

Devereux
ADVANCED BEHAVIORAL HEALTH

UNLOCKING
HUMAN POTENTIAL™

About Devereux Advanced Behavioral Health



Devereux Advanced Behavioral Health is one of the nation's largest nonprofit organizations, providing services, insight and leadership in the evolving field of behavioral healthcare.

Founded in 1912 by special education pioneer Helena T. Devereux, we operate a comprehensive network of clinical, therapeutic, educational and employment programs that **positively impact the lives of tens of thousands of children, adults and their families every year.**

Today, we are a trusted partner for individuals, families, schools and communities, serving many of the most vulnerable members of our society in areas of autism, intellectual and developmental disabilities, specialty mental health, education and foster care.

For more than a century, Devereux has been guided by a simple and enduring mission:
To change lives by unlocking and nurturing human potential for people living with emotional, behavioral and cognitive differences.



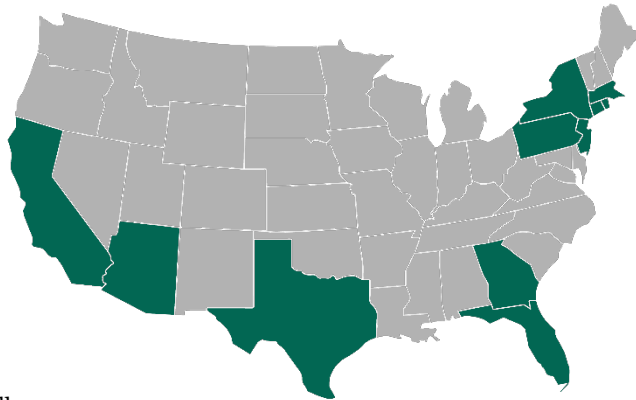
A Century of Caring



250+
Treatment locations and community living homes in 11 states.

25,000
Deserving individuals served annually.

50+
Signature programs, treatment services and supports delivered annually.



6,500+
Care professionals and support staff providing advanced compassionate care.

100+
Independent audits meeting hundreds of safety and quality benchmarks

2:1
Ratio of unique care to individual in short-term care programs

Programs & Services

Hospital, residential, community and school-based settings

Evidence-based Care

Trauma-informed Care

Functional Behavior Assessments

Positive Behavioral Support

Family Engagement, Education and Training

Advocacy, Education and Innovation

Outcomes Reporting at Devereux

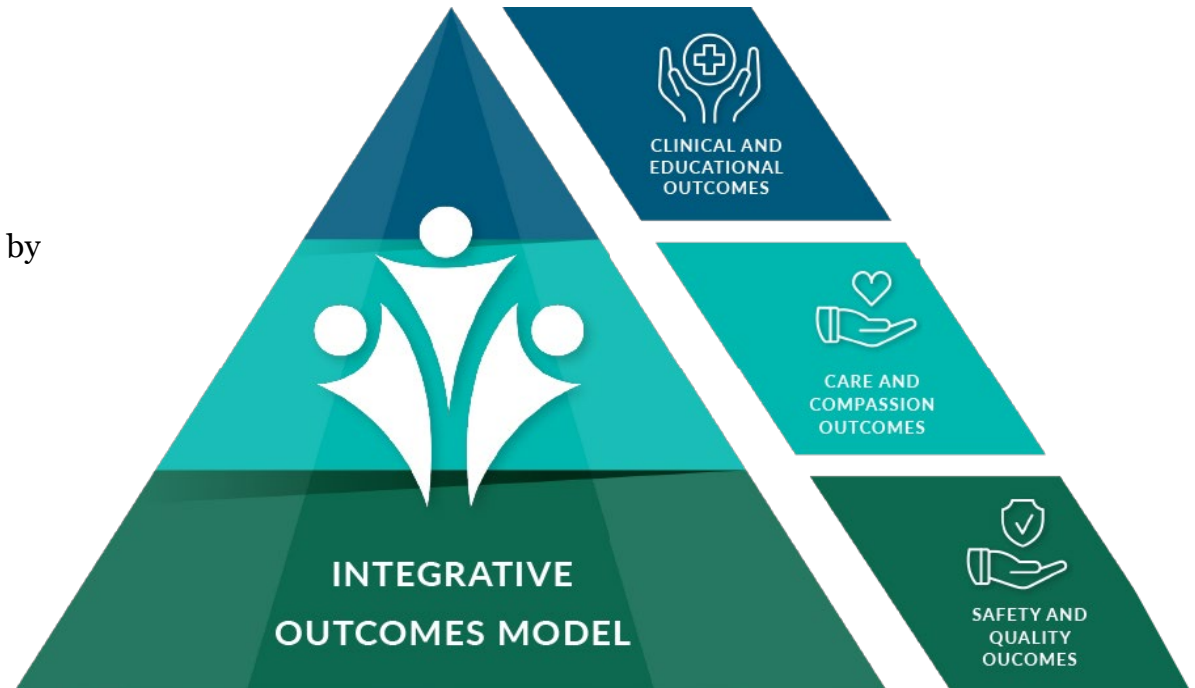
Elevating Safety, Accountability And Care

With more than a century of experience in caring for our nation's most vulnerable and intellectually challenged populations, measuring and reporting outcomes is a central pillar of our care.

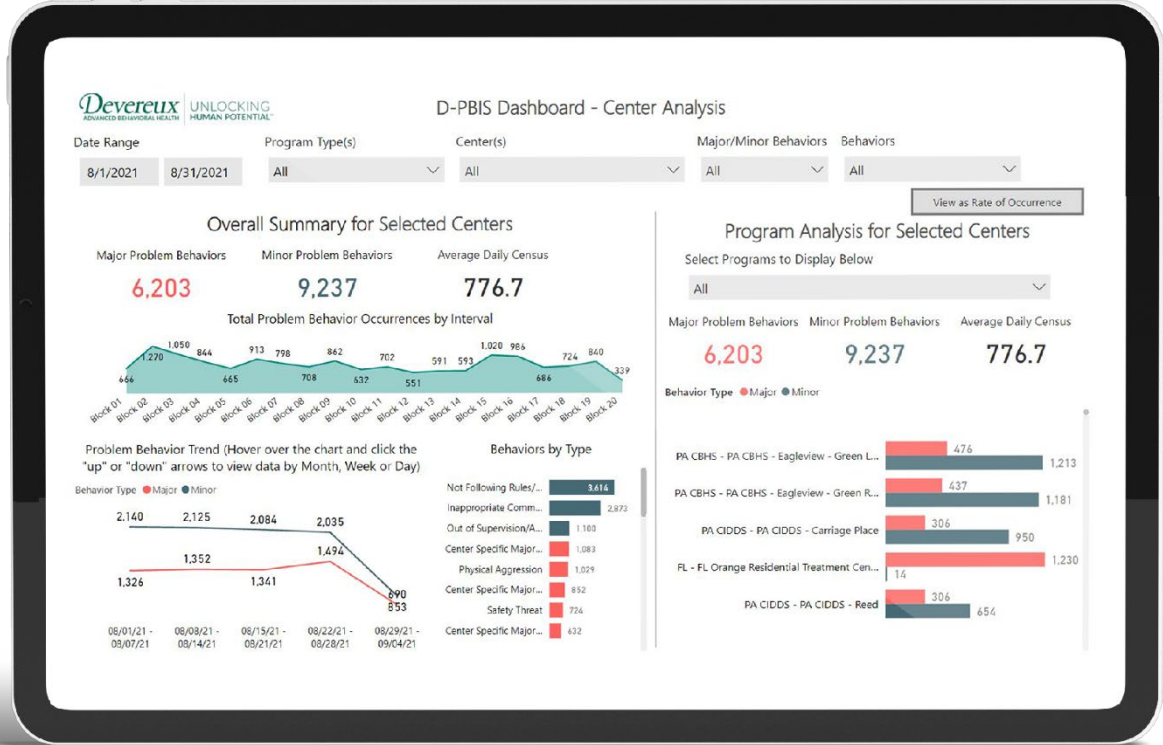
We recognize the value of a more comprehensive and human approach to measuring and improving outcomes by formalizing our assessments into an integrative and multi-dimensional model.

Our Integrative Outcomes Reporting Model (at right) combines core assessments and metrics across three key areas:

- 1) **Clinical and Educational**
- 2) **Care and Compassion**
- 3) **Safety and Quality**



Devereux's Commitment to Safety



System-wide Safety Data Dashboard

To further enhance the transparency of our incident data and reporting, we launched an **innovative dashboard** that provides a clear and comprehensive view of incidents.

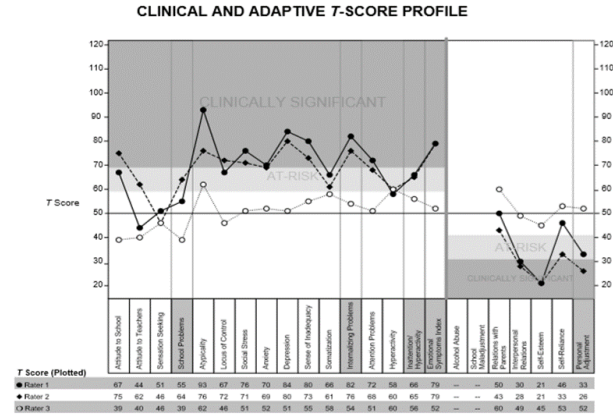
Real-time Data Filtered By:

- State
- Center
- Incident
- Time periods
- Program area

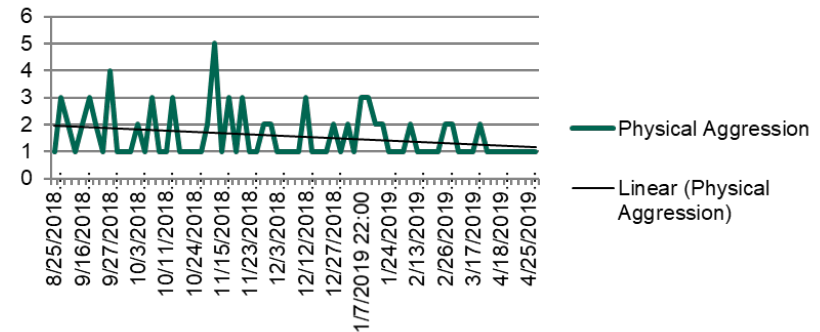
SCIENCE AND RESEARCH

Evidence-Based Practices:

- Positive Behavioral Interventions and Supports (PBIS)
- Cognitive behavioral therapy (CBT)
- Applied Behavioral Analysis (ABA)
- Trauma-focused cognitive behavioral therapy (TF-CBT)
- Eye movement desensitization and reprocessing (EMDR)
- Dialectical behavior therapy (DBT)
- Behavioral parent training (BPT)
- Social skills training (SST)
- Problem-solving skills training (PSST)



Physical Aggression: (Client A.)



DATA DRIVEN RISK STRATIFICATION

RISK CATEGORY	UNIT	INTERVENTIONS/SERVICES PROVIDED
(5%)		
Tier 3	Brumer	Meeting held 10/3 for Morning/School Behavior Plan. We have requested a Lateral Transfer. Clinician has updated Behavior Plan with incentives 10/17/23. He recently had an Off Campus with Potential Discharge resource. 10/21 off campus lunch with the family.
Tier 3	Brumer	1:1 waking hours. For support from 7am—8pm on all week days for extra support
Tier 3	Brumer	1:1 high-risk/ 24 hours daily – Red Flag meeting held 10/5/23 with Clinical/Residential and Psychiatrist. Therapist completed daily Check ins with Individual on Safety and Risk. Individual maintained to High Risk until Downgraded 24:7 Close obs 10/19/23. Requested downgrade on the 11-7 Shift on 10/20/23. Individual still remains on 24:7 Close Obs. Bathroom alert for purging after meals + Personal boundary alert
Tier 3	Brumer	Individual admitted on 8/22/23. Eloped on 8/23/23 Placed on Building Restrictions. No MRE's since. Still remains on elopement. Protocol
Tier 3	Brumer	Last Elopement was 9/9/23. Eloped and pulled Fire Alarm. No elopements since. Elopement precaution
Tier 3	Donovan	2:1 / 24 hours daily; Individualized Behavior Support Plan
(15%)		
Tier 2	Greenway	1:1 waking hours; Individualized Positive Behavior Intervention Plan
Tier 2	Greenway	1:1 waking hours; Individualized Behavior Support Plan
Tier 2	Goldsmith	1:1 waking hours; Individualized Positive Behavior Intervention Plan
Tier 2	Villa Upper	1:1 waking hours; Individualized Positive Behavior Intervention Plan; PICA protocol
Tier 2	Villa Upper	1:1 waking hours; Individualized Positive Behavior Intervention Plan; PICA protocol
Tier 2	Villa Upper/ North	1:1 / 24 hours daily; Individualized Behavior Support Plan/ lateral transfer requested
Tier 2	Villa Upper/ North	Intensive staffing within SRP model; Individualized Behavior Support Plan/ Lateral transfer requested
Tier 2	Brumer	Placed in single room due to sexual behaviors over the past year
Tier 2	Brumer	Close observations from 7am-9am and 3pm-9pm on school days and 7am-9pm on non-school days. Close observation is to support maintain safe behaviors and foster use of coping Skills
Tier 2	Brumer	1:1 support 7am-11pm for HI: recently placed on 24/7 due to behaviors
Tier 2	Brumer	Placed on 1:1 waking hours for 4 days due to aggressive behaviors episodes
Tier 2	Brumer	1:1 waking hours
Tier 2	Jackson B	1:1/ 24 hours daily; admitted with this level of staff due medical condition / active seizure d/o
Tier 2	Jackson B	Placed on SIB watch for 24/7; now on routine supervision
Tier 2	Jackson B	Highly sexualized behaviors/ SIB; close observation
Tier 2	Jackson B	
Tier 2	Daman	Self-harm alert- history of SIB and SI. Eating management- history of disordered eating, purging and restricting.
Tier 2	Daman	Self-harm alert; close obs
Tier 2	Daman	Body checks due to self-harm history; bathroom protocol to avoid purging and self-harm alert No bathroom for one hour after meals due to history of purging
Tier 1	All Programs	80% of individuals served as Tier 1

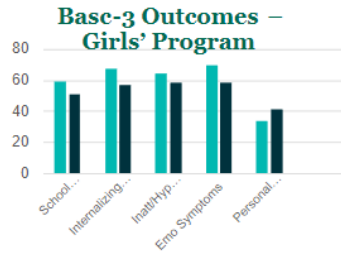
DATA DRIVEN OUTCOMES

Devereux Pennsylvania Children's Services

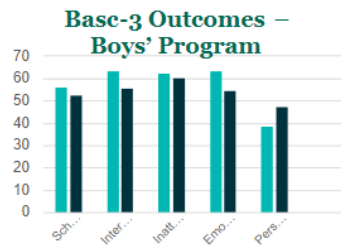
PRTF: BEHAVIORAL HEALTH – CLINICAL OUTCOMES

Individuals in our girls' program made clinically and statistically significant gains across all five areas: School Problems, Internalizing Problems, Inattention/Hyperactivity, Emotional Symptoms and Personal Adjustment.

The most significant gains for our boys' program were in the School Problems, Internalizing Problems, Emotional Symptoms, and Personal Adjustment.



BASC-3 Scale	Statistically Significant Improvement	Clinically Significant Improvement
School Problems	Yes	Yes
Internalizing Problems	Yes	Yes
Inatt/Hyp Problems	Yes	Yes
Emotional Symptoms	Yes	Yes
Personal Adjustment	Yes	Yes



BASC-3 Scale	Statistically Significant Improvement	Clinically Significant Improvement
School Problems	Yes	Yes
Internalizing Problems	Yes	Yes
Inatt/Hyp Problems	No	No
Emotional Symptoms	Yes	Yes
Personal Adjustment	Yes	Yes

Devereux Pennsylvania Children's Services

EDUCATIONAL SERVICES Who we serve

Clinical Snapshot

Students come to our schools with a wide range of conditions

Autism	32.52%	Other Health Impairment	4.26%
Emotional Disturbance	24.62%	Specific Learning Disability	2.74%
Intellectual Disability	31.61%	Traumatic Brain Injury	0.61%
Multiple Disabilities	2.13%	Speech/Language Impaired	0.61%

In FY 22-23, Devereux Pennsylvania Children's Services schools served a total of 370 students across 27 counties and 83 Local Educational Agencies

Brandywine

105 Students
17 Counties
22 LEAs

Mapleton

72 Students
10 Counties
27 LEAs

School for Integrated Learning

125 Students
14 Counties
42 LEAs

CARES

68 Students
8 Counties
40 LEAs

FINANCIAL IMPLICATIONS & INTERVENTIONS

- **Financial Implications:**

- ✓ Little differentiation in reimbursement rate;
- ✓ Complex staffing model and high operational costs;
- ✓ Significant financial loss resulting in program closures

- **Data Based Interventions:**

- ✓ Zero-based and flexible budgeting based on clients risk stratification & census level
- ✓ Staffing level based on recommended caseload and milieu group size
- ✓ Present clear outcome and costs data to funders requesting higher reimbursement rate

OUR APPROACH

Operational Intervention:

- Bi-weekly business review meetings (for every service line) that involved multi-disciplinary team:
 - ✓ Establish and track KPIs: census, FTE variance, OT Analysis
 - ✓ Ensure accountability of each department
 - ✓ Barrier analysis with targeted solutions that were measured
 - ✓ Clinical team provided justification for adding additional staffing
 - ✓ Finance team provided clear data and actionable items for operation teams to follow-up

MILIEU STAFFING GRID

DSP Position Needs								
Unit	Actual Census	Group day/evening Day & Evening Shift	Regular 1:1s	Total for Day incl.	# DSPs / Night (8-hr) Shift	Special Needs 1:1 Hourly	<i>group size during day</i>	<i>group size during night</i>
Brumer	21	5	4	9	3		3.40	7.00
Jackson B	11	2	1	3	1	1	4.50	10.00
Glenloch	12	2	2	4	2		5.00	6.00
Total	44	9	7	16	6	1	4.00	7.33

OUTCOME

- Improved financial acumen of all team members and strengthened interdepartmental accountability.
- Achieved 25%+ rate increases stabilized financial stability of the programs.
- Strengthened relationship with funders and referral agencies.
- Ready to collaborate with funders and other partners for VBP initiatives and contracting.

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