Outcomes in Wheeler’s Continuum of Care

FY 2016
OUR VISION

All people will have the opportunity to grow, change and live healthier, productive lives.

OUR MISSION

Wheeler provides equitable access to innovative care that improves health, recovery and growth at all stages of life.

OUR VALUES

- We deliver and recognize exceptional service every day in every way
- All employees will strive to provide culturally and linguistically sensitive and responsive services
- We will work together to ensure access to care for every individual who needs it
- We are responsive at the time our clients need us
- We create a welcoming, comfortable and safe environment for all people that we serve and our employees
- We build open, honest communication in all that we do
- We are kind
- We pursue growth, learning and health for the people we serve and our employees
- We will always be original, imaginative and inventive
- We foster collaboration and partnership
- We promote employee balance and self-care
- We build positive team and family spirit
# TABLE OF CONTENTS

**EXECUTIVE SUMMARY** 4  
**WHEELER’S CENTERS OF EXCELLENCE** 5  
**WORLD-CLASS CUSTOMER SERVICE** 6  
**COLLABORATION & CO-LOCATION** 8  
**TRAINING COORDINATION** 10  
**CHILD WELFARE** 13  
Caregiver Support Team  
Community Support for Families  
Foster Care: Family and Community Ties  
Foster Care: Therapeutic Foster Care  
Intensive Family Preservation  
**COMMUNITY JUSTICE** 20  
Alternative in the Community  
Explore  
Family Violence Education Program  
Intermediate Evaluation  
Parenting Education Program  
**COMMUNITY-BASED CARE** 27  
Child First™  
Emergency Mobile Psychiatric Services  
Intensive In-home Child and Adolescent Psychiatric Services  
Multidimensional Family Therapy  
Multisystemic Therapy  
Multisystemic Therapy-Family Integrated Transitions  
Multisystemic Therapy-Problem Sexual Behavior  
**EDUCATION SERVICES** 36  
**OUTPATIENT CARE** 39  
Adult Outpatient Services  
Children’s Outpatient Services  
Wheeler Health & Wellness Centers
EXECUTIVE SUMMARY

WHEELER’S COMMITMENT

Wheeler Clinic is committed to outcome-driven, cost-effective solutions and results-based accountability in the delivery of integrated primary and behavioral health services. Integral to this commitment is the continuous analysis of data to inform clinical service delivery, ensuring positive outcomes for individuals and families. Wheeler’s 100+ programs and services are research-based and provided across the state at Wheeler locations, community settings and in homes.

This report demonstrates our capacity to deliver high-quality, cost-effective solutions for individuals with primary and behavioral health issues, children and families involved with child welfare services and youth and adults involved with community justice systems. This report also demonstrates the degree of rigor reflected in our commitment to quality. The data reflects a sample from across our lifespan continuum of the data, outcomes and benchmarks we utilize to maintain accountability and ensure quality care. Data are drawn from normed and validated assessment tools utilized across clinic programs, as well as from data maintained by state agencies and model developers. Consumer feedback and testimonials are obtained through Wheeler consumer satisfaction surveys.

We extend our thanks to our colleagues and partners who share access to external data systems that support these analyses.

WHAT THE DATA SHOW

The analysis of data demonstrates a positive impact on the health, recovery and growth of those we serve. Effectively administered primary and behavioral health, child welfare and community justice services:

- Enhance individual and family health and functioning
- Maintain youth with serious emotional and behavioral problems safely in the community
- Reduce recidivism among court-involved youth and adults
- Reduce youth and adult alcohol and drug use/abuse
- Improve academic attendance and performance
- Enhance employment outcomes
- Divert emergency department and hospital utilization for behavioral health concerns
- Help patients effectively manage and reduce effects of chronic disease
- Strengthen families and reduce incidence of child abuse and neglect
- Provide effective, cost-efficient solutions to some of Connecticut’s most pressing health care challenges
WHEELER’S CENTERS OF EXCELLENCE

We draw the core principles of our Addiction Center of Excellence and our Child and Adolescent Center of Excellence from the standards established by the National Council on Behavioral Health to promote excellence in behavioral health care and treatment. They are:

World-Class Customer Care and High Customer Satisfaction

Wheeler consumers routinely express satisfaction with our services. Just a few examples are included in this report:

- 96% said that, overall, they like the services they receive at Wheeler
- 94% said their services have met their needs
- 95% said that if a friend needed help with a serious problem, they would refer them to Wheeler

Easy Access to Services

Wheeler has adapted to the needs of consumers by providing immediate access to care at our walk-in outpatient service sites, a navigation center to help connect patients with the right care, an online patient portal, and a wide range of in-home services. Customer satisfaction surveys give testament to this: 94% of clients served were satisfied with their access to services. Our outpatient services are conveniently located to best serve the needs of consumers and families. We serve families in the neighborhoods, cities and towns that most need accessible and affordable care. Every program highlighted in this report features a map detailing their geographic regions served; Wheeler’s scope of services provided across Connecticut is unparalleled.

Culturally, Gender-, and Age-Responsive Care

Wheeler therapists and clinicians take into account the needs of the individual, seen through a wide view that examines culture, history and experiences. We can see the results in our customer satisfaction data in this report. For example:

- 99% of clients served indicated that their provider was sensitive to and respects their gender
- 98% of clients served indicated that their provider was sensitive to and respects their cultural/ethnic background
- 97% of clients said their service provider is responsive to questions and concerns

Our array of services is diverse. We treat issues from the common cold to chronic diseases like hypertension and diabetes. We help individuals and families across the lifespan recover from depression, anxiety, marital difficulties, and complex mental health and substance use disorders. We serve consumers with special needs, including anger management, gambling addiction, child and adolescent developmental issues, on the autism spectrum and more.

Excellent Outcomes

Our outcomes in care stand by themselves. Thank you for reading this 2016 Outcomes in Wheeler’s Continuum of Care report.
WORLD-CLASS CUSTOMER SERVICE

Wheeler routinely solicits input from clients regarding their experience with the services they receive via an agency satisfaction survey. The following results include responses from clients in Wheeler’s Adult Outpatient Mental Health, Adult Outpatient Substance Abuse, Adult Intensive Outpatient Substance Abuse, Children’s Outpatient, Extended Day Treatment, Intensive In-home Child and Adolescent Psychiatric Services (IICAPS), Multidimensional Family Therapy (MDFT), and Multisystemic Therapy (MST) programs.

**General Satisfaction**

<table>
<thead>
<tr>
<th>Overall satisfaction: 95%</th>
<th>Overall, I like the services I receive here.</th>
<th>96%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfaction: 94%</td>
<td>The services I receive have met my needs.</td>
<td>94%</td>
</tr>
<tr>
<td>Overall satisfaction: 94%</td>
<td>If I need help in the future, I will come back to Wheeler Clinic.</td>
<td>94%</td>
</tr>
<tr>
<td>Overall satisfaction: 95%</td>
<td>If a friend of mine needed help with a serious problem, I would refer them to Wheeler Clinic.</td>
<td>95%</td>
</tr>
</tbody>
</table>

**Access to Services**

<table>
<thead>
<tr>
<th>Overall satisfaction: 94%</th>
<th>The location of services is convenient (e.g. parking, public transportation, distance).</th>
<th>91%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfaction: 94%</td>
<td>I receive services at days and times that are good for me.</td>
<td>94%</td>
</tr>
<tr>
<td>Overall satisfaction: 97%</td>
<td>My service provider sees me on time.</td>
<td>97%</td>
</tr>
<tr>
<td>Overall satisfaction: 91%</td>
<td>Staff returns my phone calls within one business day.</td>
<td>91%</td>
</tr>
</tbody>
</table>

**Communication**

<table>
<thead>
<tr>
<th>Overall satisfaction: 97%</th>
<th>I have been informed about my rights and responsibilities.</th>
<th>97%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfaction: 96%</td>
<td>I have participated in choosing my service/treatment goals.</td>
<td>96%</td>
</tr>
<tr>
<td>Overall satisfaction: 97%</td>
<td>I feel comfortable asking questions about the services I receive.</td>
<td>97%</td>
</tr>
<tr>
<td>Overall satisfaction: 98%</td>
<td>My service provider listens to me and gives me his/her full attention.</td>
<td>98%</td>
</tr>
<tr>
<td>Overall satisfaction: 97%</td>
<td>My service provider is responsive to my questions and concerns.</td>
<td>97%</td>
</tr>
<tr>
<td>Overall satisfaction: 98%</td>
<td>My service provider explains things to me in a way that I understand.</td>
<td>98%</td>
</tr>
</tbody>
</table>
### Staff Personality/Demeanor

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>Overall Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>My service provider is sensitive to and respects my gender.</td>
<td>99%</td>
</tr>
<tr>
<td>My service provider is sensitive to and respects my cultural/ethnic background (e.g. race, ethnicity, religion).</td>
<td>98%</td>
</tr>
<tr>
<td>My service provider communicates well with me in my preferred language either directly or through an interpreter.</td>
<td>98%</td>
</tr>
</tbody>
</table>

### Care/Treatment

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>Overall Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>My service provider has explained to me the benefits and risk of participating in services.</td>
<td>97%</td>
</tr>
<tr>
<td>My service provider is knowledgeable about my diagnosis and treatment.</td>
<td>98%</td>
</tr>
<tr>
<td>My Wheeler Clinic psychiatrist/APRN has explained to me the benefits and risks of the medications I take.</td>
<td>94%</td>
</tr>
<tr>
<td>I trust my service provider’s judgment.</td>
<td>97%</td>
</tr>
</tbody>
</table>

### Continuity of Care

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>Overall Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>My service provider coordinates my care with my medical providers.</td>
<td>96%</td>
</tr>
<tr>
<td>My service provider advocates for my needs with other providers.</td>
<td>97%</td>
</tr>
<tr>
<td>My service provider follows through with what he/she says they will do.</td>
<td>98%</td>
</tr>
<tr>
<td>My service provider gives me referrals to other services that he/she believes will help me (AA, NA, physician).</td>
<td>95%</td>
</tr>
<tr>
<td>My service provider offers to assist me in connecting with referrals.</td>
<td>96%</td>
</tr>
</tbody>
</table>

### Facilities

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>Overall Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Wheeler Clinic building is clean and safe.</td>
<td>97%</td>
</tr>
<tr>
<td>The waiting room and treatment rooms are comfortable.</td>
<td>96%</td>
</tr>
</tbody>
</table>

### Office Staff

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>Overall Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>The office staff is polite and treats me with respect.</td>
<td>98%</td>
</tr>
<tr>
<td>The office staff makes me feel welcome.</td>
<td>97%</td>
</tr>
</tbody>
</table>

“Wheeler has consistently given my child and family members guidance and support this entire time. We are very appreciative of all the support they has offered our family.”

“Wheeler has changed my life in a good way.”
COLLABORATION & CO-LOCATION

Wheeler’s delivery of high-quality, integrated care is enhanced through strong partnerships with providers and community organizations across Connecticut. Wheeler provides services in over 35 locations as well as in homes, schools and communities throughout the state. Below are examples of partnerships where Wheeler co-locates clinicians within community organizations to enhance access to high quality care; improve health, recovery and growth; and create more cost-effective services for individuals and families.

**Crisis Services in Hospital Emergency Departments**

Wheeler provides behavioral health crisis services for children, adults and families through innovative collaborations with **Bristol Hospital** in Bristol and **Johnson Memorial Hospital** in Stafford Springs. Wheeler provides crisis assessment and intervention and stabilization as well as care management services to connect children and families to community services including primary and behavioral health care, outpatient and intensive outpatient treatment, residential treatment programs, and wraparound supports. All of these services offer long-term advantages over recurrent emergency department care.

**Therapeutic Pre-school Programming**

Wheeler and the **New Britain YWCA** have partnered to provide a family-centered and integrated trauma-informed therapeutic child care program for children ages 3 to 5 years old who have experienced significant trauma. Funded by the Department of Children and Families, the **Learning Enhanced Attachment-based Pre-school (LEAP) Program** serves up to 12 children from New Britain and their families. This partnership provides complementary expertise to deliver a nurturing trauma-informed preschool program designed to foster healthy social, emotional, physical and cognitive development, school readiness, and parenting skills for young children and families. The LEAP Program’s therapeutic classroom is integrated within the YWCA’s licensed childcare center in New Britain. Wheeler provides clinical services and program oversight and the YWCA provides the program’s teachers and paraprofessionals.
Wheeler and the Bristol Public Schools have partnered to expand access to mental health services for students at Greene-Hills (K-8), West Bristol (K-8), South Side (K-5), and Chippens Hill Middle (6-8) schools through the opening of school-based behavioral health centers. The school-based health centers build upon Wheeler’s 40-year relationship with the Bristol Public Schools. Services include Cognitive Behavioral Intervention for Trauma in Schools (CBITS) to help students address trauma-related issues including post-traumatic stress disorder (PTSD), depression and behavioral health issues. The centers also provide other evidence-based interventions to address anxiety, depression, academic and peer challenges, as well as linkage to other services in the Bristol community including connections with primary and dental care, afterschool programming, and a broad continuum of outpatient and community-based levels of care. A Wheeler clinician supports each school location one day per week. The school-based behavioral health centers receive support from the Women & Girls Fund of the Main Street Community Foundation.

Wheeler and ProHealth Physicians have teamed up to provide behavioral health services for children and adolescents at the ProHealth Connecticut Center for ADHD and Attention Disorders in Middletown. Wheeler services complement the comprehensive diagnostic services provided at the center and include on-site diagnosis, rapid assessment, individual and family treatment intervention, and referral, case management, and linkages to other community providers.

Through partnership with the Hispanic Health Council, Wheeler provides a children’s outpatient clinic at the Mi Casa campus of the Hispanic Health Council at 590 Park Street in Hartford. Wheeler provides individual, family and group treatment including the evidence-based model, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). This location also offers first-time walk-in visits for intake evaluations with a clinician.
TRAINING COORDINATION

Wheeler is the statewide leader in planning and executing professional conferences, trainings and events focused on professional development in Connecticut. Wheeler coordinates training experiences for more than 10,000 judicial staff and contractors, health care professionals, child care workers, corporate managers, and others each year. Wheeler’s training and administrative expertise has been tapped by many public and private clients seeking comprehensive training or conference planning and implementation services.

<table>
<thead>
<tr>
<th>Service/Funder</th>
<th>Cumulative Highlights</th>
</tr>
</thead>
</table>
| **Suicide Prevention Trainings**                    | • Coordinates approximately 10 trainings/year for DCF in:  
  * Applied Suicide Intervention Skills Training (ASIST)  
  * Question Persuade and Refer (QPR)  
  * Connect Suicide Prevention and Postvention  
  • Provides in-person and online training for DPH, including:  
  * Statewide suicide gatekeeper and prevention trainings  
  * Assessing and Managing Suicide Risk (AMSR) trainings  
  * Web-based suicide prevention trainings for primary care professionals |
| Department of Children and Families and Department of Public Health |                                                                                                                                                     |
| **Mental Health First Aid and Youth**                | • Coordinated 109 MHFA and YMHFA trainings for 1,948 participants since 2010  
• Hosts and facilitates bi-annual MHFA and YMHFA Instructor Summits and manages statewide listservs for certified instructors  
• Awarded the “Now Is The Time: Project AWARE” community grant from the Substance Abuse and Mental Health Service Administration (SAMHSA) in FY16 to provide MHFA trainings to professionals who work with transition-aged youth in Central Connecticut.  
  * Wheeler will provide 78 MHFA trainings to over 1,500 individuals over the three-year grant.  
  * The training will increase mental health literacy and decrease stigma associated with mental health challenges. |
| Mental Health First Aid                              |                                                                                                                                                     |
| Mental Health First Aid Multiple Funders (Federal, State, Local, Private) |                                                                                                                                                     |

Funded by:
Department of Children and Families; Department of Mental Health and Addiction Services; Department of Public Health; State of Connecticut Judicial Branch, Court Support Services Division; Child Health and Development Institute of Connecticut; Yale University initiative of the Connecticut Workforce Collaborative in Behavioral Health; and other private agencies

Service Area:
Statewide
<table>
<thead>
<tr>
<th>Service/Funder</th>
<th>Cumulative Highlights</th>
</tr>
</thead>
</table>
| CSSD Training Coordination                         | • Coordinates up to 331 trainings per year. Contracted since 2007.  
• Trained 3,568 attendees in 2015  
• Logged over 25,000 individual training registrations on Wheeler’s learning management system                                                                                                   |
| Judicial Branch, Court Support Services Division   |                                                                                                                                                                                                                       |
| Emergency Mobile Psychiatric Service (EMPS)        | • Coordinates 30 to 40 trainings per year for more than 160 staff members employed in the DCF-funded EMPS program statewide. Contract providers since 2009.                                                          |
| Service (EMPS) Performance Improvement Center      |                                                                                                                                                                                                                       |
| Child Health and Development Institute of Connecticut (CHDI) |                                                                                                                                                                                                                       |
| Education and Prevention Trainings                 | • Coordinates statewide training courses designed to meet requirements of the Connecticut Certification Board for Substance Abuse Counselors. Contract holder since 2001.  
• Provides over 80 courses to approximately 2,000 clinical professionals throughout the state each year  
• Coordinates Connecticut Healthy Campus Initiative monthly trainings. Contract holder since 2010.                                                                 |
| Department of Mental Health and Addiction Services |                                                                                                                                                                                                                       |
| Management and Leadership                          | • Wheeler’s Employee Assistance Program (EAP) provides management training and consultation to more than 70 companies  
• The EAP provided 62 trainings in 2016.                                                                                                                                                                                  |
| Public and Private Agencies                        |                                                                                                                                                                                                                       |
| Cognitive Behavioral Interventions for Trauma in Schools (CBITS) | • Contracted in 2015 to administer series of trainings for DCF’s new statewide CBITS initiative  
• Administered six trainings and three learning communities for 96 people                                                                                                                                               |
| CHDI                                               |                                                                                                                                                                                                                       |
| Current Trends in Family Intervention: Evidence-Based and Promising Practice Models of In-Home Treatment | • Developed a faculty fellowship and graduate-level curriculum  
• Certified over 28 faculty fellows, representing 14 graduate degree programs from nine universities, to teach the curriculum  
• More than 600 graduate students in social work, marriage and family therapy, counseling, and clinical psychology completed the course                                                                 |
| Yale University initiative of the Connecticut Workforce Collaborative in Behavioral Health |                                                                                                                                                                                                                       |

**Wheeler’s Suicide Prevention Efforts**

Wheeler plays a vital role in Connecticut’s suicide prevention efforts. In addition to providing suicide prevention trainings, Wheeler has developed 60 new Mental Health First Aid and a Youth Mental Health First Aid instructors through the administration of training of trainers programs.

Wheeler is an active member of the Connecticut Suicide Advisory Board and coordinates the annual meeting.
CHILD WELFARE
CAREGIVER SUPPORT TEAM

Wheeler’s Caregiver Support Team supports DCF-licensed foster homes, with a focus on kinship families. The program is designed to prevent or minimize disruption of a child’s placement with a foster family by providing intensive in-home interventions to the child and family. The goals of the program are to foster stable placements; assess and respond to family needs; identify and cultivate strengths and supports within the family; and enhance parenting skills of both the kinship and biological family.

MEASURABLE RESULTS

Families Served: In FY16, the second full year of program operation, 65 families with 117 children and youth participated in Caregiver Support Team services. Of these families, nine provided core foster homes; these are non-relative foster families or pre-adoptive homes. Fifty-six families provided kinship homes, which are relative caregivers such as grandparents, aunts or uncles.

Placement Stability: In FY16, 95.7% of children remained stable in their foster or adoptive settings during program participation. Of the 117 children served, 90 (76.9%) remained stable in their original placement, 13 (11.1%) reunified with their biological family, five (4.3%) were adopted, four (3.4%) achieved transfer of guardianship, and five (4.3%) had a disrupted placement. Placement stability remained high at three, six and nine months post-discharge, as can be seen in the graph below.

Funded by:
Connecticut Department of Children and Families

Service Area:
DCF Region 6

65 families with 117 youth
COMMUNITY SUPPORT FOR FAMILIES

Community Support for Families (CSF) is a voluntary, family-driven program that assists families in strengthening natural and community support systems to maintain safe and healthy home environments. The program helps families identify their unique strengths and needs and assists them in overcoming barriers to meeting those needs by: establishing links to community supports and services for food, clothing, shelter, mental health and/or substance abuse treatment and other services; working with families to identify and mobilize natural supports; providing information on parenting and child development or other interventions to increase safety for children; and supporting parents’ connections with their child’s school community. Wheeler and partner Family Life Education, Inc. provide CSF services in DCF Region 4 and Wheeler and partner Human Resources Agency of New Britain (HRA) provide CSF services in DCF Region 6.

MEASURABLE RESULTS

Engagement: Wheeler exceeded the DCF goal of clients engaged in services in both DCF Region 4 and Region 6. In Region 6, Wheeler’s engagement rate was 92%, far exceeding the goal of 80%.

Successful Discharge: Over 80% of families in Wheeler’s Region 4 and 6 CSF programs met their treatment goals. Wheeler exceeded the DCF goal of 80% in both regions.
FOSTER CARE: FAMILY AND COMMUNITY TIES

Family and Community Ties Foster Care (FACT Foster Care) provides enhanced in-home support to foster families, serving children ages 6 to 17 with complex behavioral needs coming from residential settings. Wheeler’s staff provides 24-hour-a-day support, intensive training, and in-home support to help families create a positive setting in which children can grow and thrive.

MEASURABLE RESULTS

Families Served: During FY16, Wheeler’s FACT Foster Care program achieved 20 successful placements including eight new placements during the year. The program also licensed three new families to provide FACT foster care services.

Placement Stability: Eighty-seven percent of youth were stable in their FACT Foster Care placements in FY16.

Behavioral Health Outcomes: Ninety-two percent of youth did not require inpatient hospitalization and 87% did not require a 911 call or visit to the emergency room during FY16.

Safety of Homes: One hundred percent of foster homes met physical safety and compliance standards in FY16.

Funded by: Connecticut Department of Children and Families

Service Area: DCF Region 5
FOSTER CARE: THERAPEUTIC FOSTER CARE

Therapeutic Foster Care (TFC) provides 24-hour supported homes to children and adolescents, primarily ages 6 through 17, needing the therapeutic level of foster care. The program also serves younger children as part of a sibling group and works with children over 18 years of age. The TFC program offers foster families training and ongoing support to help them provide a structured and nurturing environment for children who have been removed from their home due to abuse and/or neglect and who may be experiencing symptoms related to trauma, loss, and other behavioral health concerns.

MEASURABLE RESULTS

Stability of Foster Home Placement: Over 91% of children were maintained in their TFC placement over the last three fiscal years, exceeding the DCF goal of 90% in each year.

Youth Adjustment: Wheeler exceeded DCF benchmarks in key measures of adjustment for youth in the TFC program from FY14 to FY16: behavioral health hospitalizations and involvement in the juvenile justice system. Higher percentages indicate better adjustment.

Funded by:
Connecticut Department of Children and Families

Service Area:
DCF Region 5, DCF Region 4 - Hartford Area Office and DCF Region 6 - New Britain Area Office
INTENSIVE FAMILY PRESERVATION

Intensive Family Preservation is a program designed to support families involved with the Department of Children and Families due to concerns about abuse and neglect to maintain their children safely in their homes. Staff in the intensive in-home intervention help families develop skills and connect to a network of community resources and supports to improve the family environment. Wheeler’s New Britain IFP team has been very successful in engaging families in services, maintaining children in their home and reducing further DCF involvement for families. In FY16 Wheeler was selected by DCF to provide IFP services throughout DCF Region 4, including the Hartford and Manchester DCF Area Offices. The outcomes presented below are from the prior period serving the DCF New Britain Area Office.

MEASURABLE RESULTS

Engagement and Service Plan Completion: IFP staff are successful in engaging and collaboratively mapping out service plans based on the comprehensive needs assessment. Wheeler IFP staff completed 100% of service plans within 30 days of referral during FY16.

Children Remained in their Homes: One hundred percent of the families in Wheeler’s Intensive Family Preservation services remained in their home during FY16, exceeding the DCF goal of 90%.

No new DCF reports: Ninety-four percent of families participating in Wheeler’s Intensive Family Preservation Services did not receive a DCF referral in FY16, exceeding the goal of 80%.

Family Functioning: Ninety-six percent of families have improved on more than half of their North Carolina Family Assessment Scale (NCFAS) scores during FY16.

Program Satisfaction: During FY14, FY15, and the first half of FY16, 98% of Wheeler families who completed DCF’s satisfaction survey at discharge were satisfied with the services they received. Further, 100% of families indicated that home visits occurred at times that were convenient, staff were professional and polite, and staff listened to their concerns; 98% indicated that staff respected their culture/ethnic background.
### Family Satisfaction (July 1, 2013 – May 15, 2016)

#### General Satisfaction

| Overall, I was satisfied with services received. | 97.7% |

#### Access to Services

| Home visits occurred at times that were convenient to my family. | 100.0% |
| Number of hours spent with staff met our goals. | 95.3% |

#### Staff

| Staff were professional and polite to my family. | 100.0% |
| Staff respected my culture/ethnic background. | 97.7% |
| Staff listened to my concerns. | 100.0% |

#### Care/Treatment

| The program was fully explained to my family during the first session. | 100.0% |
| I was involved in developing service goals. | 100.0% |

#### Positive Outcomes

| My parenting skills have improved. | 95.3% |
| There has been improvement in the problems we sought help for. | 97.7% |
| We are better able to continue working out problems on our own. | 100.0% |
| We know how to access community resources to help me meet my family's needs. | 100.0% |
| I know people who will listen and understand me when I need to talk. | 100.0% |
| I have people I am comfortable talking to about my child's problems. | 95.3% |
| I have people with whom I can do enjoyable things. | 100.0% |
| In a crisis, I would have the support I need from family or friends. | 95.3% |
| If we need help in the future, we are likely to request IFP. | 97.7% |

- 98% of families were satisfied with services received.
- 98% of families served indicated that the staff respected their cultural/ethnic background.
- 100% of families report home visits occurred at times that were convenient to their family.
COMMUNITY JUSTICE
ALTERNATIVE IN THE COMMUNITY

Wheeler’s Alternative in the Community (AIC) programs offer community-based intervention services for adults involved with the court or probation. The AICs use a curriculum-driven, evidence-based model designed to assess the needs of each individual and reduce their involvement in the criminal justice system. Services include substance abuse intervention, skill-building, job development and placement, case management, educational, basic needs and vocational supports, and gender-responsive programming. Wheeler AICs serve the Bristol, Meriden, Middletown, New Britain and Enfield Geographical Area Courts. Wheeler’s Enfield program is completing its first full year of operation, so limited outcome data are available. Enfield results will be available at the end of 2017.

MEASURABLE RESULTS

Recidivism: Each of Wheeler’s four AIC programs for which data are available have met or exceeded CSSD’s goal for recidivism. Lower recidivism rates indicate fewer individuals have been re-arrested; lower rates are preferred over higher rates. Each program’s unique goal was set by CSSD.

![12-Month Recidivism Rates for Program Completers (January-October 2016)](image)

Client Engagement: Wheeler has successfully engaged clients throughout its AIC programs as measured by the percentage of clients with intakes, timely enrollment in services, timely assessment of bail clients, and the positive bond created between staff and clients (i.e., therapeutic alliance), as described below.

Clients with Intakes: Wheeler’s Bristol, Meriden, Middletown and New Britain AIC programs met or exceeded the AIC goal for clients with intakes in the first ten months of 2016. Wheeler’s AICs ranged from 94 to 98% compared with the goal of 94%.

![Percent of Clients with Intakes (January-October 2016)](image)

Funded by:
State of Connecticut Judicial Branch, Court Support Services Division

Service Area:
Bristol, Enfield, Meriden, Middletown and New Britain Geographical Area Courts

1,508 clients served
Timely Enrollment: Wheeler’s Meriden, Middletown and New Britain AIC programs met or exceeded the AIC goal for timely enrollment during the first 10 months of 2016. Wheeler’s AICs ranged from 83 to 95%, compared with the goal of 85%.

Timely Assessment of Bail Clients: Wheeler’s Meriden, Middletown, and New Britain AICs have exceeded the CSSD goal in timely assessment of bail clients. Wheeler targeted improvement in this area in 2015 and to date has exceeded CSSD goals in three out of four programs for which data are available.

Therapeutic Alliance: The therapeutic alliance is a measure of the strength of the bond between clients and program staff. Wheeler’s Middletown and New Britain AIC programs exceeded the goal on the Working Alliance Inventory (WAI) during the first 10 months of 2016. Wheeler’s Bristol and Meriden programs were just short of the goal.

Employment: Wheeler’s Bristol, Meriden, and Middletown AICs surpassed employment goals in the first ten months of 2016. Over 50% of the clients who were unemployed at intake gained employment during program participation in Bristol (59%), Meriden (65%), and Middletown (69%).
**EXPLORE**

The **Explore** program is a 26-session psycho-educational group intervention for men charged with domestic violence offenses. The program provides information and skills men need to change their behaviors and improve their current and future relationships. The goal is to increase offender accountability and victim safety. In 2016 CSSD selected Wheeler to expand its Explore program to serve the Middletown Geographical Area Court. Outcomes for the Middletown GA Court will be available next year.

**MEASURABLE RESULTS**

**Recidivism:** In 2016, CSSD significantly lowered the goal for client recidivism for each court based on each court’s history. In 2015, the goal for all courts was 20%; in 2016 the goals for Wheeler’s Explore programs vary from 7% to 17%. **Wheeler’s re-arrest rate for Explore clients following group completion was at or below the new goal in Hartford and New Britain, the agency’s largest Explore programs. Lower rates are better than higher rates. They indicate fewer clients were arrested following service completion.**

**Timely Enrollment:** All Wheeler Explore programs surpassed the CSSD goal of 94% enrolled within 60 days over the last two years. In 2016, Wheeler enrolled 100% of Explore clients in Bristol, Hartford, and New Britain within 60 days of referral. **Higher rates are better than lower rates.**

**No-Show Rate:** All four of Wheeler’s Explore programs achieved the CSSD goal of 15% during the first three quarters of 2016. **Lower rates are better than higher rates. They indicate that fewer clients missed services.**

---

**Funded by:**
State of Connecticut Judicial Branch, Court Support Services Division

**Service Area:**
Bristol, Hartford, Meriden, Middletown and New Britain Geographical Area Courts
FAMILY VIOLENCE EDUCATION PROGRAM

Wheeler’s Family Violence Education Program (FVEP) provides specialized intervention and education to individuals arrested for family violence crimes. Each group cycle meets for nine weekly group sessions, with separate groups for males and females in each location and Spanish language groups in Hartford and Waterbury. FVEP services are designed to increase offender accountability and victim safety. In 2016, CSSD selected Wheeler to expand its FVEP program to serve the Enfield Geographical Area Court. Outcomes for the Enfield GA Court will be available next year.

MEASURABLE RESULTS

Recidivism: During the first three quarters of 2016, Wheeler’s re-arrest rate for FVEP clients following group completion was lower than goal in Hartford, Middletown and New Britain. Wheeler achieved the goal in three of four programs, which is significant because CSSD lowered recidivism goals in 2016. Lower rates are better than higher rates. They indicate fewer clients were arrested following service completion.

Timely Enrollment: All Wheeler FVEP programs surpassed the CSSD goal of 90% enrolled within 60 days over the past two years. Over 94% of all clients were enrolled within 60 days of referral.

No-Show Rate: Wheeler’s FVEP programs have consistently had fewer no-shows than the CSSD goal for the last two calendar years. Lower rates are better than higher rates. They indicate that clients are attending services.

Funded by:
State of Connecticut Judicial Branch, Court Support Services Division

Service Area:
Bristol, Enfield, Hartford, Middletown, New Britain and Waterbury Geographical Area Courts

2,250 clients served
INTERMEDIATE EVALUATION

Wheeler’s Intermediate Evaluation (IE) program provides comprehensive, multi-disciplinary evaluations for youth ages 11 to 19 referred by the courts or DCF. Intermediate Evaluations are conducted by an interdisciplinary team and includes a psychologist interviewing the child; a home study with the family completed by a clinician; and a comprehensive review of past and current clinical and educational assessment and intervention. If the need for formal psychological testing or psychiatric evaluation is identified, these supplemental evaluations are provided by IE staff or by one of the program’s subcontracted providers. The findings of all evaluation components are integrated into a single report and summary, with comprehensive and detailed recommendations.

MEASURABLE RESULTS

Families Served: Wheeler completed 36 full Intermediate Evaluations and one update during FY16, 24 for DCF and 13 for the courts.

Demographic characteristics of the population served are seen on the right.

Consumer Satisfaction: Overall, parents, youth, and referral sources were very satisfied with Wheeler’s IE services. Wheeler scored an average of 4.6 on a five-point Likert Scale with five representing high satisfaction.

Recommendations for Clients: Intermediate Evaluation recommendations for clients included community-based services (31), residential care (six), Therapeutic Foster Care (four) and group homes (two).
Wheeler’s Parenting Education Program (PEP) is designed for parents with active divorce, separation or custody cases in the Family Division of the Connecticut court system. The program, which consists of two three-hour sessions, educates parents about the many issues children face when the structure of the family changes. Each session incorporates exercises and discussions designed to help parents practice effective co-parenting skills.

**MEASURABLE RESULTS**

**Program Satisfaction:** Parents participating in Wheeler’s PEP program rated the program highly on a number of dimensions in 2016.

<table>
<thead>
<tr>
<th>Group Facilitators</th>
<th>Plainville</th>
<th>Waterbury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenter was well-organized and easy to understand</td>
<td>98.9%</td>
<td>97.7%</td>
</tr>
<tr>
<td>Presenters had a very good understanding of the needs and problems of families going through separation and/or divorce</td>
<td>94.6%</td>
<td>94.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Value</th>
<th>Plainville</th>
<th>Waterbury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program was valuable to separating parents</td>
<td>94.3%</td>
<td>90.8%</td>
</tr>
<tr>
<td>Program allowed enough opportunity to ask questions.</td>
<td>98.0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Satisfaction</th>
<th>Plainville</th>
<th>Waterbury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program provided helpful information in understanding the needs and reactions of children to parental separation</td>
<td>96.9%</td>
<td>98.9%</td>
</tr>
<tr>
<td>Program provided helpful information in understanding the benefits to children of parents working cooperatively</td>
<td>93.4%</td>
<td>97.1%</td>
</tr>
<tr>
<td>Program provided helpful information in reducing stress for children</td>
<td>93.2%</td>
<td>96.0%</td>
</tr>
<tr>
<td>Program provided helpful information in resolving parental conflict about the children</td>
<td>91.2%</td>
<td>96.0%</td>
</tr>
<tr>
<td>Program provide helpful information in arranging meaningful parenting time</td>
<td>87.7%</td>
<td>96.0%</td>
</tr>
</tbody>
</table>

625 clients served

**Funded by:**
Program participant fees

**Service Area:**
New Britain and Waterbury Geographical Area Courts
COMMUNITY-BASED CARE
CHILD FIRST™

Child First™ is an intensive, therapeutic home-visiting program that works with parents and families to help address emotional, behavioral or developmental challenges, as well as learning problems in young children, birth to 6 years of age. This program aims to decrease family stressors, promote relational health and connect families to much needed supports and services. Child First™ was developed in Connecticut through Bridgeport Hospital’s Pediatric Primary Care Center.

Wheeler’s initial two Child First teams serving New Britain were implemented as part of a U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) grant. Wheeler completed the grant in 2016, and the Connecticut Department of Children and Families continued to fund the New Britain teams based on their positive outcomes. Wheeler also secured funding from the Connecticut Office of Early Childhood for its Bristol team. Wheeler’s Child First program received full accreditation from the Child First National Program Office in January 2016.

MEASURABLE RESULTS

Program Outcomes: Children and families in Wheeler’s Child First teams have demonstrated significant treatment gains.

- Caregiver post-traumatic stress symptoms decreased as measured by the Caregiver PTSD Symptoms Scale (PSSI). The gain in caregiver PTSD symptoms was the largest treatment gain in the program.

- Parent stress decreased based on the Parenting Stress Index (PSI).

- The quality of parent-caregiver interactions improved as measured by the Caregiver-Child Interaction Scale (CCIS).

- Children’s communication skills increased as measured by the Ages and Stages Questionnaire.

- Child problems decreased and social competence increased as measured by the Brief Infant Toddler Social Emotional Assessment (BITSEA).

Engagement: Wheeler’s Child First program engagement strategies have resulted in low no-show rates over the last two years. Wheeler’s no-show rate between September 2014 and September 2016 is 17%; rates below 25% are considered good in the population served.
EMERGENCY MOBILE PSYCHIATRIC SERVICES

Wheeler’s Emergency Mobile Psychiatric Services (EMPS) provides multidisciplinary community responses to children and youth experiencing behavioral health emergencies in the community, home, school and hospital emergency departments. The goal is to provide services that will assist families and children at a time of crisis.

MEASURABLE RESULTS

Number Served: Wheeler’s Hartford Regional EMPS team provided 26% of all EMPS services in Connecticut in FY16, responding to 3,254 calls, including 177 after-hours calls.

> Wheeler served more children than any other EMPS provider

Response Volume: Wheeler served 20.62 children per 1,000 in the region, eclipsing all other providers.

Mobile Response Rate: Wheeler’s mobile response rate, 92.9%, surpassed the DCF goal of 90%. Of Wheeler’s mobile responses, 84% were under 45 minutes, exceeding the goal of 80%.

2,961 clients served

Funded by:
Connecticut Department of Children and Families

Service Area:
18 communities in Greater Hartford, Greater New Britain and Meriden/Wallingford
**Population Served and Trauma Exposure:** Ninety percent of clients served by Wheeler’s EMPS program in FY16 met the criteria for serious emotional disturbance (SED). This was considerably higher than the EMPS statewide rate of 80%. Additionally, 61% of children served by Wheeler reported trauma exposure at intake. Trauma exposure included witnessing violence (25%), being the victim of violence (20%), disrupted attachment/multiple placements (15%), sexual victimization (14%) and other (26%).

**Top Referral Sources:** Eighty percent of all referrals to Wheeler’s EMPS program came from schools or were self/family referrals. Emergency departments accounted for nearly 10% of referrals.

**Behavioral Health Outcomes:** Children in Wheeler’s EMPS program decreased their emergency department usage during treatment compared to the six months prior to program entry. School suspensions/expulsions and arrests were also lower during program participation than in the six months prior to program entry.

**Behavioral Health Outcomes Six Months Prior to and During Episode of Care (FY16)**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Six Months Prior</th>
<th>During Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluated in an ED</td>
<td>20%</td>
<td>15%</td>
</tr>
<tr>
<td>Suspended/Expelled</td>
<td>18.0%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Arrested</td>
<td>4.3%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

**Top Referral Sources (FY16)**

- **Self/Family:** 39.5%
- **School:** 40.6%
- **Emergency Department:** 10.3%
- **Other:** 9.6%
INTENSIVE IN-HOME CHILD AND ADOLESCENT PSYCHIATRIC SERVICES

The Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) program helps youth with complex behavioral health needs return to or remain in their homes. The goal of this program is to improve youth functioning, decrease problem severity, and reduce emergency room visits and arrests. The program provides home-based, time limited individual and family therapy; 24/7 crisis response; a comprehensive treatment plan; parental guidance and education; and connections to community services.

MEASURABLE RESULTS

**Treatment Completion:** During FY16 75.3% youth participating in Wheeler IICAPS program completed services, compared with an IICAPS network rate of 71%.

**Service Utilization:** Youth who completed Wheeler’s IICAPS services had a 36.4% decrease in psychiatric inpatient admissions and 49.3% fewer days in psychiatric inpatient care. Youth also had 23.8% fewer visits to the emergency department during IICAPS care.

**Ohio Scales:** Wheeler clients demonstrated clinically significant improvements on all domains of Ohio Scales (increase in child functioning and reduction of problem severity) as rated by parents, youth, and workers. Over 50% of youth exceeded Reliable Change in problem severity and functioning per parent and worker reports.

**Data Integrity:** Wheeler consistently exceeds benchmarks for data integrity. Wheeler’s IICAPS program surpassed both the IICAPS Network and goal for data integrity in FY16.

**Program Satisfaction:** 81.5% of youth who participated in IICAPS services indicated they were satisfied with services.

167 clients served

**Funded by:**
Public and private insurance

**Service Area:**
Avon, Berlin, Bloomfield, Bristol, Burlington, Canton, East Hartford, Farmington, Hartford, Kensington, New Britain, Newington, Plainville, Rocky Hill, Simsbury, Southington, Terryville, West Hartford, Wethersfield and Windsor
MULTIDIMENSIONAL FAMILY THERAPY

**Multidimensional Family Therapy (MDFT)** is an innovative and evidence-based intensive in-home program for youth ages 9 to 18 presenting with substance abuse issues, oppositional behaviors and family conflict. The MDFT team provides clinical interventions and strategies coupled with connecting the youth to services in the community, collaborating with internal and external providers, as well as addressing educational needs.

**MEASURABLE RESULTS**

Across Wheeler’s DCF MDFT teams, youth achieved their treatment goals, remained in their homes and in school, and had fewer new arrests.

**Achieving Treatment Goals: Wheeler’s Hartford and New Britain teams exceeded the goal** of 70% of youth meeting their treatment goals in FY16.

**Remaining in the Home/Community: Wheeler’s Hartford, New Britain and Waterbury MDFT teams exceeded** the goal for the percentage of youth who able to remain in their homes and in the community at discharge in FY16.

**No New Arrests: Wheeler’s New Britain and Waterbury MDFT teams exceeded the goal** for percent of youth with no new arrests in FY16. The acuity of youth referred for MDFT services has increased in recent years. This is associated with higher risk-taking and some program youth have been arrested during treatment for less-serious charges than their arrest that led to their referral for MDFT services. For these reasons, the rate of no new arrests for Wheeler’s Hartford and New Haven MDFT teams did not achieve the goal.

**Remaining in School:** Between 92 and 100% of youth were in school at program discharge in each of Wheeler’s MDFT teams in FY16. One hundred percent of the youth in Wheeler’s Waterbury team were in school at discharge.

---

**Key Outcomes: DCF-funded MDFT Teams**

- **Met Treatment Goals:**
  - Hartford: 89%
  - New Britain: 84%
  - New Haven: 86%
  - Waterbury: 88%

- **At Home/In the Community at Discharge:**
  - Hartford: 62%
  - New Britain: 66%
  - New Haven: 80%
  - Waterbury: 75%

- **No New Arrests:**
  - Hartford: 90%
  - New Britain: 65%
  - New Haven: 90%
  - Waterbury: 92%

- **In School at Discharge:**
  - Hartford: 92%
  - New Britain: 98%
  - New Haven: 100%
MULTISYSTEMIC THERAPY

Multisystemic Therapy (MST) is an evidence-based intensive family- and community-based treatment program serving youth ages 12 to 18 with complex emotional, social and academic needs, court-involved youth, and other high-risk families. The model blends cognitive behavioral therapy, behavioral management training, family therapies and community psychology. Wheeler has provided MST services for youth and families in Connecticut since 2001.

MEASURABLE RESULTS

Completion Rates: All four Wheeler MST teams exceeded the completion rate goal of 85%. Wheeler’s DCF Manchester/Hartford team had a completion rate of 95%.

Model Adherence: Wheeler’s MST teams consistently exceed the goal for model adherence as measured by the Therapist Adherence Measures. Each team exceeded the goal in FY16. A higher score indicates greater fidelity to the model.

Ultimate Outcomes: Wheeler’s MST teams were very successful in achieving model goals for the three key outcome indicators: youth living at home at discharge, youth in school or working at discharge and youth with no new arrests during treatment. All four of Wheeler’s MST teams exceeded the goals of youth living at home at discharge and no new arrests during treatment and three of Wheeler’s four MST teams exceeded the goal of youth in school or working at discharge.
MULTISYSTEMIC THERAPY - FAMILY INTEGRATED TRANSITIONS

Multisystemic Therapy-Family Integrated Transitions (MST-FIT), an adaptation of MST, combines three evidence-based treatment models: MST, Dialectical Behavior therapy (DBT) and Motivational Interviewing (MI). Developed to help transition incarcerated youth back into the community, the program provides youth ages 12 to 17.5 and their families the tools to successfully navigate the critical transition period following their incarceration.

MEASURABLE RESULTS

Ultimate Outcomes: Youth participating in MST-FIT at least six to eight weeks prior to release from their facility, as dictated by the MST-FIT model, had positive outcomes on the three key measures of program success: youth living at home at program discharge, youth in school or working at program discharge and youth with no new arrests during treatment.

Living at Home: Ninety-two percent of youth were living at home at program discharge.

Youth in School or Working: Ninety-two percent of youth were in school or working at program discharge.

Youth with No New Arrests: Ninety-two percent of youth had no new arrests during MST-FIT treatment.

Funded by: Connecticut Department of Children and Families

Service Area: DCF Regions 2, 4, 5 & 6 and DCF Region 3 - Middletown Area Office

24 clients served
Multisystemic Therapy-Problem Sexual Behavior (MST-PSB), an MST adaptation, supports youth returning to the community from incarceration or residential placement, and families maintaining youth with problem sexual behaviors in their homes and the community instead of residential placement. Wheeler’s MST-PSB program serves youth ages 10 to 17.5 and their families in 61 communities in central and western Connecticut.

MEASURABLE RESULTS

Ultimate Outcomes: Wheeler’s MST-PSB program has been extremely successful in achieving goals for the three key MST-PSB outcome indicators. Both Wheeler MST-PSB teams exceeded goals for youth living at home at discharge, youth in school or working at discharge, and youth with no new arrests during treatment. One hundred percent of youth had no new arrests during treatment in FY16.

Model Adherence: Wheeler’s initial MST-PSB team (Wheeler 1) significantly exceeded the goal for model adherence in FY16 as measured by the Therapist Adherence Measures. Wheeler’s second team (Wheeler 2) fell just short of the goal. Higher scores mean greater adherence to the model.

“I find that coming here has provided me a place to talk about things I wouldn’t talk about elsewhere.”

Funded by: Connecticut Department of Children and Families

Service Area: DCF Regions 5 & 6 and DCF Region 4 - Hartford Area Office
EDUCATION SERVICES
EDUCATION SERVICES

Wheeler’s Northwest Village School is a therapeutic day school designed for students, ages 4 to 21, with special education needs who exhibit complex social, emotional, learning and/or behavioral challenges that have resulted in a Planning and Placement Team decision to seek placement outside of a traditional public school setting. Located in Plainville, Northwest Village School serves more than 70 school districts throughout the state.

Wheeler’s Collaborative Learning Programs (CLPs) offer a cost-effective, innovative and collaborative in-district program model designed to assist school districts in providing in-district therapeutic education programming for students with challenging special education needs. The CLP model allows students to remain in the district and connected to their home school while addressing social-emotional, behavioral, developmental, and/or educational needs. These programs are also designed to mitigate transitions, create positive partnerships between the school and families, connect families to community-based resources, and reduce truancy. Each program is individually designed to meet the identified needs of the school district and students served.

MEASURABLE RESULTS

Child Functioning and Problem Severity: Fifty-seven percent of Northwest Village School students improved at least five points in worker measures of child functioning and 59% improved more than five points in worker measures of problem severity on the Ohio Scales. Northwest Village School exceeded the goal of 50% on each scale.

Advancement: In each of the past three years, over 93% of students who attended Northwest Village School for two consecutive years advanced to the next grade.
Dropout Rates: The dropout rates at Northwest Village School have remained low and relatively constant over the last three school years.

Serving Students with Complex Needs: The clinical acuity of students referred to Wheeler’s Northwest Village School (NVS) has risen steadily over the last three years. Increasingly, referrals are coming from equivalent or higher levels of care, such as other private special education day schools where students had limited success, residential treatment centers, hospitals and tutoring for homebound students. Because our students get the support in school they need, they can achieve remarkable successes.

- 75% of students who were referred to NVS from equivalent or higher levels of care last year earned passing grades that enabled them to earn credits and advance to the next grade or graduate.
- 43% of students who were referred to NVS from equivalent or higher levels of care last year had attendance rates above 90%.

Collaborative Learning Program: In recent years, students involved one Wheeler Collaborative Learning Program experienced a 29% reduction in unexcused absences and a 62% reduction in discipline reports.

“My son has reestablished the joy and rewards of reading. He has earned and been recognized for his skill and connection in math. He wants to be challenged with life instead of hiding from it.”
OUTPATIENT CARE
ADULT OUTPATIENT SERVICES

Wheeler’s Adult Outpatient Recovery Services continuum includes gender-responsive, trauma-informed and culturally competent mental health, anger management, and substance abuse recovery care, incorporating cognitive behavioral and motivational enhancement approaches at the outpatient and intensive outpatient level.

MEASURABLE RESULTS

Daily Living Activities: The functioning of adults participating in Wheeler’s mental health and substance abuse outpatient services increased during services, as measured by the Daily Living Activities Functional Assessment (DLA). The DLA scores improved in 67% of adults in mental health services and 64% of adults in substance abuse services.

Adult Behavioral Health Services Recidivism Rates: Wheeler provides adult behavioral health services (ABHS) for the Judicial Branch, Court Support Services Division. Court-referred clients participate in a range of mental health and substance abuse services including outpatient and intensive outpatient services as well as anger management services. Wheeler has met or exceeded recidivism rate goals for its three ABHS sites during 2016, the first year in which the Judicial Branch set goals. Lower rates are better than higher rates; they indicate fewer clients were re-arrested.

Wheeler assumed a leadership role in addressing the opioid crisis in 2016, implementing medication-assisted treatment (MAT) therapies at adult outpatient facilities, serving 150 patients and educating 269 patients, family members and significant others in overdose prevention, including providing life-saving Narcan.

5,415 clients served

Funded by:
Connecticut Department of Mental Health and Addiction Services, State of Connecticut Judicial Branch, Court Support Services Division and public and private insurance

Service Area:
Greater Bristol, Hartford, New Britain and Plainville areas
CHILDREN’S OUTPATIENT SERVICES

Wheeler’s Children’s Outpatient Services provides gender-responsive, trauma-informed and person-centered individual, family and group therapy to help children, adolescents, and families develop skills and coping strategies they can use for a lifetime. Wheeler’s Children’s Outpatient Services address behavioral health challenges, working with clients and caregivers to establish treatment goals specific to youth and family’s needs. Wheeler utilizes evidence-based practices including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Dialectical Behavior Therapy (DBT). Wheeler’s Extended Day Treatment (EDT) program is an intensive therapeutic after-school treatment program for children and adolescents who have behavioral and emotional difficulties at home, school, or in the community.

MEASURABLE RESULTS

**Child Functioning:** Children participating in children’s outpatient services exceeded the goal of 50% of clients achieving a five-point improvement on child functioning as rated by the child and the child’s parent(s).

<table>
<thead>
<tr>
<th>Percent of Youth with 5-pts or Greater Improvement in Child Functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheeler</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Parent</td>
</tr>
<tr>
<td>Worker</td>
</tr>
<tr>
<td>Youth</td>
</tr>
</tbody>
</table>

**Problem Severity:** Children participating in children’s outpatient services exceeded the goal of 50% of clients achieving a five-point improvement on problem severity as rated by the child, the child’s parent(s), and the worker (Wheeler clinician).

<table>
<thead>
<tr>
<th>Percent of Youth with 5-pts or Greater Improvement in Problem Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td>Wheeler</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Parent</td>
</tr>
<tr>
<td>Worker</td>
</tr>
<tr>
<td>Youth</td>
</tr>
</tbody>
</table>

3,047 clients served

Funded by:
Connecticut Department of Children and Families, State of Connecticut Judicial Branch, Court Support Services Division, public and private insurance and United Way of West Central Connecticut

Service Area:
Greater Bristol, Hartford, Middletown and Plainville areas
Extended Day Treatment

- 85% of youth participating in Extended Day Treatment demonstrated an improvement in child functioning.
- 85% of youth participating in Extended Day Treatment demonstrated a reduction in problem severity.
- 100% of families participated in treatment plan development and review.
- 94% of youth who were hospitalized for psychiatric reasons prior to Extended Day Treatment services demonstrated improvement, as evidenced by a decrease in hospitalizations in the 30 days prior to their program discharge.
- 85% of youth who were evaluated in the emergency room for behavioral health reasons prior to Extended Day Treatment services demonstrated improvement, as evidenced by a decrease in emergency room visits or no emergency room visits in the 30 days prior to their program discharge.

“I am extremely happy with the services my daughter has received and the treatment options she is given to help with her anxiety issues.”

“When we were at our lowest, Wheeler has been by our side assisting us, advocating for us. We are now part of EDT with our older son and find the kindness of all who we have dealt with is absolutely phenomenal and feel we are making progress as a family due to the helpfulness of the staff at Wheeler.”
WHEELER HEALTH & WELLNESS CENTERS

Wheeler’s Health & Wellness Centers provide integrated primary care, behavioral health, dental hygiene and support services to individuals across the lifespan in medically-underserved communities. Wheeler achieved designation as a federally qualified health center (FQHC) in Bristol in 2015 and expanded scope of service to seven additional central Connecticut towns in 2016, opening new service sites in Hartford and New Britain. The health center service area now includes Berlin, Bloomfield, Bristol, Hartford, New Britain, Newington, Plainville, Plantsville and Southington. Patients come from these communities and from surrounding towns.

MEASURABLE RESULTS

Preventive Health Screenings and Services

Child Weight Screening: Forty-eight percent of patients age 3 to 17 received counseling for nutrition and physical activity to encourage healthy lifestyle and weight.

Adult Weight Screening Follow-Up: 65.6% of adult patients received follow-up planning to encourage healthy lifestyle and weight, exceeding the national rate of 59.4%.

Tobacco Use Screening and Cessation: Nearly 800 patients who use tobacco products received cessation counseling, intervention or medication.

Cervical Cancer Screening: 65.6% of female patients, ages 24 to 64, received one or more Pap tests to screen for cervical cancer, exceeding the national rate of 56.0%.

Colorectal Cancer Screening: 36.2% of patients age 50 to 75 had appropriate screening for colorectal cancer.

> Nearly 800 patients who use tobacco products received cessation counseling, intervention or medication.

Funded by:
Anthem Blue Cross and Blue Shield Foundation, Connecticut Department of Mental Health and Addiction Services, the Health Resources and Services Administration (HRSA), an operating division of the U.S. Department of Health and Human Services, United Way of West Central Connecticut and public and private insurance

Service Area:
Greater Bristol, Hartford and New Britain areas

4,343 patients served
Chronic Disease Management

**Asthma Pharmacologic Therapy:** Seventy percent of patients age 5 to 40 diagnosed with persistent asthma were prescribed either the preferred long-term control medication or an acceptable alternative pharmacological therapy.

**Cholesterol Treatment:** Eighty percent of patients age 18 years and older with a diagnosis of Coronary Artery Disease were prescribed a lipid-lowering therapy, exceeding the national health center rate of 77.9%.

**Heart Attack/Stroke Treatment:** 54.5% of patients who had acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA) or who had a diagnosis of Ischemic Vascular Disease (IVD) had documented use of aspirin or other antithrombotic during the measurement year.

**NEW AND INNOVATIVE PROJECTS**

Wheeler and Mott Corporation, in Farmington, Connecticut, have formed an innovative collaboration to promote community health and wellness, and engage underserved individuals and families in Bristol and New Britain in accessing primary and behavioral health care information and services.

- With support from Mott Corporation, Wheeler added a full-time community health outreach worker to engage families through local outreach and health education, including visits to homes, churches, workplaces, local markets, community fairs, schools, and other neighborhood gatherings. Individual and group presentations focused on health promotion and healthy choices also will take place, as well as efforts to engage local residents in routine health care services.

- Mott Corporation employees also help Wheeler improve community health by participating as health ambassadors in an array of community-based health outreach activities, including recovery walks, neighborhood health and wellness fairs and events, and community conversations about addiction, mental health and recovery.

In partnership with Susan G. Komen® New England and Bristol Hospital’s Beekley Center for Breast Health and Wellness, Wheeler launched a Breast Health Patient Navigation program to significantly increase breast health outreach to residents in the Greater Bristol and New Britain regions. In FY16, Wheeler reached more than 600 individuals.

While assisting a Spanish-speaking female patient, the breast health patient navigator discovered that the patient had received a mammogram six months earlier that indicated additional screenings were needed. However, the patient did not understand the process, and no one had taken the time to explain her results or what she needed to do next. The patient navigator assisted the patient in getting her initial screening results and scheduling the additional screenings she needed. The navigator accompanied her and her family throughout the process and will be with the patient to ensure future care is coordinated and accessible in the patient’s language.
SERVING OUR COMMUNITIES ACROSS CONNECTICUT

more than 22,000 received direct care

Funded by:
Connecticut Department of Children and Families, Department of Mental Health and Addiction Services, Department of Developmental Services, Department of Social Services, State of Connecticut Judicial Branch, Court Support Services Division, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, individuals, corporations, foundations, United Way, client fees and third-party payers

Service Area:
Statewide

Wheeler Clinic is accredited by The Joint Commission. Our programs and services are licensed or approved by the Connecticut Department of Children and Families, Connecticut State Department of Education and the Connecticut Department of Public Health.
FOR MORE INFORMATION:

Susan Walkama, LCSW
President and Chief Executive Officer
Wheeler Clinic

91 Northwest Drive, Plainville, CT 06062

Phone: 888.793.3500
Email: swalkama@wheelerclinic.org
Website: www.wheelerclinic.org

Wheeler does not exclude, treat differently, or discriminate against individuals in a manner which violates Federal civil rights laws. Free language assistance services are available. Si usted habla español, servicios gratis de asistencia de idioma están disponibles para usted. Jeśli porozumiewasz się w języku polskim, możesz skorzystać z usług tłumacza bez żadnych opłat. WheelerClinic.org