

**Harford County Health Department  
Teen Diversion Program**

**END OF YEAR SUMMARY  
FY 2016  
AND  
STRATEGIC PLAN  
FY 2017**



**Public Health**  
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**Harford County  
Health Department**

# Teen Diversion Program

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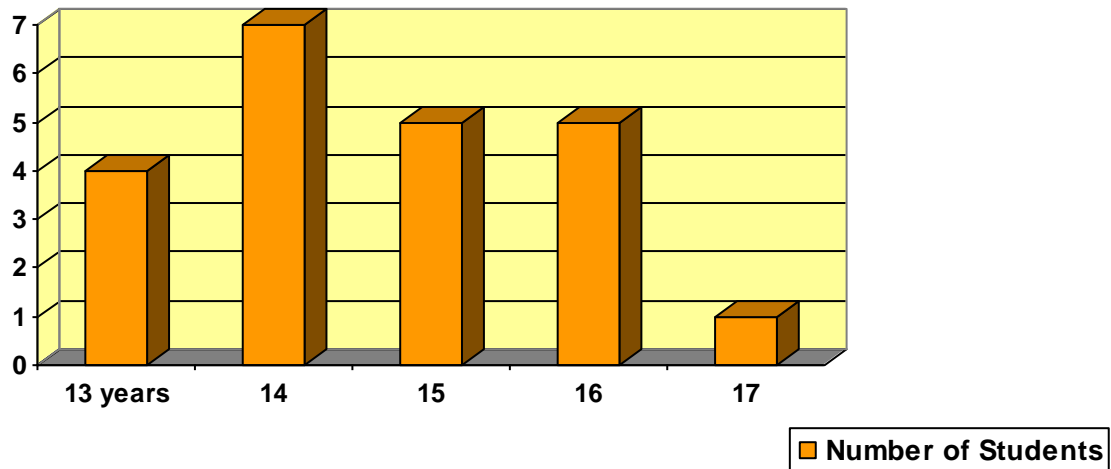
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## END OF YEAR SUMMARY FY 2016

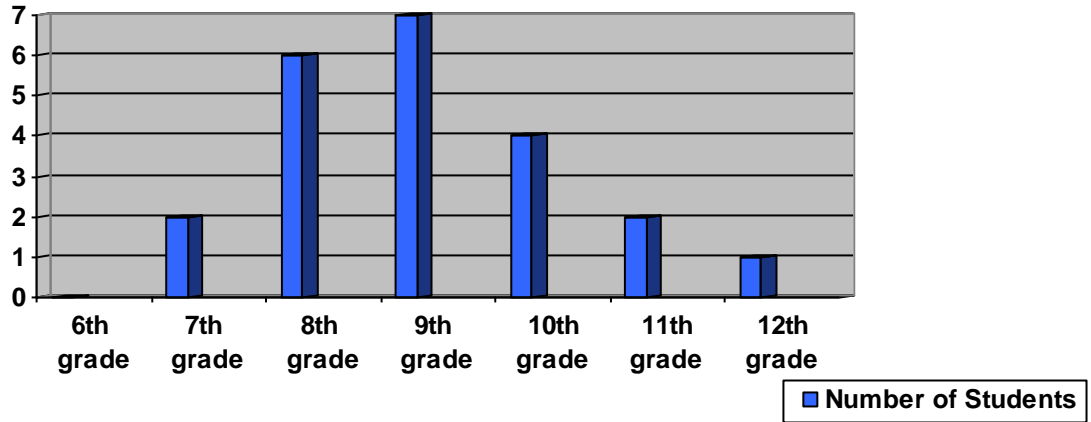
This summary includes three parts: a demographic overview; an evaluation of the Office on Mental Health's performance measures; and a narrative by the Teen Diversion Program Director. The OMH Performance Measures are based on those students who completed the program. The Teen Diversion Program also surveys clients and their parents/guardians to evaluate the efficacy of the treatment model and parent satisfaction. The survey was completed by July 2016 by providing surveys at Teen Diversion, mailing surveys and/or telephoning parents of students who had completed the Teen Diversion Program between July 1, 2015 and June 30, 2016. Twelve clients and seventeen parents/guardians responded to the satisfaction surveys.

### DEMOGRAPHICS

- Number of Teens Served This Fiscal Year:  
Total Day Program: 22      Total AfterCare Program: 10
- Gender:                      Male: 9                      Female: 13
- Insurance Status (Day Program students, some duplication):  
Medical Assistance: 15      Self-Pay: 7              Third Party Contract: 0
- Age at Start of Teen Diversion:



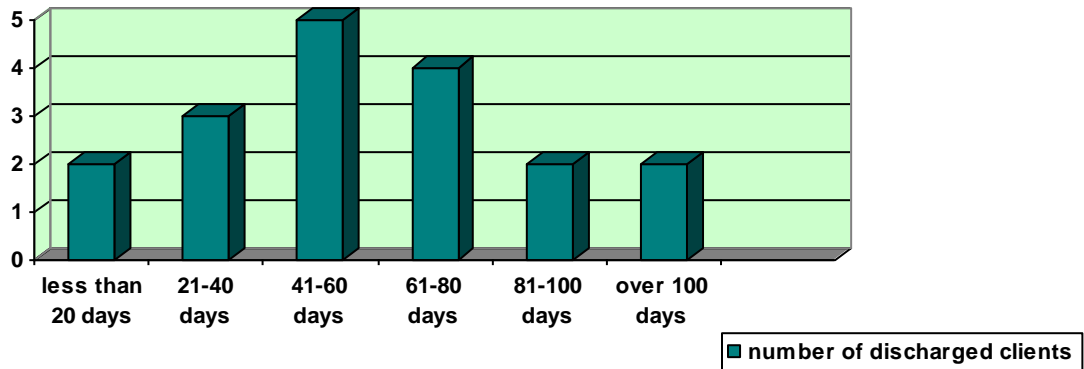
5. Grade at Start of Teen Diversion:



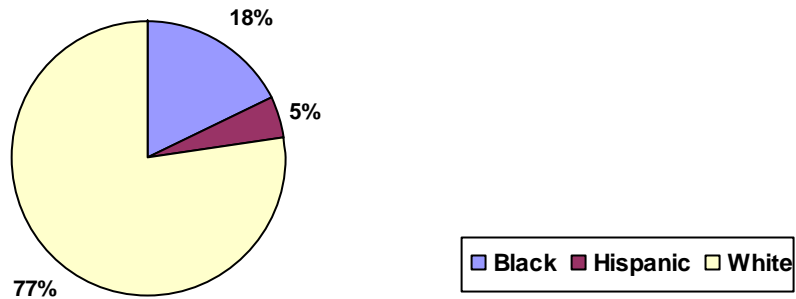
6. Home Schools/Placing Schools Represented:

Aberdeen High School	4
Aberdeen Middle School	1
Alternative Education Program	1
Bel Air High School	1
Bel Air Middle School	3
C. Milton Wright High School	5
Edgewood High School	1
Edgewood Middle School	1
Fallston High School	0
Fallston Middle School	0
Harford Technical High School	1
Havre de Grace High School	0
Havre de Grace Middle	2
Joppatowne High School	1
Magnolia Middle School	0
North Harford High School	0
North Harford Middle School	1
Patterson Mill High School	1
Patterson Mill Middle School	0
Southampton Middle School	0
John Carroll (private)	1 (transferred into HCPS prior to TD)

7. Total Days of Service (for students discharged by June 30, 2016):



8. Self-Identified Student Race:



The racial composition of youth in Harford County is approximately 17% black, 6% Hispanic, 73% white and 4% other races.

9. Reasons for Recommendations to Teen Diversion:

	For a Diagnostic Evaluation	As a Diversion from more intensive mental health or educational placement	For Step Down after residential treatment or non-public educational placement
Number of teens who were admitted to and attended TD between July 1, 2015 and June 30, 2016	17	9	0
Number of total TD teens (above) who completed by June 30, 2016	12	6	0

## TEEN DIVERSION PROGRAM PERFORMANCE MEASURES

The Teen Diversion Program is partially funded through a Federal Block Grant from the Maryland Department of Health and Mental Hygiene Behavioral Health Administration administered through the Harford County Office of Mental Health. The Harford County Office of Mental Health is the public mental health authority for the county and manages the contract and oversight for the Teen Diversion Program. Following are the Performance Measures required by the Office on Mental Health as per Teen Diversion Program's Contract Agreement and Teen Diversion's achievement in each of those measures, as well as first year results of newly implemented client satisfaction and progress measurement.

Performance Measures	TD Achievement of Measures
To provide services to 24 Harford County adolescents	TD provided services to 22 total students this year, with 18 being discharged by June 30, 2016. The program was under-staffed this year with the transfer of the program secretary, the military deployment of a recreational therapist and the resignation of one of two program therapists. A 50% recreator was hired in April 2016 but the program was unable to hire a therapist or a secretary due to fiscal constraints this FY. It is anticipated that the deployed recreator will return by September 2016 and that a second program therapist will start in the first quarter of FY 17.
To divert residential treatment center placements at a rate of 50% for nine months after starting TD	TD diverted 66% (2 of 3) of RTC placements for students completing in this FY, and between FY 15 and FY 16 TD has diverted 92% (12 out of 13 students). One student moved out of state and could not be evaluated.
To divert non-public educational placements at a rate of 50% for nine months after starting TD	All diversion students (100%) have been diverted from a non-public placement for nine months and between FY 15 and FY 16 TD has diverted 92% (12 out of 13 students). One student moved out of state and could not be evaluated.
To divert psychiatric re-hospitalizations at a rate of 75% for 90 days post-discharge from TD	Three of five diversion clients (60%) were diverted from in-patient hospitalization for ninety days post-discharge, and between FY 15 and FY 16 TD diverted 88%. One student moved out of state and could not be evaluated.

<p>To assist in transitioning from a residential treatment center or a non-public educational placement into the community with success for nine months</p>	<p>TD assisted in 0 transitional or “step-down” placements this fiscal year.</p>
<p>To provide a minimum of 8 diagnostic evaluations</p>	<p>TD completed 12 diagnostic evaluations, with a total of 17 teens referred to TD for a diagnostic evaluation this fiscal year. Recommendations are being included in revised discharge summary reports.</p>
<p>To obtain a 75% “satisfied” rating on client satisfaction survey</p>	<p>TD received a rating of 100% satisfaction from responding parents 13 out of 18 were “very satisfied” and 5 out of 18 were “satisfied.”</p>
<p>To exhibit client improvement in the three most common self-reported reasons for attending Teen Diversion.</p>	<p>TD clients listed anxiety, school problems and depression as the most common reasons for attending TD.</p> <ul style="list-style-type: none"> <li>• Anxiety – Ten clients reported anxiety as a reason for attending Teen Diversion. Those clients self-reported an average of a 27% decrease in symptoms between intake and discharge.</li> <li>• School Problems – Nine clients reported problems with school as a reason for attending TD, and averaged a self-reported 90% decrease in this area due to their treatment.</li> <li>• Depression– Eight clients reported that depression was a reason for attending TD. Those clients self-reported an average of a 62% decrease in symptoms by discharge.</li> </ul> <p>The most helpful services at TD were listed as family therapy, group activities and individual therapy, followed by group therapy, medication and access to a quiet room when upset.</p>

## TEEN DIVERSION PROGRAM ANNUAL SUMMARY

Teen Diversion continues to provide intensive mental health and psychiatric rehabilitation services to high-end adolescents and their families in Harford County with two programmatic interventions: the standard Teen Diversion Program, and the post-discharge AfterCare Program. Overall the Teen Diversion Program is very pleased with its success rate on the Performance Measures, especially with regard to parent satisfaction and client treatment success.

In looking to FY 17, the Teen Diversion Program will be pursuing program accreditation by December 2017 through CARF (Commission on Accreditation of Rehabilitation Facilities) International, an independent, nonprofit accreditor of health and human services which has been approved by the Behavioral Health Administration of the Maryland Department of Health and Mental Hygiene to accredit psychiatric rehabilitation programs (such as Teen Diversion). Accreditation by an approved body will be a condition of program licensure, effective January 1, 2018. The Harford County Health Department and Teen Diversion have chosen to pursue accreditation through CARF because of their mission: *“to promote the quality, value and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of the persons served.”* Teen Diversion also has strived for over twenty years to enhance our services, evaluate our effectiveness and strive for further improvement in order to help teens and their families stabilize, grow, heal and function to their highest potential.

CARF partners with providers and encourages them to ASPIRE to Excellence, a framework for continuous quality improvement which integrates stakeholder input with organizational activity in order to best serve clients, stakeholders and personnel.



Since starting our CARF Accreditation process, the Teen Diversion Program has been developing over-arching program plans, reviewing and updating policies and procedures and training staff in new or improved practices. Then during the course of the year, the program will review our results through performance management and utilize quality improvement processes to advance the program's goals and results.

In the future, the Teen Diversion Program's End of Year Summary will be the vehicle in which the previous year's re-evaluation and the plans for the upcoming year will be communicated. Additionally, during FY17 Teen Diversion will demonstrate compliance to Code of Maryland Regulations and CARF standards and apply for an on-site survey and review from CARF. It is hoped that by early FY18 (July – September 2017) the Teen Diversion Program will have its survey visit and be successfully accredited.

Following is the inaugural Strategic Plan for the Teen Diversion Program.



**Harford County Health Department  
Teen Diversion Program**

**STRATEGIC PLAN  
FY 2017**



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# **TEEN DIVERSION PROGRAM STRATEGIC PLAN**

## **AN OVERVIEW OF THE PROCESS**

An overall Strategic Plan for a human services program is imperative in order to ensure proper management and oversight, quality-based direct services and proactive program development and improvement. Strategic planning is a process where an organization assesses itself and the environment in which it functions, sets goals for itself which take into account strengths, needs, threats and opportunities, communicates the goals to its staff and stakeholders in order to maximize cooperative efforts and collaboration, and tracks and evaluates its progress on an on-going manner.

In preparing for development of the Teen Diversion Program Strategic Plan, the program staff met to discuss Accreditation – what it is, how the process works, what the rationale is and why it is important. Several staff meetings were held where basic accreditation concepts were identified, defined and connected to current program activities, regulations and policies and procedures. The program director and key staff conducted a self-study where gaps between current status and ideal status were identified. Fortunately, there were very few areas where there were large gaps or no existing plans, policies or procedures. In the spring and summer of 2016, the program director attended a Behavioral Health Administration-sponsored training/workgroup regarding CARF accreditation with several other health departments in Maryland. Gap analysis and discussions on standards, as well as the new process for Maryland behavioral health programs to be licensed and accredited, were discussed.

In the third and fourth quarters of FY 16 and the first quarter of FY 17, the Teen Diversion Program continued to self-analyze, sought stakeholder input and developed the Strategic Plan which incorporated planning in the following areas: Management, Cultural Competency and Diversity, Accessibility, Health and Safety, Client Rights, Risk Management, Human Resources, Technology, Legal Responsibilities, Financial Management, Performance Management and Improvement, and Service Delivery. Several new organizational plans were developed in the areas of Cultural Competency and Diversity, Accessibility, Risk Management and Technology.

## **TEEN DIVERSION PROGRAM MISSION STATEMENT**

The Teen Diversion Program provides cost effective intensive mental health and psychiatric rehabilitative services to adolescents residing in Harford County in the least restrictive therapeutic and educational setting in order to promote emotional well-being and success in their homes, their local school, and their community.

## **PROGRAM VALUES AND SERVICE GOALS**

It has been demonstrated and is widely-held that children and adolescents are most successful when served in the least restrictive environment in a person-centered team approach that offers a

full complement of quality supportive services and effective results-based treatment, all of which includes every system in which they function: home/family, school, community, church, peer groups, etc. This statement serves as an overview of the values of the Teen Diversion Program.

Teen Diversion values family and supports youth and their parents/guardians in creating loving, nurturing, safe, positive homes. Teen Diversion values the rights of clients (youth and their families) to always be treated with respect and to be encouraged and supported so as to participate as full members of the treatment team. Teen Diversion values individualized treatment with goals that are driven by the youth and their parents/guardians and that address the whole of the individual: emotionally, psychologically, somatically, interpersonally, intellectually, spiritually, creatively. Teen Diversion values quality delivery of services which are continuously evaluated for effectiveness, client satisfaction, training needs and improvement. Teen Diversion values collaboration with its stakeholders and community partners in order to advocate for youth and their families, eliminate barriers to treatment and improve the Teen Diversion Program.

The service goals of the program are:

- To divert adolescents from more restrictive therapeutic or educational placements such as repeated psychiatric hospitalizations, residential treatment centers in-county non-public educational placements and out-of-county non-public placements;
- to provide diagnostic evaluations to determine least restrictive environment and best intervention strategies; and
- to provide step-down placements for youth discharging from out-of-home treatment placements.

These goals are tracked throughout the year in weekly clinical staff meetings, monthly Placement Data logs and quarterly Health Department County Stats. Annually the performance measurement data is evaluated and disseminated in the End of Year report. The End of Year Report also includes analysis on client and parent/guardian satisfaction and improvement.

### STRATEGIC PLANNING SELF-EVALUATION

As stated, Teen Diversion underwent a rigorous self-assessment and stakeholder surveying to prepare for CARF accreditation and Strategic Planning. It was important that the perspectives of our wide variety of stakeholders inform our process; therefore, current and past clients, their families, collaborative partners, Health Department staff, Harford County Public Schools personnel and Teen Diversion personnel were all included. Input was garnered via client satisfaction surveys, parent satisfaction surveys, individual and family interviews and an on-line survey. The input included feedback on services received, treatment efficacy, customer service, admissions and discharge processes, strengths and limitations of the program and general comments.

In general, observations and opinions regarding Teen Diversion were favorable. Clients and parents/guardians, as well as community-based partners, were satisfied with the one-of-a-kind quality treatment offered at Teen Diversion. Clients expressed symptom reduction and relief.

Community partners endorsed the relationships between clients/staff, between parents/program, and between Teen Diversion staff/community-based resources. Stakeholders supported Teen Diversion's services, especially those not frequently seen or easily available in Harford County (e.g. medication management and family therapy).

Other feedback that was helpful pointed out areas that need improvement: the admission process and the waiting times for admission, limited financial resources (e.g. few insurances reimbursing Teen Diversion, dependence on grants), the desire for increased client capacity, the need for more outreach to referrers and parents/guardians, and enhancement of psychiatric rehabilitation activities. Several of these areas have been incorporated into strategic goal areas. It will be the responsibility of the Program Director to manage the goal directed activities of the Strategic Plan.

Obtaining input will continue over time through formal and informal channels and the program will seek information based on client, parent/guardian and stakeholder expectations, needs, preferences and ideas. Input will be used in on-going strategic planning, program/service planning, performance management, quality improvement and advocacy.

#### TEEN DIVERSION PROGRAM FY17 STRATEGIC PLAN GOALS

1. Teen Diversion Program will apply for CARF Accreditation. Completion Date: May 2017. Responsible Person: Program Director.
2. Teen Diversion Program will fully implement the Risk Management, Accessibility, Technology and Cultural Competency and Diversity Plans in this inaugural year. Completion Date: June 2017. Responsible Persons: Program Director and Teen Diversion Staff.
3. The Teen Diversion Program will, as a quality improvement project, review and revise the admission process in order to decrease the length of time between the receipt of the application at Teen Diversion and the decision regarding acceptance. Completion Date: April 2017. Responsible Persons: Program QA Coordinator, QA Team and Program Director.
4. Teen Diversion Program will explore additional financial resources to fully secure sustainability of the program which may include maximizing current Medicaid reimbursements, exploring the possibility of converting Teen Diversion into an Out-Patient Mental Health Center, exploring the possibility of partnering with the Division of Behavioral Health Out-Patient Mental Health Program and/or applying for additional grant funding. Completion Date: On-going. Responsible Persons: Program Director, Teen Diversion Staff and various Harford County Health Department Staff.
5. Teen Diversion Program will create a workgroup to explore how Teen Diversion can implement Patagonia or another electronic medical records and billing software program being used by other Health Department programs. Completion Date: June 2017.

Responsible Persons: Program Director, Harford County Health Department Fiscal Department Coordinator and Patagonia Workgroup.

Any questions, comments or concerns regarding the Teen Diversion Program FY 17 Strategic Plan or the goals identified therein should be directed to Paula M. Nash, LCSW-C, Teen Diversion Program Director, by phone at 410-273-5681 or via email [paula.nash@maryland.gov](mailto:paula.nash@maryland.gov).

Respectfully Submitted By:

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Paula M. Nash, LCSW-C  
Teen Diversion Program Director