

EXHIBIT E – PERFORMANCE MEASURES

Children’s Outpatient Behavioral Health Services		CommuniCare Health Centers	Melissa Marshall, Chief Executive Officer										
Program Purpose	Reduce symptoms and functional impairments related to primary diagnosis, increase caregiver resources and ensure at home placement.												
Program Information	The program serves Yolo County residents who are Medi-Cal eligible and meet medical necessity criteria for specialty mental health services (SMHS). Clients are between the ages of 0-17, and 18-21 if involved in Child Welfare Services and is a non-minor dependent. Specialty Mental Health Services include individual or group therapies and interventions that are designed to reduce mental disability and/or facilitate improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency. Services are directed toward achieving the client’s/family’s goals and must be consistent with the current Client Treatment Plan.												
PM1: How much did we do?													
Staff 1.1	Total FTEs: <table border="1" data-bbox="667 867 1216 1052"> <thead> <tr> <th>FTE</th> <th>CLASSIFICATION</th> </tr> </thead> <tbody> <tr> <td></td> <td>Manager/Supervisor</td> </tr> <tr> <td></td> <td>Clinicians</td> </tr> <tr> <td></td> <td>Office Support</td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>			FTE	CLASSIFICATION		Manager/Supervisor		Clinicians		Office Support		
FTE	CLASSIFICATION												
	Manager/Supervisor												
	Clinicians												
	Office Support												
1.2	# of open and authorized clients												
1.3	# of intakes												
1.4	# of discharges												
1.5	# of discharges to a lower level of care												
1.6	# of referrals received												
1.7	# of children meeting ICC or IHBS criteria												
1.8	# of children served who are non-English speakers												
PM2: How well did we do it?													
2.1	% of clients who received an intake assessment within 14 days of referral												
2.2	% of clients assessed with Child and Adolescent Needs and Strengths (CANS)												
2.3	% of clients with completed authorization packet within 60 days of admit												
2.4	% of authorization requests completed within 30 days of renewal												
2.5	% of open clients with submitted 6 months progress report												
2.6	# of clients per clinician												
2.7	# of days to successful discharge (quarterly average)												
2.8	% of discharge dispositions submitted within 14 days of discharge date												
2.9	% of ICC and IHBS eligible clients with facilitated CFT every 90 days												

2.10	% of clients who successfully met treatment plan goals
2.11	% of clients who received 1 st clinical appointment within 7 days post psychiatric hospitalization
2.12	% of clients who received 1 st psychiatric follow up within 30 days post psychiatric hospitalization
2.13	# of provider changes per client
PM3: Is anyone better off?	
3.1	# of clients with decrease in # of items needing action on Child Behavioral/Emotional Need section of CANS from intake to discharge % of clients with decrease in # of items needing action on Child Behavioral/Emotional Need section of CANS from intake to discharge
3.2	# of clients with decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge % of clients with decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge
3.3	# of clients with decrease in # of items needing action on Caregiver Resources and Needs section of CANS from intake to discharge % of clients with decrease in # of items needing action on Caregiver Resources and Needs section of CANS from intake to discharge
3.4	# of clients who remained in their home (without jail or psychiatric hospital admits) or maintained foster home placement % of clients who remained in their home (without jail or psychiatric hospital admits) or maintained foster home placement

Performance Measures Reports are due Quarterly as follows:

- Submit October 30th for the period of July 1st through September 30th
- Submit January 31st for the period of October 1st through December 31st
- Submit April 30th for the period of January 1st through March 30th
- Submit July 31st for the period of April 1st through June 30th

Contractor shall submit the Performance Outcome Measures report electronically via email to:

Mary.Yung@yolocounty.org and Jennifer.Edwards@yolocounty.org