FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title: Dragonfly Provider: Turning Point of Central Ca

Program Description: Outpatient specialty mental health MHP Work Plan: 4-Behavioral health clinical care

services for children, youth, and their parents who meet medical necessity, as well as court-specific services to children and families involved in Fresno County's Child Welfare Services (CWS) system

Age Group Served 1: CHILDREN Dates Of Operation: July 1, 2021-June 30, 2023
Age Group Served 2: ADULT Reporting Period: July 1, 2022 - June 30, 2023

Funding Source 1: Medical FFP Funding Source 3: Choose an item.

Funding Source 2: EPSDT Other Funding: DSS

FISCAL INFORMATION:

Program Budget Amount: \$5,427,403 Program Actual Amount: \$3,223,147.28

Number of Unique Clients Served During Time Period: 627

Number of Services Rendered During Time Period: 19,599

Actual Cost Per Client: \$5,140.58

CONTRACT INFORMATION:

Program Type: Contract-Operated Type of Program: Outpatient

Contract Term: 03/23/2021 - 06/30/2022 with two For Other: Click here to enter text.

optional one year renewals

Renewal Date: July 1, 2023

Level of Care Information Age 18 & Over: Medium Intensity Treatment (caseload 1:22)

Level of Care Information Age 0-17: Outpatient Treatment

TARGET POPULATION INFORMATION:

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Target Population:

Children, youth, parents, guardians, and foster parents involved with a child's CWS case. The target population includes children and youth as referred to in the Katie A. Settlement Agreement as members of the "class" and "subclass."

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 concepts embedded in services/ program:

(May select more than one)

Community collaboration

Cultural Competency

Integrated service experiences

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

Please describe how the selected concept (s) embedded :

Dragonfly staff works directly with children, families, county social workers, and foster family agencies to develop and deliver individual treatment plans with the intention of helping our persons served heal. The program works diligently to provide field-based services that are designed to figuratively and literally meet the individual where they are. The program embraces multicultural diversity and recognizes that our community consists of many different races, religions, and spiritual beliefs, which contribute to the unique beauty of Fresno County. The program is committed to hiring bicultural, bilingual, and culturally competent staff. Collaborative relationships have been developed and maintained with a variety of community agencies, treatment providers, and local government with the goal of continuity of care and optimal outcomes for persons served.

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

Our Mission:

To restore hope to our children and parents so that families can be made whole.

Our Vision:

We exist in order to help create a world where every child and parent is safe and loved.



Review of Dragonfly's Second Year

In our second year of operations, we grew our staff to better meet the needs of our persons served and continued to make progress toward our mission of restoring hope to children and parents so that families can be made whole. Our team of clinicians underwent extensive training in TraumaPlay, 1-2-3 Magic, Trauma Focused Cognitive Behavioral Therapy (CBT), and Rebuilding Trust and Attachment to be able to continue developing their clinical skills as they relate toward the vision of creating a world where every child and parent can feel safe and loved. In addition to our trainings, Dragonfly was focused on continuing to meet our persons served where they are, both metaphorically in treatment and literally in location, as we provided more than 6,500 direct services in the community. As our team has grown, so has our impact on our community, and we will continue to strive toward our goal of helping people in need.

Access – A performance dimension addressing the degree to which a person needing services is able to access those services.

- a. Timeliness of Service-Crisis Referrals
 - i. <u>Objective</u>: To have all crisis referrals from the Child Welfare Mental Health (CWMH) team processed and scheduled to meet with a mental health professional within 3 working days of the referral being initiated by the Department of Social Services (DSS).
 - ii. <u>Indicator</u>: Percentage of individuals who were offered an appointment within 3 days of initiation DSS referral and average number of days it took to offer an appointment.
- iii. Who Applied: Every crisis referral processed and sent over to the Dragonfly intake team by CWMH during the 2022-2023 fiscal year (FY).
- iv. Time of Measure: FY 2022-23
- v. Data Source: Avatar
- vi. <u>Target Goal Expectancy</u>: The objective was to have 100% of all crisis referrals offered an appointment within 3 working days of DSS' initial referral date.
- vii. <u>Outcome</u>: Dragonfly received a total of 7 crisis referrals and had an average timeliness to first offered appointment of 2.57 days. We were able to meet the objective of offering an assessment with a mental health professional within 3 days of referral, largely in part to our intake team and their commitment to helping people in need.
- b. <u>Standard Referrals</u> refers to Dragonfly's adherence to the Final Rule in order to engage with referred individuals as soon as possible.
 - i. <u>Objective</u>: To have all standard referrals from the Child Welfare Mental Health (CWMH) team processed and scheduled to meet with a mental health professional within 10 working days of the referral being initiated by the Department of Social Services (DSS).
 - ii. <u>Indicator</u>: Percentage of individuals who were offered an appointment within 10 working days of initiation DSS referral and average number of days it took to offer an appointment.

- iii. Who Applied: Every standard referral processed and sent over to the Dragonfly intake team by CWMH during the 2022-2023 fiscal year.
- iv. Time of Measure: FY 2022-23
- v. <u>Data Source</u>: Avatar
- vi. <u>Target Goal Expectancy</u>: The objective was to have 100% of all standard referrals offered an appointment within 10 working days of DSS' initial referral date.
- vii. <u>Outcome</u>: Dragonfly met the expectation for timeliness of standard referrals by having an average of 8.78 calendar days* ¹from date of referral to first offered appointment with a mental health professional.

c. <u>Psychiatric referrals</u>:

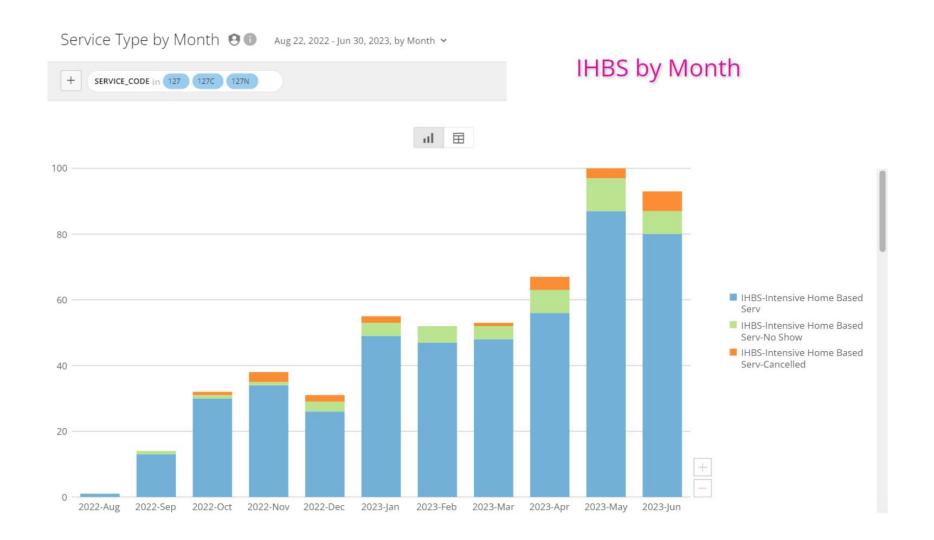
- i. <u>Objective</u>: To have all persons served who are interested in meeting with a psychiatrist for medication support services scheduled with a psychiatrist within 15 days of completing their treatment plan.
- ii. <u>Indicator</u>: Percentage of individuals who were given an appointment date that landed between 15 working days from the completion of their request for medication support services at the time of completing their plan of care.
- iii. Who Applied: Every person served that met with the psychiatrist for a psychiatric evaluation.
- iv. <u>Time of Measure</u>: FY 2022-23
- v. <u>Data Source</u>: Avatar
- vi. <u>Target Goal Expectancy</u>: The objective was to have 100% of all persons served who were interested in meeting with the psychiatrist scheduled to meet the psychiatrist no later than 15 days from requesting psychiatric services.
- vii. Outcome: We had a total of 56 psychiatric referrals in FY 2022-23 with a timeliness of 18.96 calendar days. We were not able to reach the objective of 15 calendar days, largely due to the growth of our census outpacing the availability of our psychiatrist. The volume of psychiatric referrals is unpredictable, ranging from very limited referrals to large groupings, which made it difficult to allocate the psychiatric hours to match. If our need for psychiatric referrals and medication support services continues to increase, we will look at adding additional doctor time to help with our timeliness.

¹ Sample taken of 353 of the 542 standard referrals received by Dragonfly in FY2022-23

Efficiency - Relationship between results and resources used, such as time, money, and staff.

- a. IHBS Services provided
 - i. Objective: To have 15% of all billed services be IHBS;
 - ii. <u>Indicator</u>: Number of billable services provided by the treatment team.
 - iii. Who Applied: Mental Health Specialists and Mental Health Professionals
 - iv. <u>Time of Measure</u>: FY 2022-23
 - v. <u>Data Source:</u> Avatar (billing report by program)
 - vi. Target Goal Expectancy: A minimum of 15% of all billed services will be IHBS.
 - vii. Outcome: Dragonfly billed a total of 10,915 services for individuals aged 0-18 during FY 2022-23, and 1005 of those services were IHBS, for a total of 9.2% of all billable services provided. The likely reason that we were not able to meet the 15% requirement is that we were continuing to staff our MHS position and had difficulty filling the position due to recruiting. We believe that having a fully staffed and credentialed MHS team will allow us to meet our 15% goal.

While we did not meet the goal of having 15% of all billable services be billed under IHBS, we did notice a significant increase from FY 2021-22 where we billed a total of 14 IHBS services, an increase of almost one thousand unique IHBS services. Additionally, the program increased overall billable services by 300% in FY 2022-23, and IHBS saw an increase of 7200%.

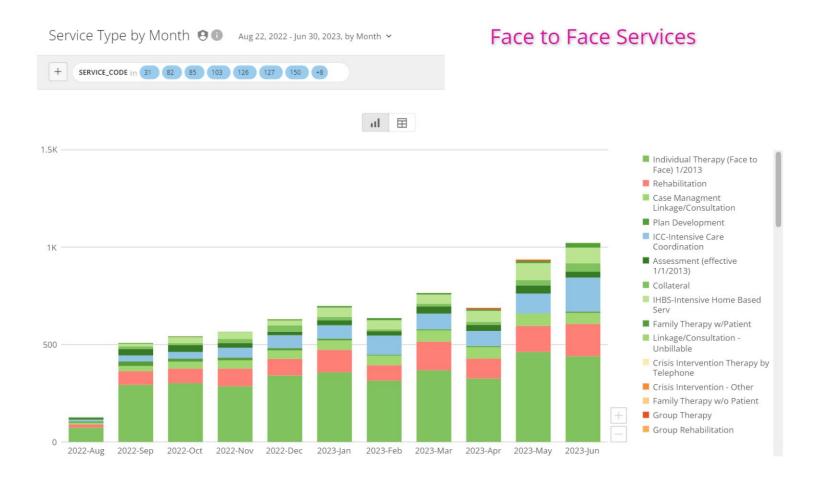


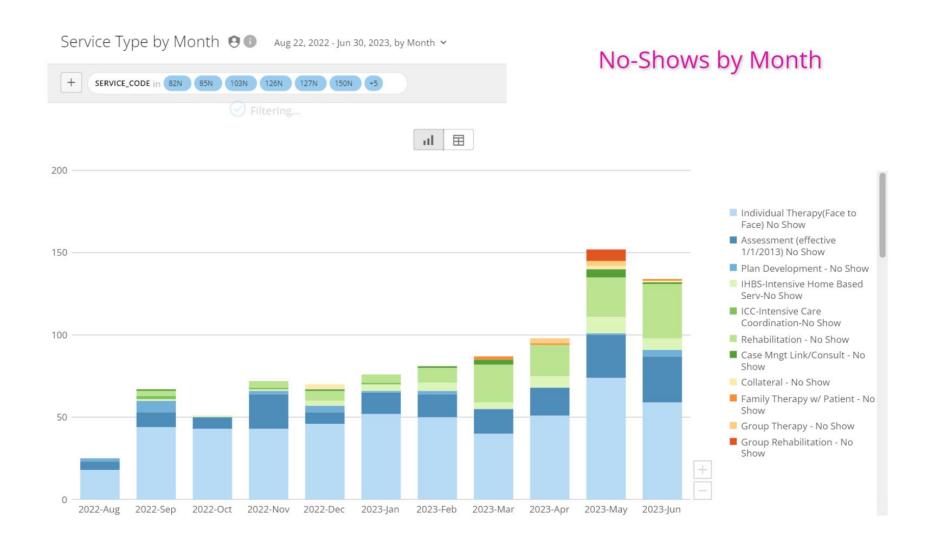
b. <u>Field Based Services</u>

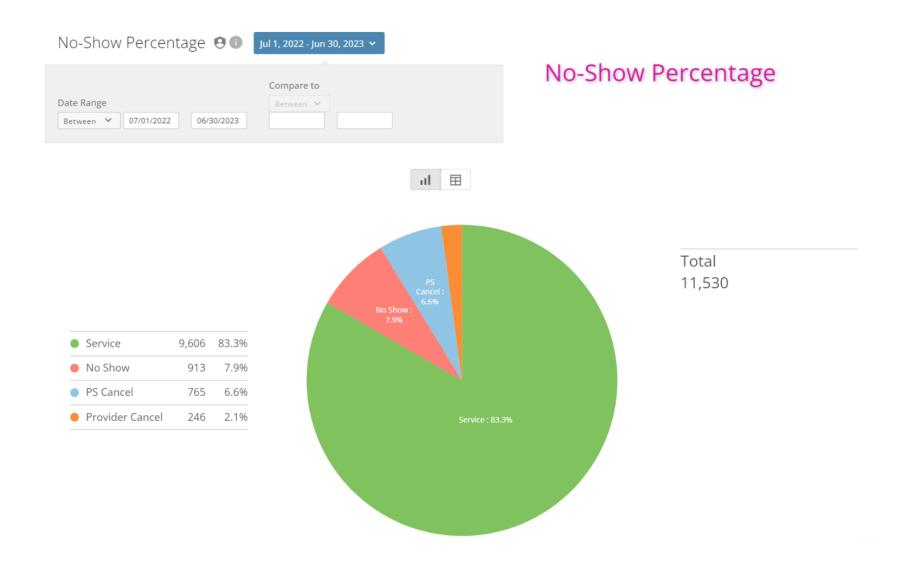
- i. <u>Objective</u>: To have 70% of all services be provided in the field.
- ii. <u>Indicator</u>: Services provided in the field.
- iii. Who Applied: All service codes submitted by our MHP in Avatar.
- iv. Time of Measure: FY 2022-23
- v. <u>Data Source</u>: Avatar (billing report)
- vi. Target Goal Expectancy: 70% of all services should be provided in the field.
- vii. Outcome: Dragonfly did not meet the objective of having 70% of its billable services in the field, however, we did see a significant increase in field based services compared to FY 2021-22, as FY 2022-23 produced 6,566 billable services in the field for a total of 51.8% (FY 2021-22 had a total of 1,332 field based services for a total of 32%). When looking at our service summary, only 23.9% of all billed services were held in the office; the remaining services were either facilitated in the field or via telehealth. It should be noted that 66% of all billable time was spent in the field (539,521 minutes/816,116 minutes) and Our plan is to continue to maximize the efficiency of our travel, offer more field based appointments, explore adding more vehicles to our fleet, and to work more closely with our school districts to allow on-site visits.. The program will continue to brainstorm to identify other strategies to help us meet our goal of providing at least 70% of our services in the field.

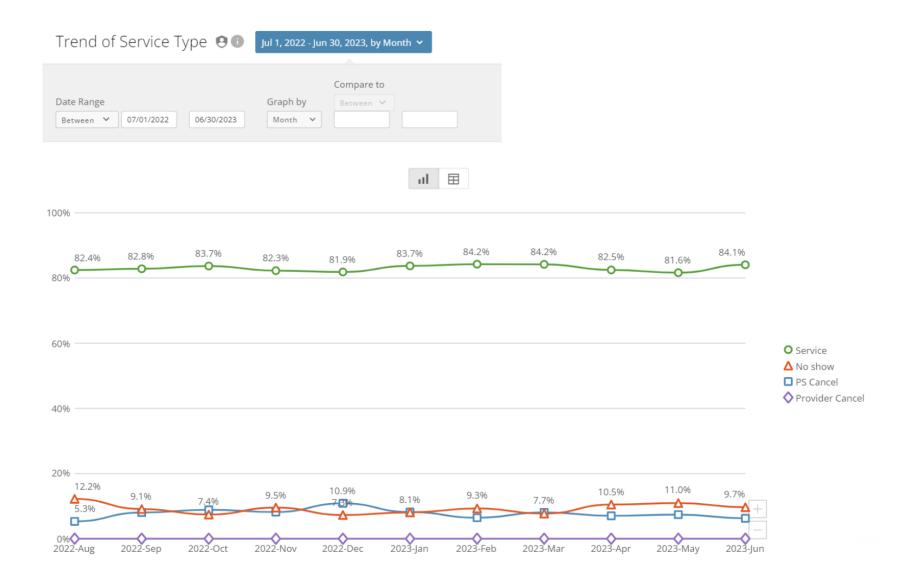
c. Attendance of Services

- i. Objective: To have a no-show rate of 10% or less.
- ii. <u>Indicator</u>: Number of services scheduled that resulted in the person served not showing at the scheduled date and time.
- iii. Who Applied: All services scheduled with Mental Health Professionals, Mental Health Specialists, and our psychiatrist.
- iv. <u>Time of Measure</u>: FY 2022-23
- v. <u>Data Source</u>: Avatar (billing report)
- vi. <u>Target Goal Expectancy</u>: 10% or less no show rate for the fiscal year.
- vii. Outcome: Dragonfly had an effective no-show rate of 7% for FY 2022-23, with only 1,373 out of 19,587 offered services being a no-show. By comparison, Dragonfly had a no-show rate of 11 percent in the previous fiscal year. Dragonfly employed a simple strategy of reminder calls and recurring appointments to help establish consistent appointments with our persons served. Our increased staffing and having a full support team (clerical, admin, and intake) assisted in helping lower our no-show rate.









<u>Effectiveness - the degree to which an intervention or service have achieved the desired outcome/result/quality of care through measuring change over time.</u>

- a. <u>Improvement of Persons Served</u>
 - i. Objective: To demonstrate reduction of impairment and improvement in functioning
 - ii. <u>Indicator</u>: CANS scores that either improved or remained the same, demonstrating maintenance and improvement.
 - iii. Who Applied: CANS entered for children with at least two data points in time (beginning and middle of treatment).
 - iv. Time of Measure: FY 20-22-23.
 - v. <u>Data Source</u>: CANS data of 53 qualifying CANS entries.
 - vi. <u>Target Goal Expectancy:</u> At least 80% of persons served would demonstrate improvement and or stabilization of symptoms, impairment, and functioning.
 - vii. Outcome: We found that 53 out of 53 qualifying -CANS entries reported improvement or progress toward reduction in impairment when comparing their reassessment CANS to their initial. Additionally, it was reported in 52 out 53 entries that the persons served experienced improvement in residential stability and 51 of 53 entries reported improvement in their safety.







b. <u>Successful Completion of Treatment</u>

- i. <u>Objective</u>: Individuals served by Dragonfly will successfully complete treatment.
- ii. <u>Indicator</u>: Number of cases that have been completed successfully.
- iii. Who Applied: All persons served entering the program for treatment
- iv. Time of Measure: FY 2022-23
- v. <u>Data Source</u>: Avatar
- vi. <u>Target Goal Expectancy</u>: At least 70% of persons served will successfully complete treatment.
- vii. Outcome: Dragonfly had a successful completion percentage of 85% (291/339) FY 2022-23. The program discharged a total of 339 persons served who completed an initial assessment. There were 48 unsuccessful discharges due to the following reasons: 21 dropped out of services, 14 were referred out, 11 moved away, and 2 died.

Satisfaction and Feedback: The degree to which persons served are satisfied with services.

- a. <u>Dragonfly Persons Served Satisfaction Survey:</u>
 - i. <u>Objective</u>: To gather data from persons served to identify the strengths of the program as well as areas for improvement.
 - ii. <u>Indicator</u>: Percentage of persons served who reported being satisfied with services received.
 - iii. Who Applied: Voluntary survey offered to all persons served and their caregivers with 30 total responses.
 - iv. Time of Measure: FY 2022-23
 - v. <u>Data Source:</u> Dragonfly satisfaction survey (available online) which consists of 24 scaled questions (required questions) and 3 open ended questions (optional questions), completed by 30 separate persons served.

- vi. <u>Target Goal Expectancy:</u> At least 80% of persons served would be satisfied with our program and the services provided.
- vii. <u>Outcome</u>: Dragonfly obtained 30 satisfaction surveys during FY 2022-23 from persons served enrolled in the program as well as parents/resource parents of persons served enrolled in the program. All 30 satisfaction surveys reported improvement in: feeling safer, getting along better with friends, and feeling more hopeful about the future.

SUMMARY OF PROGRAM OUTCOMES				
Program Outcomes Category	Performance Measure	Target Goal	Target Goal Percentage	Jul 1, 2021 – Jun 30, 2022
	Timely access to services from referral to assessment	10 days or less	100%	100%
Access and Engagement	Timely access to services from assessment to ongoing treatment	10 days or less	100%	42% (73/174)
	Psychiatry Evaluations	15 days or less	100%	53%(30/56)
	Crisis referrals	3 days or less	100%	2.57 (7 referrals)
	"Standard" referrals	10 days or less	100%	8.78 (237/353)
	Assessments completed within 30 days	100%	100%	100% (433/433)

Program Outcomes Category	Performance Measure	Target Goal Percentage	Number of Services provided between Jul 1, 2021 – Jun 30, 2022
	Assessment	N/A	433
	Individual Therapy	N/A	5,201
Efficiency	IHBS	15% of all services should be IHBS	1,005 Services
Efficiency	Collateral	N/A	310
	Family Therapy	N/A	98
	Individual Rehab	N/A	1601
	Case management/consultation/linkage	N/A	1237
	ICC	N/A	1588
	Medication Refill	N/A	0
	Medication education	N/A	3
	Treatment Planning	N/A	424
	Crisis intervention assessment	N/A	0
	Crisis intervention therapy	N/A	1
	Medication Evaluation assessment	N/A	65
	Medication Evaluation follow up	N/A	151
	No-Show rate (10% expectation)	10% or less	7% (N=1373/19587)
	Services in the field	70% of services to be field based	51.8% (N=6566/12664)
Program Outcomes Category	Performance Measure	Target Goal Percentage	Jul 1, 2022 – Jun 30, 2023
Effectiveness	Program Discharges	N/A	477

	A) Dropped out of service	N/A	160
	B) Graduated	N/A	300
	C) Lack of response	N/A	17
	Successful completion of treatment	70% expectation	85% (403/477)
	ICC billing	N/A	13 % (n=1588/12121)
	IHBS billing	15% expectation	8.29% (n=1005/10915)
	Increase in home-based services	N/A	2065 in 22-23 compared to 574 the previous year, an increase of 359%.
	Linkage at time of discharge	Expectation of 100%	100%
	Number of placement changes over course of treatment	N/A	44
Program Outcomes Category	Domain/Category Measured	Outcome	
Effectiveness (CANS	Improved grades/academic performance	92% (49/53)	
DATA)	Improved school attendance	87% (46/53)	
	Decrease in suspensions or school disciplinary actions	88% (42/48)	

Increase in healthy friendships and participation in age-appropriate activities	88% (43/49)
Improved ability to function within the current living situation	75% (40/53)
Making progress or meeting treatment goals	100% (53/53)
Maintaining healthy and stable relationships at home	75% (40/53)
Maintaining health and stable relationships at school	88% (42/48)
Parent is knowledgeable about child's needs and can monitor and manage the child's behavior	91% (48/53)
Parent refrains from behavior that puts the child at risk	79% (42/53)
Parent is protective of child from others that pose a risk to the child	96% (51/53)
Parent is able to maintain safe and stable housing	96% (51/53)
Increase in social supports and safety network	89% (47/53)
Ability to maintain a job or means of livelihood	98% (52/53)

Maintains housing	98% (52/53)
Participates in drug testing and demonstrates ability to refrain from substance use (if applicable)	98% (52/53)
Participating in mental health treatment	89% (47/53)
Parent is able to maintain physical health	100% (53/53)
Making progress in meeting treatment goals	100% (53/53)

Satisfaction & Feedback Survey Results				
Survey question	Percentage of "neutral / agree / strongly agree" responses	Survey question	Percentage of "neutral / agree / strongly agree" responses	
Overall Satisfaction	30/30	Staff treat me with respect	30/30	
I helped choose my services	29/30	I am better able to cope	28/30	
The people helping me stuck with me no matter what	30/30	Staff were sensitive to my cultural/ethnic background	29/30	
I helped choose my treatment goals	30/30	Staff spoke to me in a way I understood	30/30	
I felt I had someone to talk to when I was troubled.	29/30	I'm now better at handling my daily life	29/30	
I participated in my own treatment.	30/30	I get along better with my family now	27/30	
Location of services was convenient for me	29/30	I get along better with friends and others now	30/30	
Services were right for me	30/30	I am doing better in school and/or work	29/30	

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Services were available at times that were convenient for me	29/30	Staff respected my religious/spiritual beliefs	30/30
I got the help I wanted	30/30	I am satisfied with life right now	30/30
I got as much as I wanted	29/30	I am better at doing things I want to do	29/30
I feel safer	30	I am more hopeful about my future	30/30

Open Ended Question Response

What has been the most helpful thing about the services you have received over the last 6 months?	What would improve services here?	Please provide comments below. We are interested I both positive and negative feedback.
Having people to talk to and help me.	"I don't really have anything I'd change."	N/A
Learning coping and communication skills to deal with my daily life and when things get hard for me.	N/A	The staff are so friendly and welcoming. I feel strongly connected and safe with staff that help me.
Teaching my child coping skills which in turn makes my life easier.	Nothing	My child is better able to cope. We are happy that he has another outlet that is safe to share his feelings and past experiences.
They were understanding	Schedule's	I liked how dragon fly has helped me understand with what I am going thru
My therapist has been someone I could talk to and let out my feelings. When I feel like no one's there, I feel like she helps me get a better understanding of things.	Have more therapists like mine. She's licensed and does good.	Y'all should have some snacks.

OUTCOMES REPORT- Attachment A

Having someone to talk with.	Nothing that I can think of.	
The most helpful thing I've received was the advice and teachings that they would give me about like or just daily things.	More time	
Everything	Nothing	I have none
A better understanding of each other?	It a good place of improvement understanding each other	My kids are willing to talkto people out of their environment
How I have been treated by the staff.	Nothing I feel like it's good.	N/A
Having someone to talk to	I don't know	
Being able to egress are feeling	More visits	We love seeing brook and helping us
They come to me	None	Thank you for all you do
The most helpful thing was the advice (?)	nothing its fine	it's cool I like services I wish we could do outings n stuff but I guess not
Not sure	I don't know	
Journaling and grief activity book.	To keep getting visits at school.	Although I admit I want to get out of class more I would want more visits. But I am satisfied and always look forward to the sessions.
The help we have for both		
Someone I can speak to when I feel depressed	You guys do a lot	N/A
They would give me more options I wouldn't think of to cope with something	They are over all good but sometimes	They do an amazing job supporting me and making myself understanding myself a bit more, but sometimes I do wish more time to talk as sometimes, I have limited time and can't fully explain myself and just summarize it and I would like to talk more even though I don't really talk too much.
I get out of classes.	If we could go out and get something to eat.	I have a great person I work with.
It's teaching me methods of how to respond to the kids' behaviors.	N/A	
My son had a team of providers that were patient with his needs very grateful		Grateful for the service. Helped my family overall and overcome obstacles.

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

A better understanding of my kids	a better understanding of my	
	partner and I	

DEPARTMENT RECOMMENDATION(S):

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