

PROGRAM INFORMATION:

Program Title:	Youth Wellness Center	Provider:	Department of Behavioral Health
Program Description:	<p>The Department of Behavioral Health (DBH) Youth Wellness Center is designed to improve timely access to mental health screening, assessment, referral for ongoing treatment and short-term interventions for youth ages 5-17 with serious emotional disturbances. Referrals may be received from caregivers seeking mental health services, Medi-Cal health plans, other community-based healthcare providers and agencies serving youth who identify that a higher intensity and array of mental health treatment and supportive services may be required. The program will also support discharge planning and bridge services for clients being discharged from Exodus Fresno Crisis Stabilization Center and inpatient psychiatric hospitals. Services may also include facilitating the transition of youth to/from Children’s Mental Health programs from/to community resources when clinically appropriate.</p> <p>Staffing for the program consists of 5 Mental Health Clinicians, 3 Community Mental Health Specialists and 1 Office Assistant.</p>	MHP Work Plan:	1–Behavioral Health Integrated Access
Age Group Served 1:	CHILDREN	Dates Of Operation:	June 2015 - Current
Age Group Served 2:		Reporting Period:	July 1, 2016 - June 30, 2017
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	Choose an item.
Funding Source 2:	Medical FFP	Other Funding:	

FISCAL INFORMATION:

Program Actual Amount: \$713,586
Number of Unique Clients Served During Time Period: 1,655
Number of Services Rendered During Time Period: 2,104
Actual Cost Per Client: \$431

TARGET POPULATION INFORMATION:

Target Population: The target population is youth, 5-17 years of age.

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

Community collaboration

Please describe how the selected concept (s) embedded :

The program assesses client and family needs for mental health and related services. The program then links clients with appropriate services within the County, with private providers and community agencies that match the client’s needs along with the family’s preferences for services.

Youth Wellness Center collaborates with local crisis stabilization facilities and statewide psychiatric health facilities to receive referrals for youth discharged from these facilities. Staff consult daily with facility staff to provide appointments for clients upon discharge.

Integrated service experiences

Youth Wellness Center receives referrals from psychiatric health facilities (PHF) and Crisis Stabilization Units and screens for services needed. Families are assisted with the orientation and registration process. Linkage to psychiatric appointment/follow-up care is also provided. Youth Wellness Center provides assessment and treatment planning to best determine client's needs. Referrals are made to community providers when appropriate or requested. Case management or clinical staff assist with transition from Youth Wellness Center to outpatient services, Full Service Partnerships, and service providers in the community. Avatar referrals are completed to track if referrals were accepted.

Cultural Competency

Language needs are identified at the time of referral. Families are offered interpreting services or matched to a provider who speak their language whenever possible. All Youth Wellness staff are or will receive training in cultural competence.

Access to underserved communities

Efforts are being made to provide services to communities who have barriers to services. Program will match client's needs by providing community based services as deemed necessary.

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 Re-admissions

Currently the program is completing a Program Improvement Plan (PIP) with the Department’s Quality Improvement (QI) division to track interventions and impacts on hospital re-admissions to the Central Star Psychiatric Health Facility (PHF) within 30 days for youth ages 12-17 who, prior to admission to hospital, were not linked to services with the Fresno County Mental Health Plan.

- i. Objective: To decrease the percentage of 30-day re-admissions to Central Star PHF by adding a daily case conference call with Central Star PHF to identify clients who will be discharged, consult on the plan for discharge and provide a follow up appointment prior to discharge.
- ii. Indicator: Percent of 30-day re-admission to Central Star PHF.
- iii. Who Applied: Youth’s (ages 12-17) admissions who were not linked to services prior to admission to Central Star PHF and number of re-admissions within 30 days.
- iv. Time of Measure: November 2016-May 2017
- v. Data Source: Quality Improvement PIP data collection
- vi. Target Goal Expectancy: The Department is developing target goals for a decreased 30-day re-admission rate for unlinked youths.
- vii. Outcome: For Nov 2016-May 2017, the rate of re-admissions was 24%. The PIP currently does not have an end date; staff will continue to collect data, apply interventions and track improvement. Program has worked with Central Star PHF to ensure all clients being discharged are properly referred to Youth Wellness Center. This process has been re-designed and improved from prior years, which may have affected results as more discharged clients are being captured in data.

Central Star PHF Re-admissions

	Results
Nov 2016 - Jan 2017	22%
Nov 2016 - Feb 2017	21%
Nov 2016 - Mar 2017	21%
Nov 2016 - April 2017	22%
Nov 2016 - May 2017	24%

b. 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 prior year, the cost per client for FY 16-17 decreased by 49%. The number of unique clients served increased by 236%. Program costs increased significantly as a result of efforts to fill vacancies and increase staffing. The increase in number of clients served could be due to program staff working effectively with PHF’s and hospitals to receive referrals for discharged clients. Additionally, providers have become more familiar with the referral process and are utilizing the various methods for referrals to Youth Wellness Center such as the email inbox.

Cost per Client

	FY 15-16	FY 16-17
Unique Clients	492	1,655
Program Actual Amount	\$418,996	\$713,586
Cost per Client	\$852	\$431

3. Access:

a. Wait Time for Discharged Youth from Central Star PHF

Currently the program is completing a PIP with the Department’s QI division to track the percentage of unlinked discharged youth who received a follow up service within 14 days of discharge from Central Star PHF.

- i. Objective: To provide a follow up service to unlinked youth discharged from PHF within 14 days to reduce a 30-day re-admission.
- ii. Indicator: The percentage of unlinked youth discharged from the PHF who received a follow up service within 14 days.
- iii. Who Applied: Any unlinked youth ages 14-17 who was discharged from PHF.
- iv. Time of Measure: November 2016-May 2017
- v. Data Source: Quality Improvement PIP data collection
- vi. Target Goal Expectancy: The Department is developing target goals for a follow up service within 14 days.
- vii. Outcome: For Nov 2016-May 2017, the rate for 14-day follow up was 54%. The PIP currently does not have an end date; staff will continue to collect data, apply interventions and track improvement.

Central Star PHF Discharge 14 Day Follow Up Appointment Rates

	Results
Nov 2016 - Jan 2017	63%
Nov 2016 - Feb 2017	61%
Nov 2016 - Mar 2017	55%
Nov 2016 - April 2017	53%
Nov 2016 - May 2017	54%

b. No Show and Cancellation for Discharged Youth from Central Star PHF

Currently program staff is completing a PIP with the Department’s QI division to track the percentage of unlinked discharged youth with a follow up appointment and their no show and cancellation rates.

- i. Objective: To provide a follow up service to unlinked youths discharged from PHF to reduce 30-day re-admissions.
- ii. Indicator: The no show and cancellation rate of unlinked youth discharged from the PHF.
- iii. Who Applied: Any unlinked youth ages 12-17 who was discharged from PHF.
- iv. Time of Measure: January 2017-May 2017
- v. Data Source: Quality Improvement PIP data collection.
- vi. Target Goal Expectancy: The Department is developing target goals.
- vii. Outcome: For the months of January through May, the no show rate has decreased and cancellation rate has fluctuated. Program staff increased client contact by contacting each client prior to their appointment. This may have contributed to a decrease in no show rates and an increase in cancellations as client may inform staff of the cancellation prior to the appointment. If a client cancels, the program will attempt to reschedule the client. In February 2017, the program implemented a new procedure for face-to-face follow up home visits after the first client no show.

The PIP currently does not have an end date; staff will continue to collect data, apply interventions and track improvement

Monthly Central Star PHF Discharge No Show and Cancellation Rates

	No Show	Cancellation	Total
Jan 2017	59%	0%	59%
Feb 2017	30%	40%	70%
Mar 2017	40%	40%	80%
April 2017	29%	24%	53%
May 2017	19%	31%	50%

c. 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 division. The assessment could have occurred in any Children’s division program. The Department will continue to develop tracking to show timeliness data by program.

