

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Short Term Residential Therapeutic Program	Provider:	Quality Family Services
Program Description:	Quality Family Services provides 24/7 trauma-informed, intensive care and residential treatment for adjudicated and non-adjudicated adolescents placed in our care.	MHP Work Plan:	4-Behavioral health clinical care 2-Wellness, recovery, and resiliency support
Age Group Served 1:	CHILDREN	Dates Of Operation:	May 8, 2020 - Present
Age Group Served 2:		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:	\$1,026,053	Program Actual Amount:	\$879,439.28
Number of Unique Persons Served During Time Period:	113		
Number of Services Rendered During Time Period:	8,996		
Actual Cost Per Person Served:	\$7,782.65		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	5/8/2020 – 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:	Quality Family Services (QFS) receives youth from 11 to 17 years old and nonminor dependents (NMD) that stay in placement until their Transitional Determination Plans are completed (e.g. entering AB12, college, military, etc.) Both male and female persons served (transgender & biological) with various mental disorders are accepted for placement.
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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:** adults 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)

Access to underserved communities

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

Community collaboration

Choose an item.

Please describe how the selected concept (s) embedded :

Access to underserved communities and Individual/Family-Drive, Wellness/Recover/Resiliency-Focused Services: Quality Family Services' mission is to unlock the potential in those we serve, regardless of their circumstances, to become responsible, caring, and successful members of their families and communities. We exist to provide short-term, intensive residential services in a highly structured, therapeutic home environment to help adjudicated and non-adjudicated adolescents develop new patterns of positive behaviors. We diligently strive to meet their physical, emotional, academic, and social needs from a person-centered, culturally sensitive, and strength-based perspective.

QFS provides safe, consistent, and comprehensive services to a diverse group of children and families, each with unique needs and goals. QFS operates a short term residential therapeutic program (STRTP) at ten (10) sites, with up to six (6) persons served at each site. Our STRTP operates 24 hours a day, 7 days a week, offering supervision, crisis intervention, and individualized mental health services geared toward increasing stability and permanency. Every effort is made to successfully transition persons served to a stable placement aligned with their needs and goals, including reunification with family, placement with a resource family, or placement in an independent living program.

Our youth and NMDs come to us from varying economic and ethnic backgrounds, with unique needs and strengths. Each person served receives a comprehensive assessment and individualized plan for specialized mental health services, designed to support them in achieving their goals in a culturally sensitive and trauma-informed manner. Youth and NMDs may receive individual, family, or and/or group therapy, psychiatric services, case management, independent living skills training, recreational activities, and academic support at the STRTP facilities or in the community. Services are provided in partnership with the youth or NMD's team and are tailored to meet the changing needs of each person served throughout their stay.

Community Collaboration: QFS will ensure access to mental health services indicated by the youth or NMD's plan. If a Treatment Plan includes Early & Periodic Screening, Diagnosis & Treatment (EPSDT) Specialty Mental Health Services that QFS is unable to provide (i.e. Therapeutic Behavioral Services), QFS will work collaboratively with the Placement Agency and Child and Family Team to connect the youth or NMD to these types of services.

QFS collaborates with community agencies to coordinate services for:

- Tutoring (Clovis and Fresno School Districts)
- Student Study Teams (Central, Clovis and Fresno School Districts)
- Individualized Education Plans or 504 Plans (Central, Clovis and Fresno Unified School Districts)
- Mental health services (mostly for child welfare youth who have established service plans through CPI, Central Star, Exodus, Sullivan Center, etc. prior to placement at QFS)
- Substance abuse treatment
- Independent living skills (TILP) and AB12
- Therapeutic Behavioral Services (JDT Consultants, Inc.)

- Organizations with specialized training and expertise (i.e. Mollie's House for commercially sexually exploited children (CSEC) and the Lesbian – Gay Alliance for LGBTQ individuals).

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

#	Performance Measure	Data Source Indicator & Who Applied	Agency Target & Time of Measure	Target Goal Expectancy	Actual Outcomes	If Target Was Not Met And What Quality Is Doing To Help Meet The Target For The Next Fiscal Year
1(a)	Effectiveness	Incident Reports Compliance Team to review	Reduction in AWOL <i>Timeframe:</i> Compare fiscal year 2019-2020 discharges to FY 2020-2021 to establish baseline	60% of persons served will show a reduction in AWOL incidents; AWOL incidents overall will decrease by 20%	This first year as an organizational provider, the number of individuals discharged due to AWOL was 45%. In the second year, Quality will compare this outcome to the first year's results to determine if there was a reduction.	This target was unable to be measured on one data point. At the end of this current fiscal year, Quality will be able to compare the first and second year of operation to assess its effectiveness with this measure. In addition, after reviewing the AWOL data provided in the Dept. of Social Services Continuum of Care Reform Dashboard, Quality has determined that a better measure of its effectiveness, is to focus on how many STRTP youth have a positive change in their CANS assessment and how many successfully step down to a lower level of care. By accomplishing these targets, it should inherently result in a reduction in the number of AWOLs.

1(b)	Effectiveness	Incident Reports Compliance Team to review	Reduction in Aggressive/Assaultive Behavior <i>Timeframe:</i> Review first 6 months of fiscal year against last 6 months to establish baseline	60% of persons served will show a reduction in aggressive/assaultive behavior; Aggressive/assaultive behavior will decrease overall by 20%	In the first 6 months of the fiscal year as an organizational provider, 124 incidents of aggressive and assaultive behavior occurred.	This target was unable to be measured on one data point. In the following year, Quality will be able to compare the first and second year of operation to assess its effectiveness with this measure. In addition, after reviewing the AWOL data provided in the Dept. of Social Services Continuum of Care Reform Dashboard, Quality has determined that a better measure of its effectiveness, is to focus on how many STRTP youth have a positive change in their CANS assessment and how many successfully step down to a lower level of care. By accomplishing these targets, it should inherently result in a reduction in the number of AWOLs.
1(c)	Effectiveness	Needs & Services Plans (Treatment Plans) MHP Team to review	Transition goals are met <i>Timeframe:</i> Review the final plans for the fiscal year	80% of Transition Goals are met according to the plan	In this first fiscal year, the Needs and Services Plan (aka Treatment Plan) transition goals realized was less than 80% met overall.	This target was not met as a result of 45% of the youth being discharged for running away. After reviewing the AWOL data provided in the Dept. of Social Services Continuum of Care Reform Dashboard, Quality has determined that a better measure of its effectiveness, is to focus on how many STRTP youth have a positive change in their CANS assessment and how many successfully step down to a lower level of care. By accomplishing these targets, it should inherently result in a reduction in the number of AWOLs.
1(d)	Effectiveness	CANS --- Compliance Team to review	Reduction in scores <i>Timeframe:</i> Review completed CANS for the fiscal year	60% of persons served will have a reduction in CANS scores at each assessment	In reviewing the available exit CANS scores, there was not enough data to determine if	This target was not met as a result of 45% of the youth being discharged for running away. Therefore, in this current fiscal year, MHP staff are going to have youth complete the CANS every 90 days instead

					there was an overall reduction in the CANS scores since 45% of persons served left their programs due to AWOL.	of every 6 months to be able to monitor more effectively the youth's progress.
2(a)	Efficiency	Performance Reviews --- HR Director to evaluate	Performing at standard levels <i>Timeframe:</i> Review all the calendar year evaluations	85% of staff will score at least "Meets" standard in all areas of the review	A review of the performance evaluation results indicate 85% of employees did meet their performance standards.	<p>After reviewing the criteria for the efficiency of Quality's MHP, it was determined monitoring of staff performance reviews will not be a performance measure for its MHP. Instead it will be a performance measure we will focus on under our Title 22 and our CARF re-accreditation process.</p> <p>As a result, we have revised Exhibit B to reflect Quality will measure its efficiency by monitoring if the STRTP youth's identified timeframe for their program was met and how many units of service were required to meet the youth's Treatment Plan program goals.</p>
2(b)	Efficiency	Emergency Drill Logs --- Compliance Team to review	Drill training in facility in services <i>Timeframe:</i> Review all the drill analysis reports	85% of Direct Care staff will participate each month in drill training	In reviewing the drill analysis reports, there was not enough data to determine if there was 85% participation of staff; however staff on duty fully participated in	<p>After reviewing the criteria for the efficiency of Quality's MHP, it was determined monitoring of the emergency drill analysis reports will not be a performance measure for its MHP. Instead it will be a performance measure we will focus on under our Title 22 and our CARF re-accreditation process.</p> <p>As a result, we have revised Exhibit B to reflect Quality will monitor its efficiency</p>

					each drill per month.	by monitoring if the STRTP youth's identified timeframe for their program was met and how many units of service were required to meet the youth's Treatment Plan program goals.
2(c)	Efficiency	Training questionnaires --- HR Director to evaluate	Pass competency-based trainings <i>Timeframe:</i> Review the training evaluations for the fiscal year	90% of staff will pass training questionnaires	In reviewing the training evaluations, there was not enough data to determine if 90% of staff passed; however, during the fiscal year site-specific follow-up trainings did occur for staff when it was determined their performance warranted it.	After reviewing the criteria for the efficiency of Quality's MHP, it was determined monitoring of the staff's training results will not be a performance measure for its MHP. Instead it will be a performance measure we will focus on under our Title 22 and our CARF re-accreditation process. As a result, we have revised Exhibit B to reflect Quality will measure its efficiency by monitoring if the STRTP youth's identified timeframe for their program was met and how many units of service were required to meet the youth's Treatment Plan program goals.
2(d)	Efficiency	Training Report --- HR Director to evaluate	Ongoing training <i>Timeframe:</i> Review the attendance rosters for each course	80% of staff will complete monthly training	In reviewing the monthly attendance rosters, staff did complete their monthly training requirements; however, an overall percentage was not determined.	After reviewing the criteria for the efficiency of Quality's MHP, it was determined monitoring of the staff's on-going training will not be a performance measure for its MHP. Instead, it will be a performance measure we will focus on under our Title 22 and our CARF re-accreditation process. As a result, we have revised Exhibit B to reflect Quality will measure its efficiency

						by monitoring if the STRTP youth's identified timeframe for their program was met and how many units of service were required to meet the youth's Treatment Plan program goals.
2(e)	Efficiency	Facility Inspection Forms --- Compliance Team to review	Compliance with inspection requirements <i>Timeframe:</i> Review the facility inspection forms and/or work orders	90% of Facility Inspections will be completed with no emergency corrections	In reviewing the facility inspection documentation and/or work orders, an overall percentage was not determined, however it was determined that the emergency corrections identified at each facility was resolved in the timeframe required.	After reviewing the criteria for the efficiency of Quality's MHP, it was determined monitoring of the staff's inspection of their facilities will not be a performance measure for its MHP. Instead, it will be a performance measure we will focus on under our Title 22 and our CARF re-accreditation process. As a result, we have revised Exhibit B to reflect Quality will measure its efficiency by monitoring if the STRTP youth's identified timeframe for their program was met and how many units of service were provided to meet the youth's Treatment Plan program goals.
2(f)	Efficiency	CANS --- Compliance Team to review	Reassessment <i>Timeframe:</i> Review all the CANS for the fiscal year	95% of persons served will be reassessed at exit	95% of persons served were not reassessed at exit since 45% were discharged as a result of AWOLs.	After reviewing the AWOL data provided in the Dept. of Social Services Continuum of Care Reform Dashboard, Quality has determined that a better measure of its effectiveness, is to focus on how many STRTP youth have a positive change in their CANS assessment and how many successfully step down to a lower level of care. By accomplishing these targets, it should inherently result in a reduction in the number of AWOLs.
	Efficiency	Exit Reports ---	Services no longer required	95% of persons served will have an Exit Report	Overall, 79% of exit reports or final transition	After reviewing the criteria for the efficiency of Quality's MHP, it was determined monitoring of the completion

		Compliance Team to review	<i>Timeframe:</i> Review all exit reports for individuals discharged in the fiscal year	completed within 7 days of exit	determination plans were completed within 7 days.	<p>of youth's exit reports will not be a performance measure for its MHP. Instead, it will be a performance measure we will focus on under our Title 22 and our CARF re-accreditation process.</p> <p>As a result, we have revised Exhibit B to reflect Quality will measure its efficiency by monitoring if the STRTP youth's identified timeframe for their program was met and how many units of service were required to meet the youth's Treatment Plan program goals.</p>
3(a)	Access to Care	Safety Plan --- Compliance Team to review	Safety Plan at initial intake assessment <i>Timeframe:</i> Review all safety plans completed during the fiscal year	95% of persons served will have a Safety Plan assessment completed at Intake	Currently data indicates 71% of safety plans were completed at intake. The rest of the youth/NMDs received their safety plans by their assigned clinicians within the first 10 days of their admission.	<p>After reviewing the access to care criteria for Quality's MHP, it was determined monitoring of the completion of youth's safety plans will not be a performance measure for its MHP. Instead, it will be a performance measure we will focus on under our Title 22 and our CARF re-accreditation process.</p> <p>As a result, we have revised Exhibit B to reflect Quality will measure its access to care by monitoring if the STRTP youth's identified timeframe for their program was met and how many units of service were required to meet the youth's Treatment Plan program goals.</p>
3(b)	Access to Care	Intake Assessment --- Compliance Team to review	Completed at intake <i>Timeframe:</i> Review all the intake documentation completed during the fiscal year	95% of persons served will have an Intake Assessment completed within 7 business days of entry	Using the Admission Agreement data as the baseline for intake assessment,	<p>After reviewing the access to care criteria for Quality's MHP, it was determined monitoring of the completion of youth's intake assessments will not be a performance measure for its MHP. Instead, it will be a performance measure</p>

					100% of persons served had their intake orientations completed within 7 days of entry.	we will focus on under our Title 22 and our CARF re-accreditation process. As a result, we have revised Exhibit B to reflect Quality will measure its access to care by monitoring the timeliness of STRTP youth receiving specific services during their first 14 days of placement.
3(c)	Access to Care	CANS --- Compliance Team to review	Reassessment <i>Timeframe:</i> Review all CANS completed during the fiscal year	75% of persons served will be reassessed at 30 days of placement	When Managed Care clarified this element was not a requirement (i.e. CANS are due at intake and exit or at the 6-month mark), this measure was eliminated.	After reviewing the access to care criteria for Quality's MHP, it was determined monitoring of the changes in the youth's CANS assessment will be a performance measure of effectiveness instead of access to care. As a result, we have revised Exhibit B to reflect Quality will measure its access to care by monitoring the timeliness of STRTP youth receiving specific services during their first 14 days of placement.
4(a)	Satisfaction & Compliance	Surveys --- Compliance Team to review	Overall good scores <i>Timeframe:</i> Review the results of surveys sent out a minimum of three times per year	80% of persons served will score the agency satisfactory or higher	Overall, the average satisfaction rate indicated was 66%.	The timing of the surveys conducted for persons served did not allow for the continuous feedback from the same youth originally surveyed. To improve upon the satisfaction and compliance results for persons served, Quality will request feedback from STRTP youth on a more frequent basis during the youth's placement in order to gauge how well their program is going in order to take any correction actions that may be required to improve the youth's satisfaction with their program.

4(b)	Satisfaction & Compliance	Staff Surveys --- Compliance Team to review	Overall positive scores <i>Timeframe:</i> Review the results of surveys sent out a minimum of three times per year	80% of staff will score the agency satisfactory or higher	Overall, the average satisfaction rate employees conveyed via their surveys is 76%.	The timing of the surveys conducted for stakeholders and the stakeholders willingness to participate did not allow for the continuous feedback from the same group of stakeholders originally surveyed. To improve upon stakeholder satisfaction and compliance results, Quality will communicate more frequently with STRTP youth parents and guardians or their county placing agents and school liaisons to improve our stakeholder feedback rate. Based on results received regarding how well Quality is doing, we plan to provide survey updates to our stakeholders on how Quality has addressed their concerns to aid in maintaining a relationship with our stakeholders.
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DEPARTMENT RECOMMENDATION(S):

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