

PROGRAM INFORMATION:

Program Title:	Expansion Day Treatment Program (EDT)	Provider:	Department of Behavioral Health
Program Description:	The Department of Behavioral Health (DBH) Expansion Day Treatment (EDT) is the highest level of intensive outpatient mental health treatment services available through the Department. Services are intended to assist in stabilizing a youth in grades 7-12 who have in the last 3 months met at least one of the following criteria; met 5150 criteria and received crisis services; been hospitalized in and acute inpatient psychiatric facility; referred to Therapeutic Behavioral Services (TBS); TBS did not benefit this consumer; TBS would not benefit this consumer; failed placements or at imminent risk of out of home or higher level placement; and (this criteria must be met) less intensive services would not/have not ameliorated the condition and client continues to deteriorate in spite of outpatient treatment and/or behavioral interventions. The program is designed for youth (including their support system) who can commit to a healthier lifestyle, and who need intensive support and/or interventions to cultivate new, more appropriate methods of coping and behaving. The overall objective of the program as a specialized short-term service is to return the youth to their community setting with a better understanding of their mental health issues and new and healthier coping skills.	MHP Work Plan:	4-Behavioral health clinical care

Service activities include assessment, plan development, individual and group therapy, rehabilitation, daily community/milieu meeting, skill-building groups, and collateral. Program hours are Monday-Friday from 9:00 a.m. – 2:30 p.m. except during County and certain extended school holidays. Transportation to/from the program is provided by DBH. Capacity is 8 adolescents.

Staffing for the program consists of 2 Mental Health Clinicians and 2 Community Mental Health Specialists.

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:	EPSDT
Funding Source 2:	Medical FFP	Other Funding:	

FISCAL INFORMATION:

Program Actual Amount:	\$625,304
Number of Unique Clients Served During Time Period:	24
Number of Services Rendered During Time Period:	665
Actual Cost Per Client:	\$26,054

TARGET POPULATION INFORMATION:

Target Population: The target population includes youth in grades 7-12 who are eligible for Medi-Cal/private insurance in special situations determined “Emotionally Disturbed” by their school, on an Individualized Education Program with home hospital instruction where the school, student, parent/guardian and mental health representative have agreed that the EDT Program will best meet the needs of the student. These clients have serious emotional disturbances that are of an acuity level that is not suitable or who have been unsuccessful in lower levels of mental health treatment.

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:

Please describe how the selected concept (s) embedded :

Community collaboration

The EDT program is doing outreach to underserved rural school districts such as Parlier, Kings River and Selma School Districts and has had clients from those school districts enrolled in the program this year.

Cultural Competency

The EDT program staff have been trained in various cultural competencies to better understand the diverse populations of client we serve.

Community collaboration

The EDT program staff link clients with appropriate community resources in a collaborative effort to meet client needs such as housing, food, clothing, substance abuse program and other specialty mental health services for adult client and their children via case manager, clinicians, and medical staff.

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

EDT staff focus on an Individual/Family driven, Wellness/Recovery/Resiliency-Focused Services by including a client’s family or support person in our program goals and doing regular family sessions with the client’s family or support person as well as referring the client to Therapeutic Behavioral Services (TBS) to help the client’s family understand and participate in his/her recovery efforts.

Integrated service experiences

The EDT program offers an integrated services experience to clients by offering collaborative care that includes individual and group therapy, group rehabilitation, referrals to Psychiatric/Medication services referrals, and case management in a structured environment.

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.

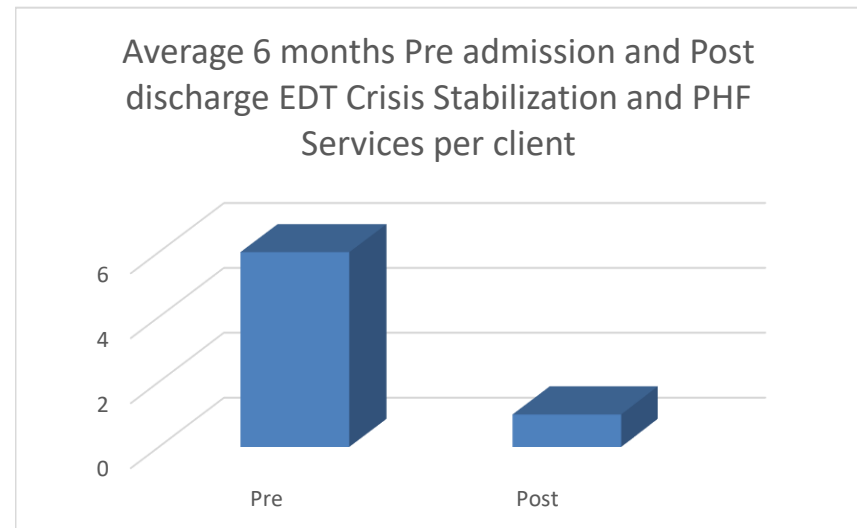
d. Crisis Stabilization and PHF Services 6 months Pre - Admission and Post EDT discharge

Crisis Stabilization and PHF services are provided by Exodus Recovery Inc. and Central Star PHF. Participation in the EDT Program may indicate a reduction in the client’s need for crisis stabilization and PHF services.

- i. Objective: Reduce need for Crisis Stabilization and PHF Services.
- ii. Indicator: Number of clients who received crisis stabilization and PHF services 6 months before admission and after discharge.
- iii. Who Applied: Clients discharged in FY 16-17 for at least 6 months as of July 2017.
- iv. Time of Measure: FY 16-17
- v. Data Source: Avatar
- vi. Target Goal Expectancy: Program is developing target goals for crisis stabilization and PHF services pre and post discharge.
- vii. Outcome: Due to Exodus Recovery Inc. opening crisis stabilization services to youth in 04/2015, not all data will cover the span of the full 6 months pre EDT admission period. The average percent decrease for crisis stabilization/PHF services for clients from pre to post 6 months periods is 83%.

Client Crisis Stabilization and PHF Services 6 months Pre EDT admission and Post EDT discharge

Client	Pre	Post	Percent Change
A	1	2	100%
B	0	0	0%
C	3	0	-100%
D	2	0	-100%
E	2	3	50%
F	9	0	-100%
G	28	3	-89%
H	3	1	-67%
Average	6	1	-83%



e. 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 the use of 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, the cost per client for FY 16-17 decreased by 48%. The number of unique clients served increased by 85%. During FY 15-16, clients experienced longer lengths of stay in the program. In FY 16-17, program staff evaluated lengths of stay, program need and benefits to the client and family. This resulted in reduced lengths of stay with clients discharged sooner to appropriate levels of care. Additionally, program performed outreach to children’s mental health programs to increase referrals.

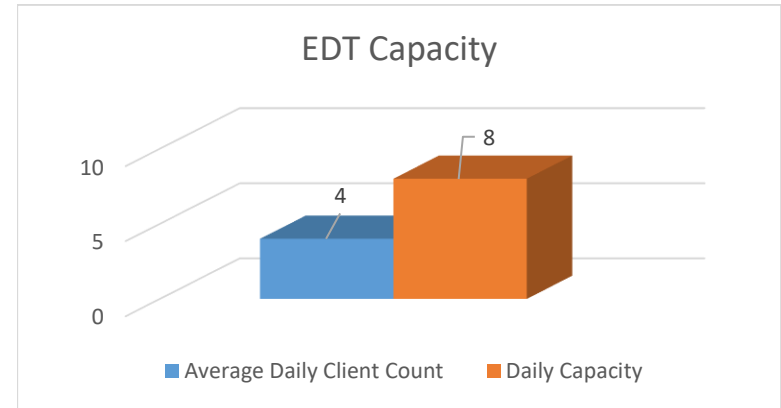
Cost per Client

	FY 15-16	FY 16-17
Unique Clients	13	24
Program Actual Amount	\$657,188	\$625,304
Cost per Client	\$50,553	\$26,054

b. Capacity

Under Day Treatment regulations, the program can serve up to eight clients per day.

- i. Objective: To maximize the use of resources allocated to the program.
- ii. Indicator: Daily average of clients served.
- iii. Who Applied: Clients attending program in FY 16-17. No-shows and cancellations were not counted in data. Data reflects client’s physical attendance in program.
- iv. Time of Measure: FY 16-17
- v. Data Source: Avatar
- vi. Target Goal Expectancy: 8 clients per day
- vii. Outcome: On average, 50% of maximum client capacity is met daily. Currently, not all referrals received by program are appropriate for the program. The Department is working on strategies to meet full capacity, including education and outreach.



3. Access:

a. Wait Time from Referral to Admission

- i. Objective: To provide timely service for clients requesting mental health care.
- ii. Indicator: Average number of calendar days from referral to EDT admission.
- iii. Who Applied: Any referral accepted to the program.
- iv. Time of Measure: FY 16-17
- v. Data Source: EDT Database
- vi. Target Goal Expectancy: Department is developing target goals.
- vii. Outcome: The average number of days from referral to admission was 48 days. The program’s admission process requires parent and school involvement, which at times has delayed admission. Additionally, the program is unique and clients must be screened for minimal disruption to the program. The program is working reviewing the current process, its effect on admissions and ways to expedite admission from referral to 30 days.

Wait Time from Referral to Admission

Number of Referrals Accepted to Program	Average # of Days to Admission
10	48