

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Therapeutic Behavioral Services	Provider:	JDT Consultants, Inc.
Program Description:	Mental Health Services	MHP Work Plan:	2-Wellness, recovery, and resiliency support 1-Behavioral Health Integrated Access 3-Culturally and community defined practices
Age Group Served 1:	CHILDREN	Dates Of Operation:	4/8/04 to Present
Age Group Served 2:	TAY	Reporting Period:	July 1, 2018 - June 30, 2019
Funding Source 1:	EPSDT	Funding Source 3:	EPSDT
Funding Source 2:	Realignment	Other Funding:	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	3,900,000.00	Program Actual Amount:	3,608,510.00
Number of Unique Clients Served During Time Period:	389		
Number of Services Rendered During Time Period:	180,426		
Actual Cost Per Client:	\$9276.00		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	
Contract Term:	FY 2018-2023	For Other:	Behavioral Services
		Renewal Date:	7/1/2023
Level of Care Information Age 18 & Over:	High Intensity Treatment/FSP (caseload 1:12)		
Level of Care Information Age 0- 17:	Intensive Outpatient (TBS, Wrap)		

TARGET POPULATION INFORMATION:

Target Population:	1) 1) Children must qualify for full-scope Medi-Cal and be under 21 years old. 2) Program youth must be receiving other EPSDT services (therapy, medication management, case management, rehabilitation services) from an MHP provider for an identified mental health issue. 3) The child's home placement must be in jeopardy for placement in a group home. 4) The the child must be at risk for hospitalization or have been hospitalized for a mental health reason within the last 2 years. 5) The child has had TBS Services in the past. 6) The child is stepping down in levels of care.
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CORE CONCEPTS:

- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

Community collaboration

Cultural Competency

Access to underserved communities

Choose an item.

Please describe how the selected concept (s) embedded :

1. JDT builds community collaboration by working in close communication with the client's treatment team. JDT works with agencies involved to assist clients in meeting not only their mental health needs, but often their needs for food, clothing and shelter. JDT has developed partnerships throughout Fresno County in city and rural areas to assist families with these critical needs. JDT works closely with treatment team members to advocate for client's educational, medical, and cultural needs. Additionally, JDT has developed partnerships to assist clients in need of advocacy and assistance with regard to assistance in obtaining citizenship and subsequent protection from deportation.
2. Cultural competency – JDT assigns/matches supervisors and coaches to cases who speak the client/caregiver(s) preferred language. If we do not have a supervisor and coach who speak the client's preferred language, an interpreter is hired at the expense of JDT,

ensuring services are provided in a culturally competent manner. Lastly, JDT management and coaches receive initial, as well as annual cultural competency trainings. Supervisors work closely with coaches to ensure that services are provided in a culturally sensitive & competent manner. JDT serves a significant amount of Spanish Speaking families, and 56% of JDT's team is bilingual. 3. JDT is able to serve ALL clients who are referred for TBS services, regardless of their location in Fresno County. JDT has recruited and trained coaches in rural areas to increase client access (Tranquility, Orange Cove, Coalinga, Tollhouse, Huron, Reedley). JDT coaches are willing to travel, often long distances, to serve families in rural areas. JDT has reached out to community mental health providers in rural areas to educate them about TBS and the referral process. JDT supervisors and coaches travel to rural areas for reauthorization meetings and often advocate for the meetings to be held in the client's home, as many of our rural families have limited or no access to transportation. JDT continues to be very committed to providing TBS services in underserved communities.

PROGRAM OUTCOME & GOALS

- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder

- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

(1). Effectiveness - JDT maintains a detailed database of referrals, demographics, and outcomes to track and monitor program effectiveness. In FY 18/19, JDT received 389 referrals for TBS Services. During this same period, there were 354 youth that discharged from the TBS Program. Of the youth that Discharged, the Graduation rate is 73% for youth eligible for graduation, exceeding the program goal of 70%. Clients who graduate have met all behavioral goals in their plan of care, or significantly reduced their behaviors to stabilize placement and earn graduation. For the youth that did not graduate, the reasons for discharge are: Declined Services, 12.2%; Didn't Meet Criteria, 2.2%; Hospitalized or Required Higher Level of Care, 1%; Inability to Benefit, 3.4%; Ineligible, 0.6%; Lack of Participation, 5.6%; Moved Out of Area, 2%. JDT exceeded the program goal that 80% of consumers will remain at their current placement, or will move to a lower level of care. JDT tracks youth for 2 years post discharge. Of those youth that are tracked, 89.5% fit this category: Zero Moves, 76%; Reunited with Biological Parents, 6.1%; Lower Level of Care, 4.5%; Adopted in placement where TBS was provided, 2.9%.

(2) Efficiency – JDT received 389 Referrals in FY 18/19. This represents a 14% increase in referrals compared to FY 17/18. The average length of stay in our program is 109 Days. The initial hours of TBS services allocated to youth are between 6-12 hours per week, with the average hours being 8 per week (4-6 contacts), and the average length of contact is 2 hours. The hours then triturate in frequency and duration as the client progresses (typically hours reduce by 2 hours (1-2) contacts per week every 30 days. During the last 30 days of services, clients typically receive TBS services 4 hours (2-3) contacts per week. JDT provides efficient and cost-effective service delivery, with a priority on program funds primarily being used to fund staff positions to support the program as 67% of the program budget funds indirect and direct program staff. In FY 18/19, 73% of program youth graduated from TBS services thus reducing all of their target behaviors rendering their placement at risk. We are particiularly proud that 89.5% of youth provided with TBS experienced 0 moves in care, reunified with biological parents, moved to a lower level of care, or were adopeted by the family where TBS services were provided.

(3) Access- JDT does not and has not ever had a waitlist for youth who referred for TBS Services due to the acuity of the population served, and has an Intake Protocol in place as follows: youth referred for TBS services are either expedited or not expedited, per therapist request at referral. JDT's intake protocol for youth who are not expediated is that the TBS referral will be assigned to a Supervisor within 2 hours of being received. The TBS supervisor will contact the family within 1 business day and the assessment will be scheduled within 3 working days of the initial contact. With youth who are "expedited" the case will again be assigned to a supervisor within 2 hours, and the caregiver will be contacted to set up the assessment the same day as the referral and the assessment will be scheduled within 2 business days of making phone contact with the caregiver. JDT continues to have a strong commitment to provide consumers in rural areas with access to services. JDT has strived to increase access to services in rural Fresno County as well as beneficiaries placed out of county, and this past FY, 28.2% of clients served were in Rural Fresno County (25.4%) or placed out of county (2.8%). JDT has also worked diligently to recruit staff in rural areas to serve Fresno County beneficiaries. Of our 57 coaches, 17 (29.8%) live in rural Fresno County. These areas include: Tranquiliity, San Joaquin, Huron, Reedley, Sanger, Dinuba, and Orange Cove. Moreover, TBS is a home, school, and community-based service. JDT coaches provide the majority of services in client homes. At times, our families are residing in temporary living environments such as drug treatment programs, shelters, hotels, with relatives, or are homeless. JDT makes arrangements/accomdations to provide TBS in these alternative settings to enable access for all clients to receive the benefit of having stable and consistent services, regardless of their setting/circumstances. JDT does not have numeric statistics on the percentage of services provided in alternative settings as they most often are temporary and spontaneous, thus making tracking improbable.

(4) Satisfaction/Feedback - Service Satisfaction also exceeded the program goal of 70% of consumers reporting satisfaction with TBS services, per their survey satisfaction reports. In FY 18/19, 96.5% of caregivers, and 96.6% of youth (79.3%, 73.3%) or Satisfactory (17.2%, 23.3%). Finally, 80% Caregivers that submitted surveys reported a reduction in the Target Behaviors identified in the Plan of Care. JDT is very pleased that consumer feedback indicates JDT exceeded the program goal and there was a very high level of consumer satisfaction. In measuring effectiveness, JDT was able to meet or exceed all four program goals set forth in the RFP, and we are very proud of and pleased that we were able to provide this level of service for Fresno County beneficiaries.

DEPARTMENT RECOMMENDATION(S):

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