

## FRESNO COUNTY MENTAL HEALTH PLAN

## OUTCOMES REPORT- Attachment A

### PROGRAM INFORMATION:

Program Title:	DN Associates Short-Term Residential Therapeutic Program	Provider:	DN Associates
Program Description:	Specialty mental health services to youth and non-minor dependents placed within the program's care.	MHP Work Plan:	4-Behavioral health clinical care
Age Group Served 1:	CHILDREN	Dates Of Operation:	January 1, 2020 -- Present
Age Group Served 2:	Choose an item.	Reporting Period:	July 1, 2020 - June 30, 2021
Funding Source 1:	Medical FFP	Funding Source 3:	Realignment
Funding Source 2:	EPSDT	Other Funding:	

### FISCAL INFORMATION:

Program Budget Amount:	\$921,670.00	Program Actual Amount:	\$528,082.22
Number of Unique Persons Served During Time Period:	24		
Number of Services Rendered During Time Period:	4,187		
Actual Cost Per Person Served:	\$22,003.43		

### CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	January 1, 2020 - June 30, 2021 plus two optional one-year extensions	For Other:	
		Renewal Date:	7/1/2021
Level of Care Information Age 18 & Over:	High Intensity Treatment/FSP (caseload 1:12)		
Level of Care Information Age 0- 17:	Outpatient Treatment		

### TARGET POPULATION INFORMATION:

Target Population:	DN Associates' STRTP facilities serve adolescent males, ages 12 through nonminor dependents referred from Fresno County and out-of-county Social Services and Probation departments.
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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

Integrated service experiences

Access to underserved communities

Cultural Competency

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

As a STRTP, we collaborate with many different agencies in providing services to our youth. Youth are an active partner in developing their treatment plans with their clinicians. We work with families through Child and Family Teams and in Family Therapy as part of the youth's therapeutic program. Our education program is provided in partnership with Fresno County Superintendent of Schools, Central Unified School District and our agency. Placing agencies are active participants in Child and Family Team meetings and visit monthly to check on the progress of the youth. We meet monthly with Department of Behavioral Health and Managed Care where we have an open forum to discuss services and collaborate on best practices for serving the youth. Community partners provide equine and relapse prevention services.

We provide all mental health services in house/on-site. All therapy and rehabilitation services are provided by internal providers. Psychiatry services for assessments and med evaluations also occur on-site. Education services are also provided on-site. By eliminating travel to various community providers we are able to individually customize treatment services to meet each of our youth's needs.

As a program receiving over 500 referrals annually; many of our referrals come from placing agencies representing underserved communities. Many communities do not have access to a comprehensive program within their local community and reach out to us from across the state to refer their youth.

**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

**Access to care:** The ability of the person served to receive the right service at the right time.

- Timelines between referral to assessment; assessment to first treatment service; and first treatment service to subsequent follow-up visit.

All youth referred to the program receive their initial assessment within 1-5 days of placement. At the time of assessment the Plan of Care is established and individual work begins the following day with an MHRS starting rehabilitation services. Youth receive Mental Health services seven days a week. Of the 24 youth admitted to the program during this reporting period, 95.83% of the youth had their assessments completed within the 5 days. The only youth to not receive an assessment within 5 days absconded from the program after four days of placement and did not return. 100% of all youth began direct services within 24 hours of their Plan of Care being completed and then received daily services throughout their time in the residential program. Throughout the report period, when adjusted for days that a bed was not occupied residents averaged just over one billable service per day.

**Effectiveness:** Objective results achieved through services.

- Effectiveness of treatment interventions
- Effectiveness of discharge planning (e.g., percentage of persons served successfully linked to lower levels of care)

Of the 24 youth served during this reporting period; 11 were still in the program at the end of the reporting period and 13 had discharged from the Program. Of the 13 that discharged 11 were positive discharges in which the youth/non-minor dependent either reunified with family (5) or moved into a transitional living program (6). Of the 2 not successfully completing the program, both absconded from the program after an average of 27 days.

All youth completing the program discharged to a lower level of care, no youth were terminated from the program with a recommendation for a higher level of care.

**Efficiency:** Demonstration of the relationship between results and the resources used to achieve them.

- Length of stay in the program
- Number of units of service per person served
- Cost per person served

The average length of stay for youth served by the program during the reporting period was just over 1 year (384.79 days). Youth received an average of 9,356 minutes of billable mental health services throughout the reporting period. In addition to billable services many youth participated in ancillary services that were not billed through Medi-Cal, such as Equine Assisted Therapy and Relapse Prevention Services. Some additional ancillary services typically offered by the program were placed on hold due to the Pandemic, which lasted the length of the reporting period. The cost of providing services per bed averaged \$4,044.66 per month.

**Satisfaction and Compliance:** The degree to which youth/non-minor dependents, County, and stakeholders are satisfied with the services.

- Audits and other performance and utilization reviews of health care services and compliance with agreement terms and conditions

Surveys of persons serviced, family members, other health care providers, and other stakeholders

The program had a compliance audit by Fresno County DBH Managed Care Division on 8/20/21 for the period of October – December 2020. The audit went well overall and no disallowances were identified. Feedback from the auditors was positive, they were impressed by the program's ability to provide daily services to the youth and complemented the program for both its progress note writing and thorough assessments.

Multiple placing agencies have identified the program as the best in the state that they work with and often inquire about the program opening additional facilities for other populations. Feedback from youth/non-minor dependents discharging from the program has been positive and many testimonials have been provided. The program works collaboratively with families through Child and Family Team (CFT) meetings and regular contact. There were no complaints brought against the program during the reporting period that we have been made aware of.

#### DEPARTMENT RECOMMENDATION(S):

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