

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	The Lodge	Provider:	RH Community Builders
Program Description:	The Lodge provides short-term lodging services to individuals with severe mental illness who are experiencing or at risk of homelessness. The intent of these services is to gain insight through a pilot research project on what can enhance and increase engagement of individuals who are homeless or at risk for homelessness, with the onset of an early or severe mental illness and who are not engaging in care due to being in the precontemplation stage of change.		MHP Work Plan:
Age Group Served 1:	ADULT	Dates Of Operation:	March 1, 2021 to present
Age Group Served 2:		Reporting Period:	July 1, 2022 - June 30, 2023
Funding Source 1:	Innovations (MHSA)	Funding Source 3:	
Funding Source 2:	Medi-Cal FFP	Other Funding:	

FISCAL INFORMATION:

Program Budget Amount:	\$1,729,225.00	Program Actual Amount:	\$1,296,076.27
Number of Unique Clients Served During Time Period:	354		
Number of Services Rendered During Time Period:	2,125		
Actual Cost Per Client:	\$ 3,661.23		

CONTRACT INFORMATION:

Program Type	Contract-Operated	Type of Program:
Contract Term:	October 10, 2020 to June 30, 2023	For Other:
		Renewal Date:
Level of Care Information Age 18 & Over:	High Intensity Treatment/FSP (caseload 1:12)	
Level of Care Information Age 0- 17:		

TARGET POPULATION INFORMATION:

Target Population: Adults 18 years or older living with a Severe Mental Illness (SMI) and/or Co-Occurring Disorder (mental health and substance use disorder) who are in the precontemplation stage of change to engage in the behavioral health system and also experiencing homelessness or are at risk of homelessness.

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:** adults served 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 individuals and families are seamless. Individuals served 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)

Community Collaboration

Cultural Competence

Access to underserved communities

Integrated Service Experiences

Please describe how the selected concept (s) embedded :

The Lodge provides linkages and referrals to services giving individuals a voice and choice of providers. The staff at the Lodge focus on services and linkages to community partners to reduce any barriers in accessing ongoing services after their stay at The Lodge. The Lodge engages with community partners, the Fresno County Department of Behavioral Health, WestCare, TURN Behavioral Health, Poverello House, Turning Point, Blue Sky Health and Wellness Center, Federally Qualified Health Care Centers, and local landlords and/or local room and boards to increase access to community services and resources.

The Lodge staff are trained in cultural humility, including special populations and provide services to individuals with co-occurring disorders. Individuals and staff have 24 hours access to a language line

to utilize as needed when individuals request support in their chosen language.

The Lodge provides individualized services to assist individuals with identifying their desire for change and their needs and preference of services. Utilizing the Housing First model provides individuals with low-barrier lodging. Individuals are not required to be clean or sober upon entry to the Lodge and are not required to participate in scheduled services such as groups or individual meetings during their stay.

During their stay at the Lodge individuals are encouraged using Motivational Interviewing to engage with the support available at the Lodge which includes a team of Peer Support Specialist, Case Managers, and Mental Health Clinicians.

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

Effectiveness:

1. 85% of individuals will successfully engage in outpatient mental health or substance abuse treatment.

During this reporting period, the programs internal tracking system documented 21% of individuals successfully engaged in outpatient mental health or substance abuse treatment. Of the 354 persons served, 73 successfully engaged in outpatient mental health or substance abuse treatment.

2. The number of unique visits to the Crisis Stabilization Unit for each individual served will be reduced by 75%.

During this reporting period, individuals served had 18 visits to Crisis Stabilization Units with a reduction of 92% documented in the programs internal tracking system.

3. The number of unique visits to the Emergency room will be reduced by 85% for each individual served.

During this fiscal year of operation 78 visits to the Emergency Room were made with a reduction of 83% documented in the programs internal tracking system. All documented emergency room visits were for physical health related concerns.

Efficiency:

1. RHCBS will establish a baseline cost per individual served in the initial partial year.

The baseline cost per individual in the initial partial year was established at \$3,524.46.

2. RHCBS will reduce the cost per individual served annually thereafter.

There was a 3.88% increased cost per individual at The Lodge.

Access:

1. Wait time from admission into the Lodge to initial peer assessment by RHCBS will be 72 hours or less.

100 % of individuals accepted to the Lodge are offered an initial peer assessment within 24 hours of arrival at the Lodge. Although individuals can decline participation, the multi-disciplinary team makes attempts to engage the individual into services. Utilizing motivational interviewing techniques the staff encourage participation in initial peer assessment and ongoing services given their voice and choice of services.

2. Once an individual has moved from the “pre-contemplative” stage and determined that they are interested in seeking mental-health services, a mental-health assessment by RHCBS will be done within 48 hours.

100% of individuals accepted to the Lodge are offered a mental health assessment once they express interest in seeking mental health services. Utilizing motivational interviewing techniques the staff encourage participation in a mental health assessment for placement, linkage and advocacy in participating in ongoing services given their voice and choice of services

Satisfaction:

1. 85% of individuals served will report “Satisfied” or “Very Satisfied” with services on RHCBS’s individual’s served exit survey.

100% of respondents reported being very satisfied or satisfied with services.

2. 85% of the families of individuals served that are actively involved in the lives of individuals served will rate “significant” or “critical” in response to importance of The Lodge in your loved one accessing ongoing services.

The Lodge did not have any family members who decided to take part in the exit survey.

DEPARTMENT RECOMMENDATION(S):

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