PERFORMANCE IMPROVEMENT PROJECT (PIP) DEVELOPMENT & IMPLEMENTATION TOOL

BACKGROUND

All MHPs/DMC-ODSs are required to conduct performance improvement projects (PIPs) that focus on both clinical and nonclinical areas each year as a part of the plan's quality assessment and performance improvement (QAPI) program, per 42 C.F.R. §§ 438.330 and 457.1240(b).

A PIP is a project that is designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction. It may be designed to change behavior at a member, provider, and/or MHP/DMC-ODS/system level.

Each PIP will be evaluated every year by CalEQRO. Although topic selection and explanation may cover more than one PIP year, every section will be reviewed and updated as needed to ensure continued relevance and to address changes to the study, including new interventions.

Annual updates to these documents by the MHP/DMC-ODS should be identified by a change in font color or use of track changes.

The CalEQRO PIP Development and Implementation Tool is comprised of the following nine steps:

Step 1: Identifying the PIP Topic

Step 2: Developing the Aim Statement

Step 3: Identifying the PIP Population

Step 4: Describing the Sampling Method

Step 5: Selecting the PIP Variables and Performance Measures

Step 6: Describing the Improvement Strategy (Intervention) and Implementation Plan

Step 7: Describing the Data Collection Procedures

Step 8: Describing the Data Analysis and Interpretation of PIP Results

Step 9: Address the Likelihood of Significant and Sustained Improvement Through the PIP

WORKSHEET 1: DRAFTING THE PIP TOPIC

MHP/DMC-ODS Name	Mendocino County Behavioral Health and Recovery Services
Project Leader/Manager/Coordinator	Cliff Landis/Karen Lovato
Contact email address	landisc@mendocinocounty.org
Performance Improvement Title	Social Skill Development for clients transitioning to Adulthood from TAY status
Type of PIP	☒ Clinical ☐ Non-clinical
PIP period (# months):	21 months Start 09/2020 to End 06/2022
Additional Information or comments	

Briefly describe the aim of the PIP, the problem the PIP is designed to address, and the improvement strategy. Mendocino County has seen a rise in the number of LPS conservatees under aged 25 since 2019 along with Transition Aged Youth (TAY) being re hospitalized. Several of these TAY had been involved in services including supported housing services in the past. This PIP seeks to increase social functioning and reduce the CANS/ANSA scoring of TAY clients in supported housing in Mendocino County by providing targeted social development skills for TAY clients in supported housing. Strategies will include offering targeted motivational interviewing and self-monitoring /self-management skills building to TAY in supported housing.
What MHP/DMC-ODS data have been reviewed that suggest the issue is a problem? The MHP conducts several meetings to review individuals in LPS conservatorship and supported housing environments to discuss urgent needs, and ensuring least restrictive level of care is needed. The MultiAgency Coalition meeting reviews

aggregate CANS and ANSA scores on a regular basis. Mendocino County provides Transitional Aged Youth (TAY) supported housing and targeted outpatient services to aid in the transition to adulthood, however in meeting review we had become increasingly aware that some TAY are not finding alternative housing and supports prior to aging out of the youth services and are requiring additional targeted supports to find housing and engage in prosocial activities or are ultimately being hospitalized and conserved due to chronic lack of care of basic needs. In reviewing LPS conservatorship data we learned that conserved TAY rose from only one in 2017 to 5 in 2021, with an average of 3.4 TAY individuals on LPS conservatorship per year between 2017 and 2021. We also reviewed TAY hospitalization data and learned that TAY hospitalizations rose from 95 in FY 17/18 to 107 in 18/19, 19/20 saw a reduction to 100, then an increase to 116 TAY hospitalized in FY 20/21.
What are the barrier(s) that the qualitative and/or quantitative data suggest might be the cause of the problem? Review in housing, LPS, and QAPI meetings regarding youth indicate that TAY struggling to succeed in independent data seem to show several qualitative factors in common. Many of the Transition Aged Youth, have been in specialty mental health for many years, several in foster care services and out of home placements for part or much of their youth. We suspect factors associated with institutionalization from long term involvement “in the system” have contributed to struggles related to development of independent living skills.
Who was involved in identifying the problem? (Roles, such as providers or enrollees, are sufficient; proper names are not needed.) Were beneficiaries or stakeholders who are affected by the issue or concerned with the issue/topic included? QA Staff, RQMC Staff, QIC attendees, QAQI attendees, UM attendees. Additionally, the PIP team identified an individual with lived experience of having gone through the transitional housing process to inform the PIP process in February of 2022. Trenton has advised the PIP team of approaches and strategies in developing the PIP interventions and data collection.
Are there relevant benchmarks related to the problem? If so, what are they? LPS conservatorships increased for TAY from one in 2017, five in 2018, three in 2019 and 2020 and to five in 2021. This represents a five year average of 3.4 TAY clients on LPS conservatorship per year which will be our benchmark. TAY hospitalizations increased from 95 in FY 17/20 to 116 in FY 20/21 with a four year average of 104 TAY hospitalizations to use as a benchmark.

Step 1: Identifying the PIP Topic

WORKSHEET 2: DRAFTING THE AIM STATEMENT

What is the Aim Statement of this PIP? (The Aim statement should be concise, answerable, measurable and time bound.) "Will adding targeted social and independent development skills for TAY increase social and independent functioning and reduce the need for LPS conservatorship below the benchmark rate of 3.4 TAY by June 2022 and hospitalization of TAY below the average of 104 per year by June 2022?"
Briefly state the improvement strategy that this PIP will use. (Additional information regarding the improvement strategy/intervention should be supplied in Step 6.) The improvement strategy will consist of adding self-monitoring and self-management interventions with TAY in supported housing environments. This will involve training staff in therapeutic social skills and self-monitoring/management modalities, and applying consistent interventions with youth in the TAY supported housing settings. population
Who is the population on which this PIP focuses? Provide information on the study population such as age, length of enrollment, diagnosis, and other relevant characteristics of the affected population. The population will be TAY youth in Mendocino County based supported living environments.
What is the timeframe for this PIP, from concept development to completion? This is a two year Performance Improvement Project from concept to completion. We started development in September of 2020, however the start date for PIP development was delayed due to impacts of the pandemic and the need to make alterations to the original concept as we initially intended for therapeutic groups to be part of the interventions offered. Telehealth service options were available to youth as were individual outreach, however the socialization and peer influenced skills building was something that we felt was better done in group settings. Start Development: September 2020 (later than planned as original idea was impacted by the Pandemic) Start Internal MDT and data collection: May 2021 (delayed to November 2021 due to impacts of Delta surge) End data collection: June 2022

Finalize PIP: Target date June/July 2022
Additional Information or comments: Initial interventions included group-based interventions, which have not been able to be implemented under COVID-19 Pandemic Public Health guidance. This has contributed to delays in implementation timelines and adjustments to proposed intervention strategies. Groups were able to be implemented beginning in January 2022.

Step 2: Developing the Aim Statement

WORKSHEET 3: IDENTIFYING THE PIP POPULATION

Who is the population on which this PIP focuses? Provide information on the study population such as age, length of enrollment, diagnosis, and other relevant characteristics of the affected population. Please include data, sources of information and dates of sources. This PIP will target the TAY youth in supported housing environments in Mendocino County, all TAY youth in supported housing will be eligible for the PIP. From July 2019 through December 2021 there were 56 TAY in supported housing units. 32 TAY in FY 19/20, 17 TAY housed in FY 20/21 and 8 from July to December of 2021.
Will all enrollees be included in the PIP? ☒ Yes ☐ No
If no, who will be included? How will the sample be selected?
No sampling will be used as all TAY in housing will be eligible for the PIP. TAY clients will self-select whether they chose to voluntarily participate in the PIP.
Additional Information or comments TAY individuals will be identified at the start of the PIP, and as additional TAY move in and out of supported housing, they will be added to the sample. Monthly review of individuals in TAY supported housing groups will be reviewed along with high utilization data of individuals identified. We estimate the total number of youth that qualify for the population sample to be approximately 30-45 youth in supported housing a year. We estimate the dropout rate to be approximately 15% of those TAY youth that chose not to participate in the PIP interventions. We based this off a typical 30% drop out rate estimate average in clinical trials, but reduced by half as the interventions will be offered in the supported housing environment so dropout factors related to convenience, transportation, and time should be reduced.

Step 3: Identifying the PIP Population

WORKSHEET 4: DESCRIBING THE SAMPLING PLAN

If the entire population is being included in the PIP, skip Step 4.

If the entire population is NOT being included in the PIP, complete the following:

Describe the sampling frame for the PIP. Sampling is not used as all clients eligible for the PIP will be offered services.
Specify the true or estimated frequency of the event.
Determine the required sample size to ensure that there are a sufficient number of enrollees taking into account non-response, dropout, etc.
State the confidence level to be used. 95 percent, p-value 05 .05, est. population </= 100.
State the margin of error. Estimated margin of error between 4-8%.
Additional Information or comments

Step 4: Describing the Sampling Plan

WORKSHEET 5: SELECTING PIP VARIABLES AND PERFORMANCE MEASURES

The questions below can be answered generally. Please complete the tables below for specific details.

What are the PIP variables used to track the intervention(s)? The outcome(s)? Refer to the tables 5.1 – 5.3 for details. See tables.
What are the performance measures? Describe how the Performance Measures assess an important aspect of care that will make a difference to beneficiary health or functional status? 1) Reduced number of TAY on LPS conservatorship, with a goal to reduce below 3.4 a year which is the 5 year average. 2) Reduce the number of TAY hospitalized annually, with a goal to reduce below 104 per year which is the four year average 3) Increased engagement in vocational, educational, and long term housing
What is the availability of the required data? All data will be available to BHRS QA, RQMC QA, and the MDT Team
Additional Information or comments

TABLE 5.1 VARIABLE(S) AND INTERVENTION(S)

Goal	(Independent) Variable	Intervention	Performance Measure (Dependent Variable)	**Improvement Rate**
1. Reduce the number of TAY clients on LPS conservatorship below the five year average of 3.4	Number of TAY clients in Supported Housing participating in groups	Raise Up Skills Group which includes Motivational interviewing toward self-management and self monitoring skills.	Number of TAY clients on Conservatorship	LPS TAY Clients 3, Goal Met.

2.Reduce the number of TAY clients hospitalized below the four year average of 104	Number of TAY clients in supported Housing	Raise Up Group using Motivational interviewing toward self-management and self-monitoring skills.	Number of TAY clients hospitalized	TAY hospitalized 7 per month (projected to annual is 84 per year); Goal Met.
Indicator: Increased engagement in vocational activities	Initial rating of involvement in vocational activities	Raise Up Skills Group using Motivational interviewing toward self-management and self-monitoring skills.	Final rating of involvement in vocational activities	Average client self report scores indicate slight increase from 2.37 to 3.93; Goal Met.
Indicator: Increased engagement in educational activities	Initial rating of involvement in educational activities	Raise Up Skills Group using Motivational interviewing toward self-management and self-monitoring skills.	Final rating of involvement in educational activities	Average client self report scores indicate increase from 1.45 to 2.79; Goal Met
Indicator: Increased engagement in long term housing search	Initial rating of involvement in housing activities	Raise Up Skills Group using Motivational interviewing toward self-management and self-monitoring skills.	Final rating of involvement in housing activities	Average client self report scores indicate slight increase from 2.33 to 3.14; Goal Met

TABLE 5.2 SOURCES OF INDEPENDENT AND DEPENDENT VARIABLES

	Variable	Source of Data	Availability of Data
1	Number of TAY in Supported Housing	Housing Meeting & EHR	Reviewed monthly
2	Number of TAY hospitalized	EHR	Reviewed monthly
3	Number of TAY conserved	EHR	Collected and reviewed monthly

4	TAY in Supported Housing ANSA	EHR	Collected and reviewed monthly
5	TAY in Supported Housing engaged in vocational activities	EHR & adapted FSP PAF/3M tool	Collected and reviewed monthly
6	TAY in Supported Housing engaged in educational activities	EHR & adapted FSP PAF/3M tool	Collected and reviewed monthly
7	TAY in Supported Housing engaged in long term housing activities	EHR & adapted FSP PAF/3M tool	Collected and reviewed monthly

Step 5: Selecting the PIP Variables and Performance Measures

WORKSHEET 6: DESCRIBE IMPROVEMENT STRATEGY (INTERVENTION) AND IMPLEMENTATION PLAN

Answer the general questions below. Then provide details in the table below.

Describe the improvement strategy/intervention. The improvement strategy for this PIP is to increase social and independent living skills among transition aged youth that may have a history of institutionalization by offering motivational interviewing and self-monitoring and self-management techniques as part of the supported living activities. The intent is that by targeting specific skills development for TAY in a supported environment, we may have an overall reduction in hospitalizations and conservatorship for this population. The PIP team will begin by identifying TAY individuals currently in supported living environments and collecting data on their history of hospitalization and conservatorship as well as data on current levels of engagement in vocational, educational, and long term housing planning. The Interventions of Motivational Interviewing and teaching Self-Monitoring and Self-Management techniques will be provided to the TAY individuals in supported housing environments through the Raise Up group as part of their service deliveries. Youth can choose to opt out and not participate in these activities, and dropout rates will be monitored. Motivational Interviewing and Self-Monitoring/Management interventions are evidence-based practices that increase self-efficacy and confidence of the individual in making change and taking control in the direction of their lives. We anticipate that by blending these practices in interventions with TAY youth with a history of being in supported and externally directed environments, we can improve their overall independent living capacity as evidenced by our goals of reduced annual TAY hospitalizations and conservatorships, but also by improved process outcomes of lower ANSA scores, increased participation in vocational, educational, and/or long-term housing activities. The strategy of offering these interventions in groups based on supported housing environments serves both to target populations that have a history of needing supported living environments and to reduce dropout factors related to transportation, preference and convenience of participating in the intervention.
What was the quantitative or qualitative evidence (published or unpublished) suggesting that the strategy (intervention) would address the identified barriers and thereby lead to improvements in processes or outcomes?

Motivational interviewing is an evidence-based treatment that gives ownership to the individual to voice their own experience and direct the narrative around change and treatment. Self-Monitoring/Management interventions are evidence-based practices that also increase independence and reduce dependence on professional supports by fostering youth led skills and strategies to follow through on goals and needs. There are many resources available on the evidence that these strategies are effective, and that combined they will address the barriers of transitioning from supported or "system" facilitated living to independent living. Literature includes: Employment First Realizing Employment First for Youth, Evidence Based Practices for Transition Youth, Ohio Employment First Transition Framework Evidence Based Practices Tool Autism Focused interventions Resources and Modules, Self-Management EBP Brief Packet, National Professional Development Center on ASD Case Western Reserve University Center For Evidence-Based Practices, Motivational Interviewing National Library of Medicine, Motivational Interviewing: an evidence-based approach to counseling helps patients follow treatment recommendations.
Does the improvement strategy address cultural and linguistic needs? If so, in what way? Motivational Interviewing and Self-Management/Monitoring techniques are both focused on giving the individual more voice and direction on their care and progress monitoring. This will apply to expression of cultural and linguistic needs. Additionally, it is the policy of the MHP to address cultural and linguistic needs of our consumers developing service plans.
When and how often is the intervention applied? The intervention will be applied on an every other week basis to start. Monthly review of implementation and success of interventions will occur and inform adaptation of frequency as needed.
Who is involved in applying the intervention? The Clinical care team will apply the intervention, clinical staff assigned to the supported housing units and the care coordination teams will lead the Motivational interviewing strategies to engage clients in monitoring techniques and other care and support teams will monitor and reinforce the strategies.
How is competency/ability in applying the intervention verified?

Monthly review of the PIP implementation by the PIP team will monitor integrity of the intervention. Use of the evidence base practice validity tools will support this process.
How is the MHP/DMC-ODS ensuring consistency and/or fidelity during implementation of the intervention (i.e., what are the process indicators)? By monitoring the implementation on a monthly basis and reviewing the data on a regular basis to observe changes over time in the process indicators, as well as any changes in the annual goals. Process indicators are: 1) Engagement in vocational activities 2) Engagement in employment activities 3) Engagement in long term housing planning activities.
Additional Information or comments Implementation Notes: Groups began December 30, 2021 Thursdays Arbor 1-2 led by Jose & Logan, additionally monthly 1-3 for Movie/Barbecue day. [1/5/22] Raise Up Skills group- Confidence building activities through skills building like MI, 1:1 Life Skills assessment and goal planning- RQ to follow up on the 1:1 process summary and how the intervention works- Jose is individual contact for all clients except one, so will be point- will help with consistency. Topics/skills building include self-esteem, resume building, etc. Discussion of incentives- food, movies monthly, freebies, etc. Develop training manual for consistency when expanding programs. Logan & Jose to send out to group a summary of where we are now with Group interventions. Detail and articulate MI components: open questions, future planning. Self-reflection/evaluation. Etc. Discussion of adding Pre/Post life skills scores measurement comparison. 5-6 Housed TAY in last two groups [2/2/22] Discussion of Social role of group in evaluating self-efficacy and self-monitoring, as far as how youth feels they are in the world related to this and how they see they are progressing in the world/other group members etc. Positive feedback from participants. Look at life skills inventory for possible housing/education/employment metric. 7 attend. Sessions: Welcome * Intro, Budget, Self Esteem/motivational training, Driver's license. Concern that N is so low. Look at why minimal attendance. Our starting number of TAY youth in supported housing was 10 and only 7 attended the first group as several youth in supported housing are employed and unable to attend the groups. 75% (6/8) of one TAY housing unit is attending the groups. We opened the group to other TAY, in order not to have such a small group for the intervention. One homeless youth is attending the group as well. A fire at one of the housing units impacted attendance, as those youth are housed in alternate settings which contributed to additional difficulty participating (transportation/other house commitments). Two housed TAY youth recently refused

to leave their room and are very isolated, so participation is a huge success [anecdotal success].

[3/2/22] Track self-monitoring through Life Skills Inventory and weekly Isolation survey. Data too early for review, some data points, but not enough for modification of intervention. Life Skills inventory ranks skills on a 1-4 scale in 8 categories including housing, education, and vocational skills. Participant feedback, they like the groups, enjoy having videos as an option. Youth are engaging than in the beginning. 6-8 Housed youth are working and this impacts attendance, but 2 working tay attended. Transport provided. A few TAY express anxiety as barrier to attendance. Recent topic Housing Navigation.

[3/16/22] Anecdotal participants not "feeling left out." Attendance at 11. Shared Life Skills Inventory with Youth Project for possible use in housing, and expansion. Curriculum/Manual in development for consistency across providers –maintained by single group leads att.

[3/30/22] Discussion of ACT as a complicating factor/unanticipated Variable for individuals that are 5150. Discussion that ANSA also confounded due to training issues. Training occurred Fall of 2021 Oct-Dec. So ANSAs before that date may not reflect accurate if before that time. Noticed some second sets of Life Skills inventory declined, look into why- suspect first time the tool was not taken seriously, as more involved in group more insightfully responding. Two participants have not done life skills scores due to employment taking up time. Discuss additional score by CM for comparison of youth insight into self-monitoring/Skills evaluation versus observer evaluation of skills. Could use comparison as dialogue for 1:1 as next level intervention. Look at both done and compare how different, then if notable, do second level where they are done simultaneous as a dialogue with the client in 1:1. Review attendance data, look more at what percentage of housed TAY are participating. Isolation questionnaire, 8 Q's not by client, look at how to ID by client to compare to other scores. Data manual developed for consistency reviewed, recommendations for edits. Attendance has doubled from first few meetings, anecdotal information pay attention to feedback from clients throughout groups. Suspect increase in attendance as participants are finding benefit and talking it up to peers.

[5/4/22 noted decline in Life skills, individual more aware/informed score reflects this, decline actually demonstrates better insight not decline in functioning. Discussion of self report versus observed ratings. Look into creating aggregate data by turning the life skills by individual into a score that can be compared and averaged.

Complete this table and add (or attach) other tables/figures/charts as appropriate.

TABLE 6.1 IMPROVEMENT STRATEGY SUMMARY

	Intervention	Intervention Target Population	Date (MM/YYYY) Intervention Began	Frequency of Intervention Application	Corresponding Process Indicator(s)
1	Motivational Interviewing and teaching self-monitoring/management for the TAY population in supported housing	All TAY youth in supported Housing	12/26/2021	Start of the intervention, continuous.	ANSA Score
2	Motivational Interviewing and teaching self-monitoring/management for the TAY population in supported housing	All TAY youth in supported Housing	11/2021	Start of the intervention, continuous.	Engagement in Vocational Activities
3	Motivational Interviewing and teaching self-monitoring/management for the TAY population in supported housing	All TAY youth in supported Housing that participate in group	11/2021	Start of the intervention, continuous.	Engagement in Educational Activities
4	Motivational Interviewing and teaching self-monitoring/management for the TAY population in supported housing	All TAY youth in supported Housing	11/2021	Start of the intervention, continuous.	Engagement in Long term Housing Activities
	Motivational Interviewing and teaching self-monitoring/management for the TAY population in supported housing	All TAY youth in supported Housing	12/2021	Start of intervention, continuous	Life Skills Indicator Category M

Step 6: Describing the Improvement Strategy (Intervention) and Implementation Plan

WORKSHEET 7: DESCRIBING THE DATA COLLECTION PROCEDURES

Describe the methods for collecting valid and reliable data. ANSA reviews are a regular part of existing practice as are reviews of LPS conservatorship and hospitalization data. Additional data collection will be based of an adaptation of the Full Service Partnership, Partnership Assessment Form and quarterly update form that will monitor the level of engagement the TAY youth are exhibiting in vocational, educational, and housing activities.
What are the data sources being used? The EHR, review of data dash monthly information review of LPS conservatorship lists. Process implementation and adjustments will be reviewed in the PIP meetings
What are the data elements being collected? 1) Number of clients who are identified in the TAY supported housing population. 2) Number of clients who decline MI/MS activities. 3) Number of MI/MS services provided to the target population 4) ANSA Scores 5) Vocational, Educational, and Housing engagement forms 6) Hospitalization data by TAY 7) Number of LPS conservatees in the TAY range
What is the frequency of data collection (daily, weekly, monthly, annually, etc.)? 1) Number of clients who are identified in the TAY supported housing population. Collected upon the start of the PIP and reviewed monthly for drop out and new TAY. 2) Number of clients who decline MI/MS activities, collected ongoing and reviewed monthly. 3) Number of MI/MS services provided to the target population, collected and reviewed monthly.

4) ANSA Scores, aggregate reviewed monthly. ANSA scores are collected at a minimum of every six months and additionally as needed due to change in client needs or client plan development. 5) Vocational, Educational, and Housing engagement forms, collected monthly. 6) Hospitalization data by TAY, collected as hospitalized and reviewed monthly. 7) Number of LPS conservatees in the TAY range, collected as conserved and reviewed monthly.
Who will be collecting the data? BHRS QA and RQMC QA will collect the data. Data will be reviewed in PIP meetings as well as reported out in QAPI meetings.
What data collection instruments are being used? Please note if the MHP/DMC-ODS has created any instruments for this PIP. Exym (EHR), Excel, and Modified FSP documents.
Additional Information or comments

Step 7: Describing the Data Collection Procedures

WORKSHEET 8: DATA ANALYSIS AND INTERPRETATION OF PIP RESULTS

After carrying out the PIP, collecting, analyzing and interpreting the data, answer the following questions *with respect to the original aim of the PIP*:

What are the results of the study?

The number of Conserved TAY clients reduced from five at baseline to 3 at the end of the study.

The number of Hospitalized TAY clients reduced from the baseline of 116 per year (average of over 9 per month) to 7 at the end of the study (average of 84 per year.)

8 out of 14 clients had reduction in ANSA from the beginning of the PIP to the end.

The aggregate ANSA score decreased by 0.46.

There were 20 unduplicated TAY that participated the Raise Up Groups. The attendance dropout rate was 4 clients; three within the first month of intervention implementation and one at the halfway point of the intervention.

Only seven TAY took the Social Isolation Survey twice, of those two showed a decrease in social isolation, four indicated an increase in social isolation scores, and one indicated no change in social isolation. The aggregate change in social isolation was minimal 2.26 to 2.31.

Overall, the TAY showed improvement from one group score to the next, but when the case managers began to participate in the scoring, scores decreased overall. Looking at the aggregate baseline score compared to the baseline ending score, the overall indicator decreased very slightly from an average of 3 (Advanced) to 2.8 (between Intermediate and Advanced).

Looking at youth scores completed by themselves 90-93% of Life Skills Inventory showed an increase in at least one skill level. 30-35% clients showed an increase of 2 skill levels. 7-10% of group participants showed no change from the starting skill level within the functional domains. 10% of total population scored 30% of self-reported domains lower than CM identified at a later date. Overall, there was general improvement in both self-reported LSI's and Case management reported LSI's which may indicate improvement in social and basic functioning.

When isolating the scores for housing, education, and job skills and only looking at clients with two scores, and comparing the initial score to the ending score, each component showed slight improvement. Housing scores improved from 2.33 to 3.14 (Intermediate to Advanced). Vocational scores improved from 2.37 to 2.39 (slight

increase in Intermediate). Educational scores improved from 1.45 to 2.79 (mid Basic to high Intermediate/almost Advanced).

How often were the data analyzed?

Data were reviewed regularly progress was reviewed twice monthly to monthly. Data points were reviewed monthly if they were available at that frequency (attendance, hospitalization rates). Data points not collected as frequently were collected at least twice.

Who conducted the data analysis, and how are they qualified to do so?

Several RQMC,RCS staff, Logan Bengstrom, Samantha Stafford, and Jose Hernandez compiled the data and did preliminary analysis and the PIP team and BHRS reviewed the data and conducted further analysis.

How was change/improvement assessed?

Change was assessed as overall reduction in TAY on LPS conservatorship and TAY acutely hospitalized. Individual improvement was assessed as reduction in ANSA scores, improvement in self-reported Life Skills Inventory Scores and reduction in social isolation self-report scores, reduction in hospitalization and conservatorship rates compared to pre intervention rates, and minimal dropout rates.

The ANSA sub scores had reduction in 8 TAY scores reflecting increased functioning, decreased impairment. This is 61.5% of all participants. Of the increases, 5 were determined to be related to the ANSA tool misuse. Training in the ANSA to correct this occurred. Increases in ANSA scores were approximately 38.5% of the TAY in the study. Combining increase and decreases of total sub score including increases resulted in an aggregate of 0.46 overall decrease.

To what extent was the data collection plan adhered to—were complete and sufficient data available for analysis?

Most of the data plan was adhered to. Slight alterations were made as the improvement project provided insight into additional process that also needed improvement (ANSAs being misaligned with other functioning scores for example.) Approximately 5 client cases reflected ANSA tool misuse early in the onset of the PIP implementation, scoring high which indicated higher functioning when in fact clients were lower functioning based observation of staff. This accounted for numerous ANSA Sub score increases early in the project.

Another change in data collection, was to add a component of joint client and care manager review of the Life Skills Inventory. Initial scores were observed to be occasionally skewed. Some clients rated themselves lower than observed by care managers and some clients rated themselves higher than observed by care managers, and others rated themselves similarly to how care management observed their skills. We thought this added component would aid in development of both

insight and self confidence for youth. However it might have impacted the validity and statistical significance of the results given that he method of rating changed midway.
Were any statistical analyses conducted? If so, which ones? Provide level of significance. P Value 0.05 with 95% confidence level. ANSA Scores: 14 ANSAs, Mean Score 31.6, Standard Deviation 4.91, T-Score 0.097; the improvement in ANSA scores are not statistically significant. LPS Conservatorships reduction from 5 to 3, Average of 3.7, Standard Deviation of 1.87, T score of 0.81 the improvement is not statistically significant. TAY conservatorship reduction from an average of 9 to 7 with an Mean of 6, Standard Deviation of 3.162, T score of 0.948; the improvement is not statistically significant.
Were factors considered that could threaten the internal or external validity of the findings examined? Internal Validity concerns included interrater reliability in ANSA, poor insight into Life Skills by youth, client time availability and conflicts at the time of Raise Up groups, and self selection were all considered factors that may threaten the validity of the findings.
Additional Information or comments

Present the objective results at each interval of data collection. Complete this table and add (or attach) other tables/figures/charts as appropriate.

TABLE 8.1 PIP RESULTS SUMMARY

Performance Measures	Baseline Measurement	Re-measurement 1	Re-measurement 2	Re-measurement **3**	Re-measurement **4**	Re-measurement **5**	Re-measurement **6**	Dates of Baseline and Re-measurements	FINAL Measurement
Number of TAY clients on Conservatorship	5(20/21) At start of Intervention 4 (12/2/21)	4 (1/6/22)	4 (2/1/22)	4 (3/7/22)	3 (4/1/22) (one TAY no longer conserved)	3 (5/1/22)	3 (6/1/22)	12/2021 7/2022	3 (7/1/22)
Number of TAY clients	116 (FY 20/21)	2 (Jan 2022)	9 (Feb 2022)	2 (March 2022)	8 (April 2020)	8 (May 2022)	7 (June 2022)	12/2021	7 (July 2022)

hospitalized (Measured as 18-24 due to data dash numbers)	9/6 per month Ave.) 6 (Dec. 2021)							7/2022	
Number of Raise Up TAY clients Hospitalized (1/21-3/22)	3 clients (5 total hospitalizations) (18 Crisis Contacts)	Measure Date 3/30 0 hospitalizations 2 Crisis Contacts	N/A	N/A	N/A	N/A	N/A	12/2021 7/2022	July 2022 1 Hospitalization 4 crisis contacts
Rating of involvement in vocational activities		2.37	N/A	N/A	N/A	N/A	2.93	Varies First and Last	2.93 Increase/Improvement
Rating of involvement in educational activities		1.45	N/A	N/A	N/A	N/A	2.79	Varies First and Last	2.79 Increase/Improvement
Rating of involvement in housing activities		2.33	N/A	N/A	N/A	N/A	3.14	Varies First and last	3.14 Increase/Improvement
Aggregate average ANSA Score	Concern for inconsistent scoring Noted.	32.068 Note Three reductions 9 increases	N/A	N/A	N/A	N/A	N/A	Baseline ANSA prior to 12/2021 (2019-11/21)	31.6 Reduction/Improvement

	31.28 (participant prior average 12 participants) 32.08 (participant average 16 participants)	. Note: outlier retraining in ANSA consistency						End ANSA ranging May 2022-July 2022	
Attendance in Rise Up	12/30/21 4 total Attendees (all housed; 3 employed	1/6/22 6 attendees 1/13/22 4 attendees 1/20/22 4 attendees 1/27/22 7 attendees	2/3/22 7 attendees 2/10/22 6 attendees 2/17/22 7 attendees 2/24/22 6 attendees	3/3/22 9 attendees 3/17/22 9 attendees 3/24/22 12 attendees 3/31/22 8 attendees	4/7/22 6 attendees 4/14/22 6 attendees 4/21/22 11 attendees 4/28/22 10 attendees	5/5/22 10 attendees 5/12/22 7 attendees 5/19/22 10 attendees	6/2/22 5 attendees 6/9/22 7 attendees 6/16/22 6 attendees 6/23/22 4 attendees 7/7/22 8 attendees	12/30/21 7/7/22	Average 6.5 attendees Average 5.8 in supported housing Average 1.1 living in community Average 0.8 Homeless TAY Average 8.3 TAY in

									supported housing unable to attend due to employment
Social Isolation Survey	2.26 Between sometimes and usually isolated	N/A	N/A	N/A	N/A	N/A	2.31	Varied Between sometimes and usually isolated	2.31 Increase/Not improvement
Life Skills Inventory	12/30/21 Baseline date Average response is 3 “Advanced” skills (four clients responded)	1/6/22 Average response is 4 Excel- (Outlier only one person responded)	1/27/22 Average is 3.58 Between Advanced and Excel (4 clients responded)	2/6/22 Average is 2.7 between Intermediate and Advanced (2 clients responded)	3/17/22 Average is 3.3 A little higher than Advanced (6 clients responded)	4/20/22 Averag 3.11 Advanced 5/18/22 2.51 Between Intermediate and Advanced	6/30/22 2.8 Between Intermediate and Advanced	Varied Collected in group	2.8 Between Intermediate and advanced
Life Skills Inventory	Average First Score 3.47 Midway between Advanced and Excels	N/A	N/A	N/A	N/A	N/A	Average Last Score 2.8 Just below Advanced	Varies	2.8 Decrease Not improvement

Dropout rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7/2022	4/20

Step 8: Describing the Data Analysis and Interpretation of PIP Results

WORKSHEET 9: LIKELIHOOD OF SIGNIFICANT AND SUSTAINED IMPROVEMENT THROUGH THE PIP

What is the conclusion of the PIP? The conclusion of this project is that while there was progress toward the goal in both improvement of ANSA scores and decrease in acute hospitalizations and LPS conservatorship, the improvement was determined to not be statistically significant. The youth reported anecdotal improvement however changes in how the Life Skills Inventory scores were collected, make those an unreliable source of improvement.
Do improvements appear to be the results of the PIP interventions? Explain. Improvements of decrease in hospitalization and LPS conservatorship appear to be the result of the PIP interventions. Improvement to ANSA
Does statistical evidence support that the improvement is true improvement? No. Statistical evidence shows that this improvement is not true statistically significant improvement.
Did any factors affect the methodology of the study or the validity of the results? If so, what were they? One of the most significant factors impacting the validity of this PIP is that in completing ANSA's more frequently as a part of the intervention, it was discovered that some clients in the study had ANSA scores that reflected a higher level of functioning than was observed by the care managers and was reflected in the clients reports of Life Skills Inventory. This contributed to a refresher training with clinicians conducting the ANSAs and an adjustment of the ANSA score based on this retraining. Five TAY youth in the PIP had increases in their ANSA that are believed to be related to the training issue, which we believe is skewing what would otherwise be more significant overall decrease in ANSAs as a result of PIP activities.
What, if any, factors threatened the internal or external validity of the outcomes? Factors impacting internal validity: During the interventions it was discovered that the Life Skills Inventory responses of youth did not always reflect the behaviors observed by staff. We added a measure of LSI by the providers and used the comparison as a tool for feedback with the youth. As interpretations vary by provider, this may have impacted validity with various interpretations of skills. Factors impacting external validity: Youth self-selected to participate in this PIP, which means those in the PIP were already inclined to reduce impacts of institutionalization to some degree. If the study were to look at all youth regardless of self-selection, the

improvement may not have been as great. Another factor which may have impacted the validity of the outcome: some participants were unable to attend groups as they were employed and group participation conflicted with employment. In this case, youth that were more successful in overcoming the impacts of institutionalization were also excluded from the outcome.
Was the improvement sustained through repeated measurements over comparable time periods? (If this is a new PIP, what is the plan for monitoring and sustaining improvement?) The overall TAY youth on LPS conservatorship showed sustained improvement and gradual decline through the PIP. The overall TAY hospitalization was varied and not consistent, however TAY in the PIP showed sustained reduced hospitalization during the project. Attendance in group was varied, as was Life Skills Inventory and did nos show sustained improvement.
Were there limitations to the study? How were untoward results addressed? One limitation was that not all clients attended all groups, the pre and post measures were not taken by all clients at the same time because of this. In addition, the youth experienced survey fatigue fairly early on, and plans for more frequent measurement were abandoned as a potential deterrent to youth participation. Shifting to adding care manager feedback on the Life Skills Inventory skewed those pre and post results as did not all participants completing at least two Life Skills Inventories.
What is the MHP/DMC-ODS's plan for continuation or follow-up? The MHP plans to continue to offer the Raise Up group to support transition aged youth. Discussions started during the interventions about expanding access to subpopulations of youth in various housing settings and those will be further explored The refresher training for ANSA will need to be monitored to ensure no further misalignment.
Additional Information or comments

Step 9: Address the Likelihood of Significant and Sustained Improvement Through the PIP

Raw Data

ANSA/PIP	PRE-PIP Date:	PRE-PIP Subscore	PRE-PIP Date:	Subscore	Begin-PIP Date:	Subscore	END-PIP Date:	Subscore			Findings Difference				Factors	
HILCH	11/15/21:	41.4			3/8/22:	40.6	5/4/2022	40.4			0.8	reduction			inacurate	scaling
RILHA	2/21/19:	42.2			12/1/21:	25		31			17.2	reduction			ANSA tool	PRE-PIP
LOPRA	12/16/21:	19.1			1/26/22:	31.6		25.3			6.9	reduction				
FERAN	9/7/21:	21.5			1/3/22:	32.4	5/5/2022	30.3			2.1	reduction				
RODCE	8/28/17:	35.2			4/13/22:	52.9		CLOSED			18.1	increase				
PITLA	11/9/20:	49.8	10/27/21:	35	3/23/22:	34.7	7/14/2022	33.9			1.1	reduction				
RAMRI	4/12/21:	22.5	9/23/21:	28.9	3/22/22:	27.4	5/12/2022	29.6			1.8	increase				
CERAL	11/9/20:	32	4/19/21:	28	4/7/22:	32.1	6/29/2022	31.4			0.7	reduction				
TAFAN	6/22/20:	33	2/16/21:	31.8	10/8/21:	37.4	5/23/2022	36.9			0.5	reduction				
JESTO	PRE-BHS				7/13/21:	30.5	5/16/2022	25.3			5.8	reduction				
ZASRO	4/20/21:	27.8	9/3/21:	24.4	2/14/22:	25.4	5/12/2022	28.7			3.3	increase				
DIEOL	PRE-BHS				9/30/21:	16.7	6/13/2022	31.9			15.6	increase				
RAFTI	2/5/21:	24.2	7/15/21:	24.5	1/26/22:	27.9	5/12/2022	33.9			3.4	increase				
HARJO	PRE-BHS				2/4/22:	40.5		CLOSED								
BERCH	1/5/21:	26.7	7/7/21:	26.6	12/9/21:	31.1	5/4/2022	24.7			7.8	reduction				
PUGKA	PRE-BHS				11/23/21:	26.9	5/17/2022	39.1								
										Chart: Project	Adults improvement	Needs	And Plan	Strengths Transtion	Assessment Age	Youth
		Total# clients	12		Total# clients	16	Total Clients	14								
	PRE-PIP Average	31.283			Begin-PIP Average	32.068	End-PIP Average	31.6	Average Decrease	0.46		Communit DETSO DEPTR ZANCA CANLA	Clients	w/no	BHS-chart	
	Data	collection	through	12/30/2021	through	6/30/2022										

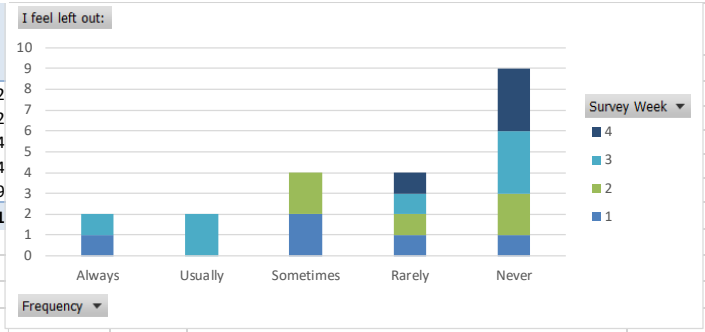
Attendance

Housing	12/30/2021	1/6/2022	1/13/2022	1/20/2022	1/27/2022	2/3/2022	2/10/2022	2/17/2022	2/24/2022	3/3/2022	3/10/2022	3/17/2022	3/24/2022	3/31/2022	4/7/2022	4/14/2022	4/21/2022	4/28/2022	5/5/2022	5/12/2022	5/19/2022	6/2/2022	6/9/2022	6/16/2022	6/23/2022	6/30/2022	7/7/2022	Totals		Average
Supportive Living	4	2	3	3	4	5	5	6	5	7	9	8	10	6	4	5	10	10	9	6	8	6	5	4	3	5	7	159	Supportive	5.888889
Community/Independent	0	0	1	2	1	2	1	1	1	2	1	1	1	1	2	1	1	0	1	1	2	1	2	2	1	1	1	31	Communit	1.148148
Homeless	0	1	0	0	2	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	5	Homeless	0.185185
Employed/Don't Attend	9	9	9	9	9	9	9	9	9	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	225	Employed/	8.333333
TOTALS	4	3	4	5	7	7	6	7	6	9	10	9	12	8	6	6	11	10	10	7	10	7	7	6	4	6	8			

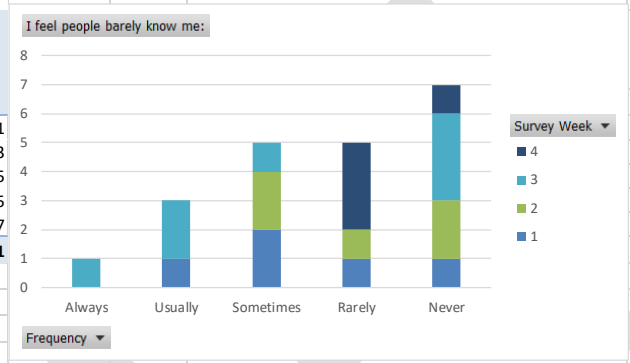
Social Isolation Survey

ID	Survey Week	I feel left out	I feel people barely know me	I feel isolated from others	I feel that people are around me but not with me	I have trouble doing all of my regular leisure activities with others	I have trouble doing family activities that I want to do	I have trouble doing all of my usual work	I have trouble doing all of the activities with friends that I want to do
PG	2	Never	Never	Never	Never	Never	Never	Never	Never
PG	3	Never	Never	Never	Never	Never	Never	Rarely	Never
TR	1	Always	Usually	Sometimes	Usually	Usually	Usually	Usually	Usually
TR	3	Usually	Usually	Usually	Usually	Sometimes	Sometimes	Sometimes	Sometimes
ATV	1	Sometime	Sometimes	Sometimes	Sometimes	Usually	Sometimes	Usually	Sometimes
ATV	2	Sometime	Sometimes	Sometimes	Sometimes	Usually	Usually	Usually	Usually
ATV	3	Always	Always	Always	Always	Always	Always	Always	Always
CH	1	Rarely	Rarely	Rarely	Rarely	Rarely	Rarely	Rarely	Rarely
CH	2	Sometime	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes
CH	3	Never	Never	Never	Never	Never	Never	Never	Never
RL	1	Never	Never	Never	Never	Never	Never	Never	Never
RL	3	Never	Never	Never	Never	Never	Never	Never	Never
TJ	1	Sometime	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes
TJ	2	Rarely	Rarely	Rarely	Rarely	Rarely	Rarely	Rarely	Rarely
TJ	3	Usually	Usually	Usually	Usually	Usually	Usually	Usually	Usually
RZ	2	Never	Never	Never	Rarely	Rarely	Rarely	Rarely	Rarely
RZ	3	Rarely	Sometimes	Rarely	Sometimes	Rarely	Sometimes	Rarely	Rarely
TR	4	Rarely	Rarely	Always	Usually	Rarely	Always	Rarely	Rarely
PG	4	Never	Never	Never	Never	Never	Never	Never	Never
RZ	4	Never	Rarely	Never	Never	Never	Rarely	Never	Never
TJ	4	Never	Rarely	Never	Never	Rarely	Rarely	Rarely	Rarely

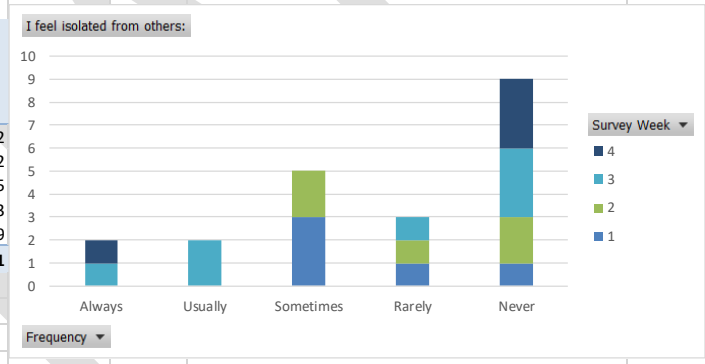
I feel left out:	Survey Week				
Frequency	1	2	3	4	Grand Total
Always	1		1		2
Usually			2		2
Sometimes	2	2			4
Rarely	1	1	1	1	4
Never	1	2	3	3	9
Grand Total	**5**	**5**	**7**	**4**	**21**



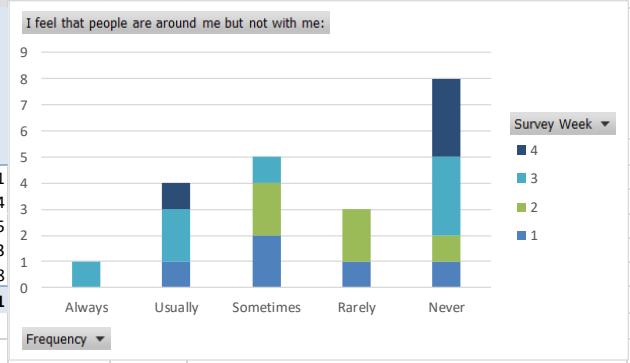
I feel people barely know me:	Survey Week				
Frequency	1	2	3	4	Grand Total
Always			1		1
Usually	1		2		3
Sometimes	2	2	1		5
Rarely	1	1		3	5
Never	1	2	3	1	7
Grand Total	**5**	**5**	**7**	**4**	**21**



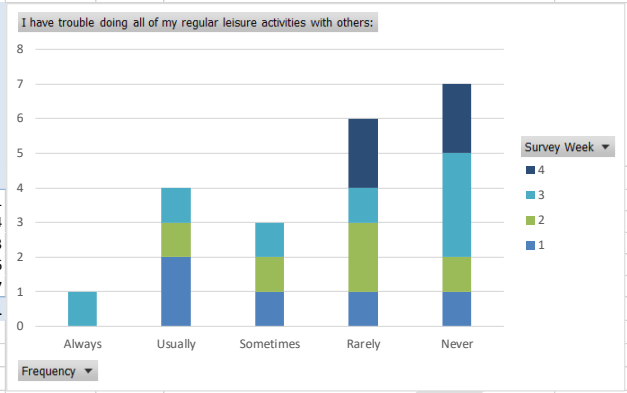
I feel isolated from others:	Survey Week				
Frequency	1	2	3	4	Grand Total
Always			1	1	2
Usually			2		2
Sometimes	3	2			5
Rarely	1	1	1		3
Never	1	2	3	3	9
Grand Total	**5**	**5**	**7**	**4**	**21**



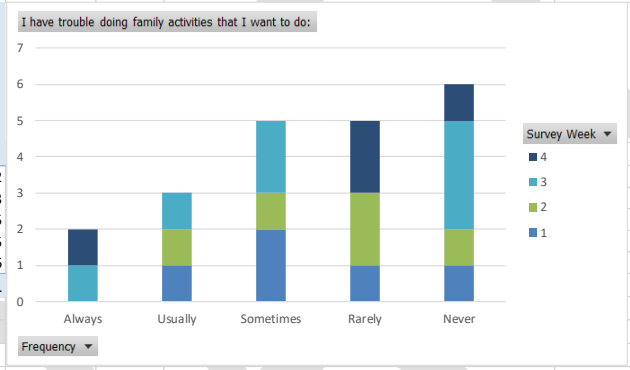
I feel that people are around me but not with me:	Survey Week				
Frequency	1	2	3	4	Grand Total
Always			1		1
Usually	1		2	1	4
Sometimes	2	2	1		5
Rarely	1	2			3
Never	1	1	3	3	8
Grand Total	**5**	**5**	**7**	**4**	**21**



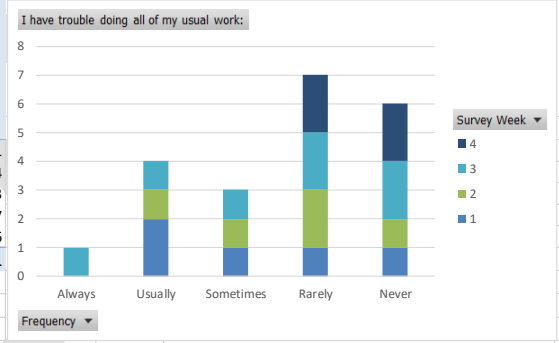
I have trouble doing all of my regular leisure activities with others:	Survey Week				
Frequency	1	2	3	4	Grand Total
Always			1		1
Usually	2	1	1		4
Sometimes	1	1	1		3
Rarely	1	2	1	2	6
Never	1	1	3	2	7
Grand Total	5	5	7	4	21



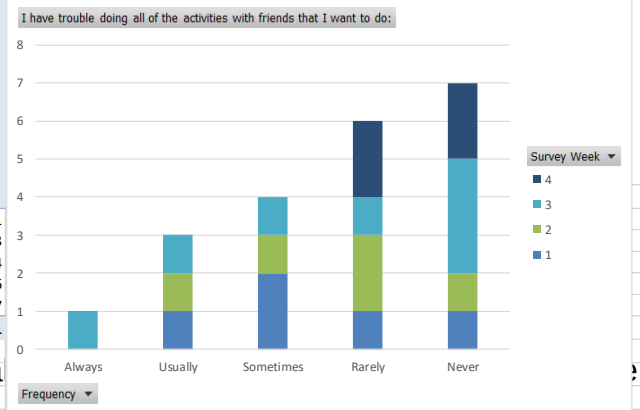
I have trouble doing family activities that I want to do:	Survey Week				
Frequency	1	2	3	4	Grand Total
Always			1	1	2
Usually	1	1	1		3
Sometimes	2	1	2		5
Rarely	1	2		2	5
Never	1	1	3	1	6
Grand Total	5	5	7	4	21



I have trouble doing all of my usual work:	Survey Week				
Frequency	1	2	3	4	Grand Total
Always			1		1
Usually	2	1	1		4
Sometimes	1	1	1		3
Rarely	1	2	2	2	7
Never	1	1	2	2	6
Grand Total	5	5	7	4	21



I have trouble doing all of the activities with friends that I want to do:	Survey Week				
Frequency	1	2	3	4	Grand Total
Always			1		1
Usually	1	1	1		3
Sometimes	2	1	1		4
Rarely	1	2	1	2	6
Never	1	1	3	2	7
Grand Total	5	5	7	4	21



Life Skills Inventory

Category	Basic	Intermediate	Advanced	Excelled
Money Management				
Food Management				
Hygiene/Appearance				
Health				
Housekeeping				
Housing				
Transportation				
Education Planning				
Job Seeking				
Job Maintenance				
Emergency & Safety				
Knowledge of Community Resources				
Interpersonal				
Legal				
Pregnancy & Parenting				

Method:

Total number of group participants throughout entire duration of group: **20 clients**. Measured each group. Not all youth competed at each group. 5 youth did not complete more than one LSI. Four levels of functioning; **Basic, Intermediate, Advanced and Excels**

Life Skills Inventory (LSI) Fifteen functional domains: Money Management, Food Management, Hygiene/Appearance, Health, Housekeeping, Transportation, Education Planning, Job Seeking, Job Maintenance, Emergency & Safety, Knowledge of Community, Resources, Interpersonal, Legal, Pregnancy & Parenting. Each score given a number (Basic= 1, Intermediate =2, Advanced=3, Excels= 4) in order to find aggregate scores and average scores for Housing Skills (Housekeeping + Housing), Education Planning, and Vocational Skills (Job Seeking + Job Maintenance).

Crisis contacts and acute hospitalizations

	PRE INTERVENTION			POST INTERVENTION		
CLIENT	CRISIS	5150	SAFETY PLAN	CRISIS	5150	SAFETY PLAN
BERCH	last 7/29/20	0	1	0	0	0
DEPTR	0	0	0	0	0	0
DETSO	0	0	0	0	0	0
DIEOL	0	0	0	0	0	0
DODFI	last 12/1/20	0	1	0	0	0
FERAN	0	0	0	0	0	0
HARJO	last 10/3/21	0	1	0	0	0
HILCH	1	0	0	0	0	0
JESTO	0	0	0	0	0	0
LOPRA	0	0	0	0	0	0
PITLA	2	1	1	0	0	0
PUGKA	1	0	1	1	0	1
RAFTI	0	0	0	0	0	0
RILHA	last 2/5/19	0	1	0	0	0
RODCE	5	1	4	1	0	1
TAFAN	11	3	8	2	1	1
WRISE	0	0	0	0	0	0
ZANCA	0	0	0	0	0	0
ZASRO	0	0	0	0	0	0

Total crisis interventions prior to 12/1/21 = 13 crisis contacts ending with safety contract and 5 resulting in inpatient Psychiatric stay.
Total crisis intervention post 12/1/21 = 4 crisis interventions; Three-safety's and One-5150 hold.
Before implementation of Raise up group = 18 crisis contacts
Post Raise up group = 4 crisis contacts
Summary: Significant decrease in Crisis contacts and 5150 holds.
Total decrease in Crisis contacts during and post Raise up group= Appx. 80% decrease
Total decrease in inpatient Psychiatric stay/holds during and post Raise up group = Appx. 80% decrease

Performance Improvement Project
PROGRAM MANUAL

CREATED BY

REDWOOD COMMUNITY SERVICES, INC.
A MENDOCINO, LAKE, AND HUMBOLDT COUNTY PROVIDER

RCS
Redwood Community Services, Inc.

RESHAPE • EMPOWER • ACCEPT • LEAD

www.RedwoodCommunityServices.org

Mendocino County Clinical Mendocino Clinical PIP FY 2020-2022 June 2022 Final Clean

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INTRODUCTION

Through successful, on-going, collaborative partnerships, Redwood Community Services, Inc. (RCS) is dedicated to providing quality, data-driven, outside-the-box, and innovative services to children, youth, and adults across the lifespan. Making connections since 1995, RCS has built a continuum of programs designed to ensure the best possible outcomes for our most vulnerable populations. From behavioral health to substance abuse, community-based to residential, all RCS programs are built to empower, encourage, and sustain success while providing unconditional care and positive connections. Today, decades since its grassroots beginning, Redwood Community Services is proud to be a community driven organization with a vision for a vibrant, healthy, compassionate community where people feel seen, heard, and valued.

While each of our agency programs provides a different mix of services, interventions, and activities, all of them operate from the same set of core beliefs:

- Reshaping vulnerable lives through positive interactions
- Empowering communities for long-term success
- Accepting human connection and transforming relationships
- Leading social change and community wellness

In 2002, Redwood Community Services established a counseling center with the goal of improving the lives of children, youth, and families in our community through supportive and intensive services. Over the years, the counseling center program has evolved into the Behavioral Health Services (BHS) department that it is today- offering specialized therapeutic and behavioral services to youth, adults, and families across the lifespan.

Utilizing trained mental health professionals, our BHS department provides assessment, plan development, rehabilitation, therapy, case management and medication support services to individuals with serious emotional disturbance (youth) or severe and persistent mental illness (adult) in Mendocino, Lake, and Humboldt counties. Services are provided with a strength-

based and trauma-informed focus in order to increase our consumer's success in the community and reduce their impairments related to mental illness. Our clinical services are fully integrated with all of our residential treatment, emergency shelter, and crisis care services.

Redwood Community Services utilizes culturally competent teams of trauma-informed providers to provide individualized and evidence-based services guided by collaboratively created treatment plans which effectively address the youth and family's identified needs.

TREATMENT PHILOSOPHY, PRACTICES AND INTERVENTIONS.

Redwood Community Services believes that children, adults and their families are resilient and capable of overcoming extraordinary adversity when they have a voice, are part of the team, are treated with respect, and receive individualized services through a variety of industry proven practices. Using evidence-based treatment models, our mental health services ensure that the identified objectives are in alignment with the philosophy of harm reduction and trauma- informed care, are strengths-based, and highlight diversity and the strengthening of relationships.

- **Trauma-Informed Care** | Redwood Community Services looks at trauma-informed care across all aspects of organizational function. Utilizing our understanding of trauma, we recognize that many of the client's behaviors are a natural response to the extreme adverse experiences they have faced, and we are able to look beyond the behavior and gain clinical insight into each individual's needs. RCS adopts "*universal precautions*" when working with consumers and their families, meaning that we assume a trauma history is present with all individuals we interact with and interact with them in a trauma-informed manner.

- **Evidence-Based Practices** | Evidence-based practices are therapeutic approaches that are based on scientific evidence and are the "best practice" approaches for psychological symptom treatment. Redwood Community Services' Behavioral Health Services Department utilizes a myriad of evidence-based practices within its clinical service provision. Motivational interviewing strategies: Open ended questions, Affirmations, Reflective listening and Summarizing. Collaborative problem solving, Practice Wise modules (Peer Pairing module; Social Skills module).

- **Strengths-Based Services** | RCS programs focus on the individual's strengths and assists them in their areas of need so that they may reach their full potential. Redwood Community Services is deeply rooted in the belief that building positive, nurturing, and consistent relationships with clients and families is one of the strongest agents of change. Encouragement, incentives, praise, prompting, roll with resistance and rapport building techniques.

PROGRAM OVERVIEW

- Performance improvement project: transitional age youth 'Raise up' group.

- Target population: Transitional age youth.

- Target goal: To promote social skills, self-esteem, self-efficacy, and motivation through skill building opportunities/interventions.
- Duration: 24 weeks.
- Location: The Arbor, 140 Gibson St. Ukiah Ca. 95482 (through Stepping Stones office of Redwood Community Services Inc.)

POPULATION SERVED

Redwood Community Services' Stepping Stones department oversees supportive and independent housing programs provided to Transition Age Youth (TAY – ages 18-24) in Mendocino County, as well as occasionally in Lake County.

The TAY population faces overwhelming challenges on their road to independence. This is especially true in Mendocino County, where a lack of affordable housing is reaching crisis proportions, and the ability to meet basic life necessities is a financial and emotional struggle. Transitioning youth must locate housing, find work, and sustain themselves as adults. These young adults must accomplish these difficult tasks while managing the pressures of peers, adult expectations, societal demands, and sometimes severe mental illness. They are preparing to become economically self-sufficient, to live independently, to create a satisfying social life, to develop ideological views, and to establish a meaningful place in the larger community.

The developmental tasks mentioned above are challenging for every young person. The youth that the Stepping Stones programs serve are challenged by at least one of the following additional stressors: unstable and/or absent familial and natural supports; history with the foster care system; history of hospitalization; experience with homelessness; and mental health diagnoses. These young people may need additional adult support, while simultaneously resisting support as they strive to establish themselves as autonomous individuals. RCS recognizes that our TAY needs housing and concrete supportive services, delivered in a real-life environment, in order to develop a plan for their recovery and prepare them for what is ahead.

To improve successful transition to adulthood, it is essential that we address their needs in all areas including culture, education, vocation, housing, income, life skills training/preparation, physical and mental health, and social/recreational opportunities. For youth with serious mental illness, seamless transition to adult services is critical to effective management. The needs and preferences of transition age youth differ from adults, services must be designed specifically for this population and individualized for each participant to account for their unique situation, culture, history, mental health challenges, etc.

It is our intent and priority for joint planning with community partners, to build a bridge for TAY to assume incremental responsibility for managing their own independence, as culturally appropriate using education, employment, and other community support services to assure recovery and successful self-sufficiency. RCS Stepping Stones partners with the RCS Arbor Youth Resource Center in Mendocino County and the Harbor on Main in Lake County. Those programs provide groups and classes that the participants of the Stepping Stones programs covered in this section are encouraged to access. Please refer to the Arbor and Harbor documentation for information on the groups and classes offered.

DOCUMENTATION

• Attendance record of RCS housed TAY youth, community clients and non-housed TAY youth.
• Participants complete the 'Life skills inventory' twice monthly, 15 functional domains. 2 Methods: Self reported and staff reported. The inventory assesses social and life skills functioning and can be used for measuring change in life skills domains over time.
• We also use the PROMIS scales for 'Social Isolation' and 'Social Roles and Activities'. These are each 4-item measures to assess initial social metrics and gauge change over the course of treatment.
• Program Improvement survey questionnaire provided monthly for program improvement strategies.
Additional data tracking:
=Adult Needs and Strengths Assessment data tracking tool completed quarterly.
=Tracking crisis episodes and involvement to gauge deviation from previous behavioral/symptomatic baseline.
=Crisis episodes tracking before, during and after implementation of group.

STAFFING

#1 Mental health rehabilitation specialist Transitional age youth supervisor staff with Clinical supervisor and program manager oversite and collaboration. Mental health rehabilitation specialist substitution when applicable.

STAFF TRAINING

Training provided for Mental health rehabilitation specialists and adjunct qualified staff. Relias agency training provided for Evidence based practices; Motivational interviewing, Collaborative problem solving, Practice wise, etc.

GROUP STRUCTURE

The purpose of the Raise Up group for TAY youth is to reduce social isolation and loneliness amongst TAY youth currently receiving treatment, and to help clients build skills for social functioning and life. Through participation in the group, clients may see improvements in social skills, self-esteem, self-efficacy, and improvements in life skills. The group is structured to provide psychoeducation and opportunities for group members to discuss struggles as well as to provide opportunities to socialize and develop relationships. Social events are scheduled monthly as intentional opportunities for helping group members develop social relationships and practice social skills. The curriculum for the group over-time hits upon the most critical life skills youth often struggle with when transitioning to adulthood. These include social skills, educational planning, job seeking, money management, and maintaining health. See below for a sample schedule.

GROUP SCHEDULE

- **WK1: Interpersonal/Social Skills**
    - Motivational Interviewing (open-ended questions, reflective/active listening, rolling with resistance, developing discrepancies and summarizing), Practice Wise models (Social

Skills model, Peer Pairing model, Relationship/Rapport Building model, Assertive Training model, and Skill Building model).

- **WK2: Self-Efficacy and Self-Esteem**
  - Motivational Interviewing (open-ended questions, reflective/active listening, rolling with resistance, developing discrepancies), Practice Wise models (Self-Praise/Self-Reward model, Maintenance model, and Skill Building model), and Education/Psychoeducation.
- **WK3: Importance of Motivation, Self-Efficacy, and Interpersonal/Social Skills on Building Life Skills**
  - Motivational Interviewing (open-ended questions, reflective/active listening, rolling with resistance, developing discrepancies), Practice Wise models (Self-Praise/Self-Reward model, Maintenance model, and Skill Building model), Education/Psychoeducation.
- **WK4: Movie Day or BBQ with Team Building Activities**
  - Team Building activities, Motivational Interviewing (open-ended questions, reflective/active listening, rolling with resistance, developing discrepancies) and Practice Wise models (Peer Pairing model and Social Skills model).
    Movie presentation and/or outdoor BBQ incentive with interactive social skill building peer and professional support and interventions.
- **WK5: Knowledge of Community Resources/Services**
  - Education and Practice Wise (Problem Solving model and Social Skills model).
- **WK6: Personal Appearance and Hygiene**
  - Education and Practice Wise models (Skill Building model, Social Skills model, and peer paring model).
- **WK7: Transportation**
  - Education and Practice Wise models (Skill Building model, Social Skills model, and peer paring model).
- **WK8: Movie Day or BBQ with Team Building Activities**
  - Team Building activities, Motivational Interviewing (open-ended questions, reflective/active listening, rolling with resistance, developing discrepancies) and Practice Wise models (Peer Pairing model, Social Skills model, and Relationship/Rapport Building model).
  - Movie presentation and/or outdoor BBQ incentive with interactive social skill building peer and professional support and interventions.
- **WK9: Educational Planning**
  - Education and Practice Wise models (Skill Building model, Social Skills model, and peer paring model).
- **WK10: Resume Building**
  - Motivational Interviewing (open-ended questions, active/reflective listening), Education, and Practice Wise models (Skill Building model, Social Skills model, Maintenance Model, and peer paring model).
  - Interactive resume building through group exercises; resume samples, instructions and discussion as well as social engagement within group context. Assistance from groups facilitator as to peer support and social skill building and steps to employment seeking.
- **WK11: Job Seeking**
  - Motivational Interviewing (open-ended questions, active/reflective listening),

Education, and Practice Wise models (Skill Building model, Social Skills model, and peer paring model). Interactive social skills group discussions around employment process, employment resources, job applications and approaching employers.

- **WK12: Movie Day or BBQ with Team Building Activities**
    - Team Building activities, Motivational Interviewing (open-ended questions, reflective/active listening, rolling with resistance, developing discrepancies) and Practice Wise models (Peer Pairing model, Social Skills model, and Relationship/Rapport Building model).
    - Movie presentation and/or outdoor BBQ incentive with interactive social skill building peer and professional support and interventions.
- **WK13: Job Maintenance**
    - Motivational Interviewing (open-ended questions, active/reflective listening), Education, and Practice Wise models (Skill Building model, Social Skills model, Maintenance Model, and peer paring model).
- **WK14: Money Management**
    - Motivational Interviewing (open-ended questions, active/reflective listening), Education, and Practice Wise models (Skill Building model, Social Skills model, Maintenance Model, and peer paring model).
    - Emphasis on budgeting, Interactive open discussions around checks and balances, writing checks and budgeting finances around groceries bills and food management.
- **WK15: Food Management**
    - Motivational Interviewing (open-ended questions, active/reflective listening), Education, and Practice Wise models (Directed Nutrition model, Skill Building model, Social Skills model, Maintenance Model, and peer paring model).
    - Interactive exercises around “cooking on a budget”, open discussions through peer support and social skill building interventions and group activities.
- **WK16: Movie Day or BBQ with Team Building Activities**
    - Team Building activities, Motivational Interviewing (open-ended questions, reflective/active listening, rolling with resistance, developing discrepancies) and Practice Wise models (Peer Pairing model, Social Skills model, and Relationship/Rapport Building model).
    - Movie presentation and/or outdoor BBQ incentive with interactive social skill building peer and professional support and interventions.
- **WK17: Housing Navigation**
    - Motivational Interviewing (open-ended questions, active/reflective listening), Education, and Practice Wise models (Skill Building model, Social Skills model, and peer paring model).
    - Interactive education on housing navigation and steps; housing searches, applications, contacting landlord and housing resources/programs.
- **WK18: House Keeping**
    - Motivational Interviewing (open-ended questions, active/reflective listening), Education, and Practice Wise models (Skill Building model, Social Skills model, Maintenance Model, and peer paring model).

    - Interactive education and information on how to maintain household and house keeping such as steps to maintaining household, housing itinerary; cleaning supplies, tools, needs and instruction on basic house keeping.
- **WK19: Health**
    - Motivational Interviewing (open-ended questions, reflective/active listening, rolling with resistance, developing discrepancies), Education, and Practice Wise models (Skill Building model, Social Skills model, Maintenance Model, and peer paring model).
    - Interactive education and exercises on healthy diet, whole health and major food groups. Group exercises emphasizing physical health, psychological health and social/communal health.
- **WK20: Movie Day or BBQ with Team Building Activities**
    - Team Building activities, Motivational Interviewing (open-ended questions, reflective/active listening, rolling with resistance, developing discrepancies) and Practice Wise models (Peer Pairing model, Social Skills model, and Relationship/Rapport Building model).
    - Movie presentation and/or outdoor BBQ incentive with interactive social skill building peer and professional support and interventions.
- **WK21: Pregnancy Prevention/Parenting and Child Care**
    - Motivational Interviewing (open-ended questions, reflective/active listening, rolling with resistance, developing discrepancies), Practice Wise models (Personal Safety Skills model, Social Skills model, Peer Pairing model, Relationship/Rapport Building model, Assertive Training model, and Skill Building model), and Collaborative Problem-Solving.
    - Interactive activities, education and exercises targeting parenting, childcare and pregnancy prevention through social skill implementation.
- **WK22: Emergency and Safety**
    - Motivational Interviewing (open-ended questions, reflective/active listening, rolling with resistance, developing discrepancies), Practice Wise models (Crisis Management Model, Personal Safety Skills model, Maintenance model, Social Skills model, Peer Pairing model, Assertive Training model, and Skill Building model), and Collaborative Problem-Solving.
    - Interactive group discussions and education on safety and emergency situations, exercises emphasizing how-to in emergency contexts and safe measures.
- **WK23: Legal**
    - Motivational Interviewing (open-ended questions, reflective/active listening, rolling with resistance, developing discrepancies), Practice Wise models (Personal Safety Skills model, Maintenance model, Social Skills model, Peer Pairing model, Assertive Training model, and Skill Building model), and Collaborative Problem-Solving.
    - Interactive discussion and education around legal system structure and resources and information pertaining to local legal information and resources.
- **WK24: Movie Day or BBQ with Team Building Activities**
    - Team Building activities, Motivational Interviewing (open-ended questions, reflective/active listening, rolling with resistance, developing discrepancies) and

Practice Wise models (Peer Pairing model, Social Skills model, and Relationship/Rapport Building model).

- Movie presentation and/or outdoor BBQ incentive with interactive social skill building peer and professional support and interventions.