

**PROGRAM INFORMATION:**

<b>Program Title:</b>	California Psychological Institute	<b>Provider:</b>	California Psychological Institute
<b>Program Description:</b>	Outpatient specialty mental health services for children and youth with serious emotional disturbances and parents with a serious mental illness and court-specific services to children and families in Fresno County’s Child Welfare Services system.	<b>MHP Work Plan:</b>	4-Behavioral health clinical care Choose an item. Choose an item.
<b>Age Group Served 1:</b>	ADULT	<b>Dates Of Operation:</b>	2001 - Current
<b>Age Group Served 2:</b>	CHILDREN	<b>Reporting Period:</b>	July 1, 2021 - June 30, 2022
<b>Funding Source 1:</b>	Medical FFP	<b>Funding Source 3:</b>	Other, please specify below
<b>Funding Source 2:</b>	EPSDT	<b>Other Funding:</b>	DSS

**FISCAL INFORMATION:**

<b>Program Budget Amount:</b>	6,315,978.00	<b>Program Actual Amount:</b>	\$3,956,641.48
<b>Number of Unique persons served Served During Time Period:</b>	875		
<b>Number of Services Rendered During Time Period:</b>	18,982	Click here to enter text.	
<b>Actual Cost Per person served:</b>	\$ 4,358.37		

**CONTRACT INFORMATION:**

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	Outpatient
<b>Contract Term:</b>	07/01/2019-06/30/2022 plus two optional one-year extensions	<b>For Other:</b>	Click here to enter text.
		<b>Renewal Date:</b>	July 1, 2022
<b>Level of Care Information Age 18 &amp; Over:</b>	Medium Intensity Treatment (caseload 1:22)		

Level of Care Information Age 0- 17: Outpatient Treatment

**TARGET POPULATION INFORMATION:**

**Target Population:** Children, youth, parents, guardians, and foster parents of children with an open Child Welfare case. This target population includes children and youth referred to in the Katie A. Settlement Agreement as members of “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 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 :**

CPI has a culturally diverse staff in order to meet the needs of our persons served. Our staff turnover is low, as we invest in staff development to create a supportive environment. We also do multiple cultural competency information trainings every year. Our services are geared towards continuity of care for each of our persons served and include a seamless coordination between all agencies and people involved in each individual’s life. We offer multiple services under one roof, allowing our staff to work together at the same time; making it easier for persons served to access and receive multiple services. All goals are developed with the person served and their family to assure that the person served has ownership and control of their own healing.

**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

**Effectiveness of Services:**

Discharged For Noncompliance

- (1) Indicator – A person served that is discharged for non compliance is defined as a person served that is not willing to comply with services and not consistently participating with services. An individual that is non-compliant is less likely to make progress towards meeting their treatment goals. Each individual has their own requirements for compliance that are discussed and agreed upon during assessment and continuously through out treatment with their therapists. Some examples of non-compliance can be excessive no-shows to prearranged appointments without communicating with CPI staff or an excessive amount of time without contacting CPI staff to discuss attendance or treatment plans. Prior to discharge efforts also made with county Social Workers, for additional assistance.
- (2) Who Applied - All individuals (adults and minors) discharged from services at CPI.
- (3) Time of Measure - Fiscal year 21-22
- (4) Data Source – An internal tracking spreadsheet updated by our support staff to categorize every discharged person served. We are also using the Monthly activity report provided to Fresno County each month
- (5) Objective (Goal) – Less than 25% of the persons served discharged from CPI’s program will be discharged unsuccessfully.
- (6) Outcome - **Of total discharges for FY 21/22 only 9% were discharged for non-compliance.** For a total of 57 out of 596 discharges. We had a slight increase than the year before. In 2021 the Monthly Activity Report (MAR) discharge options were modified and CPI edited our tracking system to mirror the options on the MAR. The options are discharged successfully, discharged unsuccessfully and child welfare case closed. Due to our changes in the data collection the number increased, but that includes persons served who are discharged by moving out of county, persons served being transferred to other providers and any other discharge related to something that hinders their ability to reach their treatment goals we have identified.

Decrease in Suicide Risk

- (1) Indicator –Suicide Risk is defined as self-harm, substance abuse, and thoughts of harm with or without a plan. The benefits of our adult persons served having a decrease in suicide risk suggests that a parent is able to provide a stable and consistent environment for their children. An adult having a decrease in suicide risk also supports emotional and developmental growth for their child with the hopes that the adult is feeling more stable.
- (2) Who Applied - All Adult parent persons served engaged in services at CPI.
- (3) Time of Measure - Fiscal year 21-22
- (4) Data Source - ANSA
- (5) Objective (Goal) – No more than 15% of CPI’s adult persons served in treatment will report an increase in risky behavior.
- (6) Outcome – **Only 8% of CPI’s Adult persons served reported an increase of suicide risk** while engaged in services with CPI.

**Efficiency of Services:**

Billable Services

- (1) Indicator: CPI is contracted with the Department of Social Services and DBH to provide specialty mental health services to families involved in Child Welfare. CPI has an allotted amount of money allocated to provide the maximum amount of services.
- (2) Indicator – All services provided under contract FY 2021/2022 (\$6,315,978) .
- (3) Time of Measure - FY 2021/2022
- (4) Who Applied – How much of the allocated funds were billed for the Fiscal year 21-22 contract.
- (5) Data Source - Billable services report pulled from our Electronic Health Record, Exym.
- (6) Objective (Goal)– To bill a minimum of 75% of our county contract while providing the maximum amount of services allowed.
- (7) Outcome – **CPI billed 60% of our contract total in FY 21-22** Due to the addition of a fourth vendor referrals have significantly decreased and we were not able to meet our goal for this fiscal year.

Access to Services:Standard Referrals

- (1) Indicator – A standard referral is defined as a individual referred by the Child Welfare Mental Health Team from the Department of Social Services who is not categorized as a Crisis.
- (2) Who Applied – All standard referrals received from the Child Welfare Mental Health Team from the Department of Social Services
- (3) Time to Measure – Fiscal year 21-22
- (4) Data Source - An internal tracking spreadsheet updated by our intake coordinator, tracking date of referral and number of days from referral to mental health assessment dates offered and scheduled, monthly activity report and Avatar.
- (5) Objective (Goal)– On average, standard referrals will be offered and/or scheduled for their mental health assessment (MHA) within the recommended time frame (10 business days).
- (6) Outcome – **On average standard persons served were offered and or scheduled for their MHA in 7 days.** CPI received a total of **674 referrals.**

Crisis Referrals

- (1) Indicator – A crisis referral is determined by the Child Welfare Mental Health Team from the Department of Social Services who is categorized as a Crisis. A crisis referral is defined as an individual in imminent risk of suicide and/or self-mutilation/harm (current expression of suicidal or homicidal ideation). Currently at risk of harm to others (repeated patterns of aggressive behaviors). Significant behavior concerns that put the current living arrangement at imminent risk. History of significant mental health issues (hallucinations, delusions) or past attempts at suicide. Even though CPI does not receive a considerable amount of Crisis referrals, they are prioritized due to the severity of symptoms.
- (2) Who Applied – All crisis referrals received from the Child Welfare Mental Health Team referred by the the Department of Social Services.
- (3) Time to Measure – Fiscal year 21-22

- (4) Data Source - An internal tracking spreadsheet updated by our intake coordinator, tracking date of referral and number of days from referral to mental health assessment dates offered and scheduled and the Monthly Activity Report.
- (5) Objective (Goal)– All, crisis referrals will be offered and/or scheduled for their mental health assessment (MHA) within the recommended time frame (3 business days).
- (6) Outcome – On average, all crisis **individuals were offered and or scheduled for their MHA in a 2-3 day time frame.** CPI received a total of 8 referrals. All were minors. 3 out of the 8 crisis referrals were offered/scheduled within 2 days. CPI had all but 4 crisis referrals offered an appointment in 3 days over the year. One referral was declined due to the individual just having a recent assessment and was immediately started for ongoing services.

### Satisfaction & Feedback:

#### Satisfaction: Accessibility of Services

- (1) Indicator – Satisfaction of accessibility of services from CPI, as it pertains to receiving services at their preferred time, day and location.
- (2) Who Applied – All active persons served.
- (3) Time of Measure - Fiscal year 21-22
- (4) Data Source –Satisfaction Survey administered to an active person served, on a quarterly basis. Every person served aged 13 and over completed the survey themselves. Care providers completed the survey for youth under the age of 13. In addition a person served care survey was given during COVID-19, shelter in place to make sure they were satisfied with the services they were receiving through Telehealth and Phone calls.
- (5) Objective (Goal) – A minimum of 90% of CPI's persons served will report an overall satisfaction of accessibility of services from CPI, as it pertains to receiving services at their preferred time, day and location.
- (6) Outcome - **98% of CPI's persons served reported an overall satisfaction with their accessibility of services from CPI, as it pertains to receiving services at their preferred time, day and location.**

#### Satisfaction: Services Received

- (1) Indicator –Satisfaction of services received, – A minimum of 90% of CPI's persons served will report Mental health services at CPI have helped them with their life goals.
- (2) Time of Measure - Fiscal year 21-22
- (3) Data Source – Satisfaction Survey administered to an active client, on a quarterly basis. Every person served aged 13 and over completed the survey themselves. Care providers completed the survey for youth under the age of 13.
- (4) Objective (Goal) – A minimum of 90% of CPI's persons served will report report Mental health services at CPI have helped them with their life goals.
- (5) Outcome - **100% of persons served reported overall satisfaction with the services they received. 100% of persons served and care givers reported learning skills and being able to utilize those skills individually or with a child.**

**\*\*Responses received from the Satisfaction surveys can be seen below:**

- I am able to schedule appointments on a time/day that works for me: **100% Strongly Agreed or Agreed**
- my appointments always start on time : **99% Strongly Agreed or Agreed**
- I am notified if my CPI service provider will be late to or must cancel my appointment: **99% Strongly Agreed or Agreed**
- CPI staff treats me with respect: **99% Strongly Agreed or Agreed**
- I am satisfied in the frequency and intensity of my services: **99% Strongly Agreed or Agreed**
- CPI staff is interested in and concerned for my well being : **98% Strongly Agreed or Agreed**
- I would recommend CPI to someone needing mentalhealth services.: **99% Strongly Agreed or Agreed**
- I am more comfortable with in person services.: **98 % Strongly Agreed or Agreed**
- I have a private, confidential location in which to participatein Telehealth services.**99% Strongly Agreed or Agreed**
- I am learning skills and approaches that help me/my child.:**100% Strongly Agreed or Agreed**

**When asked “What do you like best about CPI”:**

- **The receptionists are very respectful**
- **I like everything about CPI**
- **I am more comfortable with in person services.**
- **It is a helpful service**
- **Timely and friendly.**
- **Availability**
- **I like how friendly and understanding the staff is. I am always welcomed in a warm and friendly way.**

**When asked “What do you like least about CPI”:**

- **Nothing I like it all**
- **There is nothing that I dislike about CPI, I enjoy my services and the people here. I would like for the service to continue as is.**

The only concern I have with telehealth is privacy at home.

- That I actually have to come

**DEPARTMENT RECOMMENDATION(S):**

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