Site Visit Questionnaire

Commissioner name(s)<u>Dr. Ruth Ackerman (2nd District), Rod Pearson (1st District), Tom Franklin (3rd District)</u>

Program Name<u>   Project Recovery</u>

 Address<u> 133 E. Haley Street</u>

Date of Visit <u> October 2, 2017</u>

Program Administrator <u> John Gabbert</u>

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Program Serves:

 Child__ Adolescent__Youth__Adult_x_Older Adult__

 Outpatient_x_Inpatient__Day Treatment_x_Residential__

 Program Capacity (# of individuals)

 Maximum<u> 200 </u>Monthly Average<u> 87 </u> Daily Average

Reports to be reviewed before the Site Visit:
1. **Contract with Program (provided by BW staff)**
2. **Program quarterly report to SBCoBW (provided by BW staff)**
3. **Client Satisfaction Survey (provided by BW staff)**

Our goal in conducting this interview is to understand and support services for individuals with mental health, alcohol and other drugs and/or cooccurring disorders. At the end of our time together we will ask this essential question: How Can We Help You?

Program Services:
1. Describe the project (portion funded by BW) Only Medical Billing.

2. Characteristics of clients served. Men and Women. Addicts. 90-100% trauma affected. Meth most common drug followed by heroin. Court refered. Average age low 30's.

3. In the past year has the demand for your services changed? If so, how do you respond to this change? Court impacts have increased demand.

4. Is your program unique for this area? How so? Yes, other than private programs. Wide spectrum of programs is unique

5. What recovery/treatment programs do you use: "evidence based", innovative and creative, best practices; what are your most impactful interventions? Programs are evidence based. See attached list of programs.

6.   Do you use clients' ideas?* Yes. Clients asked for food at the facility and now they partner with the Foodbank. New basketball court, etc…

7.   How do you care for clients with multiple conditions i.e. physical, mental health, substance abuse? Established with ASI (Addiction Severity Index). Referrals to clinicians and doctors. Clients receive physicals. Holistic approach.

8.   How do you address differences in gender programming and issue of cultural competency? Gender specific programming. Spanish speaking staff and access to other languages.

9.   How are treatment plans developed? Are clients included in the process? Clients are included. Plans are developed based on ASI.

10. How are clients referred to your program? Courts, self referred, family, doctors, Behavioral Wellness. Many ways to be referred.

 11. Family Issues

    Do you ask your clients to sign a release so family and significant others may inquire about them? Yes, every time.

    Do you work with families and significant others in the process of engagement? Yes.

     Do you reach out to them? In some cases. If client doesn't sign release it makes that difficult.

     Are they included in exit planning?   Absolutely.

     Do you refer them to support groups? Part of exit plan.

      How do you handle family and friends who may have a negative effect on your clients' future? Generally don't because this isn't funded.

12. How do you track and follow up on referrals when clients leave your program?

            Follow up data?

             Alumni activities? There is a social support group they are allowed to attend after leaving the program.

13. What are the basic reasons for discharge from your program? Successful completion of program, mia, violence.

14. Do you use mental health advanced directives (psychiatric directives)?* N/A

Program Evaluation

1. What is your program/ agency mission? (Brochure or Website?) CADA website.

2. What are your program goals? Sustainability. Face Fears and overcome them.

3. How are goals measured? By how long client is in program. Performance measures.

4. What is your progress in meeting these goals?
   Achievements Goals are in treatment plan.

   Impediments/Obstacles Want to get perinatal treatment moved to it's own site so it's more home like.

5. What is your evaluation process? 30-60 days in program. Quarterly reporting to county.

6. Do you obtain feedback from Client, family, community, staff - yes to all.

Personnel

1. Staff retention can be a challenge and high staff turn over impacts program out- comes. What percent of your staff have been with the program for:

Administration <1 year___1-3 years__x_ 3-5 years___5+ __
Program <1 year___ 1-3 years___3-5 years___ 5+ __x__

2. Counselor/or prevention credentialing is a virtual certainty for AOD programs What percent of your staff is certified? _____75%_____ ** Is the impact of this requirement exclusionary or discriminatory in any way? 25% are interns.

How do you support staff development toward eventual credentialing.** Ongoing supervision.
For prevention staff, what knowledge thresholds have you established?** N/A

3. What training do you provide for staff? On going in-house, County training, MRT training, Living in Balance, much more.

4. Do you use volunteers? Peers? Interns? All three.

Administration

1.   How do you market your services? Website, Fighting Back, Schools, other organizations.

2.   What percentage of your agency budget is comprised of BW funds_0____ or fees collected for BW related services? Only services billed to Medical.

3.   What are the costs of services provided per person per day (depends on census)? $85.00 per week per person.

4.   Do you raise funds from the local community for your program? How successfully? Several fundraisers, about 10% of budget.

5.   Does the agency Board of Directors include Mental Health Consumers? Includes substance abuse consumers

How Can We Help You?

1. **In order to maintain or improve services, what support do you need from Behavioral Wellness? Improve electronic record keeping system.**

2. **What processes can Behavioral Wellness improve that would make a difference to your agency? Need to have a fact checker when submitting info to state for consistency.**

3. **Are there any other suggestions or information you would like us to take back to the Advisory Board or Behavior Wellness?**

Thank you very much for your time.

Observations of the Site visited

on the following scale, rate the following:
1=strongly agree, 2=agree, 3=neutral, 4=disagree, 5=strongly disagree

Clean 1 ___ 2___ 3___4 _x__5___
Welcoming 1 ___ 2___ 3___4___5_x_

Clean and Private Bathrooms 1 ___ 2___ 3___4_x_5___
Well Located Signage 1 ___ 2___ 3___4_x_5___
Access 1 ___ 2___ 3___4_x_5___
Spanish materials 1 ___ 2___ 3___4___5_x_
Spanish Groups 1 ___ 2___ 3___4_x_5___
Staff appears compassionate 1 ___ 2___ 3___4___5_x_
Staff appears Rushed 1 _x_ 2___ 3___4___5___
Staff appears Indifferent 1 _x_ 2___ 3___4___5___
Grievance Polices Prominently Posted 1 ___ 2___ 3___4___5___
Grievance Forms readily available 1 ___ 2___ 3___4___5___

Patients' Rights advocate contact information current 1 ___ 2___ 3___4___5___

accurate 1 ___ 2___ 3___4___5___

posted 1 ___ 2___ 3___4___5___

[AS AS COMMISSIONER, WHAT IS YOUR OVERALL IMPRESSION OF THE FACILITY/ PROGRAM, INCLUDING STRENGTHS AND LIMITATIONS?]

Most striking was the depth of knowledge and compassion of the staff. Staff was very happy to talk with us and showed pride in the programs offered. Facility was clean and welcoming but could use some TLC. At times, the information that staff provides is not reported accurately to the state. The only time staff brought up problems was if we asked; no complaining. Major issue is working with the county's archaic and cumbersome computer system (Clinicians Gateway and Share Care). The system is time consuming and inefficient. Staff can only input information into the system and are not able to retrieve information. The strengths are definitely in staff's commitment to helping those with addiction issues. Limitations may be the size of the facility and time spent on reports due to Clinicians Gateway.

Because we did not ask or look for grievance policies or forms or Patients' Rights information, the above section was left blank.

DO YOU HAVE ANY RECOMMENDATIONS FOR THIS FACILITY/PROGRAM FOR THE BWC TO CONSIDER?

The strongest recommendation would be to replace the outdated Clinicians Gateway. We understand the costs purchasing and implementing a new system, but over the long run it would greatly benefit this and other programs.