PROGRAM INFORMATION:

Program Title:	Promesa Short-Term Residential Therapeutic Program (STRTP)	**Provider:**	Promesa Behavioral Health
Program Description:	Promesa provides specialty mental health services (SMHS) to male and female youth ages 12-18	**MHP Work Plan:**	4-Behavioral health clinical care
Age Group Served 1:	ADULT	**Dates Of Operation:**	August 7, 2018 -- Present
Age Group Served 2:	CHILDREN	**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: $1,682,200 **Program Actual Amount:** $834,648.68

Number of Unique Persons Served During Time Period: 135

Number of Services Rendered During Time Period: 6,887

Actual Cost Per Person Served: $6,182.58

CONTRACT INFORMATION:

Program Type:	Contract-Operated	**Type of Program:**	Outpatient
Contract Term:	8/7/2018 – 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:

Youth, aged 12-18, and non-minor dependents (those turning 18 while in residence) enrolled in the Extended Foster Care program.

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)

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

Cultural Competency

Integrated service experiences

Please describe how the selected concept (s) embedded :

Promesa incorporates the skills of culturally competent and multilingual professionals to serve the needs of our culturally diverse STRTP clientele. Promesa's staff focus on stablization, mental health services, and where needed, SUD treatment. Effective SMHS services must address holistic issues within the family, in order for lasting effects for our youthful clients. We achieve that best when striving to ensure seamless transitions for our youth, exit plans include direct connections with other community services.

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

This report reflects four calendar quarters of data (7/1/20-6/30/21), as this is our second year of providing formal SMHS services. Promesa is committed to providing services and treatment in a milieu that is accessible and accommodating to children and youth, stakeholders, and staff. As an agency, the Board, the Executive Team, and staff work to keep systemic, architectural, attitudinal, internal policy and procedural barriers, obvious or subtle, that may impede accessibility to specialty mental health services to a minimum. One innovative means of increasing engagement with our residents is to offer limited services through telehealth.

Promesa obtained funding to increase our capacity, which has enabled us to provide a hybrid mix of virtual counseling with traditional site-based services to our residents. Further, our abandonment rate is zero, as we do not abandon the youth we serve. For cases where we cannot meet the needs of the youth in placement, we work with the original placement social worker to find suitable, alternate solutions for the child. We endeavor to ensure these transitions, when necessary, are seamless with minimal stress to the youth. In general, if space is available, there is no delay in accepting for placement – our admissions staff conducts a pre-admission screening, evaluating placements for compatibility with existing residents, suitability of residency based on placement history, personalities of residents already in placement, safety concerns, particularly if the placement is identified as CSEC (or if situations arise which speak to CSEC history even if it is not 'officially' part of their case file).

Once in placement, youth may transition to either lower levels of care or acute care, depending upon the time and dedication the youth spends in working their program objectives. Youth are provided with a wide array of services (apart from basics (food/clothing/ shelter/amenities) which include mental health, substance use counseling, nutrition support, behavioral modification plans, and meetings with their CFTs to meet the priority of exit from the program into a permanency setting. To support youth, the Agency provides culturally appropriate responses in care (including staff who represent the youth's ethnic, linguistic, or sexual expression). Every effort is made by staff to reduce the number of days in care for each youth. The work of progressing through the personal goals and objective established *by* the youth and CFT in their Client Plan. Staff serve as resources and facilitators to assist youth in meeting their needs. Clearly, some mental health issues take longer than others to reach stability with adequate coping mechanisms integrated into the psyche and the dynamics of the family. To that end, staff is available to youth 24/7 within each residential facility. Generally, the bulk of calls and contacts occur during the day, however, night calls do happen. Staff is accessible to youth and their families whenever they request assistance**.**

SPECIALITY MENTAL HEALTH SERVICES: To successfully identify and treat adolescents with traumatic stress, mental health issues and substance abuse, our Licensed Mental Health Practitioners (LMHPs) continually explore better ways to encourage participation in treatment. This is particularly important in specialty mental health and substance use treatment service systems, where these teens present a unique set of challenges. Adolescents with both traumatic stress and substance abuse often have complex histories and numerous additional problems that make them particularly difficult to treat. Although empirically based treatment interventions offer adolescents a good chance of success in overcoming a variety of psychological problems, many youth fail to obtain treatment, and those who enter treatment often terminate prematurely. Youth with a Client and Treatment Plan developed to meet their treatment objectives in either foster care or residential care receive in-house clinical services. Be that as it may, our LMHPs who work with these adolescents encounter a series of challenges when trying to engage youth who have histories of traumatic stress, mental health, and substance abuse. Most of the adolescents in our programs did not enter treatment voluntarily and are often apprehensive about the process. Furthermore, substance abusing adolescents, much like their adult counterparts, often have a hard time making positive changes in their use patterns. To provide effective access to services, these challenges and barriers are addressed with the resources we have or can acquire**.** Youth have responded well to our blend of telehealth and site-based counseling services.

OUTCOMES:

(1) Domain: Effectiveness objectives are achieved through the services we offer – evidence-based treatment modalities offered by skilled professionals. We measure the youth's improvement after receiving SMHS services through their progress reaching treatment goals.

Indicator: # youth actively participating in SMHS offerings.
Who Applied: Youth in care, SMHS staff, Residential Administrator Clinical Supervisor, Program Coordinator.
Time of Measure: monthly, annually.
Data Source: Placement data, SMHS progress notes, attendance logs.
Target Goal Expectancy: 70%

The objective is for youth to focus on exit planning during their intake interview – this plan aims to help youth 'move through' their placement by meeting their treatment goals and objectives. Each level obtained means they are closer to their discharge date. In terms of how that looks statistically, our data show that for this reporting period (7/1/19-6/30/20) youth were terminated from our services for two main reasons -- an unauthorized absence (24%) or a probation violation (13%). Sometimes youth are reinstated to us after these situations are resolved by the placing social worker or probation officer. 42% were transferred to lower levels of care, usually Foster Family services or another agency, or into our transitional housing services; 4% were transferred to a higher level of care (usually a hospital); 12% graduate having completed all their goals and objectives, 5% are reunited with family (so many of the youth in our program do not have stable family or available family to return to). Our goal is to ensure that every youth receives SMHS services. When their placement is being processed, the SMHS counselor is assigned, who immediately sets up a session schedule with the youth. Reasons youth may not meet with their counselor during a week are: they are on an unauthorized absence, (temporarily) removed by their probation officer, hospitalized, on a home visit or the (occasional) refusal. In collecting survey responses, it is a common pattern for girls to offer more 'no answer' responses than boys. Interestingly, during this reporting period, 0% of the boys offered 'no answer' to survey questions; girls 'no answer' responses averaged 2.45%. In terms of the level of satisfaction with services expressed by youth in surveys, 11% answer 'always' with 3% answering 'not at all.'

(2) Domain: Efficiency: the relationship between the results we obtain and the resources we apply to achieve those results. Promesa utilizes 16 SMHS counseling staff who provide direct services in one of our eight (8) STRTP facilities.

Indicator: STRTP facilities census. Increase in # of youth served internally by SMHS staff.
Who Applied: Youth in Promesa's care.
Time of Measure: monthly, annual.
Data Source: Placement data, chart reviews, billable services.
Target Goal Expectancy: 70%.

While our expectation is that every youth will actively participate in their SMHS services (designed with their input), some youth are more collaborative than others. To increase our efficiency while adhering to public health directives regarding 'shelter in place' our SMHS staff developed a 'hybrid' approach to serving their caseload –limited telehealth service delivery (particularly if COVID-19 exposure was reported in a house), most services **are** site-based. Youth seemed to appreciate this flexibility, although after about 18 months of virtual services for nearly everything, the charm of it has lost some of its luster. They seem to appreciate seeing their counselor in person over virtual. In terms of meeting our objective of 70% (based on our experience with some unauthorized absences and some probation violations which impact our census) and the fact that our houses were seldom at capacity during the pandemic.

(**3) Domain: Access to Care** addresses the timeliness of access.

Indicator: # who respond to online version of survey; participation in focus groups; participation in STRTP events/activities related to services received and who complete monthly input surveys.

Who Applied: Youth in Promesa's care.

Time of Measure: annual.

Data Source: Surveys, focus group field notes, recordings, activity participation logs / feedback forms.

Target Goal Expectancy: 100% participation.

Generally, there is no 'lag time' between assessment and commencement to treatment. During intake, the SMHS counselor is introduced to the youth. The mental health assessment (if not included in their placement packet) is done within 1 day of admission. The only exceptions to that immediacy 'rule' is the time/day the youth is admitted. A youth who enters placement in an evening/weekend, will have their assessment completed the next working day. That assessment is what guides the counselor in deciding which evidenced based modality to concentrate on during a session. Since our policy and our practice is to immediately conduct the assessment/initiate SMHS services, we don't have a data set that details 'timeliness.' While some youth are resistant to treatment, SMHS staff and services are promptly offered upon admission. One significant advancement in increasing access to care is an infrastructure award which enabled us to offer a dynamic mix of resources in providing services to our residents. We actually developed a limited telehealth service to enable us to serve youth while meeting quarantine rules (virtual counseling during quarantine periods, with full return to site-based once the 14-day restrictions were lifted) to keep youth engaged with their treatment plans. With this funding, we were able to provide each member of our mental health team with a laptop, hotspot, electronic signature capabilities along with secure connections. Adolescents responded positively to this option (virtual services were a frequent request until it was all they were offered by their schools, doctors, entertainment, etc.).

(4)Domain: Satisfaction and compliance are the degree to which our youth and other stakeholders are satisfied with their experience. Staff request youth to complete a feedback/experience survey every month. Their responses are tabulated and reviewed quarterly, then annually for trends and points of interest.

Indicator: participation in focus groups, # who respond to surveys.

Who Applied: Residential Administrators, Division Directors, Clinical Supervisor, Program Coordinator, youth in care, and other stakeholders.

Time of Measure: monthly, annual

Data Source: surveys, focus group field notes, participation logs, survey results.

Target Goal Expectancy: 100%

Characteristics of our population are reflected in the data chart discussions throughout this report. Apart from frequent satisfaction/service experience surveys, one measure of satisfaction is the number of complaints filed with our licensing body. In this reporting period, no complaints were made regarding SMHS services. In this reporting period, 5 months were complaint free, the 7 remaining months saw a combined total of 21 formal complaints among the 8 houses. Most of these issues in 2020 revolved around dissatisfaction with COVID rules/restrictions, often about the moratorium on home visits/passes or misunderstanding of the rules associated with 'shelter in place' guidelines. When we ask youth to complete surveys, all residents are given the survey. Most complete the form, some offer 'careless responses' (i.e., all questions have the same answer) – this tendency is evidenced more by boys than girls.

However, in this reporting period, 33% of the careless responses were from girls, 31% from boys. More than this, however, in reviewing the feedback provided by residents, 32% of boys and 21% of girls indicated that they were 'always' satisfied with the SMHS services they received.

While our target goal is for every youth to express 100% satisfaction with our services, the reality is somewhat less than that. Surveys are our key tool for obtaining that input; however, youth do give satisfaction input to their counselors, usually verbally. While our **goal** is 100% satisfaction, the reality is that many of our youth provide feedback based on how they're feeling/what's happened when the survey is distributed. On good days, we get 'always' as a positive response, on not so good days, there are either careless responses or less than 'always.' The advantage of monthly surveys, is we can see the average over time of how youth are responding to treatment and the services we offer. That aggregate is what enables us to confidently say we are making a difference for our youth. These comments are included in clinical and progress notes (which are not available to our statistician). We collect surveys monthly to give a comprehensive overview of residents' perceptions of services. The aggregate of their responses is reflected in this report.

DEPARTMENT RECOMMENDATION(S):

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