DSH, Units of Service, Outcomes

DSH/UOS

The program will provide In-Home Crisis Stabilization Services to a minimum of eight hundred and sixty-six (866) Clients. This is an increase from the current agreement (minimum 400 clients) based on the proposed increase in Direct DSH Program Staff. Services include: crisis intervention, individual and family therapy, and case management hours to eligible clients.

The program will provide a minimum of one hundred (100) DSH per month per billable FTE, twelve hundred (1,200) DSH per year per billable FTE. This includes mental health, case management, crisis intervention, and other support services inclusive of both billable and non-billable services.

The proposal to increase staffing includes 3.0 FTE of DSH producing staff, approximately a 20% increase. Additionally, the three DSH producing staff would each have a goal of 100 DSH per month. With the additional proposed positions, the program will consist of 18.0 FTE of Direct DSH Program Staff. This increase calculates out to 1,800 DSH per month for the program, totaling 21,600 DSH annually.

The program requirement per contractual agreement is 50% billable and 50% non-billable DSH which breaks down to 10,800 billable and 10,800 non-billable DSH. In FY 2018-19, the program reported 53% billable and 47% non-billable through Medi-Cal. During the first quarter of the current fiscal year, this pattern remains the same.

The DSH requirement for the Intake Coordinator (240 annually) has been removed as the position has reverted back to its original role and is now listed as part of Direct Non-DSH Program staff.

OUTCOMES

Outcomes continue to be tracked using the Youth Outcomes Questionnaire (YOQ) to track client response to treatment. This remains a challenge due to the brief tenure of the program and the decision was recently made to only administer the YOQ twice during the 3-week program. In regards to helpfulness for treatment, staff have struggled with the usefulness of this tool for this population. The tool takes significant time to administer and is currently being done manually the majority of the time. The results are not instantaneous and as such, are not helpful in providing guidance with treatment.