

PROGRAM INFORMATION:

Program Title:	Mental Health Service Act (MHSA) Perinatal Team	Provider:	Department of Behavioral Health
Program Description:	<p>The Department of Behavioral Health (DBH) Perinatal Wellness Center provides outpatient mental health services to pregnant and postpartum teens, adults and their infants. The short-term mental health services include outreach, prevention and early intervention identification through screening, assessment and treatment. This program is staffed with two Public Health Nurses to evaluate and provide preventive services to mother and baby. Services are open to women who experience mental disorders during pregnancy and up to a year postpartum. Services include home-based mental health intervention, psycho-educational and therapeutic groups for mothers and family, psychiatric services, therapy, and case management.</p> <p>Staffing for the program consists of 9 Mental Health Clinicians, 2 Community Mental Health Specialists, 1 Peer Support Specialist, 1 Office Assistant, 1 Psychiatrist, 1 Nurse Practitioner and 1 Licensed Vocational Nurse.</p>	MHP Work Plan:	4-Behavioral health clinical care
Age Group Served 1:	ADULT	Dates Of Operation:	April 2010 - Current
Age Group Served 2:	CHILDREN, TAY	Reporting Period:	July 1, 2016 - June 30, 2017
Funding Source 1:	Prevention (MHSA)	Funding Source 3:	Com Services & Supports (MHSA)
Funding Source 2:	Early Intervention (MHSA)	Other Funding:	Medical FFP

FISCAL INFORMATION:

Program Actual Amount:	\$1,887,705
Number of Unique Clients Served During Time Period:	690

Number of Services Rendered During Time Period: 7,137
Actual Cost Per Client: \$2,736

TARGET POPULATION INFORMATION:

Target Population: Mothers of all ages, pregnant or up to 1 year postpartum, experiencing mental health disorders.

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

Cultural Competency

Community collaboration

Please describe how the selected concept (s) embedded :

Perinatal Staff are utilizing a Recovery/Resiliency orientation after having been trained in 'Reaching Recovery' model and are currently incorporating this into Mental Health Assessments and Treatment planning by utilizing the 'Recovery Needs Level' and 'Client Strengths Assessment' tools to focus on client recovery and wellness.

Perinatal staff have been trained in various cultural competencies to better understand the diverse population of clients we serve.

The Perinatal Wellness Center staff strives to link clients with appropriate community resources in a collaborative effort to meet client needs, such as housing, food, clothing, substance abuse programs, primary care medical providers, spiritual resources, and other specialty mental health services for

adult clients and their children via case managers, clinicians, Public Health nursing staff, medical staff, and peer support staff.

Client/Family Driven Program

The Perinatal Wellness Center is a Client/Family driven program that seeks to promote a healthy bond to the mother-infant dyad, including providing in-home therapy, case management, and public health nursing services for clients unable to receive these services in the office. Additionally, Perinatal staff promotes the wellness of the family unit and assist clients as needed in linking their children as well as fathers to mental health service providers.

Integrated service experiences

The Perinatal Wellness Center provides an integrated service experience to clients by offering collaborative care that includes individual and group therapy, individual and group rehabilitation, Psychiatric/Medication services, case management, and Public Health Nursing 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.

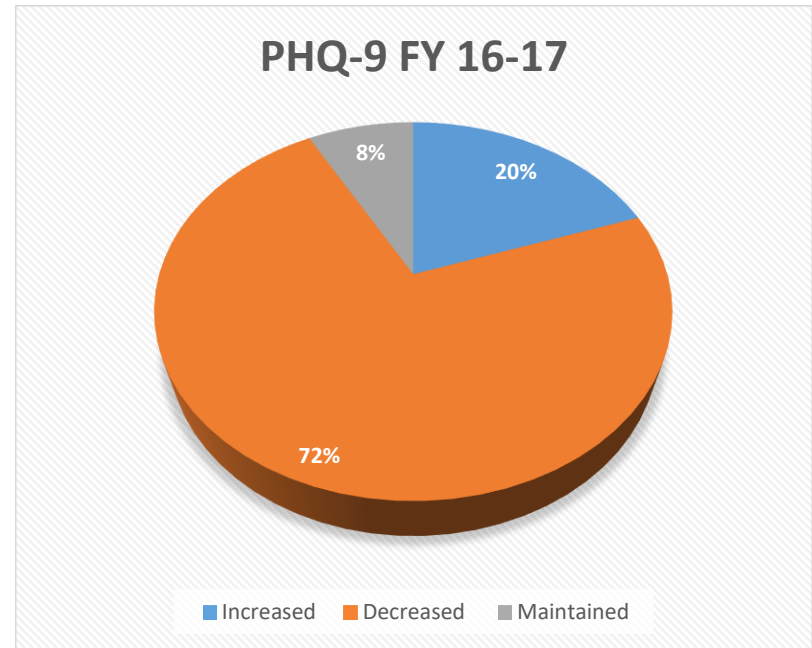
c. Hospitalizations and Crisis Services by Follow-Up Status

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

d. Patient Health Questionnaire (PHQ-9)

The PHQ-9 is a tool administered to clients participating in services offered by the Perinatal Wellness Center. The PHQ-9 can be completed at any time by the client and is used for screening, monitoring, and measuring the severity of client's depression symptoms.

- i. Objective: To decrease the severity of depression for Perinatal clients.
- ii. Indicator: Percent of clients who decreased and maintained severity of depression symptoms.
- iii. Who Applied: Any Perinatal Wellness Center client who completed a minimum of two PHQ-9's in FY 16-17.
- iv. Time of Measure: FY 16-17
- v. Data Source: Avatar
- vi. Target Goal Expectancy: The program is developing target goals for PHQ-9 scores.
- vii. Outcome: 80% of clients decreased or maintained severity of depression symptoms based on their PHQ-9 scores.



e. The Child and Adolescent Needs and Strengths (CANS) Assessment Tool

The Child and Adolescent Needs and Strengths (CANS) is an assessment process and a 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 has elected to utilize the partial version of CANS and the following domains are 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.

f. Reaching Recovery: Consumer Recovery Measure and Recovery Marker Inventory

The Department implemented Reaching Recovery in July 2016 for county operated programs. Reaching Recovery is a tool that was developed by Mental Health Center of Denver; its major focus is tracking change across multiple domains of wellness. With Reaching Recovery in place, the Department began to utilize several tools designed to measure recovery for individuals: the Recovery Needs Level Marker, Consumer Recovery Measure and Recovery Marker Inventory.

Recovery Needs Level (RNL): Assigns the right level of service intensity to a client at the right time.

Consumer Recovery Measure (CRM): A quarterly client rating of his/her perception of recovery. It is a 16-question tool that explores the client's perception of their recovery across 5 dimensions:

1. Hope
2. Symptom Management
3. Personal Sense of Safety
4. Active Growth Orientation
5. Satisfaction with Social Networks

Recovery Marker Inventory (RMI): A quarterly practitioner rating of client's progress in recovery in areas that tend to correlate with an individual's recovery. It provides practitioner's rating of the client's on 8 objective factors associate with recovery:

1. Employment
2. Education
3. Active/Growth
4. Level of Symptom Management
5. Participation of Services
6. Housing
7. Substance Abuse
8. Stage of Change

Together the tools measure recovery from multiple perspectives. These tools measure changes in recovery across multiple domains and provide a structure for holistic care. The Department has begun to gather and analyze preliminary data from the CRM and RMI. The goal is to continue to gather data, establish baseline measurements and standards of measure.

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 prior year, the cost per client for FY 16-17 decreased by 48%. Program costs remained steady however the number of unique client served increased by 97%. Staff keep clients engaged in services through Reaching Recovery and evidenced based practices such as Eye Movement Desensitization and Reprocessing, Infant Mental Health and Dialectical Behavior Therapy. Program completes outreach to obstetrics and gynecology offices, health educators, Department of Public Health staff, and other community partners.

Cost per Client

	FY 15-16	FY 16-17
Unique Clients	351	690
Program Actual Amount	\$1,853,230	\$1,887,705
Cost per Client	\$5,280	\$2,736

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, Perception of Quality and Appropriateness, Perception of Treatment Participation, Perception of Outcomes of Services, Perception of Functioning and Perception of Social Connectedness.
- 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 seven domains. General Satisfaction, Perception of Access, Perception of Quality and Appropriateness and Perception of Participation in Treatment Planning indicates that more than 80% of clients surveyed were satisfied.

