

# FRESNO COUNTY MENTAL HEALTH PLAN

# OUTCOMES REPORT- Attachment A

## PROGRAM INFORMATION:

|                             |   |                            |                                    |
|-----------------------------|---|----------------------------|------------------------------------|
| <b>Program Title:</b>       | California Psychological Institute  | <b>Provider:</b>           | California Psychological Institute |
| <b>Program Description:</b> | Outpatient specialty mental health services for children and youth with serious emotional disturbances and parents with a serious mental illness and court-specific services to children and families in Fresno County's Child Welfare Services system. | <b>MHP Work Plan:</b>      | 4-Behavioral health clinical care  |
| <b>Age Group Served 1:</b>  | ADULT   | <b>Dates Of Operation:</b> | 2001 - Current                     |
| <b>Age Group Served 2:</b>  | CHILDREN  | <b>Reporting Period:</b>   | July 1, 2017 - June 30, 2018       |
| <b>Funding Source 1:</b>    | Medical FFP   | <b>Funding Source 3:</b>   | Other, please specify below        |
| <b>Funding Source 2:</b>    | EPSDT   | <b>Other Funding:</b>      | DSS                                |

## FISCAL INFORMATION:

|  |                                    |                               |                |
|--|------------------------------------|-------------------------------|----------------|
| <b>Program Budget Amount:</b>                              | \$4,000,000                        | <b>Program Actual Amount:</b> | \$3,989,352.94 |
| <b>Number of Unique Clients Served During Time Period:</b> | 1,128                              |                               |                |
| <b>Number of Services Rendered During Time Period:</b>     | 23,404 services ( 1,411,576 units) |                               |                |
| <b>Actual Cost Per Client:</b>                             | 3,536.66 per client                |                               |                |

## CONTRACT INFORMATION:

|   |  |                         |            |
|---|--|-------------------------|------------|
| <b>Program Type:</b>                                | Contract-Operated  | <b>Type of Program:</b> | Outpatient |
| <b>Contract Term:</b>                               | 10/01/2015 – 06/30/2019<br>(10/01/2015 – 06/30/2017 plus two optional one-year extensions) | <b>For Other:</b>       |            |
|   |  | <b>Renewal Date:</b>    | 7/1/2019   |
| <b>Level of Care Information Age 18 &amp; Over:</b> | Medium Intensity Treatment (caseload 1:22)   |                         |            |
| <b>Level of Care Information Age 0- 17:</b>         | Outpatient Treatment   |                         |            |

**TARGET POPULATION INFORMATION:**

**Target Population:** Children, youth, parents, guardians, and foster parents of children with an open Child Welfare case. This target population includes children and youth referred to in the Katie A. Settlement Agreement as members of the “class” and “subclass.”

**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)*

Community collaboration

Community collaboration

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

Integrated service experiences

**Please describe how the selected concept (s) embedded :**

CPI makes every attempt to have a culturally diverse staff in order to meet the needs of our clients. Our Staff turnover is very low, as we invest a lot in our staff, and work on having a supportive environment. We also do multiple cultural competency information trainings every year. Our services are geared towards continuity of care for each of our clients and include a seamless coordination between all agencies and people involved in each client’s life. We offer multiple services under one roof, allowing our staff to work together at the same time we make it easier on clients to access and receive multiple services. All goals are developed with the client and their family to assure that the client has ownership and control of their own healing.

**PROGRAM OUTCOME & GOALS**

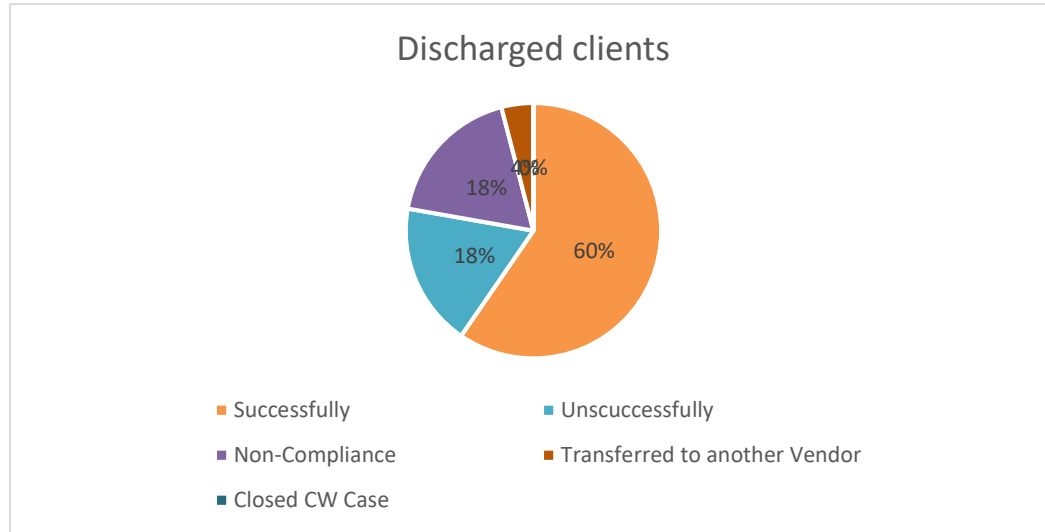
- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder
- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

**Effectiveness of Services****1. Area A – Effectiveness of Services**

- (1) Indicator – An unsuccessful discharge is defined as choosing to voluntarily terminate services before significant progress is made, moving out of county, and incarceration. The benefits of our clients not discharging unsuccessfully suggests our clients are being consistent with services and making progress towards their mental health goals.
- (2) Population - All clients (adults and minors) discharged from services at CPI.
- (3) Time of Measure - Fiscal year 17-18
- (4) Data Source – An internal tracking spreadsheet updated by our support staff to categorize every discharged client.
- (5) Objective (Goal) – Less than 22% of the clients discharged from CPI's program will be discharged unsuccessfully.
- (6) Outcome - **For all discharged clients within the fiscal year 17-18, only 18% of them were discharged unsuccessfully.**

**2. Area A – Effectiveness of Services**

- (1) Indicator- A successful discharge is defined as meeting treatment goals or meeting maximum benefit of treatment. The benefit of clients discharging successfully suggests our clients are following through with recommendations, being compliant with appointments and engaging in services.
- (2) Population- All clients (adults and minors) discharged from services at CPI.
- (3) Time of Measure - Fiscal year 17-18
- (4) Data Source - An internal tracking spreadsheet updated by our support staff to categorize every discharged client.
- (5) Objective (Goal) - More than 50% of clients discharged from CPI's program will be discharged successfully.
- (6) Outcome – **For all discharged clients within the fiscal year 17-18, 59% were discharged successfully.**



| Reasons for discharge         | % Discharged clients |
|-------------------------------|----------------------|
| Successfully                  | 59%                  |
| Unsuccessfully                | 18%                  |
| Non-Compliance                | 18%                  |
| Transferred to another Vendor | 4%                   |
| Closed CW Case                | 0.01%                |

**3. Risky Behavior**

- (1) Indicator - Risky behavior is defined as self-harm, substance abuse, unsafe sexual behavior, etc. The benefits of our adult clients having a decrease in risky behavior suggests that a parent is able to provide a stable and consistent environment for their children. An adult having a decrease in risky behavior also supports emotional and developmental growth for their child.
- (2) Who Applied – Active adult clients
- (3) Time of Measure - Fiscal year 17-18, Survey administered monthly
- (4) Data Source - Client outcome survey, created by CPI in order to track and obtain information required for the outcomes.
- (5) Objective (Goal) - No more than 15% of CPI’s adult clients in treatment will report an increase in risky behavior.
- (6) Outcome - **Only 13% of CPI’s adult clients in treatment reported an increase in risky behavior.**

**Efficiency of Services**

**1. Billable Services**

- (1) Indicator: CPI is contracted with the Department of Social Services and DBH to provide specialty mental health services to families involved in Child Welfare. CPI has an allotted amount of money allocated to provide the maximum amount of services.
- (2) Who Applied: All services provided under contract
- (3) Time of Measure: Fiscal year 17-18
- (4) Data Source: Billable services report pulled from our Electronic Health Record, Exym.
- (5) Objective (Goal) - To bill a minimum of 90% of our county contract while providing the maximum amount of services allowed.

(6) Outcome - **Billed 99.57% of CPI's contract while providing the maximum amount of services allowed.**

### Access to Services

#### 1. Crisis Referrals

- (1) Indicator - A crisis referral is defined as a client in imminent risk of suicide and/or self-mutilation/harm (current expression of suicidal or homicidal ideation). Currently at risk of harm to others (repeated patterns of aggressive behaviors). Significant behavior concerns that put the current living arrangement at imminent risk. History of significant mental health issues (hallucinations, delusions). Past attempts at suicide.
- (2) Who Applied – Crisis referrals referred by the Child Welfare Mental Health Team from the Department of Social Services
- (3) Time of Measure - Fiscal year 17-18
- (4) Data Source – An internal tracking spreadsheet updated by our intake coordinator, tracking number of days from referral to mental health assessment.
- (5) Objective (Goal) – No less than 95% of Crisis referrals will be scheduled within the recommended time frame (3 days).
- (6) Outcome - **Of all Crisis referral received from the CWMH Team, 100% were scheduled within the recommended time frame (3 days).**

#### 2. Psychiatric Evaluations

- (1) Indicator – CPI's psychiatrist is contracted to see clients 1-2 times a week (based on his availability). Due to the Doctor's limited availability, it is CPI's goal to have all medication assessments completed in 30 days or less of referral date. Referrals are prioritized by Urgent/Immediate Need, ASAP/Next Available, and Not Urgent, based on the treating therapist's recommendation and appointments are offered by availability.
- (2) Who Applied – Clients referred by their treating therapist for a medication evaluation.
- (3) Time of Measure - Fiscal year 17-18, referrals made daily. (105 referrals made)
- (4) Data Source – Internal tracking on SharePoint and exported to a spreadsheet, formula indicates number of days from referral to medication assessment.
- (5) Objective (Goal) – Clients referred for psychiatric evaluations will be offered an appointment and seen within 30 days.
- (6) Outcome - **In fiscal year 17-18, all medication assessments were completed on average in 32 days; and most were offered within the 30-day window. CPI believes we were over the mark by two days as a result of CPI's current doctor limiting his availability from 2 days a week to 1 and taking several weeks of vacation in the fiscal year 17-18. To help us reach our goal next year, CPI has increased their medication services from 1 day a week to 4. CPI has hired another Psychiatrist who will be present 2 additional days a week, as well as a Nurse Practitioner who will be available 1 other day.**

### Satisfaction & Feedback of Persons Served & Stakeholders

#### 1. Client Satisfaction – Accessibility of Services

- (1) Indicator – Client Satisfaction of accessibility of services from CPI, as it pertains to receiving services at their preferred time, day and location.
- (2) Who Applied - Every active client 13 and over completed the surveys themselves. Clients under the age of 13, the Care Providers completed the survey.
- (3) Time of Measure - Fiscal year 17-18, administered quarterly.
- (4) Data Source – Client Satisfaction Survey has a scale rating
- (5) Objective (Goal) – A minimum of 90% of CPI’s clients will report an overall satisfaction of accessibility of services from CPI, as it pertains to receiving services at their preferred time, day and location.
- (6) Outcome - **95.26% of CPI’s clients reported an overall satisfaction with their accessibility of services from CPI, as it pertains to receiving services at their preferred time, day and location.**

2. Client Satisfaction – Services Received

- (1) Indicator – Client Satisfaction of services received, office staff, ease of accessing care, and the communication from/with CPI.
- (2) Who Applied - Every active client 13 and over completed the surveys themselves. Clients under the age of 13, the Care Providers completed the survey.
- (3) Time of Measure - Fiscal year 17-18, administered quarterly.
- (4) Data Source – Client Satisfaction Survey using a scale rating.
- (5) Objective (Goal) – A minimum of 90% of CPI’s clients will report an overall satisfaction with their services and find them helpful and worthwhile.
- (6) Outcome - **95.34% of CPI’s clients reported an overall satisfaction with their services, find the services helpful and worthwhile.**

**DEPARTMENT RECOMMENDATION(S):**

Click here to enter text.