

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Manuch, Inc. Short-Term Residential Therapeutic Program (STRTP)	Provider:	Manuch, Inc.
Program Description:	Outpatient specialty mental health services for foster youth who require stabilization and support to transition to lower levels of care including permanency.	MHP Work Plan:	4-Behavioral health clinical care Choose an item. Choose an item.
Age Group Served 1:	CHILDREN	Dates of Operation:	10/1/2020 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:	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	\$364,658	Program Actual Amount:	\$39,779.58
Number of Unique Persons Served During Time Period:	12		
Number of Services Rendered During Time Period:	335		
Actual Cost Per Person served:	\$3,314.97		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	10/1/2020 to 6/30/2021 plus two optional one-year extensions	For Other:	Click here to enter text.
		Renewal Date:	07/01/2021
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.

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-Manuch, Inc. collaborates with various agencies and provider to meet the needs of the youth it serves. The agency works with Fresno County providers, the youth's family team including significant support members, placement agencies including Child Welfare Services and Departments of Probation, as well as licensing and regulatory agencies. The following describes some of the specific activities administered by Manuch, which promote successful collaboration on behalf of the youth it serves.

Specific Activities:

- Manuch, Inc. mental health staff attend all CFT meetings for each youth served. Staff provide Intensive Care Coordination (ICC) services in collaboration with CFT members and team directives. Both, the Mental Health Clinician and MHRS provide this service. CFT's are held monthly for each youth in placement.
- Manuch ensures that all persons served who are eligible have access to participate in the Fresno County Independent Living Program. Manuch provides support and resources including transportation, staff time, and space to support this activity.

- Case management and linkage is a service offered by Manuch which involves interfacing and facilitating access to services/resources identified in the youth's mental health treatment plan. The MHRS and Mental Health Clinician provide this service and collaborate with agencies that the youth has been referred to including medication management services, WRAP services, Therapeutic Behavioral Services (TBS), and substance use disorder (SUD) programs.
- Manuch attends quarterly Joint Vendor Meetings hosted by Fresno County which are specific to mental health providers. Agencies are provided information about the mental health plan and given opportunities to share ideas, methods and strategies which promote collaboration. The Head of Service and Executive Director attend these meetings and share information from the meetings with the staff during regular staff meetings.
- Monthly Contract Meetings are hosted by Fresno County Contracts Department which invite the participation of Managed Care, Child Welfare, and CWS/MH departments. The monthly meeting focuses on the status of progress of the Manuch mental health program. The agency provides a general update on the person served and operational activity including program census, person served outcomes, staffing changes, training opportunities, etc.

Cultural Competence-Manuch, Inc. adopts behaviors, attitudes and policies that enable its staff to work effectively in cross-cultural situations. This is achieved by assessing the linguistic, cultural, and ethnic makeup of the youth. The agency incorporates strategies in its Cultural Competence Plan which promotes competencies of the staff and include policy initiatives which support cultural diversity, regular assessment of staff and person served demographics, incentives for training amongst staff. Some of the specific activities carried out by Manuch which support this concept are listed below.

Specific Activities:

- The agency completes a survey of cultural competence trainings the staff participated in, and linguistic capacities of the agency staff every six months. The report is submitted to Fresno County.

Manuch Mental Health Staff have participated in a minimum of four hours of cultural competence trainings during the report period as follows:

- April 7, 2021-Introduction and Implementation of Cultural Responsiveness
- Provided By CIHBS
- December 18, 2020-Diversity & Culture: Exploring Core Issues of Cultural Competence, Equity, & Bias to Promote a Healing Community

- Provided by Monica Hendrix, LMFT
 - Interpretation Services Training provided by Fresno County, another training the mental health staff participated in, provided staff with an overview of county resources for translation and language assistance services
 - In addition, a training on HIV with focus on LGBTQ population was provided to staff during the report period
- The agency posts all the current Medi-Cal beneficiary informing documents in threshold languages as provided by Fresno County Managed Care Division. During the initial orientation, the youth's need for language assistance services is assessed by the mental health staff. Any youth who requires interpretation/language assistance services is reasonably accommodated.
- The agency administers a person served satisfaction survey semi-annually where persons served are given the opportunity to provide feedback about the program services, staff, and accommodations. A series of questions about how well the agency responds to their needs and respects the youth and his/her culture, individuality, beliefs, and preferences is included in the satisfaction survey.
- The agency incorporates the celebration/observation of major holidays and traditions of various cultures. Activities are published in the program schedule. The agency encourages the persons served to share ideas and give suggestions on ways to observe/celebrate cultural traditions as well.

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services: Manuch assists the youth and their families to identify needs and preferences that result in the most effective services and supports. The following specific activities describe the methods used by the agency to support this core concept.

Specific Activities:

- CFT- Manuch, Inc. mental health staff attend all CFT meetings for each youth served. Staff provide ICC services in collaboration with CFT members and team directives. Both, the Mental Health Clinician and MHRS provide this service. CFT's are held monthly for each youth in placement.
- A Needs and Services Plan in addition to the mental health treatment plan is completed for each youth. As part of the NSP, the youth's strengths, needs, abilities, and preferences are assessed and updated. This information is shared with treatment personnel as well as CFT members. This data is used to set goals and objectives for the youth and promote inclusion in the treatment process.

- The agency facilitates collateral services with supportive members of the child's treatment. The Mental Health Clinician and MHRS provide this service. Also, the agency provides ICC in collaboration with the youth's CFT as well as case management to support the linkage and facilitation to services/resources identified in the youth's treatment plan.
- In addition to specialty mental health services, the agency provides vocational/educational services for its youth including one-on-one support with completing job applications, writing resumes, building interview skills, tutoring in educational studies, college application and benefit assistance.

Integrated service experiences: Manuch offers its persons served continuity of care by providing mental health services and supports that aim to utilize systems intended for collaboration such as the CFT. This ensures that persons served, and families do not have to negotiate with multiple agencies and funding sources to meet their needs. Manuch mental health staff is trained to broker services and supports to streamline access points to care through case management and linkage.

Specific Activities:

- CFT- Manuch, Inc. mental health staff attend all CFT meetings for each youth served. Staff provide ICC services in collaboration with CFT members and team directives. Both, the Mental Health Clinician and MHRS provide this service. CFT's are held monthly for each youth in placement. A CFT action plan is updated during each meeting to align with the treatment plan. Manuch mental health staff use the CFT action plan to guide efforts of case management and linkage.
- Case management and linkage is a service offered by Manuch which involves interfacing and facilitating access to services/resources identified in the youth's mental health treatment plan. The MHRS and Mental Health Clinician provide this service and collaborate with agencies that the youth has been referred to including medication management services, WRAP services, Therapeutic Behavioral Services (TBS), and substance use disorder (SUD) programs, etc.

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.**

Manuch, Inc. began providing mental health services as an Organizational Provider of the Fresno County MHP in October 2020. The agency conducted a survey of outcomes of the youth who participated in the STRTP during the period of October 1, 2020 to June 30, 2021. A digital survey was conducted by the mental health staff which focused on outcomes in the areas of 1) Effectiveness, 2) Efficiency, 3) Access, and 4) Satisfaction and Feedback of Persons Served

and Stakeholders. The outcomes survey relied on information from mental health documents used by the agency including assessments, treatment plans, clinical reviews, and transition determination plans. Results of the outcomes survey were recorded in an Excel data base where formulas, charts, and pivot tables were used for compilation. In addition, data was exported from MyAvatar provider billing reports and used to determine utilization outcomes for each person served and cost analysis between facilities. The following outcomes reflect measures of initial performance and will serve as baseline measures for future outcomes reports. A total of 13 unduplicated persons served were served during the reporting period. Twelve (12) of the thirteen (13) persons served have service claims that were billed for. As of the report period end date of June 30, 2021, a total of six (6) persons served were enrolled in the STRTP.

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: 5 of 6 (83%) of persons served who were enrolled in the STRTP on the last day of the report period, demonstrated progress toward meeting TX plan goals as indicated in the most recent Clinical Review Report.

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 active persons served (6), the average length of stay is about 4 months. Of persons served who discharged (7) the avg LOS is 14 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: 6 of 6 (100%) active persons served have a transition determination plan on file. 5 of 6 have goals to participate in AB12 Independent Living Program (ILP) and transition as an independent young adult. 1 of 5 has a goal of reunifying with his family.

Data Source/Tool: Transition Determination Plan

2) Efficiency**a. Length of stay in program**

- (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 active persons served (6), the average length of stay is 4 months as of the reporting period end date. Of persons served who exited (7), the avg LOS is 14 months.

Data Source/Tool: Treatment Plan/Discharge Summary

b. Cost per person served

- (a) Target Goal:** 75% of persons served will utilize at least 80% of services identified in their treatment plan as measured by Units of Service (UOS) utilization.

Results: The average weekly UOS is 143 minutes for 12 unduplicated persons served during report period. This yields 2.39 hours of billable hours per week per person served.

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: A mental health assessment was completed within 5 days of placement for 4 of 6 or 67% of the active persons served enrolled in the STRTP as of the report period end date (6/30/21). 5 of 6 active persons served had assessments completed within the first 30 days of placement.

Data Source/Tool: Assessment & CANS

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

Results: 3/6 persons served or 50% had a treatment plan on file that was initiated within ten calendar days of placement. 4/6 (67%) of active persons served have TX plans on file that were completed within 30 days of placement and/or project start date for all persons served enrolled. One (1) person served did not have TX plan on file as of the last day of the report period (6/30/21)

Data Source/Tool: Treatment Plan

- (c) **Target Goal:** 90% of Persons served with a mental health treatment plan will access services as directed by the treatment plan.

Results: 4/6 (67%) persons served received the services listed in their TX plan. (2) persons served refuse services. 1 of the 2 persons served did not have TX plan on file as of the last day of the report period (6/30/21).

Data Source/Tool: Services Utilization Report/Provider Billing 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: Results pending. A satisfaction survey tool has been developed. Persons served will be surveyed every six (6) months beginning Sept. 2021

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

Method to improve validity of results: Administer surveys to persons served at least every six months.

- (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: Results pending. A satisfaction survey tool has been developed. Persons served will be surveyed every six (6) months beginning Sept. 2021

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

Method to improve validity of results: Administer surveys to persons served at least every six months.

- (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: Results pending. A satisfaction survey tool has been developed. Stakeholders will be surveyed annually beginning in October 2021

Data Source/Tool: Stakeholder Feedback Survey (digital)

DEPARTMENT RECOMMENDATION(S):

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