

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, 2022 - June 30, 2023
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:	\$179,445
Number of Unique Youth Served During Time Period:	13		
Number of Services Rendered During Time Period:	2,135		
Actual Cost Per Youth:	\$13,803.36		

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, 2023
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) – Hope for Youth mental health and administrative personnel participate at least monthly 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 Child and Family Team (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 January 9th, 2023 and March 30th, 2023 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 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, 2022, through June 30, 2023.

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 2022-2023

Data Source: Clinical Review Report

Target Goal Expectancy: 75% of persons served.

Outcome: 11 of 13 youth served (85%)

Analysis: The assessment of progress was completed by the mental health team. Reports indicate that 7 of 13 clients have demonstrated significant progress; 4/13 clients have demonstrated mild progress; 1/13 clients have shown moderate progress. The results for this outcome have improved by ~30% compared to the previous reporting period.

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 2022-2023

Target Goal Expectancy: 75% of persons served.

Outcome: Of youth who exited, 2 (of 8), or 25%, stayed less than 90 days. Six (6) of eight or 75% of youth discharged during the reporting period resided longer than six months.

Data Source: Treatment Plan/Discharge Summary

Analysis: The average stay in an STRTP is six (6) months to twelve (12) months. The Hope for Youth, Inc. results are consistent with the recommended average length of stay at an STRTP. In addition, the length of stay is consistent with the timeframe for length of stay as indicated in the 90-day clinical review reports and treatment and transition plan documents for each person served.

(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 2022-2023

Data Source: Transition Determination Plan

Target Goal Expectancy: 100% of persons served.

Outcome: 13/13 youth served (100%)

Analysis: The mental health staff attends trainings on topic areas including clinical documentation standards and compliance provided by FCMHP as well as CalMHSA training modules on transitioning youth. The mental health staff conduct routine internal audit inspections to verify timeliness of mental health activities.

- (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 2022-2023

Data Source: Discharge Summary

Target Goal Expectancy: 2/7 (29%) youth served who were discharged during the report period, transitioned to lower levels of care.

Analysis: Plans for transition of the youth served include independent living, placement in resource family home, and reunification/placement with biological member. Of the youth who transitioned out of the STRTP, one became independent as an adult and one other was placed in a foster family home. Behaviors including substance abuse and absconding from the facility have resulted in bed closures for 5 of the youth who participated in the STRTP during the reporting period. Hope for Youth will continue to improve graduation rates by increasing staffing and adding services for these youth. Additional staff have been hired to provide rehab and psychotherapy services and can also provide additional services to the youth on the weekends.

2) Efficiency

- a. Utilization of services

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

Who Applied: All youth receiving Hope for Youth Services

Time of Measure: FY 2022-2023

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

Target Goal Expectancy: 75% of persons served.

Outcome: Overall utilization of services was 64%. Youth participated in 3.2 hours of SMHS on average per week. Based on the clinical schedule of services, an average of five (5) hours of SMHS is offered to each youth per week.

Analysis: The agency has remained consistent with the availability of services it offers. According to the service utilization report 70% of services provided are considered “direct” services, such as individual and group rehabilitation and psychotherapy. HFY plans to incorporate additional direct services into its clinic schedule beginning in December 2023. Additional staff have been hired to provide rehab and psychotherapy services and can also provide additional services to the youth on the weekends.

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 2022-2023
Data Source: Assessment & CANS
Target Goal Expectancy: 100% of persons served.
Outcome: 5 out of 6 youth served (83%)
Analysis: While the STRTP mental health regulations require that an assessment be conducted within five (5) calendar days, it should be noted that the assessment that was not completed within 5 calendar days, was completed on the 6th day. All assessments were completed within the first week of the youth's placement. The agency will monitor this timeline more closely 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 2022-2023
Data Source: Treatment Plan
Target Goal Expectancy: 100% of persons served.
Outcome: 6 of 6 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 2022-2023
Data Source: Services Utilization Report
Target Goal Expectancy: 100% of persons served.
Outcome: Overall utilization of services was 64%. Youth participated in 3.2 hours of SMHS on average per week. Based on the clinical schedule of services, an average of five (5) hours of SMHS is offered to each youth per week.
Analysis: The agency has remained consistent with the availability of services it offers. According to the service utilization report, 70% of services claimed during the reporting period are considered "direct" services, such as individual and group rehabilitation and psychotherapy. HFY plans to offer additional direct services beginning in December 2023. Additional staff have been hired to provide rehab and psychotherapy

services and can also provide additional services to the youth on the weekends. This also lends flexibility in matching youth with the service provider.

- (d) **Indicator (Target Goal Expectancy):** The persons served will have access to mental health services at least five (5) days per week.

Who Applied: All youth receiving Hope for Youth Services

Time of Measure: FY 2022-2023

Data Source: Avatar Claims Reports

Outcome: Hope for Youth offered services 305 days out of the year. This calculates, on average, to nearly six days per week, which exceeds the target goal.

Analysis: Hope for Youth exceeds the minimum requirement as specified in the regulations for services to be provided in a STRTP. The regulations require that services be available at least five days per week. During the reporting period, a service was provided at least 6 days per week, including some weekends and holidays.

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 2022-2023

Data Source: Youth Feedback Survey (digital)

Target Goal Expectancy: 80% of persons served.

Outcome: 6 of 6 (100%) 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 2022-2023

Data Source: Youth Feedback Survey (digital)

Target Goal Expectancy: 75% of persons served.

Outcome: 6/6 (100%) of youth served expressed overall satisfaction in the STRTP as demonstrated by the survey results (see below).

Hope for Youth offers its youth 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 six (6) youth offered the agency the following feedback during a recent "point-in-time" survey.

Overview

- Youth served spent an average of 8 months in the program
- 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. One of the youth is accessing Vocational Training and Independent Living Programs within the community.

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
- 83% of youth served felt satisfied overall with the services they received or accessed since residing at Hope for Youth STRTP

Service Providers and Staff

- 83% 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
- 66% 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
- 83% 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
- 83% of youth served felt that the Hope for Youth STRTP always has their best interest at heart by the way they treat them.
- 83% of youth served were satisfied with the way their personal issues were dealt with

- 66% 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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