

PROGRAM INFORMATION:

Program Title:	Primary Care Integration	Provider:	Clinica Sierra Vista
Program Description:	<p>The Severely Mentally Ill (SMI)/ Severely Emotionally Disturbed (SED) service component aims to provide services to individuals with SMI/SED diagnoses, utilizing recognized evidence -based practices and outcome-informed therapy targeted to address and treat mental health concerns and diagnoses on a case by case basis. Clinica Sierra Vista (CSV) aims to integrate primary care with specialty mental health services for SMI/SED population, in accordance with individualized treatment plans. Individuals experiencing early manifestations of a mental health concern or illness shall receive early intervention services to prevent the illness or concern from worsening. Clinica Sierra Vista has also been working diligently during the reporting period to develop and grow the current Substance Use Disorder (SUD) program within the BH sites.</p>	MHP Work Plan:	<p>1-Behavioral Health Integrated Access 2-Wellness, recovery, and resiliency support 3-Culturally and community defined practices</p>
Age Group Served 1:	ADULT	Dates Of Operation:	07/01/2018-06/30/2021
Age Group Served 2:	CHILDREN	Reporting Period:	July 1, 2021 - June 30, 2022
Funding Source 1:	Medical FFP	Funding Source 3:	Early Intervention (MHSA)
Funding Source 2:	Prevention (MHSA)	Other Funding:	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	SED Contract Budget = \$1,944,763 SMI Contract Budget = \$1,964,447	Program Actual Amount:	Program Expenses for SED = \$698,432.93 Program Expenses for SMI = \$1,110,875.66
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Number of Unique Clients Served During Time Period: SMI:1003 , SED: 112,

Number of Services Rendered During Time Period: SMI: 5175 SED: 9051
Actual Cost Per Client: SMI: \$1,107.55 SED: \$1,214.67,

CONTRACT INFORMATION:

Program Type: Contract-Operated **Type of Program:** Outpatient
Contract Term: 07/01/2020-06/30/2021 **For Other:** Click here to enter text.
Renewal Date: Click here to enter text.

Level of Care Information Age 18 & Over: Traditional Outpatient Treatment (caseload 1:80)
Level of Care Information Age 0- 17: Outpatient Treatment

TARGET POPULATION INFORMATION:

Target Population: The target population included residents of Fresno County including children, youth, adolescents, adults, perinatal women, and older adults. Target populations also include indigent, uninsured, underserved, special needs, cultural populations, migrant, seasonal farmworkers and other persons of limited access. Specific target areas included eastern foothills, south central, other rural regions and metropolitan areas of Fresno County, as well as underserved cultural, ethnic, racial and linguistic populations. Services provided include integrated mental health: Severely Mentally Ill (SMI) and Severely Emotionally Disturbed (SED); and substance use disorder treatment services for children, families, and adults at community primary care clinics and behavioral health clinics within the county of Fresno’s development of a broad continuum at various levels of care.

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)

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

Access to underserved communities

Integrated service experiences

Cultural Competency

Please describe how the selected concept (s) embedded :

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services: CSV provided each person served with a Joint Commission accredited assessment and individualized plan of care to meet the needs of persons served. The plan outlined present mental health concerns as well as coordinating resources to meet their needs. Changes to the plan of care might be developed throughout the year based on the person served and their family’s needs, achievement of goals, and treatment teams coordinated approach.

Cultural Competency:

Cultural Competency was addressed within each site by ensuring each staff member completed the required cultural competency training (7.5 hrs). Families’ cultural expectations and inclusiveness was supported by ensuring families received services in their language of preference. Staff was trained to partner with the appropriate community based organizations that supported the families’ needs. Focus populations included Latino, Southeast Asian, African American and Native American cultures as well as serving the families that had limited means for payment. CSV goals were to support the needs for any individual/family regardless of race, color, or culture background.

Access to underserved communities:

Each site was strategically incorporated within the community CSV was seeking to service. Each site provided a full range of services to families that may have reservations of beginning services due to limited means. CSV also strived to offer care and support to the inner city, the rural, and isolated, those of low, moderate and fixed incomes and families from an array of cultural backgrounds who speak several languages. CSV sought to provide care for underserved and uninsured persons that typically

experienced disproportionately higher rates of untreated mental health concerns and illnesses due to a number of factors, including stigma, cultural and linguistic barriers to services, poverty, distrust, geographic isolation and transportation.

Integrated Service Experience:

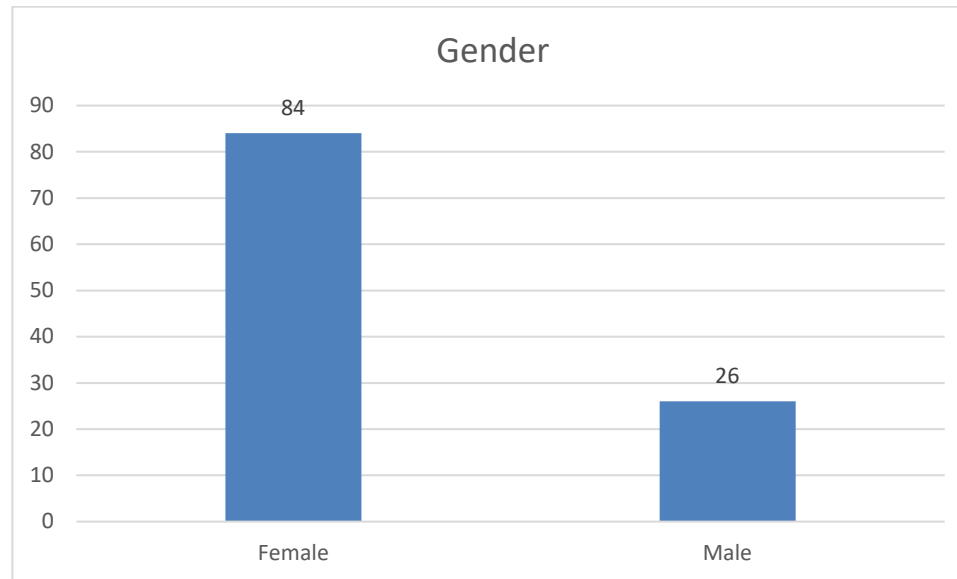
Treatment teams collaborated to develop an individualized plan of care for every person that requested services. Families were encouraged to participate and CSV established partnerships within the community assisted to develop supportive networks for each persons served. The goal for every person served was to develop their supportive network within the community as well develop their own personal skills based on their beliefs, languages and values with the ultimate goal of safety, stabilization and overall recovery for each person served.

PROGRAM OUTCOME & GOALS

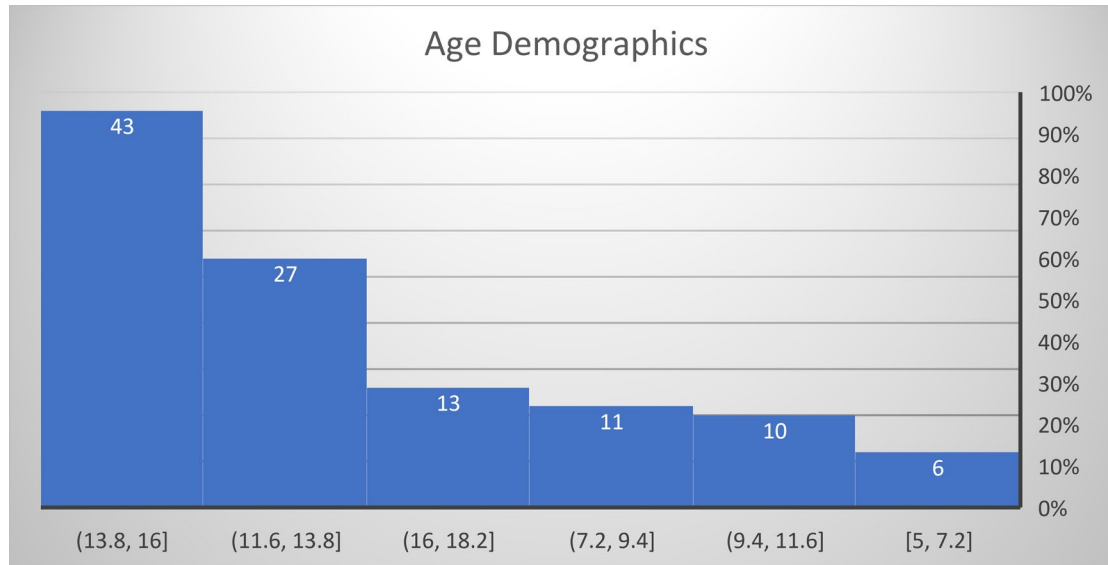
- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder

- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

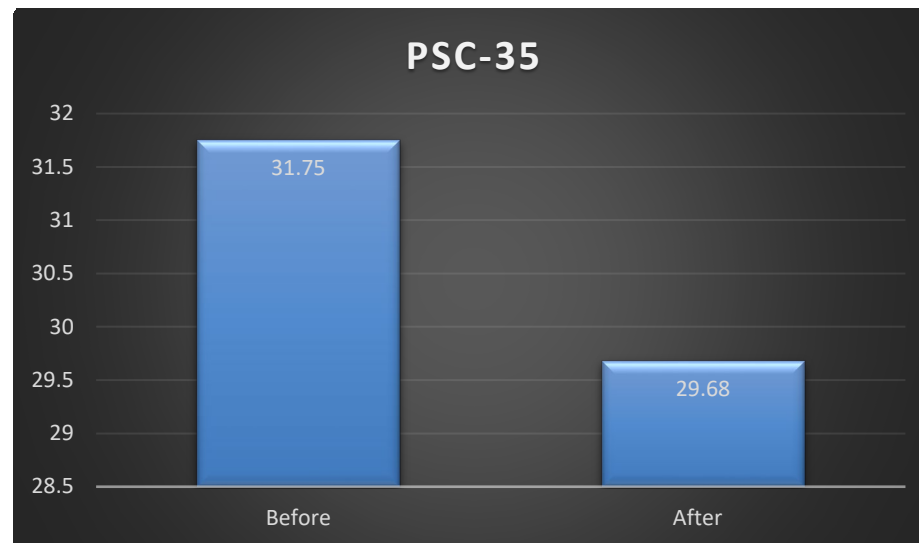
1. Effectiveness: Our program has utilized the PSC-35 (children) and PHQ-9 (adults) to track the outcomes of persons served. CSV utilized Quality Improvement staff to assist in tracking the accountability of the program and provided consistent reporting to their staff. Consistent reporting supported the staff in monitoring the results of the persons served and addressing where needed. For the children's program, they served 112 SED persons (76.3% female, 23.7% male).



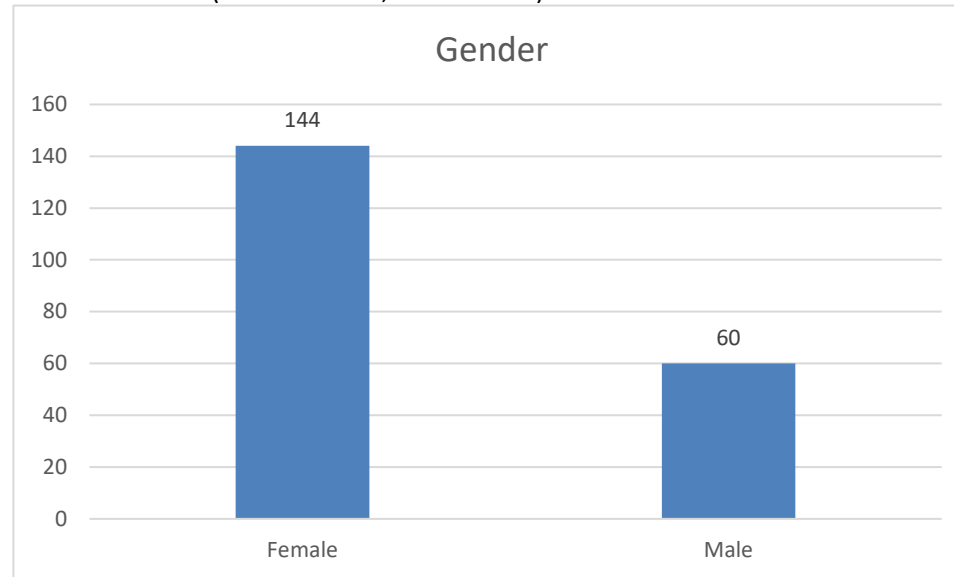
Age		
Category	N	%
5-8	9	8
8-9	11	9
9-12	10	9
12-14	27	24
14-16	43	38
17-18	13	12
Total	112	100



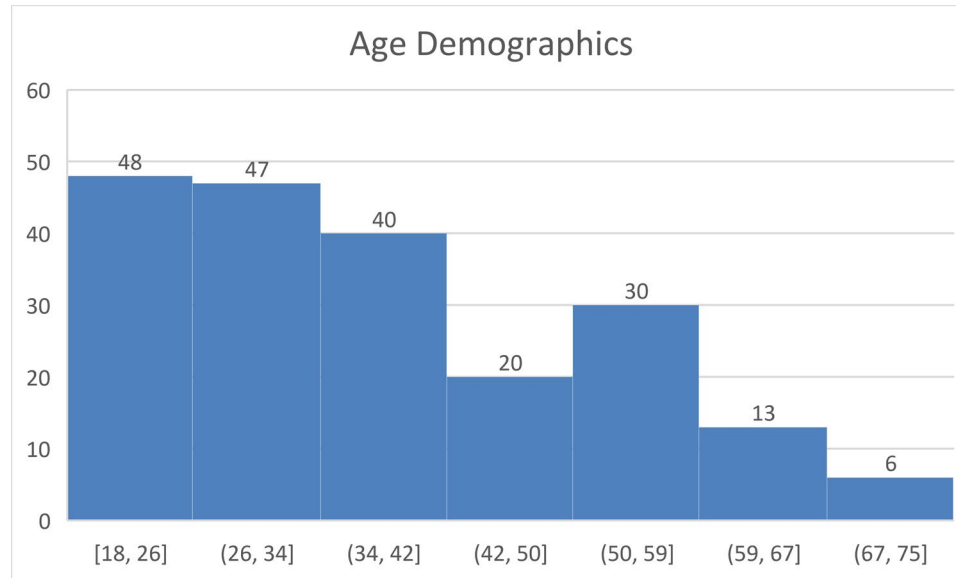
In the below charts, for the persons receiving services in the SED program, the average pre-score for PSC-35 was 31.75 and upon discharge, the score showed an average reduction of 7% to a score of 29.68. With the return to school for many persons served and the staff’s ability to return to meeting face to face, persons served showed an improvement in their MH and reduction in symptoms.



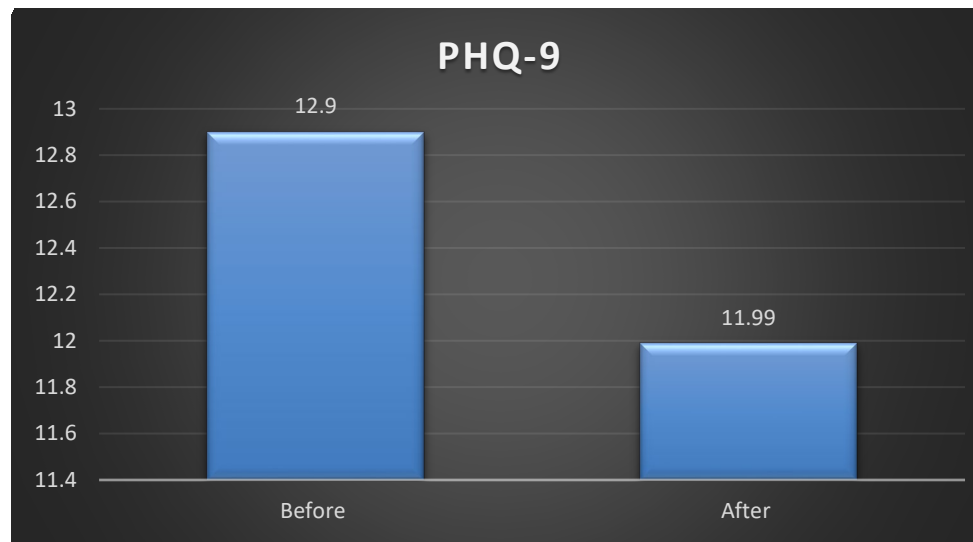
For the Adults program, 204 persons were served (70.5% female, 29.5% Male).

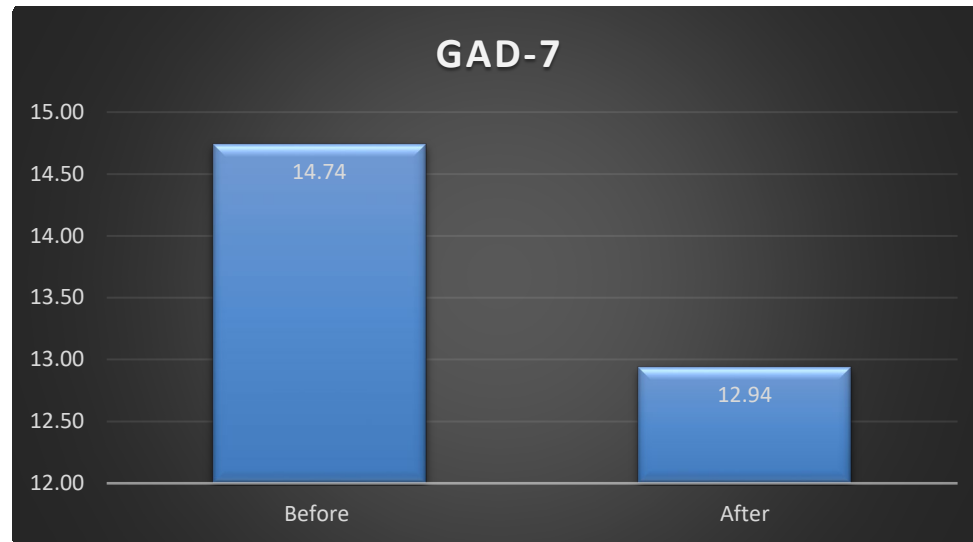


Age		
Category	N	%
18-26	48	23
27-34	47	23
34-42	40	20
42-50	20	10
50-59	30	15
60+	19	9
Total	204	100



The program utilized PHQ-9 and GAD-7 as outcome measurement tools and tracked progress for adult persons served. As shown in the graph below, they averaged a 7% reduction in the PHQ-9 and 6% reduction in the GAD-7 with their symptoms upon discharge.





For the SUD program, the program was unable to maintain a consistent service program as Clinica Sierra Vista was unable to hire staff to meet the needs of the program. The SUD program only had one counselor for 3 months prior to terminating contract. There were 23 referrals received. 8 individuals accepted treatment and received services. 211 services were provided to those that maintained attendance in program.

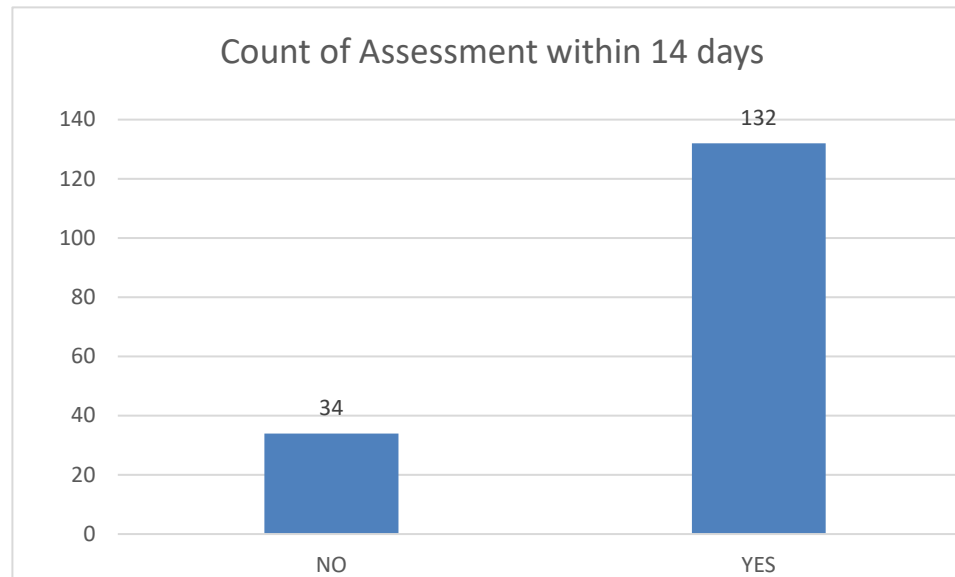
- 2. Efficiency: CSV voluntarily participated in The Joint Commission on Accreditation of Healthcare Organizations. The Joint Commission performs a formal assessment of service utilization, quality of services delivered, and outcomes on a tri-annual basis receiving a review this year in July 2022. This accreditation has had a significant impact on quality improvement processes within CSV. Specific areas of impact include utilizing an active corporate-wide quality improvement committee; a focus on safety of the work environment; an internal carefully monitored incident reporting process, leadership/management training for supervisors, and measures for quantifying increases in staff core area of competency. The CSV senior leadership team selected important components of the total program (e.g., clinical, managerial, administrative, facility, and process related) that have the potential to impact the outcomes, directly or indirectly of persons served. For each of these components, specific indicators were developed or selected, measured and monitored on a continuing basis. The Quality Improvement (QI)/Quality Assurance (QA) program tracked these activities, as well as all resulting improvement activities. Data gathered from checklists by QI/QA staff were used to identify trends annually. Data trends were then used to identify system issues for proactive adjustments. In addition, the QI/QA system allowed Clinica Sierra Vista to operate on a "flat" authority structure in which anyone, no matter their rank or status within the organization, could suggest improvements, call out problems, and innovate on the go. This was key to keeping costs down and quality up. Peer reviews have been implemented to ensure the competency and effectiveness of

clinicians’ treatment. Changes implemented last year, served to improve the management of clinical needs as well as addressing the person’s whole body needs. Staff were able to appropriately address and facilitate linkage to necessary resources for persons served throughout the year. Another improvement was the collaboration with hospitals regarding discharged patients which served to improve the continuity of care.

Since the rollout of the suicide prevention programs (April 2020), there have been zero completed suicides and an improvement in the use of outcome measurement tools, the use of the Columbia-Suicide Severity Rating Scale (C-SSRS) to assess for suicide risk, increase in family services and increase in case consultation.

Additionally, CSV implemented quarterly trainings for clinical staff to improve areas of concern among the team. The trainings conducted focused on safety planning for suicidal persons, family engagement, case management, clinical interventions and coordination of care. The trainings supported the staff in developing their clinical skills and improving confidence when responding to needs of persons served.

- 3. Access: Within the past year, access to care continued to improve. Clinica Sierra Vista assessed 168 individuals for the year and 78.5% were able to begin services within 10 business days.



The average number of days’ wait was 13. For the fiscal year 21-22, the teams struggled with a high amount of turnover, which contributed to the struggle of meeting the access to care standard.

4. Satisfaction & Feedback of persons served: With the site closing, Consumer Perception Surveys (CPS) surveys were not conducted during the reporting period. As a result, CSV was unable to gain feedback from persons served as they had discontinued accepting persons by Dec 2022 in preparation for program closure.

DEPARTMENT RECOMMENDATION(S):

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