

Child Guidance Service - Program Reorganization FY2011

Population Served: 80 Child Guidance Clinicians provided 21,076 encounters to children and families 0-13 years of age. (July 2011)

PLAN

1) Getting Started

- The Child Guidance program was implemented in 1956, and has adapted to meet existing state and local priorities for serving children and families. In light of the budget restrictions in Oklahoma, it was clear that all services were under scrutiny to streamline and create efficiencies to continue serving Oklahoma's children and families.
- In 2009, there were approximately 80 Child Guidance staff located in 40 county health departments. There were Child Guidance services provided in 64 county health departments. An excess amount of staff time and travel occurred in order to serve a low number of children in many of these sites.
- Identified problems included: (1) Excessive amount of time spent in travel to serve a low number of children; (2) Headquarter locations with only one or two disciplines represented; (3) Discrepancies between program mission and activities; and (4) Lack of program evaluation.

2) Assemble the Team

- Child Guidance Central Office Staff
- Deputy Commissioner for Community and Family Health Services
- Local County Health Department Administrators
- Director of OSDH Office of Federal Funds
- Children's Behavioral Health Development Team

3) Examine the Current Approach

- The Child Guidance Program is a unique program in the public health arena. No other state offers similar services within their public health departments.
- Within Oklahoma, the Child Guidance Program has been identified by the Children's Behavioral Health Development Team and Systems of Care as the lead program to provide early childhood mental health services and consultation.
- There is an abundance of national research to support this program model. Children who experience adverse childhood experiences are more likely to suffer from poor physical health in adulthood.
- The delivery of a program within a public health system that supports children's early social emotional development is necessary to achieve better outcomes in the state.

- In order to impact the Oklahoma Health Improvement Plan (OHIP) flagship issues of obesity, tobacco and child health, it is critical to address the impact of social emotional experiences in early childhood as a component in improving overall health.

4) Identify Potential Solutions

- Increase program income.
- Reduce the number of staff and decrease the number of headquarter locations.
- Assess staff productivity by measuring billable service hours.
- Implement program evaluation measures.

5) Develop an Improvement Theory

By reorganizing the location of Child Guidance clinics, staff and priorities, the program will be able to serve more families in a more cost efficient manner.

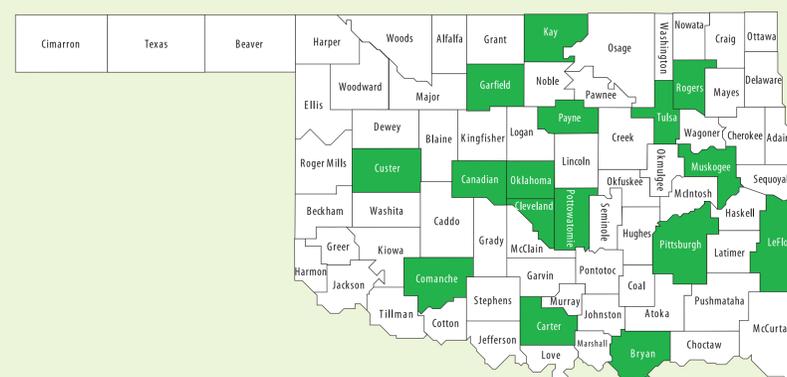
AIM: By June 30, 2011, the Child Guidance program will increase the percentage of costs collected per clinician by 50%.

DO

6) Test the Theory

- Decrease the number of staff to 45 OSDH full time employees and 12 contract positions.
- Decrease the number of county Child Guidance Clinics to 16.
- Recruit for vacant positions.
- Increase program income by adopting the Family Planning fee schedule on 7/1/2010. This fee schedule decreased the private sliding scale to 185% of poverty. Other methods to increase pay program income included increasing local contracts for services and focusing on 50% billable hours per staff member.
- Develop outcome measures and track.

CHILD GUIDANCE CLINICS, APRIL 2011



CHECK

7) Study the Results

- A voluntary buy-out was offered to all Child Guidance staff in an effort to reduce staff numbers. From 1/1/2010 to 6/30/2010, staffing levels in the Child Guidance program decreased from 75 to 21 employees.
- Remaining staff were re-located to 16 identified Child Guidance sites (see map).
- Central office staff implemented recruiting strategies to fill 24 OSDH positions and 8 contract positions. By 7/1/2011, 21 of the 24 positions had been filled.
- Outcome measures were developed to indicate the Quality of Relationships, Parental Ability and Community Capacity.
- Increased percentage billed per clinician by **18%** from \$14,213.26 to \$16,771.10 and percentage collected per clinician by **58%** from \$10,296.78 to \$16,267.09.

BILLING & COLLECTIONS PER CLINICIAN

	Total Billed	Billed Per Clinician	Total Collected	Collected Per Clinician
FY2010 (86)*	\$1,222,340.70	\$14,213.26	\$885,523.06	\$10,296.78
FY2011 (53)*	\$888,868.48	\$16,771.10	\$862,155.91	\$16,267.09
% Change		18%		58%

* Including Contracts

ACT

8) Standardize the Improvement or Develop New Theory

- Continue with reorganization recommendations for maximum effectiveness.
- Work to increase return rate of Child Guidance surveys.
- Maintain relationships with state and local partners.

9) Establish Future Plans

- Include telephone surveys as part of program evaluation to increase response rates.
- Identify counties for Child Guidance service expansion.
- Expand funding sources through key agency partnerships and federal grant opportunities.

