

PROGRAM INFORMATION:

Program Title: [Transitional Age Youth \(TAY\)](#) **Provider:** [Department of Behavioral Health](#)
Program Description: **MHP Work Plan:** [4-Behavioral health clinical care](#)

The Department of Behavioral Health (DBH) Transition Age Youth is a program that serves Medi-Cal beneficiaries ages 17 through 24 who live within Fresno County and require specialty mental health treatment services. The mission of the TAY program is to assist young adults in making a successful transition into adulthood, and more specifically, to provide mental health services which help the young adult to reach personal goals in the areas of employment, education, housing, personal adjustment and overall functioning in the community. Services include mental health assessment, person-centered planning, therapy, case management, psychiatric services and crisis intervention. Person-centered planning is used to assist the young adults in setting and achieving goals across transitional life domains. Staff works together with teachers, rehabilitation specialists, child welfare staff, and others in the community who are involved in the young adult’s life. The young adult is supported in reaching his/her goals by involving parents and significant others in the treatment process. Youth are encouraged to develop supportive social support systems and linkage is provided to other community resources for appropriate services such as employment, education and medical services.

Staffing for the program consists of 5 Mental Health Clinicians, 4 Community Mental

Health Specialists, and 1 Peer Support Specialist.

Age Group Served 1:	ADULT	Dates Of Operation:	March 2012-Current
Age Group Served 2:	TAY	Reporting Period:	July 1, 2016-June 30, 2017
Funding Source 1:	Realignment	Funding Source 3:	Prevention (MHSA)
Funding Source 2:	Medical FFP	Other Funding:	

FISCAL INFORMATION:

Program Actual Amount: \$743,433
Number of Unique Clients Served During Time Period: 666
Number of Services Rendered During Time Period: 6,805
Actual Cost Per Client: \$1,116

TARGET POPULATION INFORMATION:

Target Population: The target population for TAY is young adults from the ages of 17-24.

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:

Please describe how the selected concept (s) embedded :

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

A recovery/resiliency orientation is embedded in all aspects of program delivery. This is reinforced in the evidence supported and evidenced based treatment models that are utilized in all aspects of service delivery.

Embedded in service delivery to all clients are initial and ongoing collateral and family sessions with clients. Also included is a once a month collateral group for family members/caregivers that provides both education and support.

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. Hospitalizations**

Hospitalization data for all adult programs is reported in aggregate in the report titled, Outcomes Report-Adult System of Care.

b. Inpatient Crisis Stabilization Services

Data on inpatient crisis stabilization services is reported in aggregate in the report titled, Outcomes Report-Adult System of Care.

c. Hospitalizations and Crisis Services by Follow-Up Status

Data on follow up for hospitalizations and crisis services is reported in aggregate in the report titled, Outcomes Report-Adult System of Care.

d. Reaching Recovery: Consumer Recovery Measure and Recovery Marker Inventory

The Department implemented Reaching Recovery in July 2016 for county operated programs. Reaching Recovery is a tool that was developed by Mental Health Center of Denver; its major focus is tracking change across multiple domains of wellness. With Reaching Recovery in place, the Department began to utilize several tools designed to measure recovery for individuals: the Recovery Needs Level Marker, Consumer Recovery Measure and Recovery Marker Inventory.

Recovery Needs Level (RNL): Assigns the right level of service intensity to a client at the right time.

Consumer Recovery Measure (CRM): A quarterly client rating of his/her perception of recovery. It is a 16-question tool that explores the client's perception of their recovery across 5 dimensions:

1. Hope
2. Symptom Management
3. Personal Sense of Safety
4. Active Growth Orientation
5. Satisfaction with Social Networks

Recovery Marker Inventory (RMI): A quarterly practitioner rating of client's progress in recovery in areas that tend to correlate with an individual's recovery. It provides practitioner's rating of the client's on 8 objective factors associate with recovery:

1. Employment
2. Education
3. Active/Growth
4. Level of Symptom Management
5. Participation of Services
6. Housing
7. Substance Abuse
8. Stage of Change

Together the tools measure recovery from multiple perspectives. These tools measure changes in recovery across multiple domains and provide a structure for holistic care. The Department has begun to gather and analyze preliminary data from the CRM and RMI. The goal is to continue to gather data, establish baseline measurements and standards of measure.

2. Efficiency

a. Cost per Client

Costs include all staffing and overhead costs associated with operation of the program.

- i. Objective: To maximize the use of resources allocated to the program.
- ii. Indicator: Total program costs compared to number of unique clients served.
- iii. Who Applied: Clients served by the program. Clients served represents clients who received any specialty mental health service in FY 16-17.
- iv. Time of Measure: FY 16-17
- v. Data Source: Avatar and Financial Records
- vi. Target Goal Expectancy: To keep within departmental budgeted costs for the program.
- vii. Outcome: Compared to prior year, the cost per client for FY 16-17 decreased by 2%. The number of unique client served increased by 48%. Program costs increased in FY 16-17 due to hiring of staff. Staffing increased in proportion to anticipated client flow and referrals.

Cost per Client

	FY 15-16	FY 16-17
Unique Clients	451	666
Program Actual Amount	\$512,246	\$743,433
Cost per Client	\$1,136	\$1,116

3. Access:

a. Urgent and Non-Urgent Timeliness

Data for timeliness of access was collected and combined for all programs within the Adult System of Care and can be found on the Outcomes Report-Adult System of Care.

4. Satisfaction & Feedback of Persons Served & Stakeholders

Consumer Perception Surveys (CPS) are conducted every six (6) months over a one-week period. Beneficiaries of the MHP are encouraged to participate in filling out the CPS surveys, which are available to consumers and family members at County and contracted provider organizations. The data is provided in arrears and the most current data available is from November 2016.

a. Consumer Perception Survey

- i. Objective: To gauge the satisfaction of clients and collect data for service planning and quality improvement.
- ii. Indicator: Average percent of clients who complete the survey and response was ‘Agree’ or ‘Strongly Agree’ for the following domains: General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, Perception of Treatment Participation, Perception of Outcomes of Services, Perception of Functioning and Perception of Social Connectedness.
- iii. Who Applied: Clients who completed the survey in November 2016 for the program.
- iv. Time of Measure: November 2016
- v. Data Source: Consumer Perception Survey data
- vi. Target Goal Expectancy: The Department would like to see a majority of clients satisfied for each domain. The Department will continue to develop target goals for the Consumer Perception Survey.
- vii. Outcome: Majority of clients were satisfied in seven of seven domains. General Satisfaction, Perception of Quality and Appropriateness and Perception of Participation in Treatment Planning indicates that more than 80% of clients surveyed were satisfied.

