Rimview Youth Home, Journey Home – Boys and Journey Home – Girls; 1 Shelter Care / Group Home, Big Sky Youth Center and 1 Day Treatment, Alternative Youth Adventures Day Treatment.

Star and Rimview, located in Billings and the Journey Homes (on the Alternative Youth Adventures campus), located in Boulder are Intensive Level Therapeutic Group Homes that provide 24-hour awake supervision, treatment, and family style care. Staff to child ratio is at least 1:3 daytime and 1:6 overnight. The population of each home consists of male and/or female Montana youth ages 11-18 with no more than 8 youth in each home. Admission criteria include a covered DSM IV-TR diagnosis (as determined by party responsible for payment); a risk of harm to self or others; and limited ability to function in the community (i.e. family, school, interpersonal relationships). Each youth is matched to a counselor who provides two weekly face-to-face individual contacts. Also, youth receive three psycho-educational groups. Additional individual/family therapy is provided, as needed. The average length of stay is 90 to 180 days depending on the youth's individual needs and progress.

The Big Sky Youth Center is located in Bozeman and serves up to eight clients ages 11-18. This community-based facility provides 24-hour awake supervision with 1:4 staff-to-child ratio during the day and 1:8 overnight. The average length of stay is between 30 and 45 days. Generally, the youth admitted to BSYC are in need of short term care as they transition back into their natural family, a foster family or independent living. Additionally, BSYC provides two one-on-one sessions for each youth a week and three psycho-education groups a week.

The Alternative Youth Adventures Day Treatment is an alternative education program serving youth who reside in group homes, foster homes, or with their families that lack the skills for functioning in the regular school population. Youth enrolled in the Day Treatment program receive educational services from certified staff while working on their mental health and behavioral problems. The focus of Day treatment activities tend to be each youth's mental health needs as identified in his/her individual treatment plan in the context of classroom and individual activities. Educational services are coordinated with the local school district.

The official planning for Swiftcurrent Center, YDI's newest Intensive Level Group Home, treating both mental health and substance abuse disorders, got under way in June 2006. The center is licensed as a group home and will offer a creative alternative to more conventional addiction treatment programs. The center will house a maximum of 8 male and female clients and is scheduled to open in late fall of 2006.

Demographic/Descriptive Information

Intensive Level Therapeutic Group Home

- 42 clients served
- 52% female
- 88% of Referring Agency is unknown
- The highest reason for termination is due to the client need for a higher level of care 34%. 26.8% of terminations are for completing treatment.
- The majority of the clients also received some form of therapy: 85% individual, 78% Group, 52% family. 62% receive medication management and 47% receive Youth Case Management.
- 19% of youth have a diagnosis of Depression, 16.67% PTSD, 14% ODD, 14% Bipolar and 2% Dysthymic Disorder.
- 35% of intakes are a step-down from either a Residential Treatment Center or an inpatient Psychiatric Unit. 40% are a step-up and 25% are unknown.
- Room for expansion at AYA; however, a weak employee hiring pool in the Boulder area.
- Appears to be an increase in severity of pathology among referrals (shorter stays in Residential Treatment Facilities).
- Employees report dissatisfaction with the current de-escalation training provided by the agency.

Shelter Care / Group Home

- 58 clients served
- 13% between the ages of 0-6
- 52% female
- 1.72% served in Wolf Point
- 93% of Referring Agency is unknown
- 56.9% of terminations are for completing treatment and 13.8% are for needing a higher level of care.
- 27.6% also receive individual therapy, 20.7% FSA, 19% YCM, 13.8% Respite,
- 57.1% of intakes come from a lower level of care, 19% are from a higher level and 10.3% are unknown.
- Shelter care continues to be inadequately funded; however, BSYC experiences tremendous community support, both in-kind and through grant money.

Performance Improvement

Effectiveness

- Measure/Benchmark:

- a) Positive change in CAFAS Home Issues' scores between Intake and 6 month follow up – 10% decrease

Performance:

- a) Benchmark not assessable as insufficient data collected

- Measure/Benchmark:

- b) Positive change in CAFAS Behavior Issues' scores between Intake and 6 month follow up – 10% decrease

Performance:

- d) Benchmark not assessable as insufficient data collected

Comments:

Not enough data available. The agency has been attempting to gather this but there is not sufficient data to analyze to date. At this time, it is difficult to determine if the benchmark is reasonable.

Efficiency

- Measures/Benchmarks:

The initial benchmarks for these two indicators are to be determined at the end of the first year.

- a) Length of Stay: The overall average length of stay this fiscal year was 4.3 month. Using this now as a baseline, next years' data will be measured against this figure. Data from the various group homes will also be analyzed separately as well for differences among them
- b) Program Capacity: The average capacity for the group home programs was 90% in FY2005. This will be used as a baseline for subsequent measurement.

Accessibility

- Measure/Benchmark:

Number of days from intake to service activation - fewer than 30 days

Performance: Not assessable

Comments:

Service Initiation Lag Time: Due to the large number (86%) of the responses to this indicator being "Unknown" there is obvious need to determine why accurate data is not being generated.

Satisfaction

- Measure/Benchmark:

Availability of worker – 90% satisfaction

Performance:

Not assessable due to lack of useable data.

Performance Improvement Recommendations

- Need more data for the section Discharge Supported by Treatment Team. That 83% were unsupported is disconcerting.
- There is a noticeable discrepancy between the reason for the termination and the discharge level of care. 34% of terminations were for the need of a higher level of care and 24% of discharges were actually to a lower level of care. 26% were for completing treatment and 63% went to a lower level of care. This indicates that for either lack of team support or funding 10% of youth discharged needing a higher level of care, did not get the service they needed and that the remaining reasons, loss of funding, transfers, against advice and unknowns (about 40%), went to a lower level of care. Therefore, about 50% of the youth discharged from this level of care could likely benefit from continued services in the community and at least 40% still meet financial eligibility.
- Need to Request Satisfaction Survey data and record results
- 4.26 months for LOS is very good; however, only 26.8% of terminations were for successfully completing treatment and 2% were for needing a lower level of care. This indicates the LOS is likely indicative of the 34% that left for a higher level of care and 12% that lost funding. 10% of discharges were for transfers to another agency and against advice. Unfortunately, 15% of terminations were for unknown reasons. Therefore, the reason of 25% of discharges do not allow for comparison analysis of LOS.
- It is unacceptable that 86% of referral to service start interval is unknown, and that 88% of the referring agencies is unknown.
- Improve staff training for completion of forms especially on Referring Agency and Referral to Service Start Interval.

For Shelter Care / Group Home

- Shift in data from last year - there are more females than males and the LOS increased by about 40 days.
- The % of unknown for Referral Agencies and Referral to Service Starts is unacceptable.
- Inaccurate data reflects YDI provides shelter care / group home services in Wolf Point.
- If 56.9% discharges were for completing treatment how could there be 88% non supported discharges.

Therapeutic Group Care Recommendations

- Improve staff training for indicating reason for termination and prior and discharge level of care to reduce the percentage of “unknown” and “other”.
- Investigate the “Unsupported Discharges” to determine if this percentage reflects an error in staff completing the form or if indicative of other “system” problems.
- Decrease the 24% of TGH discharges to a higher level of care by reviewing admission criteria and process to minimize the number of youth accepted that are not ready for this level of care or to adjust treatment to meet their individual needs.
- Continue to keep the LOS close to six months, while also increasing the percentage of terminations for successful treatment.
- Implement procedure and provide satisfaction data for next year’s report

Shelter Care / Group Home

- Improve staff training for completion of forms especially on Referring Agency and Referral to Service Start Interval.
- Improve staff training for indicating reason for termination and prior and discharge level of care to reduce the percentage of “unknown” and “other”.
- Investigate the “Unsupported Discharges” to determine if this percentage reflects an error in staff completing the form or if indicative of other “system” problems.

One major theme is present in the outcome data. The information reveals a weakness in employee completion of Performance Improvement forms. This coming year it would be advantageous to develop and implement staff training specifically for the completion of these forms. Additionally, the de-escalation training provided for the therapeutic group homes should be assessed for potential improvements in its relevance and practicality.

The therapeutic group homes consistently reach and surpass their census benchmarks indicating the community’s need for this service. It also proves to be a profitable service to provide. Therefore, as long as the need and the funding continue, expansion of this service will always be worth the consideration for YDI. As there is available space in the current AYA facility for at least two more group homes, expansion should be considered there. The greatest obstacle for expansion in Boulder will be the poor recruiting pool. However, Boulder is only thirty miles from either Butte or Helena, so with creative recruitment and incentive programs, hiring staff should be possible. Additionally, the Great Falls / Havre areas lack this level of service and are worth consideration for expansion opportunities.

Family Support Services

INTENSIVE CASE MANAGEMENT PROGRAM

Summary and Overview

The Youth Case Management Program stresses empowerment of youth and families. Youth Case Managers provide support and education to families to teach them how to assess, advocate for, coordinate and monitor required services to address the client’s emotional disturbance. The goal of the program is to assist the youth in being able to function successfully within the community.

Overall, the data gathered supports that the Youth Case Management program clinicians are providing a stronger service to the youth and families. It is evident that the youth are more functional and are learning the tools to live in the community with their various mental health disabilities. The empowerment model creates a less enabling approach and thus allows youth and families to be accountable for their participation or lack of participation. Upon looking at the statistics, it is apparent that the service is providing education, guidance and support for the majority of the youth to achieve success within their lives.

These following statistics are representative of the data on youth discharged during Fiscal Year ’06, spanning from July 1, 2005 through June 30, 2006.

Demographic/Descriptive Information

During FY '06, the YCM Program averaged 194 youth per month over the 12 months of the fiscal year. 208 youth started the year off in July 2005 and diminished slightly, ending with 182 youth in June 2006. The youth and families are served out of the following communities: Wolf Point with a satellite office in Malta (serving 46.67% of the youth), Miles City with a satellite office in Lame Deer (serving 36.67% of the youth), and Sidney with a satellite office in Glendive (serving 16.67% of the youth). The Glendive office was opened in May of 2006 to better support and serve the community. Youth Dynamics remained the sole provider of Youth Case Management services in the 17 Eastern MT counties for this fiscal year.

YCM services may be offered to clients from the ages of 0 to 18 years old who have a Serious Emotional Disturbance and youth ages 19-21 if they are involved in a formal education program. For this fiscal year, 85% of YCM clients were age 7-18; 35% were 7-12 and 50% were 13-18. On both ends of the spectrum, 15% were age 0-6 years and 0% was 19 years old or older. YDI served slightly more males than females in the YCM program, with 59% males and 41% females enrolled, consistent with FY'05. The primary diagnoses of clients involved in the YCM program were consistent with the past three years, as well as the agency profile. They were Oppositional Defiance Disorder and Post Traumatic Stress Disorder, followed by Depressive Disorder and Dysthymic Disorder.

These statistics indicate that YCM services are typically utilized for school age kids with half in middle and high school age group. The data also identifies an increase in the provision of YCM services to 0-6 year old and 7-12 year old clients for this fiscal year over last year. The specified diagnoses indicate that this program provides services to primarily youth who have visible acting out behaviors.

The main reasons for discharge of a YCM case were "completed treatment" at 18.1%, an increase of 13% from last fiscal year; then "lost of Medicaid" and "lack of contact", as indicated on the Service Termination Reports. Although we strive to help every individual family, we must sometimes accept that they are not able to or ready to accept assistance. At discharge from the Youth Case Management Program, 85.2% of the youth were living with their legal guardian, relative or in independent living. The remaining youth were discharged while in a DPHHS foster home, Incarceration, or Residential facility.

These data indicate that the majority of the youth have been successfully returned to or maintained within the community with the assistance of the YCM program. This data does not imply that the youth was not in a higher level of services, placements outside of their home, while receiving YCM services. Upon gathering information from the youth, guardian and Treatment Team members, the Youth Case Management clinician completes an assessment tool, the Child and Adolescent Functional Assessment Scale. This tool identifies current behaviors which are interfering with the youth's daily functioning in various domains: school, home, community, behavior, moods, self-harm, substance abuse and thinking.

The data collected comparing the ratings at the beginning of the YCM service and at discharge indicate that 67% of the youth indicated stability in scores in all eight domains. There was a significant percentage of youth which tested as "less impaired" in the following areas: home

and moods. Of the scores recorded, there was only 1 youth who measured “more impaired” in the school domain and 0 youth in the remaining domains. Therefore, the information suggests that with the assistance of advocating for services and support from the Youth Case Manager, the majority of youth participating in this service demonstrates no further impairment in their functioning.

Two Satisfaction Surveys were completed and received for the YCM program out of 150 clients discharged this past fiscal year. Of the surveys, one was completed by a Parent and one by a referring agency. 100% of the surveys indicated a positive response on availability, responsiveness and supportiveness of the worker. 100% of the surveys also indicated a positive response in regards to referring other clients for the program.

Performance Improvement

Effectiveness

- Measure/Benchmark:
 - a) Positive change in CAFAS Home and Behavior Issues’ scores between Intake and 6 month follow up – 10% decrease

Performance:

Benchmarks not assessable as insufficient data collected

Comments: The benchmark established for effectiveness was a 10% decrease between intake and at 6 Month Post Discharge follow up. There is no data currently available in the database to report on the 6 month post discharge. The database will be reconfigured to accommodate this indicator. There were 150 discharges reported during this fiscal year, there was data submitted on the CAFAS scores for 22 of these discharges. Other data of significance are:

Change in CAFAS Score in the Home Domain:

Intake/Discharge: Fifteen of twenty-two youth (68%) reported to have remained “stable” within their functioning ability in the home domain of the assessment. Five, or 23%, were “less impaired” and two, or 9%, were “more impaired” in their functioning.

Change in CAFAS Score in the Behavior To Others Domain:

Intake/Discharge: Sixteen of twenty-one youth (73%) reported to have remained “stable” within their functioning ability in the home domain of the assessment. Five, or 23%, were “less impaired” and one, or 5%, were “more impaired” in their functioning.

This information only represents 20% of the discharged youth. Of that, 20% of the youth achieved a 10% decrease, which would indicate improvement in their functioning abilities in these two domains between intake and discharge. The benchmark needs to include a percentage of youth in which we are expecting to achieve the 10% progress.

Efficiency

- Measures/Benchmarks:

The initial benchmarks for these two indicators are to be determined at the end of the first year.

- a) Length of Stay: The average length of stay for a child in the Youth Case Management service for FY'06 was 13.25 months, a slight decrease from 15.49 months from FY '05, yet an increase from FY '04 with 9.17 months and FY '03 with 11.43 months. Therefore, the benchmark of 14 months appears reasonable.
- b) Program Capacity: The number of youth served over the past four years has increased slightly, then maintained at 194 per month in FY'05 and FY'06. As of July 1, 2006, the Children's Mental Health Bureau has offered all mental health centers across the state to provide YCM services. Therefore, YDI will be offering this program state-wide and the capacity will exceed those from the past four years. The benchmark will need to be set this next fiscal year due to this expansion opportunity.

Accessibility

- Measure/Benchmark:
Number of days from intake to service activation - fewer than 30 days

Performance: Not assessable

Comments:

The data provided is based on 73 "accepted" referrals. The information states that the average interval for activation was 1.9 days. These data supports that the benchmark was met for the YCM program.

Satisfaction

- Measure/Benchmark:
Availability of Case Manager – 90% satisfaction

Performance:

The data provided indicates there were two surveys completed/entered, one from a parent and one from a referring agency. In both surveys, the response to the question regarding availability was "yes"; therefore meeting the benchmark. The appropriateness of this benchmark will need to be assessed this next fiscal year, with an increase in data collection.

Performance Improvement Recommendations

- Strengthen training to ensure completion and submission of the CAFAS data.
- Continue staff training on engaging families
- Strengthen training to ensure completion and submission of the Satisfaction Surveys.

Intensive Case Management Program Recommendations

- Strengthen professional partnerships within the communities.
- Provide education/training on cultures and cultural modalities for staff.
- Increase outreach to advertise Youth Dynamics, Inc. as a state-wide Youth Case Management service provider.
- Advocate for diversifying funding for the Youth Case Management Program.

FAMILY SUPPORT TEAMS

Summary and Overview

The Family Support Team Program is focused on providing intensive services to teach or strengthen the necessary parenting skills parents/caregivers need to maintain their child who has an emotional disturbance in their home and community. This service is intended to prevent a placement out of the home or assist with transitioning a youth upon returning home.

In summary, this data indicates that the use of Family Support Team services assist in the prevention of an out-of-home placement, while providing the family tools to maintain some kids in their homes and communities. Success of this service is reliant on the family's willingness and openness to participating and changing their approach to parenting. The Mental Health System continues to stress the utilization of the least restrictive, in-home services prior to authorization for a placement out of the home and community.

These statistics are representative of the data on youth discharged during the Fiscal Year spanning from July 1, 2005 through June 30, 2006.

Demographics

During the FY'06, the Family Support Team Program averaged 35 families per month over the 12 months of the fiscal year. This is 80% of the projected number of clients per month. 43 families were being served in July of 2005 and the year ended with 43 families in June of 2006. The numbers indicate that the program maintained in size over the year. Youth Dynamics Inc. offers the FST program out of the following offices: Malta, Wolf Point, Sidney, Glendive, Miles City, Lame Deer, Billings, Livingston, Bozeman, Helena, Butte, and Great Falls.

For this fiscal year, 88% of the youth served in the FST Program are school age, 7-18 years old. 46% of were age 13-18 years old, 42% were 7-12 years old. 12% were 0-6 years of age, a 50% increase from the previous fiscal year. YDI served slightly more males at 60%, than females at 40%, consistent with FY'05 and FY'04. The primary diagnosis of FST clients was Post Traumatic Stress Disorder, as it was last fiscal year. The remaining primary diagnoses were Depression Disorder, Bipolar Disorder, and Oppositional Defiant Disorder, followed by Dysthymic Disorder and Attention Deficit, Hyperactivity Disorder.

These statistics indicate that FST services are typically utilized for school age kids with a little half in middle or high school age range. The data also identifies an increase in the provision of FST services to families with 0-6 year old children. This service is being utilized as a more preventive type of treatment to increase the ability to maintain youth in their family's home. The youth receiving FST services, typically, are identified as having an Anxiety Disorder or a Mood Disorder.

The main reason for 30% of the closures of the FST cases was that the youth either "Completed Treatment" (18.3%) or required a "Lower Level of Care" (11.7%), a significant increase from FY'05. 21.7% of the youth required a "Higher Level" of care; this data is consistent with last year's information. 15% of client discharges were due to "Client Refused Service" or "Lack of Contact". Upon discharge from the Family Support Team Program, 61% of these youth were in

home placements with their guardians, relatives or living independently. 16.7% of the youth required a therapeutic level of care at the time of discharge; such as, a Residential facility, a Therapeutic Foster Home, a Group Home or Incarcerated. These statistics are consistent with last year's data.

Upon gathering information from the youth, guardian and Treatment Team members, the Care Manager completes an assessment tool, the Child and Adolescent Functional Assessment Scale. This tool identifies current behaviors which are interfering with the youth's daily functioning in various domains: school, home, community, behavior, moods, self-harm, substance abuse and thinking. The data collected comparing the ratings at the beginning of the FST service and at discharge is not viable this fiscal year as there is only one assessment entered in the database.

Two Satisfaction Surveys were completed and received for the FST program out of 59 clients discharged this past fiscal year. Of the surveys, one was completed by a Parent and one by a referring agency. 100% of the surveys indicated a positive response on availability, responsiveness and supportiveness of the worker. 100% of the surveys also indicated a positive response in regards to the worker's coordination assisting in the stabilization of the family and referring other clients for the program.

Performance Improvement

Effectiveness

The benchmark established for effectiveness was a 10% decrease between intake/discharge and at 3/6 Month Post Discharge. There is no data currently available in the database to report on the 3/6 month post discharge outcomes; and the Management Team has decided to have the assessment only completed upon admission and discharge. Therefore, this timeframe will need to be deleted from this benchmark.

There were 59 discharges reported during this fiscal year, there was data submitted on the CAFAS scores for 5 of these discharges.

Change in CAFAS Score in the Home Domain:

Intake/Discharge: Two of the five (40%) reported to have remained "stable" within their functioning ability in the home domain of the assessment. One, or 20%, were "less impaired" and one, or 20%, were "more impaired" in their functioning.

Change in CAFAS Score in the Behavior To Others Domain:

Intake/Discharge: Three of Five youth (60%) reported to have remained "stable" within their functioning ability in the home domain of the assessment. Two, or 40%, were "less impaired" and zero were "more impaired" in their functioning.

This information only represents 8% of the discharged youth. Of that, there was a significant number of youth achieving a 10% decrease, which would indicate improvement in their functioning abilities in these two domains between intake and discharge. The benchmark needs to include a percentage of youth in which we are expecting to achieve the 10% progress.

Efficiency

The benchmarks for efficiency of the program were to be determined this fiscal year.

Average Length of Stay:

The average length of treatment in a Family Support Team was 7.18 months, essentially equivalent to FY '03, FY'04 and FY'05. Therefore, a benchmark of 8 months appears reasonable.

Program Capacity:

The number of youth served decreased slightly in FY'04, then maintained an average of 35 clients per month for the past three years. Therefore, a benchmark of 35 clients per month state-wide, appears reasonable.

Access

The benchmark for access is less than 30 days as appropriate.

Service Initiation Lag Time:

The data provided is based on 31 "accepted" referrals. The information states that the average interval for activation was 41.6 days.

This data supports that the benchmark was not met for the FST program this year.

Satisfaction

The benchmark for satisfaction is 90% positive responses regarding the availability of the worker.

The data provided indicates there were two surveys completed/entered, one from a parent and one from a referring agency. In both surveys, the response to the question regarding availability was "yes"; therefore meeting the benchmark.

The appropriateness of this benchmark will need to be assessed this next fiscal year, with an increase in data collection.

Recommendations

- Strengthen training to ensure completion and submission of the CAFAS data.
- Continue staff training on engaging families.
- Provide education/training to the Area Managers regarding accessing services in a timely basis.
- Strengthen training to ensure completion and submission of the Satisfaction Surveys.

Family Support Team Program Recommendations

- Continue training of staff on engage techniques, family dynamics and systems.
- Train staff in assessing appropriateness of the FST service, for referrals and closures.
- Strengthen partnerships with referral sources (YCMs, and parents, schools, mental health professionals and non-mental health professionals).
- Educate community partners as to the program and its benefits

IN-HOME SERVICES

Summary and Overview

Youth Dynamics, Inc. contracted with the Department of Health and Human Services to provide several In-Home Services in Cascade County, Park County and Gallatin County. These services are: Family Based Services, Supervised Visitation and Parent Education Classes.

During the fiscal year of 2006, the services delivered through this contract decreased, starting the year in July 2005 with working with 103 families and closing the fiscal year out in June 2006 with 64 families. On June 30, 2006; our contract in the Great Falls office was closed and not renewed by DPHHS.

FAMILY BASED SERVICES

Summary and Overview

Family Based Services is intended to provide the parents of youth at-risk for abuse and neglect the support and education required to maintain the family unit. Youth Dynamics Inc.'s initial contract for this service began in July 2003 with Gallatin and Park Counties. In October of 2003, YDI received a second contract to provide FBS services in Cascade County.

Demographic/Descriptive Information

During the FY '06, the FBS program averaged 46 youth per month over the 12 months of the fiscal year. The year started off with serving 44 in July'05 and slightly decreased, ending with serving 34 in the month of June'06. 63.64% of these youth received services out of the Great Falls office and 16.36% out of the Bozeman office.

The age of the clientele for the FBS program differs dramatically from any other service in YDI. 72% of the kids served were ages 0-6 in Fiscal Year '06, a significant increase from the 48% in FY'05. Only 7% were 13-18 years old and 21% were 7-12 years of age. This data supports the premise of the program, which is to be a preventative service and provide parental support to ensure healthy children and maintain of the kids in their homes. The clients were split equally in their gender, 50% clients were male and 50% were female.

Performance Improvement

Effectiveness

On average, families participated in this service for 3.84 months for this fiscal year, one month shorter than in FY'05. This continues to reflect the contract requirement of being a short-term service allowing a maximum of 100 hours of service per family. The primary reason for closure was "Goal Achieved" either through the "Family Strengthen" (40.9%) or the "Family Reunited" (28.2%); a 32% increase in successful discharge from FY'05. other reasons for closure are: "Lack of Cooperation" (10%), and "Child Removed" (4.5%). This would indicate greater knowledge and experience in providing the service and engaging families by YDI's clinicians.

Issues

Upon gathering information from the youth, guardian and Treatment Team members, the Care Manager completes an assessment tool, the Child and Adolescent Functional Assessment Scale. This tool identifies current behaviors which area interfering with the youth's daily functioning in various domains: school, home, community, behavior, moods, self-harm, substance abuse

and thinking. The data collected comparing the ratings at the beginning of the In-Home services and at discharge is not viable this fiscal year as there is only one assessment entered in the database.

Satisfaction

Five Satisfaction Surveys were completed and received for the FBS program out of 110 clients discharged this past fiscal year. Of the surveys, three were completed by a Parent, one by a referring agency and one by a client. One hundred percent (100%) of the surveys indicated a positive response on availability, responsiveness and supportiveness of the worker. One hundred percent (100%) of the surveys also indicated a positive response in regards to the worker's coordination assisting in the stabilization of the family and referring other clients for the program.

Family Based Services Program Recommendations

In summary, this information indicates stabilization of the majority of families receiving the Family Based Services support and teachings; if the parents are willing to participate and available. Although maintenance in the parents home is not necessarily the discharge plan for some of these youth, this service offers the DPHHS system a thorough assessment of the family's strengths and needs; and an attempt to provide parents the skills to strengthen the family dynamics prior to the Departments' decision of removal.

PARENT EDUCATION SERVICES

Summary and Overview

The Parent Training Program is intended to provide the parents of youth at-risk for abuse and neglect the education required to maintain the family unit. Youth Dynamics Inc.'s contract for this service began in July 2003 in Cascade County.

Demographic/Descriptive Information

During the FY '06, the Parent Education program averaged 15 youth per month over the 12 months of the fiscal year. The year started off with serving 19 in July'05 and decreased, ending with serving 6 in the month of June'06. Parents and caregivers received this service, exclusively offered out of the Great Falls office.

Unlike the majority of therapeutic services, the "client" for this program is considered the parents or caregivers; therefore, the data regarding the age of the adults attending these classes, has been skewed and is currently not available. 61% of clients were female and 39% were male.

Performance Improvement

Effectiveness

On average, families participated in this service for 2.7 months for this fiscal year, a slight decrease from last fiscal year. This timeframe reflects the short-term intervention plans the DPHHS system is allowing for custodial decisions to be made. The primary reason for closure was "Goal Achieved", either through "Family Strengthened" (33.3%) or "Completed Treatment" (19.3%). There was a 10% increase in the number of successful discharges this fiscal year. 31.6% of the participants closed due to a "Lack of Cooperation".

Parent Education Program Recommendations

In summary, this information indicates stabilization of a good portion of the families through the support and teachings in the Parent Training Program. Although maintenance in the parents home is not necessarily the discharge plan for some of these youth, this service offers parents the skills to strengthen the family dynamics prior to the Departments' decision of removal.

SUPERVISED VISITATION SERVICES

Summary and Overview

The Supervised Visitation Program is intended to decrease the incidence of child abuse and neglect of referred families, to increase capacities of at-risk families to nurture their children in healthy environments by providing parents with knowledge, skills, and support, to decrease the length of time the child remains in and out of home placement, and to prevent out of home placements. Youth Dynamics Inc.'s contract for this service began in February 2004 in Cascade County.

Demographics

During the FY'06, the SV program averaged 32 youth per month over the 12 months of the fiscal year. 40 youth started the year off in July 2005 and decreased to 32 youth to finish the fiscal year in June 2006. Parents and caregivers received this service, exclusively offered out of the Great Falls office.

The age of the youth involved in the Supervised Visitation sessions were primarily pre-school age, unlike the previous fiscal year when the majority of the youth involved were school-aged... 37% of the youth were age 7-12; only 3% were 13-18 years old and 60% were 0-6 years of age.

This data supports the premise of the program, which is to be a preventative service and provide parental support to ensure healthy children and maintain of the kids in their homes. It also supports the goal to increase YDI's engagement with parents of younger children to prevent abuse and neglect. 47% of clients were female and 53% were male.

Performance Improvement

Effectiveness

On average, families participated in the Supervised Visitation service for 4.21 months for this fiscal year, consistent with FY '05 data. This timeframe reflects the contract requirements of limiting families to 96 hours or 12 consecutive weeks per family. The primary reason for closure was "Goal Achieved", either through "Completed Treatment" (32.1%) or "Family Reunited" (16%). There was a 41% increase in the number of successful discharges this fiscal year. 6.2% of the participants closed due to a "Lack of Cooperation".

Satisfaction

Two Satisfaction Surveys were completed and received for the SV program out of 81 clients discharged this past fiscal year. Of the surveys, both were completed the referring agency. 100% of the surveys indicated a positive response on availability, responsiveness and supportiveness of the worker. 100% of the surveys also indicated a positive response in regards

to the worker's coordination assisting in the stabilization of the family and referring other clients for the program.

Recommendations

In summary, this information indicates stabilization of the majority of families through the support received in the Supervised Visitation Program. Although maintenance in the parents home is not necessarily the discharge plan for some of these youth, this service offers parents the support and guidance to strengthen the family dynamics prior to the Departments' decision of removal.

Supervised Visitation Program Recommendations

Recommendations Based on Agency Goals, SWOT input and Trends:

- Increase outreach and marketing of service to referral sources beyond DPHHS for Supervised Visitation.
- Provide clear description of expectations with parents to increase "buy-in" of service.
- Continue to utilize service as a source of referrals for other programs, assess mental health needs of families involved.
- Assess availability of a "visiting room" for Supervised Visitation.
- Respond to RFPs for these services as they come open in counties YDI serves.

PREVENTION INTERVENTION PROGRAM

Summary and Overview

The Prevention Intervention Program, PIP, is based on the Youth Court Prevention Intervention Program Contract issued to Youth Dynamics, Inc. in designated judicial districts. This service is designed to maintain youth in the community, decrease the need for court involvement and to provide the youth and family the tools and support required to meet these goals. Youth Dynamics Inc.'s contract for this service began in April 2005 for the 15th Judicial Districts, which include: Roosevelt, Daniels and Sheridan Counties.

These statistics are representative of the data for the Fiscal Year spanning from July 1, 2005 through June 30, 2006. The data from the Satisfaction Reports is not compiled and therefore cannot be included in this report.

Demographics

During FY'06, the PI Program served 2 individual clients over a four month span. The youth were served out of the Wolf Point and Sidney offices. The low census of cases receiving this service, is indicative of the nature of the referrals. YDI relies on the Probation Officers in the three counties to make referrals.

For this fiscal year, both clients were between the ages of 13 and 18; and they were both females.

This minimal information indicates that the Probation officers may need a review on what YDI can offer their youth on probation and the benefits that an in-home service can provide. This service can be offered as a prevention to placing youth on probation in out of home facilities.

Performance Improvement

Effectiveness

The average length of stay for these two youth was 2 months. This short length of stay is reflected in the reason for discharge, 100% due to “Client refused services”.

Issues

Upon gathering information from the youth, guardian and Treatment Team members, the Care Manager completes an assessment tool, the Child and Adolescent Functional Assessment Scale. This tool identifies current behaviors which are interfering with the youth’s daily functioning in various domains: school, home, community, behavior, moods, self-harm, substance abuse and thinking. The data collected comparing the ratings at the beginning of the PIP service and at discharge is not viable this fiscal year as there is only one assessment entered in the database.

Recommendations

Overall, the data gathered is inconclusive in supporting the potential supports youth can receive when participating in the PI Program. The model is a duplication of the successful Family Support Team program which YDI offers.

Prevention Intervention Program Recommendations

Recommendations Based on Agency Goals, SWOT input and Data:

- Increase outreach contacts with Probation Officers in counties YDI serves to assess availability of contracts.
- Assess continuation of current PIP contract, which ends on Oct. 31, 2006.
- Coordinate program training in issues facing PIP clients.
- Provide training in engaging youth.

FAMILY SUPPORT ASSISTANTS

Summary and Overview

In fiscal year 2005, the Family Support Assistant program began showing a decline in monthly hours after the first third of FY2005. The average monthly hours in the first 3rd of 2005 was 4,200 whereas in the last 3rd of the year the average had dropped to 3,430 hours. The largest FSA service area, Billings, was the only service area that met its 2005-06 monthly benchmark of 2,000 hours of service. The FSA program employed approximately 95 full and part time FSA’s.

Demographic/Descriptive Information

- The FSA program ran at 83% of projections for FY2005
- The 13 – 18 age group increased in FY2005 from 21% in FY2004 to 37% in FY2005
- The average length of stay dropped from 9.7 months per client in FY2004 to 5.0 months in FY2005
- 58% of FSA clients are male – 42% female
- PTSD, Mood disorders, and ODD were for the 3rd year in a row the 3 most frequent diagnoses for FSA clients

Performance Improvement

Established indicators for this program are:

Effectiveness

- Measure/Benchmark:

a) Positive change in CAFAS Home Issues' scores between Intake and 6 month follow up – 10% decrease

Performance:

a) Benchmark not assessable as insufficient data was collected

- Measure/Benchmark:

b) Positive change in CAFAS Behavior Issues' scores between Intake and 6 month follow up – 10% decrease

Performance:

e) Benchmark not assessable as insufficient data collected

Efficiency

- Measures/Benchmarks:

The initial benchmarks for these two indicators are to be determined at the end of the first year.

a) Length of Stay: The average length of stay this fiscal year was 4.99 months. The 04-05 fiscal LOS was 9.69. This drop needs analysis to determine causes and subsequent PI steps to be taken. Also, a comparison of outcomes against length of stay also needs to be conducted.

b) Program Capacity: As the number of monthly FSA hours dropped over the bulk of FY2005, analysis needs to be conducted as to what this trend means before the next FY projections are set. Also, a reading needs to be obtained regarding the number of planned hours per service area per month against the actual number of hours being provided.

Accessibility

- Measure/Benchmark:

Number of days from intake to service activation - fewer than 30 days

Performance: Not assessable

Comments:

Service Initiation Lag Time: The majority of the data from this category was not useable due to 86% of the responses being "Unknown". The FSA program has historically had problems in recruiting male FSA's and thus, in many cases, the delay in service startup has been because a client's family has chosen to wait until a male FSA can be secured. The exact reason(s) for the large Unknown category will be resolved in the next 6 months

Satisfaction

- Measure/Benchmark:
Availability of FSA– 90% satisfaction

Performance:

Benchmark met – 100% satisfaction

Due to the low survey return, this benchmark will be evaluated for accuracy for FY2006

Performance Improvement Recommendations

1. Analyze the “Unknown” response category for several indicators
2. Obtain current data on Scheduled FSA hours vs. Actual hours provided
3. Determine causes for drop in length of stay in FSA program and correlate with drop in agency-wide FSA hours

FSA Program Recommendations

- Continue marketing efforts in all service areas as laid out in Service Area Development Plans
- Develop more accountable system agency-wide for tracking all clinical documentation requirements for FSA services
- Others as per above PI recommendations

OUTPATIENT THERAPY

Summary and Overview

In FY2005, the Outpatient Therapy program continued to grow with the addition of the AYA Boulder group homes. This increased the overall therapy billing units by approximately 25%. The program saw stability in its therapist corps which had a similar stabilizing effect on area clinical staff. The inability to determine the number of therapy units a client may have used up prior to arriving at YDI began to be an issue in FY 2005. This follows on the heels of the state putting a 24-session limit on outpatient therapy visits. This will be something to watch for the next fiscal year. Training continues to be an issue for the therapists and one which is getting increasing attention in recent months.

Demographic/Descriptive Information

- The program accounted for over 5,000 hours of assessment and therapy services in FY2005
- The program served, on average, 137 clients per month during FY2005 – a 9% increase over FY2004
- The major diagnostic categories remained similar to those in FY2004 with ODD, PTSD and mood disorders dominating
- The length of stay dropped from an average of 9.5 months in FY2004 to 4.9 in 2005-06
- Eleven percent (11%) of therapy clients were seen an average of 2 times or more per month in FY2005. Eight-nine percent (89%) were seen fewer times than that

Performance Improvement

Established indicators for this program are:

Effectiveness

- Measure/Benchmark:

- a) Positive change in CAFAS Home Issues' scores between Intake and 6 month follow up – 10% decrease

Performance:

- a) Benchmark not assessable as insufficient data was collected

- Measure/Benchmark:

- b) Positive change in CAFAS Behavior Issues' scores between Intake and 6 month follow up – 10% decrease

Performance:

- f) Benchmark not assessable as insufficient data collected

Efficiency

- Measures/Benchmarks:

The initial benchmarks for these two indicators are to be determined at the end of the first year.

- a) Length of Stay: The average length of stay this fiscal year was 4.9 months. The 04-05 fiscal LOS was 9.5 months. This drop needs analysis to determine causes and subsequent PI steps to be taken. Also, a comparison of outcomes against length of stay also needs to be conducted.

- b) Program Capacity: The 20 client per therapist benchmark that YDI set a few years ago seems reasonable at this point. This is the first year this is being looked at as an efficiency indicator. More data will be gathered from therapists in the next few months.

Accessibility

- Measure/Benchmark:

Number of days from intake to service activation - fewer than 30 days

Performance: Not assessable

Comments:

Service Initiation Lag Time: The majority of the data from this category was not useable due to 79% of the responses being "Unknown". This will be useful indicator but at this point, there is insufficient data to form any reasonable conclusions. It is worth noting that the percentage of those clients seem within 30 days of service intake dropped from 35% in FY2004 to 15% in FY2005.

Satisfaction

- Measure/Benchmark:

Availability of FSA– 90% satisfaction

Performance: Not assessable sue to insufficient data

A. Performance Recommendations

- Investigate drop in average length of stay from FY2004 to FY2005
- Verify 20 client per therapist benchmark
- Investigate reasons for “Unknown” category responses

RESPITE SERVICES

Summary and Overview

Respite services in 2005-06 continued to be a service that is reliant on other YDI outpatient and placement services. As with other services, the length of stay for respite service dropped significantly from a FY2004 mark of 9 months average to 7.6 months in FY2005-06. The majority of respite services were provided by the Billings area and in a disproportionate manner. The Billings area accounts for 38% of the total respite projections but accounted for 50% of FY2005's productivity. Two-hundred (200) discharges occurred from respite in 2005-06 whereas 46 were discharged in FY2004. Some of this difference is not doubt accounted for by the decrease in length of stay.

Demographic/Descriptive Information

- 75% of discharges were listed as “Unsupported”
- 80% of the cases were “Unknown” in terms of activation of services time
- The 3 main diagnostic groups – PTSD, ODD, and Mood Disorders - remained the same from last year to this

General Program Recommendations

As there was a pretty even split between the Outpatient and TFC respite sub-components of respite, the program will continue to emphasize usage by both components. It is also recommended that TFC parents be mandated to utilize respite services as it is part of the TFC service structure.

CARF ACCREDITATION – 2006-2007

Summary

YDI has been in the process of readying itself for accreditation since February of 2005. The actual survey dates were rescheduled from their original, late 2006 timeframe to accommodate the addition of the Swiftcurrent program which needs 6 months of operations history to be eligible for accreditation.

Although the organization's operations have been fundamentally sound for a number of years, fine tuning both the business and clinical aspects to bring them into alignment with current accreditation standards has been accomplished and has allowed the agency the opportunity to better structure those systems and put several valuable accountability and tracking mechanisms in place.

Current Status

YDI has reviewed all clinical and business documentation and has brought them into alignment with CARF standards. Various assignments have been carried out by both management and non-management staff in this regard. Also, a list of various CARF-required plans and reports has been developed. Analysis is underway with regard to YDI's database to ensure that it is producing accurate and timely data for the required measurement systems.

Timeline	Task
February – May 2007	Continue fine-tuning all policies, procedures, reports, plans, and associated documentation. Also, train all appropriate staff on CARF accreditation and survey process
February 2007	Have all YDI business and clinical systems operating according to CARF standards – a CARF requirement for accreditation
July - August 2007	CARF survey of all service delivery facilities – 3 - 4 day survey

APPENDIX 1

BUSINESS/FINANCE DEPARTMENT SWOT ANALYSIS

Strengths:

- Good team environment – staff interact and help others in the department complete their work
- Approachability-service oriented
- Ability to meet deadlines consistently

Weaknesses:

- Too many errors department wide
- Training not adequate
- Repetitive functions, primarily in accts receivable

Opportunities:

- Have adequate, trained staff
- Clarify and improve internal processes
- Better training/orientation for clinical staff with finance department paperwork

Threats:

- Funding changes – rate decreases
- Staff turnover
- Negativity/frustration of staff with agency and supervisor
- Lack of confidence in finance department as a result of consistent errors
- No one trained in general ledger/end of month process done by finance director

Recommendations:

- Implement a training plan to facilitate better training for clinical staff on finance paperwork requirements
- Develop a training plan for accounting technicians
- Update and train finance department staff on internal control procedures
- Train business manager on general ledger/month end process completed by finance director

APPENDIX 2

HUMAN RESOURCES SWOT ANALYSIS

Strengths:

- Flexible schedules for many in the clinical field make it an advantage to meet their personal obligations as well as meet the demands that their job functions require.
- Being challenged at work and working with an agency that has meaningful mission is something that is important to staff.
- Benefits that are offered are now very competitive with other agencies in the same field. YDI offers a variety of benefits that can be considered a strong recruiting tool. This has been effective since our plan in July 2006.
- Benevolent environment is a constant advantage for YDI. It has been recognized as one of the most effective retention tools YDI has. This philosophy stems from our Executive Director down through the management team to the staff that is supervised. It is believed in and executed.

Weaknesses:

- Training has been a weakness in the past, however due to the competencies that we have developed and implemented, the training program will be a powerful tool for retention.
- Weaknesses that we find hard to overcome are our pay scales due to our agency being a non-profit. We find that we cannot compete with the state compensation packages and therefore we find that some employees begin with YDI and gain valuable experience and then go work for the state to earn a higher wage. This is not the case in very instance that employees leave employment however it does contribute to the 40% turnover that is caused due to leaving YDI.

Opportunities:

- Opportunities for YDI have been stimulated from our expansions to creating new positions within YDI. We have the opportunity to adapt to the changing dynamics of the employment industries in Montana. Our constant evaluation of recruitment, hiring and training within the agency can be a positive tool for our success.
- We have found that with the planned opening, of our newest addition to YDI, Swiftcurrent, we have a potential for more growth. The agency growth with services and staff to facilitate these services.

Threats:

- Our threats continue to be associated with losing good staff due to “pay issues however we are hoping that increase benefits will reduce that percentage.
- Our recognition program will be evaluated; programs will be looked at to see if retention and morale can be affective in a positive manner.

APPENDIX 3

SWOT ASSESSMENT - TFC

Strengths

BLG

- Most Expensed – Oldest/Largest program
- Best reps
- Keeps out of placement
- Training & support
- More time allowed for TFC recruitment

BOZ

- Experienced families that have been with YDI for many years
- Quality, monthly TFC parent training facilitated by staff team.

GF

- Treatment parents are excellent.
- Excellent relationships with Treatments Parents, Care managers and staff.
- Stabilizes kids lives.
- Beginning to get good quality respite parents.
- ½ time Licensing Coordinator.

HLN

- We have some very good TFC Parents and have recently added new TFC parents.

WP

- For children we work with it's better than their own home
- Consistent YDI program
- TFC Parent's are better communicators
- Help make a strong team
- Children are successful
- TFC parents stay around

MC

- Parents have the ability to 'choose' the kids they have in their home
- Stipend is decent

Weaknesses

BLG

- Stipend amount too low
- Training hours
- Lack of participation in training

BOZ

- Monthly TFC parent training is sometimes low in attendance

GF

- Paperwork
- Better screening needed of initial Treatment Parents.
- Not enough education and support provided.
- Advertise and/or train for respite parents.
- We cannot continue outside agency policies.
- We do not have authority to enforce programmatic requirements.

HLN

- We have qualified and even licensed some homes that for various reasons did not follow through to have placements and a lot of time is put in that doesn't count

WP

- Paperwork for TFC parent to complete when they have a placement is cumbersome
- Local trainings are difficult to attend due to travel
- Parents in rural areas have difficulty accessing necessary services
- Lack of funding resources to help achieve and maintain placements

MC

- Lack of foster parents
- Foster parents unwilling to take kids as placements

Opportunities

LG

- Transition program
- CD involvement
- Private insurance

BOZ

- Gallatin and Park Counties continue to grow in population, thus increasing the pool of qualified and interested TFC Parents.

GF

- Treatment Parents refer new possible Treatment parents.
- Treatment Parents work together to provide respite.
- Unlimited ways to recruit new Treatment Parents.
- Provide a variety of educational opportunities for parents.
- License respite parents.

HLN

- We have potential homes in the process of licensure and have had a consistent response to ads placed not only in the Helena area, but outlying areas as well.

WP

- Training time is great for support group for parents
- Placements are happening more regularly
- Great to have local treatment available for clients as opposed to sending them out of the area
- Clients are able to stabilize in a local setting

MC

- For Miles City hope to gain some visibility through the scarecrow contest and maybe gain some interest in the program

Threats

BLG

- More competition from YBGR, In-Care, DFS, etc.
- Medicaid cuts in future

GF

- Not enough Treatment parents
- Need quality licensed respite parents
- Inappropriate motivations
- If we didn't match appropriately, Treatment Parents will burn out.

- The need to be able to provide respite for treatment parents.
- Better screening
- Conflict of expectations with social worker.
- Need to be careful in matching process.
- If unable to match referring providers lose their trust in us.
- Some treatment parents do not follow regulations.
- Some treatment parents do not participate in monthly meetings.

HLN

- Missoula Youth Homes acquired Casey giving them several foster homes in the area. They have expanded their services and referrals go to both of us now

WP

- Funding resources
- Low amount of resources in rural areas make parents have to travel farther, can be discouraging
- Some guardians with questionable motivations
- Problems overlooked in a family because they are licensed.

MC

- Respite pay is low

APPENDIX 4

SWOT ASSESSMENT – Guide Home

Strengths

BLG

- More experience
- Successful thus far but no outcome data to support
- Structure – protocol letter

BOZ

- Offers options for treatment parents to provide youth with a home.
- High stipend reimbursement for parents.

GF

- Some experience working with them
- The intent of the service is excellent – transiting from incarceration to slowly integrating into the community.

MC

Stipend amount

Weaknesses

BLG

- No outcome data to support
- Still new – PR
- No post 18 year old help available- transition

BOZ

- Guide Home referrals are very low. Population at Pine Hills/Riverside are low.
- Placement length of stay is difficult to predict.

GF

- Kids being released too soon and not necessarily meeting program criteria.
- Not enough of transition visits before actual placement.
- Timely expectations of placement are not clear.
- Treatment Parents do not understand the challenges presented by a Guide Home child.
- More collaboration of community support (Juvenile Parole, Pre-Release, Police, Probation officer, etc)

MC

- No families in this area

Opportunities

BLG

- Expand beyond just Pine & Riverside transition home

BOZ

- Increase number of TFC/Guide Home families.

GF

- Giving youth the ability to experience a healthy life style.
- Break incarceration cycle.

MC

- Pine Hills is located in Miles City – it would be nice if we could get some support from PH as far as outreach goes to try to get parents willing to take the kids

Threats

BLG

- Erratic referrals
- S.O. registration
- Contract contingent
- PR negative exposure

BOZ

- Parents that perceive no or low referrals as a fault of YDI's

GF

- Guide Home parents burn out quickly
- Expectations of Guide Home Parents is not realistic
- People are naive of program because it is new
- Guide Home children can negatively impact Guide Home Parent's life.
- Still developing relationships with referral sources
- Communication weak between agencies.
- No ability of community support to back up.

MC

- Pine Hills is in Miles City – we see this as a good and bad thing. There are those that are ok with the facility and those that wish it would go away

APPENDIX 5

LICENSING

Strengths

BOZ

- Active and involved parents.

GF

- We develop good working relationships with Treatment Parents.
- Very supportive of Treatment Parents.
- Monthly call to provide for consistency throughout agency.
- Positive working relationship
- ½ time Licensing person
- DFS is helpful and supportive.

WP

- Has grown in this area
- LCs give individual attention to the families
- Program supervisor is an excellent resource for the LC
- Program is very thorough in safety

Weaknesses

BOZ

- Lengthy process, that parents do not understand at times.

GF

- Treatment Parents need to understand they need to do the paperwork. It is their responsibility. Seriousness of getting it done.
- Could lose Treatment Parents if they do not feel supported enough.

WP

- Lengthy paperwork requirements
- Vast area to cover – rural
- Constant state document changes
- Finger printing problems
- FRS's seem to have different requirements

MC

- Very hard to convince families / individuals that they should become a TFP

Opportunities

BOZ

- Larger pool of people at treatment meetings for problem solving.

GF

- Variety of outreach activities tends to yield some interested people.
- Offices joining together to advertise.
- Treatment Parents recommending others for TFC.
- To provide more extensive training on diagnosis.

WP

- Recruit by word of mouth
- Advertising
- Have LC take testimonial from another parent to a prospective parent on a visit

Threats

BOZ

- YBGR's program.
- Parents who talk amongst themselves regarding frustrations and questions without communicating with team.

GF

Expense of advertising.

- Distance traveled to meet with families is time consuming.
- Licensing process should be more consistent throughout agency.
- Licensing families that we are concerned about who are inappropriate or incapable.
- Re-licensing of Treatment Parents who are non-compliant.
- Severity of the diagnosis of the children.

WP

- Parents with questionable motivations
- State document changes, frustration for LC and family

APPENDIX 6

THERAPY

B. Strengths

- Therapy services have continued to expand over last fiscal year
- Use of therapy as internal referral source
- Better turnaround time for assessments
- More complete therapy staffing in all areas
- Offering a variety of therapeutic services

C. Weaknesses

- Lost part of referral base due to lack of therapist availability - Billings
- Largely inexperienced, unlicensed therapists
- Lack of comprehensive training for therapists
- Treatment Supervision experience lacking
- Continuing, high no-show rate for therapy
- Lack of transportation to and from therapy

D. Opportunities

- **May expand service to other communities on part time basis**
- Diversity of therapist's experience can be used to strengthen corps
- Need in community for adult and family therapy

E. Threats

- High per capita rate of therapists in some service areas – competition
- Lack of experience more likely to result in poor clinical decisions
- Parental apathy resulting in discontinuation of therapy services

F. Recommendations

- Continue with Lead Clinical Staff training – both therapeutic and supervisory
- Focus more conference calls on basic, clinical training topics
- Have more complete clinical oversight of therapy program

APPENDIX 7

RESPITE

G. Strengths

- Flexibility of licensed families to take wide range of children
- Providing service that competitors do not
- Good reputation of respite providers
- Helps alleviate stress on families and maintain placement/child in home
- Revenue up over previous years

Weaknesses

- Not enough available homes
- Inadequate communication of service's limitations
- Receives too little attention internally

H. Opportunities

- Expand service as a stand alone for other agencies – improved
- Exploit private pay market
- Recruitment by natural families of their own respite providers

I. Threats

- Contraction of market due to inadequate supply of respite homes

J. Recommendations

- Increase marketing efforts for more respite homes
- Raise internal visibility of respite program
- Continue to make respite mandatory for all TFC parents

APPENDIX 8

FAMILY SUPPORT ASSISTANTS

Strengths

- **High quality, entry level intervention, preventing movement to higher level of care**
- Low incidence of problems relative to number of FSA service hours (100+ per day avg.) being provided
- Addition of full time FSA's has solidified program in some areas
- Some private pay opportunities have emerged

Weaknesses

- Too many clients on waiting list
- Ongoing recruitment always an issue
- Lack of male FSA's
- Fundamental unworkability of full time FSA scheduling issues
- Transient nature of FSA employee pool
- Inadequate initial and ongoing training for FSA's
- Ceiling for FSA reimbursement vs. adequate FTE-FSA wage being reached

Opportunities

- Recruitment opportunities at local colleges
- Private pay sources

Threats

- Waiting lists mean loss of clients
- Competition from other agencies
- Conflict between Group Homes and FSA services
- Volume of required paperwork presents increased risk exposure
- Increased regulations/restrictions from state hampering viability of FSA program
- State reimbursement for these services is stagnant

Recommendations

- Explore more recruitment options
- Finish work on FSA training video and companion workbook
- Continue to monitor full time FSA workload relative to projections and fiscal realities
- Continue exploiting private pay market

APPENDIX 9

INTENSIVE CASE MANAGEMENT PROGRAM:

Strengths:

- Dependability and skills of YCMs
- Staff care about our families
- Teamwork within the agency/office
- Empowering families
- Knowledge of resources for community team/family
- Good advocacy
- Offering program in offices state-wide

Weaknesses:

- Lack of culturally specific treatment modalities
- Community thinks of competitors for YCM versus YDI in some regions
- Lack of follow through by family
- Families associate YDI with DPHHS, fearful of involvement

Opportunities:

- Families choose YDI, use of reputation; we provide more clinical and ethical service than competitors
- Current YDI office and staff to start program in all of MT (not starting from scratch)
- Look at other populations and communities not being serviced, to top into
- KMA meetings increase YDI awareness in community and Team work

Threats:

- Competitors - difficult to get started
- Limits of contract (e.g. transportation)
- Possibility of prior-authorization requirement for service from CMHB
- Some agencies don't know YDI - word of mouth, ads on TV, Radio needed

APPENDIX 10

FAMILY SUPPORT TEAM PROGRAM:

Strengths:

- Potential to develop trusting relationships with families in order to foster growth and empowerment
- Time spent with the families allows for insight that would not be gathered another way.
- If a child is in need of higher level of care, there is a more thorough understanding of the behaviors and needs for the referral.
- Many families need constant repetition to learn, and a FST allows for it.
- First Health now giving an automatic 6 month approval for an approved prior auth has really provided the opportunity to concentrate on treatment rather than reauthorizing.
- Decrease in accessing higher level of care – cost effective
- Stability/experience of staff – low turnover; strong clinical staff
- Strengthening families to maintain their children before crisis
- Established relationship with APS – diversified funding
- Transportation not an issue for families – meet them at home.
- Providing parents with tools (parenting, Boys Town)
- Care Managers empower families to become more independent and involved in child's treatment.
- Families appreciate the supportive help CMs provide during difficult times.
- CMs are committed to helping their families succeed in their goals through teamwork.
- Good relationship with outside professionals on TX team (ie. Schools)

Weaknesses:

- Lack of willingness of family to be involved.
- CMs have difficulty with natural families because of inconsistencies with making appointments, avoidance when family problems arise, and some
- Parents become overwhelmed with amount of services being provided.
- Successful treatment is dependent on the supports available in their community, and limited therapists, and other mental health supports makes it difficult to meet the needs of the families.
- Dependent on outside referrals from YCMs

Opportunities:

- Care Managers are able to do direct intervention work with families and by helping families can spread the word of success of YDI's FST program.
- Stricter review of RTC placements and lack of Room and Board money for TGH gives us the opportunity to suggest in-home services be tried as an alternative.
- YDI can utilize the FST service as a basis for promoting a desire to keep children in their community to combat a reputation of placing children out of the home.
- Excellent growth potential with adequate outreach.
- Services are desperately needed in the community.
- Diversity/specialized combine FST/CD program to address – CD issues
- Diversify funding – insurance, grants

- FST parent support group needed.
- Less exclusion criteria - less restrictions/obstacles to providing service.
- YDI only provider in some areas.

Threats:

- Mental Health of the family, they are often unable to make their own decisions.
- Changes in Medicaid/funding sources – time limits, policies.
- Lack of flexibility in program requirements – sometimes natural families unable to meet requirement – appointments – paperwork - work - youth on run, but parent needs support.
- Lack of cultural diversity/awareness.
- Lack of understanding of program by community/families.
- Inconsistency of guardian visits with CM or other required services can mean closing services before a family is really doing better.
- Families feeling of having “too many people in the home” can discourage possible referral for FST services.

APPENDIX 11

IN-HOME SERVICES PROGRAMS:

Strengths:

- Strengthening our professional relationship with other community agencies
- Enhanced relationships with DPHHS supervisors and social worker
- Staff specially trained by University of Iowa

Weaknesses:

- Need more communication with other agencies to promote service
- No Spanish speaking staff
- Social Workers not prompt in responding to care manager's questions/requests
- Parents' lack of buy-in

Opportunities:

- Build supervised visitation program
- Program is a source of referrals for other programs

Threats:

- Not getting our contract back in Great Falls
- No visiting room for supervised visits

PREVENTION INTERVENTION PROGRAM:

Strengths:

- Similar to FST program, clinicians are able to provide service
- Clinicians have tools to address issues with family

Weaknesses:

- Limited to specific counties in Northeast MT
- Only provided service to 3 clients
- Clinicians are limited in tools dealing with Conduct Disorder, Substance abuse...
- 0 clients in service currently
- Referrals have been slow, due to no appropriate referrals for service based on PO statements

Opportunities:

- May be an option to provide in other counties

Threats:

- Knowledge of POs that YDI has history in providing this service
- Expires on October 31, 2006