

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Hope for Youth Short-Term Residential Therapeutic Program (STRTP)	Provider:	Hope for Youth, Inc.
Program Description:	STRTP for foster youth in need of intensive treatment in a residential setting.	MHP Work Plan:	4-Behavioral health clinical care
Age Group Served 1:	CHILDREN	Dates Of Operation:	9/1/2020 to Present
Age Group Served 2:	TAY	Reporting Period:	July 1, 2021 - June 30, 2022
Funding Source 1:	Medical FFP	Funding Source 3:	Realignment
Funding Source 2:	EPSDT	Other Funding:	

FISCAL INFORMATION:

Program Budget Amount:	\$349,082	Program Actual Amount:	\$144,973
Number of Unique Youth Served During Time Period:	17		
Number of Services Rendered During Time Period:	1,538		
Actual Cost Per Youth:	\$8,528		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	4/21/2021 to 6/30/2021 plus 2 optional 12-month renewals.	For Other:	
		Renewal Date:	July 1, 2022
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 while under STRTP care; youth with Juvenile Dependency Court/ Juvenile Delinquency Court status per California Welfare and Institutions Codes (WIC §§ 300, 601, 602), and youth diagnosed with mental disorders.
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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:** adult youth 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 youth served and families are seamless. Youth 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 -- Hope for Youth collaborates directly with representatives of Fresno County's Department of Behavioral Health (DBH) and Department of Social Services (DSS). The agency attends monthly and quarterly provider meetings to share resources and provide updates on the status of progress.

Specific Activities:

- Monthly Contract Meeting (hosted by DBH) -- Similar to a Child and Family Team (CFT) meeting, the agency participates in a contract meeting where various county departments are represented. These departments come together once per month for the purpose of learning about Hope for Youth's progress, successes, challenges, needs, and plans. The team collaborates to assist the agency in achieving its desired outcomes by providing information about resources that are available within the Fresno County provider network. All Hope for Youth mental health staff and administrative staff attend these meetings.
- Quarterly Provider Meeting - Every quarter DBH hosts a provider meeting for all mental health STRP providers to join. The meeting offers information and education about Medi-Cal standards, DBH requirements and policies, as well as STRTP regulations. Also announced during this meeting are any upcoming trainings hosted by Fresno County and upcoming contract reporting requirements. Providers are encouraged to participate and share their experiences with administrative, clinical and operational challenges and successes. The Hope for Youth Head of Service and administrative staff participate in this meeting.
- Collaboration with other Providers:
 - WRAP -- Hope for Youth mental health personnel participate in in-person and teleconference CFT meetings (weekly), organize appointments with the youth and Family

- Specialist (weekly), and participate in the intake process (assessment and documentation) to establish WRAP services.
- Medication services -- Hope for Youth mental health staff participate in telehealth appointments, schedule appointments, and make sure medication is filled through a pharmacy. The staff provide the psychiatrist with any pertinent information including any observations of symptoms and behavioral response.
 - Hope for Youth mental health personnel follow up with probation officers and social workers and may request on-going services for the youth. The staff support youth served during their visits and collaborate with the Probation Officer/Social Worker about youth strengths/challenges within the home. Staff regularly review each case to determine transition plans, family visitations, current programs they are involved in, and school.

Cultural Competence -- Hope for Youth 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, culturally congruent service planning, and activities for the youth that are culturally and ethnically considerate.

Specific Activities:

- Cultural Competence Report -- Hope for Youth follows a cultural competence plan that is reviewed and updated annually by its leadership. The plan consists of organizational objectives/strategies the agency will implement to comply with the CLAS (Culturally and Linguistically Appropriate Services) standards as published by the U.S Office of Minority Health. In addition, a report of progress is completed semi-annually, which identifies trainings provided by the agency and linguistic capacities and competence assessments of the staff.
- Completed Cultural Competence Training -- Hope for Youth offers its staff instruction on cultural humility and sensitivity relating to, and best practices for, providing adequate care to youth with diverse cultural and ethnic backgrounds. During the report period, Hope for Youth hosted a training on Cultural Competence and Diversity on March 23rd and March 28th, 2022 for all of its staff including, mental health staff.
- Strengthen interpreter skills of staff -- Hope for Youth requires that its bi-lingual staff attend the Behavioral Health Interpreter Training (BHIT). This training course provides staff with instruction on the fundamental principles of using interpreters to deliver services. Note - there were no youth served who required or who requested language assistance during the report period.
- Program informational materials are available in threshold languages -- Hope for Youth makes available printed material in threshold languages of the services available, the provider directory, complaint and grievance brochures, and information about specialty services including WRAP and TBS.

- Hope for Youth encourages its youth to participate in school and community events and activities that are culturally representative and affirming. In addition, the agency observes holidays, traditions, and beliefs that are reflective of the cultural and ethnic backgrounds of the youth. An activity schedule is published every month which identifies the various activities hosted by the agency.

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:

- Child and Adolescent Needs and Strengths (CANS) Assessment and Outcomes Tool -- the CANS tool is administered at the time of intake/assessment, every six months and upon discharge. The tool is intended to assess the youth's strengths and needs across multiple contexts in a way that promotes communication and understanding among all professionals involved in the care and success of the youth.
- Participation in CFT meetings -- The youth's treatment needs and plan is presented to the CFT where input from all members is invited. Hope for Youth's mental health staff collaborate with the CFT and provide an update during each meeting, which consists of: a description of services the youth is receiving to meet their mental health treatment needs, the anticipated duration of the treatment, and the timeframe and plan for transitioning the youth to a less-restrictive environment.
- Family Systems Therapy -- Hope for Youth offers family therapy to both the youth and their family. Therapy is intended to assist the family to improve communication and address underlying conflicts, problems, behaviors and situations, which may have an impact on family functioning, wellness and resilience.

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 Intensive Care Coordination (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 is provided by all mental health staff. Through case management, the staff assist youth in accessing services and supports by other providers and that are identified in the treatment plan or CFT plan. Case management supports the coordination of care internally and externally with outside providers. Services and supports are brokered by the appointed mental health staff to promote a seamless service experience.

- ICC Coordinator -- The Mental Health Rehabilitation Specialist (MHRS) and mental health clinician both serve as the ICC Coordinator. The coordinator provides an update to the CFT identifying services the youth is accessing and may request assistance in connecting the youth with other services and supports they need.
- Participation in CFT Meetings -- The youth's treatment needs and plan is presented to the CFT where input from all members is invited. Hope for Youth's mental health staff collaborate with the CFT and provide an update during each meeting, which consists of: a description of services the youth is receiving to meet their mental health treatment needs, the anticipated duration of the treatment, and the timeframe and plan for transitioning the youth in a less-restrictive environment.
- Referral to integrated supports including Therapeutic Behavioral Services (TBS) and Wraparound (WRAP) services -- The agency works closely with contracted providers to coordinate the youth's access to these intensive specialty services. The agency identifies its high acuity level youth served and begins the referral immediately following the assessment process. Support offered by Hope for Youth includes: transportation to the service, space accommodations for the service to occur on-site, if needed, and facilitating the youth's attendance to the initial assessment/intake for the service.

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

Hope for Youth has assessed its performance in the areas of 1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback of Persons Served & Stakeholder. Performance was measured in the four (4) key areas using specific indicators that the agency adopted in its contract with Fresno County. The agency began operation as mental health provider on April 21, 2021. All data presented covers the period of July 1, 2021, through June 30, 2022.

Most of the presented indicators measure Hope for Youth's compliance with STRTP regulations and standards. Other indicators focus on timeliness and access to services, as well as length of stay and transition to lower levels of care. The mental health team assisted in the process of data collection, data correlation, analysis, and performance improvement planning. Electronic forms were used to gather the data and an Excel database was used to compile the information. Tools used to collect the data include the mental health assessment, CANS, Pediatric Symptom Checklist (PSC-35), treatment plan, clinical review, transition plan, and discharge summary. A qualitative and quantitative assessment of performance was conducted, and the results were reviewed by the mental health and administrative personnel. Upon review of the outcomes, the team provided insight on obstacles and barriers that impacted results and gave suggestions on various strategies and methods they felt would result in improved outcomes. A summary of the agency's indicators and performance outcomes is provided below.

1) Effectiveness

a. Effectiveness of treatment interventions

- (a) **Indicator:** 75% of youth served will demonstrate progress toward achieving treatment plan goals as determined during formal clinical review sessions.

Who Applied: All youth receiving Hope for Youth Services

Time of Measure: FY 2021-2022

Data Source: Clinical Review Report

Target Goal Expectancy: 10 of 17 youth served (59%)

Analysis: The agency experienced inconsistencies with how progress is assessed by each provider. The agency will reevaluate the method in which it collects this information and will monitor the provider's progress reports of progress on the various reporting tools including progress notes, clinical reviews, and transition determination plans, etc.

b. Effectiveness of discharge planning

- (a) **Indicator:** 75% of youth served will complete the STRTP between 3 and 6 months

Who Applied: All youth receiving Hope for Youth Services

Time of Measure: FY 2021-2022

Target Goal Expectancy: Of youth served who exited, the avg LOS is 4 months.

Data Source: Treatment Plan/Discharge Summary

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

Who Applied: All youth receiving Hope for Youth Services

Time of Measure: FY 2021-2022

Data Source: Transition Determination Plan

Target Goal Expectancy: 10/14 youth served (71%)

Analysis: The agency did not require a Transition Determination Plan be completed within the first 30 days of placement. Several youth exited the program before a TDP was developed. It is now the policy of Hope for Youth, that a TDP is completed alongside the treatment plan within ten (10) days of enrollment and reviewed/updated every 30 days thereafter.

- (c) **Indicator:** 75% of youth served who have achieved their treatment plan goals will transition to a lower level of care.

Who Applied: All youth receiving Hope for Youth Services

Time of Measure: FY 2021-2022

Data Source: Discharge Summary

Target Goal Expectancy: 3/11 youth served (27%) transitioned to lower levels of care.

Analysis: The agency experienced low rates of transition to lower levels of care due to unauthorized absences and non-compliance with program requirements. In order to increase the percentage of youth

who transition to lower levels of care, the agency plans on increasing staffing in order to provide more services to youth in order to target problem behaviors such as unauthorized absences and non-compliance with program requirements. Of the 27% of youth who transitioned to a lower level of care, transition plans included placement with a foster family home and transfer to an Independent Living Program.

2) Efficiency

a. Utilization of services

- (a) **Indicator:** 75% of youth served will utilize the services prescribed in their treatment plan as measured by UOS utilization.

Who Applied: All youth receiving Hope for Youth Services

Time of Measure: FY 2021-2022

Data Source: Services Utilization Report and Provider Billing Report by Cost Center (Report Range: 7/1/21-6/30/22)

Target Goal Expectancy: The average utilization overall was 64%. Youth participated in 3.7 hours of SMHS on average per week.

Analysis: The agency experienced turnover in its Mental Health Clinician Position. Staff position vacancies put stress on direct care staff and administration. Time spent to recruit and train new employees was higher than normal during the report period, which affected the available time spent directly providing services to youth in the program.

3) Access

a. Timeliness between referral to assessment and completion of assessment and treatment plan, access to services directed by treatment plan

- (a) **Indicator:** 100% of youth 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.

Who Applied: All youth receiving Hope for Youth Services

Time of Measure: FY 2021-2022

Data Source: Assessment & CANS

Target Goal Expectancy: 12 out of 16 youth served (75%)

Analysis: While the STRTP mental health regulations require that an assessment be conducted within five (5) calendar days, it should be noted that 3 of the 4 assessments which did not meet the goal were completed on day six (6) and the fourth assessment was completed on day eight (8). All assessments were completed within the first week of the youth's placement. The agency will monitor this timeline closer to ensure full compliance.

- (b) **Indicator:** 100% of youth served whose assessment necessitates the need for specialty mental health services will have a plan for mental health treatment completed by a mental health clinician within ten (10) calendar days of placement in the STRTP
Who Applied: All youth receiving Hope for Youth Services
Time of Measure: FY 2021-2022
Data Source: Treatment Plan
Target Goal Expectancy: 16 of 16 youth served (100%)
- (c) **Indicator:** 100% of youth served with a mental health treatment plan will access services as directed by the treatment plan.
Who Applied: All youth receiving Hope for Youth Services
Time of Measure: FY 2021-2022
Data Source: Services Utilization Report
Target Goal Expectancy: The average utilization for all active youth served is 100% (16/16)

4) **Satisfaction & Feedback of Persons Served & Stakeholder**

- a. Surveys of persons serviced, family members, other health care providers, and other stakeholders

- (a) **Indicator:** 80% of youth served will complete a satisfaction survey every quarter.
Who Applied: All youth receiving Hope for Youth Services
Time of Measure: FY 2021-2022
Data Source: Youth Feedback Survey (digital)
Target Goal Expectancy: 4 of 6 (67%) of youth served participated in an agency satisfaction survey
Analysis: The agency conducts a point-in-time survey which assesses the satisfaction of youth enrolled in the STRTP. During the PIT survey, two participants were unavailable.
- (b) **Indicator:** 75% of persons served who complete a satisfaction survey, will express satisfaction that the STRTP Mental Health Program met their needs.
Who Applied: All youth receiving Hope for Youth Services
Time of Measure: FY 2021-2022
Data Source: Youth Feedback Survey (digital)
Target Goal Expectancy: 4 of 4 (100%) of youth served expressed overall satisfaction in the STRTP as demonstrated by the survey results (see below).

Hope for Youth offers its youth served the opportunity to participate in regular surveys to assess the agency's performance and provide feedback on satisfaction of treatment services, setting, environment, staff/providers, and accommodations. A total of five (5) youth offered the agency the following feedback during a recent "point-in-time" survey.

Overview

- Youth served spent an average of 4 months in the programs
- Of the services provided, a majority of the youth served were enrolled in Individual Mental Health Counseling, Group Mental Health Counseling, Rehabilitation, and Case Management

Inclusion in the Treatment Process

- 100% of the youth served got to choose their services and develop their service plan goals
- 100% of the youth served felt that their opinions mattered and were considered in their service planning

Mental Health Services and Access

- 100% of youth served felt the services were available when they needed them
- 100% of youth served felt that services were provided in a way that they could understand
- 100% of youth served felt satisfied overall with the services they received or accessed since residing at Hope for Youth STRTP

Service Providers and Staff

- 100% of youth served felt that the staff treated them with respect
- 100% of youth served felt that the staff respected their religious and/or spirituals beliefs
- 100% of youth served felt that the staff spoke to them in a way that they understood
- 100% of youth served felt that staff respected their individuality, likes and dislikes
- 100% of youth served felt that the staff was nice and caring all the time

Program Accommodations

- 75% of youth served felt that their living space was comfortable and adequate
- 100% of youth served felt that the meals were healthy and appetizing
- 100% of youth served felt that recreational activities were fun to participate in

Overall Program Satisfaction

- 100% of youth served felt that overall, the program is reasonable and fair
- 100% of youth served felt that the Hope for Youth STRTP always has their best interest at heart by the way they treat them.
- 100% of youth served were satisfied with the way their personal issues were dealt with
- 100% of youth served felt that Hope for Youth STRTP has helped to keep them connected with their family, school, and other people, places, and things that are important to them

- 100% of youth served were satisfied overall with the Hope for Youth STRTP

DEPARTMENT RECOMMENDATION(S):

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