**PROGRAM INFORMATION:**

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| **Program Title:** | Children's Outpatient | **Provider:** | Department of Behavioral Health |
| **Program Description:** | The Department of Behavioral Health (DBH) Outpatient Program consists of two treatment teams that primarily provide voluntary mental health services to children and their families. Available services include mental health assessment, case management services, transitional services, rehabilitation services individual, family and group therapy and family advocacy. The program initiates services through a walk-in/call-in intake/service process. In terms of treatment, Outpatient offers approximately 10 therapy groups per week. An average of 60 cases per month are referred to the outpatient teams for ongoing services.<br><br>Staffing for the program consists of 14 Mental Health Clinicians, 2 Community Mental Health Specialists, and 1 Parent Partner. | **MHP Work Plan:** | 4-Behavioral health clinical care |
| **Age Group Served 1:** | CHILDREN | **Dates Of Operation:** | January 1982 - Current |
| **Age Group Served 2:** | Choose an item. | **Reporting Period:** | July 1, 2016 - June 30, 2017 |
| **Funding Source 1:** | Realignment | **Funding Source 3:** | Medical FFP |
| **Funding Source 2:** | EPSDT | **Other Funding:** | |

**FISCAL INFORMATION:**

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| **Program Actual Amount:** | $2,644,780 |
| **Number of Unique Clients Served During Time Period:** | 1,743 |
| **Number of Services Rendered During Time Period:** | 10,924 |
| **Actual Cost Per Client**: | $1,517 |

**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** : |
|---|---|
| Community collaboration | Mental health clinicians routinely collaborate with other agencies/departments, both community based and within the Fresno County system of care. Case managers often assist with the task of collaboration. Common entities that are regularly consulted with include all local school districts, medical providers, extended family members, Central Valley Regional Center, EPU Children's Center, and other agencies/providers/entities that a youth/family might be connected to or require linkage with. Additionally, one of the clinical supervisors is a member of the Fresno County Suicide Prevention Collaborative. The supervisor is a co-chair of the Health Care Work Group. This collaborative agency consists of many community agency groups that include but are not limited to Survivors of Suicide, Fresno County School Districts, Community Regional Medical Center, Valley Children's Hospital, St. Agnes Hospital, Kaiser Permanente-Fresno, Central Star Youth PHF, HealthNet/Calviva, and suicide expert consultants, Family Healing Center, Exodus Recovery and Anthem Blue Cross. |

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| Cultural Competency | Fresno County Department of Behavioral Health has implemented a two-day cultural competency training that all staff are expect to attend. Six of the clinical staff are currently trained and the remaining staff, including case managers and supervisors will be trained in the next 10 months. Cultural competency is addressed and documented in the consumer's charts. In addition, it is addressed and explored in various meetings including bi-monthly Q&A, staff meetings and group supervision. The clinical staff at Outpatient come from various cultures and support each other in understanding cultural differences. Outpatient also had 7 bilingual staff and utilizes interpreter services when needed. |
| Access to underserved communities | Children's Outpatient primarily serves Medi-Cal consumers. The outpatient program is currently working to develop a process that enables minors easier access to minor consent Medi-Cal. When needed resources are available, outpatient staff have gone to homes to conduct assessments and provide services in the community in an attempt to brake barriers that prevent the clients from coming to the office. Case managers primarily provide their services in the community thus increasing underserved clients access to additional mental health services as well as linkage to other community services. |

**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. Hospitalization**

Hospitalization data for all children's programs is reported in aggregate in the report titled, Outcomes Report-Children's Mental Health.

**b. Inpatient Crisis Stabilization Services**

Data on inpatient crisis stabilization services is reported in aggregate in the report titled, Outcomes Report-Children's Mental Health.

**c. Hospitalizations and Crisis Services by Follow-Up Status**

Data on follow up for hospitalizations and crisis services is reported in aggregate in the report titled, Outcomes Report-Children's Mental Health.

**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.

## 2. *Efficiency*

**a. Cost per Client**

Costs include all staffing and overhead costs associated with operation of the program.

i. Objective: To maximize resources allocated to the program.

ii. Indicator: Total program costs compared to number of unique clients served.

iii. Who Applied: Clients served by the program. Clients served represents clients who received any specialty mental health services in FY 16-17.

iv. Time of Measure: FY 16-17

v. Data Source: Avatar and Financial Records

vi. Target Goal Expectancy: To keep within departmental budgeted costs for the program.

vii. Outcome: Compared to last year, cost per client for FY 16-17 decreased by 16%. The number of unique clients served increased by 11%. The program was able to fill vacancies and, as a result, was able to see clients more quickly. Program also increased clinician run groups and Youth Wellness Center is running as the front door for access thereby increasing the number of assessments completed for clients. The vast majority of the assessed by Youth Wellness Center are referred to Children's Outpatient.

**Cost per Client**

| | FY 15-16 | FY 16-17 |
|---|---|---|
| Unique Clients | 1,564 | 1,743 |
| Program Actual Amount | $2,819,756 | $2,644,780 |
| Cost per Client | $1,803 | $1,517 |

## 3. *Access:*

**a. Urgent and Non-Urgent Timeliness**

Data for timeliness of access was collected and combined for all programs within the Adult System of Care and can be found on the Outcomes Report-Children's Mental Health.

## 4. *Satisfaction & Feedback of Persons Served & Stakeholders*

Consumer Perception Surveys (CPS) are conducted every six (6) months over a one-week period. Beneficiaries of the MHP are encouraged to participate in filling out the CPS surveys that are available to consumers and family members at County and contracted provider organizations. The data is provided in arrears and the most current data available is from November 2016.

**a. Consumer Perception Survey**

i. Objective: To gauge satisfaction of clients and collect data for service planning and quality improvement.

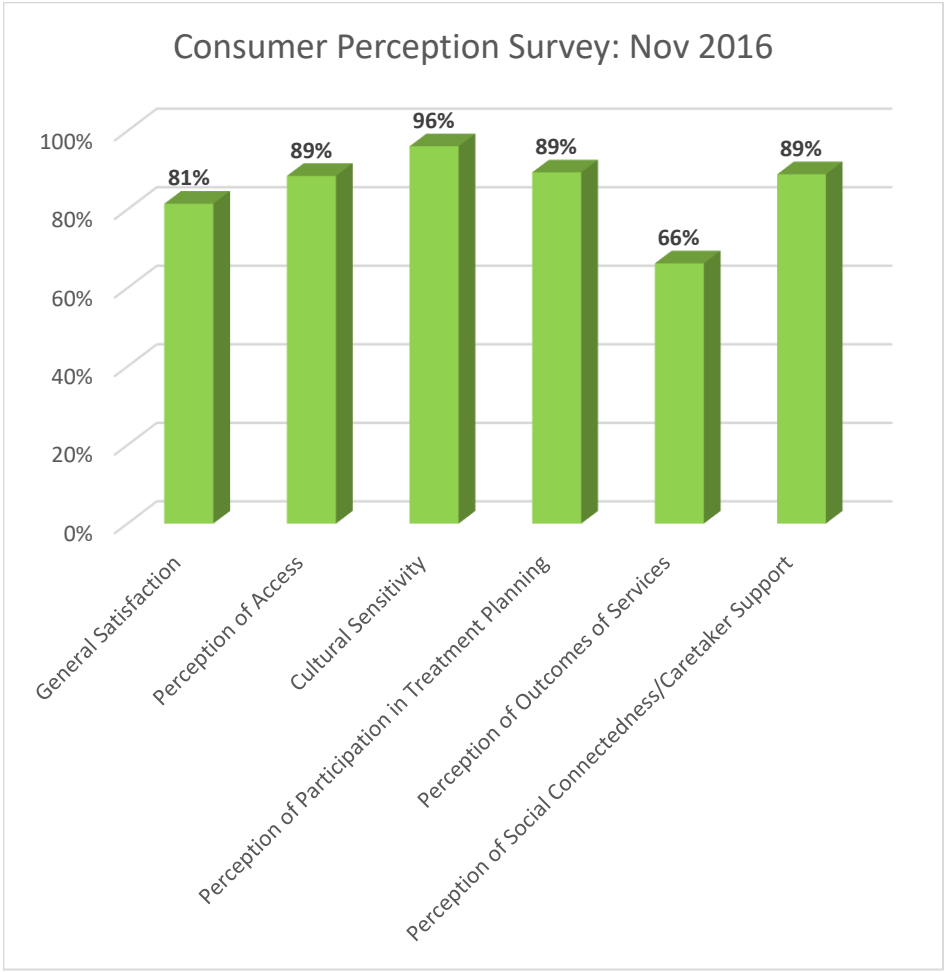
ii. Indicator: Average percent of clients who complete the survey and response was 'Agree' or 'Strongly Agree' for the following domains: General Satisfaction, Perception of Access, Cultural Sensitivity, and Perception of Participation in Treatment Planning, Perception of Outcomes of Services, and Perception of Social Connectedness/Caretaker Support.

iii. Who Applied: Clients who completed the survey in November 2016 for the program.

iv. Time of Measure: November 2016

v. Data Source: Consumer Perception Survey data

vi. Target Goal Expectancy: The Department would like to see a majority of clients satisfied for each domain. The Department will continue to develop target goals for the Consumer Perception Survey.



vii. Outcome: Majority of clients were satisfied in all six domains. General Satisfaction, Perception of Access, Cultural Sensitivity, Perception of Participation in Treatment Planning and Perception of Social Connectedness/Caretaker Support indicates that more than 80% of clients surveyed were satisfied.