

## FRESNO COUNTY MENTAL HEALTH PLAN

## OUTCOMES REPORT- Attachment A

### PROGRAM INFORMATION:

Program Title:	Michigan House Short-Term Residential Therapeutic Program (STRTP)	Provider:	Michigan House, Inc.
Program Description:	STRTP for foster youth who require a residential setting combined with behavioral interventions and mental health treatment.	MHP Work Plan:	4-Behavioral health clinical care
Age Group Served 1:	CHILDREN	Dates Of Operation:	October 1, 2020 - 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:	\$729,317	Program Actual Amount:	\$285,288
Number of Unique Persons Served During Time Period:	35		
Number of Services Rendered During Time Period:	2,949		
Actual Cost Per Person Served:	\$8,151.09		

### CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	October 1, 2020 – June 30, 2021, plus two optional one-year extensions	For Other:	
		Renewal Date:	7/1/2022
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:** 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.

**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 Fresno County 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. Michigan House collaborates with various Fresno County providers including, but not limited to: JDT Consultants for Therapeutic Behavioral Services (TBS) services for its youth, Central Star WRAP services, Court Appointed Special Advocates (CASA), DBH for medication management, and the 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 any school provided resources such as participation in IEP and 504 planning/review. Michigan House also facilitates the youth's access to school/district 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 (HOS) 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. The meetings focus on the sharing of information amongst STRTP providers, including useful strategies/techniques for providing mental health services. Fresno County also 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. Meetings provide information on resources available and offer technical assistance. Providers 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, 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 2022.
- Cultural Competence Training-The agency has hosted/coordinated cultural competence and language assistance trainings for its mental health staff including Fresno County Hosted Behavioral Health Interpreter Training (BHIT) for providers and Introduction & Implementation of Cultural Responsiveness (IICR) Training.

- 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 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. The agency conducts satisfaction surveys of the youth to assess how well it promotes inclusion. 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 Child and Family Team (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 -- a CFT meeting is scheduled at least every 30 days for each youth. The HOS monitors compliance with the scheduled CFT meetings. A mental health representative attends all CFTs.
- Outcomes reports are prepared at least annually by an independent source. Reports contain information on timeliness and access to services, service provider productivity levels, types and frequency of services being provided, common characteristics and mental health diagnosis of person served.

Reports are reviewed and analyzed by the treatment team where planning for performance improvement occurs regularly.

- Internal peer reviews of person served records are conducted to ensure a high quality of care is provided and inclusion of family and significant support is encouraged and reflected in the scope of treatment.
- Collateral is provided by all mental health staff where services and supports are aimed to provide instruction/education to increase understanding and/or assist the person served in managing their mental health symptoms.

**Integrated service experiences:** This is accomplished primarily through participation in the 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 - Michigan House provides case management to assist with linking the youth up to services and supports identified in the youth's treatment plan and CFT plan.
- ICC Coordinator -- All mental health staff are knowledgeable on how intensive care coordination is carried out. Each direct service job descriptions lists the specific duties and responsibilities of the ICC Coordinator role. All mental health positions may serve as ICC coordinator in connection with CFTs.
- 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. A mental health representative attends all CFTs.
- Referral to integrated supports including TBS and WRAP services. Michigan House makes referrals and assists youth in accessing the following services/supports by external providers: substance use disorder (SUD) treatment, Independent Living Program (ILP) for AB-12 youth, Central Star for Wellness

- Recovery Action Plan (WRAP) Services, medication management through Fresno County DBH, and CASA services.
- Coordination of care with referral and placement agencies including Fresno County DSS and DBH. In addition, the agency coordinates with other agencies who are part of the youth's CFT including Indian Child Welfare (ICWA) case workers and tribal representatives, Out of County placement agencies and social workers/probation officers for presumptive transfers

**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 the 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 July 1, 2021, to June 30, 2022. 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.

**1) Effectiveness****a. Effectiveness of treatment interventions**

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

**Who Applied:** All youth receiving Michigan House Services

**Time of Measure:** FY 2021-2022

**Data Source:** Clinical Review Report

**Target Goal Expectancy:** 13 of 30 persons served (43%)

**Analysis:** Certain behaviors have had an impact on the treatment progress of youth, such as unauthorized absences. It should also be noted that methods to track progress and assessment of progress may vary by provider. Michigan House is working to develop indicators for successful engagement methods, including working to set up an EHR that will be used to better track client progress.

**b. Effectiveness of discharge planning**

- (a) **Indicator:** 100% of youth will have a transition determination plan completed as part of their treatment goals.  
**Who Applied:** All youth receiving Michigan House Services  
**Time of Measure:** FY 2021-2022  
**Data Source:** Transition Determination Plan  
**Target Goal Expectancy:** 26/28 persons served (93%) have/had a transition determination plan on file.  
**Analysis:** The STRTP will continue to work to ensure that all youth have a transition determination plan created and on file.
- (b) **Indicator:** 75% of persons served who have achieved their treatment plan goals will transition to a lower level of care.  
**Who Applied:** All youth receiving Michigan House Services  
**Time of Measure:** FY 2021-2022  
**Data Source:** Discharge Summary  
**Target Goal Expectancy:** 7/22 persons served (32%) transitioned to a lower level of care.  
**Analysis:** For Michigan House 1, reports of unauthorized absences and psychiatric episodes resulted in bed closures for ten (10) of the youth. For Michigan House 2, five (5) persons served were discharged from the STRTP during the reporting period due to unauthorized absences resulting in bed closures. In order to improve these results, Michigan House will be increasing staff training on preventing AWOL and engaging youth in the treatment process.

## 2) Efficiency

### a. Length of stay in program

- (a) **Indicator:** The average length of stay for persons served will be within 6 months  
**Who Applied:** All youth receiving Michigan House Services  
**Time of Measure:** FY 2021-2022  
**Data Source:** Treatment Plan/Discharge Summary  
**Target Goal Expectancy:** The average length of stay is 6.5 months as of the reporting period end date.  
**Analysis:** The STRTP will continue to work to ensure that all youth complete the STRTP according to their treatment plan. As the STRTP is able to hire more MH staff, youth will receive more weekly MH services, which will ideally shorten client stays.

## 3) Access

### a. Timeliness between referral to assessment and completion of assessment

- (a) **Indicator:** 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.
- Who Applied:** All youth receiving Michigan House Services  
**Time of Measure:** FY 2021-2022  
**Data Source:** Assessment & CANS  
**Target Goal Expectancy:** 19/22 persons served (86%) had an assessment completed within 5 days of placement.  
**Analysis:** In the cases where youth did not receive a mental health assessment within five (5) calendar days, an assessment appointment was offered but not held by the youth, due to unauthorized absences and other similar cases.
- (b) **Indicator:** 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
- Who Applied:** All youth receiving Michigan House Services  
**Time of Measure:** FY 2021-2022  
**Data Source:** Treatment Plan  
**Target Goal Expectancy:** 17/22 persons served (77%) had treatment plans completed within 10 days of their placement in the STRTP.  
**Analysis:** Of the youth who did not have a treatment plan on file, several of the youth had admission dates which predated the mental health approval date. For those youth, other agencies were providing mental health services and had a treatment plan on file within those agencies' files.
- (c) **Indicator:** 90% of persons served with a mental health treatment plan will access services as directed by the treatment plan.
- Who Applied:** All youth receiving Michigan House Services  
**Time of Measure:** FY 2021-2022  
**Data Source:** Services Utilization Report  
**Target Goal Expectancy:** 21/21 (100%) persons served accessed all services as listed in their TX plan  
**Analysis:** All of the youth who had a treatment plan on file, received services as directed by the plan.

#### 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 persons served will complete a satisfaction survey every quarter.  
**Who Applied:** All youth receiving Michigan House Services during the point-in-time survey  
**Time of Measure:** FY 2021-2022  
**Data Source:** Person served Feedback Survey (digital)  
**Target Goal Expectancy:** A satisfaction survey was issued to the youth served during FY 2021-22 year. The survey is conducted using a “point-in-time” method where the maximum number of responses equals the total bed capacity for M-1 & M-2 (total 12 youth). The agency received eight (8) responses (66.67%) and analyzed to inform the agency’s evaluation of performance, business planning, and service delivery.  
**Analysis:** In order to improve results, staff will work more closely with youth to ensure that the surveys are completed. Staff will ensure that youth have time to complete the surveys, and work with the youth to help them understand the importance of their feedback.
- (b) **Indicator:** 75% of persons served who complete a satisfaction survey, will express overall satisfaction that the STRTP Mental Health Program met their needs.  
**Who Applied:** Youth who completed a satisfaction survey  
**Time of Measure:** FY 2021-2022  
**Data Source:** Person served Feedback Survey (digital)  
**Target Goal Expectancy:** Of the eight participants who completed the survey, all expressed overall satisfaction with the agency. 62% of which, indicated that they were “very satisfied” with their experience at Michigan House.

**DEPARTMENT RECOMMENDATION(S):**

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