

**FRESNO COUNTY MENTAL HEALTH PLAN**

**OUTCOMES REPORT- Attachment A**

**PROGRAM INFORMATION:**

<b>Program Title:</b>	Juvenile Justice Center Psychiatric Services	<b>Provider:</b>	Corizon Health
<b>Program Description:</b>	Corizon Health at Juvenile Justice Center 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>	June 23, 2014 – Present
<b>Age Group Served 2:</b>	Choose an item.	<b>Reporting Period:</b>	July 1, 2016 - June 30, 2017
<b>Funding Source 1:</b>	Realignment	<b>Funding Source 3:</b>	Other, please specify below
<b>Funding Source 2:</b>	Other, please specify below	<b>Other Funding:</b>	Health Realignment

**FISCAL INFORMATION:**

<b>Program Budget Amount:</b>	\$2,392,157 Behavioral Health Services	<b>Program Actual Amount:</b>	\$591,450 Behavioral Health Services
<b>Number of Unique Clients Served During Time Period:</b>	640		
<b>Number of Services Rendered During Time Period:</b>	7,857		
<b>Actual Cost Per Client:</b>	\$924.14		

**CONTRACT INFORMATION:**

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	Other, please specify below
<b>Contract Term:</b>	March 2014 – June 30, 2019 (03/25/2014 to 06/30/2017 plus two optional twelve-month periods)	<b>For Other:</b>	Correctional Facility
		<b>Renewal Date:</b>	07/01/2019
<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 and sick call process and CANS scoring assessment tool. Youth requiring an on-going treatment plan are seen bi-weekly or weekly, as needed. All other youth are seen through the referral process. Encounters are recorded in Corizon’s EHR for all services and services which meet criteria for DBH’s 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

Program Outcome Goals:

- 1) In-custody youth detained at the Juvenile Justice Campus will show a 5% improvement in the CANS-Life Domain Functioning Score.
- 2) Reduction of the number of youth placed on suicide precautions.
- 3) Reduction in the number of youth suicide attempts.

**Access:**

Every youth has the ability to access mental health services via request or referral. In Fiscal Year (FY) 2016-17, the program provided 7,857 units of service to 640 unique patients. Services included: mental health encounters (4,016), mental health referrals (1,421), mental health sick call requests (706), crisis intervention (267), court-ordered evaluations (120), case management/linkage services (339), youths placed on suicide precautions (91), psychiatrists encounters (325), and medication support (572).

**Effectiveness:**

The CANS assessments were recorded for the intake portion of every youth processed but the follow up 6 and 12 month CANS were not tracked. This tracking will be performed for FY 2017-18 to determine if there was an improvement in the CANS-Life Domain Functioning Score. Due to the changes in leadership at JJC during the previous fiscal year, the CANS assessments were not tracked until the FY 2015-16 outcomes report was submitted in April 2017. They are being tracked currently for this fiscal year (FY 2017-18).

The program met goals for reduction in suicide precaution placements from 159 placements in FY 2015-16 to 91 placements in FY 2016-17 (a 43% decrease). This lower number could be attributed to the Safety Cell program which provided safe placement of youth on Suicide Precautions as well as the ongoing suicide prevention trainings offered to JJC Probation and Corizon staff. This was also the third year of the program which led to more familiarity with youth and better therapeutic rapport with the youth. The clinicians were proactive in requests to see youth and were able to see youth prior to them acting out in attempts of self-harm. There was improved collaboration with custody staff which lead to more awareness and communication of warning signs earlier before youth escalated needing to be placed on a watch.

The program did not meet goals for suicide attempt reduction as the number increased by four. The increase could be attributed to having a couple of higher risk youth who were less stable during this timeframe. This year, Corizon has continued to provide more mental health training for the juvenile correctional officers with an emphasis on suicide prevention. We are working on encouraging staff to be more proactive and less reactive to working with youth before the situation escalates to a suicide attempt as well as better identification of youth that meet the criteria for having a higher risk of attempting suicide.

**Efficiency:**

In FY 2016-17, there was an average of only 2 days wait time from submittal of a mental health request until the mental health service was provided by a licensed mental health clinician. Information provided in Avatar does not account for patients who are not in crisis, not currently on psychotropic medications, not seriously mentally ill and/or not on a treatment plan. At JJC, we see all youth who require services even if only for a singular instance.