

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Hope for Youth Short-Term Residential Therapeutic Program (STRTP)	Provider:	Hope for Youth, Inc.
Program Description:	Outpatient specialty mental health services for foster youth in need of intensive treatment in a residential setting.	MHP Work Plan:	4-Behavioral health clinical care Choose an item. Choose an item.
Age Group Served 1:	CHILDREN	Dates of Operation:	9/1/2020 to Present
Age Group Served 2:	TAY	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:	\$349,082	Program Actual Amount:	\$42,495.80
Number of Unique Persons Served During Time Period:	10		
Number of Services Rendered During Time Period:	449		
Actual Cost Per Person Served:	\$4,249.58		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	9/1/2020 to 6/30/2021 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:	Male youth between the ages of 12-21 years; non-minor dependents who turn 18; Youth with Juvenile Dependency Court, the Juvenile Delinquency Court status per California Welfare and Institutions Codes (WIC §§ 300, 601, 602); and youth diagnosed with mental disorders.
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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 persons served, 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 persons served and families are seamless. Persons served 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

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

Integrated service experiences

Please describe how the selected concept (s) embedded:

Community Collaboration-Hope for Youth collaborates directly with representatives of the Department of Behavioral Health and Child Welfare. The agency attends monthly and quarterly provider meetings to share resources and provide updates on the status of progress.

Specific Activities:

- **Monthly Contract Meeting** (hosted by DBH)-Similar to a Child and Family Team (CFT) meeting, the agency participates in a contract meeting where various county departments are represented (the team). These departments come together once per month for the purpose of learning about Hope for Youth's progress, successes, challenges, needs, and plans. The team collaborates to assist the agency achieve its desired outcomes by providing information about resources that are available within the Fresno County provider network. All Hope for Youth mental health staff and administrative staff attend these meetings.
- **Quarterly Provider Meeting (MH)**-Every quarter Fresno County Behavioral Health hosts a provider meeting for all mental health STRP providers to join. The meeting offers information and education about Medi-Cal standards, DBH requirements and policies, as well as STRTP regulations. Also announced during this meeting are any upcoming trainings hosted by Fresno County and upcoming contract reporting requirements. Providers are encouraged to participate and share their experiences with administrative, clinical, and operational challenges and successes. The Hope for Youth Head of Service and administrative staff participate in this meeting.

- Collaboration with other Providers:
 - WRAP-Hope for Youth mental health personnel participate in in-person and teleconference CFT meetings (weekly), organize appointments with the person served and Family Specialist (weekly), and participate in the intake process (assessment and documentation) to establish the WRAP services.
 - Medication services-Hope for Youth mental health staff participate in telehealth appointments, schedule appointments, and make sure medication is filled through pharmacy. The staff provide the psychiatrist with any pertinent information including any observations of symptoms and behavioral response.
 - Hope for Youth mental health personnel follow up with probation officers and social workers and may request on-going services for the youth. The staff support persons served during their visits and collaborate with PO/SW about person served strengths/challenges within the home. Staff regularly review each case to determine transition plans, family visitations, current programs they are involved in, and school.

Cultural Competence-Hope for Youth has developed a Cultural Competence Plan that is reviewed and updated for relevance at least once per year. The plan incorporates objectives such as initial and ongoing competence-based training and hiring practices, culturally congruent service planning, and activities for the youth that are culturally and ethnically considerate.

Specific Activities:

- Cultural Competence Report-Hope for Youth follows a cultural competence plan that is reviewed and updated annually by its leadership. The plan consists of organizational objectives/strategies the agency will implement to comply with the CLAS standards as published by the U.S Office of Minority Health. In addition, a report of progress is completed semi-annually, which identifies trainings provided by the agency and linguistic capacities and competence assessments of the staff.
- Completed Cultural Competence Training-Hope for Youth offers its staff instruction on cultural humility and sensitivity relating to, and best practices for, providing adequate care to youth with diverse cultural and ethnic backgrounds. During the report period, Hope for Youth hosted a Cultural Competence and LGBTQ+ training on April 5, 2021 for all its staff including mental health staff.
- Assess linguistic skills of staff- It is the practice of the agency to utilize a standard linguistic competence assessments tool when a new hire identifies as bi-lingual. The staff must complete the assessment with a passing score prior to providing any language assistance including translation and interpretation services. There were no persons served who required or who requested language assistance during the report period.

- Program informational materials are available in threshold languages-Hope for Youth makes available printed material in threshold languages of the services available, the provider directory, complaint and grievance brochures, and information about specialty services including WRAP and TBS.
- Hope for Youth encourages its youth to participate in school and community events and activities that are culturally representative and affirming. In addition, the agency observes holidays, traditions, and beliefs that are reflective of the cultural and ethnic backgrounds of the youth. An activity schedule is published every month which identifies the various activities hosted by the agency.

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

All services and outcomes are reviewed during CFT meetings where services, needs, abilities and preferences are considered in the CFT plan.

Specific Activities:

- CANS Assessment and Outcomes Tool-the CANS tool is administered at the time of intake/assessment, every six months and upon discharge. The tool is intended to assess the youth's strengths and needs across multiple contexts in a way that promotes communication and understanding among all professionals involved in the care and success of the youth.
- Participation in CFT meetings- The youth's treatment needs and plan is present to the CFT where input from all members is invited. Hope for Youth mental health staff collaborate with the CFT and provide an update during each meeting which consists of a description of services the youth is receiving to meet their mental health treatment needs, the anticipated duration of the treatment, and the timeframe and plan for transitioning the youth in a less-restrictive environment.
- Family Systems Therapy- Hope for Youth offers family therapy to the youth and their family. Therapy is intended to assist the family to improve communication and address underlying conflicts, problems, behaviors, and situations, which may have an impact on family functioning, wellness, and resilience.

Integrated service experiences: This is accomplished primarily through participation in the Child and Family Team (CFT). The agency has appointed an Intensive Care Coordinator to provide ICC services and serve as the liaison for CFT meetings. All treatment services, outcomes and case determinations are reviewed during CFTs where input from all members is encouraged.

Specific Activities:

- Case management is provided by all mental health staff. Through case management, the staff assists youth in accessing services and supports by other provider and that are identified in the treatment plan or CFT plan. Case management supports the coordination of care internally and externally with outside providers. Services and supports are brokered by the appointed mental health staff to promote a seamless service experience.

- ICC Coordinator- The MHRS and mental health clinician both serve as the ICC Coordinator. The coordinator provides an update to the CFT identifying services the youth is accessing and may request assistance in connecting the youth with other services and supports they need.
- Participation in CFT Meetings- The youth's treatment needs and plan is present to the CFT where input from all members is invited. Hope for Youth mental health staff collaborate with the CFT and provide an update during each meeting which consists of a description of services the youth is receiving to meet their mental health treatment needs, the anticipated duration of the treatment, and the timeframe and plan for transitioning the youth in a less-restrictive environment.
- Referral to integrated supports including TBS and WRAP services-The agency works closely with contracted providers to coordinate the youth's access to these intensive specialty services. The agency identifies its high acuity level persons served and begins the referral immediately following the assessment process. Support offered by Hope for Youth includes transportation to the service, space accommodations for the service to occur on-site if needed and facilitating the youth's attendance to the initial assessment/intake for the service.

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**

Hope for Youth has assessed its performance in the areas of 1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback of Persons Served & Stakeholder. Performance was measured in the four (4) key areas using specific indicators that the agency adopted in its contract with Fresno County. The agency began operation as mental health provider on October 1, 2020. All data presented covers the period of October 1, 2020 through June 30, 2021.

As a new STRTP, many of the indicators measure the agency's compliance with STRTP regulations and standards. Other indicators focus on timeliness and access to services as well as length of stay and transition to lower levels of care. The mental health team assisted in the process of data collection, data correlation, analysis, and performance improvement planning. Electronic forms were used to gather the data and an Excel database was used to compile the information. Tools used to collect the data include mental health assessment, CANS, PSC-35, treatment plan, clinical review, transition plan, and discharge summary. A qualitative and quantitative assessment of performance was conducted, and the results were reviewed by the mental health and administrative personnel. Upon review of the outcomes, the team provided insight on obstacles and barriers that impacted results and gave suggestions on various strategies and methods they felt would result in improved outcomes. A summary of the agency's indicators and performance outcomes is provided below.

1) Effectiveness

- a. Effectiveness of treatment interventions

- (a) **Target Goal:** 75% of persons served will demonstrate progress toward achieving treatment plan goals as determined during formal clinical review sessions.
Results: 9 of 13 persons served (69%)
Data Source/Tool: Clinical Review Report
 - b. Effectiveness of discharge planning
 - (a) **Target Goal:** 75% of persons served will complete the STRTP within the targeted time specified in the treatment plan (6-month intervals)
Results: Of persons served who exited, the average length of stay is 6 months.
Data Source/Tool: Treatment Plan/Discharge Summary
 - (b) **Target Goal:** 100% of youth will complete a transition determination plan as part of their treatment.
Results: 3/3 persons served (100%)
Data Source/Tool: Transition Determination Plan
 - (c) **Target Goal:** 75% of persons served who have achieved their treatment plan goals will transition to lower levels of care.
Results: 3/7 persons served (43%) transitioned to a lower level of care.
Data Source/Tool: Discharge Summary
- 2) **Efficiency**
- a. Length of stay in program
 - (a) **Target Goal:** 75% of persons served will utilize at least 80% of services prescribed in their treatment plan as measured by UOS utilization in 90-day increments.
Results: 1 of 6 active persons served with more than 80% utilization. The average utilization overall was 71%. The average weekly units of service (UOS) is 122 minutes for 8 unduplicated persons served who received at least one service during report period. This yields 2.03 hours of billable hours per week per person served.
Data Source/Tool: Services Utilization Report AND Provider Billing Report by Cost Center (Report Range: 7/1/20-6/30/21)
 - b. Cost per person served
 - (a) **Target Goal:** Hope for Youth will monitor cost per person served as measured by reconciling monthly service invoices with the estimated UOS identified in the treatment plan.
Results: The average treatment episode was billed at \$1,226/month, yielding a per unit rate of \$2.10.

Data Source/Tool: Provider Billing Report by Cost Center (Report Range: 7/1/20-6/30/21)

3) Access

- a. Timeliness between referral to assessment and completion of assessment; assessment to first treatment service; and first treatment service to subsequent follow-up visit.

(a) **Target Goal:** 100% of persons served will receive a mental health assessment within five (5) calendar days of placement in the STRTP, unless a valid assessment was conducted within 60 days prior to STRTP placement.

Results: 10 out of 12 persons served (83%)

Data Source/Tool: Assessment & CANS

(b) **Target Goal:** 100% of persons served whose assessment necessitates the need for specialty mental health services will complete a plan for mental health treatment within ten (10) calendar days of placement in the STRTP

Results: 10 of 11 persons served (91%)

Data Source/Tool: Treatment Plan

(c) **Target Goal:** 100% of persons served with a mental health treatment plan will access services as directed by the treatment plan.

Results: The average utilization for all active persons served is 71%

Data Source/Tool: Services Utilization Report

4) Satisfaction & Feedback of Persons Served & Stakeholder

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

(a) **Target Goal:** 80% of persons served will complete a satisfaction survey every quarter.

Results: 5 of 6 (83%) of persons served participated in an agency satisfaction survey

Data Source/Tool: Persons served Feedback Survey (digital)

(b) **Target Goal:** 75% of persons served who complete a satisfaction survey, will express satisfaction that the STRTP Mental Health Program met their needs.

Results: 5 of 5 (100%) persons served expressed overall satisfaction in the STRTP as demonstrated by the survey results (see below).

Data Source/Tool: Persons served Feedback Survey (digital)

(c) **Target Goal:** 75% of family members, other health care providers, and other stakeholders will express satisfaction in the STRTP as evidenced by satisfaction surveys.

Results: The survey was not administered to the agency's stakeholder during the report period.

Data Source/Tool: Stakeholder Feedback Survey (digital)

Hope for Youth offers its persons served the opportunity to participate in regular surveys to assess the agency's performance and provide feedback on satisfaction of treatment services, setting, environment, staff/providers, and accommodations. A total of five (5) youth offered the agency the following feedback during a recent "point-in-time" survey.

Overview

- Persons served spent an average of 6 months in the programs
- Of the services provided, a majority of the persons served were enrolled in Individual Mental Health Counseling, Group Mental Health Counseling, Rehabilitation, and Case Management

Inclusion in the Treatment Process

- 80% of the persons served got to choose their services and develop their service plan goals
- 80% of the persons served felt that their opinions mattered and were considered in their service planning

Mental Health Services and Access

- 100% of persons served felt the services were available when they needed them
- 80% of persons served felt that services were provided in a way that they could understand
- 80% of persons served felt satisfied overall with the services they received or accessed since residing at Hope for Youth STRTP

Service Providers and Staff

- 100% of persons served felt that the staff treated them with respect
- 100% of persons served felt that the staff respected their religious and/or spirituals beliefs
- 80% of persons served felt that the staff spoke to them in a way that they understood
- 100% of persons served felt that staff respected their individuality, likes and dislikes
- 60% of persons served felt that the staff was nice and caring all the time

Program Accommodations

- 100% of persons served felt that their living space was comfortable and adequate
- 100% of persons served felt that the meals were healthy and appetizing
- 100% of persons served felt that recreational activities were fun to participate in

Overall Program Satisfaction

- 100% of persons served felt that overall, the program is reasonable and fair
- 80% of persons served felt that the Hope for Youth STRTP always has their best interest at heart by the way they treat them.
- 60% of persons served were satisfied with the way their personal issues were dealt with
- 80% of persons served felt that Hope for Youth STRTP has helped to keep them connected with their family, school, and other people, places, and things that are important to them
- 100% of persons served were satisfied overall with the Hope for Youth STRTP

DEPARTMENT RECOMMENDATION(S):

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