

# FY 2015 Program Highlights & Outcomes

# Mission

We support individuals and families in their efforts to meet economic, social and emotional challenges and enhance their well-being.

## **Vision**

Through programs, advocacy and collaboration, people are empowered to discover their potential and live as engaged citizens, free of stigma, within a thriving community.

www.CommunityCareRI.org

# Introduction

Community Care Alliance was formed on July 1, 2014 with the merger of Family Resources Community Action (est. 1891), a community action agency and family service organization, and NRI Community Services (est. 1966), a community mental health center. Over the past year, we have been working to create a seamless human service organization that helps address the multiple needs of the people we serve. This report is a brief summary of program activity and outcomes for fiscal year 2015 (July 1, 2014 – June 30, 2015). Program descriptions and highlights are organized by the three agency divisions: Community Support & Recovery Services, Housing, Workforce Development, and HIV Support Services, and Family Well-being & Permanency.

It is important to note that staff works in interdisciplinary teams across the agency to ensure that the needs of individuals and families are addressed holistically.

# Key

- † Client Engagement
- Outcomes

# Community Support & Recovery Services

The families and individuals we serve frequently have multiple needs not easily resolved by traditional, silo-oriented service delivery systems. For this reason we implement a recovery-driven model that is individualized, strength-based and multi-faceted. Our framework for care assumes recovery to be a continuing, developmental process utilizing multiple tools and resources that may include peer support, formalized treatment and other services, employment training, education, development of life skills and housing support. Foremost, recovery-focused care must engender hope, dignity, respect and empowerment for individuals and families.

Here are just some of the many personal stories and quotes demonstrating the impact these programs & services have had on the lives of the people we serve:

Leon was first admitted to Singleton House in January, 2013 after his Community Support Program team had advocated for and secured a residential placement for him. Before moving to Singleton House, Leon experienced auditory/visual hallucinations and anxiety. There were times when he was not taking his meds and was drinking and smoking marijuana, and his housing situation was precarious. He regularly ended up in the Emergency Room. While there he learned healthy coping skills and ways to better manage his illness. His ER visits drastically reduced and eventually he learned other ways to cope. He was supervised with his medications at first, but now takes them on his own. After a year, Leon transitioned into a supervised apartment where he lives more independently. He is active in his treatment, working on his recovery with a CSP substance abuse specialist and a clinician, attends groups at the CCA Wellness & Recovery Center, and has participated in a culinary program. He has been clean and sober for almost 3 years and after multiple tries has also quit smoking. He is just one of many who have begun to turn their lives around at one of our residential homes.

The Wilson House gave me a chance when everyone else had given up on me. Who knows if it is the 2nd or 50th attempt at recovery that it will finally stick? It is because of the unwavering compassion of the Wilson House staff that I'm here today."

- Arron M, Wilson House client

66 I was taught that anyone can work and have a full life even if they have a mental illness."

- Community Support Program (CSP) Client

66 My life is 180 degrees better with the services I receive."

- Community Support Program Client

66Chicoine group home has the amount of stability I need to move forward and the amount of freedom and independence to grow."

- Chicoine House Resident

# **Community Support Program (CSP) / Health Homes**

Provides clinical and support services for individuals and families with long-term needs associated with mental illness and substance abuse. Our goal is to help people live as independently and as fully integrated within the community as possible. Our Health Home case managers and multidisciplinary teams work together in the home or out in the community to help people maintain their health and wellbeing. Our Health Home integrates health monitoring and medical coordination within the treatment plan adding a more holistic approach to support services.

- † 1,210 unduplicated individuals received SPMI Health Home Services. This includes the programs of CSP and MHPRR.
- 80% of clients who were psychiatrically hospitalized had contact with a Health Home team member within 2 days post discharge; 85% had contact within 7 days.
- 87% of individuals served (in a Health Home serving clients with Severe Persistent Mental Illness SPMI) avoided an inpatient psychiatric admission.
- Only 35 clients (or 3%) had a repeated psychiatric hospitalization within 30 days.
- ♣ Improved health monitoring: 90% of individuals served had their blood pressure monitored and 84% had their BMI monitored.

# Mental Health/Psychiatric Rehabilitative Residences (MHPRR)

Provides 24/7 on-site support and crisis intervention for persons with serious and persistent mental illness. Provides psychiatric assessment/treatment, co-occurring substance use treatment, service coordination, medication management, and daily living skills training.

- 46 clients were served in CCA's four residential programs; the monthly census capacity is 41 clients.
- ♣ 90% of clients have been able to avoid psychiatric hospitalization.

# **Wellness & Recovery Center**

Provides recovery support, empowerment and clinical services for adults throughout the agency. Services include: psychotherapeutic groups, community support groups, animal assisted therapy, luncheon café, computer lab with WIFI, and more. Welcoming atmosphere fosters peer support and hope; key components for recovery.

- Over 12,000 client hours of service were provided.
- Offered 19 psychotherapeutic groups, 15 educational/ special interest groups, and 3 community-based groups.

# **Alive Peer Support**

A program of CCA affiliate, Community Staffing Resources, provides social activities to adults with a lived experience of mental illness/addictions on evenings and weekends. Alive also offers employment opportunities to people with lived experience that are returning to the workforce.

- Over 250 members accessed support, advocacy, transportation and recreational activities, of which 96% were CCA clients.
- 965 hours of social events (i.e., movies, shopping, beach trips, art classes, music, advocacy forums) were available with 9225 member hours of participation.
- Co-sponsored Peer Recovery Specialist training (pilot for new BHDDH curriculum) and trained 33 people with lived experience of mental illness/addiction
- Employed 5 people with lived experience of mental illness/addictions.
- Membership increased 14% with an overall 16% increase in monthly attendance at events.

### **Wilson House**

Provides men with chemical dependency with the opportunity to focus completely on recovery in a home-like atmosphere. The highly structured program emphasizes relapse prevention. Offers supportive services that can become a part of the client's safety net after discharge.

- 95 clients served.
- #48 clients were designated as having treatment completions.

# **Acute Services/Emergency Services**

Provides 24/7 crisis intervention for adults and children experiencing a psychiatric and/or substance abuse emergency.

- † 1,534 psychiatric evaluations were performed by Emergency Services (ES) staff in the Landmark Hospital Emergency Room.
- ES staff completed 581 crisis evaluations/visits in the office and in the community.
- ♣ 126 clients were diverted from psychiatric inpatient treatment and admitted to the CCA ASU.
- ♣ 107 clients were referred to an outpatient behavioral health provider, and 9 were referred back to Thundermist Health Center.
- ♣ 507 CCA clients were diverted from the Emergency Room to CCA services.

# **Acute Stabilization Unit**

Offers 24/7 on-site crisis stabilization and counseling and diversion services to reduce reliance on psychiatric hospitalizations and/or as a step down from hospitalization.

- 1,203 individuals were served (629 privately insured clients; 574 admissions for individuals with Medicaid).
- † 74 clients in crisis were referred from Wilson House to the ASU for stabilization.
- Hospital Diversion of total admissions, 103 were facilitated by CCA ES staff at the Landmark Medical Center emergency room, leading to a less restrictive level of care for these clients, rather than inpatient care.
- 44 ASU clients were successfully transitioned to a less restrictive care environment (Wilson House) upon discharge.

# **Rise to Recovery**

Offers trauma-informed substance use prevention and recovery to help individuals and family members recover from the negative consequences associated with substance use and addiction. The Partial Hospitalization and Daytime Intensive Outpatient Programs began accepting referrals in December, 2014.

- † 109 clients were served in the new Partial Hospitalization Program and new Daytime Intensive Outpatient Program (21 PHP only; 54 Daytime IOP only; 34 both PHP/IOP).
- † 111 clients were served in the Evening IOP program.
- Increase in Readiness to Change Following participation in PHP/IOP, more clients were involved in the active stage of change at the conclusion of their treatment than when they started. This indicates clients are actively working on their recovery, planning to prevent relapse and taking part in recovery efforts to promote a sustained recovery experience. Clients moved from 23% active stage of change to 29% as indicated in a small survey.

# **Community Incident Support Team**

Acute Services staff in collaboration with law enforcement partners provided education and facilitated training seminars to police officers in the recognition and response to mental illness.

- † 140 police officers in four RI communities were trained.
- 40 officers in nine RI law enforcement agencies participated in CCRT certification training (4 day).
- † 50 new members of the RI Disaster Response Team were trained; 40 existing members participated in re-fresher course training.
- A noted state-wide decrease in violent encounters, deadly force incidents and arrests/incarcerations involving individuals suffering from mental illness during street encounters with police.
- Trained officers reported feeling more confident in using non-violent verbal skills during these encounters and are displaying more respect, empathy and dignity towards individuals suffering from mental illness.

# **Northern Western Prisoner Reentry Program**

Provides assistance to ex-offenders integrating into the community upon release. Ninety days prior to release the Reentry Resource Coordinator assists with needs, such as obtaining state ID, bus passes, education, employment, and individual post-release plans. The Resource Coordinator continues support and follow-up for 60 days after release with the ex-offender's service providers and Probation and Parole. A Reentry Peer Advocate with lived experience mentors this population.

- 428 ex-offenders were served in total; 211 in Woonsocket, 127 in Cranston, and 90 in Pawtucket.
- † 340 clients were male; 88 were female.

# Housing, Workforce Development, & HIV Support Services

The majority of the people we serve live at or in many cases below the federal poverty line. Meeting one's basic economic needs is essential to mental health and well-being, as well as the ability to provide positive parenting and nurturing of children. In order to serve people in a holistic manner, we help individuals and families address economic insecurity through multiple strategies including basic needs support, vocational services, employment & training, emergency shelter, transitional and permanent supportive housing, financial education and tax preparation/access to Earned Income Tax Credits.

Here are just some of the many personal stories and quotes demonstrating the impact these programs & services have had on the lives of the people we serve:

66 I am a recent recipient of funds from the HPRP program (Rapid-Rehousing). Before receiving this help from Community Care Alliance, me and my daughter who is 10 months old, had been, as a direct result of my pregnancy and domestic violence, living in a community setting for about a year... My daughter and me now spend much more quality time together playing learning games and doing activities that promote good physical and emotional development. Because of this program I went from unfair, inadequate, housing where my baby suffered... to our own apartment that wasn't just four walls but we were able to furnish to look and feel like home... Without the HPRP program I might still be living in a shelter. I am a happier person and better mom. Thank You, Thank You... For the opportunity to be in this program where I have gained stability and have solid ground for a new start."

—Client served through CCA's Family Support Center

Like many single moms, Felicia struggles every day to make ends meet. Last year without steady employment and unable to pay the rent, she and her daughter become homeless. Felicia came to the Woonsocket Shelter, where, with the help of her case manager, she took steps to address the barriers preventing her from having a stable place to live. Felicia completed CCA's employment training

and financial literacy classes, and received housing and other basic needs assistance. She also received critical emotional support through counseling and parenting classes. After a year of hard work, Felicia gained her independence and she and her daughter are now living in an apartment.

66 l love being in my own place, being able to do everything on my own."

—Felicia (see previous story), served through the Woonsocket Shelter and connected to an array of other CCA programs.

The Youth Center gave me the courage I needed to be myself and the skills needed to succeed while Employment and Training allowed me to use those learned skills and improve upon them as an adult. In only three years I was able to go from a high school drop-out to a full-time employee. I consider the staff at Community Care Alliance as family. Without their positive energy, their support, and their occasional push, I can honestly say I would not be where I am today. What they do for the community really does make a difference!"

—Christopher, Youth Center & Workforce Training participant

# **Family Support Center**

Provides resources, information and referrals to low income households in Woonsocket addressing a range of basic needs including utilities, housing, food and other crisis concerns.

- 3,384 households representing 5,758 individuals were served.
- † 2,151 referrals were made to income-based programs such as LIHEAP and SNAP.
- ♣ 4,105 households (duplicated) received food vouchers and commodities.
- ♣ 168 households were assisted with insurance application and/or re-authorization.
- ♣ 424 households received utility, rental or other assistance to prevent homelessness.

# **Holiday Programs and Milk Fund**

CCA processed over 980 applications for the Adopt-a-Family program that provided more than 2,000 Woonsocket children with holiday gifts and clothes from donors in the community. CCA coordinated the distribution of 418 food baskets during the holidays to families in need. The Milk Fund administered by CCA served an average of 233 families a month.

# **The Woonsocket Shelter**

Provides emergency housing and supportive services for single women and families so they are able to address their barriers to housing. (In FY15, figures represent clients served in the two shelter buildings and six emergency apartments.)

- † 22,353 bed nights of shelter were provided.
- 212 individuals were served; included 60 families with 107 children, and 32 single women.
- † There were over 3,000 individual staff contacts with residents involving case management, crisis intervention, shelter services and transportation.
- Over a third of shelter residents received some type of counseling services from CCA.
- ♣ 84% of individuals that left the shelter went to permanent housing or a transitional housing program that provides housing for up to two years; this represented 128 individuals.

# **Transitional Housing**

Case management program to help families strengthen their self-sufficiency skills to remain in their new housing after leaving the shelter.

- † 75 individuals in 27 households/families were served.
- 43 individuals went to permanent housing.

# **Permanent Supportive Housing**

Provides housing and supportive services to homeless individuals and families who have substance abuse and mental health concerns.

- † 37 individuals in 32 households were served (Constitution Hill Women's House, Burnside & HOPWA).
- 4 6 residents have maintained housing in the program for over a year, and 4 residents have lived in the housing for over two years.

# **Recovery Housing**

Shared sober housing living for men, including veterans, and women that provides supportive services (includes Fairmount, Teddy Jackson House and Capitol Hill House).

- 86 individuals were served.
- With the opening of Fairmount II in November, 2014, the recovery housing capacity was increased by 40%.

# **Shelter Plus Care Supportive Housing Apartments**

Provides housing for people who are chronically homeless and disabled.

- ₱ A total of 61 individuals in 30 households were served; 11 were households with families and 9 were adults without children.
- Adults in 24 households received mental health counseling services, 5 individuals received services from the Agape Center, and 5 were veterans receiving services from the Providence VA.

# **Assisted Living**

Provides supervision of basic activities of daily living, healthcare coordination, medication administration, recreational activities, and healthy foods for individuals with severe and persistent mental illness.

• 54 individuals were served.

# **The Agape Center**

Provides case management, resources and advocacy in a safe, confidential setting for people living with HIV/AIDS.

- 111 individuals were served.
- † 72 individuals received 3,647 hours of case management services.
- † 70 individuals received on-site meals.
- 133 individuals accessed the food pantry.
- † 100 individuals received personal care items.
- All case management clients met or surpassed the standard of seeing their healthcare specialist once every 6 months.

# **Occupational Skills Training**

Hands-on training programs to help individuals gain skills and experience for career advancement. Includes work-readiness, financial literacy and job placement assistance. Trainings range in length from 4 to 10 weeks and include national certifications.

- 80 individuals completed CCA's occupational training programs.
- \$ 54 individuals completed St. Antoine Healthcare Training Collaborative CNA training, for which CCA is a partner.
- ♣ 65% of individuals completing CCA occupational training were placed in jobs.
- $\rlap{$\stackrel{>}{\sim}$} 99\%$  of individuals completing CNA training were placed in jobs.

# **Volunteer Income Tax Assistance (VITA) Program**

Provides free tax preparation for low-moderate income individuals provided throughout the year.

- † 1,200 tax returns were prepared.
- \$1.6 million in refunds were returned to the community, \$625,000 of which was in Earned Income Tax Credits.

### Woonsocket YouthWorks411 Center

Drop-in center for youth ages 14-24 providing career exploration, job readiness, employment, academic skill building, college preparation, leadership development, access to computer lab & more.

- Over 400 youth and young adults accessed Youth Center services
- 100 youth and young adults received one-on-one assistance or attended workshop on college preparation.
- 200 youth and young adults received one-on-one assistance or attended a workshop on work-readiness training.
- † 300 youth and young adults took part in annual holiday dinners and monthly dinners.
- \$\mathbb{B}\$ 100 youth and young adults were employed through the summer jobs program.
- 4. 65 youth and young adults found employment independently by utilizing job readiness skills acquired at the Youth Center.

# **Financial Literacy**

The LISC Financial Opportunity Center (FOC) provides wraparound support services to low-moderate income individuals around financial literacy, employment & education, and access to income supports.

- 1 239 individuals received services from the FOC.
- 84 new FOC members completed a financial assessment with a financial coach.
- † 40 financial education classes were held during which 150 individuals received training.
- Over 96% of FOC clients received services in two or more of the key service areas to strengthen their financial condition.
- ♣ 32 FOC members showed an improvement in their FICO credit score; the average increase was 48 points, bringing the average credit score of all members to 626.
- & 82 individuals saw their monthly net income rise, and 40 individuals saw their net worth go up.

# Family Well-being & Permanency

We engage individuals and families as early as possible, assisting them with strategies and solutions that reinforce their self-determination and reduce the likelihood of intrusive, restrictive interventions. To this end, we provide critical supports and services to infants, toddlers and their families under stress, parents who have come to the attention of the child welfare system, youth and adults struggling with their first psychiatric episode, and other populations in need.

Here are just some of the many personal stories and quotes demonstrating the impact these programs & services have had on the lives of the people we serve:

As a young boy, James experienced family trauma that affected him in many ways—his behavior, school, relationships. He came to Community Care Alliance (then NRI Community Services) where he received outpatient and intensive home-based services to help him address these issues. His clinical therapist helped him over the past 8 years by providing a stable, reassuring presence, and working with him on strategies to gain control and calm down. The family's openness to services helped James to build more positive relationships. James' participation in a summer camp boosted his confidence, and he is now actively participating in school activities including hockey and track.

My way. Before, I would explode over anything. The support I received (from CCA and other programs) was major. It helped me face lots of fear and problems like sharing and controlling myself. My next steps are to complete high school and pursue a degree in college. My hopes and dreams are to be successful in any degree I choose, own a house, and start a family with beautiful children. I need to focus and not give up on my dreams and keep in contact with the ones who helped me the most."

—James (see previous story)

Care Community Partnership) is the best I have ever received from any agency. When I first moved to Woonsocket I was going through a lot of life changes. FCCP help me with school for my daughter, and also connected me with any extra services that my daughter needed. They also help me get into transitional housing, and Woonsocket housing. We were more than just clients. They also did activities with my daughter. They gave me a little more confidence to do more with my life, so I completed school for medical assistants, and I would like to go to school for EMT. I'm happy that my life is back on track. I feel like if FCCP wasn't there to help me along the way it wouldn't be possible, and for that I thank them."

—Rachel, FCCP client

66Our family had an incredible experience with Early Intervention. Our daughter has grown and developed in ways we could not have imagined because of the support and coaching of our team members. We are more confident parents because of EI."

—Early Intervention Client

66 I don't always have the answers, but you are here to guide me."

—Healthy Families America Client

# **Early Intervention**

Provides support to children ages birth to three with developmental delays and their families.

- Received 252 referrals, and completed 253 new intake assessments.
- Served 598 children during the fiscal year.
- 92% of families surveyed report feeling more knowledgeable about their child's development and how to help them progress.
- 53% of children transitioning at age three were eligible for school department special education preschool services.

## **First Connections**

Short term home visiting program that assists families with children under the age of three and families expecting a baby through support and referrals to community resources.

- Received 1,666 referrals and completed 699 intakes.
- Monitored over 100 pregnant women to ensure complete of Hepatitis B vaccine series and prevent Hepatitis B transmission.

# **Healthy Families America**

Long-term home visiting program for families with children under the age of three and families expecting a baby providing assessments, prenatal and parenting guidance, care coordination, and referrals to other services.

- Completed 95 family surveys and enrolled an additional 26 families, bringing the total census to 63 for the reporting period.
- 92% of families received training on injury prevention.
- There were zero reports of suspected maltreatment and/ or substantiated abuse & neglect.
- 85% of new mothers discussed preconception health with their medical provider within six months of giving birth, and 85% reported using birth control for at least six months postpartum.
- 100% of children were up to date on well-baby visits.
- ♣ 86% of families remained in the program for at least the first 12 months after the baby's birth, thus receiving additional supportive services.

### **Youth Success**

Provides supportive services for pregnant and parenting teens under age 20 that are living in Woonsocket; includes case management, educational and vocation goal-setting and life skills training.

- † 41 teens/young adults and their families were served.
- There were no repeat pregnancies for teens/young adults served in program.
- 3 youth received their high school diploma.

# **General Outpatient Services**

Provides individual, couples, family and group counseling, DUI and substance abuse treatment, problem gambling treatment, psychiatry, trauma services, and medical evaluation and consultation.

- 1,831 adults were served in the adult GOP & Enhanced Outpatient Services programs.
- † There were 10,489 adult client visits/contacts during the year.

### **Children's Behavioral Health**

Provides individual and family counseling, psychiatry, addiction prevention/treatment and trauma services. Children's Intensive services includes crisis assessment and stabilization, intensive home/community-based services, clinical & case management, and psychiatry for children and their families.

- 1,222 children were served (includes both outpatient and intensive home/community based services).
- † There were 11,830 child client visits/contacts during the year.

# **Northern RI Family Care Community Partnership**

Brings community-based service providers, family members and friends together to coordinate services to address needs identified as priorities for families.

- 321 families were referred to the program.
- 275 families were served through the NRI FCCP, (183 by CCA), representing 473 children served by CCA and partner CCAP.
- ♣ 300 cases for the NRI FCCP were closed during the program year; 43 % of these cases were closed due to families meeting some or most of their goals.
- ♣ Only 3% (10 cases) opened to DCYF during this time period.

# **Intensive Family Preservation**

Home based program that uses wraparound principles to provide intensive services for families in need of long-term stabilization to avert placement or assist with reunification (referrals by DCYF).

- 36 families were served.
- & 8 of the 19 families whose children were in foster care were reunited with their children

## **Northern RI Visitation Center**

Serves families of children in the care of DCYF due to substance use or mental health concerns. Families are able to have supervised visits in a home-like setting while receiving support in their recovery.

- 66 families were served.
- 15 families with 21 children were reunified.
- 4 64% of families had a positive permanency outcome.
- & 68% of families demonstrated growth in parenting skills at close.

### **Treatment Foster Care**

Engages children, biological families, foster parents, providers and natural supports to develop treatment plans to achieve permanency while ensuring each child's overall health and well-being.

- 40 children were served.
- ♣ 16 children were discharged; 75% were positive outcomes (either reunified with parents or transitioned to kinship care).

## **Alternative School Services**

Licensed, accredited schools providing education through an integrated academic and therapeutic approach; students are referred by local education agency.

- 91 children were enrolled in CCA's alternative school programs (24 in Viola Berard & 67 in Sunrise School).
- & 8 students returned to their home school due to their positive progress.
- 3 students received their high school diploma.