Therapeutic Mentor Program Fairfield County

Mid-Ohio Psychological Services, Inc.

Annual Report

Beginning: July 1, 2014

Ending: June 30, 2015

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, "Mid-Ohio Psychological Services, Inc. provides high-quality, cost-effective, culturally-sensitive, socially-responsible, mental health, substance abuse, and support services to individuals and community organizations, while offering professional development to its staff and other professionals in the field. " 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. The program shares a philosophy with Mentor: National Mentoring Partnership, that quality mentor/mentee relationships, grounded in consistency and evidence-based practices will lead to positive outcomes (Mentor: National Mentoring Partnership, 2015), and Big Brothers/Big Sisters, who have found that pairing a youth mentee with a quality adult mentor may result in increased prosocial behavior (Herrerra, Grossman, Hauh, & McMaken, 2011).

Therapeutic mentors are trained professionals who work with participants individually, to develop and practice coping 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. According to Grossman and Rhodes (2002), proper mentor training and strong mentoring relationships are essential in producing positive outcomes in a mentoring program. In addition, Rhodes (2000) stressed the importance of mentor training, mentor/mentee contact frequency, the presence of structured activities, parental involvement, and ongoing monitoring of program implementation. The idea of self-eficacy in regards to the mentor is further highlighted by Johnson (2009), who states the importance of self-efficacy in determining the overall successfulness of the program. The TMP at MOPS is designed to encompass continuity of care, as mentors work to collaborate with counselors, teachers, and other involved community partners. In addition, mentors attend regular trainings to improve their knowledge-base and ability to plan and carry out effective interventions.

Children, adolescents, and adults who are not currently receiving services from another community mentoring program are eligible for program participation. Other eligibility factors include: ability to engage in services, willingness to participate in the treatment plan, and

adherence to necessary safety measures. 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 if appropriate. The counselor will actively work to assist the participant in making positive progress on their treatment plan, and will refer for TMP services when the client is willing/able to participate in the program. According to Bachelor and Hovarth (1999), client motivation, cooperation, and involvement are "crucially important" to the mentoring process, and so the counselor will ensure that this criteria is met before referring the potential participant.

Eligible participants are assessed based on their current needs, such as their use of skills learned in therapy and/or any deficits limiting their involvement within their home or community. In addition, at least one of the following domains must be identified as a need: personal independence, daily living, support system, stabilization, skill implementation, or positive environment. The program coordinator initiates the TMP Independent Review to assess participate level of functioning pre-enrollment in the program. The client is then linked with clinical staff who are appropriately trained to provide needed services.

Treatment goals for program participants are individualized based on need, and address 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 collaborate regularly, in and out of session, for continuity of care. In a study conducted by Rhodes, Grossman, and Resch (2000), when working with children and adolescents, the parental role has a direct impact on the effectiveness of the treatment. The TMP views the parent/guardian as an integral part of the mentoring plan. The minimum amount of time that a counselor and mentor meet is quarterly to review client progress and to update the Individual Service Plan (ISP). The therapeutic mentor adds 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 once again completed, showing that minimal standards are met, at the end of program enrollment.

Program Participants (Demographics)

There were 47 participants for this review period (FY15) who met the specific criteria for the TMP enrollment. This number represents an 88% increase from the 25 participants enrolled in the TMP during FY14. All FY15 participants enrolled in the program at any time from its start date of 07/01/2014 until the end of the fiscal year, 6/30/2015, were included in this review. Participants included 30 females (64%) and 17 (36%) males as shown in *Figure 1* below, which represents a slight change from the gender demographics during FY14, when 72% of participants were female and 28% male.

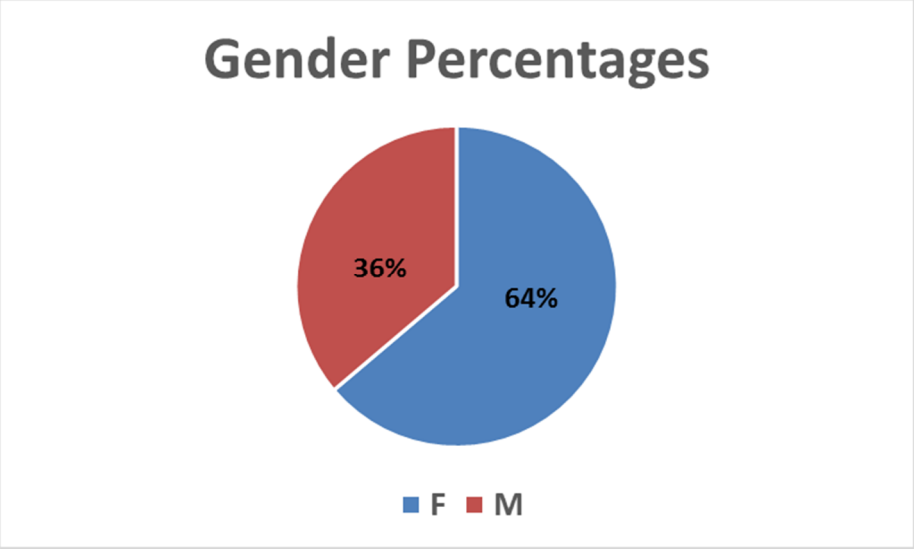

Figure 1: Gender Distribution

In addition, Figure 2 indicates that the participants ranged in age from 5 to 58 years with a mode of 14, 15, 17 years. This compares to a mode of 14, 17 years in FY14. In addition, 6 of the program participants were adults, while 41 were under the age of 18 years during FY15. The Race Distribution, Figure 3, shows that 89% of all clients were Caucasian, 7% African American, and 4% Caucasian and African American. These numbers represent a slight change when compared to the participants in FY14, which were 92% Caucasian and 8% African American.

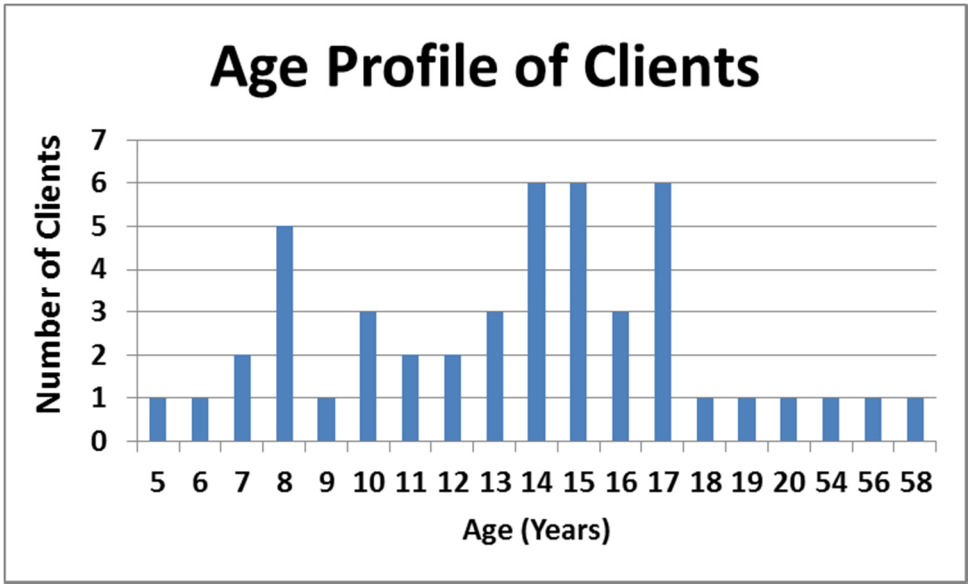

Figure 2: Age Distribution

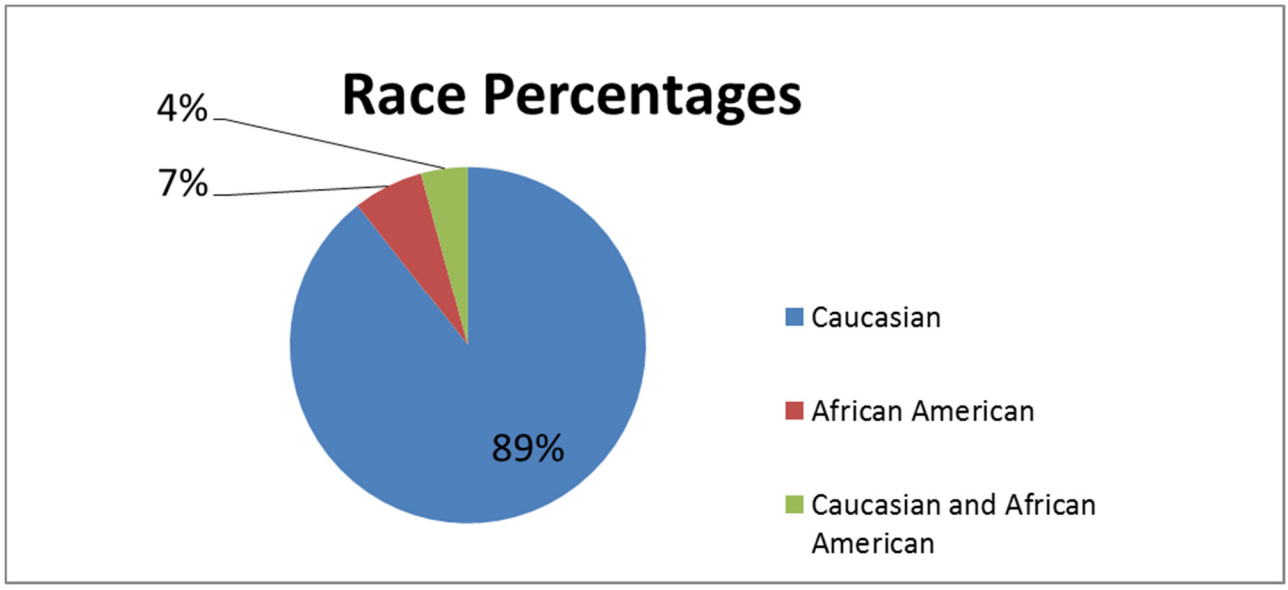

Figure 3: Race Distribution

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 three-fourths of clients were already engaged in counseling services at MOPS and were referred to the TMP by their counselor (78.7%), as compared to 68% being referred by their counselor in FY14. The remaining participants were referred to MOPS by Fairfield County Juvenile Court (6.4%), Fairfield County Child Protective Services (6.4%), area schools (4.3%) and the Family, Adult, and Children First Council of Fairfield County (4.3%), and specifically requested the TMP updon referral.

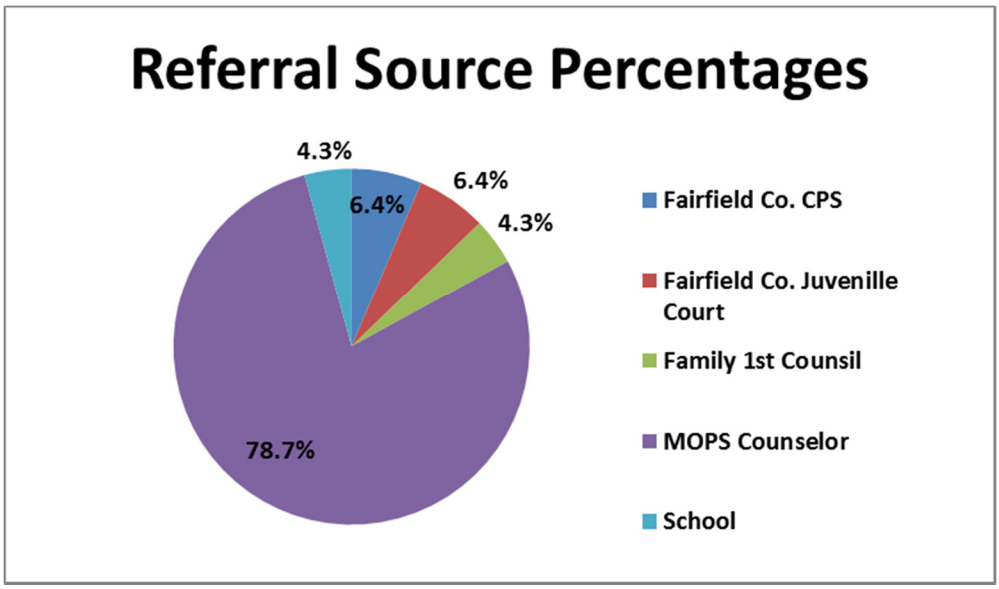

Figure 4: Referral Source Distribution

Figure 5 indicates that two counties were represented in the program participants: Fairfield, and Summit, with 98% of the participants residing in Fairfield County, as compared to 88% in FY14. 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. All program participants during FY15 resided in Fairfield County during their time of participation in the program.

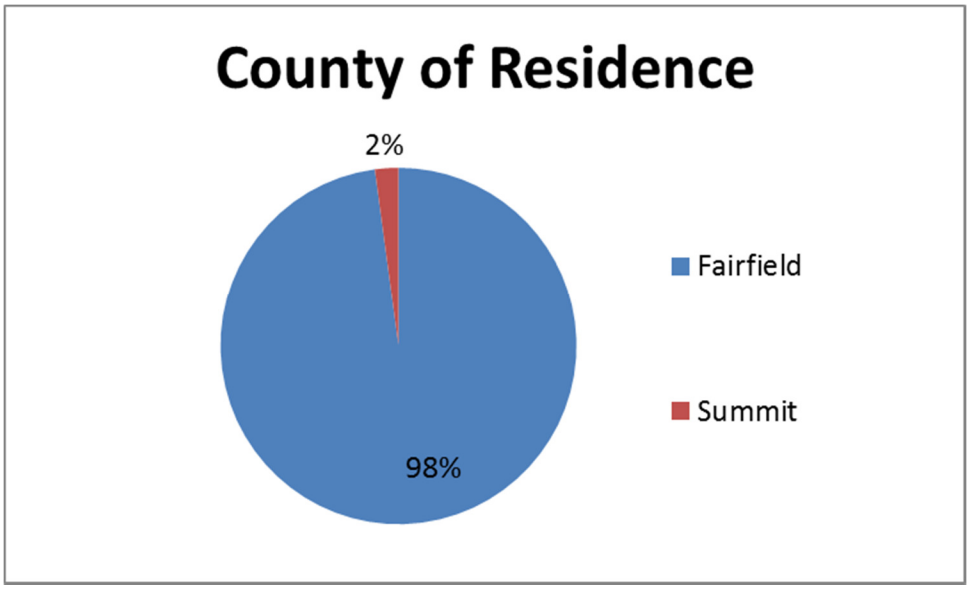

Figure 5: County of Residence Distribution

Diagnostic categories of program participants included: Adjustment Disorders, Anxiety Disorders, Behavior Disorders, Mood Disorders, and Personalities Disorders, Development Disorders, and Congitive Disorders as shown in *Figure 6.* In FY15, 47% of participants held a primary diagnosis in the Behavior Disorder category. This number is up by 7% since FY14. In addition, Adjustment Disorder continues to be the second highest category, with 30% of program participants having a diagnosis in this category in FY15.

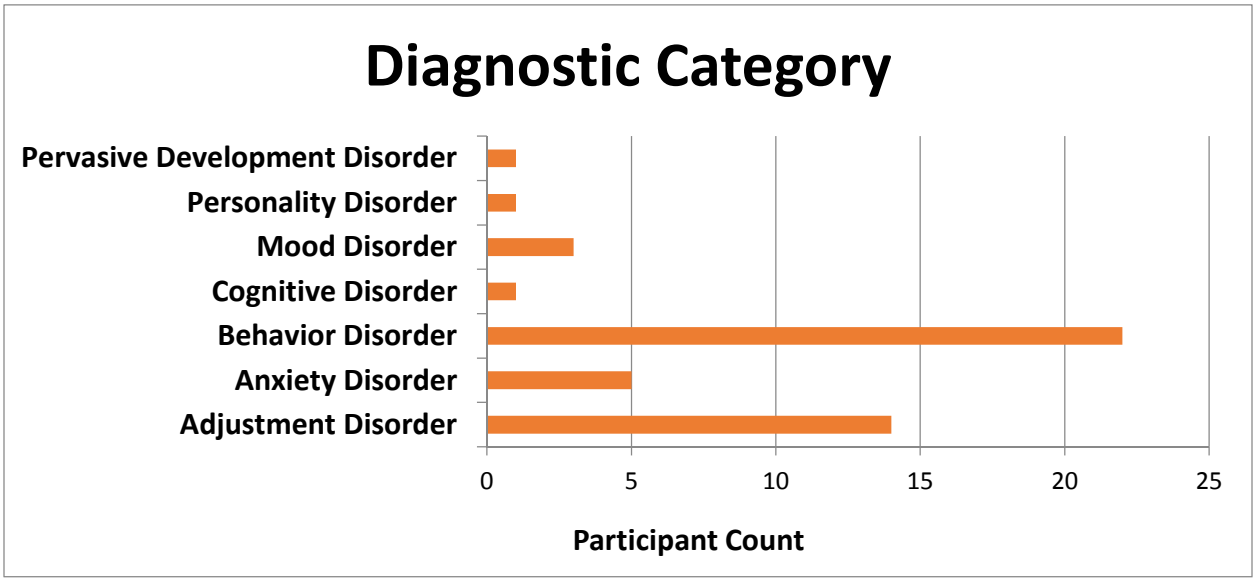

Figure 6: Diagnostic Distribution

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 47 program participants were skill implementation, support system, and positive environment. When compared to FY14, the same three domains were included in the top three identified domains, and skill implementation continued to be an identified need for all program participants.

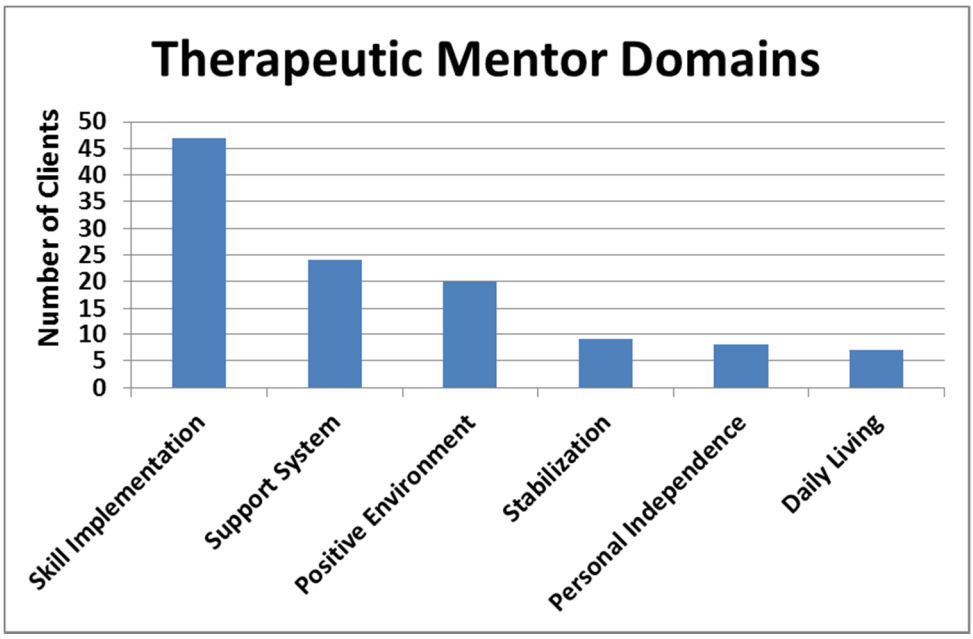

Figure 7: Domains

The number of individual case management minutes utilized by program participants was 25, 644, as compared to 12, 584 minutes in FY14. This is an average of 546 minutes per participant. At an $85 charge per hour for case management services, the total amount charged in FY15 for case management services amongst program participants was $36, 329.

Of the 47 program participants in FY15, 21 are no longer enrolled in the program, while 26 continue with the program into FY16. Of the 21 participants no longer participating in the program, three successfully completed the program, one relapsed, two withdrew due to schedule conflicts, five refused ongoing services, three moved out of the area, and seven left the agency and reported receiving services elsewhere.

The following tables contain the TMP charges billed for FY15, and the program's projected budget for FY16. 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. 100% of program participants in the TMP program were covered by Medicaid during FY15.

Table 1: Charges Billed FY 2015

Services	Charge/Hour	Total Charges	Total Billable Hours
Case Management/Mentor	$85	$36, 329	427.40

Table 2 shows the Forecast Annual Charges to be billed for participants receiving TMP services in FY16. It is projected that program participation will increase by 60% during FY16. This increase in participation will be achieved by an increase in marketing to area schools, Child Protective Services, the Court System, and other community agencies. In addition, supervisors at MOPS will work to identify individuals engaged in counseling services who are appropriate for the TMP.

Table 2: Forecast Charges to be Billed FY 2016

Services	# People Receiving Services	Unit Definition (in hours)	Average Units/year	Charge/Hour	Total Charge	# Billable Hours	Medicaid	Self-Pay	Sliding Scale
Case Manager /Mentor	75	1	40	$85	$255, 000	3, 000	$255, 000	-	-
Total					$255, 000	3, 000	$255, 000		

Error! Reference source not found.*3* identifies the Forecast Service Hours to be worked in FY16.

Table 3: Forecast Service Hours to be worked in FY16

Services	Clinical Hours Worked	Direct Hours Worked	Indirect Hours Worked	Admin Hours Worked	Support Hours Worked
Case Manager/Mentor	3, 375	3, 000	375	2, 045	1, 417
Total Hours Worked	3, 375	3, 000	375	2, 045	1, 417

Table 4 presents the Forecast Operating Expense for the TMP in FY16.

Table 4: Forecast Operating Expense FY 2016

Operating Expense	% Budget	Cost	Available for Pay/Hour
Payroll			
Clinical Payroll			
Direct	32.00%	$81,600.00	27.20
Indirect	6.00%	$15,300.00	40.80
Administrative	30.30%	$77,265.00	37.78
Support Staff Payroll	14.00%	$35,700.00	25.19
Occupancy	9.80%	$24,990.00	
Travel	1.10%	$2,805.00	
Professional Dev.	0.60%	$1,530.00	
Office Supplies	2.20%	$5,610.00	
Communication	0.70%	$1,785.00	
Insurance	0.70%	$1,785.00	
Advertising	0.40%	$1,020.00	
Professional Services	0.50%	$1,275.00	
Bad Debt	0.20%	$510.00	
Information Systems	1.40%	$3,570.00	
Depreciation	0.10%	$255.00	
	100.0%		
Total Expenses		**$ 255,000**	

The TMP received two grants for use during FY16. The first is in the amount of $10,000 and is from the United Way. This grant is intended to assist participants without insurance and to establish a short-term group amongst area youth. The second grant is from the Fairfield County ADAMH Board in the amount of $28,425 and will be used to defray the cost of the program coordinator's salary, as well as clinical supervision and the purchase of a computer.

Program Outcomes

Outcome data is collected from participants at the onset and conclusion of program participation. Outcome data includes 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 47 TMP participants for the FY15, 38 had outcome data completed at both the onset and conclusion of program participation; five adults and 33 youth. Of the nine participants who did not have outcome data completed, it is estimated that the participants terminated services

before such data could be collected. This represents an 81% compliance with agency policy for obtaining outcome data, as compared with 92% compliance in FY14. Policy regarding how outcome data is collected was updated at the end of FY15 in order to increase outcome data capture in FY16.

Data collected from the five completed adult outcomes showed an average increase in overall functioning of 0.64 or 10.3% during program participation, as compared to 4% in FY14. The, adults also reported improvements in the quality of relationship with friends of 5.8% and an increase in the quality of their relationship with their children during program participation in FY15. The adults also showed an increase in school/work performance of 21.5%, and a decrease of problematic bizarre/unusual thoughts of 35.9%.

Among the 33 youth participants, an increase of 0.20 or 2.8% in overall functioning was reported, as compared to 2% in FY14. It is notable that the youth participants showed an improvement in the quality of their relationships with friends of 3.9% during program participation in FY15, and an increase in the quality of relationship for parents/guardians of 13.8%. The youth also reported an 18.3% decrease in difficulty associated with the criminal justice system during their involvement with the TMP in FY15. Also, the youth participants reported a decrease in bizarre/unusual thoughts of 5.25%. During FY15, youth reported an increase in school difficulties of 5.6%. Changes have been made in program protocol in order to improve this outcome measure, and details can be found in the "Recommendations" section.

Recommendations

The program coordinator will continue to market the program within and outside the agency in order to continue to increase program participation, as reflected by the 88% increase in program participants from FY14 to FY15.

The program coordinator will ensure that outcome data is collected at the onset and conclusion of program participation, in order to increase outcome data capture from 81% as completed during FY15.

Mentors will work to increase communication with teachers of participants in order to decrease difficulties related to school, as there was a 5.6% increase in school difficulties reported on outcomes completed in FY15.

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