PROGRAM INFORMATION:

Program Title:	Children's Outpatient	**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, 2016 - June 30, 2017
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:	$9,403,759
Number of Unique Clients Served During Time Period:	4,180
Number of Services Rendered During Time Period:	29,655
Actual Cost Per Client:	$2,250

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 clients 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. <u>Objective:</u> To prevent hospitalizations and re-admissions for clients served.

    ii. <u>Indicator:</u> Percent of clients who were hospitalized.

    iii. <u>Who Applied:</u> Clients who were hospitalized and received three or more specialty mental health services by a CMH program during the time of measure.

    iv. <u>Time of Measure:</u> FY 16-17

    v. <u>Data Source:</u> Avatar

    vi. <u>Target Goal Expectancy:</u> The Department is developing target goals for decreased hospitalizations for clients following enrollment into the program.

    vii. <u>Outcome:</u> 7% of clients served by CMH programs were hospitalized within the fiscal year.

Hospitalizations

	Count	Percentage
Clients Served	2,487	
Clients Hospitalized	182	7%
Hospitalizations	294	

b. **Inpatient Crisis Stabilization Services**
The outcome measures the percent of clients 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 clients served.
   ii. Indicator: Percent of clients who received crisis stabilization services.
   iii. Who Applied: Client 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 16-17
   v. Data Source: Avatar, Crisis Episodes within Avatar
   vi. Target Goal Expectancy: The Department is developing target goals for decreased crisis stabilization services for clients following enrollment into the program.
   vii. Outcome: 12% of clients served received a service from a crisis stabilization center.

Crisis Inpatient Clients and Counts

	Count	Percentage
Clients served	2,487	███
Clients w/ crisis services	305	12%
Clients w/ reoccurrence of crisis services	656	███

c. **Hospitalizations and Crisis Services by Follow-Up Status**
   For clients 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 clients serviced by the program.
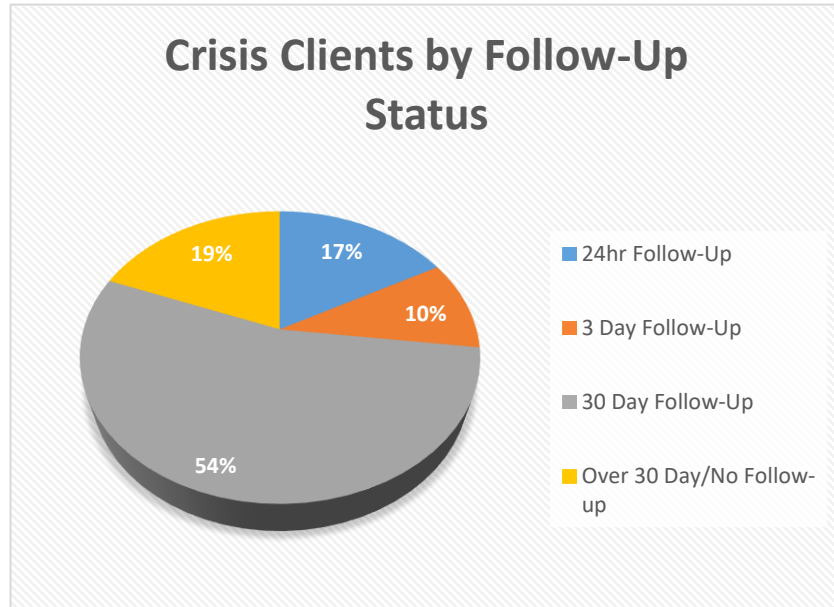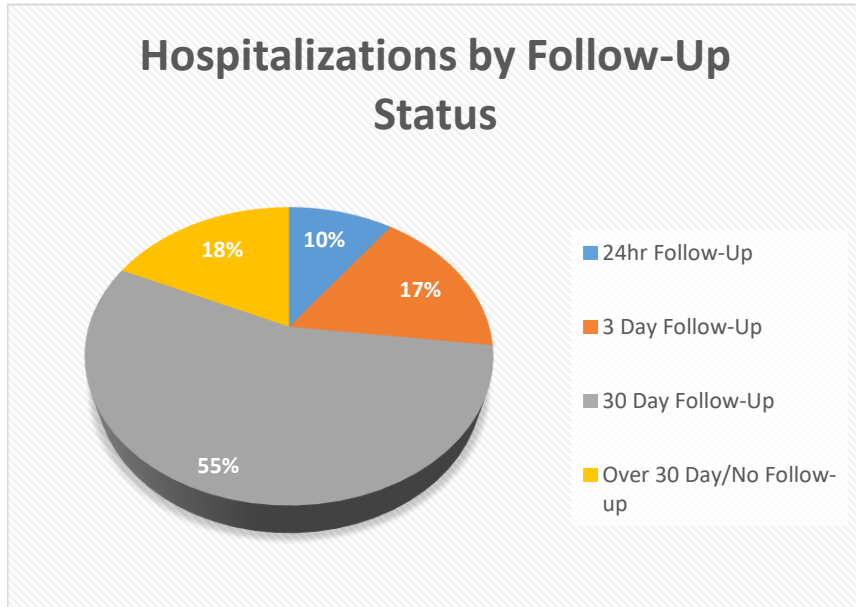
Hospitalization and crisis stabilization follow-ups represented in graph may have occurred outside of program enrollment, which affects timeliness of follow-up.

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. Currently there are full and partial assessment versions of CANS that providers may use.

    Historically, the Department of Behavioral Health elected to utilize the partial version of CANS and the following domains were captured:

    1. *Family*
    2. *Legal*
    3. *Living*
    4. *Medical*
    5. *Physical*
    6. *Recreational*
    7. *School Achievement*
    8. *School Attendance*
    9. *School Behavior*
    10. *Sexuality*
    11. *Sleep*
    12. *Social Functioning*

    California Department of Health Care Services (DHCS) has directed counties to utilize the full CANS assessment tool, as well as the Pediatric Symptom Checklist (PSC-35). DBH is developing a plan to implement the full CANS and PSC-35 by July 2018.

3. *Access:*

   a. **Urgent and Non-Urgent Timeliness**
      The data shows number of days from the date of request to first assessment for all new clients 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.

Urgent Timeliness

Non-Urgent Timeliness