

INSTITUTE FOR HUMAN RESOURCES

PERFORMANCE REPORT

FISCAL YEAR 2009

Agency Mission Statement

The mission of the Institute for Human Resources (IHR) is to provide a continuum of quality mental health and substance abuse services ranging from education and prevention through treatment and aftercare for residents of Livingston County.

This past year has been very difficult for both IHR and the rest of Illinois. Mental Health Agencies have all gone four years in a row without an increase in funding from the state and they are our largest provider funds. This year we were cut in funding and had to try to maintain programs with less money. Many agencies have laid off staff and some agencies have closed down programs. When the money did come from the state, it was five months late; therefore, agencies have had to borrow money from banks to make payroll and cash flow has been a major issue. With these things in mind, it was very difficult for Illinois agencies to see as many clients and be efficient and also accessible to clients. This is also the first year that we went from grant funding to purchase of service. This meant that most agencies received less funding because they were not yet able to live up to the change between purchase of service and grant. IHR was able to maintain all of its programs at full financial capacity because we anticipated this crisis and saved 1.5 million dollars in reserves. While other agencies are borrowing from the bank to make payroll, we are borrowing from ourselves. We have laid off no staff and all programs are still functioning at maximum capacity. Without funding, there is really no need to measure performance as there would not be any programs. We are very relieved to have these reserves and hope we can keep them in the next budget year.

The following is a report on key IHR programs and how they are standing up to program outcome measurements that we have initiated during the last fiscal year.

Outpatient Substance Abuse Program

IHR offers a wide range of substance abuse services, including remedial education classes, alcohol assessments for those caught driving under the influence, as well as aftercare programs for the recovering alcoholics. We now continue to offer intensive outpatient treatment, both during the daytime and evening hours. Our substance abuse programs are licensed by the Division of Alcoholism and Substance Abuse and have served more than 400 unduplicated clients during this last year.

The substance abuse department has only 3.5 staff. We are at a disadvantage when the part-time staff member was on an eight week maternity leave. It was difficult to be efficient when 16.6% of available staff time was lost for eight weeks. For this new fiscal year, we made an arrangement with ISU to obtain a masters' degree candidate for 20 hours per week, who will dedicate her time completely to the substance abuse department. This is a mature United States Army veteran who served several years in mental health units. She came very well prepared and helped us keep all of the programs at full capacity. During this last year despite cuts in funding and in staff time, we were able to serve just as many clients for just as many billable hours as last year. Staff worked additional hours and our clients were still served.

We expanded IHR services into the county jail where 60% of the detainees there have been incarcerated because of drug or alcohol problems according to our sheriff. During the year when most agencies were cutting services, we expanded services into the local jail because there is a "captive audience" there who really did need our help. The first group had 25 men so we had to limit the size of these groups so that we could be effective. We are serving both men's groups and women's group there. We can begin to treat their problems now and get them ready to continue services at IHR when they are released from the county jail. The sheriff and the judges requested that we do this and we felt that this is one of the best ways to make our services more **accessible** to county residents by increasing our services to those who are incarcerated.

We were pleased to receive 80 out of 400 client satisfaction responses. We first asked them: Have the services you received helped you deal more effectively with your problems: 51 responded "yes they helped a great deal", 26 responded "yes they helped somewhat", and one responded "no" they really didn't help. When we asked how satisfied they were with services they received: 47 responded "very satisfied", 23 responded "mostly satisfied" and 1 responded "in different or mildly dissatisfied". We then asked if they were to seek help again, would they

come back to our program, 51 responded “yes, definitely”; 23 responded “yes I think so”, and 2 responded “no I don’t think so”. When we asked to what extent has our program met their needs: 47 responded “almost all of my needs have been met”, 27 responded “most of my needs have been met”, and 2 responded “only a few if my needs have been met”. When asked to rate the quality of our services: 48 responded “excellent”, 29 responded “good”, 1 responded “fair” and, 1 responded “poor”.

One way to measure effectiveness of the substance abuse program is opening/closing GAF scores. The following is a sample of 41 clients who were seen in the substance abuse program: 12 clients (29%) did not follow through the assessment process and therefore, had no ending GAF. For the remaining 29 individuals the following changes were noted: 7 individuals demonstrated an increase of 10 points or more at closing (17%), 7 individuals demonstrated an increase between 5 and 9 points at closing (17%), 6 individuals demonstrated an increase between 1 and 4 points (15%); 9 individuals demonstrated no increase, these individuals dropped out of treatment or were referred to a higher level of care where further treatment was not deemed beneficial (22%). No individuals demonstrated a decrease. The average change in GAF scores was plus 7. The average closing GAF score was 65.

Thirty five follow-up letters were returned this year. Follow-up is done, with a personalized letter with a questionnaire attached, in an attempt to measure satisfaction and whether the clients has relapsed or are continuing to respond well to treatment. From the returned follow-up letters, the following status was reported by the client: 1 reported that the problem that brought them into counseling is “great”, 28 reported that the problem that brought them into counseling is “better”, and 6 reported that the problems that brought them in to counseling is “about the same”, 27 reported that since counseling they have “maintained uninterrupted abstinence since last counseling session”, 1 reported that since counseling they have “relapsed, but since stopped all use”, 3 reported that since counseling, they have “relapsed on substances and continue to use”, 1 reported “not applicable”, and 3 did not respond, 9 reported that it has been “one year or over one year since their last use of any mood altering substance”, 12 responded that it has been between “six months to one year since the last use”. Nine reported that it has been between three and six months since their last use of any mood altering substance and 4 reported that it has been between 0 and 3 months since their last use of any mood altering substance. When asked to self-rate their own global level of functioning, 2

reported being at 60, 2 reported being at 70, 11 reported being at 80, 13 reported at 90, and 4 reported being at 100 (this is really very unlikely), 24 reported that they are doing well and have no need for an appointment, 5 reported that they would like to make an appointment to discuss their situation. This is why follow-up mailings are very important because it prompted five clients to evaluate their situation and return for further treatment.

Clients are asked to make comments in these questionnaires and it does give us a chance to let them express in their own words either positive or negative concerns about their treatment. Most of the comments were very positive, but we learned that they did want us to have new video tapes for group activities. They thought the quality of information was very good, but really did need to modernize our videos. We went out and bought new videos and the clients are much happier, particularly the teenagers. We use a large number of surveys to give us very valuable information and really do listen to our clients and try as best we can to respond to their concerns.

Obviously, our substance abuse department does a lot of measuring, both during and after treatment. The results indicate that our program is making an impact on its clients and that our clients do improve when they access our services. In order to make our services more accessible, we are open four evenings and offer intensive outpatient services both during the evenings and also during the daytime. We also offer 2 groups for teenagers and continue to have a very good relationship with the Livingston county services. We meet regularly with the judges so that we can get input from them about the value of our reports and any other concerns.

Outpatient Mental Health

IHR served 954 adults and 424 children during the last year in its outpatient programs. Typical services in this program are counseling and treatment for marital difficulties, family conflicts, child or adolescent behavior problems, personal problems, including anxiety, and depression, school related problems, fears and phobias, as well as child abuse. While having lunch with three of our judges this year, they mentioned that they would like us to do divorce mediation so that we could mediate the custody of the children, as this was a big problem in our county. Last year we served 20 clients for custody mediation and this year that number grew to 75. We are one of the few mental health programs in the State of Illinois which actually

increased services during this last very difficult year. During this last year, we increased services to adults by 103 and services to children by 18. When meeting with the hospital and the mental health local network (LAN), the largest needed service for our county was to increase psychiatric care to both adults and children. We responded to this by obtaining funding from our county mental health board for two more days per month of child psychiatric care and one more day per month for adult psychiatric care. During the last year, our three consulting psychiatrists have seen 500 unduplicated clients. For a rural county in Illinois of just 40,000 residents, this is considered very high.

A very important indicator of effectiveness of program outcome measurement is the client report how they feel after they have completed at least six sessions of IHR. Our clients completed 24 surveys over a two week period in July, 2009. The following is the results from our clients' satisfaction survey.

	Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly
I feel comfortable in the waiting room at IHR			8%	52%	40%
IHR office personnel are courteous and helpful				28%	72%
My confidentiality is protected at IHR			4%	36%	60%
IHR business hours work well with my schedule		4%	8%	32%	56%
The fees assessed for services are affordable			8%	48%	44%
I feel comfortable with my therapist				32%	68%
My therapist is a good listener				32%	68%
My therapist understands me			8%	24%	68%
I feel accepted and respected by my therapist			4%	28%	48%
If I had concerns about my treatment, I could discuss them with my therapist			12%	12%	76%
I am definitely getting what I want out of counseling			12%	44%	40%
	Disagree				Agree

	Strongly	Disagree	Undecided	Agree	Strongly
I feel better since coming to counseling			16%	36%	48%
I feel more emotionally stable because of therapy			16%	44%	40%
Overall, I am satisfied with my counseling experience			16%	32%	52%

As can be seen from this survey, most of the clients felt that IHR was accessible to them as our hours worked well with their schedules. They felt that our office personnel were courteous and helpful and this is very important as the first impression of a counseling center is going to be when they meet our secretaries. Most of them got what they wanted out of counseling and feel much better since coming to IHR. Overall, the counseling experience was very high.

The new waiting room expansion at IHR gives the clients a more accessible entrance to the building and also gives them a better access to the restrooms. Because completing the state mandated assessments and treatment plans can take very long and aggravate clients that really want to begin treatment, we have offered a one stop session for clients whereby we have one staff member give a two hour session and we can complete all of the mandated requirements. The clients like this, it feels that it makes it easier for them to get right into counseling and get the paperwork over as quickly as possible.

Perhaps the most important indicator of effectiveness for program outcome measurement is client report of how they feel after treatment. This year, IHR sent out questionnaires to all closed MI Outpatient clients asking for feedback about our services. Only 25 were returned, which was 5 more than last year. These are the results:

1. Right now, the problems which brought me to counseling is:
 - A. Excellent (19)
 - B. Same (4)
 - C. Worse (2)
2. How would you rate the quality of services received:
 - A. Excellent (17)
 - B. Good (4)
 - C. Fair (3)
 - D. Poor (1)
3. Have the services you received help you deal more effectively with your problems?
 - A. Yes (21)
 - B. No (3)
4. If you were to seek help again, would you come back to IHR?

- A. Yes (20) B. No (1)
5. How well did you feel your counselor understood you?
 A. Excellent (16) B. Good (6) C. Fair (0) D. Poor (0)
6. How courteous was the office staff?
 A. Excellent (20) B. Good (5) C. Fair (0) D. Poor (0)
7. How convenient is the location of counseling services?
 A. Very Convenient (13) B. Average (12) C. Very inconvenient (0)
8. To what degree were you aware of your treatment goals?
 A. Entirely (15) B. Fair Amount (4) C. A Little (5) D. None (0)
9. To what degree was your counselors effectiveness in helping you solve you problem?
 A. Entirely (15) B. Fair Amount (10) C. A Little (2) D. None (2)

As usual, the clients loved our secretaries, felt the location was convenient enough and all but one would come back to IHR. We wish the response was higher, but this is why we also survey them while they are still here.

IHR has improved its' efficiency by adding an additional evening for counseling. Also there was more client counseling now available because of using interns from ISU to help take people off the waiting list. This gives us quicker response time and a better efficiency by taking the clients off the waiting list. It also gives us a very good recruitment tool when the interns are done with their one year internship. The newest building expansion has a new waiting room which gives the clients a more accessible entrance and also gives them better access to the restrooms. Lastly, the very low days of care in state hospitals that our county experiences directly reflects the quality of intervention and counseling that is provided by the MI outpatient department.

Crisis

The crisis program at IHR consists of two full-time staff who respond to all emergencies during the evenings and also on weekends. All other IHR professional staff take turns on secondary so that they can be available if the primary crisis counselor is already on a crisis and cannot respond to a new crisis. The majority of calls for this program are to assist with suicide attempts at the local hospital, assist with police emergencies when people are suicidal, and also assist at the county jail when the inmates are in crisis. We became much more efficient during

this last year by adding a daytime crisis worker. Until this year, we would have to send a counselor out to the jail or to the hospital when there was a crisis and sometimes they would have to cancel an appointment that they had for counseling in order to be available for the crisis. Now we have a full-time crisis person that can more efficiently take care of the needs of our county and leave the rest of our staff to their responsibilities with their appointments. In order to be more efficient at the county jail, we have an actual appointment time with this daytime counselor every week where she goes and takes all their emergencies at one time so that we are not getting called out in the middle of the night for emergencies at the jail. This is all to be more efficient and the jail is very grateful for this. We also equipped our crisis team with laptops this year so that when they are at the hospital or at the jail, they can look up very quickly into our database at IHR and find what medicines the clients are on and how they were the last time they were treated. This is a great assistance at the hospital when we are trying to send the client to another hospital psych unit and need more information right away in the middle of the night.

Livingston County is the fourth largest in area of the 102 counties in Illinois. Therefore, it is expected that it will take an hour and a half for our crisis team to respond and actually show up at the scene of emergencies. This is a criteria used by the Department of Children & Family Services and by the Department of Human Services for rural programs. Our goal at IHR is to have a staff answer the initial page within ten minutes and physically show up at the scene within one hour. During this last year we averaged just seven minutes to answer the page and we usually are at the scene within half an hour. All of our crisis team now live within the county and that is why the response time to the hospital or jail is so much faster. The old movie saying that “if you build it, they will come” is very appropriate for our crisis program. Since we added the daytime crisis worker, we went from 319 clients last year to 440 crisis clients this year. The county knows that we are more available and they are accessing our services much more readily.

This year the Department of Human Services has not funded CHIPS, which pays for the poorer people to go to psychiatric hospitals. This will definitely lower the resources and hospitalizations overall that our crisis team participates in and it’s very difficult to get hospitals to take clients when they know that they will not get paid for the services provided to these clients. It will definitely be a challenge for us during the next year as Medicaid recipients and those on health insurance are readily accepted into hospital programs. The state has also ceased to provide transportation for involuntary admissions into psych hospitals. However, we have

been able to get the sheriff's police to help us with transporting clients to hospitals and also the local Duffy ambulance service has been willing to assist us with this problem. Right now we don't know of any other county that actually gets the sheriff's police to provide this transportation for free.

There is one problem area that we would like to work on and improve during the next year. We have had a pattern of repeat hospitalizations with some clients. Obviously, some of them were so severely mentally ill that they needed to go back to mental hospitals again. However, we feel that if we do better and faster follow-up with them when they are released from these psych units, we should be able to assist with lower re-admissions to these hospitals. We need to have a better focus on following up with counseling services to IHR after the crisis, whether it is hospitalization or whether the person just goes back to their home after the crisis. We are trying to track this better and feel that this would definitely make us more efficient.

In summary, the police department and the courthouse are very happy with our crisis service because we assist them often everyday at the county jail and this reduces their liability. They are delighted with the daytime crisis component which is provided to them free of charge. St. James Hospital depends on us to assess every client presenting with suicidal ideation. Nobody gets released from the emergency room without our crisis counselor making an assessment. Our crisis team is equipped with laptops and can access all client information from IHR right away. They now wear a uniform and a badge so that people recognize them right away when they are on a crisis and there is no time wasted trying to explain who we are when we show up at a crisis. We have recently updated the Policy and Procedure Manual for the crisis team which more accurately reflects what the crisis team does. This program is probably IHR's most visible program and the response from public officials and school officials has been extremely positive.

Psych Rehab Services

The psych rehab department deals with those clients who suffer from a severe and persistent mental illness. Most of these clients have had multiple hospital admissions, including both psychiatric units in general hospitals, as well as state institutions. The psych rehab department offers case management services, psychosocial rehabilitation services, supported residential services, community support service, and psychiatric consultation. They also offer

medication monitoring and provide liaison with area services and the state mental hospitals. Clients are not abandoned when they are hospitalized, but are visited frequently and IHR is very much part of discharge planning.

The first measure for outcome efficiency in our psych rehab department is the reduction in days of care in state hospitals. We went from 169 in FY 08 to 138 in FY 09. We want to improve on re-admissions to state hospitals and will be making an effort to get the hospital cooperation in making strong referrals back to us when they are released. Right now our days of care in state hospitals per 100,000 population is at least twice as low as the rest of the state.

In order to reduce unnecessary hospitalizations, IHR has a respite apartment in the Prairie Horizons Apartment complex where we manage our MI clients. When a client needs additional support such as a more stable environment and staff monitoring, this apartment is used instead of automatically sending the client to a psych unit in a general hospital. We have the option to provide 24 hour staff supervision according to the clients needs. This keeps our days of care in the institutions down, but also gives a more humane setting for our clients. This year 4 consumers utilized this respite apartment for 137 nights of care for an average of 34.25 nights per stay. One client was transferring out of LTC to independent living. Another we were stabilizing to avoid being evicted from independent living and two other ones were returning to independent living and decided to move into one of our regular apartments realizing that they needed the structure. While they are in our respite apartments we are able to provide medication monitoring and other services at a higher intensity and often are able to deflect them from hospitalization.

All clients in our psych rehab department have a serious and persistent mental illness. However, we have been trying to convince some of them that they can still work and have been much more successful during the last year. Sixteen of the 44 consumers past and present were involved in some work activity in FY 09. Eight consumers were in paid community jobs, one full time, and seven part-time. One consumer was self-employed, three consumers were in supported employment through Futures Unlimited. Two consumers were in volunteer work activity. One consumer did both volunteer and supported employment. The old “sustaining care” philosophy never addressed the possibility of work, but now we consider our clients “recovering mentally ill” and were able to convince 36% of them to engage in work activities again.

One efficiency measurement that helped us a great deal this last year was the fact that there was no staff turnover in FY 09. This gave us great continuity of services and the clients did not have to adjust to new faces. Another efficiency item was having more access to psychiatrists. While we sat down and talked to our psych rehab clients, they told us that they wanted to be able to see the doctor more frequently and for a longer period of time. We were able to get the funding to provide one additional day per month of psychiatric time for our adult clients. During our meetings with the clients, it also became evident that they wanted large fans for their group room. Even though these rooms are air conditioned, it is difficult to keep up with climate control when there are 10 clients in one room at one time. We installed new large fans and right now the clients are quite happy. Their room feels cooler and they also know that we addressed their needs and this made them feel appreciated.

We also addressed some access issues with our clients. On a scale of 1-5, 1 being poor and 5 being excellent, we averaged 4.7 out of 5 on a scale of 1-5 on punctuality for staff appointments. We averaged 4.82 of 5 for convenience of location of services. Convenience of time of services was 4.54 of 5. Because our county is the fourth largest in the state in square miles and has no public transportation, there was an accessibility issue where our clients were finding it difficult to get in to IHR for counseling or case management or psychiatric meetings. We pick up our clients first thing in the morning for PSR services, but for the other clients accessibility was a problem. Our staff worked with a community group and right now the Show Bus arrives in town every hour during the day to deliver and pick up clients at IHR. This is an enormous improvement for clients that have no transportation.

When we measure satisfaction for our clients, we received a 4.88 out of 5 using the same scale of 1-5 for the question asking “Are you treated with dignity and respect?”, and 4.38 out of 5 on the question of whether they felt that their treatment was recovery focused. We try to make sure that all of our treatment for PSR clients is recovery focused so we are not doing a good enough job of getting this point across to our clients. We need to do a better job of incorporating the recovery concept in our group and letting them know that we feel that they can do better and recover rather than just being “sustained” at the same level for the rest of their lives.

In order to educate the students and combat stigma related to mental illness, clients visit a high school and a college and give presentations to the psychology classes. This empowers our clients in that they get to talk openly about their mental illness without feeling stigma and allows

the students to learn about mental illness from those who are experiencing it in their daily lives. We had 78 (nearly 100%) surveys returned asking the young people how this presentation helped them understand mental illness: 59% responded that it helped them understand what mental illness is, 46% responded that it had helped them to understand what causes mental illness, 38% responded that it helped them to understand that mental illness is not the person's fault, 64% responded that it has helped them to understand what it is like to live with mental illness, 2.5% responded that they do not understand any more than they did before and 0% responded I'm more confused or know less than I did before. This is a win win proposition for both clients and students in these psychology classes. We intend to do more of them during this next fiscal year.

Overall Agency Operations

Business Improvement Outcomes:

Financial:

IHR is now using a very efficient software package that helps us bill insurance clients, all of our state funders, as well as our county funder. The software also is a paperless reporting system for all of our treatment notes so that we can reduce the amount of paper in clients' files. Eventually, the treatment plan and assessment will also be paperless. These files can be accessed by our crisis team. We bid our insurance policies and were able to save \$15,000 over last year's prices. We have also been moving our money around to get the best interest rates. Most important of all is the fact that we have been able to maintain all of our mental health and substance abuse services this year while other agencies are already reducing their staff. This is because we had built up our reserves to a point where we are basically borrowing from ourselves and so far have been able to weather the storm of this recession.

Health and Safety:

IHR has an excellent safety committee that meets monthly and this year has initiated a Code Red Program, which will lock designated doors in the entire building if anybody is under attack. We were able to get county cooperation in paying for this system and feel that we can contain emergencies in one section of the building while the rest of the building is closed off and safe.

Services:

Several services and programs were enhanced during the year. We have expanded our services into the county jail, both the mental health and the substance abuse areas. We have

initiated a mediation program for child custody that was requested by the local judges and it has been enormously successful. We have doubled our days of child psychiatry for each month and also added one additional day for psychiatry for adults. The fact that all of this was done during the serious recession is still amazing to us.

Facilities:

IHR made progress on several planned changes and improvements in this facility. We bought all new furniture in the substance abuse counseling group room. New tables and twelve chairs were added as well as a new TV and DVD player. We also added one counseling room for the daytime crisis counselor. It's equipped with all new furniture and was placed in an area that is more accessible for walk-in clients.

Administration:

IHR strives to continually maintain a diversified and highly qualified board of directors that represent all areas of Livingston County. Two new board members were appointed this year to fill vacancies. One individual is a local attorney and the other is a minister that lives in Pontiac, but ministers in Dwight. Our eight board members reside in Pontiac, Odell, Long Point, Fairbury, and Dwight. They represent legal, ministerial, educational, industrial, and farming backgrounds.

Risk Management:

IHR has a risk management plan designed to protect the health, safety, and security of clients, staff members, visitors, and volunteers while promoting our mission and safeguarding its assets. The plan was revised to include improved conflict of interest policies for the board of directors and revised personnel policies. Risk management activities during the year included regular tests of emergency drills and discussion of safety issues. The agency By Laws and Code of Professional Ethics and Conduct were reviewed by the board which prompted the Executive Director and Business Manager to attend a legal seminar on personnel issues so that we can reduce or eliminate any potential law suits.

Staff Turnover:

IHR works hard to retain qualified staff, address employment issues, and minimizes staff turnover which is disruptive to agency operations and can be destabilizing for the persons served. During this last year we had no turnover at all in our psych rehab department and just one counseling turnover in the MI/outpatient department. There was just one turnover in staff in our

substance abuse department where the director of this department retired after she had her first baby. With our intern program and close relationship with Illinois State University we have been able to fill positions much more readily than agencies that are not affiliated with an institution of higher education.

Conclusions & Recommendations

This report has helped us look at our strengths and weaknesses in each program and has given us a sense of direction for the next one to three years. We have found that our substance abuse clients are happy with our services, but would like us to get more up-to-date videos for them. Our psych rehab clients need to feel that the services are recovery focused services, rather than sustaining care. We need to find ways to remind them of this, even though we feel that our programs are recovery oriented. The crisis program is doing better training of new staff members and has a better relationship with police and hospital. However, we need to do a better job of getting crisis clients referred back to IHR for counseling. When we have to hospitalize a client, we need to do better case coordination so that these clients get services as soon as they get out of the hospital. The MI/outpatient department is serving more children now than ever before and our psychiatrist coverage for children has doubled in the last year. However, we feel that the state cuts may jeopardize these services and we need to look towards alternate sources of revenue in order to continue these services that our community has grown accustomed to. This report will be provided to IHR staff and all of our funders. We feel that it is only by taking a good look at our own services that we can continue to move forward and not just stagnate. We appreciate the input that we have receive from clients, staff, and other professionals and will continue to evaluate our performance each year so that we can better respond to our clients' needs.