

**PROGRAM INFORMATION:**

<b>Program Title:</b>	<a href="#">Short-Term Residential Treatment Program</a>	<b>Provider:</b>	<a href="#">Manuch House</a>
<b>Program Description:</b>	<a href="#">Short-Term Residential Treatment Program for foster youth who require stabilization and support in order to transition to lower levels of care including permanency.</a>	<b>MHP Work Plan:</b>	<a href="#">4-Behavioral health clinical care</a> Choose an item. Choose an item.
<b>Age Group Served 1:</b>	<a href="#">CHILDREN</a>	<b>Dates Of Operation:</b>	<a href="#">10/1/2020 to Present</a>
<b>Age Group Served 2:</b>	<a href="#">TAY</a>	<b>Reporting Period:</b>	<a href="#">July 1, 2022 - June 30, 2023</a>
<b>Funding Source 1:</b>	<a href="#">Medical FFP</a>	<b>Funding Source 3:</b>	<a href="#">Realignment</a>
<b>Funding Source 2:</b>	<a href="#">EPSDT</a>	<b>Other Funding:</b>	<a href="#">Click here to enter text.</a>

**FISCAL INFORMATION:**

<b>Program Budget Amount:</b>	<a href="#">\$364,658</a>	<b>Program Actual Amount:</b>	<a href="#">\$138,892</a>
<b>Number of Unique Persons Served During Time Period:</b>	<a href="#">24</a>		
<b>Number of Services Rendered During Time Period:</b>	<a href="#">1478</a>		
<b>Actual Cost Per Person Served:</b>	<a href="#">\$5,787</a>		

**CONTRACT INFORMATION:**

<b>Program Type:</b>	<a href="#">Contract-Operated</a>	<b>Type of Program:</b>	<a href="#">Outpatient</a>
<b>Contract Term:</b>	<a href="#">October 1, 2020 – June 30, 2021 plus two optional one-year extensions</a>	<b>For Other:</b>	<a href="#">Click here to enter text.</a>
		<b>Renewal Date:</b>	<a href="#">07/01/2023</a>
<b>Level of Care Information Age 18 &amp; Over:</b>	<a href="#">High Intensity Treatment/FSP (caseload 1:12)</a>		
<b>Level of Care Information Age 0- 17:</b>	<a href="#">Outpatient Treatment</a>		

**TARGET POPULATION INFORMATION:**

**Target Population:** Youth between the ages of 12-21 years; non-minor dependents who turn 18; Youth with Juvenile Dependency Court, the 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-**Manuch, Inc. collaborates with various agencies and providers to meet the needs of the youth it serves. The agency works with Fresno County providers, the youth’s family team, including significant support members, placement agencies, including Child Welfare Services and Departments of Probation, as well as licensing and regulatory agencies. The following describes some of the specific activities administered by Manuch, which promote successful collaboration on behalf of the youth it serves.

**Specific Activities:**

- Manuch, Inc. mental health staff attend all Child and Family Team (CFT) meetings for each youth served. Staff provide Intensive Care Coordination (ICC) services in collaboration with CFT members and team directives. Both, the Mental Health Clinician and Mental Health Rehabilitation Specialist (MHRS) provide this service. CFTs are held monthly for each youth in placement.
- Manuch ensures that all persons served who are eligible have access to participate in the Fresno County Independent Living Program. Manuch provides support and resources including transportation, staff time, and space to support this activity.

- Case management and linkage is a service offered by Manuch that involves interfacing and facilitating access to services/resources identified in the youth's mental health treatment plan. The MHRS and Mental Health Clinician provide this service and collaborate with agencies that the youth has been referred to including medication management services, Wraparound (WRAP) services, Therapeutic Behavioral Services (TBS), and substance use disorder (SUD) programs.
- Manuch attends quarterly Joint Vendor Meetings hosted by Fresno County which are specific to mental health providers. Agencies are provided information about the mental health plan and given opportunities to share ideas, methods, and strategies which promote collaboration. The Head of Service and Executive Director attend these meetings and share information from the meetings with the staff during regular staff meetings.
- Monthly Contract Meetings are hosted by Fresno County Behavioral Health Contracts Division, which invites the participation of Managed Care, Child Welfare, and Child Welfare Mental Health divisions. The monthly meeting focuses on the status of the progress of the Manuch mental health program. The agency provides a general update on person-served and operational activity, including program census, person-served outcomes, staffing changes, training opportunities, etc.

**Cultural Competency-** Manuch, Inc. adopts behaviors, attitudes, and policies that enable its staff to work effectively in cross-cultural situations. This is achieved by assessing the linguistic, cultural, and ethnic makeup of the youth. The agency incorporates strategies in its Cultural Competence Plan, which promotes the competencies of the staff and includes policy initiatives that support cultural diversity, regular assessment of staff and person-served demographics, and incentives for training amongst staff. Some of the specific activities carried out by Manuch that support this concept are listed below.

**Specific Activities:**

- The agency completes a survey of cultural competence training the staff participated in and the linguistic capacities of the agency staff every six months. The report is submitted to Fresno County.
- Cultural Competency Training-The agency has hosted/coordinated cultural competence and language assistance training 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 posts all of the current Medi-Cal beneficiaries informing documents in threshold languages as provided by the Fresno County Managed Care Division. During the initial orientation, the youth's need for language assistance services is

assessed by the mental health staff. Any youth who requires interpretation/language assistance services is reasonably accommodated.

- The agency administers a satisfaction survey semi-annually where persons served are given the opportunity to provide feedback about the program services, staff, and accommodations. A series of questions about how well the agency responds to their needs and respects the youth and his/her culture, individuality, beliefs, and preferences is included in the satisfaction survey.
- The agency incorporates the celebration/observation of major holidays and traditions of various cultures. Activities are published in the program schedule. The agency encourages the persons served to share ideas and give suggestions on ways to observe/celebrate cultural traditions as well.

**Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** Manuch assists the youth and their families to identify needs and preferences that result in the most effective services and supports. The following specific activities describe the methods used by the agency to support this core concept.

**Specific Activities:**

- Child and Family Team (CFT) meetings - Manuch, Inc. mental health staff attend all CFT meetings for each youth served. Mental Health Clinicians and MHRSEs provide ICC services in collaboration with CFT members per team directives. CFTs are held monthly for each youth in placement.
- A Needs and Services Plan (NSP), in addition to the mental health treatment plan, is completed for each youth. As part of the NSP, the youth's strengths, needs, abilities, and preferences are assessed and updated. This information is shared with treatment personnel as well as CFT members. This data is used to set goals and objectives for the youth and promote inclusion in the treatment process.
- The agency facilitates collateral services with supportive members of the child's treatment. The Mental Health Clinician and MHRSE provide this service. Also, the agency provides ICC in collaboration with the youth's CFT as well as case management to support the linkage and facilitation of services/resources identified in the youth's treatment plan.
- In addition to specialty mental health services, the agency provides vocational/educational services for its youth, including one-on-one support with completing job applications, writing resumes, building interview skills, tutoring in educational studies, college application, and benefits assistance.

**Integrated Service Experiences:** Manuch offers its persons served continuity of care by providing mental health services and supports that aim to utilize systems intended for collaboration such as the CFT. This ensures that persons served and families do not have to negotiate with multiple agencies and funding sources to meet their needs. Manuch mental health staff is trained to broker services and supports to streamline access points to care through case management and linkage.

**Specific Activities:**

- CFT- Manuch, Inc. mental health staff attend all CFT meetings for each youth served. Staff provide ICC services in collaboration with CFT members and team directives. Both, the Mental Health Clinician and MHRS provide this service. CFTs are held monthly for each youth in placement. A CFT action plan is updated during each meeting to align with the treatment plan. Manuch mental health staff use the CFT action plan to guide efforts of case management and linkage.
- Case management and linkage is a service offered by Manuch that involves interfacing and facilitating access to services/resources identified in the youth’s mental health treatment plan. The MHRS and Mental Health Clinician provide this service and collaborate with agencies that the youth has been referred to, including medication management services, WRAP services, Therapeutic Behavioral Services (TBS), and substance use disorder (SUD) programs etc.

**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.

Manuch, Inc. began providing mental health services as an Organization Provider of the Fresno County Mental Health Plan in October 2020. The agency conducted a survey of outcomes of the youth who participated in the STRTP during the period of July 1, 2022 to June 30, 2023. 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. A total of 24 unduplicated persons were served during the reporting period. All persons served have service claims that were billed for. As of the report period end date of June 30, 2023, a total of two (2) persons served were currently enrolled in the STRTP.

**1) Effectiveness**

- a. Effectiveness of treatment interventions

- (a) **Target Goal:** 75% of persons served will demonstrate progress toward achieving treatment plan goals as determined during formal clinical review sessions.
  - Results:** (50%) of persons served who were enrolled in the STRTP, demonstrated progress toward meeting treatment plan goals as indicated in the most recent Clinical Review Report.
  - Analysis:** During the reporting period, clinical review reports indicate that 50% of youth made moderate progress, while the other 50% indicated 'little' to 'no progress.' There were several clients who were discharged before a clinical review was completed and progress made was not included. The agency employed clinicians throughout the reporting period who performed clinical reviews in 90-day intervals for each client. Reports of progress can be found in progress notes, treatment plan updates, clinical reviews, and transition determination plans. The agency will explore methods to ensure progress is accounted for upon discharge in the event that a youth discharges prior to the 90-day marker. Additionally, the agency is working to increase frequency of individual and group therapy in order to increase progress for youth staying with Manuch.
  - Data Source/Tool:** Clinical Review Report
  
- b. Effectiveness of discharge planning
  - (a) **Target Goal:** 75% of persons served will complete the STRTP within the targeted time specified in the treatment plan (6-month intervals)
    - Results:** Of all persons served who participated in the STRTP during the report period, the average length of stay was three (3) months.
    - Data Source/Tool:** Treatment Plan/Discharge Summary
  
  - (b) **Target Goal:** 100% of youth will complete a transition determination plan as part of their treatment.
    - Results:** 92% of active persons served have a transition determination plan on file.
    - Data Source/Tool:** Transition Determination Plan
  
  - (c) **Target Goal:** 75% of persons served who have achieved their treatment plan goals will transition to lower levels of care.
    - Results:** 0 of 13 (0%) of youth transitioned to lower levels of care upon completion of treatment plan goals.
    - Analysis:** The agency experienced some premature discharges of the youth served due to occurrences of misconduct and non-compliance. Due to several unplanned discharges, some youth did not transition to a lower level of care as identified in their transition determination plan. The agency has incorporated specific training and has increased its time spent performing case management and collaborative activities to communicate progress and implement the most appropriate interventions based on each youth's treatment plan.
    - Data Source/Tool:** Discharge Summary

2) Efficiency

a. Length of stay in the program

(a) **Target Goal:** 75% of persons served will complete the STRTP within the targeted time specified in the treatment plan (3-6 months)

**Results:** Of all persons, 100% participated in the program for an average of 3 months. This is consistent with the target length of stay for each treatment episode which ranges from 3-6 months.

**Data Source/Tool:** Treatment Plan/Discharge Summary

b. Cost per person served

(a) **Target Goal:** 75% of persons served will utilize at least 80% of services identified in their treatment plan as measured by Units of Service (UOS) utilization.

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

**Results:** The average utilization overall was 55%. Youth participated in 2.19 hours of SMHS on average per week. Based on the clinical schedule of services, an average of four (4) direct services are offered to each youth per week.

(b) **Target Goal:** The agency will monitor cost per person served as measured by reconciling monthly service invoices with MHP estimated UOS

**Results:** The average treatment episode was billed at \$1,929/month, yielding a per-unit rate of \$2.71

**Data Source/Tool:** Provider Billing Report by Cost Center (Report Range: 7/1/22-6/30/23)

3) Access

a. Timeliness between referral to assessment and completion of assessment; assessment to first treatment service; and first treatment service to subsequent follow-up visit.

(a) **Target Goal:** 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.

**Results:** A mental health assessment was completed within 5 days of placement for 13 of 13 or 100% of youth who were placed in the STRTP.

**Data Source/Tool:** Assessment & CANS

(b) **Target Goal:** 100% of Persons served whose assessment necessitates the need for specialty mental health services will complete a plan for mental health treatment within ten (10) calendar days of placement in the STRTP

**Results:** 100% had a treatment plan on file that was initiated within ten calendar days of placement.



**Data Source/Tool:** Treatment Plan

- (c) **Target Goal:** 90% of Persons served with a mental health treatment plan will access services as directed by the treatment plan.  
**Results:** (100%) persons served received the services listed in their treatment plan.  
**Data Source/Tool:** Services Utilization Report/Provider Billing Report

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

a. Audits and other performance and utilization reviews of health care services and compliance with agreement terms and conditions

- (a) **Target Goal:** The Agency will implement a compliance protocol for its MHP and will utilize staff and reporting methods to monitor compliance.  
**Results:** The Agency monitors its compliance with the STRTP regulations, Medi-Cal Standards, and Fresno County Behavioral Health requirements/practices.  
**Data Source/Tool:** STRTP Chart Review Tool.
- (b) **Target Goal:** Person-served files will be reviewed for compliance with service delivery and record-keeping practices at least quarterly.  
**Results:** All person-served records are reviewed at least quarterly for compliance using the STRTP Chart Review Tool.  
**Data Source/Tool:** STRTP Chart Review Tool.
- (c) **Target Goal:** The leadership will conduct a formal evaluation of the person served and operational performance at least annually.  
**Results:** Completion of this Outcomes Report satisfies this goal. The report was completed on 11/21/23.  
**Data Source/Tool:** Agency Outcomes Report FY 22/23
- (d) **Target Goal:** A Quality Improvement Plan (QIP) is completed by addressing the results of the evaluation.  
**Results:** Completion of this Outcomes Report (Attachment A & B) satisfies this goal. The report was completed on 11/21/23.  
**Data Source/Tool:** Agency Outcomes Report FY 22/23
- (e) **Target Goal:** Corrective action plans are completed timely and issued to regulatory agencies within specified time periods.



**Results:** A Medi-Cal Compliance Audit was conducted during FY 22/23. A corrective action plan was completed timely by the agency. The Corrective Action Plan (CAP) was approved by DBH.

**Data Source/Tool:** CAP Approval Letter

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

(a) **Target Goal:** 80% of persons served will complete a satisfaction survey every quarter.

**Results:** A satisfaction survey was issued to the youth served during the FY 22/23 year. Five (5) responses were received and analyzed to inform the agency's evaluation of performance, business planning, and service delivery. 60% of responses indicated overall satisfaction with the STRTP.

**Data Source/Tool:** Person-served Feedback Survey (digital)

**Method to improve the validity of results:** Administer surveys to persons served at least every six months.

(b) **Target Goal:** 75% of persons served who complete a satisfaction survey will express satisfaction that the STRTP Mental Health Program met their needs.

**Results:** A satisfaction survey was issued to the youth served during the FY 22/23 year. Five (5) responses were received and analyzed to inform the agency's evaluation of performance, business planning, and service delivery. 60% of responses indicated overall satisfaction with the STRTP.

**Data Source/Tool:** Person served Feedback Survey (digital)

**Method to improve the validity of results:** Administer surveys to persons served at least every six months.

(c) **Target Goal:** 75% of family members, other health care providers, and other stakeholders will express satisfaction in the STRTP as evidenced by satisfaction surveys.

**Results:** The agency was able to obtain input from various sources including DCFS, Probation, and other community partners. The feedback received was generally positive.

**Data Source/Tool:** Stakeholder Feedback Survey (digital)

**DEPARTMENT RECOMMENDATION(S):**

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