

FRESNOCOUNTY MENTAL HEALTHPLAN OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Therapeutic Behavioral Services (TBS)	Provider:	JDT Consultants, Inc.
Program Description:	Short term in-home therapeutic behavioral interventions to stabilize youth in their placements.	MHP Work Plan:	3-Culturally and community defined practices 2-Wellness, recovery, and resiliency support 4-Behavioral health clinical care
Age Group Served 1:	ALL AGES	Dates Of Operation:	4/2004 to Present
Age Group Served 2:	CHILDREN	Reporting Period:	July 1, 2022 - June 30, 2023
Funding Source 1:	Medical FFP	Funding Source 3:	EPSDT
Funding Source 2:	Realignment	Other Funding:	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	\$4,200,000	Program Actual Amount:	\$3,206,433.20
Number of Unique Clients Served During Time Period:	339		
Number of Services Rendered During Time Period:	10,317		
Actual Cost Per Client:	\$9,458.50		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	January 1, 2019 – June 30, 2021 plus two optional one-year extensions	For Other:	Click here to enter text.
		Renewal Date:	07/01/2023
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:	TBS is only available to youth up to age 21 who have full scope MediCal benefits and are receiving ongoing mental health EPSDT services. Youth must meet one of the following criteria: (1) The youth's home placement is in jeopardy of disruption, (2) The youth is at risk for hospitalization or has been hospitalized for a mental health reason within the last 2 years, (3) The youth is stepping down in levels of care, and/or (4) The youth has had TBS in the past.
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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 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 concept embedded in services/ program:

(May select more than one)

Community collaboration

Cultural Competency

Access to underserved communities

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

Please describe how the selected concept (s) embedded :

Community Collaboration - Youth referred to JDT must have at least one other EPSDT service in place. Once referred to JDT, the clinician remains the “head” of the treatment team. The youth’s treatment team often consists of the youth, caregiver, therapist, and often school personnel. Youth often have other professional providers involved in their lives who become part of the treatment team, i.e. Social Worker, Probation Officer, CASA worker, and Psychiatrist. JDT does an initial assessment and shares the Plan of Care with Treatment Team members. As TBS is a short-term service, the treatment team meets every thirty days to discuss the youth’s progress toward treatment goals, skills/replacement behaviors learned, evaluates the number of hours, and works on the Transition Plan. JDT maintains weekly contact with the primary clinician to address needs/issues that may arise. Being able to use ZOOM for meetings has been very helpful in involving an increased number of treatment team members, as it is often challenging for parents to attend, due to transportation issues, and professionals are able to attend due to the lack of travel time involved.

Cultural Competency- At referral, the person served and their family’s cultural needs are assessed prior to assigning a TBS Supervisor. JDT’s supervisors are culturally diverse. All persons served are assigned a Supervisor who speaks the youth/family’s preferred

language. Coaches assigned to work with persons served also speak the youth/caregivers' preferred language. The effectiveness of JDT's ability to meet the cultural needs of the persons served is evaluated on an ongoing basis by the Clinical Supervisor. In the event that JDT does not have a Supervisor or coach that speaks the preferred language of the person served/caregiver, JDT uses interpreters to meet the cultural needs of the person served. The interpreter is provided at no additional cost to the County.

Access to Underserved Communities – JDT places high priority on meeting the needs of underserved communities. Fresno County is the sixth largest County in California. JDT's coaches live throughout Fresno County, and coaches travel to the youth's homes to serve the youth. JDT also helps to provide needed resources to youth/caregivers in various areas throughout Fresno County. Many communities served are very impoverished and experience challenges obtaining needed resources due to resources being sparse, lack of transportation, or a lack of knowledge as to what is available. JDT takes great pride in helping families locate resources needed. JDT also helps to provide families with beds, food, clothing, and other essentials, as needed, until the family is able to secure the needed resources.

Individual/Family Driven, Wellness/Recovery Resiliency-Focused Services – JDT works with both the person served and their family. Often the persons served are in need of additional assessments/services, i.e. drug treatment, medical care, educational services, and regional center services. JDT helps to identify other areas of need and works with caregivers to link youth to these services. Often there are areas that appear to be behavior-related, however medical has not been ruled out. JDT focuses on helping youth to retain all needed services to assist them in having a healthy lifestyle. Additionally, the parents of youth are often also in need of supports/services, including mental health, physical health, and medication. Often these unmet needs can be a significant barrier to the success of TBS services, if they are not addressed. JDT advocates for the needs of youth and their caregivers to be addressed so that the

family can function in a manner that promotes resilience and growth for all members.

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

(1) Effectiveness–

- a. Indicator: Youth served will graduate from the TBS program as well as maintain their placement or step down to a lower level of care.
- b. Who Applied: 339 individual persons served during FY 2022-23
- c. Time of Measure: FY 2022-23.
- d. Data Source: JDT’s Electronic Health Record.
- e. Target goal expectancy: JDT’s goal is for 75% of youth to graduate our program and for 80% of program youth to maintain their current placement/level of care.
- f. Outcome: JDT met the program outcome this year with 76% of youth graduation from TBS services, thus meeting all or the majority of treatment goals. The target goal expectancy was 75%. The outcomes are measured by our Outcomes tracking forms, which are entered into our database at intake and discharge. Additionally 94% of program youth experienced 0 moves in placement, moved to a lower level of care, or had lateral moves in placement. The placement stability of program youth as well as graduation rate have been very encouraging as there were some struggles meeting outcomes goals in the past two years. The end of COVID seems to have contributed to the success of youth in our program, as telehealth and frequent cancellations due to illness made it very challenging for JDT coaches to meet with youth during 2020 and 2021, as well as the first quarter of 2022.

(2) Efficiency– This is the second year that JDT has provided Collateral contacts to caregivers, and this seems to have been very beneficial. This service continues to focus on identifying needed resources, providing psychoeducation, and offer parents guidance on identifying and locating treatment for their own mental health issues as needed. This year, 57% of youth were in biological homes, 22% in foster homes, 5% lived with legal guardians, 5% in adoptive homes, 8% lived with relatives (non-guardians), and 3% of youth were in group homes. JDT continued to see many youth residing with grandparents and relatives, and were able to stabilize youth so they could remain with family.

- a. Indicator: Children and youth up to 18 will show overall improvement in "Life Domain Functioning", including reduction in youth’s target behaviors. Achieving the goal related to Life Domain Functioning has been very helpful in providing additional psychoeducation, assisting with implementing parenting strategies and interventions, as well as assisting adults in accessing resources needed for their own mental health.
- b. Who Applied: Youth and caregivers in the TBS program. The initial hours of TBS continued to be in the range of 6-8 hours initially with decreases by 2 hours at intervals until the person served graduates.
- c. Time of Measure: FY 2022-23.

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- d. Data Source: JDT's Electronic Health Record.
- e. Target goal expectancy: Following program completion, 80% of youth's caregivers will report improvement in the youth's target behaviors.
- f. Outcome: This year, after youth left our program, 88% of caregivers reported that youth's behaviors reduced, 7% reported that they stayed the same, and 5% reported that they had increased.

(3) Access: This past year 31% of our youth resided in rural areas. JDT does not have a waiting list and has worked hard to recruit and retain coaching staff to serve persons served. As with many agencies it has been somewhat challenging to recruit and retain staff following COVID; however, JDT has developed a successful Retention Program for staff and is now retaining 85% of new coaches following the initial probation period. We are very proud of this since if we cannot retain coaches, we are unable to provide access to our services. JDT currently has 14 Clinical Supervisors and 46 Coaches available to serve referred youth.

- a. Indicator: TBS will not have a waiting list and will address all referrals promptly, as well as address high need referrals expeditiously. JDT has not had and does not plan to ever have a waiting list for persons served to receive TBS services, as the high acuity of our population is such that a waiting list would present a difficult situation for all parties involved.
- b. Who Applied: Youth in the TBS program.
- c. Time of Measure: FY 2022-23.
- d. Data Source: JDT's Electronic Health Record.
- e. Target goal expectancy: 100% of referrals addressed within 2 hours of receipt, with all expedited referrals contacted within 1 business day and non-expedited contacted in 1-3 business days.
- a. Outcome: As previously mentioned, JDT places very high priority on serving all youth referred, as we are the sole provider of TBS services within the County. When the referral arrives, non-expedited cases are contacted within 2 business days and are assessed within 7 business days. Expedited referrals (31%) are contacted within 1 business days and are assessed within 3 business days. At times, there are delays in assessment due to the family being ill, on vacation, or preferring a date that is not within the stated time frames. Once the assessment occurs, services begin within 2 business days. Services often start at the assessment, as the coach(es) are present and begin working on services during or following the assessment. JDT has met the goal of accepting 100% of the referrals, and 88% of our staff have currently been retained with our new Employee Retention Program.

(4) Satisfaction & Feedback Of Persons Served & Stakeholder – 100% of caregivers and youth who participate in the program are provided with Satisfaction Surveys to gain feedback with regard to the skills learned, placement stability, and progress toward Plan of Care goals, and are encouraged to write additional feedback about their experience, as well as provide suggestions about their experience.

- a. Indicator: Program participants will rate JDT services as excellent/satisfactory and express satisfaction with JDT services.
- b. Who Applied: All program participants.
- c. Time of Measure: FY 2022-23.
- d. Data Source: Post-program surveys completed by program participants.
- e. Target goal expectancy: 75% of consumers who complete a post-service satisfaction survey will rate JDT's services as excellent.

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- f. Outcome: In FY 2022-23, 88% of surveys were returned by program caregivers and youth. The comments that have been provided have been very positive, and JDT has incorporated many of the suggestions offered by participants over the years into our program. JDT also receives feedback throughout TBS service delivery from Treatment Team members, and again that feedback is useful in providing effective and meaningful services to program youth. JDT is very pleased that 94.6% of our persons served who returned post-satisfaction surveys rated our services as Satisfactory or better. 81% of the post service surveys rated JDT's services as "Excellent."

DEPARTMENT RECOMMENDATION(S):

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