

**PROGRAM INFORMATION:**

<b>Program Title:</b>	Michigan House Short-Term Residential Therapeutic Program (STRTP)	<b>Provider:</b>	Michigan House, Inc.
<b>Program Description:</b>	STRTP for foster youth who require a residential setting combined with behavioral interventions and mental health treatment.	<b>MHP Work Plan:</b>	4-Behavioral health clinical care
<b>Age Group Served 1:</b>	CHILDREN	<b>Dates Of Operation:</b>	October 1, 2020 - Present
<b>Age Group Served 2:</b>	TAY	<b>Reporting Period:</b>	July 1, 2022 - June 30, 2023
<b>Funding Source 1:</b>	Medical FFP	<b>Funding Source 3:</b>	Realignment
<b>Funding Source 2:</b>	EPSDT	<b>Other Funding:</b>	

**FISCAL INFORMATION:**

<b>Program Budget Amount:</b>	\$729,317	<b>Program Actual Amount:</b>	\$447,213.01
<b>Number of Unique Persons Served During Time Period:</b>	15		
<b>Number of Services Rendered During Time Period:</b>	4,465		
<b>Actual Cost Per Person Served:</b>	\$29,814.20		

**CONTRACT INFORMATION:**

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	Outpatient
<b>Contract Term:</b>	October 1, 2020 – June 30, 2021, plus two optional one-year extensions	<b>For Other:</b>	
		<b>Renewal Date:</b>	7/1/2023
<b>Level of Care Information Age 18 &amp; Over:</b>	High Intensity Treatment/FSP (caseload 1:12)		
<b>Level of Care Information Age 0- 17:</b>	Outpatient Treatment		

TARGET POPULATION INFORMATION:

Target Population: Youth between the ages of 12-21 years, including 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 2023.
- 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 (ICR) Training. In-house trainings

offered include Cultural Aspects of Trauma Training; LGBTQ Training; Understanding the Intersection of DEIB and Trauma Training; Racial Trauma Informed Care Training; and Culture Competency: Keys to Engagement with Justice Involved Youth.

- 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.
- Intensive Care Coordination
  - 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.
- Team Meetings-Michigan House mental health staff host weekly team meeting to perform case collaboration in support of the CFT plan and other mental health plans which identify services and supports that the youth receives.
- 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.

**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 description lists the specific duties and responsibilities of the ICC Coordinator role. All mental health positions may serve as ICC coordinators 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, 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 database 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 (Target Goal Expectancy):** 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 2022-2023

**Data Source:** Clinical Review Report

**Outcome:** 8 of 15 persons served (53%)

**Analysis:** The agency reports that there is some progress made toward achieving treatment goals for 8 youth (53%) out of the total 15 youth served during the report period. Certain behaviors have had an impact on the treatment progress of youth such as unauthorized absences. The agency reports that there were several instances of non-compliance resulting in placement of youth at juvenile detention and psychiatric facilities. The agency continues to provide its staff with training to address behaviors that interfere with engagement, participation, and progress. Specific training was provided during the report period to address these behaviors including AWOL Behavior Training and Keys to Engagement with Justice Involved Youth.

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 2022-2023  
**Data Source:** Transition Determination Plan  
**Outcome:** 11/15 persons served (73%) 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. The agency continues to provide training to its staff on the STRTP regulations and timeframes for completing treatment activities including the TDP. All new hires complete Mental Health Clinical Documentation Training hosted by FCMHP. All mental health staff complete this training at least annually.
- (b) **Indicator (Target Goal Expectancy):** 75% of persons served will achieve the goals identified in their Transition Determination Plan prior to discharge.  
**Who Applied:** All youth receiving Michigan House Services  
**Time of Measure:** FY 2022-2023  
**Data Source:** Transition Determination Plan & Discharge Summary  
**Outcome:** 5/7 persons served (71%) achieved the goals identified in their Transition Determination Plan prior to discharge.  
**Analysis:** Of the five (5) youth, three (3) reunified with family members and one moved on to become independent as an adult. See next bullet point for more information on the two youth who were discharged due to non-compliance.
- (c) **Indicator (Target Goal Expectancy):** 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 2022-2023  
**Data Source:** Discharge Summary  
**Outcome:** 4/7 persons served (57%) who discharged from the STRTP during the report period transitioned to a lower level of care.



**Analysis:** A total of 7 youth were discharged from Michigan House during the report period. Of the 7 youth, 57% (4) transitioned to lower levels of care including reunification and independent living. This has increased significantly compared to the prior reporting period. Michigan House 1, reports only one (1) person served was discharged due to unauthorized absence resulting in bed closure. For Michigan House 2, one (1) person served was also discharged from the STRTP during the reporting period due to non-compliance. During the prior reporting period, a total of 15 youth were discharged due to unauthorized absences, non-compliance, and psychiatric episodes. Since then, the agency has provided a series of staff training on preventing AWOL and engaging youth in the treatment process. As a result, the agency has improved significantly in comparison to prior reporting periods.

## 2) Efficiency

### a. Length of stay in program

(a) **Indicator (Target Goal Expectancy):** 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 2022-2023

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

**Outcome:** The average length of stay is 7.7 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. For Michigan House 1, a total of 3 youth were discharged within the report period. The average length of stay was 12 months. For Michigan House 2, a total of 4 youth were discharged within the report period. The average length of stay was 3 months.

**Analysis:** The average length of stay in an STRTP is six (6) months to twelve (12) months. The Michigan House 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.

## 3) Access

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

(a) **Indicator (Target Goal Expectancy):** 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 who enrolled in Michigan House during the reporting period.

**Time of Measure:** FY 2022-2023

**Data Source:** Assessment & CANS

**Outcome:** 4/4 persons served placed with the facility in FY 2022-23 (100%) had an assessment completed within 5 days of placement.



**Analysis:** The agency continues to meet collectively as a team to review and monitor compliance with treatment activity timelines. In addition, all staff have attended documentation and compliance training along with technical assistance provided by FCMHP. The agency attributes these activities to its success in the timeliness of assessing its youth.

- (b) **Indicator (Target Goal Expectancy):** 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 2022-2023

**Data Source:** Treatment Plan

**Outcome:** 4/4 persons served placed with the facility in FY 2022-23 (100%) had treatment plans completed within 10 days of their placement in the STRTP.

**Analysis:** The agency continues to meet collectively as a team to review and monitor compliance with treatment activity timelines. In addition, all staff have attended documentation and compliance training along with technical assistance provided by FCMHP. The agency attributes these activities to its success in its timeliness of developing treatment plans.

- (c) **Indicator (Target Goal Expectancy):** 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 2022-2023

**Data Source:** Services Utilization Report

**Outcome:** 14/15 (93%) persons served accessed all services as listed in their treatment plan

**Analysis:** Michigan House exceeds the minimum requirement as specified in the regulations for services to be provided in a STRTP. The regulations require that services are available at least five days per week. During the reporting period, a service was provided nearly every day, including weekends and holidays.

- (d) **Indicator (Target Goal Expectancy):** 100% of persons served will have access to mental health services at least five (5) days per week.

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

**Time of Measure:** FY 2022-2023

**Data Source:** Avatar Claims Reports

**Outcome:** Michigan House 1 offered services on 351 days (96%) of the 365 days in the report period. Michigan House 2 offered services 363 days (99%) of the 365 days in the report period.

**Analysis:** Michigan House exceeds the minimum requirement as specified in the regulations for services to be provided in a STRTP. The regulations require that services are available at least five

days per week. During the reporting period, a service was provided nearly every day, including 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 (Target Goal Expectancy):** 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 2022-2023

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

**Outcome:** A satisfaction survey was issued to the youth served during FY 2022-23 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 (7) responses (58%) and analyzed to inform the agency’s evaluation of performance, business planning, and service delivery.

**Analysis:** 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 (Target Goal Expectancy):** 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 2022-2023

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

**Outcome:** Of the seven (7) participants who completed the survey, 100% expressed overall satisfaction with the agency. 42% of which indicated that they were “very satisfied” with their experience at Michigan House.

**DEPARTMENT RECOMMENDATION(S):**

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