FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

Choose an item.

Choose an item.

PROGRAM INFORMATION:

Program Title: California Psychological Institute
Program Description: Outpatient specialty mental health

MHP Work Plan: California Psychological Institute

4-Behavioral health clinical care

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.

Age Group Served 1: ADULT Dates Of Operation: 2001 - current

Age Group Served 2:CHILDRENReporting Period:July 1, 2016 - June 30, 2017Funding Source 1:Medical FFPFunding Source 3:Other, please specify below

Funding Source 2: EPSDT Other Funding: DSS

FISCAL INFORMATION:

Program Budget Amount: \$3,400,000 Program Actual Amount: \$3,310,018.83

Number of Unique Clients Served During Time Period: 1,035

Number of Services Rendered During Time Period: 20,962 services (1,278,206 units)

Actual Cost Per Client: \$3,198.08 per client

CONTRACT INFORMATION:

Program Type: Contract-Operated Type of Program: Outpatient

Contract Term: 10/01/2015 - 06/30/2019 (10/01/2015 - For Other:

06/30/2017 plus two optional one-year

extensions)

Renewal Date: 07/01/2018

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:

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 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

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

Integrated service experiences

Please describe how the selected concept (s) embedded:

CPI makes every attempt to have a culturally diverse staff in order to meet the needs of our clients. We also do multiple cultural competency information trainings every year. Our services are geared towards continuity of care for each of our clients and include a seamless coordination between all agencies and people involved in each client's life. We offer multiple services under one roof, allowing our staff to work together at the same time we make it easier on clients to access and receive multiple services. All goals are developed with the client and their family to assure that the client 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
- 1. Less than 25% of clients discharged from our program will be discharged for non-compliance. (Efficiency)
 - (1) Indicator Non-compliance is defined as choosing to voluntarily terminate services before significant progress is made, moving out of county, and incarceration.
 - (2) Who Applied All adults and minor clients being discharged from services at CPI.
 - (3) Time of Measure FY 2016-17
 - (4) Data Source An internal tracking spreadsheet updated by our support staff for every discharged client.
 - (5) Target Goal Expectancy Less than 25% of clients discharged from our program will be discharged for non-compliance.

- (6) Outcome: CPI discharged 356 clients during the last fiscal year. Of the total discharged, 22% of them were due to non-compliance.
- 2. All active clients will have follow-up service within 15 days of initial service (Access)
 - (1) Indicator All clients who meet medical necessity at the time of assessment are recommended for ongoing services. Our goal to increase engagement and provide appropriate continued care is to have follow up services (Clients will be provided therapy, case management, individual rehabilitation or a collateral service in the community or in office) within 15 days from the assessment.
 - (2) Who Applied All adults and children referred by the Child Welfare Mental Health Team
 - (3) Time of Measure FY 2016-17
 - (4) Data Source Report created by our electronic health record, Exym, and an internal tracking spreadsheet updated by our intake coordinator.
 - (5) Target Goal Expectancy Our goal to provide continued care by scheduling a follow-up services within 15 days of the client's mental health assessment.
 - (6) Outcome: On an average, all clients that were recommended for ongoing treatment at the time of assessment were provided follow-up services within 6 days.
- 3. 90% of all clients referred for psychiatric evaluations will be offered an appointment within 30 days.(Access)
 - (1) Indicator CPI has a psychiatrist on staff two days a week. Clients are referred by their treating therapist for a medication evaluation or a court order can be submitted. Appointments are usually available within 15 days of referral, but delays can be experienced when clients no-show, cancel, and/or request certain days and times to accommodate their schedules. Additionally, holidays can also contribute to delays as well as when the psychiatrist has to cancel.
 - (2) Who Applied All active clients referred by their treating therapist for a medication evaluation.
 - (3) Time of Measure FY 2016-17, referrals worked on daily.
 - (4) Data Source Internal tracking on SharePoint and exported to a spreadsheet
 - (5) Target Goal Expectancy 90% of all clients referred for psychiatric evaluations will be offered an appointment within 30 days. CPI's goal is to complete the evaluation within the first 25 days of referral.
 - (6) Outcome: In FY 2016-17, all medication assessments were completed within 25 days; some as early as 24 hours.
- 4. No more than 15% of our adult clients in treatment will report an increase in risky behavior. (Efficiency)
 - (1) Indicator Risky behavior is considered self-harm, substance use, unsafe sexual behavior, etc. The benefits of our adult clients having a decrease in risky behavior suggests that a parent is able to provide a stable and consistent environment for their child(ren). An adult having a decrease in risky behavior also supports emotional and developmental growth for their child(ren).
 - (2) Who Applied Adult active clients
 - (3) Time of Measure FY 2016-17; Survey administered monthly
 - (4) Data Source Client outcome survey, created by CPI in order to track and obtain information required for the outcomes.
 - (5) Target Goal Expectancy No more than 15% of our adult clients in treatment will report an increase in risky behavior.
 - (6) Outcome: In FY 2016-17, 85% of our adult clients reported stability and a decrease in risky behavior.

OUTCOMES REPORT- Attachment A

- 5. Less than 5% of our clients will experience a crisis intervention or 5150 hold. (Effectiveness)
 - (1) Indicator The benefit of our clients not requiring crisis intervention or being placed on a 5150 or hospitalized suggests the clients are becoming mentally stable. Mental stability implies a client has developed/learned the coping mechanisms needed to resolve and handle situations that may occur in their life. When a client is mentally stable, they are actively participating in mental health services and are less likely to lose placement.
 - (2) Who Applied Minors that received a crisis service
 - (3) Time of Measure FY 2016-17
 - (4) Data Source Billing report in our electronic health record, Exym, and our client outcome survey (created by CPI) in order to track and obtain information required for the outcomes.
 - (5) Target Goal Expectancy Less than 5% of our clients will experience a crisis intervention or 5150 hold.
 - (6) Outcome: CPI had only 1% of clients who had a need for crisis intervention in the last fiscal year. CPI also had only 2% of clients who were placed on a 5150 hold or hospitalized in the last fiscal year.
- 6. 90% of CPI's clients will report an overall satisfaction with their services. (Satisfaction & Feedback)
 - (1) Indicator Client Satisfaction of services received, office staff, ease of accessing care, and the communication from/with CPI.
 - (2) Who Applied Every active client (13+) completed the surveys themselves. For clients under the age of 13, the care providers completed the survey.
 - (3) Time of Measure FY 2016-17, Survey administered twice that year.
 - (4) Data Source Client Satisfaction Survey
 - (5) Target Goal Expectancy 90% of CPI's clients will report an overall satisfaction with their services.
 - (6) Outcome: 95% of CPI's clients reported an overall satisfaction with their services.