Delaware TMP Annual Report
2013-2014

Program Background

Mid-Ohio Psychological Services (MOPS) was established in 1992 in Fairfield County and has expanded their quality mental health services throughout Central Ohio and into Delaware County in 2010. After communicating with service providers and Delaware community partners it was indicated that mentoring is a valued service and there is a strong need for a mental health mentoring program. Delaware County Juvenile Court and Big Brothers Big Sisters offer mentoring programs in the community; however, these are not specifically indicated for clients with mental health problems or a part of mental health program. Interest was expressed and the Therapeutic Mentor Program was introduced in Delaware in October 2013 as an additional service for clients and their families or guardians.

The mentor is a trained professional who works with adults and children who may be struggling with a lack of support and access to resources in the community. Additionally, a mentor can provide mentees with an opportunity to have a positive support person to coach and model healthy decision making, good communication skills, and positive social skills in the community to mentees that may have not had opportunities to have these critical skills modeled for them in a healthy way. When working with clients that have mental health needs it is beneficial to be able to provide mental health services in a therapeutic setting, but then support them with continuation of care out of the therapy office and into their community where they play, learn, live, and work. What a client may learn in therapy can be carried over and applied into the community, promoting resiliency for life's challenges and sustainability of concepts throughout the clients' lifetime.

What is the Therapeutic Mentor Program?

The Therapeutic Mentoring program is based on the "Social Support Theory," which indicates that social support can have positive effects on an individual's overall well-being. Social skills are important because they allow people to have positive experiences at home, school or work, and in the community. In addition, the program uses Cognitive-Behavioral Therapy (CBT) to help clients change their thoughts and behaviors as they relate to social, communication, problem solving, conflict-resolution, and independent living skills. Mentoring is generally understood to be the idea that through one-on-one mentoring relationships, an opportunity for growth is provided for the mentee.

Clients involved in the program are actively involved in outpatient counseling in which they are provided social, communication, problem solving, conflict-resolution, and independent living skills. The therapeutic mentor (TM) serve as the bridge between skill development and implementation, as the mentor is responsible for assisting the client with generalizing the skills they learn in therapy to the community environment. The frequency of contact with the TM is based on client need and is assessed over time based on client progress. The TM and the client's counselor work closely to ensure continuity of care and to ensure that learning is transferred from the counseling session to the practical application of the client's life.

How does it work?

The client's therapist discusses with the client if they feel they can benefit from mentoring case management services. With the client's (or guardian's) consent, the therapist completes a checklist, Assessment for CSP Services, to determine if they could benefit from case management services including the TM program. If it is determined that the client could benefit from case management services, the appropriate Therapeutic Mentor Program domain (personal independence, daily living, support system, stabilization, skill implementation, and/or positive environment) is assigned. Once this is complete, and if the client is determined an appropriate fit, the program coordinator refers the client into the program.

The client and therapeutic mentor may meet at the client's home, at school, or in the community to address and practice social, communication, problem-solving, conflict-resolution, and independent living skills. The therapeutic mentor meets with the client on a weekly basis at the beginning of treatment; however, the frequency of contact may decrease over time based on client need and progress. In addition, the therapeutic mentor meets with the client, parent(s)/caretakers, and the counselor on a regular basis to evaluate client progress. Based on the needs of the client, the length of the program may vary. The client, parent(s)/caretakers, therapeutic mentor, and counselor are in communication regarding the client's progress in the program. Once the client is referred for, and undergoes an independent review with the program coordinator it will be determined if the client will continue to benefit from services of the program, or, if the client's treatment goals related to the program have been successfully achieved, then program completion will occur.

Program Participants (Demographics)

The total number of Delaware TMP participants in the fiscal year was twelve. Of the twelve, ten participants were youths, and two were adults.

	Participants	Average Age	Average # of case management sessions
Adult	2	23.5	26
Youth	10	9.91	15.35
Total	12		

The following demographics are split specifically to adults and youth participants.

Adult Participants of the Therapeutic Mentor Program Demographics:

Due to a limited number of participants in the adult TMP, graphs have not been included.

Racial Demographics: The adult clients enrolled in the TMP were split demographically into two divisions per the client report. For the fiscal year 2014, 1 adult was African American, and 1 adult was Caucasian.

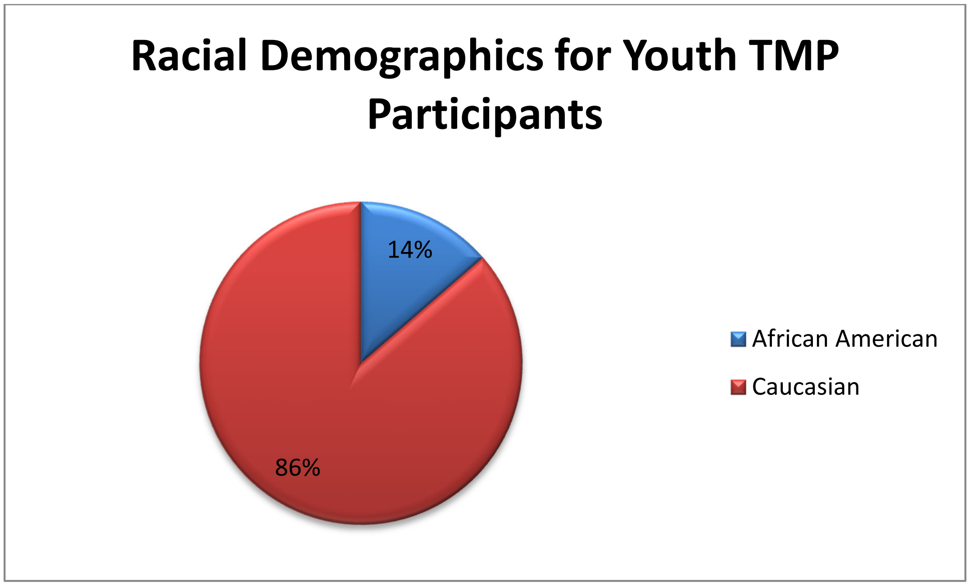
Gender Distribution: In the fiscal year 2014, gender distribution was looked at. Enrolled in the adult TMP were two males.

County of Residence Distribution (based on the county the client resides in): Delaware County had the only two participants in the adult TMP in fiscal year 2014.

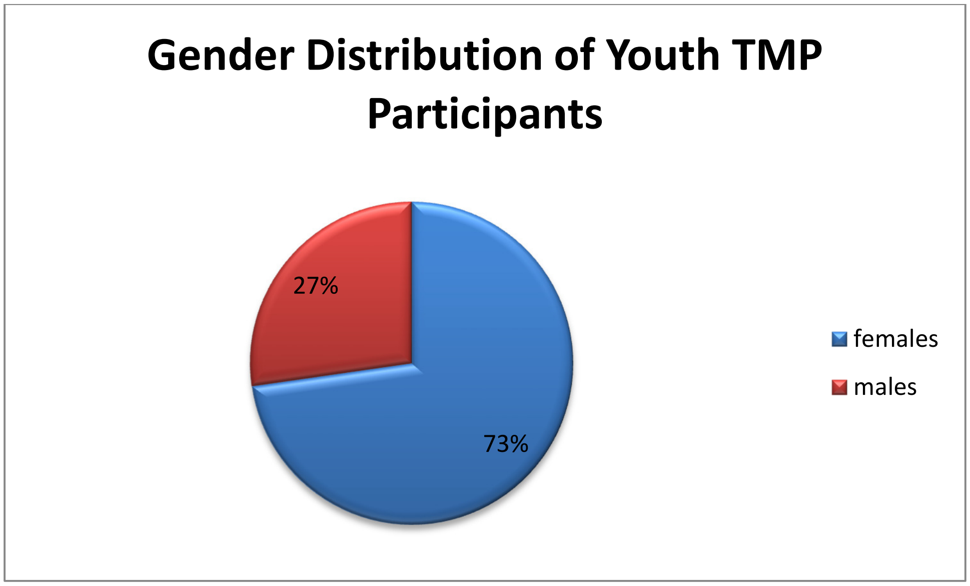
Primary Diagnosis Distribution: Of the adult TMP participants, the two diagnostic categories for the adult participants are one with a disruptive behavior disorder and the second participant diagnosed with a mood disorder. As the program grows, the diagnostic categories will likely expand and a more detailed explanation of diagnosis will be taken into consideration.

Youth Participants of the Therapeutic Mentor Program:

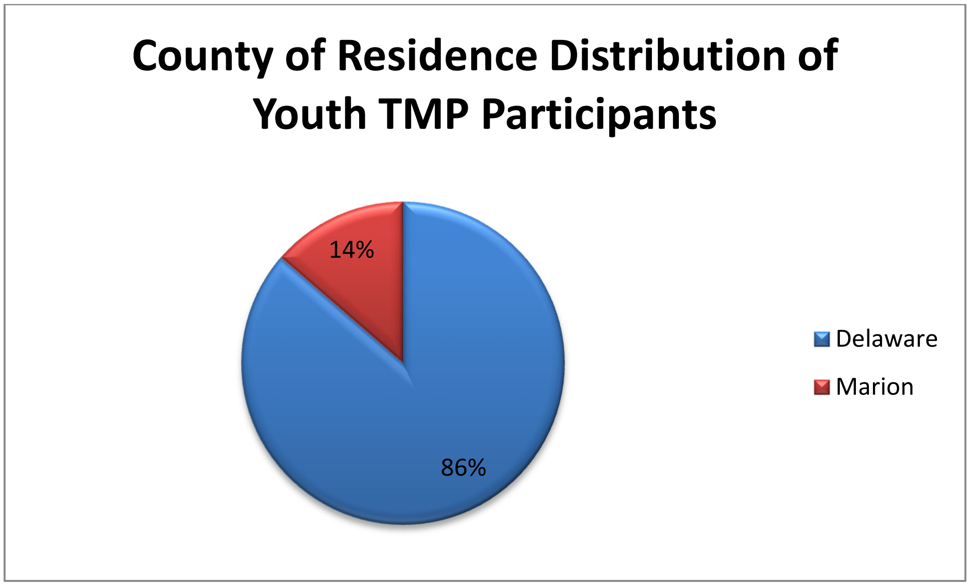
Racial Demographics: The youth clients enrolled in the TMP were split demographically into two divisions per the client report. For the fiscal year 2014, one youth was African American, and 10 youth were Caucasian.



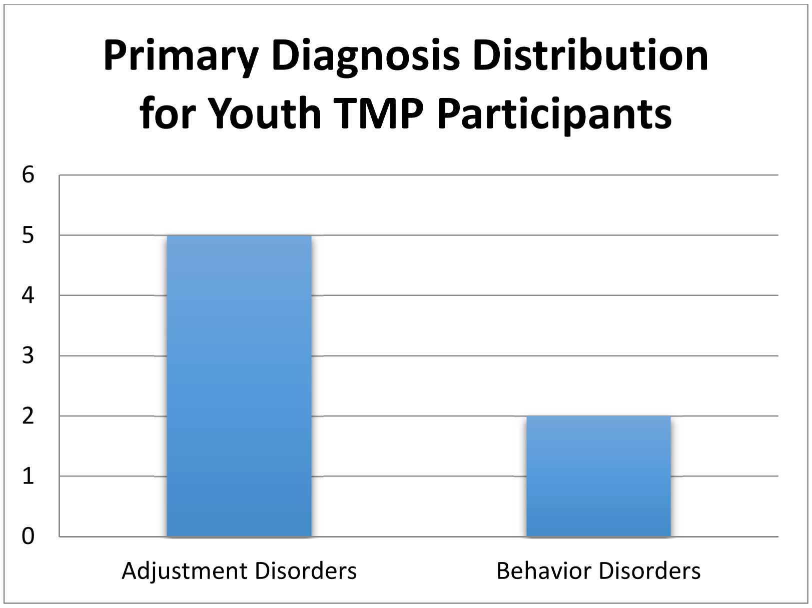
Gender Distribution: For the fiscal year 2014, more youth females than males were enrolled in the program.



County of Residence Distribution (based on the county the client resides in): The youth participants were referrals from two counties, Delaware and Marion.



Primary Diagnosis Distribution: Diagnostic categories for the youth TMP were broken down into two sub-groups based on primary diagnosis assigned by the treating therapists.



Service Utilization

Adult Service Utilization

***Fiscal Year 2014** -In the fiscal year 2014, October 10, 2013- June 30 2014, there were 14 clients enrolled in the therapeutic mentor program. On average, participants received 27 CSP units over the ten month timeframe. Three of the 14 participants dropped out of the program for various reasons including, moving out of the area, incarceration, stopping*

services. One participant completed the program and successfully terminated over the course of five months. It is important to note that clients participated in additional services at the agency including diagnostic assessment, individual psychotherapy, group therapy, coordination of care by the therapist, and psychological evaluation. These service types were not included in the report as they are not specifically part of the Therapeutic Mentor Program.

Services	Charge/ Hour	Total Charge	Billable Hours
Case Manager/ Mentor	$85	$32,130	378

Fiscal Year 2015 Projection* - *In the fiscal year 2015, July 1 2015 – June 30 2015, it is projected there will be an increase in clients enrolled in the therapeutic mentor program. It is projected 25 clients will be enrolled and will average 40 units in the year. It is important to note that the estimated annual CSP units were increased from 27 to 40 since the program will occur over an entire year as opposed to nine months.

Services	# of People Receiving the Service	Unit Definition (in hours)	Average Units per Year	Charge /Hour	Total Charge	Billable Hours
Case Manager/ Mentor	25	1	40	$85	$85,000	1,000

Program Budget - Expenses	
Payroll	$69,955.00
Occupancy	$8,330.00
Travel	$935.00
Professional Development	$510.00
Office Supplies	$1,870.00
Communication	$595.00
Insurance	$595.00
Advertising	$340.00

Miscellaneous Expenses	$425.00
Bad Debt	$170.00
Information Systems	$1,190.00
Depreciation	$85.00
Total Expenses	**$85,000.00**

Program Outcomes

Consumer outcomes is a tool that speaks to the extent to which an intervention results in a desirable condition. In general, when measuring success of the TMP, the goal is for the participant to make changes and have improved outcome scores in the following areas; community system involvement, family and social relationships, emotions, and social and occupational functioning. Outcomes are completed by the client at least once every three months or more if the client's goals were changed or new ones were developed and the Individual Service Plan was updated.

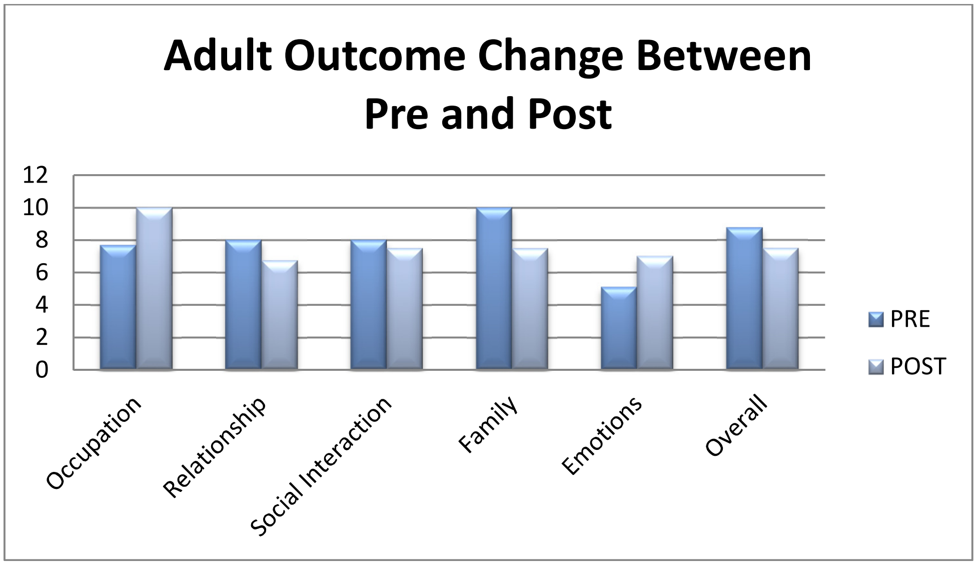
There are many factors to consider when analyzing Outcome data. One factor to consider is the inappropriate placement of participants into the TMP. Without appropriate guidelines in place, participants were enrolled in the program when they needed more intensive and longer term or traditional case management services. Clients that are considered to be Severely Mentally Disabled (SMD) are more likely to benefit from traditional case management services rather than therapeutic mentoring services. SMD clients are likely to require ongoing support over long periods of time in additional areas beyond the therapy session. For the fiscal year 2015, clear guidelines have been established to help determine if clients should be placed in the TMP. For fiscal year 2014, there were more outcomes reported than participants who were included in the program. It is likely this is because participants were initially selected to be in the TMP; however, with further assessment it appeared they would benefit from traditional case management. Client data for those that were initially enrolled and not appropriate for the program have not been included in this report.

Another factor to consider when looking at Outcome data is the enrollment period of participants. In the data represented here, two participants of the program were not included in the outcome measure due to their being enrolled for less than 90 days. If a participant has been enrolled less than 90 days the participant may not have had the opportunity to complete a second measurement. In the case of the two participants referenced, only one measurement was administered, thereby it was not possible to measure any changes in their reported functioning.

The outcomes success varied between adult and youth participants. The area of least success was with adults was "friends."

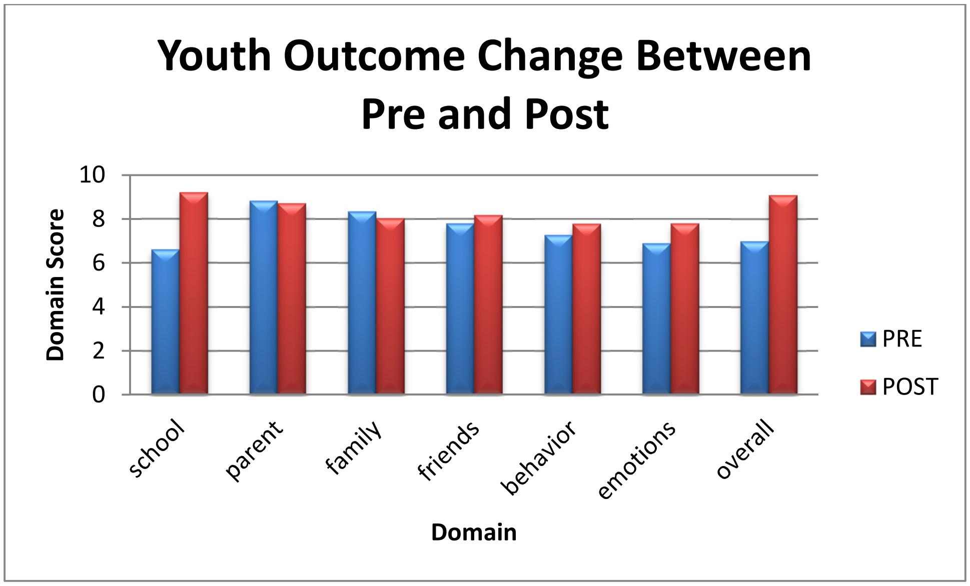
Average Differences for Pre and Post Adult Outcomes

Outcome domains measured: Occupation, Relationships, Social Interaction, Family, Emotions, and Overall Functioning. At times clients may present better off than they truly are when they initiate services. After engaging in therapy, the client likely engages insight about their problems and ranks their functioning lower than the initial outcome. The occupation and emotion domains demonstrated the most improvement. Other domains, such as relationship, social interaction and family did not demonstrate improvement possibly due to the client gaining insight in the severity of their struggles. Additionally the small sample size likely has an impact on the validity of the outcome data.

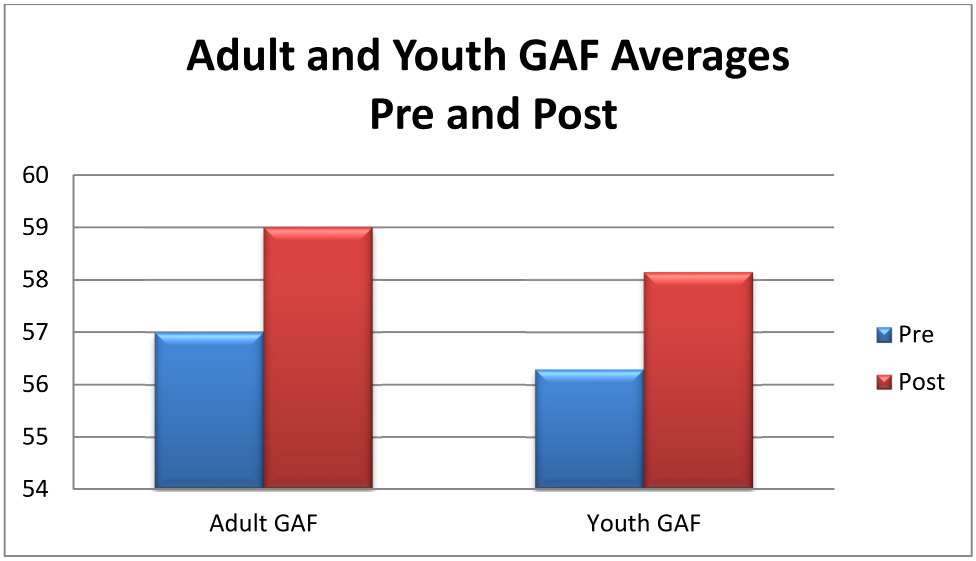


Average Differences for Pre and Post Youth Outcomes

Outcome domains measured: School/Work, Parents, Other Family, Friends, Behavior, and Emotions. In the youth program the area between pre and post with the most success is with school and overall functioning. In the domains of behavior and emotions the participants demonstrated improvement. The domains of parents, family, and friends demonstrated little to no change.



When analyzing how the clients self-ranked on the overall functioning domains it appears that the youth clients showed an improvement by 20%, however the adult clients showed a decrease in overall functioning by 10%. When the clinician assessed for overall functioning utilizing the Global Assessment of Functioning (GAF) score, there was an improvement of two points on a 100 point scale for both youth and adults. The adult clients ranking may have decreased due to clients' increase awareness or insight into their presenting issues or concerns while the clinician perceives this insight improving as an overall increase in functioning. In both the youth and adults, the GAF scores have increased, indicating a positive outcome.



Recommendations

- In fiscal year 2015, the CSP Assessment form will be completed to determine if the client is placed with traditional case management services or placed in the TMP. If it is determined that the client is placed in TMP; they will be assigned at least one of the following domains to work on: social, communication, problem-solving, conflict-resolution, and independent living skills.

- As the program grows and develops, all clients will be required to go through an independent review before successfully completing the program. The independent review will support the program with statistics explaining the domains for adults and youth, as well as determine if the client has successfully completed the program (i.e. client TMP goals have been met), or if they could further benefit from the services.

- Due to vague enrollment criteria at the onset of the program it is challenging to identify the successes and challenges from the Outcome data collected. The outcomes for the program are representative of the program's success and challenges. With a defining of the criteria and growth of the program, more outcome data will be collected and will be an indicator of program successes. The program coordinator will track to ensure that outcome data is being collected.

- The program coordinator will provide ongoing supervision for the therapeutic mentor to ensure high quality service and further clinical development.

- The program coordinator will participate in more community events, trainings, and meetings in order to market the program, increase referral sources, and build community relationships.

- The program coordinator will further assess the community's need for mentoring program and structure the program to be consistent with research and evidence support mentoring programs. The program coordinator will continue to coordinate with providers to link services.