

# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

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**PROGRAM TITLE:** Children's Outpatient

**PROVIDER:** Department of Behavioral Health (DBH)

**PROGRAM DESCRIPTION:** The Outpatient Program provides voluntary mental health services to children and their families and is primarily a treatment team. Services provided include mental health assessments and evaluations, case management services, transitional services, individual, family and group therapy and family advocacy. The program initiates services through a walk-in/call-in intake/service initiation process which began on April 2, 2013 and each client is given a mental health assessment appointment at this time rather than requiring the completion of an orientation session. This effort reduces the wait time. In terms of treatment, Outpatient offers 10 therapy groups that are run per week. An average of 20-30 cases per week that are in need of therapy services are triaged to the Outpatient Team. Each client is offered a time-limited service of up to 20 sessions during the course of 6 months. The program focuses on achieving the following goals: (1) reduction in crisis services (CCAIR visits), (2) reduction in inpatient psychiatric hospitalization, and (3) improve in the following life functioning areas: family, academic performance, school behavior, school attendance, social functioning, and living.

## PROGRAM DEMOGRAPHICS FOR JANUARY 2014 – JUNE 2015

- A total of 2279 clients received services
- Language: 1819 English (79.80%), 408 Spanish (17.89%), 12 Hmong (0.55%), 28 Other (1.22%), 12 Unknown (0.55%)
- Race: 1454 Hispanic (63.79%), 428 Caucasian (18.77%), 281 African-American (12.33%), 60 Asian/Pacific Islander (2.64%), and of the remaining 56 (2.46%) of the following: 15 Native American, 23 Other, 18 Unknown
- Gender: 891 Female (39%), 1383 Male (61%)

☒ Children  
☐ Adult

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☐ Older Adult

**DATES OF OPERATION:** January 1982 – Current

**DATES OF DATA REPORTING PERIOD:** Jan 2014 – Jun 2015

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## OUTCOME GOAL

This reporting period captures program process outcomes and effectiveness. \*Data was pulled at different times from Avatar and numbers may vary due to corrections, edits, etc. made in Avatar by staff.

1. Client count – Increased % of clients served by 6.2 for the period of January 2015 to June 2015 from the previous 6 months period. This reflects the addition of clinicians reassigned to this program at the end of 2014 to increase the capacity for timely response to requests for services.
2. Service Count-Increased % of services provided by 14.4 for the period of January 2015 to June 2015 from the previous 6 months period.
3. Crisis services-Decreased % of clients seen by crisis service providers by 5 for the period of Jan-June 2015 from the prior 6 month period.
4. Hospitalization-Increased % of clients hospitalized by 70 for period of Jan-Jun 2015 compared to prior 6 months. The program is experiencing an increased number of foster youth with high acuity behavioral health needs and other Medi-Cal and non-Medi-Cal youth with untreated mental health needs that are newly accessing crisis services. However, the ratio of clients hospitalized and days hospitalized has decreased from Jan-Jun 2014 (13 days=292/23) to Jan-Jun 2015 (11 days=499/46)
5. Wait time- Decreased the wait time by 20% between assessment and first services for the period of January 2015 to June 2015 from the previous 6 months period.

## OUTCOMES DATA

Client Count	Jan-Jun 2014	Jul-Dec 2014	% Increase/ Decrease	Jan-Jun 2015	% Increase/ Decrease	Total # Unique Clients
Children's Outpatient	1,044	990	-5.2%	1,051	6.2%	2,279
CMH Division Total	3,459	2,872	-17.0%	2,546	-11.4%	6,755
CMH Division Total Average	314	287	-8.7%	255	-11.4%	614

Service Count	Jan-Jun 2014	Jul-Dec 2014	% Increase/ Decrease	Jan-Jun 2015	% Increase/ Decrease	Total
Children's Outpatient	6,304	5,616	-10.9%	6,422	14.4%	18,342
CMH Division Total	22,877	20,371	-11.0%	19,428	-4.6%	62,676
CMH Division Average	2,080	2,037	-2.0%	1,943	-4.6%	5,698

*Crisis Services	Jan-June 2014	Jul-Dec 2014	% Increase/ Decrease	Jan-Jun 2015	% Increase/ Decrease	Jan 14-Jun 15 Total
# of Clients w/Crisis Services	141	153	9%	145	-5%	446
# of Clients with recurrence of crisis services	49	53	8%	50	-6%	189

\*Crisis services were pulled from CCAIR visits from 01/01/2014 through May 2015. Data was also pulled from Exodus cost center 21101 and 211Y. This data was pulled on September 22, 2015 and reflects real time data. Crisis reoccurrence is defined as more than one 23 hour period visit at those locations.

\* Data was broken down by 6 months and reflects crisis services for the youth receiving services and crisis within only those months. Data for the whole 18 month period will capture clients who were served within the 18 months as well as received a crisis services in the 18 months.

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6. All served clients received primarily therapy services and case management.

*\*Client count, service count, proportion of services and wait time were pulled from Avatar in 07/2015.*

*Hospitalization	Jan-Jun 2014	Jul-Dec 2014	% Increase/Decrease	Jan-Jun 2015	% Increase/Decrease	Jan 14-Jun 15 Total
# of Clients Hospitalized	23	27	17%	46	70%	109
# of Days of Hospitalization	292	241	-17%	499	107%	1,634
# of Clients with more than one consecutive period of hospitalization	4	2	-50%	8	300%	28

*\*This data was pulled on September 22, 2015 and reflects real time data. Client counts may have changed due to Avatar corrections. Data was pulled from Crestwood PHF, Central Star PHF, and hospitals in Avatar.*

*\*Data was broken down by 6 months and reflects # of clients hospitalized from the youth served within those same months. Data for the whole 18 month period will capture clients who were served within the 18 months and were hospitalized within the 18 months. This is the reason the number is higher than each of the 6-month periods.*

Wait Time By Program (Days): Avatar Report Wait time from assessment to first service. Medical service is meds services, crisis services and psychiatrist services. Non-medical services all other codes. This report excludes note to charts, cancellations, and no shows	January-June 2014			July-December 2014				January-June 2015			
	Medical Service	Non-Medical Service	Combined	Medical Service	Non-Medical Service	Combined	% Increase/Decrease	Medical Service	Non-Medical Service	Combined	% Increase/Decrease
Children's Outpatient	85	34	119	67	38	105	-12%	53	31	84	-20%
CMH Division Average	83	24	108	62	18	80	-26%	31	9	41	-49%

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Proportion of Services (Avatar)	January-June 2014										
	Assessments	Case Management	Collateral	Crisis Services	Placement	Plan Development	Rehab	Therapy	Med Services	Day Treatment Services	Total
Children's Outpatient	9.45%	9.44%	14.88%	0.37%	0.00%	9.97%	0.02%	55.85%	0.02%	0.00%	100.00%
CMH Division Average	6.85%	17.06%	6.74%	6.52%	0.01%	7.76%	8.69%	40.95%	2.13%	3.29%	100.00%

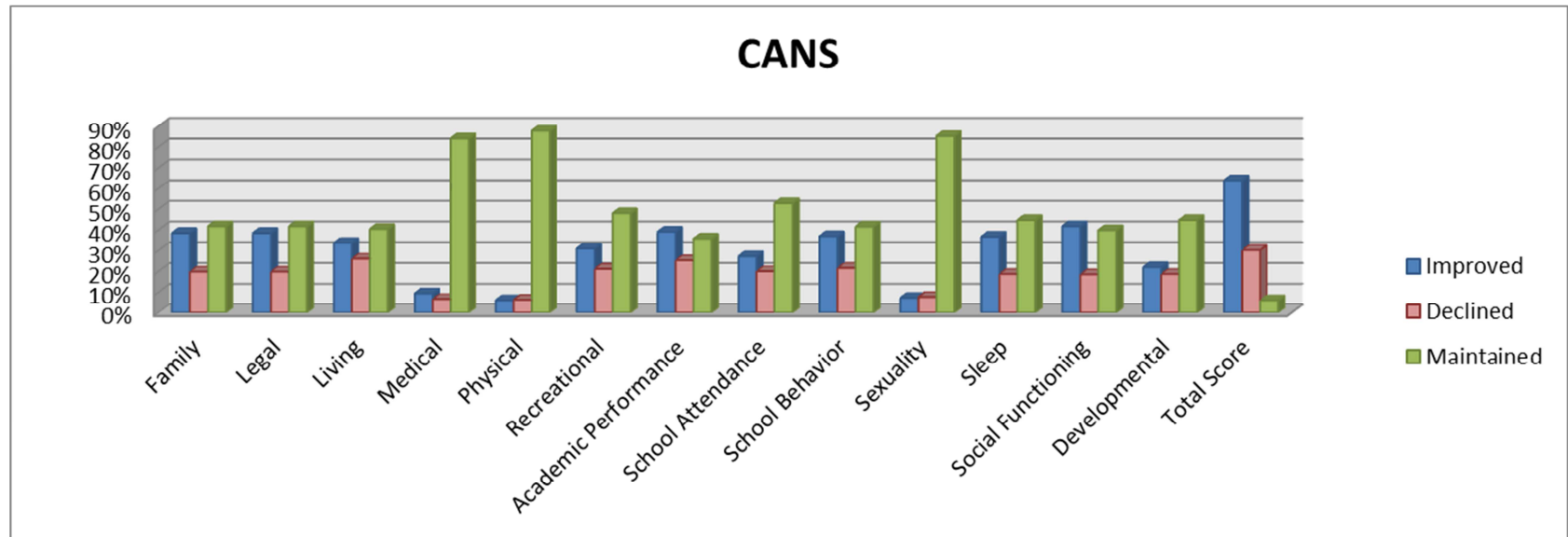
Proportion of Services (Avatar)	July-December 2014										
	Assessments	Case Management	Collateral	Crisis Services	Placement	Plan Development	Rehab	Therapy	Med Services	Day Treatment Services	Total
Children's Outpatient	8.69%	13.53%	11.87%	0.29%	0.05%	7.87%	0.36%	57.34%	0.00%	0.00%	100.00%
CMH Division Average	5.63%	17.17%	6.24%	6.61%	0.02%	6.75%	7.76%	44.22%	2.41%	3.19%	100.00%

Proportion of Services (Avatar)	January-June 2015										
	Assessments	Case Management	Collateral	Crisis Services	Placement	Plan Development	Rehab	Therapy	Med Services	Day Treatment Services	Total
Children's Outpatient	8.74%	13.41%	11.44%	0.20%	0.00%	7.59%	0.52%	58.10%	0.00%	0.00%	100.00%
CMH Division Average	5.77%	17.36%	5.87%	5.25%	0.01%	6.54%	7.26%	47.72%	1.38%	2.86%	100.00%

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## OUTCOME GOAL

Program outcomes are measured using the Child and Adolescent Needs and Strengths, Ages 5+ (CANS) instrument in the area of "Life Domain Functioning." It is administered upon entry into the program based on behaviors prior to services, every six months and at discharge. Data on CANS was pulled for January 2014-June 2015 and 515 matched pairs were found. Matched pairs include CANS assessments completed six months prior to January 2014, if a second CANS assessment was completed in our 18 month data reporting period. The goal is for clients to improve in all life domains. Below we have highlighted a few domains; family, academic performance, school behavior, school attendance, social functioning, and living.



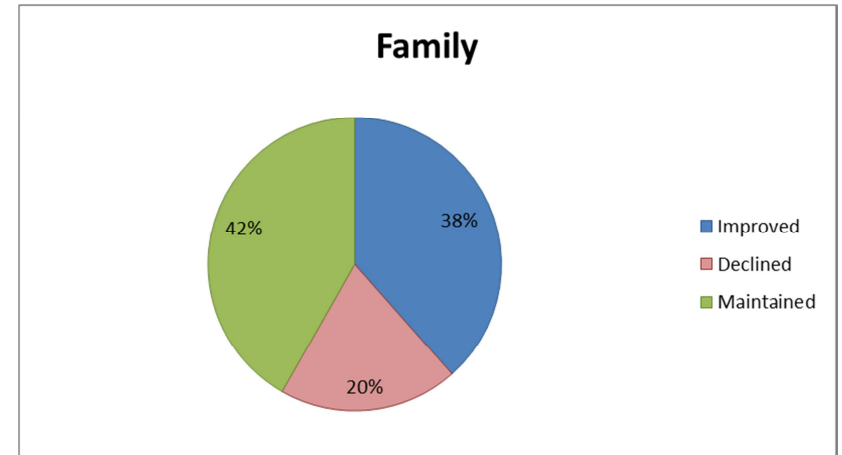
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## CANS Family Relationship Domain:

**Family relationships will improve** – Improvement in the client's relationship with family members and the extent there are problems (i.e., frequent/constant arguing, negative relationships, domestic violence, etc.)

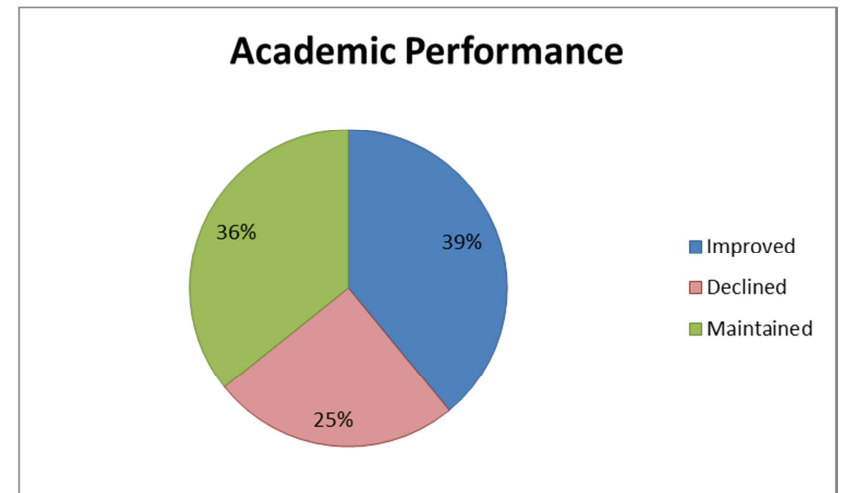
- 38% of clients showed an improvement.
- 42% maintained family relationships while in the program.



## CANS Academic Performance Domain:

**Academic performance will improve** – Improvement in the client's achievement at school and the extent there are problems with achievement (i.e., struggling or failing some subjects, falling behind same age peers, etc.

- 39% of clients showed an improvement.
- 36% maintained academic performance while in the program.



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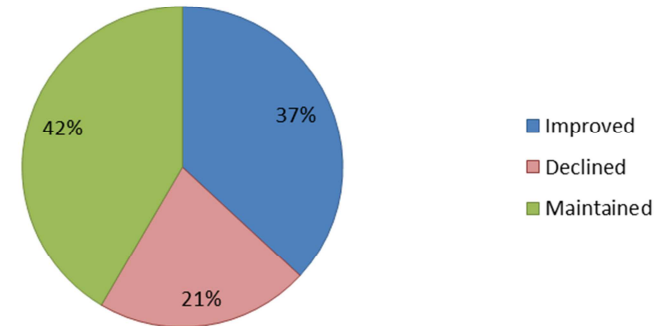
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## **CANS School Behavior Functioning Domain:**

**School Behaviors will improve** – Improvement is measured by comparing the client's behaviors and its impact at school such as classroom disruptions, sanctions that may include suspensions or severe behavioral problems that may jeopardize school placement.

- 37% of clients showed an improvement.
- 42% maintained school behavior while in the program.

**School Behavior**

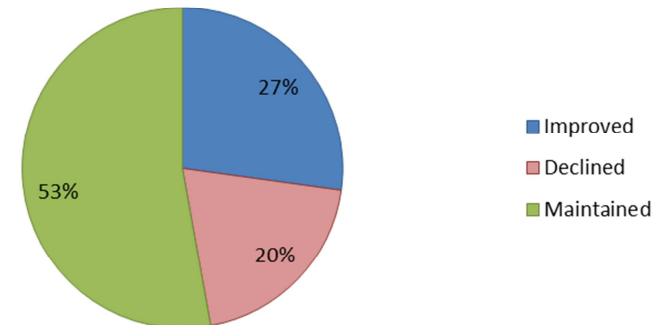


## **CANS School Attendance Domain:**

**School attendance will improve** – Improvement is measured by comparing the client's attendance

- 27% of clients showed an improvement.
- 53% maintained school attendance while in the program.

**School Attendance**



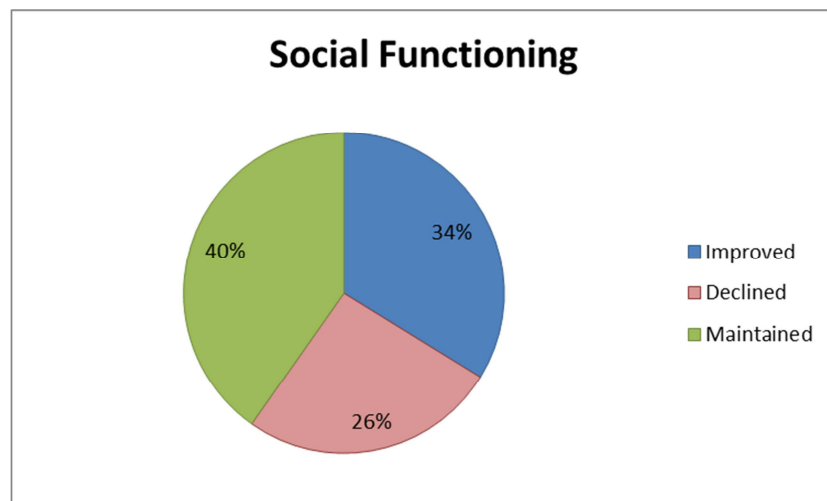
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## **CANS Social Functioning Domain:**

**Social Functioning will improve** – Improvement is measured by comparing the client's ability to have meaningful relationships with peers, friendships and socialization while at school and in the community

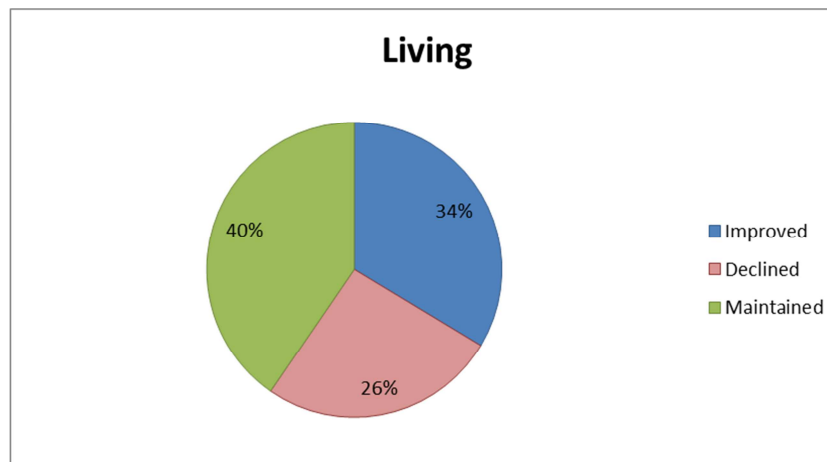
- 34% of clients showed an improvement.
- 40% maintained social functioning while in the program.



## **CANS Living Situation Domain:**

**Living situation will improve** – Improvement in the client's living situation and the extent there are problems (i.e., caregiver's concerns, disruptive behaviors, conflict with others in the residence, etc.)

- 34% of clients showed an improvement.
- 40% maintained their living situation while in the program.



**DEPARTMENT RECOMMENDATION(S):** The Department recommends continuing funding for the Children's Outpatient program for FY 2015-16.