



# Annual Program Review

## Pasadena Mental Health Center

FEBRUARY 2009

### MISSION

To provide affordable, accessible, and appropriate mental health services for individuals, families and children in the diverse Pasadena area and surrounding communities who have no other resources for such care.

### MENTAL HEALTH SERVICES

- Individual Therapy for Adults and Children
- Couples Therapy
- Family Therapy
- First Offender Program
- Groups for Adults:
  - *English and Spanish Parenting Groups*
- Groups for Youth:
  - *Teen Futures: Pregnancy prevention group in the Pasadena Unified School District.*
  - *"Friends Outside" and "Social Skills" Groups: groups focused on social skill development at Cleveland and Loma Alta High Schools.*

## Goals and Outcomes

Pasadena Mental Health Center (PMHC) was founded in 1965 by community members interested in the provision of mental health services to individuals with limited access. Since then, PMHC has continued to serve the low to moderate income population of Pasadena and surrounding areas with intervention and prevention programs. Services include counseling, parenting groups, children's groups and the First Offender Program. The First Offender Program is offered in partnership with the Pasadena Police Department to help non-violent youth offenders and their families to break the cycle of early delinquent behavior. PMHC became an affiliate of Five Acres on January 1, 2007.

### Program Undergoing Significant Change:

PMHC has undergone significant change in the past year in order to make it both financially viable and a valuable service to the community. First, PMHC began to shift clinical supervision from outside consultants to

in-house clinical supervisors. Currently, only about 50% of supervision is provided by consultants. Second, while interns continue to receive both individual and group supervision, a greater percentage of supervision is now group-oriented. Third, PMHC implemented a 2<sup>nd</sup> tier of Masters-level clinicians on a "shared fee" arrangement for clients who have an ability to pay a higher cost for services. Having more experienced therapists on site allows PMHC to also broaden its intake criteria, cut wait list time, and reduce referrals to other agencies. Finally, PMHC broadened its funding streams by bringing in and serving Victims of Crime clients and renting out office space to therapists.

This report gives an overview of PMHC services, clients served, and outcomes before and after these changes (January 1 to December 31, 2008). The intent of the report is to provide information that will facilitate ongoing program development.

## Positive Results on Key Outcomes

PMHC Goals and Performance Measures	Goal	Results	Goal Met?
<b>Client Self Reported Outcomes</b>			
Improved outcomes after 6 months of treatment.	70%	88%	<input checked="" type="checkbox"/>
Improved outcomes at completion of treatment.	70%	85%	<input checked="" type="checkbox"/>
<b>Clinician-rated Outcomes</b>			
Improved clinical outcomes, Global Assessment of Functioning (GAF).	70%	49%	
Improved clinical outcomes at 6 months, treatment plan goals.	50%	72%	<input checked="" type="checkbox"/>
Improved clinical outcomes at completion, treatment plan goals.	70%	60%	
Successful functioning in following areas at completion:			
1. Stable housing	90%	97%	<input checked="" type="checkbox"/>
2. Employed or in school	75%	75%	<input checked="" type="checkbox"/>
3. Adequate peer/family support	75%	80%	<input checked="" type="checkbox"/>
<b>First Offender Outcomes</b>			
Graduation from program.	70%	53%	
Low recidivism rates, 6-month follow up, less than 20% recidivism.	20%	16%	<input checked="" type="checkbox"/>

### INSIDE THIS REPORT

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### Associated with **More Positive** outcomes:

- Longer length of service
- Planned case closure
- Adjustment or Mood disorders
- Greater economic resources

### Associated with **Less Positive** outcomes:

- Shorter length of service
- Unplanned case closure
- Anxiety or relational disorders
- More economic challenges

# Despite financial challenges...

## Highlights

This year, PMHC has:

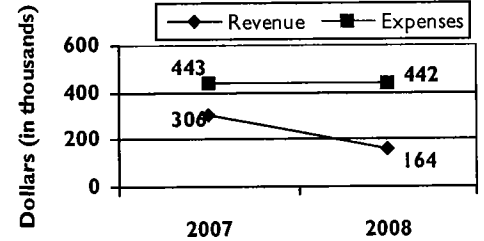
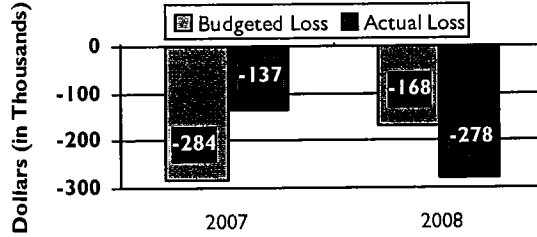
1. Evaluated the feasibility of taking clients who have private insurance or are eligible for Victims of Crime. Now billing through Victims of Crime
2. Increased outreach efforts to recruit additional bilingual interns, including offering stipends
3. Integrated PMHC and Five Acres intern training programs (CQI project.)

Currently, PMHC is also:

- Studying clients who complete intakes but do not follow through with initial treatment
- Tracking calls that are "referred out" to determine if some could be seen by PMHC
- Considering seeing court mandated clients
- Developing and implementing an outreach and marketing plan to ensure we are reaching potential Pasadena clients

### FACTOID:

- 43 Interns provided almost 4,000 hours of therapy between Jan. and Sept. 2008 (avg 420 hours per month).
- Most attended Fuller and were earning an MFT



- Fiscal performance declined in 2008. The program lost 278K in 2008, compared to a budgeted loss of 168K.
- Program expenses remained flat in 2008, while revenue declined sharply due to a drop in donations from corporations, foundations and individuals. Service fees from clients, government contracts (ABI733) and government grants actually increased by 30%.

## We served...

...many clients

Service Information	2006	2007	2008
Total Number Served	628	614	558
Average Served per month	229.1	173.4	162.3*
Average New clients seen per month	38.0	35.1	21.9*
Average Telephone Intakes per month	69.3	56.3	61.6

\* Average from January through September 2008

- 558 were served directly (493 PMHC clients and 65 First Offender (FO) clients).
- Figures do not include school-based group attendees or Five Acres School-based clients seen by PMHC interns.
- An additional 162 were assigned a therapist, but had not yet been seen, bringing the total served to 720.
- 16% of intakes were referred out because the needs of the clients were too intense (vs 23% in 2007)

...local, economically disadvantaged clients with emotional, relational, and adjustment challenges

- Nearly half (44.2% vs. 43.3 in 2007) of clients lived in Pasadena and about one in eight lived in Altadena.
- 73% of PMHC clients reported a family monthly income level of \$2,000 or less.

Most common diagnoses were:

1. Mood Disorders (e.g., Depression)
2. Relational Problems (e.g., Parent/Child and Partner Relational problems)
3. Anxiety Disorders (e.g., Panic Disorder)
4. Adjustment Disorders (e.g., death, divorce)
5. Personality Disorders

...children

### Child Clients:

- Lower average age (12.3 compared to 13.6 in 2007).
- Roughly equal gender split (55% male, 45% female)
- Most clients were Latino, African American, or Caucasian.
- Much lower functioning at intake this year
  - Half came in with moderate to severe functional impairment

...and adults

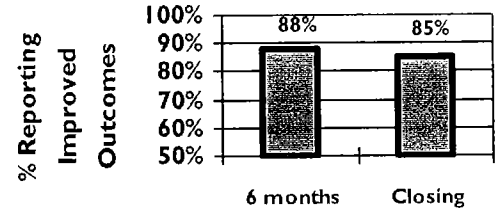
### Adult Clients:

- Higher average age (42.9 compared to 36.7 in 2007), with half of the clients between 18-34.
- More female (77%) than male (27%) clients.
- Most clients were Latino or Caucasian.
- Severity of impairment at intake was about the same for adult clients this year
  - The majority came in with only mild impairments in functioning

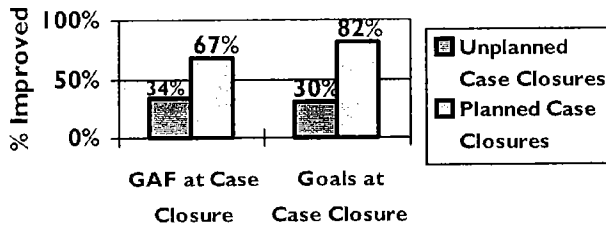
# How They Did...

## Most clients reported improved outcomes

- 88% of clients reported improved life functioning at 6 months
- 85% reported improved life functioning at closing



## Therapists saw improvement too, especially for planned case closures



- Overall, **half** of all clients (49%) **improved functioning** as measured by the Global Assessment of Functioning (GAF) scale.
  - **67% of planned** case closures improved, compared to only **34% of unplanned**.
- **60% improved on their treatment goals** at closing.
  - **82% of planned** case closures improved, compared to only **30% of unplanned**.

## Improvement related to length of service, timing of case closure, diagnosis, income

More Positive Outcomes associated with...	Less Positive Outcomes associated with...
<b>Longer length of service</b> 8.6 months or longer for Child clients 6.3 months or longer for Adult clients	<b>Shorter length of service</b> Less than 8.6 months for Child clients Less than 6.3 months for Adult clients
<b>Having a planned case closure</b> (i.e., case closure due to therapists completing their service (29%), the client linking with services elsewhere (12%), and the client achieving their goals (9%))	<b>Having an unplanned case closure</b> (i.e., case closures due to the client not coming to session (32%) or to client-reported barriers to participation, such as finances, time constraints, or transportation (16%))
<b>Following types of client diagnoses</b> <ul style="list-style-type: none"> <li>• Adjustment Disorder</li> <li>• Mood Disorder</li> </ul>	<b>Following types of client diagnoses</b> <ul style="list-style-type: none"> <li>• Relational conditions</li> <li>• Anxiety Disorder</li> </ul>
<b>Higher client income at intake</b> More than \$2,000 per month	<b>Lower client income at intake</b> Less than \$2,000 per month

## What clients and interns said...

	Clients	Interns
<b>Satisfaction</b>	<ul style="list-style-type: none"> <li>• <b>88% satisfied</b> with services</li> <li>• <b>85% satisfied</b> with service delivery and treatment outcomes</li> <li>• <b>100% would recommend PMHC</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>96% satisfied</b> with the overall experience</li> <li>• <b>96% would recommend this placement to other interns</b></li> </ul>
<b>Strengths</b>	<b>Therapy helped by:</b> <ul style="list-style-type: none"> <li>• Improving sense of self, confidence</li> <li>• Providing clarity and insight into the problem</li> <li>• Providing a safe place for emotional expression</li> </ul>	<ul style="list-style-type: none"> <li>• "All supervisory staff were helpful, interested in student welfare, and encouraging (whether they were your supervisor or not). They made the center seem like a home. Thanks so much!"</li> </ul>
<b>Suggestions</b>	<b>PMHC could improve by...</b> <ul style="list-style-type: none"> <li>• <b>Better tailoring therapy to client, preparing the client</b> <ul style="list-style-type: none"> <li>• "Maybe if our counselor told us a little bit of a game plan on what they suggest is a good goal for us to work on earlier in the sessions."</li> </ul> </li> <li>• <b>Offering more services</b>—possibly a women's group</li> </ul>	<b>PMHC could improve by...</b> <ul style="list-style-type: none"> <li>• <b>Improving communication with interns</b> <ul style="list-style-type: none"> <li>• "I was frustrated with the lack of regular communication, particularly for upcoming changes or procedure changes."</li> </ul> </li> </ul>

# First Offender Program

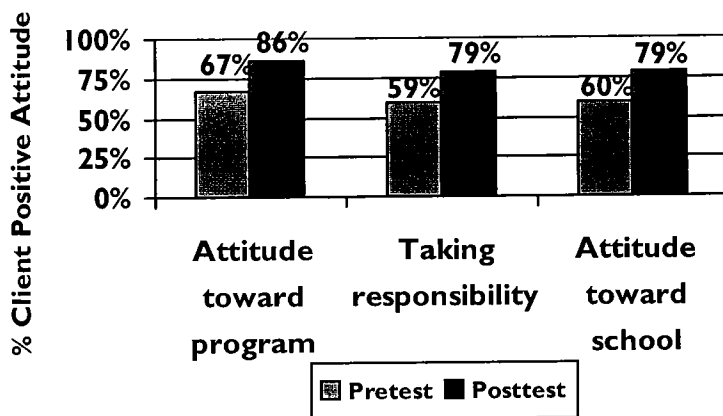
The First Offender program is a youth diversionary program conducted in partnership with the Pasadena Police Department. Each potential participant and his or her parent are interviewed by the Youth Advisory Committee about their crime and decisions are made about what conditions would be required for them to stay in the program. All clients are required to attend weekly therapy and their parents must attend 10 parenting sessions. They must write a letter of apology to individuals harmed as a result of their behavior. In addition the client may be required to attend tutoring, do community service, have an early curfew, etc. Contracts are individualized and balance mental health needs with strict but reasonable consequences.

## We Served...

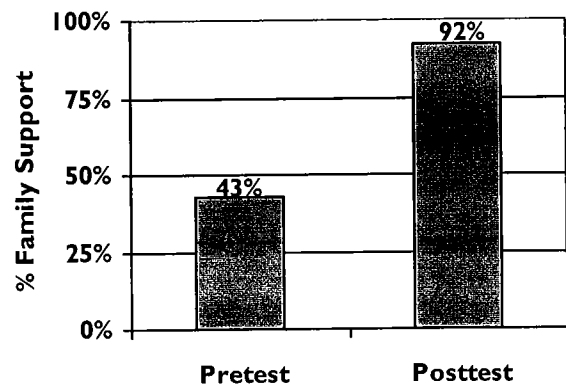
- **65 teens**, average age 14.5 years
  - **30 were in the summer group** and 35 are in the group that will graduate in February 2009.
- **79% lived in Pasadena**, 20% were from the **Altadena** community, and one lived in Monrovia.
- **57% were male** and **43% were female**
- About **half** of the clients were **Latino**.
- **71% from low income** families (earning less than \$2,000 per month)

## How They Did...

### 1. Client attitudes improved over time



### 2. Family support increased over time



### 3. More than half (53%) graduated

Graduates (n=16)	Non-Graduates (n=14)
<ul style="list-style-type: none"> <li>• Were <b>older</b> than average, and came from homes with <b>higher</b> incomes.</li> </ul>	<ul style="list-style-type: none"> <li>• Were <b>younger</b> than average, and came from homes with <b>lower</b> incomes.</li> </ul>
<ul style="list-style-type: none"> <li>• Had more <b>resiliency</b> than risk factors.</li> </ul>	<ul style="list-style-type: none"> <li>• Had more <b>risk</b> than resiliency factors.</li> </ul>
<ul style="list-style-type: none"> <li>• Showed more positive change in <b>attitudes toward school</b></li> </ul>	<ul style="list-style-type: none"> <li>• Showed less positive change in <b>attitudes toward school</b></li> </ul>
<ul style="list-style-type: none"> <li>• Had families who <b>increased</b> their support over time.</li> </ul>	<ul style="list-style-type: none"> <li>• Had families who <b>increased less</b> in support over time.</li> </ul>

- Of those who didn't graduate, three re-offended (27%) and eight refused participation (73%).
- After 6 months, only 15.8% of the graduates had re-offended.