

## FRESNO COUNTY MENTAL HEALTH PLAN

## OUTCOMES REPORT- Attachment A

### PROGRAM INFORMATION:

<b>Program Title:</b>	Michigan House, Inc. Short-Term Residential Therapeutic Program (STRTP)	<b>Provider:</b>	Michigan House, Inc.
<b>Program Description:</b>	Outpatient specialty mental health services for foster youth who require a residential setting combined with behavioral interventions and mental health treatment.	<b>MHP Work Plan:</b>	4-Behavioral health clinical care Choose an item. Choose an item.
<b>Age Group Served 1:</b>	CHILDREN	<b>Dates of Operation:</b>	10/1/2020 to 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>	Realignment
<b>Funding Source 2:</b>	EPSDT	<b>Other Funding:</b>	Click here to enter text.

### FISCAL INFORMATION:

<b>Program Budget Amount:</b>	\$729,317	<b>Program Actual Amount:</b>	\$147,361.97
<b>Number of Unique Persons Served During Time Period:</b>	15		
<b>Number of Services Rendered During Time Period:</b>	1,372		
<b>Actual Cost Per Person served:</b>	\$9,824.13		

### CONTRACT INFORMATION:

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	Outpatient
<b>Contract Term:</b>	10/1/2020 to 6/30/2021 plus two optional one-year extensions	<b>For Other:</b>	
		<b>Renewal Date:</b>	07/01/2021
<b>Level of Care Information Age 18 &amp; Over:</b>	High Intensity Treatment/FSP (caseload 1:12)		
<b>Level of Care Information Age 0- 17:</b>	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**-Michigan House collaborates directly with representatives of the Department of Behavioral Health and Child Welfare agencies. The agency attends monthly and quarterly provider meetings intended to share resources and provide updates on the status of progress. Michigan House collaborates with various Fresno County Providers including, but not limited to: JDT Consultants for TBS services for its youth, Central Star WRAP services, Court Appointed Special Advocates (CASA), Heritage Center for medication management, and Fresno County Independent Living Program (ILP). Michigan House also works closely with the school districts where the youth attend school including Fresno Unified and Central Unified. The mental health staff and STRTP direct care staff serve as liaisons for school offered resources which may include participation in IEP ad 504 services. Michigan House also facilitates the youth's access to school-hosted activities including sports and leisure.

**Specific Activities:**

- The agency participates in a monthly Contract Meeting hosted by DBH on the 1<sup>st</sup> Wednesday of every month. The Head of Service and Program Administrator attend these meetings along with other mental health and administrative staff.
- The agency participates in Quarterly Joint Vendor Meetings for STRTP providers. These meetings facilitate sharing of information amongst STRTP providers including useful strategies/techniques for providing mental health services. Fresno County provides the agencies with updates on the following topics: policies/procedures; STRTP regulations and interpretations; Medi-Cal standards; quality assurance and compliance reports, etc.
- Provider Meetings with Community Care Licensing (CCL) -Michigan House attends provider meetings hosted by CCL. Resources and technical assistance is given to providers during the meetings. Attendees network amongst themselves and collaborate on ideas and experiences with California reform.

**Cultural Competence**-The agency 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, and culturally congruent service planning and activities for the youth that are culturally and ethnically considerate.

**Specific Activities:**

- Cultural Competence Report-The agency prepares a semi-annual report which identifies language competences of staff and cultural competence training received. The most recent report was completed in June 2021.
- Cultural Competence Training- The agency has hosted/coordinated access to the following cultural competence and language assistance trainings for its mental health staff:

1. Cultural Competency

Instructor: Monica Hendricks

Date: 12/8/2020

Hours: 4 hours

2. Introduction and Implementation Cultural Responsiveness (IICR)

Instructor: CIBHS

Date: 04/07/2021

Hours: 4 hours

3. BHA Interpreter Training

Instructor: NLBHA

Date: 5/26/2021

Hours: 4 hours

- The agency makes available its program informational materials in threshold languages. Michigan House posts all Medi-Cal beneficiary informing materials published by Fresno County at its facilities. Materials are available in English, Spanish, and Hmong and placed in areas of the facilities that are accessible and visible to all persons served.
- Activities are hosted by Michigan House that observe and celebrate cultural/ethnic traditions, beliefs, and practices. Activities for the youth include art projects, preparing meals/cuisines from different ethnicities and cultures, education about various holidays and celebrations, and focus groups which explore beliefs, traditions, preferences, and norms of the youth in a group setting. Michigan House assess how well it promotes cultural inclusion by administering satisfaction surveys of the youth it serves. The youth are given the opportunity to share feedback about their overall perception of the agency. Results are incorporated in the agency's Performance Improvement Plan and Cultural Competence Plan.

**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:**

- The agency administers the CANS Assessment and Outcomes Tool at the time of initial assessment, every six months, and at discharge.
- Participation in CFT meetings-CFT meetings are schedule at least every 30 days for each youth. The HOS monitors compliance with the scheduled CFT meetings. A mental health representative attends all CFT's.

**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-Michigan House provides case management linkage and support to facilitate access to services and resources identified in the youth's treatment plan and CFT plan.
- ICC Coordinator-All mental health staff are knowledgeable on how to provide intensive care coordination in response to the CFT. The specific duties and responsibilities of the ICC Coordinator are listed in the job description for each direct service position. All Michigan House mental health positions may serve as ICC coordinator in connection with CFT's.
- Participation in CFT Meetings- CFT meetings are scheduled at least every 30 days for each youth. The HOS monitors compliance with the scheduled CFT meetings and ensures that a mental health representative attends all CFT's.
- Referral to integrated supports including TBS and WRAP services- Michigan House makes referrals and assisted youth in accessing the following services/supports by external providers: substance use disorder (SUD) Treatment, Independent Living Program (ILP) for AB-12 youth, Wellness Recovery Action Plan (WRAP) Services, Medication Management, Court Appointed Special Advocates (CASA).

**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

Michigan House began providing mental health services as an Organizational Provider of Fresno County Mental Health Plan (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 My Avatar provider billing reports and used to determine utilization outcomes for each person served and cost analysis between facilities. The following outcomes reflect results from initial performance indicators and will serve as baseline measures for future outcomes reports.

### 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:** 12 of 13 persons served (92%)

**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 (11), the average length of stay is 12.5 months as of the reporting period end date. Of persons served who exited, the average LOS is 6.7 months.

**Data Source/Tool:** Treatment Plan/Discharge Summary

**Method to improve validity of results:** Collect data on target length of stay as identified in the initial and updated treatment plans to determine cumulative LOS. (Usually, youth will have 6-month intervals.)

- (b) **Target Goal:** 100% of youth will complete a transition determination plan as part of their treatment.

**Results:** 13/13 persons served (100%) have/had a transition determination plan on file.

**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:** 0/3 persons served (0%) transitioned to lower levels of care. One person served was discharged from the STRTP during the report period where he was reported “not receptive to treatment”. Two persons served were

discharged from the STRTP during the report period due to admission to a (1) psychiatric facility and (1) juvenile detention facility.

**Data Source/Tool:** Discharge Summary

**Methods to improve outcomes/results:** Implement discharge/transition planning within one month of placement. Present all transition determination plans to CFT and update plans as needed. Monitor transition options during all case reviews.

## 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 (11), the average length of stay is 12.5 months as of the reporting period end date. Of persons served who exited, the avg LOS is 6.7 months.

**Data Source/Tool:** Treatment Plan/Discharge Summary

**Method to improve validity of results:** Collect data on target length of stay as identified in the initial and updated treatment plans to determine cumulative LOS. (Usually, youth will have 6-month intervals.)

### 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.

**Michigan 1 Results:** The average weekly UOS is 179 minutes for 15 unduplicated persons served during report period. This yields 2.99 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)

**Method to improve validity of results:** Establish target average weekly participation as baseline for performance. Use treatment plan services and frequency to determine this.

- (b) **Target Goal:** The agency will monitor cost per person served as measured by reconciling monthly service invoices with Mental Health Program estimated UOS

**Results:** The average treatment episode was billed at \$2,150/month, yielding a per unit rate of \$2.79.

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

**Method to improve validity of results:** Establish target average weekly participation as baseline for performance. Use treatment plan services and frequency to determine this.

**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:** 6/13 persons served (50%) \*Six persons served were enrolled prior to the project start date (10/1/20). All assessments were completed within 30 days of placement and/or project start date for all persons served enrolled.

**Data Source/Tool:** Assessment & CANS

**Methods to improve outcomes/results:** Establish designated days/times for assessment throughout the week for new placements. Add assessment days/times to monthly STRTP clinic schedule.

- (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:** 2/13 persons served (15%) \*Seven (7) persons served were enrolled prior to the project start date (10/1/20). 11/13 (85%) of TX plans were completed within 30 days of placement and/or project start date for all persons served enrolled.

**Data Source/Tool:** Treatment Plan

**Methods to improve outcomes/results:** Establish designated days/times for treatment planning throughout the week for new placements. Add TX plan days/times to monthly STRTP clinic schedule to ensure timeliness.

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

**Results:** 13/13 (100%) persons served accessed all services as listed in their TX plan



**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 12 residents completed a satisfaction survey

**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:** 5 of 5 (100%) youth who completed the satisfaction survey, reported satisfaction with the STRTP.

**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

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

**Method to improve validity of results:** Administer surveys to family members, healthcare providers, placing agencies, etc. at least annually.

A total of 5 persons served who participate in the STRTP, completed the Michigan House Client Satisfaction Survey. Four (4) youth who reside at Michigan 2 and one (1) youth who resides at Michigan 1, provided their feedback about the agency. The results of the feedback survey are compiled below.

- Persons served spent an average of 11.8 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, Independent Living Program, and Tutoring
- 100% of the persons served got to choose their services and develop their service plan goals
- 100% of the persons served felt that their opinions mattered and were considered in their service planning
- 66% of persons served felt that the services they received are right for them.
- 100% of persons served felt the services were available when they needed them
- 100% of persons served felt that services were provided in a way that they could understand
- 100% of persons served felt satisfied overall with the services they received or accessed since residing at (Michigan House 1 & 2)
- 100% of persons served felt that the staff treated them with respect
- 50% of persons served felt that the staff respected their religious and/or spirituals beliefs
- 100% of persons served felt that the staff spoke with them in a way that they understood
- 100% of persons served felt that staff respected their individuality, likes and dislikes
- 100% of persons served felt that the staff was nice and caring all the time
- 100% of persons served felt that the (Michigan House 1 & 2) always has their best interest at heart by the way they treat them.
- 83% of persons served were satisfied with the way their personal issues were dealt with
- 100% of persons served felt that (Michigan House 1& 2) 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 felt that their living space was comfortable and adequate
- 66% of persons served felt that the meals were healthy and appetizing
- 100% of persons served felt that recreational activities were fun to participate in
- 100% of persons served felt that overall, the program is reasonable and fair
- 100% of persons served were satisfied overall with (Michigan House 1 & 2)

**DEPARTMENT RECOMMENDATION(S):**

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