

**PROGRAM INFORMATION:**

<b>Program Title:</b>	Children’s Outpatient	<b>Provider:</b>	Department of Behavioral Health
<b>Program Description:</b>	<p>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 assessments, 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.</p> <p>The allocated positions for the program consist of 15 Mental Health Clinicians, 3 Community Mental Health Specialists, 1 Parent Partner and 1 Psychologist. The program operated at an average vacancy rate of 23% throughout FY 17-18 largely due to the Parent Partner and Psychologist vacancies.</p>	<b>MHP Work Plan:</b>	4-Behavioral health clinical care
<b>Age Group Served 1:</b>	CHILDREN	<b>Dates Of Operation:</b>	January 1982 - Current
<b>Age Group Served 2:</b>	Choose an item.	<b>Reporting Period:</b>	July 1, 2017 - June 30, 2018
<b>Funding Source 1:</b>	Realignment	<b>Funding Source 3:</b>	Medical FFP
<b>Funding Source 2:</b>	EPSDT	<b>Other Funding:</b>	

**FISCAL INFORMATION:**

<b>Program Actual Amount:</b>	\$3,862,655
<b>Number of Unique Clients Served During Time Period:</b>	1,616

Number of Services Rendered During Time Period: 13,328  
Actual Cost Per Client: \$2,390

**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)*

Community collaboration

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

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.

Cultural Competency

Fresno County Department of Behavioral Health has implemented a two-day cultural competency training that all staff are expect to attend. 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.

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 Persons served from coming to the office. Case managers primarily provide their services in the community thus increasing underserved persons 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. There are full and partial assessment versions of CANS that providers may use.

**e. The Pediatric Symptom Checklist (PSC-35)**

The PSC-35 is a psychosocial screening tool created to assist in recognition of cognitive, emotional and behavioral problems in order to provide the most appropriate interventions at the earliest age possible. This tool is completed by parents/caregivers for their children between the ages of 3 to 18 years old.

Effective July 2018, the California Department of Health Care Services (DHCS) has directed counties to utilize the full version of the CANS assessment tool, as well as the Pediatric Symptom Checklist (PSC-35). DBH is currently in plan implementation and employing the full CANS assessment tool and PSC-35 for the upcoming fiscal year.

**2. Efficiency**

**a. Cost per Persons Served**

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 Persons served.
- iii. Who Applied: Persons served by the program. Persons served represents Persons who received any specialty mental health services in FY 17-18.
- iv. Time of Measure: FY 17-18
- 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 person for FY 17-18 increased by 27%, which is due to the drop in unique persons served and increase of program cost. The number of unique persons served decreased by 7%. The program actual cost had an increase of 18% and is due to a rise in staff salary and benefits, and a slight increase in operating costs.  
 Staff from other programs maybe temporarily or partially reassigned to assist with assessments in Outpatient during peak months in order to mitigate client wait times. Children’s Outpatient Expansion is an extension of Children’s Outpatient. It provides the same services but is tracked separately for financial reporting purposes. Outcome data for Expansion has been added into this FY’s report and retroactively added to FY 16-17 for comparison.

**Cost per Person Served**

	FY 16-17	FY 17-18
Unique Persons Served	1,743	1,616
Program Actual Amount	\$3,269,509	\$3,862,655
Cost per Person Served	\$1,876	\$2,390

**3. Access:**

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

Data for timeliness of access was collected and combined for all programs within Children’s Mental Health 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 2017.

**a. Consumer Perception Survey**

- i. Objective: To gauge satisfaction of persons served and collect data for service planning and quality improvement.
- ii. Indicator: Average percent of persons served 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: Persons served who completed the survey in November 2017 for the program.
- iv. Time of Measure: November 2017
- v. Data Source: Consumer Perception Survey data
- vi. Target Goal Expectancy: The Department would like to see a majority of persons served satisfied for each domain. The Department will continue to develop target goals for the Consumer Perception Survey.
- vii. Outcome: Majority of persons served 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 persons served surveyed were satisfied.

