Therapeutic Mentor Program Fairfield County

Mid-Ohio Psychological Services, Inc.
Annual Report

Beginning: January 13, 2013
Ending: June 30, 2014

Program Background

The Therapeutic Mentor Program (TMP) in Fairfield County was established in January of 2014 in order to assist Mid-Ohio Psychological Services, Inc. (MOPS) in meeting its Mission, "…to provide community systems and residents of Central and Southern Ohio high quality, cost effective, culturally sensitive, and socially responsible mental health and substance abuse services by delivering direct clinical care, developing highly competent and skilled staff, and promoting effective business structures." The TMP is a set of community-based clinical services provided to individuals who are having difficulties with social, communication, problem solving, conflict-resolution, and/or independent living skills. Therapeutic mentors are trained professionals who work with participants individually, to develop and practice these skills in the community. The therapeutic mentor may utilize such tools as role-playing, coaching, and teaching, and provide the participant with an atmosphere of encouragement and support, where the participant may utilize and practice skills learned within their individual counseling sessions. This program is designed to work in conjunction with individual counseling, and so participants and their counselors at MOPS work closely with the therapeutic mentor to ensure continuity of care.

Children, adolescents, and adults who are not currently receiving services from another community mentoring program are eligible for program participation. Individuals already receiving services through MOPS are referred by their counselor to participate in the mentoring program. Schools, the Juvenile Justice System (judges, probation officers), Children Services, Developmental Disability (DD), family physicians, community organizations and partners, care providers, parents and/or caretakers refer potential participants to MOPS. Once active in counseling, the counselor refers the individual to the mentoring program, with parent and/or caregiver permission. Eligible participants are then be assessed based on their current needs and are linked with clinical staff who are appropriately trained to provide needed services. In order to participate in the TMP, there must be at least one of the following domains identified as a need: personal independence, daily living, support system, stabilization, skill implementation, or positive environment.

Treatment goals for program participants were individualized based on need and addressed areas related to social, communication, problem-solving, conflict-resolution, and independent living skills appropriate for the developmental stage of the participant. Counselors, participants, parents and/or caregivers, and the therapeutic mentor collaborated regularly in and out of session for continuity of care. The minimum amount of time that a counselor and mentor met was quarterly to review client progress and to update the Individual Service Plan (ISP). The therapeutic mentor was also added to the ISP and goals reflecting mentoring services and interventions were included.

Termination from the program is determined based on individual progress that is measured quarterly. The therapeutic mentor and the participant's counselor work closely to identify progress in treatment and determine the appropriate time for termination from services based on completed treatment objectives. Participant outcomes may include increased ability to: engage socially with others, manage life stressors through use of effective problem solving and conflict resolution skills, and utilize independent living skills. In order to successfully complete the TMP, the TMP Independent Review is completed, showing that minimal standards are met.

Program Participants (Demographics)

There were 25 participants for this review period that met the specific criteria for the TMP enrollment. All participants enrolled in the program from its start date of 1/13/2014 until the end of the fiscal year, 6/30/2014, were included in the review. Participants included 18 females and 7 males as shown in Figure 1 below.

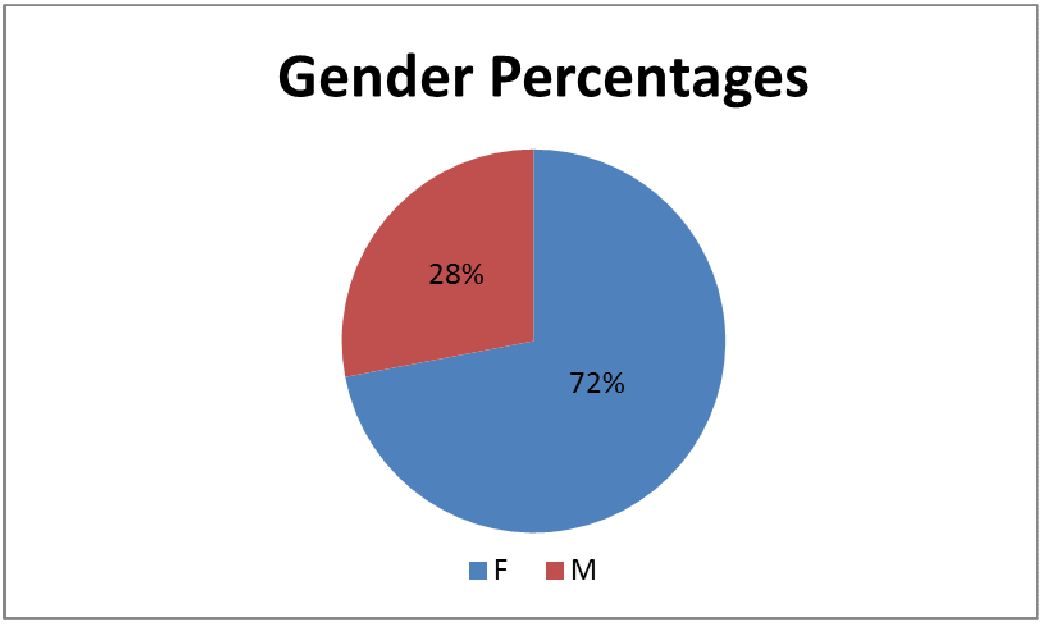

Figure 1: Gender Distribution

In addition, *Figure 2* indicates that the participants ranged in age from 8 to 56 years with a mode of 14, 17 years, while the Race Distribution, *Figure 3*, shows that 92% of all clients were Caucasian and 8% African American.

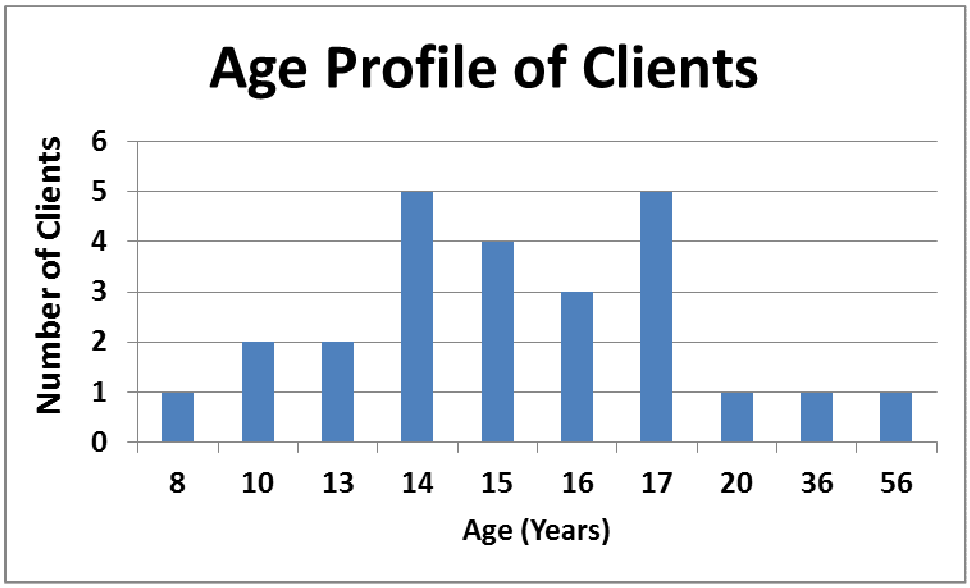

Figure 2: Age Distribution

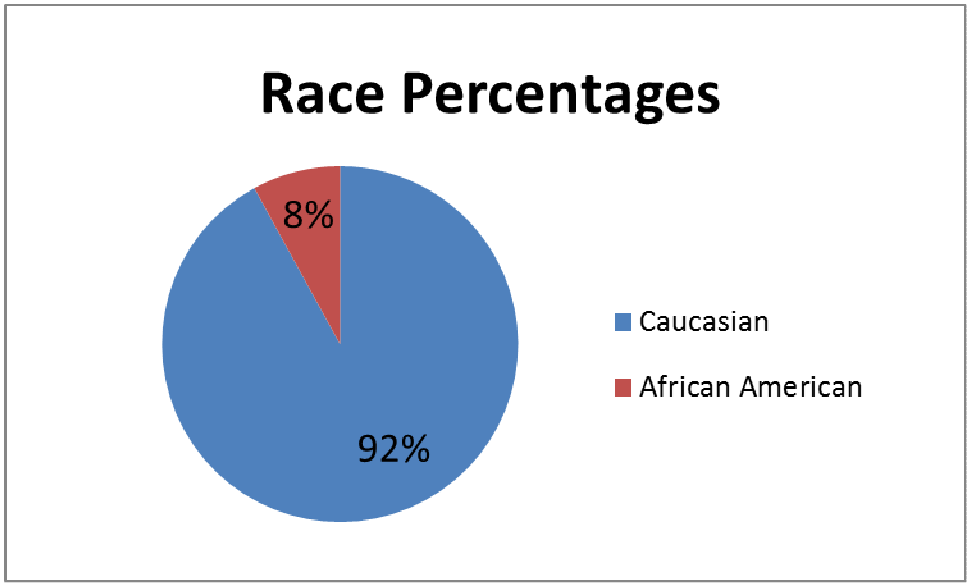

Figure 3: Race Distribution

TMP participants were initially referred for services at MOPS from a range of agencies as shown in *Figure 4* below. After the initial referral, participants were linked with counseling services and subsequently were enrolled in the TMP. Approximately two-thirds of clients were already engaged in counseling services at MOPS and were referred to the TMP by their counselor (68%). The remaining one-third were referred to MOPS by Fairfield County Juvenile Court (12%), Fairfield County Child Protective Services (12%), and the Family, Adult, and Children First Council of Fairfield County (8%). Referrals obtained from outside agencies specifically requested the TMP when referring for counseling.

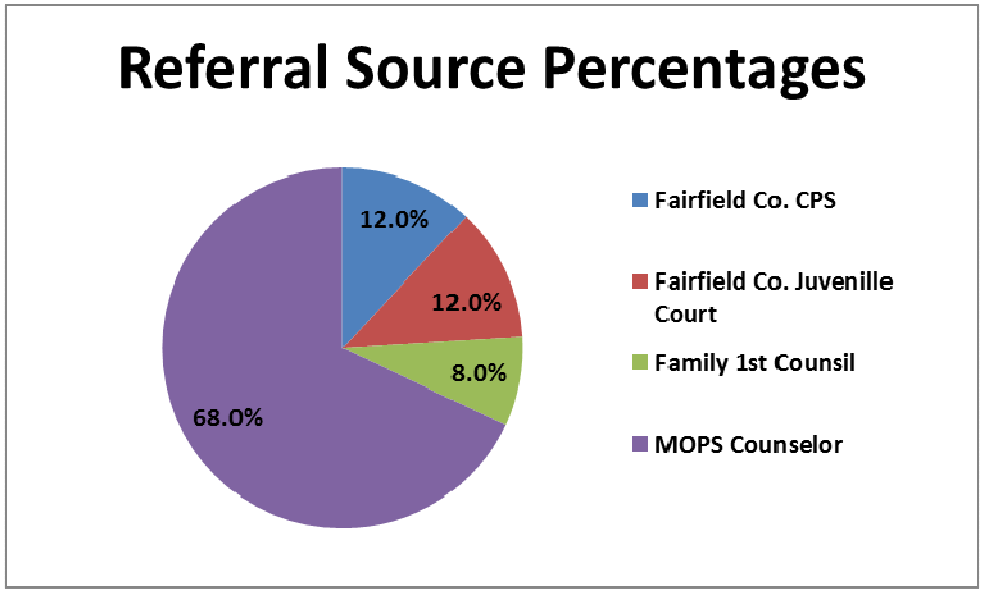

Figure 4: Referral Source Distribution

Figure 5 indicates that three counties were represented in the program participants: Fairfield, Hocking, and Summit, with 88% of the participants residing in Fairfield County. It is important to note that the county of residence for children in the foster care system is identified as the child's home county, or the county where Child Protective Services holds guardianship, not the county where the child currently resides in their foster home.

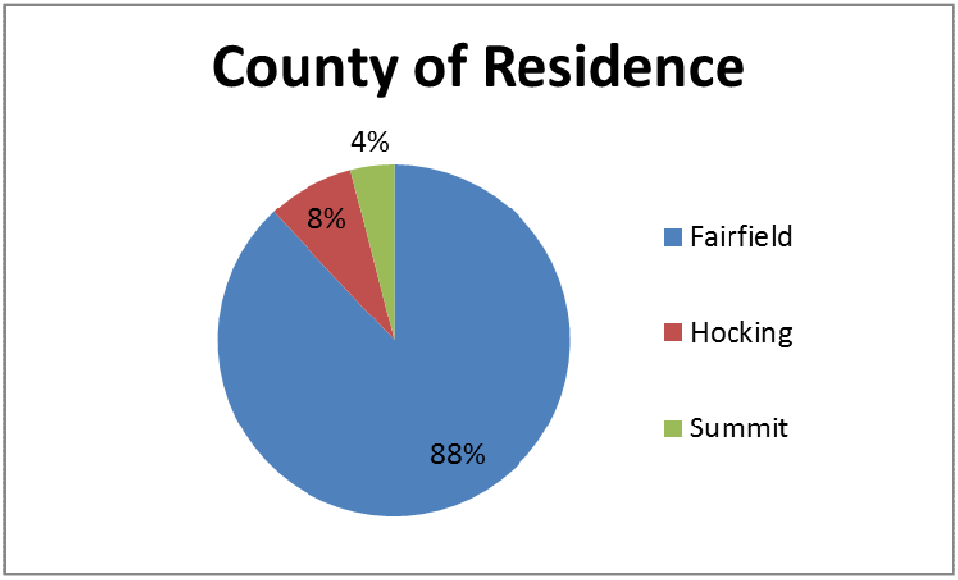

Figure 5: County of Residence Distribution

Diagnostic categories of program participants included: Adjustment Disorders, Anxiety Disorders, Behavior Disorders, Mood Disorders, and Personalities Disorders as shown in *Figure 6.*

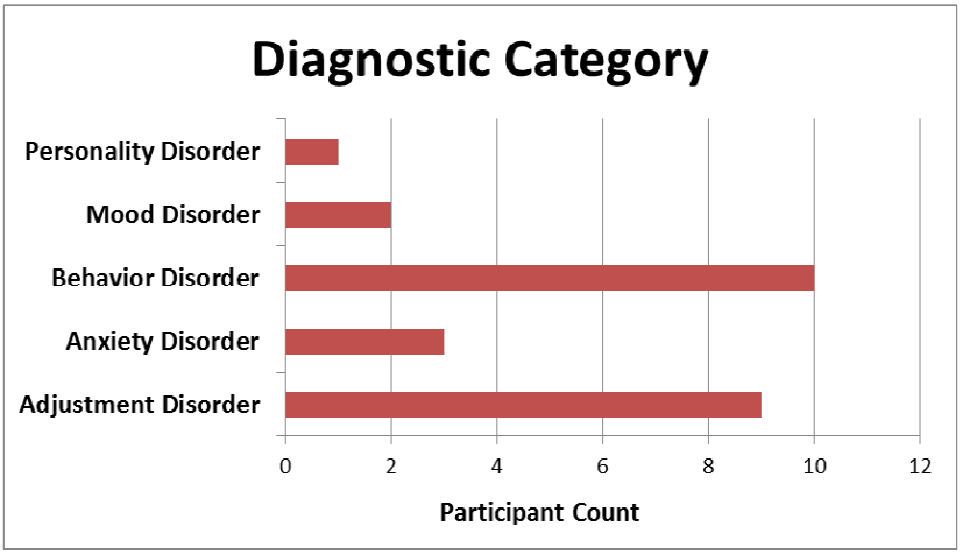

Figure 6: Diagnostic Distribution

Service Utilization

Figure 7 shows the distribution of identified needs amongst program participants, identifying specific case management domains for which the participant is receiving services. The top three identified domains among the 25 program participants were skill implementation, support system, and positive environment.

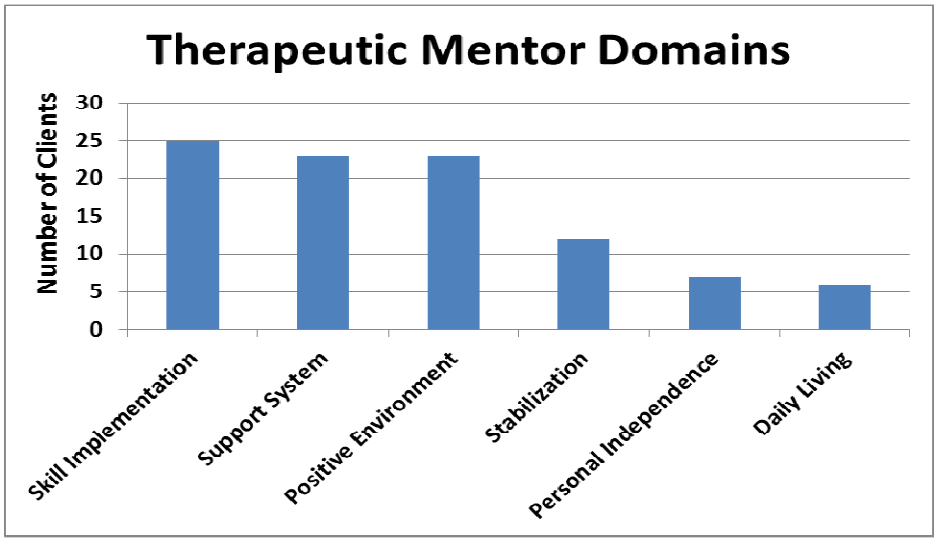

Figure 7: Domains

The number of individual case management minutes utilized by program participants was 12, 584 minutes. This is an average of 503 minutes per participant. At an $85 charge per hour for case management services, the total amount charged in FY14 for case management services was $17, 827. It is also noted that the earliest start date for any participant was 1/13/2014. In addition, of the 25 participants, 22 continue as active participants into the 2014/15 fiscal year, while three withdrew from program participation without meeting minimum program goals during the 2013/14 fiscal year. Of the three participants who withdrew their participation in the program, two refused ongoing treatment and one moved out of the area. Due to the newness of the program, no participants have successfully completed the program as of the end of the 2013/14 fiscal year.

The following tables contain the TMP charges billed for Fiscal Year (FY) 2014, and the program's projected budget for FY 2015. It is important to note that clients participated in additional services at the agency including diagnostic assessment, individual psychotherapy,

group therapy, coordination of care by the therapist, and psychological evaluation. These service types were not included in the report as they are not specifically part of the TMP. It is also important to note that case management units billed may include TMP services, as well as traditional case management services.

Table 1: Charges Billed FY 2014

Services	Charge/ Hour	Total Charge	Billable Hours
Case Manager/ Mentor	$85	$17, 827	209.73

Table 2 shows the Forecast Annual Charges to be billed for participants receiving TMP services in FY 2015. It is projected that program participation will increase by 60% during FY 2015. This increase in participation will be achieved by an increase in marketing to area schools, Child Protective Services, and the Court System. In addition, supervisors at MOPS will work to identify individuals who are engaged in counseling services and who are appropriate for the TMP.

Table 2: Forecast Charges to be Billed FY 2015

Services	# People Receiving Service	Unit Definition (in hours)	Average Units/Year	Charge/ Hour	Total Charge	# Billable Hours	Payer Source		
							Medicaid	Self-Pay	Sliding Scale
Case Manager and/or Mentor	40	1	40	$85	$136,000	1,600	$ 136,000	$ -	$ -
Total					**$136,000**	**1,600**	**$ 136,000**	**$ -**	**$ -**

Table 3 identifies the Forecast Service Hours to be worked in FY 2015.

Table 3: Forecast Service Hours to be Worked FY 2015

Services	Clinical Hours Worked	Direct Hours Worked	Indirect Hours Worked	Admin Hours Worked	Support Hours Worked
Case Manager and/or Mentor	1,800.00	1,600	200	1,090.8	756.0
Total Hours Worked	**1,800.00**	**1,600.00**	**200.00**	**1,090.80**	**756.00**

Table 4 presents the Forecast Operating Expense for the TMP in FY 2015.

Table 4: Forecast Operating Expense FY 2015

Operating Expense	% Budget	Cost	Available for Pay/Hour
Payroll			
Clinical Payroll			
Direct	32.00%	$43,520.00	27.20
Indirect	6.00%	$8,160.00	40.80
Administrative	30.30%	$41,208.00	37.78
Support Staff Payroll	14.00%	$19,040.00	25.19
Occupancy	9.80%	$13,328.00	
Travel	1.10%	$1,496.00	
Professional Dev.	0.60%	$816.00	
Office Supplies	2.20%	$2,992.00	
Communication	0.70%	$952.00	
Insurance	0.70%	$952.00	
Advertising	0.40%	$544.00	
Professional Services	0.50%	$680.00	
Bad Debt	0.20%	$272.00	
Information Systems	1.40%	$1,904.00	
Depreciation	0.10%	$136.00	
	100.0%		
Total Expenses		**$ 136,000**	

Program Outcomes

Outcome data is collected from participants at least every three months, or upon renewal of the ISP. Outcome data includes progress in the following areas: criminal justice system, child protective services, school/work, significant relationships, relationship with children, relationship with family, relationship with friends, housing, alcohol or drug involvement, emotions, bizarre/unusual thoughts, behavior, health, and overall functioning. Among the 25 TMP participants for the 2013/14 fiscal year, 19 had outcome data completed; one adult and 18 youth. Of the six participants who did not have outcome data completed, four had not been with the program long enough to have the data completed. This represents a 92% compliance with agency policy for obtaining outcome data.

Data collected from the 19 completed outcomes show an average increase in the global assessment of functioning (GAF) among the youth of 2.17, and an increase in GAF of 2.00 with the adult participant. It is notable that the 18 youth participants showed an average improvement in school functioning of 0.92, or a 12% increase. In addition, the 18 youth participants noted an increase in the quality of their relationship with parents and friends. These increases in outcomes may correlate with TMP interventions, such as skill implementation, role-playing, and

communication skill building, aimed at improving school functioning, communication, and quality of relationships. Also, overall functioning increased among all youth participants by an average of 2%, and 4% for the adult participant.

Recommendations

All staff should review the agency's Standards of Care, and specific additional training should be provided as needed so that staff understand and can apply the Standards of Care. In addition, supervisory staff should closely monitor all treatment plans, identifying clients who are appropriate for the Therapeutic Mentor Program and ensuring that appropriate interventions are being utilized consistent with the agency's TMP on the Standards of Care.

Counselors should be diligent in completing program specific documentation, specifically the Client Transfer Form, CSP Assessment, and the identification of TMP on the Standards of Care.

Counselors should note the primary diagnosis on their ISPs.

Counselors and mentors should work closely to establish a continuum of care, meeting at least quarterly to discuss progress.

Counselors should complete outcomes at least every three months, or anytime an ISP is updated.

Program coordinator will continue to market the program to area agencies, including the court system, Child Protective Services, and the schools. In addition, the program coordinator will utilize community events to promote the TMP within the community.

TMP Independent Review should be completed prior to mentoring services and after mentoring services have concluded. The “pre” Independent Review can be adminsitered by the mentor, as long as the mentor has no previous interactions with the participant, while the “post” Independent Review must be adminsitered by an independent party, such as the program coordinator or TMP supervisor. The Independent Review identifies case management domains of service, identified goals/objectives, and progress made on goals/objectives based on a benchmark rating scale. The “pre” and “post” Independent Review can then be compared to determine the effectiveness of the TMP.