OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION	۱:					
Program Title:	First Street Center	- FSP	Provider:	Turning Point of Central California, Inc.		
Program Description:	Full Service Partner	ship	MHP Work Plan:	2-Wellness, recovery, and resiliency support		
Age Group Served 1:	ADULT		Dates Of Operation:	April 1, 2012 - Current		
Age Group Served 2:	ТАҮ		Reporting Period:	July 1, 2016 - June 30 2017		
Funding Source 1: Funding Source 2:	Com Services & Supports (MHSA)M Medical FFP		Funding Source 3: Other Funding:	Other, please specify below AB 109 Realignment		
FISCAL INFORMATION:						
Program Budget Amount: Number of Unique Clients Number of Services Rende	Served During Time P		Program Actual Amou	Int: \$1,382,302.58		
Actual Cost Per Client:	\$6,459.36	u. 11,204				
CONTRACT INFORMATION	۷:					
Program Type:	Contract-Operated		Type of Program:	FSP		
Contract Term:	5 years		For Other:			
			Renewal Date:	July 1, 2017		
Level of Care Information	Age 18 & Over:	High Intensity Treat	ment/FSP (caseload 1:12)			
Level of Care Information	Age 0-17:	N/A				
TARGET POPULATION INF	ORMATION:					

Target Population:Adults residing in Fresno County that are diagnosed with severe and persistent mental health and co-occurring issues, and
that are involved in the legal system under AB 109 Public Safety Realignment.

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

Community collaboration

Integrated service experiences

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 in their voice. Participants are given the option to include support persons or family members in the development of the treatment plan. First Street Center staff encourage and promote the inclusion of family and support persons as part of the treatment team to enhance treatment interventions and outcomes. The treatment 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 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, probation, 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 abuse is considered and integrated into the treatment plan. Program staff highly encourage and assist with linkage and transportation to primary care settings for preventative and follow-up health care. Additinally, program nursing staff provide routine monitoring of vitals, medication side effects, and health education.

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



Reduce Psychiatric Hospitalizations

Provide housing placements and supports as needed

- » 93 clients were assisted with locating and securing housing
- » 93 clients received housing subsidy funding according to need
- » 23 clients were successfully transitioned into independent permanent housing

Participation in educational and/or employment setting

- » Average percent of eligible clients in educational setting*
- » Average percent of eligible clients in employment setting*

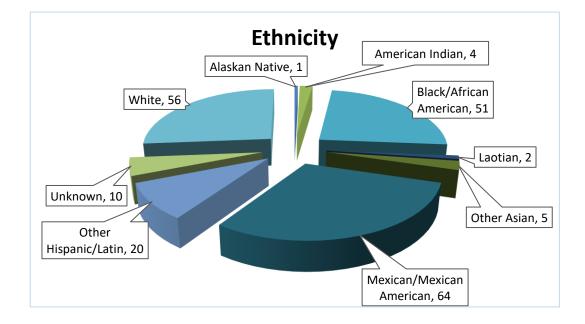


* percent based on enrolled clients not receiving SSDI benefits

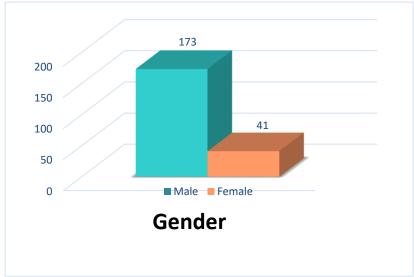
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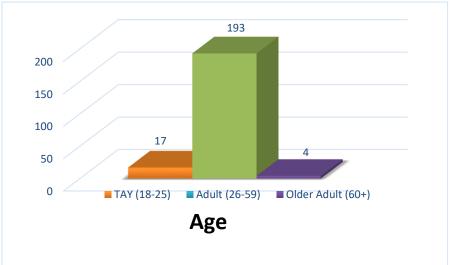
Service Access

- » Average time from referral to first contact ------ same day
- » Average time from referral to intake session------ 6 days
- » Average time from intake to assessment session------ 3 days
- » Average time from assessment to first psychiatry appointment ----- 11 days



PROGRAM OUTCOME & GOALS CONTINUED:





Revised March 2017

* The program is working on specific CARF standards and have provided data on what we have thus far.