

## FRESNO COUNTY MENTAL HEALTH PLAN

## OUTCOMES REPORT- Attachment A

### PROGRAM INFORMATION:

<b>Program Title:</b>	THERAPEUTIC FOSTER CARE (TFC)	<b>Provider:</b>	GOLDEN STATE FAMILY SERVICES, INC
<b>Program Description:</b>	TFC is a short-term, intensive, highly coordinated, trauma-informed, and individualized intervention, provided by a TFC parent to a child or youth who has complex emotional and behavioral needs. TFC is available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit to children and youth, under the age of 21, who are Medi-Cal eligible and meet medical necessity criteria.TFC is intended for children and youth who require intensive and frequent mental health support in a family environment.	<b>MHP Work Plan:</b>	2-Wellness, recovery, and resiliency support
<b>Age Group Served 1:</b>	CHILDREN	<b>Dates Of Operation:</b>	August 7, 2018 -- Present
<b>Age Group Served 2:</b>		<b>Reporting Period:</b>	July 1, 2019 - June 30, 2020
<b>Funding Source 1:</b>	Medical FFP	<b>Funding Source 3:</b>	Choose an item.
<b>Funding Source 2:</b>	EPSDT	<b>Other Funding:</b>	Click here to enter text.

### FISCAL INFORMATION:

<b>Program Budget Amount:</b>	\$500,000	<b>Program Actual Amount:</b>	\$16,742.00
<b>Number of Unique Clients Served During Time Period:</b>	1		
<b>Number of Services Rendered During Time Period:</b>	220		
<b>Actual Cost Per Client:</b>	\$16,742.00		

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### CONTRACT INFORMATION:

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	Other, please specify below
<b>Contract Term:</b>	08/07/2018 – 06/30/2021 with two optional one-year renewals.	<b>For Other:</b>	Therapeutic Foster Care
		<b>Renewal Date:</b>	7/1/2021
<b>Level of Care Information Age 18 &amp; Over:</b>			
<b>Level of Care Information Age 0- 17:</b>	Outpatient Treatment		

### TARGET POPULATION INFORMATION:

<b>Target Population:</b>	Children/youth, birth to 21 years of age, who are severely emotionally disturbed and would be considered eligible for Therapeutic Foster 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)*

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

**Please describe how the selected concept (s) embedded :**

TFC services has primarily been provided in the home where the child or youth resides. However, at times, TFC services were also provided in any setting where the child was located, including school, recreational settings, and other community settings. TFC services were provided daily on most occasions. The service goals were to assist the TFC child/youth to achieve the TFC treatment

plan goals and objectives and help the child/youth to remain in a community setting, thereby avoiding residential, inpatient or institutional care. To this end, the following goals were implemented and practiced this reporting period:

- Increased social and emotional wellness
- Increased healthy family functioning and resiliency
- Decreased incidents of emotional/aggressive outbursts

We ensured that our TFC participant had access to the benefits of the core services described below:

- Provision of competency-based, trauma-informed training and on-going therapeutic supervision and support to TFC resource parents;
- Train TFC parents to provide SMHS including completion of progress notes that meet Medi-Cal specialty mental health documentation standards, participation in the child and family teams; and meeting privacy and confidentiality Health Insurance Portability and Accountability Act (HIPAA) requirements;
- 24/7 therapeutic services and support to child or youth under their care;
- The provision of in-home evidence-based, trauma-informed rehabilitative treatment strategies set forth in the child/youth's client plan such as providing skills-based interventions, developing functional skills to improve self-care, improving self-management in areas of anger management, self-esteem, or peer relations;
- Participation as a member in the Department's Child and Family Team (CFT) in the care planning, monitoring and review process;
- Support groups for TFC parents and children/youth;
- Providing competency-based training to the TFC parent, both initially and ongoing;
- Meet all Resource Family Approval (RFA) training requirements;
- Respite care referrals. Respite care will be referred in several forms as needed, including hourly care, in-home respite, over-night respite, group outings, and other special events in the community;
- Assistance to a placed child/youth in accessing needed medical, vocational or other services needed to meet plan goals;

- Collaborating and coordinating with the ICC coordinator and the CFT in the development and implementation of the client plan;
- Assessing the child's/youth's progress in meeting client plan goals related to the provision of TFC, and communicating progress through the CFT;
- Incorporating evidence-informed practices in the training of TFC parents and the treatment of the child or youth;
- Weekly home visits by the Licensed Mental Health Professional (LMHP) or Licensed Practitioner of the Healing Arts (LPHA);
- Weekly home visits by the assigned GSFS Social Worker and assigned Behavioral Specialist;
- Observation, monitoring, and alerting members of the CFT about changes in the child/youth's needs;
- Education, advocacy and support for school-related problems;
- Crisis intervention & crisis counseling - the provision of risk management/safety components of the child/youth's plan including mental health crisis support;
- Parenting education as it relates to severe behavior problems;
- Access to a resource library and a resource directory for TFC families and children/youth once initial contact is made, including books and articles on TFC related topics;
- Workshops for TFC Youth (topics such as LifeBooks, attachment issues, anger management, ADD management, self-esteem and other various applicable topics.)
- Families and children/youth will have an opportunity to evaluate our services, so GSFS can promote satisfaction with the efficacy of the TFC program.

Additionally, our TFC parent worked under the supervision of Golden State Family Services (GSFS), and under the direction of our Licensed Mental Health Practitioner (LMHP). The LMHP provided direction to the TFC parent, and ensured the TFC parent followed the client plan. The GSFS TFC parent served as a key participant in the therapeutic treatment process of the child or youth. GSFS assisted each TFC parent to obtain their National Provider Identifier (NPI) number. The GSFS TFC parent also assisted the child/youth to achieve client

plan goals and objectives; improve functioning and well-being; and helped the child/youth remain in a family-like home thereby avoiding residential, inpatient, or institutional care.

To ensure our TFC received the utmost support from our resource parent, we ensured only one child or youth was/is receiving TFC services per TFC parent/home. We also limited the number of other children or youth (biological, foster care, etc.) living in the home. We ensured our TFC parent understood and was aware of the following responsibilities and expectations:

- His/her role as a Medi-Cal provider;
- His/her role as part of the therapeutic team providing services to a child/youth; and
- His/her role as a resource parent.

Additionally, our GSFS LMHP met with the TFC parent a minimum of one (1) hour per week. In addition to monitoring the interventions provided by the TFC parent, the LMHP reviewed and co-signed daily progress notes, ensuring that each progress note met Medi-Cal SMHS and contractual requirements.

#### 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

The GSFS TFC program utilized performance measures to identify anticipated outcomes associated with successfully achieving the primary program goals of assisting the participating child/youth to achieve the TFC treatment plan goals and objectives and help the child/youth to remain in a community setting, thereby avoiding residential, inpatient or institutional care. The TFC program initiated on August 7, 2018; however, actual placement and practices began on September 19, 2019. During the reporting period of July 1, 2019 and June 30, 2020, the program had one active youth in placement in one active TFC home.

We conducted measurements based on the domains required by the program standards and utilized the Child and Adolescent Functional Assessment Scale (CAFAS).

## Performance Measures Assessed:

Evaluation Measurement:	Measured By:	Outcomes to Report:
Access to Care	Client referral and TFC documentation.	The TFC program provided an outcome of 100% in providing access to care and conducting orientations and contacts within the time frame outlined in the program goals.
Effectiveness	Extended Reach Database (ER), CAFAS	The TFC program provided an outcome of 0% of children/youth reducing to a lower level of care or discharging towards a goal of permanency, due to the program participant continuing to be an active participant working towards treatment goals. The child/youth participated in the program 9.5 months out of 12, due to date of placement in the program.
Efficiency	Discharge reporting, Extended Reach Database (ER) , CAFAS	The TFC program provided an outcome of 0% of children/youth who discharged successfully from the TFC program within a six (6) month period or less; however, it has been successful at 100% in not having any unsuccessful discharges. Overall, the program did not have any discharges during this reporting period as the participant continues to remain in the second term year of the program.
Collaboration	CFT meeting documentation, Extended Reach Database	

	(ER)	The TFC program has provided an outcome of 100% attendance at all scheduled CFT meetings and 100% result in meeting documented deadlines relating to the individual client treatment plan.
Satisfaction and Compliance	Surveys of person's served, family members, and/or stakeholders	GSFS sends out digital, anonymous satisfaction surveys, via Survey Monkey each September to Resource Parents and Clients. The results of the period of October 2019 to September 2020, will not be available until October 2020. The TFC Program Satisfaction Survey is sent out each June. The youth receiving TFC services, was not placed in the program in June 2020, therefore, the survey was non-applicable.

Following completion of reports and surveys, the program will submit all measures to the LMHP. The LMHP will track results and ensure outcomes continue to meet the goals of the program on an ongoing basis. Adjustments will continue to be made as deemed necessary to ensure continued compliance and positive outcomes.

**DEPARTMENT RECOMMENDATION(S):**

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