

## FRESNO COUNTY MENTAL HEALTH PLAN

## OUTCOMES REPORT- Attachment A

### 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, 2018 - June 30, 2019
<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>	\$4,250,000	<b>Program Actual Amount:</b>	\$4,102,629.71
<b>Number of Unique Clients Served During Time Period:</b>	1,058		
<b>Number of Services Rendered During Time Period:</b>	23,839 services (1,431,297 units)		
<b>Actual Cost Per Client:</b>	\$3,877.72 per client		

### CONTRACT INFORMATION:

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	Outpatient
<b>Contract Term:</b>	10/01/2015 – 06/30/2019 (10/01/2015 – 06/30/2017 plus two optional 1-year extensions)	<b>For Other:</b>	
		<b>Renewal Date:</b>	7/1/2019
<b>Level of Care Information Age 18 &amp; Over:</b>	Medium Intensity Treatment (caseload 1:22)		
<b>Level of Care Information Age 0- 17:</b>	Outpatient Treatment		

### TARGET POPULATION INFORMATION:

<b>Target Population:</b>	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."
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### 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. Our staff turnover is very low, as we invest a lot in our staff, and work on having 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 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; making it easier for 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

## Effectiveness of Services:

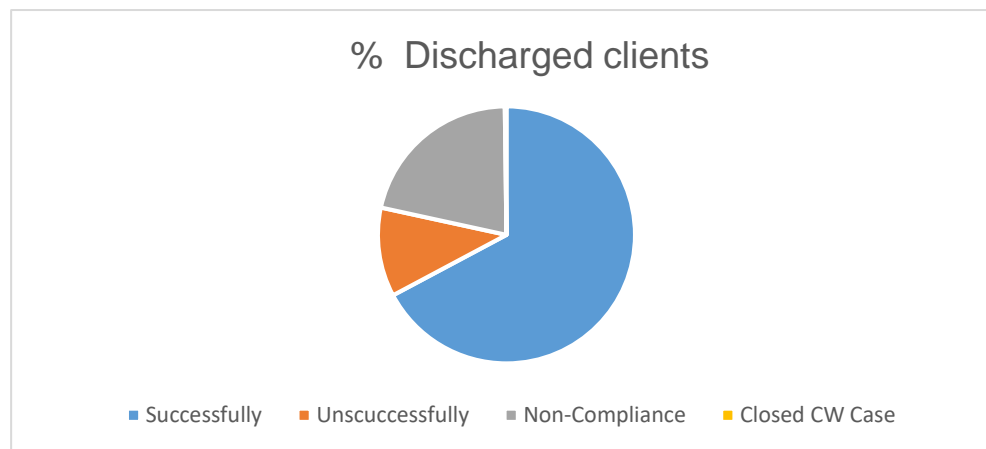
### 1. Discharged Unsuccessfully

- (1) Indicator – An unsuccessful discharge is defined as a client choosing to voluntarily terminate services before significant progress is made, moving out of county, incarceration, or decease. Clients not discharging unsuccessfully suggests our clients are being consistent with services and making progress towards their mental health goals.
- (2) Who Applied - All clients (adults and minors) discharged from services at CPI.
- (3) Time of Measure - Fiscal year 18-19
- (4) Data Source – An internal tracking spreadsheet updated by our support staff to categorize every discharged client.

- (5) Objective (Goal) – Less than 20% of the clients discharged from CPI's program will be discharged unsuccessfully.
- (6) Outcome - **For all discharged clients within the fiscal year 17-18, only 11% of them were discharged unsuccessfully. This equated to 32 total clients. Of these 32 clients, 15 were minors between 8-16 years old and 17 were adults.**

## 2. Discharged Successfully

- (1) Indicator - A successful discharge is defined as a client meeting treatment goals or meeting maximum benefit of treatment. Clients discharging successfully indicate our clients are complying with recommendations, attending appointments and engaging and benefitting from services.
- (2) Who Applied - All clients (adults and minors) discharged from services at CPI.
- (3) Time of Measure - Fiscal year 18-19
- (4) Data Source - An internal tracking spreadsheet updated by our support staff to categorize every discharged client.
- (5) Objective (Goal) - More than 60% of clients discharged from CPI's program will be discharged successfully.
- (6) Outcome – **For all discharged clients within the fiscal year 18-19, 66% were discharged successfully. This equated to 152 clients, in which 94 were minors (0-18) and 58 were adults.**



Type of Discharge	Percentage %
Successfully	66%
Unsuccessfully	11%
Non-Compliance	21%
Closed CW Case	0.20%

## 3. Risky Behavior

- (1) Indicator - Risky behavior is defined as harmful behaviors practiced by the client (e.g. self-harm, substance abuse, unsafe sexual behavior, etc.) Clients decreasing their risky behavior suggests that a parent is able to provide a stable and consistent environment for their children. Additionally, it also supports emotional and developmental growth for their child.

- (2) Who Applied – Active adult clients
- (3) Time of Measure - Fiscal year 18-19, survey administered monthly
- (4) Data Source - Client outcome survey, created by CPI
- (5) Objective (Goal) - No more than 15% of CPI's adult clients in treatment will report an increase in risky behavior.
- (6) Outcome – **A total of 190 surveys were completed, with only 10% of CPI's adult clients in treatment reported an increase in risky behavior.**

### Efficiency of Services:

#### 1. 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) Who Applied: All services provided under contract
- (3) Time of Measure: Fiscal year 18-19
- (4) Data Source: Billable services report pulled from our Electronic Health Record, Exym.
- (5) Objective (Goal) - To bill a minimum of 90% of our county contract while providing the maximum amount of services allowed.
- (6) Outcome - **Billed 97% of CPI's contract while providing the maximum amount of services allowed.**

### Access to Services:

#### 1. Crisis Referrals

- (1) Indicator - A crisis referral is defined as a client 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). Past attempts at suicide. CPI does not receive a considerable amount of crisis referrals, but they are prioritized due to the severity of symptoms. For this reason, if one referral is not offered and/or scheduled within the time frame there is a substantial affect on our outcomes.
- (2) Who Applied – Crisis referrals referred by the Child Welfare Mental Health Team from the Department of Social Services
- (3) Time of Measure - Fiscal year 18-19
- (4) Data Source – An internal tracking spreadsheet updated by our intake coordinator, tracking number of days from referral to mental health assessment.
- (5) Objective (Goal) – A minimum of 90% of crisis referrals will be scheduled within the recommended time frame (3 days).
- (6) Outcome - **Of the 12 crisis referrals received by CPI from the CWMH Team, 92% were scheduled within the recommended time frame (3 days).**

#### 2. Standard Referrals

- (1) Indicator – A standard referral is defined as a client 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 18-19
- (4) Data Source - An internal tracking spreadsheet updated by our intake coordinator, tracking number of days from referral to mental health assessment.
- (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 – **CPI received a total of 548 standard referrals. On average, standard clients were offered and or scheduled for their MHA in 6.3 days.**

### 3. Psychiatric Evaluations

- (1) Indicator – CPI's psychiatrist is contracted to see clients 1-2 times a week (based on his availability). Due to the doctor's limited availability, it is CPI's goal to have all medication assessments completed in 30 days or less of referral date. Referrals are prioritized by Urgent/Immediate Need, ASAP/Next Available, and Not Urgent, based on the treating therapist's recommendation and appointments are offered by availability.
- (2) Who Applied – Clients referred by their treating therapist for a medication evaluation.
- (3) Time of Measure - Fiscal year 18-19, referrals made daily.
- (4) Data Source – Internal tracking on SharePoint and exported to a spreadsheet, formula indicates number of days from referral to medication assessment.
- (5) Objective (Goal) – Clients referred for psychiatric evaluations will be offered an appointment and/or seen within 15 days of referral date.
- (6) Outcome - **In fiscal year 18-19, CPI received 122 referrals for psychiatric evaluations and 100% of these referrals were scheduled on average within 15 days.**

### Satisfaction & Feedback:

#### 1. Client Satisfaction: Accessibility of Services

- (1) Indicator – Client 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 clients.
- (3) Time of Measure - Fiscal year 18-19
- (4) Data Source – Client Satisfaction Survey administered to an active client, on a quarterly basis. Every client aged 13 and over completed the survey themselves. Care providers completed the survey for clients under the age of 13.
- (5) Objective (Goal) – A minimum of 85% of CPI's clients 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 – **A total of 175 clients completed CPI's satisfaction survey, with 89% reporting an overall satisfaction with their accessibility of services from CPI, as it pertains to receiving services at their preferred time, day and location.**

2. Client Satisfaction: Services Received

- (1) Indicator – Client satisfaction of services received, office staff, ease of accessing care, and the communication from/with CPI.
- (2) Who Applied – All active clients.
- (3) Time of Measure - Fiscal year 18-19
- (4) Data Source – Client Satisfaction Survey administered to an active client, on a quarterly basis. Every client aged 13 and over completed the survey themselves. Care providers completed the survey for clients under the age of 13.
- (5) Objective (Goal) – A minimum of 90% of CPI's clients will report an overall satisfaction with their services and find them helpful and worthwhile.
- (6) Outcome – **A total of 175 clients completed CPI's satisfaction survey, with 93% reporting an overall satisfaction with their services, find the services helpful and worthwhile.**

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

- I am able to schedule appointments on a time/day that works for me: **90% Strongly Agreed or Agreed**
- I feel safe at CPI: **97% Strongly Agreed or Agreed**
- I always receive a confirmation call about my appointments: **89% Strongly Agreed or Agreed**
- CPI staff speaks to me in a way I understand: **96% Strongly Agreed or Agreed**
- My therapist treats me with respect: **98% Strongly Agreed or Agreed**
- My therapist is interested and concerned in my well-being: **100% Strongly Agreed or Agreed**
- My therapist listens to what I have to say: **97% Strongly Agreed or Agreed**
- My therapist asks me what I want/need: **95% Strongly Agreed or Agreed**
- My therapist makes me feel comfortable: **95 % Strongly Agreed or Agreed**
- I'm learning skills or approaches that help me (my child): **90% Strongly Agreed or Agreed**
- I helped in choosing my (child's) treatment goals and services: **86% Strongly Agreed or Agreed**

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

- that they help you
- jan and danielle
- my therapist
- staff
- great services
- being able to come weekly to my appointments to talk to my therapist and express my feelings/concerns.
- they listen to me
- great communication from the office and therapist
- i like the way the staff is respectful and the therapists are helpful
- my therapist is the best
- amazing therapist that have helped my child develop and grow
- very supportive
- very professional and understanding
- the staff
- nothing much
- my therapist
- reminder of appointment
- the respect and kindness
- everything, very accomodating
- they are friendly staff and all show good manners and respect all wants
- staff
- the staffs dedication to helping me and my family
- they help my child
- the therapist puts me at ease and makes talking easy
- my therapist
- therapist makes house calls which helps release stress
- cpi always helps the best way they canand makes sure were safe
- talk and play games
- everybody is real friendly
- the ability to receive services in our home
- when i get to leave
- thier communication and understandning
- the no time we wait we come in sign in and get called back in the min
- there when i need them when i have a problem

- how nice they are
- they are somewhat helpful
- they help me
- child enjoys his therapist and movies played in the waiting room
- they are a well suited and comfortable facility
- the therapist candace is very kind
- I like that I am learning how to deal with my childrens problems. I like the one on one with therapist
- the decorations in waiting room, my therapist (annette) and the wonderful staff
- the therapist
- good service
- my therapist
- willing to come out of office for meeting to accomodate my transportation needs
- therapist
- they are kind and do what they say
- its an outlet
- my child's therapist
- i like that cpi is so respectful
- the kind people here
- they come to our home
- all the staff have been wonderful. the skills i am learning for my kids are very helpful
- friendly counselors and staff
- i could at least tell somebody how i feel
- my therapist
- my therapist is always interested and concerned about my well being
- the one on one time with my child

**When asked to write in what they like least:**

- i think everything is fine
- available hours for doctor
- there is nothing i like least about this place and services. This place is great
- nothing
- cannot justify any type of concerns, everything is great
- i am overall satisfied with CPI and have nothing to dislike
- no complaints so far
- nothing



- the girls therapy session has run into time with dad
- the kids
- i like everything
- whats best for their patients
- i dont think i dislike anything
- recently moved its a distance to CPI
- n/a
- it takes too much time
- not sure
- the med eval seemed unprofessional to me, but the dr was kind
- when i have to come here
- i like everything
- everything is fine
- child doesnt like waiting but we are not left waiting long
- it is a little messy but other then that, its fine
- when we cant get ICC meetings on time
- nothing its awesom
- nothing really
- lack of communication from sons therapist
- cpi works great
- theres nothing not to like

### When asked to write in suggestions for improvement:

- its alright
- waiting room cleanliness
- flexible hours to see the dr
- keep working on myself
- hours in the afternoon to accomodate kids school schedules so they dont have to miss school
- none
- tell the kids to shut up, nobody wanna hear that
- none i can think of
- no suggestions
- keep up the fantastic work
- to go home for my child
- maybe make it shorter

- n/a
- nothing
- just keep doing what youre doing, thanks for caring for kids in hard places
- it great for me
- myself, workers and CPI find a way to have the CPI meeting
- you guys are awesome just the way you are
- better snacks
- no need, cpi have helped me alot
- satisfied

### DEPARTMENT RECOMMENDATION(S):

Click here to enter text.