

## FRESNO COUNTY MENTAL HEALTH PLAN

## OUTCOMES REPORT- Attachment A

### PROGRAM INFORMATION:

<b>Program Title:</b>	Therapeutic Behavioral Services - TBS	<b>Provider:</b>	JDT Consultants, Inc.
<b>Program Description:</b>	TBS are one-to-one therapeutic contacts between a mental health specialist and the client for a specified and limited period. TBS focus on addressing behaviors and symptoms, which may jeopardize existing placements, or act as barriers to a lower level of residential placement or the completion of specific treatment goals.	<b>MHP Work Plan:</b>	4-Behavioral health clinical care 1-Behavioral Health Integrated Access 2-Wellness, recovery, and resiliency support
<b>Age Group Served 1:</b>	CHILDREN	<b>Dates of Operation:</b>	4/2004 -- Present
<b>Age Group Served 2:</b>	TAY	<b>Reporting Period:</b>	July 1, 2020 - June 30, 2021
<b>Funding Source 1:</b>	Medical FFP	<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	<b>Program Actual Amount:</b>	\$2,799,156
<b>Number of Unique Persons Served During Time Period:</b>	357		
<b>Number of Services Rendered During Time Period:</b>	11,904		
<b>Actual Cost Per Person served:</b>	\$7,840.77		

### CONTRACT INFORMATION:

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	Outpatient
<b>Contract Term:</b>	January 1, 2019 – June 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>	Intensive Outpatient (TBS, Wrap)		

**TARGET POPULATION INFORMATION:**

**Target Population:** The program provides services to persons meeting the following criteria: (1) Persons served must have full-scope MediCal and be under 21 years old. (2) Program youth must be receiving other EPSDT services (3) The youth's home placement must be in jeopardy of disrupting (4) The youth must be at risk for hospitalization or have been hospitalized for a mental health reason within the last 2 years (5) The youth is stepping down in levels of care. (6) The youth has had TBS in the past.

**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

Access to underserved communities

Choose an item.

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

Community collaboration – JDT collaborates with community agencies identified as each youth's treatment team members. The referring therapist is the leader of the Treatment Team, as TBS is not a stand-alone service. Particularly during the pandemic, families have needed a myriad of community resources to meet their medical, mental health, and basic living needs. JDT has developed relationships with Agencies to assist in locating medical providers as needed, has collaborated with the therapists to identify additional resources to meet their mental health needs, and has developed relationships with Agencies to assist persons served and families to get

assistance in meeting their needs for food, clothing, and shelter. All these factors assisted youth in accomplishing improvement in their Life Domain.

Cultural Competency – JDT’s staff demographics are like our person served population, which allows them to better understand the cultural needs of the person served. At assessment, the person served/family’s cultural background and needs therein are assessed. JDT meets the linguistic needs of our population 100% of the time, and when we are unable to meet the linguistic needs of our population with our existing staff, we use interpreting services to attend sessions with the coach(es) as to meet the person served needs. The cost for interpreting services are absorbed in JDT’s rate. JDT Supervisors maintain close contact with coaches and program youth and their families to monitor our efficiency in meeting person served needs.

Access to Underserved Communities – JDT serves all persons served in Fresno County, regardless of the location within the County. JDT has hired staff throughout Fresno County to assist in serving all persons served, rural and urban. JDT’s staff are committed to travel as needed to remote areas in Fresno County. The location of the person served is not ever a barrier to TBS service delivery.

### 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**

**Effectiveness-** JDT keeps a detailed database of referrals, demographics, and outcomes to track and monitor program effectiveness. In FY 20/21, JDT served 371 Fresno County beneficiaries with TBS services. Of those persons served who participated, 73% of program youth graduated from TBS services, falling 2% short of our program goal of 75% of persons served graduating.

Persons served who “graduate” from TBS will demonstrate a reduction in their target behaviors/meet their behavioral goals. The pandemic presented JDT with unique issues regarding services, as due to COVID positive persons served/households, at times TBS was provided through telehealth services. JDT developed a strict policy at the beginning of COVID that coaches and all TBS participants in the home needed to wear masks and social distance

during services until the point where they were two weeks past full vaccination. If they were unwilling to follow recommended PPE, then JDT was only able to provide telehealth services to protect staff and persons served. Often our persons served/caregivers did not want to participate via telehealth and/or did not respond well to telehealth services. Due to the pandemic, a total of 69 youth or 18% of youth either declined telehealth services or closed within the first 30 days due to the youth/families not wanting to receive telehealth services, or due to pandemic related issues (positive tests, frequently experiencing exposures in the home). The 18% of youth who chose not to participate fully or could not participate fully due to the need for telehealth services is suspected to have a significant impact on the ability for the program to meet the 75% graduation rate expected. The primary mode of services continued to be face-to-face services, however, some of our families did not want coaches in their homes due to potential exposures, refused to wear masks and social distance during services, or engaged in risky behaviors that continually led them to COVID exposures and the need to quarantine and return to telehealth services. The reasons for those who did not graduate, 9 lost placements, 2 were AWOL, and 2 discharged due to long-term hospitalization. The average length of stay of youth who graduated was 137 days. Overall, we are very pleased with our graduation rate, and were successful both face-to-face in providing Telehealth services to program youth.

**Efficiency** – JDT served 389 unique persons served in FY 2020-21 and 331 in FY 2019-20, representing a 15% increase in referrals this past fiscal year. The initial hours of TBS services allocated to youth was 6-8 per week, and the length of contact was 1.5 to 2 hours. Services then titrated as progress was made each 30 days, and during the last 30 days of services, clients averaged 2-4 hours of service weekly. JDT provides efficient and cost-effective service delivery, with a priority on program funds being used to fund staff positions to support the program, with 69.4% of program funds supporting direct and indirect program staff. We are particularly proud to report that 90.2% of youth who participated in our program experienced zero moves in placement, 1.6% reunified with their biological parents, and 1% were adopted. Additionally, 5.9% experienced lateral moves in care, and only 1.6% moved to a higher level of care. Therefore, 98.4 percent of program youth avoided a move to a higher level of care, which overwhelmingly indicates that TBS services stabilized the placements of program participants, thus demonstrating overall improvement in Life Domain Functioning.

**Access** - JDT does not and has never had a waiting list for services due to the acuity of the population. JDT's intake protocol is as follows: youth referred for TBS services, are either expedited or not expedited as per the request of the therapist. All referrals are assigned to a TBS Supervisor within 2 hours of receiving the referral. The TBS supervisor will contact the caregivers of expedited referrals within one business day, and for non-expedited referrals, caregivers will be contacted within 1 business days to arrange the assessment. JDT continues to have a strong commitment to serving youth both in rural and urban Fresno County. This past fiscal year, 22% of referrals were in rural Fresno County, with 78% being in Fresno or Clovis. Moreover, TBS is a home, community, and school-based service, depending on person served needs. JDT's youth did not attend school this past fiscal year, however, when requested, JDT did go to the home and assist youth in school participation via zoom when requested. JDT also continues to serve families who are homeless, in shelters, motels, or in whatever setting they are residing. JDT ensures access to services, regardless of setting, and places priority on providing services in alternative settings as needed to help youth stabilize in unstable settings.

**Satisfaction/Feedback** – JDT provides Consumer Satisfaction Surveys to all program youth and caregivers after their participation in the program. Participants either rate services Excellent, Satisfactory or Unsatisfactory. JDT offers a \$5.00 gift card to those who return the surveys, and they are sent in a SASE for prompt return. 72% of caregivers and youth completed and returned the surveys. Of persons served, 76% reported TBS services to be excellent, 23% Satisfactory, and 1% Unsatisfactory. Of caregivers, services were reported to be Excellent 81% and Satisfactory 19%. Therefore, the caregivers rated the services to be slightly more positive than the program youth. Surveys suggest that persons served (youth and caregivers) were overwhelmingly pleased with program services following discharge.

### DEPARTMENT RECOMMENDATION(S):

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