

## PROGRAM INFORMATION:

<b>Program Title:</b>	<a href="#">Mental Health Service Act (MHSA) Perinatal Wellness Center Team</a>	<b>Provider:</b>	<a href="#">Department of Behavioral Health</a>
<b>Program Description:</b>	<p>The Department of Behavioral Health (DBH) Perinatal Wellness Center provides outpatient mental health services to pregnant and postpartum adults, teens, and their infants. The short-term mental health services include outreach, prevention and early intervention identification through screening, assessment and treatment. This program is staffed with two Public Health Nurses to evaluate and provide preventive services to mother and baby. Services are open to women who experience mental disorders during pregnancy and up to a year postpartum, as well fathers suffering from Paternal Postnatal Depression, and any affected infants and children. Services include home-based mental health intervention, psycho-educational and therapeutic groups for mothers and family, psychiatric services, therapy, and case management, with an overall emphasis on wellness for mothers, babies, and their family members.</p> <p>The allocated positions for the program consist of 9 Mental Health Clinicians, 2 Community Mental Health Specialists and 1 Peer Support Specialist. The program operated at an average vacancy rate of 8% throughout FY 17-18.</p>	<b>MHP Work Plan:</b>	<a href="#">4-Behavioral health clinical care</a>
<b>Age Group Served 1:</b>	<a href="#">ADULT</a>	<b>Dates Of Operation:</b>	<a href="#">April 2010 - Current</a>
<b>Age Group Served 2:</b>	<a href="#">CHILDREN, TAY</a>	<b>Reporting Period:</b>	<a href="#">July 1, 2017 - June 30, 2018</a>

## FRESNO COUNTY MENTAL HEALTH PLAN

## OUTCOMES REPORT- Attachment A

Funding Source 1: Prevention (MHSA)  
Funding Source 2: Early Intervention (MHSA)

Funding Source 3: Com Services & Supports (MHSA)  
Other Funding: Medical FFP

### FISCAL INFORMATION:

Program Actual Amount: \$2,099,267  
Number of Unique Clients Served During Time Period: 763  
Number of Services Rendered During Time Period: 7,190  
Actual Cost Per Clients Served: \$2,751

### TARGET POPULATION INFORMATION:

Target Population: Pregnant or up to 1 year postpartum women, their infants, and fathers who are experiencing mental health disorders.

### 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)*

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

Please describe how the selected concept (s) embedded :

Perinatal Staff are utilizing a Recovery/Resiliency orientation after having been trained in 'Reaching Recovery' model and are currently incorporating this into Mental Health Assessments and Treatment planning by utilizing the 'Recovery Needs Level' and 'Client Strengths Assessment' tools to focus on persons served recovery and wellness.

### Cultural Competency

Perinatal staff have been trained in various cultural competencies to better understand the diverse population of persons we serve.

### Community collaboration

The Perinatal Wellness Center staff strives to link persons served with appropriate community resources in a collaborative effort to meet persons served needs, such as housing, food, clothing, substance abuse programs, primary care medical providers, spiritual resources, and other specialty mental health services for adult persons served and their children via case managers, clinicians, Public Health nursing staff, medical staff, and peer support staff.

### Persons Served/Family Driven Program

The Perinatal Wellness Center is a Persons served/Family driven program that seeks to promote a healthy bond to the mother-infant dyad, including providing in-home therapy, case management, and public health nursing services for persons unable to receive these services in the office.

### Integrated service experiences

Additionally, Perinatal staff promotes the wellness of the family unit and assists persons served as needed in linking their children, as well as fathers, to mental health service providers.

The Perinatal Wellness Center provides an integrated service experience to persons served by offering collaborative care that includes individual and group therapy, individual and group rehabilitation, Psychiatric/Medication services, case management, and Public Health Nursing services.

**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. Hospitalization**

Hospitalization data for all children's programs is reported in aggregate in the report titled, Outcomes Report-Children's Mental Health.

**b. Inpatient Crisis Stabilization Services**

Data on inpatient crisis stabilization services is reported in aggregate in the report titled, Outcomes Report-Children's Mental Health.

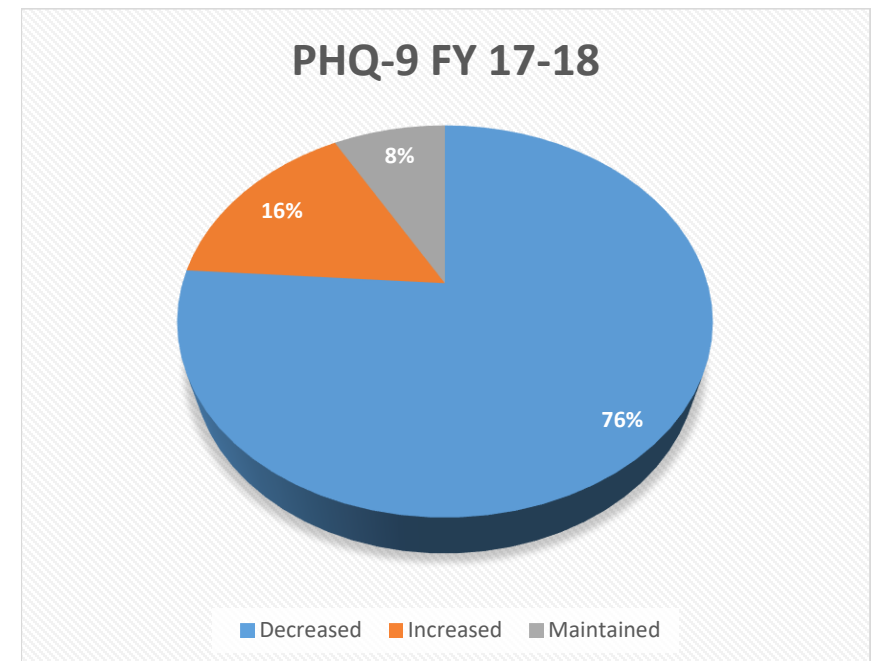
**c. Hospitalizations and Crisis Services by Follow-Up Status**

Data on follow up for hospitalizations and crisis services is reported in aggregate in the report titled, Outcomes Report-Children's Mental Health.

**d. Patient Health Questionnaire (PHQ-9)**

The PHQ-9 is a tool administered to persons served participating in services offered by the Perinatal Wellness Center. The PHQ-9 can be completed at any time by the persons served and is used for screening, monitoring, and measuring the severity of person's depression symptoms.

- Objective: To decrease the severity of depression for Perinatal persons served.
- Indicator: Percent of persons served who decreased and maintained severity of depression symptoms.
- Who Applied: Any Perinatal Wellness Center persons served who completed a minimum of two PHQ-9's in FY 17-18.
- Time of Measure: FY 17-18
- Data Source: Avatar
- Target Goal Expectancy: The program is developing target goals for PHQ-9 scores.
- Outcome: Based on their PHQ-9 scores, 84% of persons served decreased or maintained severity of depression symptoms.



**e. The Child and Adolescent Needs and Strengths (CANS) Assessment Tool**

The Child and Adolescent Needs and Strengths (CANS) is an assessment tool developed for children's mental health services to: support decision making, e.g., level of care and service planning, facilitate quality improvement initiatives, and monitor the outcomes of services. There are full and partial assessment versions of CANS that providers may use.

**f. The Pediatric Symptom Checklist (PSC-35)**

The PSC-35 is a psychosocial screening tool created to assist in recognition of cognitive, emotional and behavioral problems in order to provide the most appropriate interventions at the earliest age possible. This tool is completed by parents/caregivers for their children between the ages of 3 to 18 years old.

Effective July 2018, the California Department of Health Care Services (DHCS) has directed counties to utilize the full version of the CANS assessment tool, as well as the Pediatric Symptom Checklist (PSC-35). DBH is currently in plan implementation and employing the full CANS assessment tool and PSC-35 for the upcoming fiscal year.

**g. 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 persons served at the right time.*

***Consumer Recovery Measure (CRM):** A quarterly persons served rating of his/her perception of recovery. It is a 16-question tool that explores the person's served 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 persons served progress in recovery in areas that tend to correlate with an individual's recovery. It provides practitioner's rating of the persons served on 8 objective factors associated 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 Person Served

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

- i. Objective: To maximize resources allocated to the program.
- ii. Indicator: Total program costs compared to number of unique persons served.
- iii. Who Applied: Persons served by the program.  
Persons served represents persons who received any specialty mental health services in FY 17-18.
- iv. Time of Measure: FY 17-18
- 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 person served for FY 17-18 had an increase of less than 1%, due to a similar increase of both persons served and program actual cost. The number of unique persons served increased by 11%. Program actual cost increased by about 11% due to a rise in salary and benefit costs.

### Cost per Person Served

	FY 16-17	FY 17-18
Unique Persons Served	690	763
Program Actual Amount	\$1,887,705	\$2,099,267
Cost per Person Served	\$2,736	\$2,751

## 3. Access:

### a. Urgent and Non-Urgent Timeliness

Data for timeliness of access was collected and combined for all programs within Children's Mental Health and can be found on the Outcomes Report-Children's Mental Health.

## 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 that 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 2017.

### a. **Consumer Perception Survey**

- i. Objective: To gauge satisfaction of persons served and collect data for service planning and quality improvement.
- ii. Indicator: Average percent of persons served 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: Persons served who completed the survey in November 2017 for the program.
- iv. Time of Measure: November 2017
- v. Data Source: Consumer Perception Survey data
- vi. Target Goal Expectancy: The Department would like to see a majority of persons served satisfied for each domain. The Department will continue to develop target goals for the Consumer Perception Survey.
- vii. Outcome: Majority of persons served were satisfied in all seven domains. General Satisfaction, Perception of Access, Perception of Quality and Appropriateness and Perception of Participation in Treatment Planning indicates that more than 90% of persons served surveyed were satisfied.

