



EPSDT Primary Care Services ANNUAL REPORT

July 2020 – June 2021

Our Mission

Primary Services is committed to providing quality services, support, and advocacy to children and families experiencing mental health challenges.

WHAT WE DO

EPSDT Primary Services are designed for youth under age 21 who are Medi-Cal beneficiaries. The primary focus of Primary behavioral health services is to improve youths functioning in all life domains, such as school, social environment, transition to adulthood, and family relationships. Intensity and frequency of services are guided by the Child Family Team and are flexible to meet the evolving needs of the family. Services are available in home, school, office and the community during the time convenient for the family.



Therapy, psychiatric assistance, Child Family Team (CFT) meetings



Case management, intensive care Coordination



Rehabilitative services, home-based skills teaching



Family advocacy, emotional support, Resource access

CENSUS

108

Unduplicated Individuals enrolled and served

58

Total Discharges

Carry-Over Clients

48

First-Time Enrollments

60

Return Admissions

3

DEMOGRAPHICS

	#
Age Group	
0-15 (Youth)	70
16 – 25 (TAY)	38
Data Not Available	0
Race	
African-American	9
American Indian/Alaska Native	3
Asian/Pacific Islander	7
Caucasian	27
More than One Race (Multi)	5
Other Race or Hispanic	44
Unknown/Declined	13
Data Not Available	0
City of Residence	
Citrus Heights	2
Clarksburg	1
Davis	14
Dunnigan	1
Esparto	3
Knights Landing	1
Madison	3
North Highlands	1
Sacramento	4
West Sacramento	41
Winters	6
Woodland	31

	#
Gender	
Female	54
Male	51
Other*	3
Data Not Available	0
Primary Language	
Female	54
Male	51
Other*	3
Data Not Available	0
Primary Diagnosis	
Adjustment Disorder	13
Anxiety Disorder	12
Attention Deficit Hyperactivity Disorder	22
Bipolar Disorder	2
Depression (Major, Etc.)	32
Disruptive, Impulse-Control and Conduct Disorders	5
Feeding and Eating Disorders	2
Post Traumatic Stress Disorder	9
Schizophrenia Spectrum and Other Psychotic Disorders	2
Substance-Related and Addictive Disorders	2
Trauma and Stressor Related Disorders	6
Unknown	1

*Includes gender changes and undetermined gender

CHILD ADOLESCENT NEEDS AND STRENGTHS (CANS)

The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. Versions of the CANS are currently used in 25 states in child welfare, mental health, juvenile justice, and early intervention applications. A comprehensive, multi-system version exists as well. Starting January 1, 2018 the California CANS was introduced as a replacement for the more commonly used Indiana CANS.

The California CANS consists of 50 items broken down into 6 primary domains:

- Child Behavioral/Emotional Needs
- Life Domain Functioning
- Risk Behaviors
- Cultural Factors
- Strengths Domain
- Caregiver Resources and Needs

Items within the California CANS are responded to using a 4-point scale. Response values are as follows:

Scoring	
0	No Evidence
1	History or Suspicion; monitor
2	Interferes with functioning; action needed
3	Disabling, dangerous; immediate or intensive action needed

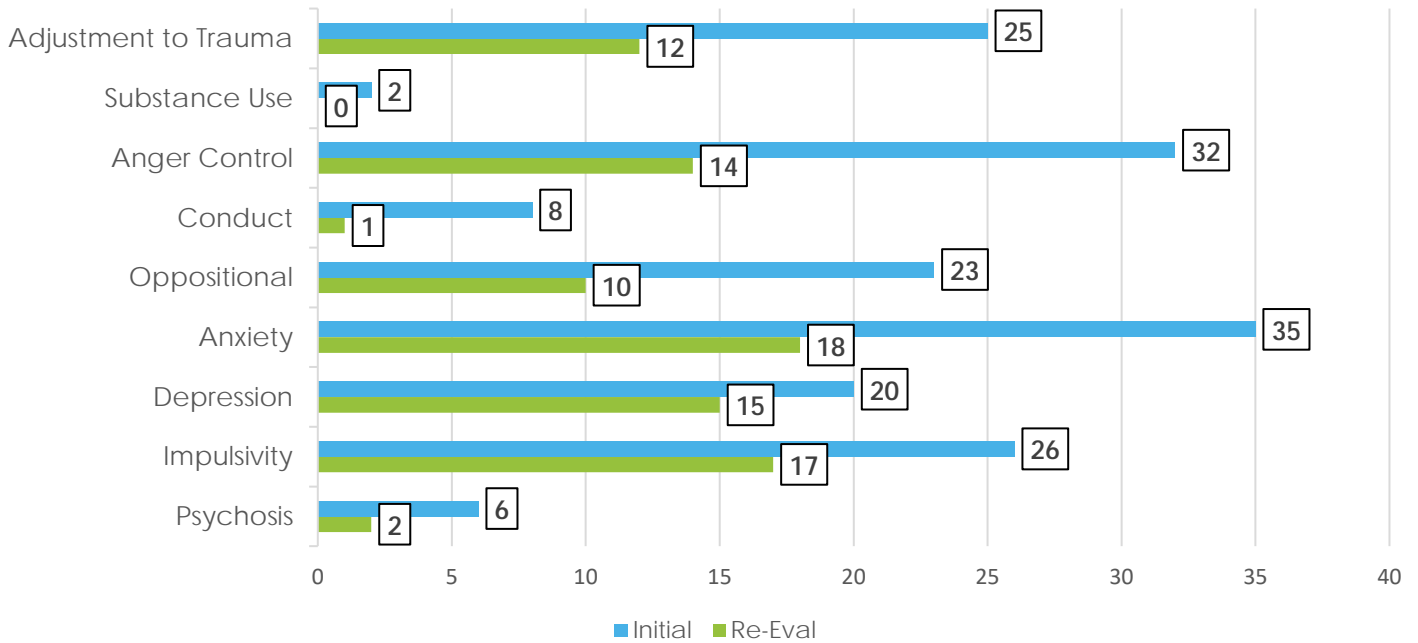
For the Strengths Domain of the California CANS, items are responded to using a 4-point scale. Response values are as follows:

Scoring	
0	Centerpiece Strength
1	Useful Strength
2	Identified Strength
3	No Evidence

Of the 108 clients served between July 1, 2020 and June 30, 2021, 56(51.9%) clients completed an intake CANS along with a 6-month update CANS or a discharge CANS for their reassessment. Each of the following graphs display the number of actionable scores (2 or 3) from each of those clients for all six domains.

CHILD ADOLESCENT NEEDS AND STRENGTHS (CANS) (continued)

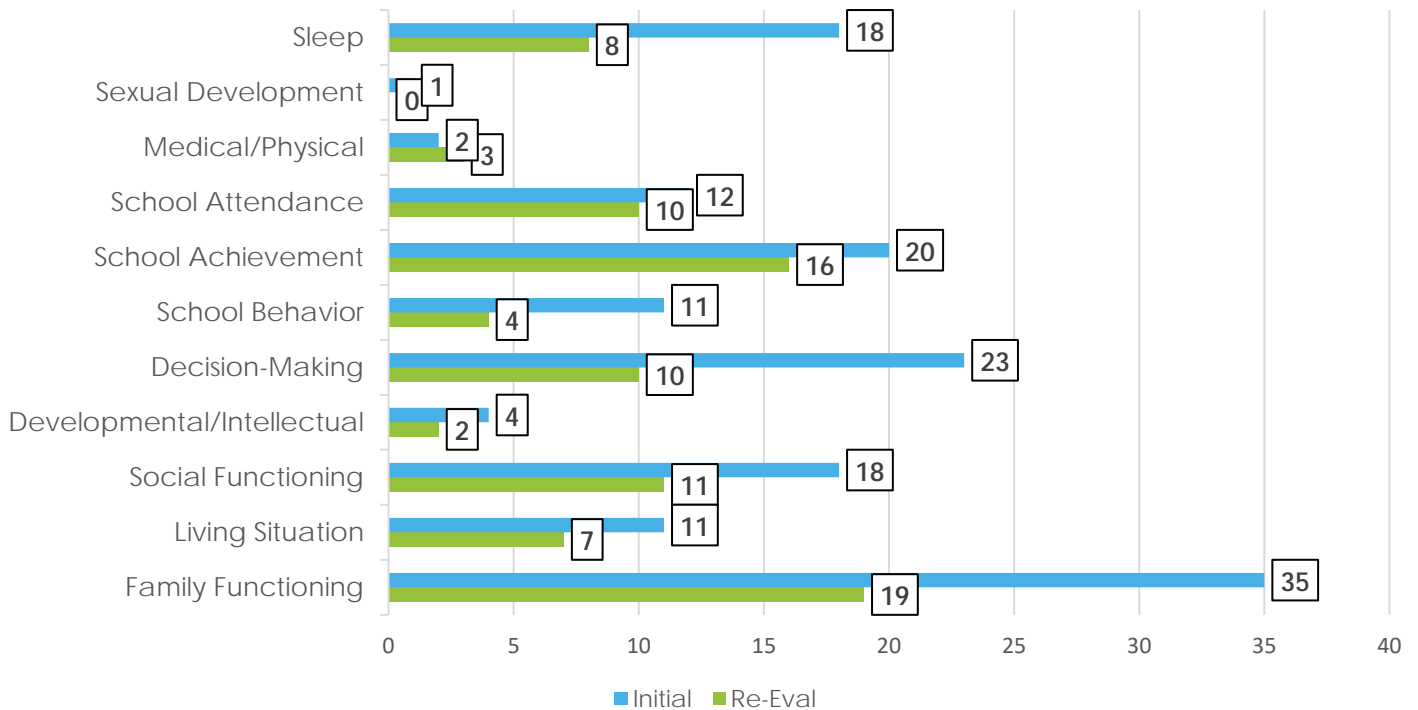
Child Behavioral/Emotional Needs



Of the 52 clients with actionable items on the Initial, **40 (76.9%) decreased** on the Re-eval.



Life Domain Functioning



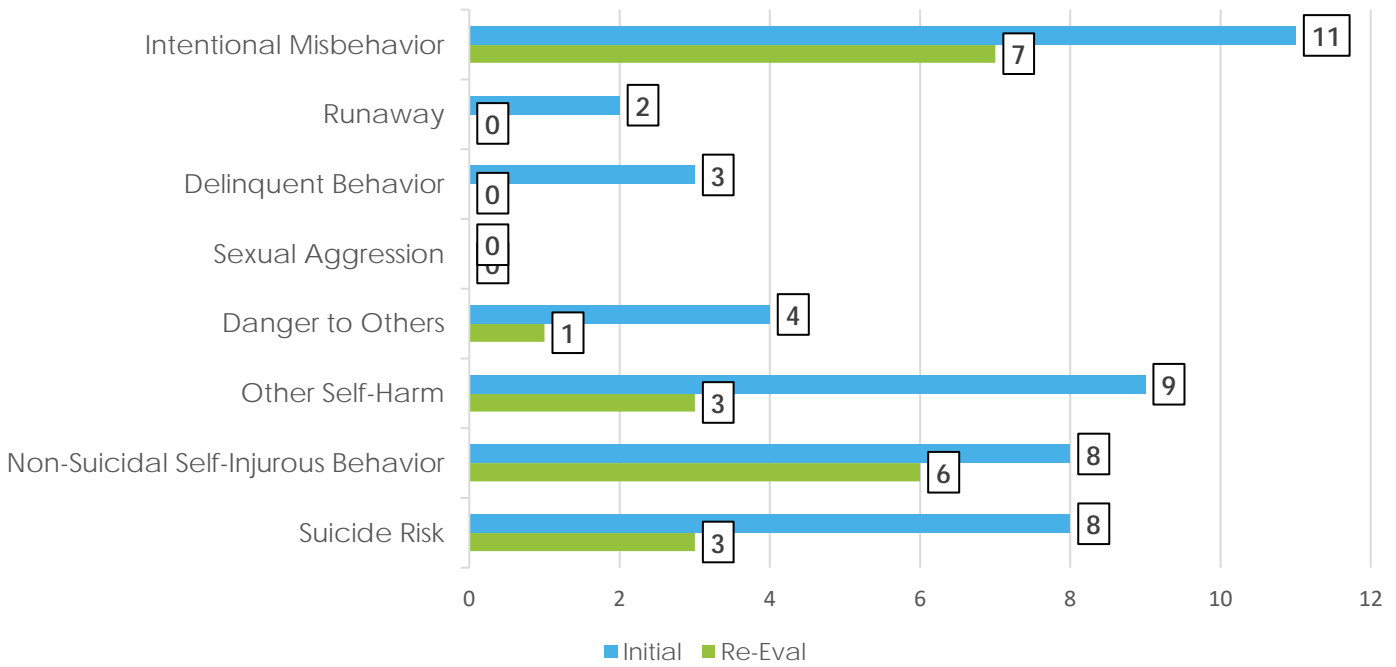
Of the 50 clients with actionable items on the Initial, **35 (70.0%) decreased** on the Re-eval.



 = 10 individuals

CHILD ADOLESCENT NEEDS AND STRENGTHS (CANS) (continued)

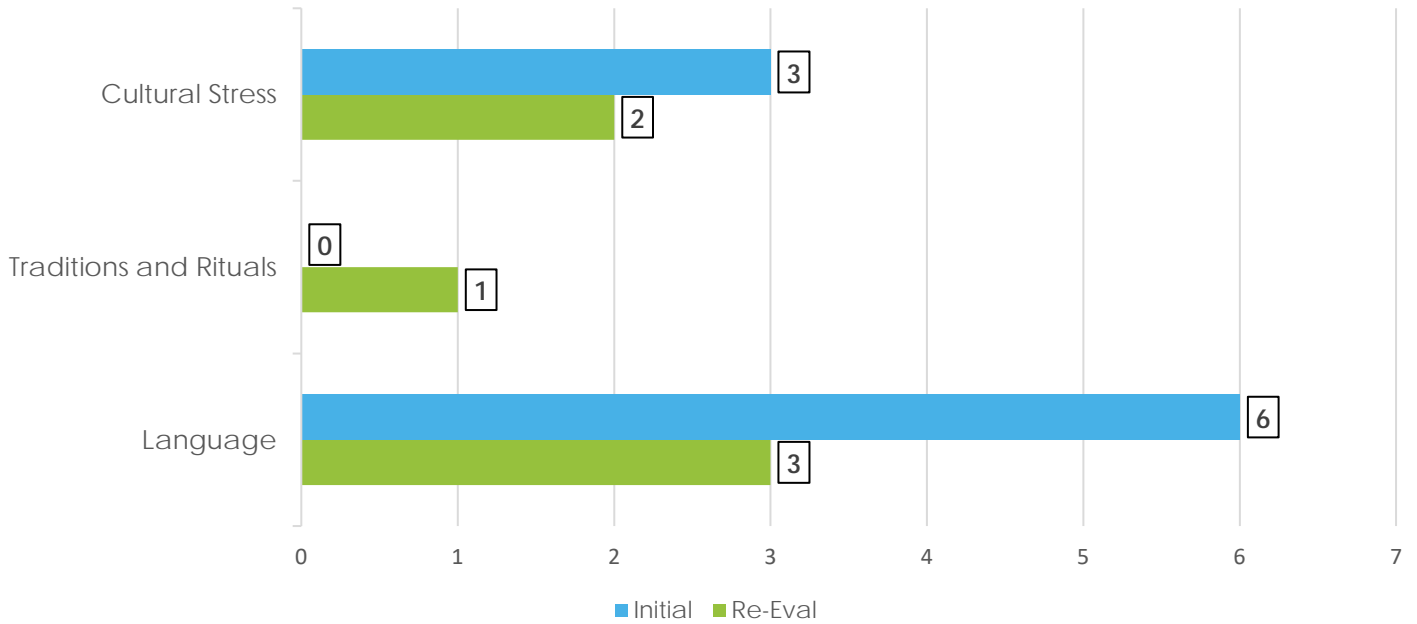
Risk Behaviors



Of the 21 clients with actionable items on the Initial, **15 (71.4%) decreased** on the Re-eval.



Cultural Factors



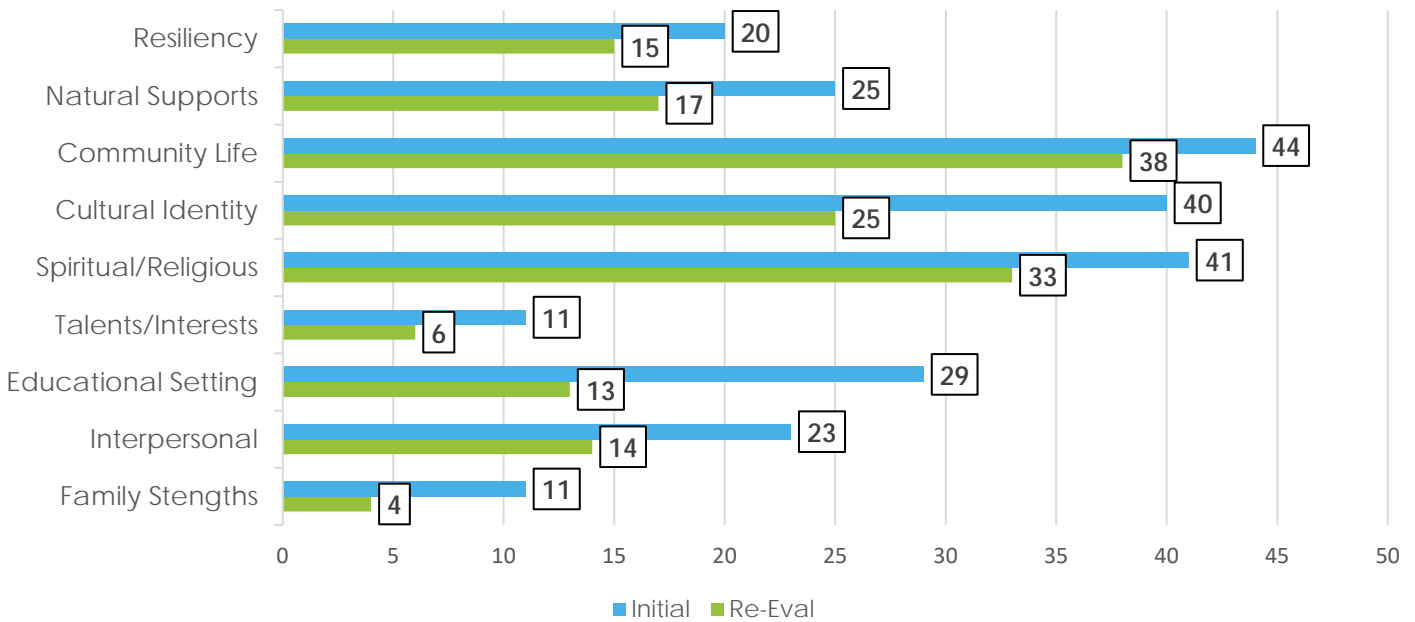
Of the 7 clients with actionable items on the Initial, **4 (57.1%) decreased** on the Re-eval.



 = 10 individuals

CHILD ADOLESCENT NEEDS AND STRENGTHS (CANS) (continued)

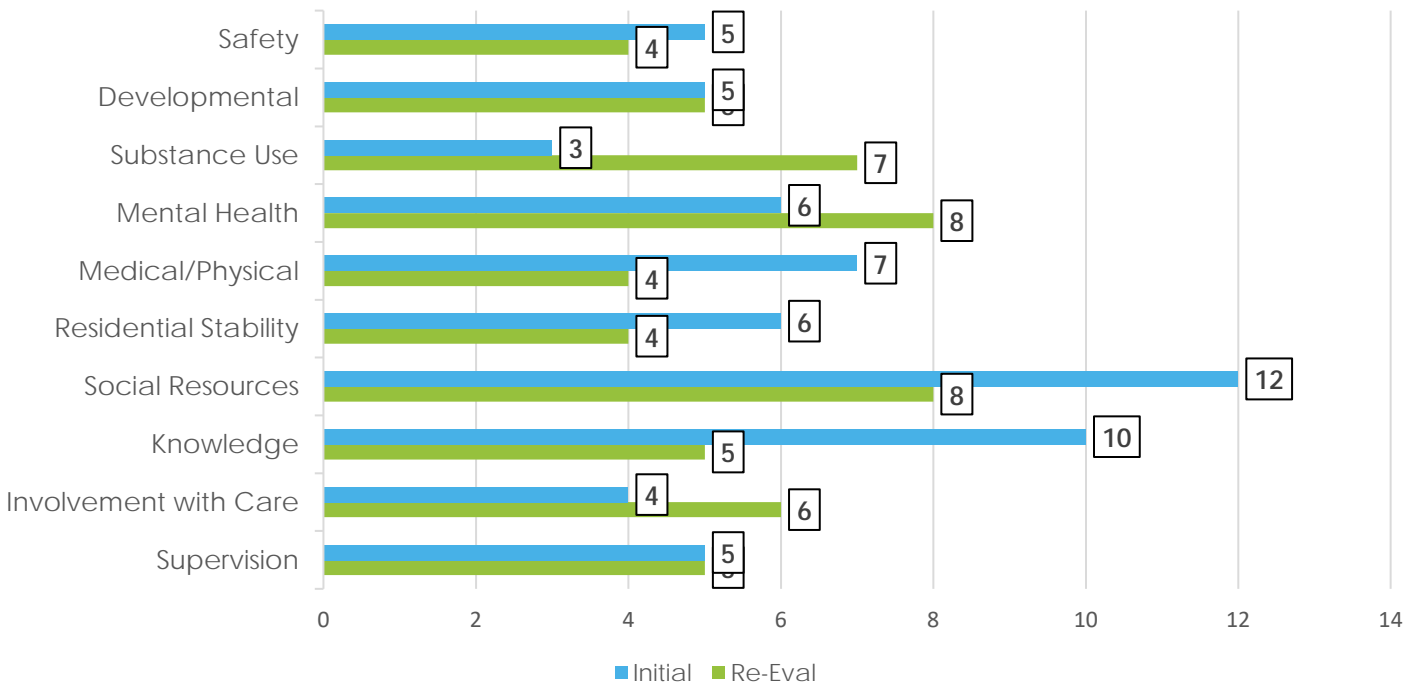
Strengths Domain



Of the 55 clients with actionable items on the Initial, **32 (58.2%)** decreased on the Re-eval.



Caregiver Resources and Needs



Of the 16 clients with actionable items on the Initial, **13 (81.3%)** decreased on the Re-eval.



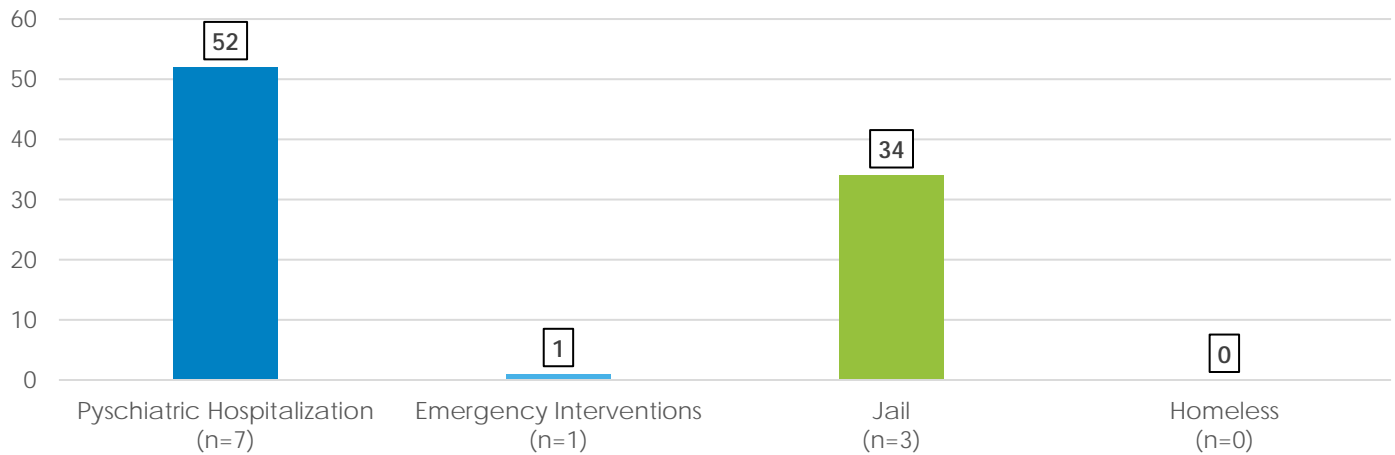
 = 10 individuals

DOMAIN OUTCOMES

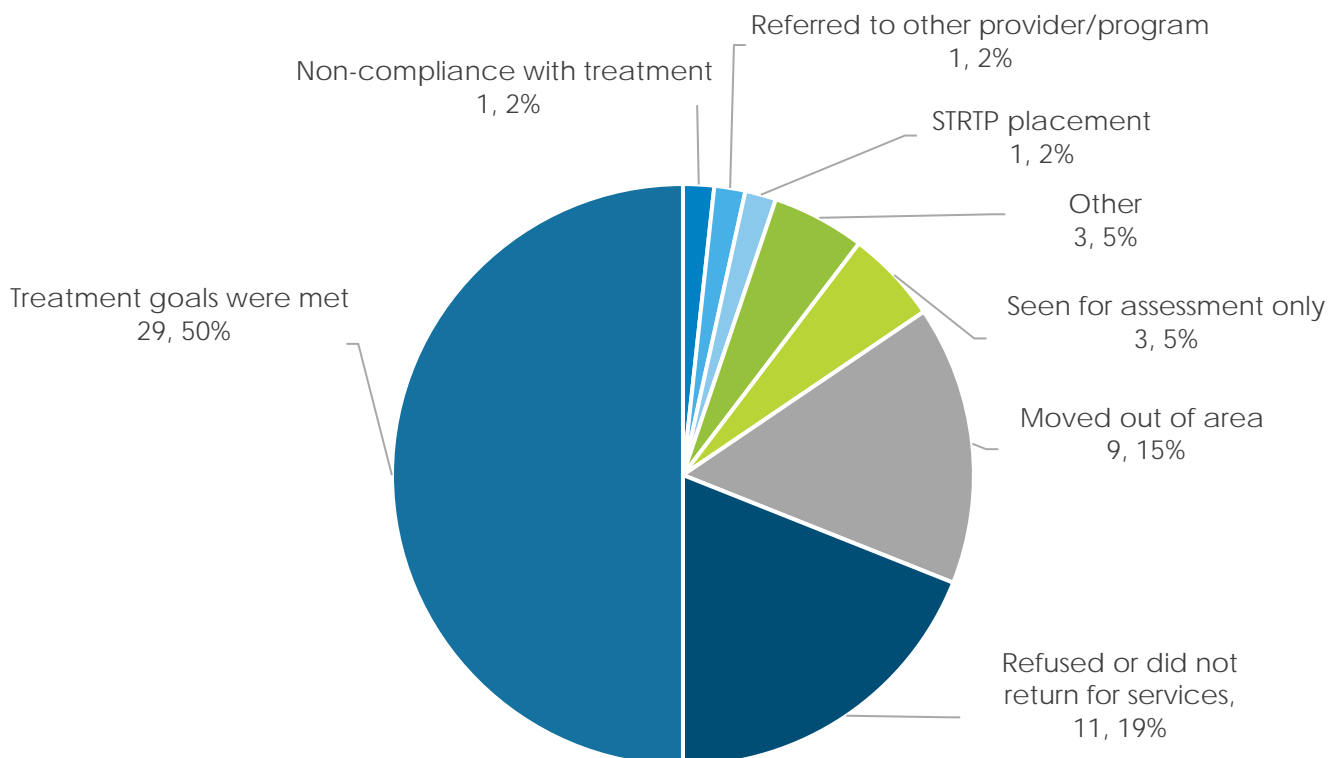
Of the 110 clients served, 11 (10.0%) accrued domain days or emergency interventions. Six (6) were served three months or fewer, three (3) were served between 4 and 6 months, one (1) was served between 7 and 10 months, and one (1) was served for 10 months or longer.

Domains

Psychiatric Hospital Days	Individuals who have a bed in any acute psychiatric health facility setting.
Jail Days	Any individual who was booked and placed in jail (does not include arrests).
Homeless Days	Individuals who have no permanent address or don't pay rent.
Emergency Interventions (EI)	Individuals who have a bed within a psychiatric or medical facility but who are not admitted.



DISCHARGES



This report was developed and distributed by
Turning Point Community Program's
Outcomes & Evaluation Department



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