

## PROGRAM INFORMATION:

<b>Program Title:</b>	Youth Wellness Center	<b>Provider:</b>	Department of Behavioral Health
<b>Program Description:</b>	<p>The Department of Behavioral Health (DBH) Youth Wellness Center is designed to improve timely access to mental health screening, assessment, referral for ongoing treatment and short-term interventions for youth ages 5-17 with serious emotional disturbances. Referrals may be received from caregivers seeking mental health services, Medi-Cal health plans, community-based healthcare providers and agencies serving youth who identify that a higher intensity and array of mental health treatment and supportive services may be required. The program will also support discharge planning and bridge services for persons served being discharged from Exodus Fresno Crisis Stabilization Center and inpatient psychiatric hospitals. Services may also include facilitating the transition of youth to/from Children's Mental Health programs from/to community resources when clinically appropriate.</p> <p>The allocated positions for the program consists of 6 Mental Health Clinicians and 3 Community Mental Health Specialists. The program operated at an average vacancy rate of 0% throughout FY 17-18.</p>	<b>MHP Work Plan:</b>	1-Behavioral Health Integrated Access
<b>Age Group Served 1:</b>	CHILDREN	<b>Dates Of Operation:</b>	June 2015 - Current
<b>Age Group Served 2:</b>		<b>Reporting Period:</b>	July 1, 2017 - June 30, 2018
<b>Funding Source 1:</b>	Com Services & Supports (MHSA)	<b>Funding Source 3:</b>	Choose an item.

Funding Source 2: Medical FFP

Other Funding:

## FISCAL INFORMATION:

Program Actual Amount: \$1,074,227  
 Number of Unique Persons Served During Time Period: 1,733  
 Number of Services Rendered During Time Period: 2,667  
 Actual Cost Per Person Served: \$620

## TARGET POPULATION INFORMATION:

Target Population: The target population is youth, 5-17 years of age.

## 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 :

The program assesses persons served and family needs for mental health and related services. The program then links persons served with appropriate services within the County, with private providers and community agencies that match the persons served needs along with the family's preferences for services.

## Community collaboration

Youth Wellness Center collaborates with local crisis stabilization facilities and statewide psychiatric health facilities to receive referrals for youth discharged from these facilities. Staff consult daily with facility staff to provide appointments for persons served upon discharge.

## Integrated service experiences

Youth Wellness Center receives referrals from psychiatric health facilities (PHF) and Crisis Stabilization Units and screens for services needed. Families are assisted with the orientation and registration process. Linkage to psychiatric appointment/follow-up care is also provided. Youth Wellness Center provides assessment and treatment planning to best determine person's served needs. Referrals are made to community providers when appropriate or requested. Case management or clinical staff assist with transition from Youth Wellness Center to outpatient services, Full Service Partnerships, and service providers in the community. Avatar referrals are completed to track if referrals were accepted.

## Cultural Competency

Language needs are identified at the time of referral. Families are offered interpreting services or matched to a provider who speak their language whenever possible. All Youth Wellness staff are or will receive training in cultural competence.

## Access to underserved communities

Efforts are being made to provide services to communities who have barriers to services. Program will match person's served needs by providing community based services as deemed necessary.

### 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 Re-admissions

Currently the program is completing a Program Improvement Plan (PIP) with the Department's Quality Improvement (QI) division to track interventions and impacts on hospital re-admissions to local Psychiatric Health Facility (PHF), such as Central Star and Exodus within 30 days for youth ages 12-17 who, prior to admission to hospital, were not linked to services with the Fresno County Mental Health Plan.

- i. Objective: To decrease the percentage of 30-day re-admissions to local PHFs by adding a daily case conference call to the PHFs to identify persons served who will be discharged, consult on the plan for discharge and provide a follow up appointment prior to discharge.
- ii. Indicator: Percent of 30-day re-admission to local PHFs.
- iii. Who Applied: Youth's (ages 12-17) admissions who were not linked to services prior to admission to local PHFs and number of re-admissions within 30 days.
- iv. Time of Measure: August 2017-April 2018
- v. Data Source: Quality Improvement PIP data collection
- vi. Target Goal Expectancy: The Department is developing target goals for a decreased 30-day re-admission rate for unlinked youths.
- vii. Outcome: For Aug 2017-Apr 2018, the average rate of re-admissions was 16%, which is a 4% improvement over the previous baseline. Program staff have worked with Central Star PHF to ensure all persons served being discharged are properly referred to Youth Wellness Center. This process has been re-designed and improved from prior years, which may have affected results as more discharged persons served are being captured in data.

### Monthly re-admissions to local PHFs

	Results
Aug 2017	7%
Sep 2017	16%
Oct 2017	21%
Nov 2017	20%
Dec 2017	32%
Jan 2018	12%
Feb 2018	13%
Mar 2018	15%
Apr 2018	7%

### Accumulative re-admissions to local PHFs

	Results
Nov 2016 - Jul 2017 (Baseline Intervention)	22%
Aug 2017 - Apr 2018 (Intervention)	16%

**b. 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.

**c. 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.

**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 17-181.
- 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 increased by 44%, due to an increase of unique persons served but greater program actual cost. The number of unique persons served increased by about 5%. The program actual cost increased by 50%, due to an increase in salary and benefits and additional staffing allocated to the program. The increase in number of persons served may be due to continued intervention with the PHFs.

**Cost per Person Served**

	FY 16-17	FY 17-18
Unique Persons Served	1,655	1,733
Program Actual Amount	\$713,586	\$1,074,227
Cost per Person Served	\$431	\$620

**3. Access:****a. Wait Time for Discharged Youth from Central Star PHF**

Currently the program is completing a PIP with the Department's QI division to track the percentage of unlinked discharged youth who received a follow up service within 14 days of discharge from Central Star PHF.

- i. Objective: To provide a follow up service to unlinked youth discharged from PHF within 14 days to reduce a 30-day re-admission.
- ii. Indicator: The percentage of unlinked youth discharged from a PHF who received a follow up service within 14 days.
- iii. Who Applied: Any unlinked youth ages 14-17 who was discharged from PHF.
- iv. Time of Measure: August 2017-January 2018
- v. Data Source: Quality Improvement PIP data collection
- vi. Target Goal Expectancy: The Department is developing target goals for a follow up service within 14 days.
- vii. Outcome: For Aug 2017-Jan 2018, the rate for 14-day follow up was 66%. Staff will continue to collect data, apply interventions and track improvement.

**Central Star PHF Discharge 14 Day  
Follow Up Appointment Rates**

	Results
Aug 2017 - Sep 2017	63%
Aug 2017 - Oct 2017	67%
Aug 2017 - Nov 2017	61%
Aug 2017 - Dec 2017	66%
Aug 2017 - Jan 2018	66%

**b. No Show and Cancellation for Discharged Youth from Central Star PHF**

Currently program staff is completing a PIP with the Department's QI division to track the percentage of unlinked discharged youth with a follow up appointment and their no show and cancellation rates.

- i. Objective: To provide a follow up service to unlinked youths discharged from PHF to reduce 30-day re-admissions.
- ii. Indicator: The no show and cancellation rate of unlinked youth discharged from the PHF.
- iii. Who Applied: Any unlinked youth ages 12-17 who was discharged from PHF.
- iv. Time of Measure: August 2017-Mar 2018
- v. Data Source: Quality Improvement PIP data collection.
- vi. Target Goal Expectancy: The Department is developing target goals.
- vii. Outcome: For the months of August through May, the no show and cancellation rate has experienced fluctuations. Program staff increased persons served contact by contacting each persons served prior to their appointment. This may have contributed to a decrease in no show rates and an increase in cancellations as persons served may inform staff of the cancellation prior to the appointment. If a person served cancels, the program will attempt to reschedule the person served. In February 2017, the program implemented a new procedure for face-to-face follow up home visits after the first persons served no show.

**Monthly Central Star PHF Discharge No Show and Cancellation Rates**

	No Show	Cancellation	Total
Aug 2017	25%	0%	25%
Sep 2017	71%	14%	86%
Oct 2017	17%	8%	25%
Nov 2017	36%	0%	36%
Dec 2017	26%	32%	58%
Jan 2018	47%	13%	60%
Feb 2018	32%	16%	47%
Mar 2018	40%	27%	67%

**c. Urgent and Non-Urgent Timeliness**

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