

## FRESNO COUNTY MENTAL HEALTH PLAN

## OUTCOMES REPORT- Attachment A

### PROGRAM INFORMATION:

<b>Program Title:</b>	Juvenile Justice Campus Psychiatric Services	<b>Provider:</b>	Wellpath
<b>Program Description:</b>	Wellpath at Juvenile Justice Campus provides psychiatric and mental health evaluation and assessment, crisis intervention, medication management, acute psychiatric referrals and case management services.	<b>MHP Work Plan:</b>	4-Behavioral health clinical care Choose an item. Choose an item.
<b>Age Group Served 1:</b>	CHILDREN	<b>Dates Of Operation:</b>	July 1, 2018 to Present
<b>Age Group Served 2:</b>	TAY	<b>Reporting Period:</b>	July 1, 2018 – June 30, 2019
<b>Funding Source 1:</b>	Realignment	<b>Funding Source 3:</b>	Other, please specify below
<b>Funding Source 2:</b>	Choose an item.	<b>Other Funding:</b>	Health Realignment

### FISCAL INFORMATION:

<b>Program Budget Amount:</b>	\$1,055,429.00 (Behavioral Health only)	<b>Program Actual Amount:</b>	\$1,055,429.00
<b>Number of Unique Clients Served During Time Period:</b>	839		
<b>Number of Services Rendered During Time Period:</b>	9,866		
<b>Actual Cost Per Client:</b>	\$1,257.96		

### CONTRACT INFORMATION:

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	Other, please specify below
<b>Contract Term:</b>	July 2018 – June 30, 2021, plus two optional twelve-month periods.	<b>For Other:</b>	Correctional Facility
		<b>Renewal Date:</b>	7/1/2021
<b>Level of Care Information Age 18 &amp; Over:</b>	Choose an item.		
<b>Level of Care Information Age 0- 17:</b>	Choose an item.		

The levels of care shown above do not apply. This program provides behavioral health services to juvenile patients housed at the Juvenile Justice Campus.

**TARGET POPULATION INFORMATION:**

**Target Population:** All youth in need of any type of mental health service while incarcerated or detained at the Juvenile Justice Campus.

**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

Choose an item.

Choose an item.

Choose an item.

**Please describe how the selected concept (s) embedded :**

Typically patients are identified through the intake process and Initial Mental Health Assessment form which is completed for each youth. Youth identified as requiring an on-going mental health treatment are seen bi-weekly and weekly as needed. All other youth are seen through the referral process. Encounters are recorded in the EHR for all services and services which meet criteria for Avatar entry are entered into the Avatar system.

**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) Goal 1: In-Custody youth detained at Juvenile Justice Campus facility will show improvement in the domains being tracked in the Initial Mental Health Assessment form.
- 2) Goal 2: Reduction of the number of youth placed on suicide precautions.
- 3) Goal 3: Reduction in the number of youth suicide attempts.

In Fiscal Year (FY) 2018-19, the program provided 9,866 units of service to 839 unique patients. Services included mental health encounters (4,463), Mental Health referrals (2,224), Mental Health sick call requests (847), crisis intervention (266), Court ordered evaluations (56), Case management/linkage services (377), Initial mental health assessments (965), youths placed on suicide precautions (161), psychiatrist's encounters (182) and medication support (325).

The Initial Mental Health Assessment form was adjusted during the last quarter to include the domains within the assessment. The domains will be evaluated every 6 months for youth identified as mental health patients. They will be tracked 6 months from the date of the initial assessment and every 6 months thereafter if youth is still in custody during that timeframe.

The program goal for reduction in suicide precaution placements was not met as FY 2015-16 placements were at 159, for FY 2016-17 placements were at 91, for FY 2017-18 placements were at 77, while for FY 2018-19 placements were at 161. This increased number could be attributed to a variety of reasons one being the higher risk youth who were less stable during this timeframe as well as an influx of new custody staff being employed. Wellpath places an emphasis on suicide prevention training for staff and in identifying high risk youth with suicidal ideations which contributed to the increase number of youth on Suicide Watch. The suicide prevention trainings were not being offered during this fiscal year for all officers which could have contributed to increase number of youth being placed on Suicide Watch precautions. The suicide prevention trainings will be conducted during this fiscal year for all custody personnel.

The program did meet goals for suicide attempt reduction as the number decreased by 24. The decrease could be attributed to having a higher number of youth being placed on Suicide Watch precautions which stopped them from escalating to actual suicide attempts. We are working on having staff being more proactive and less reactive to working with youth before it escalates to a suicide attempt as well as identifying youth that meet the criteria for having a higher risk of attempting suicide.

Average of only 2 days wait time from placement of mental health request until service provided by a licensed mental health clinician. Avatar does not account for patients who are not in crisis, not on psychotropic medication, not on a treatment plan, and do not have a serious mental illness. At JJC, we see all children who require services even if only in a singular instance.

**DEPARTMENT RECOMMENDATION(S):**

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