

New Haven Annual Program Performance Report
Residential and Outpatient Services
2019

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This report provides information for use by the leaders of New Haven into program performance of the Residential and Outpatient Programs. The Leadership Team of New Haven has determined the specific factors to be analyzed based upon their value to measuring quality, safety and overall performance.

Residential Program

Leadership is reminded, and other readers of this report are cautioned, not to compare house to house data. The reasons these data comparisons are not highly useful is because youth are not randomly assigned to each house. Youth are assigned to house based upon the current house composition and the needs of the individual youth. In general, youth with more dangerous or challenging behaviors are placed in on campus houses (Connie Gayle and Teen houses) while youth with less dangerous behaviors in general are placed in off campus houses (Debra Lane and Thomson houses.) Generally, we would expect to see lower BAF scores and high numbers of SIRs (if occupancies were comparable) in on campus houses. We would generally expect to see more positive discharges from off campus houses.

Also, readers please be aware that the intervening variable of daily census is not controlled for in this analysis. In other words, one house may have an average daily census of 6 (maximum capacity) for a month whereas another facility may have an average daily census of 4 for that same period of time for a variety of reasons. This lack of control can contribute to confusion in analysis if this limitation is not taken into consideration.

Further, readers are reminded that the number of cases analyzed is generally quite low therefore power of statistical significance is very limited. The data reported should be looked at as a guide to understanding the performance of the program, not an absolute truth.

Finally, all readers are reminded that SIR reported data reports the types of SIRs and a single SIR may be classified into multiple types, for example, if the incident reported was a youth left New Haven without permission, used drugs while away from New Haven, and law enforcement was notified due to the youth's elopement being greater than 2 hours, this one report is classified as three types: AWOL, substance abuse, and law enforcement involvement. So, the types of reports always will exceed the total number of reports filed. But, leadership felt it important to examine the types of reports (which is a better measure of acuity of the situation and hence a better measure of safety, risk, and performance, than simply measuring the number of reports.

In the Residential Program, the three data points reported are:

1. Residential Special Incident Reports concerning youth (SIRs). Community Care Licensing of the State of California has determined the categories of SIRs and those categories are used below. The data is primarily reported as the percentage of specific SIR Types against the total number of SIR Types. The reason percentage data is relied upon is because of the on-going reduction of residential census due, in part, to the State-wide reform of care initiative.
 - a. The goal is to see a year on year reduction in the percentage of SIR Type against total SIR type. This goal is needs to be understood in that because percentages are used, rather than raw frequency data, every year. When looking at percentage data we will see as the percentage type data reduces for a specific type of SIR (desirable outcome), there will be percentage increases for other types of SIRs (undesirable). This "balancing

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act” will need to be taken into account until the annual census data becomes more stable and reliable.

2. Average Behavior Assessment Form (BAF) for youth residing in each active Residential house.
 - a. The goal for this data set is that an average of 3.0 is obtained in each BAF category.
3. Number and type of discharges of youth residing in each house. Reports are made regarding the number and type of discharges by month.
 - a. The goal for discharges is that 80% of all discharges are determined to be “positive” (desirable).

SIR Type Reports

Table 1 reports on the number of SIR types by calendar year quarters;

Table 1 2019 SIR Type Number by Quarter

Category	Q1	Q2	Q3	Q4	Annual
Alleged Child Abuse	0	0	0	0	0
AWOL	6	3	1	3	13
Hospitalization	0	1	0	0	1
Injury/Illness	1	0	0	4	5
Juvenile Hall	0	0	0	0	0
Missed Medication	1	8	1	4	14
Physical Intervention	0	2	0	0	2
Physical Violence	2	1	1	1	5
Police Involvement	9	8	2	3	22
Property Damage	3	3	2	1	9
School Incident	0	0	1	0	1
Sexually Related Incident	1	0	0	2	3
Substance Abuse	0	0	0	3	3
Suicide Attempt	0	1	0	0	1
Theft	0	0	0	0	0
TOTAL	23	27	8	21	79

By looking at this table we can see that in Quarter 1 (January 1 – March 31, 2018) There were a total of 23 incident types reported and the breakdown is listed in the Q1 column by State mandated category. One anomaly to be examined is that in Quarter 2, there was only 1 physical violence type (youth being physically violent to one another, to staff, or others) reported while 2 physical intervention types (Staff members using PART approved physical interventions to protect youth when they are at imminent risk of harm to self or others) were reported. We would expect to see that there would be an equal or lower number of physical interventions compared to physical violence types. This anomaly should be reviewed and understood why this may have occurred.

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Table 2 provides the same data as Table one, except it provides data by percentage.

Table 2 2019 SIR Type Percentage by Quarter

2019 Category	Q1	Q2	Q3	Q4	Annual
Alleged Child Abuse	0%	0%	0%	0%	0%
AWOL	8%	4%	1%	4%	16%
Hospitalization	0%	1%	0%	0%	1%
Injury/Illness	1%	0%	0%	5%	6%
Juvenile Hall	0%	0%	0%	0%	0%
Missed Medication	1%	10%	1%	5%	18%
Physical Intervention	0%	3%	0%	0%	3%
Physical Violence	3%	1%	1%	1%	6%
Police Involvement	11%	10%	3%	4%	28%
Property Damage	4%	4%	3%	1%	11%
School Incident	0%	0%	1%	0%	1%
Sexually Related Incident	1%	0%	0%	3%	4%
Substance Abuse	0%	0%	0%	4%	4%
Suicide Attempt	0%	1%	0%	0%	1%
Theft	0%	0%	0%	0%	0%
TOTAL (percent of annual)	29%	34%	10%	27%	100%

For comparison purposes, 2018 percentage data is presented below

Table 3 2018 SIR Type Percentage by Quarter (for comparison)

2018 Category	Q1	Q2	Q3	Q4	Annual
Alleged Child Abuse	0%	0%	7%	0%	1%
AWOL	0%	4%	7%	13%	6%
Hospitalization	5%	4%	0%	4%	4%
Injury/Illness	9%	16%	0%	4%	8%
Juvenile Hall	0%	0%	0%	8%	2%
Missed Medication	9%	8%	29%	8%	12%
Physical Intervention	27%	8%	14%	4%	13%
Physical Violence	23%	24%	21%	13%	20%
Police Involvement	5%	4%	7%	21%	9%
Property Damage	9%	8%	0%	13%	8%
School Incident	0%	0%	7%	0%	1%
Sexually Related Incident	5%	0%	0%	0%	1%
Substance Abuse	9%	24%	0%	13%	13%
Suicide Attempt	0%	0%	7%	0%	1%
Theft	0%	0%	0%	0%	0%
TOTAL (percent of annual)	26%	29%	16%	28%	100%

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For comparison purposes, Table 2 the outermost cells in each row have been highlighted in green when the annual percentage of a specific type of special incident in 2019 is lower than the equivalent type 2018 percentage. The outermost cells in Table 2 for each row have been highlighted in red when the annual percentage of a specific type of special incident in 2019 is higher than the equivalent type in 2018 percentage. No highlighting in Table 2 outermost cells when the annual percentage of a specific type remains the same year on year.

Since residential census has continued to decrease, in part due to the State-wide reform of care initiative further comparison at the house level is not provided due to the variability introduced by the rapid and significant census reductions.

As documented in the 2019 SIR Annual SIR Report, the following tables are provided for a deeper analysis of data; readers are reminded that Thomson House closed down and had no youth residing in it beginning the 3rd quarter.

Table 4 2019 Total SIR Types by Residential Unit

2019 House	Number	Percentage
Connie Gayle	23	29%
Debra Lane	20	25%
Thomson*	4	5%
Teen	32	41%
TOTAL	79	100%

Table 5 2019 SIR Type By House by Type

2019 Type	Numeric Value	Connie Gayle	Debra Lane	Teen	Thomson	Total
Alleged Child Abuse	Count	0	0	0	0	0
	Percentage	0%	0%	0%	0%	
AWOL	Count	6	2	5	0	13
	Percentage	46%	15%	38%	0%	
Hospitalization	Count	0	0	1	0	1
	Percentage	0%	0%	100%	0%	
Injury/Illness	Count	0	0	5	0	5
	Percentage	0%	0%	100%	0%	
Juvenile Hall	Count	0	0	0	0	0
	Percentage	0%	0%	0%	0%	
Missed Medication	Count	3	6	4	1	14
	Percentage	21%	43%	29%	7%	
Physical Intervention	Count	0	1	1	0	2
	Percentage	0%	50%	50%	0%	
Physical Violence	Count	2	2	1	0	5
	Percentage	40%	40%	20%	0%	
Police Involvement	Count	8	4	7	3	22
	Percentage	36%	18%	32%	14%	

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2019 Type	Numeric Value	Connie Gayle	Debra Lane	Teen	Thomson	Total
Property Damage	Count	4	3	2	0	9
	Percentage	44%	33%	22%	0%	
School Incident	Count	0	0	1	0	1
	Percentage	0%	0%	100%	0%	
Sexually Related Incident	Count	0	2	1	0	3
	Percentage	0%	67%	33%	0%	
Substance Abuse	Count	0	0	3	0	3
	Percentage	0%	0%	100%	0%	
Suicide Attempt	Count	0	0	1	0	1
	Percentage	0%	0%	100%	0%	
Theft	Count	0	0	0	0	0
	Percentage	0%	0%	0%	0%	
Total	Count	23	20	32	4	79
	Percentage	29%	25%	41%	5%	100%

Additional SIR analysis is provided in the SIR annual report that examines SIR in a number of ways not addressed in this report.

Recommendations based upon SIR Type analysis

The SIR data provided to this point, does help to identify some important opportunities for improvement.

- From Table 1, the Leadership Team is advised to focus their attention on why there were more physical interventions than physical violence SIR types reported. This can be a simple review of all SIRs including physical interventions in Q2 to identify the cause.
- From Table 2, all SIR types highlighted in red did not meet the annual goal; therefore the Leadership Team is advised to create plans of correction for the following areas:
 - AWOL;
 - Missed medication (this one type contributes almost 1/5 of all SIR types and may have very high consequences for health and safety;
 - Police Involvement (while some increase in police involvement may be attributed to higher elopement rates (AWOL), there was a greater increase in police involvement in 2019 than can be fully attributed to elopement increases;
 - Property damage;
 - Sexually related incident.

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BAF Data

Tables below provide data concerning Behavior Assessment Form (BAF) data for youth in the residential program. The leadership team has identified that BAF data is an important indicator of program performance. BAF categories were chosen specifically to help youth, family, staff, placing agencies, and auditors identify key behaviors targeted for improvement while a youth is receiving services at New Haven. Individual youth BAF data by time in treatment is used to determine if a youth is progressing in treatment. This table provides department wide data to be used to indicate if there are significant changes in BAF data compared to historical results. Generally, because many senior youth leave the residential program in June (end of school year) and many new youth enter during the 3rd quarter (July – September) we would generally expect to see lower BAF scores in the 3rd quarter compared to the 2nd quarter. Further, there is a second and somewhat smaller wave of youth that leave in the 4th quarter (end of semester) and a comparable wave of new entries in the 1st quarter.

Generally, we would like to see BAF averages around 3.0. Much higher scores may indicate the BAF scores are not sensitive to some of the behaviors that need to be addressed in residential treatment and much lower than 3.0 we may be looking at environments that may be more chaotic and dangerous than preferred.

Table 6: 2019 Quarterly BAF Averages

BAF Category	Q 1	Q 2	Q 3	Q 4	Annual
Remains in Assigned Area	3.89	3.92	3.92	3.87	3.900
Completes Tasks	3.78	3.79	3.85	3.68	3.780
Controls Impulses	3.55	3.58	3.56	3.62	3.580
Cooperates with Adults	3.73	3.77	3.79	3.71	3.750
Avoids Verbal Conflict	3.84	3.86	3.87	3.89	3.860
Avoids Physical Conflict	3.94	3.95	3.96	3.99	3.960
Cooperates with Peers	3.86	3.87	3.86	3.88	3.870
Positively Engaged in the Program	3.78	3.80	3.81	3.78	3.790
Composite	3.796	3.818	3.828	3.803	3.811

Table 7: 2018 Quarterly BAF Averages

BAF Category	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual
Remains in Assigned Area	3.89	3.81	3.86	3.89	3.86
Completes Tasks	3.84	3.78	3.75	3.78	3.79
Controls Impulses	3.59	3.50	3.48	3.46	3.51
Cooperates with Adults	3.74	3.66	3.62	3.66	3.67
Avoids Verbal Conflict	3.78	3.73	3.74	3.75	3.75
Avoids Physical Conflict	3.94	3.92	3.93	3.92	3.93
Cooperates with Peers	3.78	3.74	3.76	3.80	3.77
Positively Engaged in Program	3.78	3.73	3.70	3.72	3.73
Composite	3.79	3.73	3.73	3.75	3.75

Again, this year, BAF averages are running near to the top of the scale. All BAF categories exceeded the annual goal of 3.0 or above.

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Table 8 is a representation of BAF averages by house for 2019. We would expect our two campus houses, Teen and Connie Gayle to have lower mean BAF averages and our off-ground houses of Debra Lane and Thomson to generally have higher BAF averages.

Table 9 provides the same data for 2018 for comparison.

By comparing the data in the two tables, we can generally see that BAF scores are generally higher year against year. We can also see that generally, as predicted, BAF scores for off campus houses are higher than BAF scores for on-campus houses.

Recommendations based upon BAF Data

While BAF scores exceeded goal in all areas, leadership may need to discuss how to address this issue so that BAF scores continue to serve as an accurate measurement of program performance.

This recommendation is supported by the fact that BAF data is almost at the top of the scale, but positive discharges (see next section) are not meeting goal. It would seem that BAF scores of the level reported should be more consistent with a higher rate of positive discharges. This discontinuity with expectation may be determined to be acceptable, but the discussion should serve to be helpful to clarifying the needs of the agency.

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Table 8: 2019 BAF Data by House by Quarter

2019	Quarter 1					Quarter 2					Quarter 3					Quarter 4					Annual				
BAF Category	Connie	Debra	Teen	Thomson	Composite	Connie	Debra	Teen	Tn	Comp	Connie	Debra	Teen	Tn	Comp	Connie	Debra	Teen	Tn	Comp	Connie	Debra	Teen	Tn	Comp
Remains in assigned areas	3.84	3.93	3.92	3.89	3.89	3.89	3.96	3.90	3.94	3.92	3.93	3.90	3.94	No Data	3.92	3.94	3.67	3.93	No Data	3.87	3.90	3.89	3.92	3.91	3.900
Completes Tasks	3.59	3.88	3.82	3.85	3.78	3.67	3.91	3.77	3.80	3.79	3.79	3.83	3.93		3.85	3.77	3.40	3.78		3.68	3.71	3.80	3.83	3.83	3.780
Controls Impulses	3.43	3.73	3.51	3.50	3.55	3.52	3.70	3.48	3.67	3.58	3.53	3.60	3.55		3.56	3.69	3.48	3.62		3.62	3.55	3.65	3.53	3.55	3.580
Cooperates with Adults	3.53	3.86	3.76	3.79	3.73	3.69	3.84	3.73	3.89	3.77	3.79	3.75	3.84		3.79	3.80	3.40	3.82		3.71	3.71	3.75	3.78	3.82	3.750
Avoids Verbal Conflict	3.85	3.93	3.79	3.65	3.84	3.84	3.93	3.78	3.86	3.86	3.92	3.88	3.82		3.87	3.97	3.87	3.76		3.89	3.90	3.81	3.79	3.72	3.860
Avoids Physical Conflict	3.94	3.97	3.91	3.89	3.94	3.93	3.99	3.93	3.98	3.95	3.95	3.99	3.96		3.96	4.00	3.99	3.98		3.99	3.96	3.98	3.94	3.92	3.960
Cooperates with Peers	3.85	3.93	3.83	3.71	3.86	3.85	3.93	3.82	3.82	3.87	3.89	3.93	3.79		3.86	3.94	3.79	3.85		3.88	3.89	3.90	3.82	3.75	3.870
Positively Engaged in Program	3.68	3.90	3.75	3.79	3.78	3.75	3.90	3.72	3.92	3.80	3.81	3.90	3.79		3.81	3.87	3.54	3.82		3.78	3.78	3.82	3.76	3.83	3.790
Composite	3.714	3.891	3.786	3.759	3.796	3.768	3.895	3.766	3.860	3.818	3.826	3.895	3.828		3.828	3.873	3.643	3.820		3.803	3.800	3.825	3.796	3.791	3.811

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Table 9: 2018 BAF Data by House by Quarter

2018	Quarter 1					Quarter 2					Quarter 3					Quarter 4					Annual				
BAF Category	Connie Gayle	Debra Lane	Teen	Thomson	Compo site	Connie Gayle	Debra Lane	Teen	Thomson	Compo site	Connie Gayle	Debra Lane	Teen	Thomson	Compos ite	Connie Gayle	Debra Lane	Teen	Thomson	Compos ite	Connie Gayle	Debra Lane	Teen	Thomson	Compos ite
Remains in Assigned Area	3.82	3.94	3.89	3.86	3.89	3.69	3.95	3.72	3.79	3.81	3.79	3.95	3.86	3.85	3.86	3.88	3.98	3.77	3.93	3.89	3.80	3.95	3.81	3.86	3.86
Completes Tasks	3.73	3.89	3.81	3.88	3.84	3.65	3.89	3.71	3.83	3.78	3.68	3.90	3.59	3.75	3.75	3.75	3.90	3.71	3.79	3.78	3.70	3.89	3.72	3.81	3.79
Controls Impulses	3.56	3.88	3.57	3.28	3.59	3.30	3.92	3.23	3.32	3.50	3.42	3.83	3.28	3.28	3.48	3.38	3.89	3.33	3.30	3.46	3.40	3.88	3.37	3.30	3.51
Cooperates with Adults	3.68	3.89	3.69	3.65	3.74	3.47	3.92	3.49	3.65	3.66	3.52	3.84	3.49	3.59	3.62	3.55	3.88	3.62	3.64	3.66	3.54	3.88	3.59	3.63	3.67
Avoids Verbal Conflict	3.77	3.97	3.72	3.61	3.78	3.69	3.97	3.59	3.53	3.73	3.79	3.94	3.54	3.58	3.74	3.76	3.97	3.73	3.51	3.75	3.75	3.96	3.66	3.56	3.75
Avoids Physical Conflict	3.88	4.00	3.89	3.96	3.94	3.87	3.99	3.85	3.91	3.92	3.94	3.99	3.87	3.88	3.93	3.93	4.00	3.91	3.85	3.92	3.91	4.00	3.88	3.90	3.93
Cooperates with Peers	3.79	3.94	3.73	3.61	3.78	3.65	3.96	3.64	3.61	3.74	3.79	3.93	3.67	3.61	3.76	3.79	3.97	3.78	3.66	3.80	3.75	3.95	3.71	3.62	3.77
Positively Engaged in Program	3.69	3.96	3.73	3.69	3.78	3.58	3.96	3.62	3.68	3.73	3.66	3.91	3.52	3.61	3.70	3.69	3.94	3.59	3.67	3.72	3.65	3.94	3.62	3.66	3.73
Composite	3.74	3.93	3.75	3.69	3.79	3.61	3.95	3.61	3.67	3.73	3.70	3.91	3.60	3.64	3.73	3.72	3.94	3.68	3.67	3.75	3.69	3.93	3.67	3.67	3.75

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Residential Discharge Data

The goal for the Residential Services Program was to achieve 80% or greater planned & positive discharges each month and annually. The definition of a planned positive discharge is a discharge where the treatment team has determined that the youth is ready to leave New Haven and move to a lower level of care or a level of care equal to New Haven, but closer to family/kin.

This goal was established by the Department Heads of New Haven as a measure of effective services and treatment planning. Each discharge was categorized by the treatment team as either positive or negative. The discharge data was then entered into a quality indicator spreadsheet and reported monthly and annually.

Table 10: 2019 Residential Discharge Data

Discharges per 2019 Month Residential Program-wide Against Goal of 80% Positive													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Successful	66.7%	50.0%	50.0%	100.0%		80.0%	0.0%	50.0%	100.0%	100.0%	100.0%		75.0%
Non-successful	33.3%	50.0%	50.0%	0.0%		20.0%	100.0%	50.0%	0.0%	0.0%	0.0%		25.0%
Total	3	2	2	2	-	5	1	2	1	1	5	-	24

Table 11: 2018 Residential Discharge Data (for comparison)

Discharges per 2018 Month Residential Program-wide Against Goal of 80% Positive													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Positive	100%		75%	33%		50%		75%			0%	0%	59%
Not Positive	0%		25%	67%		50%		25%			100%	100%	41%
Monthly Discharges	4	0	4	3	0	4	0	4	0	0	2	1	22

We can see by examining the data in these two tables that some progress has been made to achieving the goal of 80% positive discharges. In 2019, the goal was met or exceeded in 5 months. The goal was not reached in 7 months nor annually.

Recommendations based upon Discharge Data

While significant improvement is seen by comparing data from 2018 against 2019, the Leadership Team is advised to review the following in order to develop a plan of correction in order to achieve the stated goal each month in each year:

- Review intake standards to ensure youth appropriate for the program are accepted into the program.
- Review treatment assessment and planning processes to help identify the appropriate services needed to meet the individual needs of each youth.
- Review treatment implementation and treatment review processes in order to ensure services are being delivered as planned with the anticipated outcomes.
- Review any other processes that may be hindering the positive discharge of youth.

Outpatient