

**PROGRAM INFORMATION:**

<b>Program Title:</b>	Rural Mental Health	<b>Provider:</b>	Turning Point of Central California
<b>Program Description:</b>	Contract includes Full Service Partnership, Intensive Case Management, and Outpatient Programs that are provided in rural Fresno County (Sanger, Reedley, Pinedale, Selma, Kerman and Coalinga). Programs provide mental health services that may include personal service coordination, medications, housing through treatment plans for adults with serious and persistent mental illness and children with severe emotional disturbance.	<b>MHP Work Plan:</b>	4-Behavioral health clinical care
<b>Age Group Served 1:</b>	ADULT	<b>Dates Of Operation:</b>	October 1, 2008 - Current
<b>Age Group Served 2:</b>	CHILDREN	<b>Reporting Period:</b>	July 1, 2015 - June 30, 2016
<b>Funding Source 1:</b>	Com Services & Supports (MHSA)	<b>Funding Source 3:</b>	Realignment
<b>Funding Source 2:</b>	Medical FFP	<b>Other Funding:</b>	Private Health Insurance

**FISCAL INFORMATION:**

<b>Program Budget Amount:</b>	\$6,474,203.00	<b>Program Actual Amount:</b>	\$5,814,479.81
<b>Number of Unique Clients Served During Time Period:</b>	TOTAL: 2,133; FSP=184; ICM=1,202; OP=747		
<b>Number of Services Rendered During Time Period:</b>	52,332		
<b>Actual Cost Per Client:</b>	FSP=\$6,602.09; ICM=\$2,742.74; OP=\$1,744.21		

**CONTRACT INFORMATION:**

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	FSP
<b>Contract Term:</b>	July 1, 2013 – June 30, 2018	<b>For Other:</b>	
		<b>Renewal Date:</b>	July 1, 2018
<b>Level of Care Information Age 18 &amp; Over:</b>	High Intensity Treatment/FSP (caseload 1:12)		

Level of Care Information Age 0- 17:

**TARGET POPULATION INFORMATION:**

**Target Population:** Rural Mental Health clinics provide outpatient based mental health and psychiatric services to the adult, children, adolescents, and older adult clients with serious mentally illness, severe emotional disturbance, and/or co-occurring disorders in rural Fresno County areas including: Pinedale, Reedley, Selma, Kerman, Coalinga, and Sanger. RMH provides three levels of care (Full Service Partnership, (FSP); Intensive Case Management, (ICM); and Outpatient, (OP) at each clinic depending on each client's level of need. The target population for rural services is individuals living with a severe mental health and co-occurring diagnosis (Schizophrenia, Major Depression, or Bipolar Disorder) and that may be experiencing homelessness, drug and alcohol addictions, frequent hospitalizations, incarcerations, legal troubles, family issues, or job loss.

**MHSA CORE CONCEPTS:**

**Please select MHSA core concepts embedded in services/ program:**

*(May select more than one)*

Recovery/Resiliency Orientation

Client/Family Driven Program

Community Collaboration

Integrated Service Experience

**Please describe how the selected concept (s) embedded :**

Each participant is treated individually with a focus on person-centered goals and strengths. A treatment plan is developed in collaboration with each participant and always includes personal goals. Participants are given the option to include support persons or family members in the development of the treatment plan; RMH staff encourage and promote the inclusion of family and support persons as part of the treatment team to enhance treatment interventions and outcomes. The RMH team attempts to offer a variety of options for treatment, rehabilitation, and support. Services are flexible and are provided with the individual needs of participants in mind. The RMH program provides advocacy and helps develop connections with community partners. Collaborative relationships have been developed and maintained with several community agencies, treatment providers, law enforcement, and local governments with the goal of continuity of care and optimal client outcomes. Program services focus on meeting the needs of the whole person and ensure physical health, mental health, and substance use is considered and integrated into the treatment plan. Program staff assist with linkage and transportation to primary care settings for preventative and follow-up health care. Additionally, program nursing staff provide routine monitoring of vitals, medication side effects, and health education.



**PROGRAM OUTCOME GOALS:**

Data below is based on the number of FSP clients who were participants in the program for at least 12 months. Of the 184 FSP clients served during the reporting period, 69 clients remained in the program for 12 months or more.

**Reduce Psychiatric Hospitalizations****No. of Clients****37%  
reduction****No. of Days****34%  
reduction****Reduce Incarcerations****No. of Clients****31%  
reduction****No. of Days****25%  
reduction****Reduce Homelessness****No. of Clients****36%  
reduction****No. of Days****72%  
reduction****Reduce Medical Hospitalizations****No. of Clients****89%  
reduction****No. of Days****95%  
reduction****Reduce LOCUS (Level of Care Utilization System) Scores****Pre-Admission****6 Months Post-Admission****15%  
reduction**

**PROGRAM OUTCOME GOALS CONTINUED:**

Provide housing placements and supports as needed

- 57 clients were assisted with locating and securing housing
- 28 clients received housing subsidy funding according to need
- 5 clients were successfully transitioned into independent permanent housing

Increase incidents of participation in educational and/or employment setting

Clients in educational setting FY 15-16

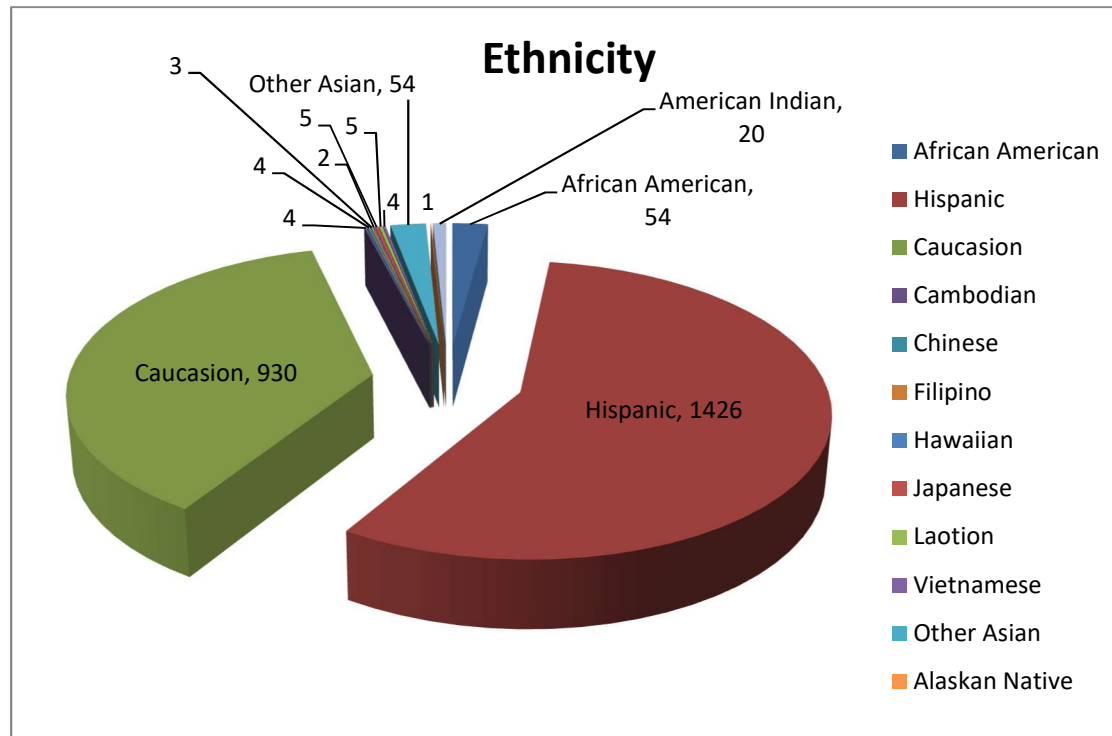
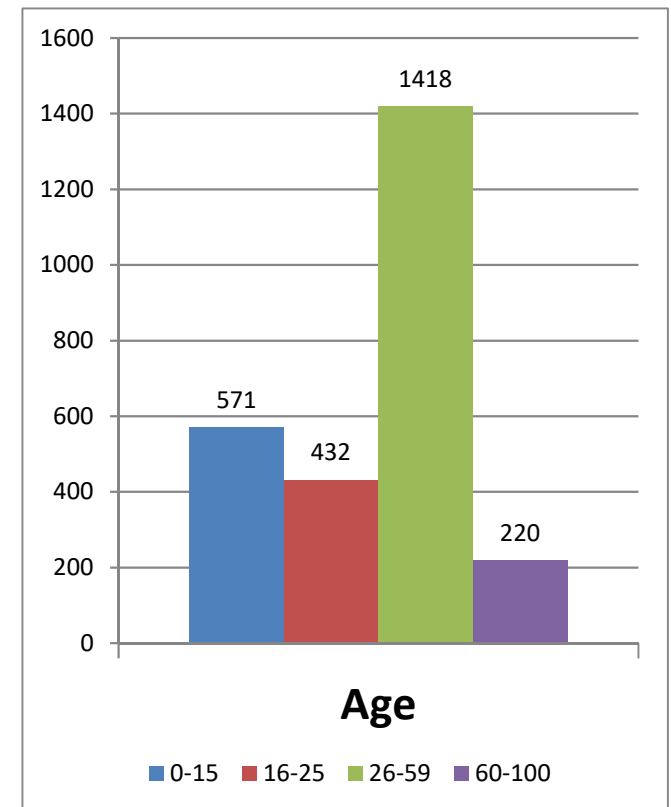
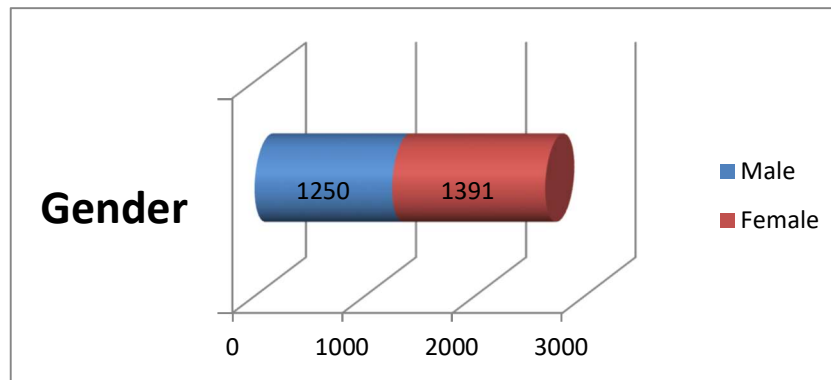
<b>19</b>
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Clients in employment setting FY 15-16

<b>13</b>
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PROGRAM OUTCOME DATA/INDICATORS:

Demographics:



**DEPARTMENT RECOMMENDATION(S):**

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