

## FRESNO COUNTY MENTAL HEALTH PLAN

## OUTCOMES REPORT- Attachment A

### PROGRAM INFORMATION:

<b>Program Title:</b>	Therapeutic Behavioral Services	<b>Provider:</b>	JDT Consultants, Inc.
<b>Program Description:</b>	Mental Health Services	<b>MHP Work Plan:</b>	1-Behavioral Health Integrated Access 2-Wellness, recovery, and resiliency support 3-Culturally and community defined practices
<b>Age Group Served 1:</b>	CHILDREN	<b>Dates Of Operation:</b>	4/8/04 to Present
<b>Age Group Served 2:</b>	TAY	<b>Reporting Period:</b>	July 1, 2019 - June 30, 2020
<b>Funding Source 1:</b>	EPSDT	<b>Funding Source 3:</b>	Choose an item.
<b>Funding Source 2:</b>	Realignment	<b>Other Funding:</b>	Click here to enter text.

### FISCAL INFORMATION:

<b>Program Budget Amount:</b>	3,400,000.00	<b>Program Actual Amount:</b>	2,766,424.00
<b>Number of Unique Clients Served During Time Period:</b>	331		
<b>Number of Services Rendered During Time Period:</b>	1,383,212		
<b>Actual Cost Per Client:</b>	8,358.00		

### CONTRACT INFORMATION:

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

### TARGET POPULATION INFORMATION:

<b>Target Population:</b>	1) Children must qualify for full-scope medical and be under 21 years old. 2) Program youth must be receiving other EPSDT services. 3) The child's home placement must be in jeopardy of disrupting. 4) 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 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

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

1. **Community Collaboration** – JDT works in collaboration with the youth’s Treatment Team Members. These members are whoever are central to the youth’s treatment, i.e. caregivers, therapists, case managers, CASA Workers, and school personnel. This year COVID as led to an increase in the need for resources for our youth, i.e. food, shelter, clothing, utilities. JDT has formed partnerships with community agencies to provide resources to assist our youth and families to meet their basic needs during the pandemic. Lastly, JDT works with a significant amount of families in the rural areas and 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** - First, JDT provides initial and annual training for staff with regard to working with different cultures, cultural humility, and cuiltural sensitivity. JDT also takes into

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consideration cultural background when assigning TBS Coaches to cases. 100% of the time, JDT assigns coaches who speak the preferred language of both the youth and caregiver. If JDT does not have a coach who is a linguistic match, JDT hires an interpreter at the expense of the company to assist with providing TBS services. JDT's staff is also representative of the TBS youth referred. 64% of youth referred for TBS are Hispanic, and 57% of JDT's TBS Coaches speak Spanish. Lastly, at hire JDT provides a language competency test to all coaches who state they are bilingual. JDT Supervisors also monitor each coach's linguistic competence throughout their employment.

3. Access to Underserved Communities – 24% of JDT's clients served this year live in rural Fresno County (Huron, Selma, Sanger, Mendota) and JDT strives to hire staff in those communities to meet the needs of rural clients as well as to develop community resources therein. JDT also serves individuals with a broad range of linguistic needs, ie, Spanish, Laos, Hmong, ASL and hires interpreters as needed to assist in providing linguistically appropriate services. JDT holds services and meetings in the client's home to maximize their access to services. JDT has assisted clients as needed with gas cards/bus tokens to make mental health appointments and meetings. During COVID, JDT began to provide telehealth services to clients in their homes to continue to provide services during the pandemic. JDT also provided many youth with cellphones and laptops so that they could participate in Doxy (Video) telehealth during the pandemic if the family did not have the technology available.

### 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 keeps a detailed database of referrals, demographics and outcomes to track and monitor program effectiveness. In FY 19/20, JDT served 331 unique clients. In FY 19/20, 71% of JDT's clients graduated from services. Clients who graduate have met their target behaviors. Of those who did not graduate, 4.1% demonstrated an inability to benefit, 19.9% lacked participation or declined services, .4% went AWOL, 4.5% lost placement and moved out of the service area, and .4 % experienced long-term hospitalization. JDT met their program goal for graduations from the program. **(2) Efficiency** – TBS Services typically begin at 6-8 hours per week and then decreases by increments of two hours at each interval. JDT's clients remained very stable in their placement throughout services, as 85.5% of youth experienced zero moves in placement, or were reunified/adopted in their placement where TBS was provided. During TBS only 4.2% of youth receiving services were moved to a higher level of care. JDT also tracks clients two years following graduation from TBS. During FY 19/20 two years after receiving services, 77.9 percent of youth remained in the same placement, 6% reunified with parents, 3.9% moved to a lower level of care, 4.1% had a lateral move, and only 5.6% moved to a higher level of care. These statistics following services clearly demonstrated the effectiveness of TBS services not only in the short, but also in the long-term following services. **(3) Access** - JDT has never had a waiting list for clients to receive services. Referrals are assigned to a TBS Supervisor the same day they are received. Based on the acuity of the youth's current situation, clinicians who refer can expedite the referral if needed. For expedited referrals, the TBS Supervisor will call to schedule the assessment within 1 business day and efforts are made to assess the youth within 3 business days. For non-expedited referrals, caregivers will be contacted within 2 business days and the youth will be assessed within 4 business days. JDT provides client access to TBS services throughout Fresno County. In FY 19/20, 24.2% of youth resided in rural Fresno County, with 74.6 percent residing in urban Fresno/Clovis, and 1.2% of youth served resided out of county. JDT serves youth who reside in biological families, foster homes, and group homes. At times families referred may be in temporary housing (motels, shelters), drug treatment centers, living with relatives, and JDT also provides services in these settings. The Pandemic has presented health & safety issues in some situations and JDT has adapted to this by offering Telehealth Services to clients in addition to face-to-face services. JDT has provided approximately 20 youth with technology (cell phones, computers) so that they can receive the needed telehealth services. **(4) Satisfaction & Feedback** – While youth are receiving services, feedback for clients and caregivers satisfaction are obtained at monthly reauthorization meetings, monthly TBS Supervisor checkins, and as needed via telephone contacts between scheduled meetings. Issues are addressed immediately by the supervisor as they arise. When clients discharge from JDT, both the youth and caregiver receive a Satisfaction Survey. In FY 19/20 post-service surveys revealed that 81.8% of program youth rated services "Excellent," 15.9% rated them "Satisfactory," 2.3% rated services "Fair" and there were no "Poor" ratings received. Parent surveys yielded similar results, with 91% rating services as "Excellent," 4.5% rated services as "Satisfactory," 2.3% rated services as "Fair," and no consumers rated services as "Poor." To assist youth and parents in promptly returning surveys, JDT provides a Self Addressed Stamped Envelope when surveys are mailed out.

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## **OUTCOMES REPORT- Attachment A**

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