

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	California Psychological Institute	Provider:	California Psychological Institute
Program Description:	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.	MHP Work Plan:	4-Behavioral health clinical care
Age Group Served 1:	ADULT	Dates Of Operation:	2001 - Current
Age Group Served 2:	CHILDREN	Reporting Period:	July 1, 2020 - June 30, 2021
Funding Source 1:	Medical FFP	Funding Source 3:	Realignment
Funding Source 2:	EPSDT	Other Funding:	DSS

FISCAL INFORMATION:

Program Budget Amount:	\$6,392,978	Program Actual Amount:	\$3,871,609.16
Number of Unique Persons Served During Time Period:	1,051		
Number of Services Rendered During Time Period:	25,359		
Actual Cost Per Person Served:	\$3,686.59		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	7/1/2019 – 6/30/2022 plus two optional one-year extensions	For Other:	
		Renewal Date:	7/1/2021
Level of Care Information Age 18 & Over:	Medium Intensity Treatment (caseload 1:22)		
Level of Care Information Age 0- 17:	Outpatient Treatment		

TARGET POPULATION INFORMATION:

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."

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 has a culturally diverse staff, in order to meet the needs of the persons we serve. Our staff turnover is low, as we invest in staff development to create 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 persons served and include a seamless coordination between all agencies and people involved in each person's life. We offer multiple services under one roof, allowing our staff to work together at the same time; making it easier for individuals to access and receive multiple services. All goals are developed with the person served and their family to assure that the person served 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:**Discharged For Noncompliance**

- (1) Indicator – An individual who is discharged for non-compliance is defined as an individual who is not willing to comply with services and not consistently participating with services. An individual who is non-compliant is less likely to make progress towards meeting their treatment goals. Each person served has their own requirements for compliance that are discussed and agreed upon during assessment and continuously through out treatment with their therapists. Some examples of non-compliance are excessive no-shows to prearranged appointments without communicating with CPI staff or an excessive amount of time without contacting CPI staff to discuss attendance or treatment plans. Prior to discharge efforts are also made with county Social Workers, for additional assistance.
- (2) Who Applied - All adults and minors discharged from services at CPI.
- (3) Time of Measure - Fiscal year 20-21
- (4) Data Source – An internal tracking spreadsheet updated by our support staff to categorize every discharged person. We are also using the monthly activity report provided to Fresno County, each month
- (5) Objective (Goal) – Less than 25% of persons discharged from CPI's program will be discharged unsuccessfully.
- (6) Outcome - **Of total discharges for FY 20/21 only 4% were discharged for non-compliance.** For a total of 32 out of 775 discharges

Decrease in Suicide Risk

- (1) Indicator –Suicide Risk is defined as self-harm, substance abuse, and thoughts of harm with or without a plan. The benefits of the adults having a decrease in suicide risk suggests that a parent is able to provide a stable and consistent environment for their children. An adult having a decrease in suicide risk also supports emotional and developmental growth for their child with the hopes that the adult is feeling more stable.
- (2) Who Applied - All adult parents engaged in services at CPI.
- (3) Time of Measure - Fiscal year 20-21
- (4) Data Source - ANSA
- (5) Objective (Goal) – No more than **15%** of adults in treatment with CPI will report an increase in risky behavior.
- (6) Outcome – Only **9% of adults served by CPI reported an increase of suicide risk while engaged in services with CPI**

Efficiency of Services:**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.

Indicator – All services provided under contract FY 2019-20

- (2) Who Applied – How much of the allocated funds were billed for the Fiscal year 20-21 contract.
- (3) Time of Measure - FY 2020/2021
- (4) Data Source - Billable services report pulled from our Electronic Health Record, Exym.
- (5) Objective (Goal)– To bill a minimum of 75% of our county contract while providing the maximum amount of services allowed.
- (6) Outcome – **CPI billed 48% of our contract total in FY 20-21** Our contract was updated in April 2021 with a substantial increase. Due to covid and the delay in the contract updates we were not able to meet our goal.

Access to Services:

Standard Referrals

- (1) Indicator – A standard referral is defined as a referral received from the County’s Child Welfare Mental Health Team (CWMH Team) who is not categorized as a Crisis
- (2) Who Applied – All standard referrals received from the CWMH Team.
- (3) Time of Measure – Fiscal year 20-21
- (4) Data Source - An internal tracking spreadsheet updated by our intake coordinator, tracking date of referral and number of days from referral to mental health assessment dates offered and scheduled; monthly activity report; DBH’s Avatar system
- (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 – **On average standard referrals were offered and or scheduled for their MHA in 7 days.** CPI received a total of 963 referrals.

Crisis Referrals

- (1) Indicator – A crisis referral is defined as a referral received from the CWMH Team who is categorized as a Crisis due to being identified as an individual 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), exhibiting significant behavior concerns that put the current living arrangement at imminent risk, and/or has a history of significant mental health issues (hallucinations, delusions) or past attempts at suicide. Even though CPI does not receive a considerable amount of Crisis referrals, they are prioritized due to the severity of symptoms.
- (2) Who Applied – All crisis referrals received from the Child Welfare Mental Health Team referred by the the Department of Social Services
- (3) Time to Mesure – Fiscal year 20-21
- (4) Data Source - An internal tracking spreadsheet updated by our intake coordinator, tracking date of referral and number of days from referral to mental health assessment dates offered and scheduled; monthly activity report
- (5) Objective (Goal)– All crisis referrals will be offered and/or scheduled for their mental health assessment (MHA) within the recommended time frame (3 business days).

- (6) Outcome – **On average, all crisis referrals were offered and or scheduled for their MHA in 2 days.** CPI received a total of 13 referrals. All were minors. 11 out of the 13 crisis referrals were offered/scheduled within 2 days. CPI had all but 2 crisis referrals offered an appointment in 3 days over the year. One referral was sent on Christmas Eve and we were closed for the afternoon and closed for Christmas day which was a Friday. The other was in October and we had no appointments available due to staff out sick.

Satisfaction & Feedback:

Satisfaction: Accessibility of Services

- (1) Indicator – 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 persons served.
- (3) Time of Measure - Fiscal year 20-21
- (4) Data Source – Satisfaction Survey administered to active persons served, on a quarterly basis. Every person aged 13 and over completed the survey themselves. Care providers completed the survey for youth under the age of 13. In addition, a care survey was given during the COVID-19 shelter in place to make sure they were satisfied with the services they were receiving through Telehealth and Phone calls.
- (5) Objective (Goal) – A minimum of 90% of persons served by CPI 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 - **96% of persons served by CPI reported an overall satisfaction with their accessibility of services from CPI, as it pertains to receiving services at their preferred time, day and location.**

Satisfaction: Services Received

- (1) Indicator – Satisfaction of services received, – A minimum of 90% of persons served by CPI will report mental health services at CPI have helped them with their life goals.
- (2) Who Applied – All active persons served.
- (3) Time of Measure - Fiscal year 2020-21
- (4) Data Source –Satisfaction Survey administered to an active person served, on a quarterly basis. Every person aged 13 and over completed the survey themselves. Care providers completed the survey for youth under the age of 13.
- (5) Objective (Goal) – A minimum of 90% of persons served by CPI will report report mental health services at CPI have helped them with their life goals.
- (6) Outcome - **100% of persons served reported overall satisfaction with the services they received. Additionally, 100% of persons served and care givers reported learning skills and being able to utilize those skills individually or with a child.**

****Responses received from the Satisfaction surveys can be seen below:**

- I am able to schedule appointments on a time/day that works for me: **97% Strongly Agreed or Agreed**

- I always receive a confirmation call about my appointments: **91% Strongly Agreed or Agreed**
- CPI staff speaks to me in a way I understand: **95% 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: **95% Strongly Agreed or Agreed**
- My therapist listens to what I have to say: **93% Strongly Agreed or Agreed**
- My therapist asks me what I want/need: **95% Strongly Agreed or Agreed**
- My therapist makes me feel comfortable: **96 % Strongly Agreed or Agreed**
- I'm learning skills or approaches that help me (my child): **96% Strongly Agreed or Agreed**
- I helped in choosing my (child's) treatment goals and services: **92% Strongly Agreed or Agreed**
- I would choose to utilize telehealth in the future, even after the pandemic ends: **84% Strongly agreed or Agreed**
- I feel comfortable with using a virtual platform for my Telehealth Services: **91% Strongly Agreed or Agreed**

When asked "What do you like best about CPI":

- The Quality
- I like everything about CPI
- Other places didn't act like they wanted to help me. It was more to vent. I would just talk to them and then they would say " that's all the time we have". I've had 3 people from CPI to talk to me and they were all wonderful.
- The confidence instilled by the therapists
- Good communication and service seems to be well.
- It's calming and I love talking to my therapist
- everything is wonderful
- Friendly Staff
- She understands me
- I was unsure about sharing. I am now able to share and open up. I trust my therapist
- I like that our therapist is really understandable, caring, kind, polite, outgoing, funny, & helpful.
- The Therapist
- Staff is amazing
- Respectful Staff
- That they are very concerned n really help
- They're very patient with you & make you feel very comfortable

- Friendly
- Weekly appointments in which our children need
- The friendly and positive environment
- Patiently listened to you
- Phone Session
- My Therapist
- The services they provide
- I really like how friendly, understanding, and accommodating the staff have been
- That my therapist is amazing and fits me perfectly
- clear communication
- Professionalism
- My sons therapist has his best interests
- How they listen to what I say and make great suggestions to help with my problems.
- Good communication
- They do care
- The respect
- They Listen
- They are consistent
- Amy Makes me comfortable and the staff are really nice when they call love it 😊
- Professional and listen to concerns of foster parents
- I love all my therapist
- That the support and encouragement are amazing
- There commit to help you
- everything is wonderful

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

- Nothing
- would like in-home visits
- Online is alright but. . .please let us innnnn. I want to physically see my therapist.

- Can't think of anything at the moment
- I am still getting used to allowing myself to feel vulnerable. I accept this bow because it helps me
- They don't have FaceTime or Teams
- I like everything about them
- I have no issues
- I cant think of anything
- Telecommunication has a barrier
- Inconsistant Start Time
- That they only work with DSS cases
- Distance From US
- When my case closes I might still want to talk
- I don't dislike anything
- Nothing everything/everyone is great
- Counselors have very full schedules
- I think face to face is better with young children
- That they are only an hour

DEPARTMENT RECOMMENDATION(S):

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