

## FRESNO COUNTY MENTAL HEALTH PLAN

## OUTCOMES REPORT- Attachment A

### PROGRAM INFORMATION:

<b>Program Title:</b>	Promesa Short-Term Residential Treatment Program (STRTP)	<b>Provider:</b>	Promesa Behavioral Health
<b>Program Description:</b>	Provision of specialty mental health services to male and female youth placed within Promesa's STRTP.	<b>MHP Work Plan:</b>	4-Behavioral health clinical care
<b>Age Group Served 1:</b>	ADULT	<b>Dates Of Operation:</b>	August 7, 2018 -- Present
<b>Age Group Served 2:</b>	CHILDREN	<b>Reporting Period:</b>	July 1, 2019 - June 30, 2020
<b>Funding Source 1:</b>	Medical FFP	<b>Funding Source 3:</b>	
<b>Funding Source 2:</b>	EPSDT	<b>Other Funding:</b>	

### FISCAL INFORMATION:

<b>Program Budget Amount:</b>	\$1,682,200	<b>Program Actual Amount:</b>	\$673,176.29
<b>Number of Unique Clients Served During Time Period:</b>	118		
<b>Number of Services Rendered During Time Period:</b>	7,500		
<b>Actual Cost Per Client:</b>	\$5,704.88		

### CONTRACT INFORMATION:

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	Outpatient
<b>Contract Term:</b>	8/7/2018 – 6/30/2021 plus two optional one-year extensions	<b>For Other:</b>	
		<b>Renewal Date:</b>	7/1/2021
<b>Level of Care Information Age 18 &amp; Over:</b>	Enhanced Outpatient Treatment (caseload 1:40)		
<b>Level of Care Information Age 0- 17:</b>	Outpatient Treatment		

### TARGET POPULATION INFORMATION:

<b>Target Population:</b>	Youth, aged 12-18, and non-minor dependents (those turning 18 while in residence) enrolled in the Extended Foster Care program.
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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

Cultural Competency

Integrated service experiences

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

Promesa incorporates the skills of culturally competent and multilingual professionals to serve the needs of our culturally diverse STRTP clientele. Promesa's staff focus on stabilization, mental health services, and where needed, SUD treatment. Effective SMHS services must address holistic issues within the family, in order for lasting effects for our youthful clients. We achieve that best when striving to ensure seamless transitions for our youth and exit plans include direct connections with other community services.

## 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

This report reflects four calendar quarters of data (7/1/19-6/30/20), as this is our first year of providing formal specialty mental health services (SMHS).

Promesa is committed to providing services and treatment in a milieu that is accessible and accommodating to children and youth, stakeholders, and staff. As an agency, the Board, the Executive Team, and staff work to keep systemic, architectural, attitudinal, internal policy and procedural barriers, obvious or subtle, that may impede accessibility to SMHS to a minimum. Further, our abandonment rate is zero, as we do not abandon clients. For cases where we cannot meet the needs of the youth in placement, we work with the original placement social worker to find suitable, alternate solutions for the child. In general, if space is available, there is no delay in accepting for placement – our \*admissions staff conducts a pre-admission screening, evaluating placements for compatibility with existing residents, suitability of placement based on placement history, personalities of residents already in placement, safety

concerns, particularly if the placement is identified as CSEC. Once in placement, youth may transition to lower levels of care or acute care, depending upon the time and dedication the youth spends in working their program objectives.

Youth are provided with a wide array of services (mental health, substance use counseling, nutrition support, behavioral modification plans, meetings with their Child and Family Teams (CFTs) to meet the priority of exit from the program into a permanency setting. To support youth, the Agency provides culturally appropriate responses in care (including staff who represent the youth's ethnic, linguistic, or sexual expression). While every effort is made by staff to reduce the number of days in care for each youth, the work of progressing through the personal goals and objectives established by the youth and CFT within the client plan is undertaken by the youth and the CFT.

Staff serves as resources and facilitators to assist youth in meeting their needs. Clearly, some mental health issues take longer than others to reach stability with adequate coping mechanisms integrated into the psyche and the dynamics of the family. To that end, staff is available to youth 24/7 within each residential facility. Generally, the bulk of calls and contact occur during the day, however, night calls do occur. Staff is accessible to youth and their families whenever they request assistance.

### Specialty Mental Health Services

To successfully identify and treat adolescents with traumatic stress, mental health issues and substance abuse, our LMHPs continually explore better ways to encourage their participation in treatment. This is particularly important in specialty mental health and substance use treatment service systems, where these teens present a unique set of challenges. Adolescents with both traumatic stress and substance abuse often have complex histories and numerous additional problems that make them particularly difficult to treat. Although empirically based treatment interventions offer adolescents a good chance of success in overcoming a variety of psychological problems, many youth fail to obtain treatment, and those who enter treatment often terminate prematurely. Those clients who are being provided services because of their Client and Treatment Plans developed for meeting their treatment objectives in either foster care or residential care receive in house clinical services. Be that as it may, our LMHPs who work with these adolescents encounter a series of challenges when trying to engage youth who have histories of traumatic stress, mental health, and substance abuse.

Most of the adolescents in our programs did not enter treatment voluntarily and are often apprehensive about the process. Furthermore, substance abusing adolescents, much like their adult counterparts, often have a hard time making positive changes in their use patterns. To provide effective access to services, these challenges and barriers must be addressed.

### Outcomes

- 1) **Domain – Effectiveness:** success of the evidence-based treatment modalities offered by skilled professionals.
  - a. **Indicator:** # clients actively participating in SMHS offerings From 7/1/2019-6/30/20, the average number of days in care for STRTP youth was 195; youth admitted as probation referrals generally are in residence for 180 days. This is a reduction from prior to STRTP approval, where stays averaged 270 days.

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- b. **Who Applied:** Youth in care.
- c. **Time of Measure:** monthly, annually
- d. **Data Source:** Placement data, SMHS progress notes, attendance logs
- e. **Target Goal Expectancy:** 70%

From 7/1/19-6/30/20, Promesa's actual target was 83%. This level of occupancy can, perhaps, be attributed to our status as the first approved STRTP in Fresno County, so our placement referral rate was higher than we expected. Foreshadowing our 2021 report, COVID has reduced referrals. Apart from our 'first' approval status, what enables reaching this outcome is the quality of our staff – we are fortunate to have minimal turnover in Residential Administrators and House Managers. This stability in leadership enables us to quickly implement programs, services and meet other needs. The SMHS staff that we hire contribute their experience and dedication to serving our youth, which also impacts a higher than expected average.

While we do administer the CANS and collect information from it, the data is not electronically managed at this point, so we don't have data on this instrument. We will add this to the requirements for our EHR staff to enter into our system. We do track discharge destination data, including reunifications, which is reported in a chart below.

### Discharge Reasons : 7/1/19-6/30/20

Program Completion	AWOL	Transfer to FFA	Transfer to Hospital	Transfer to New Program	Termination	Violation of Probation	Reunification
11	24	6	4	13	29	12	1
detailed by %							

- 2) **Domain – Efficiency:** the relationship between the results we obtain and the resources we apply to achieve those results. Promesa utilizes 16 SMHS counseling staff who provide direct client services in one of our eight (8) STRTP facilities. We increased clients served by an indeterminate number – our database did not sort information as requested, so we'll have to report this number in an amendment to this report.
- a. **Indicator:** STRTP facilities census. Increase in # of clients served internally by SMHS staff. We increased clients served by an indeterminate number – our database did not sort information as requested, so we'll have to report this number in an amendment to this report.
  - a. **Who Applied:** Youth in care
  - b. **Time of Measure:** monthly, annual
  - c. **Data Source:** Placement data, chart reviews, billable services.

d. **Target Goal Expectancy: 70%**

Annual Comparison of Occupancy	
2018	42%
2019	83%

In comparing actual occupancy with our maximum capacity, in 2018-19, our rate was 42% of capacity. In 2019-20, that rate was 83% of our beds were utilized during this fiscal period. We attribute that success to the fact that our STRTP approval was the first for Fresno County. As such, our referral rate was better than average for this fiscal period.

- 3) **Domain – Access to Care:** addresses the timeliness of access. Generally, there is no ‘lag time’ between assessment and commencement to treatment. While some youth are resistant to treatment, SMHS staff and services are promptly offered upon admission.
- a. **Indicator:** # who respond to online version of survey; participation in focus groups; participation in STRTP events/activities related to services received and who complete monthly input surveys.
  - b. **Who Applied:** Youth in care. SMHS staff obtain feedback from enrolled clients through a survey. The results are charted below.
  - c. **Time of Measure:** annual
  - d. **Data Source:** Client surveys, focus group field notes, recordings, activity participation logs / feedback forms.
  - e. **Target Goal Expectancy:** 100% participation.

We collected surveys from all youth enrolled in SMHS services. The results are in the charts below. Nearly 90% of our clients are given assessments during the intake process, so there is no delay between intake and assessment. The remaining 12% are given assessments during the first week of residency. Further, there is no delay in offering SMHS services. We assign clients to a SMHS specialist during this first week, so their mental health services are begun promptly. Since we don’t delay services (even while we’re waiting for presumptive transfers or other paperwork), we haven’t tracked the timeliness of services. We will begin doing so, however following is data on how quickly the client was assessed after intake.

Total Clients FY 19-20	162
# Assessed during Intake	143
# Assessed before end of first 5 days of residency	19

- 4) **Domain - Satisfaction and Feedback:** the degree to which our clients and other stakeholders are satisfied with their client experience. Characteristics of our population are reflected in the data charts below.
- a. **Indicator:** Feedback from focus groups and surveys.

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Domain	Objective	Indicator	Sample	Timing	Data Source	Collector	Target
Access to Care — clients	<b>ACCESS TO CARE RESULTS</b>						
	Increase clients participating in focus groups; youth participating in STRTP events/activities related to services received and completing monthly satisfaction surveys	# who respond to online version of survey; participation in focus groups; participation in STRTP events/activities related to services received and who complete monthly input surveys	Online Surveys; focus group rosters; attendance logs, comment sheets	On going	Client surveys, focus group field notes, recordings, activity participation logs / feedback forms	Residential Administrators, Division Directors	100% participation

b. **Who Applied:** Residential Administrators, Division Directors, Clinical Supervisor, Program Coordinator. The data chart below is feedback from ‘other’ stakeholders (i.e., social workers, placement officials, probation officers, court personnel) for FY 19-20. We ask placement officials to complete a feedback survey when we’ve completed a case, so rates of return vary. Although, we do send out an annual feedback survey, too.

c. **Time of Measure:** monthly, annual

d. **Data Source:** client surveys, focus group field notes, participation logs, survey

results.

**Target Goal Expectancy:** 100%. Please see our updated charts, below.

e.

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Domain	Program	Objective	Indicator	Applied to	Collector	Data Source	Timing	Target	Actual	Priority
<b>EFFICIENCY</b>	<b>RESIDENTIAL CARE (Short Term Residential Therapeutic Program)</b>									
	STRTP	Increase youth in placement	STRTP facilities budgeted census	Youth in residential care	Residential Managers, Division Director	Placement data	Ongoing	70%	83%	high
	SMHS	Increase SMHS staff for each STRTP facility	Increase in # of clients served internally for SMHS	STRTP residents	Clinical Supervisor, Program Coordinator	chart reviews, billable services	ongoing	100% in house SMHS, 85% billable services	100%	high

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Domain	Program	Objective	Indicator	Applied to	Collector	Data Source	Timing	Target	Actual	Priority
<b>EFFECTIVENESS</b>	<b>RESIDENTIAL CARE (Short Term Residential Therapeutic Program)</b>									
	STRTP	Reduce days in care	Reduction of days in care per youth	Youth in residential care	Residential Managers, Division Director	Placement data	Intake, 90-180 day increments	70%	83%	high

## DEPARTMENT RECOMMENDATION(S):

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