CLIENT-CENTERED LOGIC MODEL OUTCOMES: RESIDENTIAL TREATMENT SERVICES

NEEDS	INPUTS	ACTIVITIES/ INTERVENTIONS	OUTPUTS	QUALITY INDICATORS	CHANGE IN CLINICAL STATUS CHANGE IN FUNCTIONAL STATUS OUTCOMES	IMPACT
On a state-wide basis the Pennsylvania Department of Human Services has identified a need to develop services designed to help clients with serious behavioral health issues. This focus has been adopted locally by Managed Health Care Organizations & Child Protective Agencies. The Residential program at Harborcreek is considered the highest level of Behavioral health care available across the Commonwealth. HYS receives around 400 client referrals per year for the residential program.	The agency is fully licensed by the Pennsylvania Department of Human Services and accredited by the Council on Accreditation. The following resources support program activities and the achievement of program objectives: Clients Staff Funding Staff training Electronic health records system Therapists trained in multisensory therapy approaches: Art therapy Music therapy Therapeutic writing Progressive Counting EMDR TRE Barton Reading & Spelling System PA State 3800 Regulations Federal Regulations governing restraint use MCO Contracts and service standards Sanctuary certification and commitment PA Dept. of Education & Bureau of Special Education	The organization employs a Developmental Trauma- Informed Practice Model in the treatment of complex childhood trauma. The model recognizes the impact of trauma on a child's development, understanding that a child may experience difficulties in emotional, behavioral, cognitive, and physical development that can interfere with necessary growth & maturation. Key components of the model include: - Psychiatric evaluation - Assessment/Biopsychosocial evaluation - Treatment planning / team meetings with family and external team members - Individual psychotherapy - Family therapy - Expressive therapies - Trauma Resolution therapy - Life skills groups - Sanctuary groups - Therapeutic recreation - Individualized education program - Primary care, dental, and vision check-ups - Wellness coaching - Aftercare service coordination	- The agency electronic health records system tracks: Number of individual & family therapy sessions Number of treatment days Assessment services/ results Number of clients receiving services Number of expressive therapy units Client length-of-stay Units of discharge planning services Client record reviews Client/ Parent satisfaction level	PREVENTION SAFETY PERMANENCY WELL-BEING	85% of residents will avoid acute mental health inpatient hospitalization during residential treatment or as a discharge plan 80% of residents will achieve and maintain a BMI of 25 or less 85% of residents will display decrease in incident reports over a 6-month treatment period 85% of residents will decrease scores on Beck Depression Inventory and Beck Anxiety Inventory from time of admission to time of discharge 85% of residents will return to family or other lower level of care at the conclusion of residential treatment 95% of residents will attend PCP, vision, and dental appointments during first month of stay and see PCP monthly 80% of residents will score in the non-clinical range of the Trauma Symptom Checklist at time of discharge	The organization provides services based on an interagency team model where the client is an active participant. Examples of treatment goals typically include: Resolution of past traumas & the development of coping skills Stabilization of behavioral health issues Client empowerment focused on the identification of protective factors & the reduction in risk factors Development of a discharge plan designed to help reinforce client progress in treatment Safely reconnecting clients with their family and/or community