PROGRAM INFORMATION:

Program Title:	Children's Mental Health	**Provider:**	Department of Behavioral Health
Program Description:	Children's Mental Health (CMH) services the seriously mentally ill youth population of Fresno County. CMH provides assessments, clinical and rehabilitative services, case management, peer support and medication services within a wellness and recovery model. CMH is comprised of the following programs: Children's Outpatient, Youth Wellness Center, School Based Metro and Rural Teams, Expansion Day Treatment (EDT) and Perinatal Team.	**MHP Work Plan:**	4-Behavioral health clinical care
Age Group Served 1:	CHILDREN	**Dates Of Operation:**	Current
Age Group Served 2:	Choose an item.	**Reporting Period:**	July 1, 2017 - June 30, 2018
Funding Source 1:	Realignment	**Funding Source 3:**	Other, please specify below
Funding Source 2:	Medical FFP	**Other Funding:**	Mental Health Services Act

FISCAL INFORMATION:

Program Actual Amount:	$11,638,956
Number of Unique Clients Served During Time Period:	4,232
Number of Services Rendered During Time Period:	34,069
Actual Cost Per Clients Served:	$2,750

TARGET POPULATION INFORMATION:

Target Population: Children 0-17 or while still attending high school.

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)

Please describe how the selected concept (s) embedded :

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. Hospitalizations

The outcome measures the percent of persons served that were hospitalized and received services from a program within CMH.

Hospitalization refers to any hospital admission captured in the Department's electronic health record, Avatar. Data includes Crestwood Psychiatric Health Facility (PHF), Exodus PHF and hospital admissions entered by DBH staff.

Admissions and discharges to/from the Mental Health Plan (MHP) are not currently tracked by program, therefore the Department is unable to reliably report hospitalization data at the program level. The Department is developing a process to track admissions and discharges from the MHP as well as transitions between levels of care within the plan, which will allow for future reporting of hospitalization data by program.

i. Objective: To prevent hospitalizations and re-admissions for persons served.
ii. Indicator: Percent of persons served who were hospitalized.
iii. Who Applied: Persons served who were hospitalized and received three or more specialty mental health services by a CMH program during the time of measure.
iv. Time of Measure: FY 17-18
v. Data Source: Avatar
vi. Target Goal Expectancy: The Department is developing target goals for decreased hospitalizations for persons served following enrollment into the program.
vii. Outcome: 11% of persons served by CMH programs were hospitalized within the fiscal year.

Hospitalizations

	Count	Percentage
Persons Served	3024	
Persons Served Hospitalized	332	11%
Hospitalizations	533	

b. Inpatient Crisis Stabilization Services

The outcome measures the percent of persons served that received crisis stabilization services and received services from a program with CMH.

Crisis stabilization is defined as a service lasting less than 24 hours and is delivered only by providers who meet specific regulations and are licensed to provide these services. Currently, Exodus Recovery Inc. is contracted to provide such services for Fresno County.

Admissions and discharges to/from the MHP are not currently tracked by program, therefore the Department is unable to reliably report crisis stabilization service data at the program level. The Department is developing a process to track admissions and discharges from the MHP as well as transitions between levels of care within the plan, which will allow for future reporting of crisis stabilization service data by program.

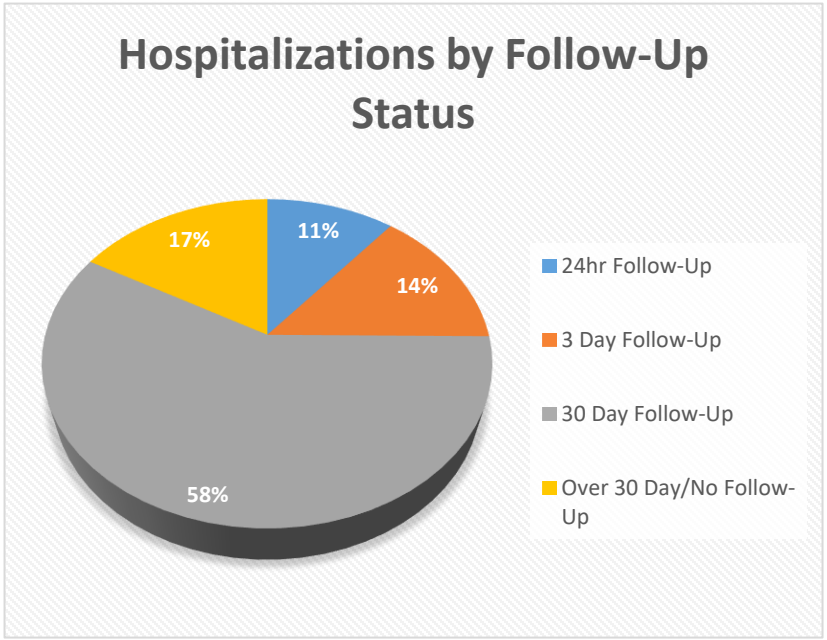
i. Objective: To prevent crisis stabilization services and re-occurrence of crisis stabilization services for persons served.
ii. Indicator: Percent of persons servd who received crisis stabilization services.
iii. Who Applied: Persons served who received crisis stabilization services and received three or more specialty mental health services by a CMH program during the time of measure.
iv. Time of Measure: FY 17-18
v. Data Source: Avatar, Crisis Episodes within Avatar
vi. Target Goal Expectancy: The Department is developing target goals for decreased crisis stabilization services for persons served following enrollment into the program.
vii. Outcome: 19% of Persons served received a service from a crisis stabilization center.

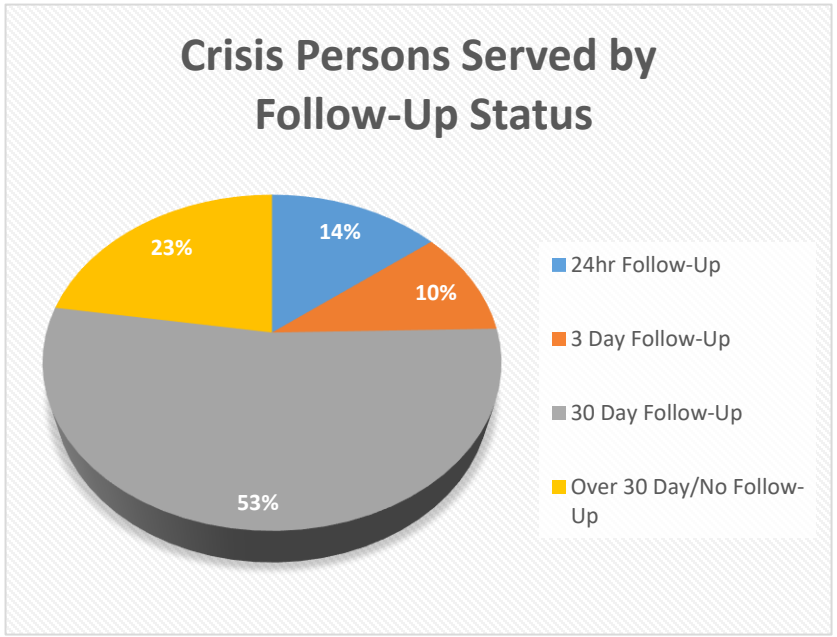
Crisis Inpatient and Persons Served Counts

	Count	Percentage
Persons Served	3024	
Persons Served w/ crisis services	587	19%
Crisis Episodes	1129	

c. Hospitalizations and Crisis Services by Follow-Up Status

For persons served who were hospitalized or received Inpatient crisis stabilization services, the objective is to provide timely follow-up services. The Department will continue to improve tracking to show follow-up status for active persons serviced by the program.





**Hospitalization and crisis stabilization follow-ups represented in graph may have occurred outside of program enrollment, which affects timeliness of follow-up.*

d. 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.

e. 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. *Access:*

a. Urgent and Non-Urgent Timeliness

The data shows number of days from the date of request to first assessment for all new persons served requesting services from Children's Mental Health. The assessment could have occurred in any children's program. The Department will continue to develop tracking to show timeliness data by program.

While non-urgent timeliness remains stable, urgent timeliness data appears biomodal with peaks occurring in December and April. These months coincide with school breaks, which tend to be triggers in Mental Health episodes. The increase in requested services directly correlates with the longer than usual wait time to first assessement.