

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	First Street Center-FSP	Provider:	Turning Point of Central California, Inc.
Program Description:	First Street Center-FSP is a full service partnership (FSP) program serving up to 105 adults ages 18-59. The FSC-FSP Program offers recovery-oriented intensive outpatient mental health services to individuals on AB 109 Post Release Community Supervision.	MHP Work Plan:	2-Wellness, recovery, and resiliency support Choose an item. Choose an item.
Age Group Served 1:	ADULT	Dates Of Operation:	April 1, 2012 - Current
Age Group Served 2:	TAY	Reporting Period:	July 1, 2017 - June 30, 2018
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	Choose an item.
Funding Source 2:	Medical FFP	Other Funding:	AB 109 Realignment

FISCAL INFORMATION:

Program Budget Amount:	\$1,555,903.00	Program Actual Amount:	\$1,314,476.63
Number of Unique Clients Served During Time Period:	214		
Number of Services Rendered During Time Period:	11,513		
Actual Cost Per Client:	\$6,142.41		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	FSP
Contract Term:	5 Years	For Other:	Click here to enter text.
		Renewal Date:	July 1, 2017
Level of Care Information Age 18 & Over:	High Intensity Treatment/FSP (caseload 1:12)		
Level of Care Information Age 0- 17:	Choose an item.		

TARGET POPULATION INFORMATION:

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

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

Access to underserved communities

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. Additionally, 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

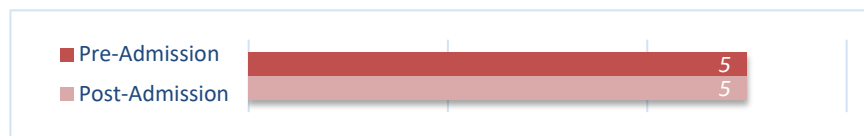
1. Effectiveness-

a. Psychiatric Hospitalization

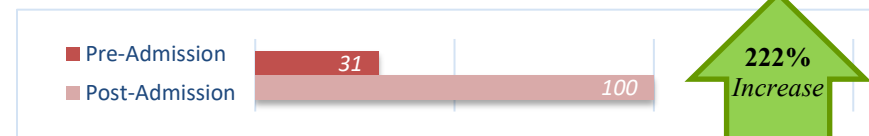
Hospitalization refers to any hospital admission captured in Fresno County's electronic health record, Avatar. Data may be entered by any hospital that utilizes Avatar including Exodus PHF, Community Behavioral Health Center (CBHC), and Kaweah Delta Psychiatric Hospital.

- Objective:** To reduce the total number of days spent in a psychiatric hospital setting compared to the total number of days spent hospitalized 12 months prior to program enrollment.
- Indicator:** Percentage of reduced total number of days spent in hospital setting.
- Who Applied:** AB 109 clients served by the program that experienced a psychiatric hospitalization due to a mental health condition
- Time of Measure:** FY 17-18
- Data Source:** DCR/ITWS State database.
- Target Goal Expectancy:** To reduce the frequency of hospitalizations for each client served.
- Outcome:** The total number of days spent in a psychiatric hospital setting was increased by 69 days when compared to total number of days spent hospitalized 12 months prior to program enrollment.

No. of Clients



No. of Days in Psychaitric Hospital*

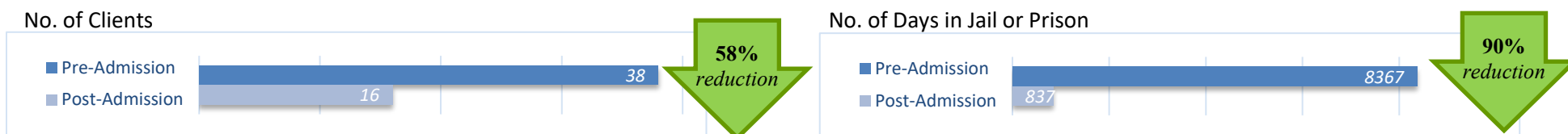


*A majority of participants referred for services were incarcerated during the 12 months prior to enrollment thus resulting in fewer reported pre-admission hospital days. Only 26% of the population served accounted for the total number of days hospitalized post enrollment. 74% of the population served successfully avoided psychiatric hospitalization.

b. Incarcerations

Incarceration refers to individuals confined in a jail or prison setting.

- i. **Objective:** To reduce the total number of days spent confined in a jail or prison setting compared to the total number of days spent incarcerated 12 months prior to program enrollment.
- ii. **Indicator:** Percentage of reduced total number of days spent incarcerated.
- iii. **Who Applied:** AB 109 clients served by the program that experience incarceration.
- iv. **Time of Measure:** FY 17-18
- v. **Data Source:** DCR/ITWS State database.
- vi. **Target Goal Expectancy:** To reduce the frequency of time spent incarcerated for each client.
- vii. **Outcome:** The total number of days spent incarcerated was reduced by 52% when compared to total number of days spent incarcerated 12 months prior to program enrollment.



c. Homelessness

Homelessness refers to individuals without a place to live, who are living in a place not meant for human habitation, or who are living in an emergency shelter.

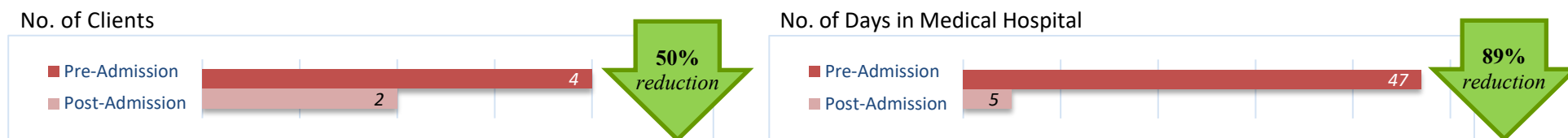
- i. **Objective:** To reduce the total number of days spent homeless compared to the total number of days spent homeless 12 months prior to program enrollment.
- ii. **Indicator:** Percentage of reduced total number of days spent homeless.
- iii. **Who Applied:** AB 109 clients served by the program that experience homelessness.
- iv. **Time of Measure:** FY 17-18
- v. **Data Source:** DCR/ITWS State database.
- vi. **Target Goal Expectancy:** To reduce the frequency of time spent homeless for each client.
- vii. **Outcome:** The total number of days spent homeless was reduced by 40% when compared to total number of days spent homeless 12 months prior to program enrollment. Approximately 4% of the population served accounted for the total number of days spent homeless. 96% of the served population avoided homelessness after program enrollment.



d. Medical Hospitalizations

Medical hospitalization refers to individuals who frequently require hospitalization at a local hospital or emergency department as a result of chronic or untreated physical health related conditions.

- i. Objective: To reduce the total number of days spent in a hospital or emergency department (ED) setting compared to the total number of days spent hospitalized 12 months prior to program enrollment.
- ii. Indicator: Percentage of reduced total number of days spent in a hospital or ED setting.
- iii. Who Applied: AB 109 clients served by the program that experience medical hospitalization.
- iv. Time of Measure: FY 17-18
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: To reduce the frequency of time spent in a hospital or ED setting for each client.
- vii. Outcome: The total number of days spent in a hospital or ED setting was reduced by 89% when compared to the total number of days spent in a hospital or ED setting 12 months prior to program enrollment.

**e. Participation in Educational Settings**

Educational setting refers to any learning environment or institution that offers educational services and curriculum according to specific objectives. Examples may include adult schools, vocational schools, community colleges, universities, and high schools.

- i. Objective: To increase the annual percentage of participants enrolled in educational settings.
- ii. Indicator: Annual percentage of program participants enrolled in educational settings.
- iii. Who Applied: AB 109 clients served by the program enrolled in educational settings.
- iv. Time of Measure: FY 17-18
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: To have a minimum of 15% of AB 109 participants enrolled in educational settings annually.
- vii. Outcome: The annual percentage of AB 109 participants enrolled in an educational setting was 17%.

f. Participation in Employment or Volunteerism

Employment refers to work environments where participants are paid competitive wages in exchange for job related activities performed. Volunteerism refers to environments where participants willingly provide services or complete tasks without any expectation of financial compensation, but may gain work experience and job related skills.

- i. Objective: To increase the annual percentage of participants engaged in employment or volunteer activities.
- ii. Indicator: Annual percentage of participants engaged in employment or volunteer activities.

- [iii. Who Applied:](#) AB 109 participants served by the program engaged in employment or volunteer activities.
- [iv. Time of Measure:](#) FY 17-18
- [v. Data Source:](#) DCR/ITWS State database.
- [vi. Target Goal Expectancy:](#) To have a minimum of 15% of AB 109 participants engaged in employment or volunteer activities annually.
- [vii. Outcome:](#) The annual percentage of AB 109 participants engaged in employment or volunteer activities was 26%.

g. Reaching Recovery: Consumer Recovery Measure and Recovery Marker Inventory

The First Street Center-FSP program implemented the use of Reaching Recovery tools in October of 2016. Reaching Recovery is a tool that was developed by the Mental Health Center of Denver; its major focus is tracking change across multiple domains of wellness. With Reaching Recovery in place, FSC-FSP began to utilize several tools designed to measure recovery for FSP level individuals: the Recovery Needs Level Marker, Consumer Recovery Measure, and the Recovery Marker Inventory.

Recovery Needs Level (RNL)

- [i. Objective:](#) To ensure the appropriate level of service intensity at a client's stage of recovery; to move client's towards increased levels of functioning; and to transition client's to the least restrictive level of care.
- [ii. Indicator:](#) Recovery Needs Level (RNL) records the status of observed needs across 17 domains. RNL scores are compared at 6 month intervals to show trends of recovery through time. Reduced scores indicate positive recovery growth and movement towards reduced levels of service.
- [iii. Who Applied:](#) AB 109 participants served by the program.
- [iv. Time of Measure:](#) FY 17-18
- [v. Data Source:](#) Avatar Electronic Health Record
- [vi. Target Goal Expectancy:](#) To have a minimum of 40% of the program population realize positive recovery growth and a minimum of 25% transition to lower levels of service.
- [vii. Outcome:](#) 58% of the program population trended towards positive recovery growth and 38% transitioned towards reduced levels of care.

Recovery Marker Inventory (RMI)

- [i. Objective:](#) To provide a quarterly practitioner rating of a participant's progress in recovery areas that tend to correlate with an individual's recovery.
- [ii. Indicator:](#) Recovery Marker Inventory (RMI) A practitioner's rating of the participant's recovery on 8 objective factors associated with recovery: employment, education, active growth, level of symptom management, participation in services, housing. RMI scores are compared at quarterly intervals to show trends of recovery through time. Increased scores indicate positive recovery growth.
- [iii. Who Applied:](#) AB 109 participants served by the program.
- [iv. Time of Measure:](#) FY 17-18
- [v. Data Source:](#) Avatar Electronic Health Record
- [vi. Target Goal Expectancy:](#) To have a minimum of 40% of the program population realize positive recovery growth trends.

vii. Outcome: 45% of the program population trended towards positive recovery growth.

Consumer Recovery Measure (CRM)

- i. Objective: To measure the client's perception of their recovery.
- ii. Indicator: Consumer Recovery Measure (CRM) A quarterly rating of a client's perception of recovery across 5 dimensions: hope, symptom management, personal sense of safety, active growth orientation, satisfaction with social networks. Increased scores indicate positive recovery growth from the client's perspective.
- iii. Who Applied: AB 109 participants served by the program.
- iv. Time of Measure: FY 17-18
- v. Data Source: Avatar Electronic Health Record
- vi. Target Goal Expectancy: To have a minimum of 40% of the program population perceive positive recovery growth trends.
- vii. Outcome: 63% of participants perceived having positive recovery growth.

2. Efficiency-

a. Cost per Client

Costs include all staffing and overhead costs associated with operation of the program.

- i. Objective: To efficiently use resources and maintain or minimize cost per client.
- ii. Indicator: Total program costs compared to number of unique AB 109 clients served.
- iii. Who Applied: AB 109 clients served by the program in FY 17-18.
- iv. Time of Measure: FY 17-18
- v. Data Source: Avatar and Financial Records
- vi. Target Goal Expectancy: To keep within departmental budgeted costs for the program.
- vii. Outcome: Compared to last year, cost per client for FY 17-18 was reduced by 5%. The program successfully operated within budgeted costs. The number of unique clients served remained the same.

3. Access-

a. Wait/length of time from referral to first contact

The FSC-FSP program receives referrals from the Fresno County Probation Department. The goal of the program is to act promptly for each referral.

- i. Objective: To provide timely service for clients requesting mental health care.
- ii. Indicator: Average number of days from referral or request for service to program's first contact with client.
- iii. Who Applied: Any AB 109 participant referred to the program.
- iv. Time of Measure: FY 17-18
- v. Data Source: Avatar Access Form

vi. Target Goal Expectancy: The goal wait time from referral date to first contact is within 2 days.

vii. Outcome: The average wait time from referral to first contact was 1.4 days.

b. Wait/length of time from referral to first intake/assessment

The FSC-FSP program receives referrals from the Fresno County Probation Department. The goal of the program is to act promptly for each referral.

i. Objective: To provide timely service for clients requesting mental health care.

ii. Indicator: Average number of days from referral to first intake/assessment appointment.

iii. Who Applied: AB 109 participants referred to the program.

iv. Time of Measure: FY 17-18

v. Data Source: Avatar Access Form

vi. Target Goal Expectancy: The goal wait time from referral date to first intake/assessment is within 10 business days.

vii. Outcome: The average wait time from referral to first intake/assessment was 4 days.

c. Wait/length of time from referral to first psychiatry appointment

The FSC-FSP program receives referrals from the Fresno County Probation Department. The goal of the program is to act promptly for each referral.

i. Objective: To provide timely service for clients requesting psychiatric care and medications.

ii. Indicator: Average number of days to from referral to first psychiatric appointment.

iii. Who Applied: AB 109 participants referred to the program.

iv. Time of Measure: FY 17-18

v. Data Source: Avatar Referral Form

viii. Target Goal Expectancy: The goal wait time from referral date to first scheduled psychiatry appointment is within 15 business days.

vi. Outcome: The average wait time from referral to first scheduled psychiatry appointment was 13 days.

4. Satisfaction & Feedback of Persons Served & Stakeholders-

a. Consumer Perception Survey

Consumer Perception Surveys (CPS) are conducted every six months over a one week period. Beneficiaries of the MHP are encouraged to participate in filling out the CPS surveys which are available to consumers and family members at County and contracted provider organizations.

i. Objective: To gauge satisfaction of clients and collect data for service planning and quality improvement.

ii. Indicator: Average percent of clients who complete the survey and response was 'Agree' or 'Strongly Agree' for the following domains: General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, Perception of Treatment Participation, Perception of Outcomes of Services, Perception of Functioning, and Perception of Social Connectedness.

iii. Who Applied: Clients who completed the survey in May and November of 2017 for the program.

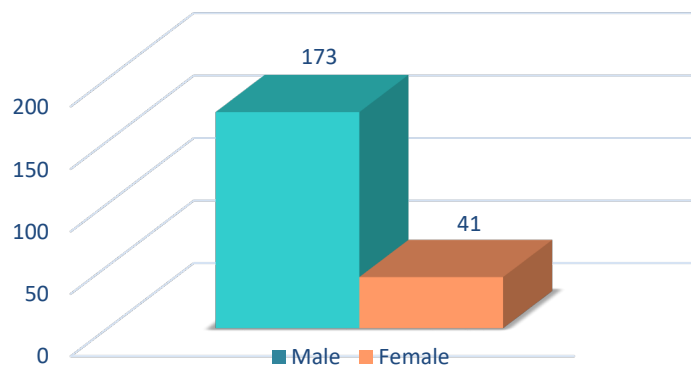
iv. Time of Measure: The survey was conducted in May and November of 2017.

v. Data Source: Consumer Perception Survey data

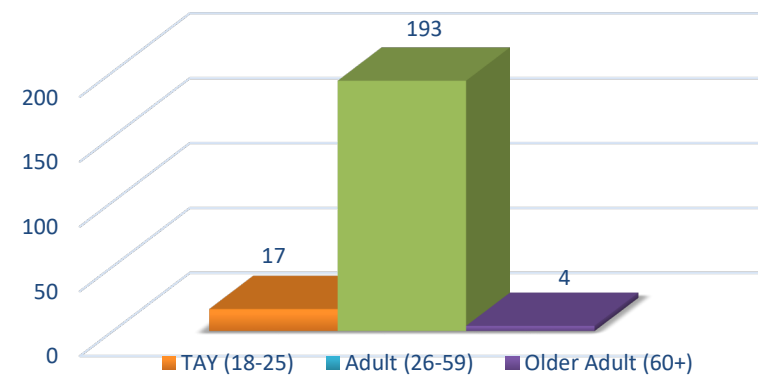
vi. Target Goal Expectancy: The program would like to see a majority of clients satisfied for each domain.

vii. **Outcome:** A majority of clients rated themselves satisfied in all seven domains. General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, Perception of Treatment participation, Perception of Outcomes of Services, Perception of Functioning, and Perception of Social Connectedness indicates that 86% of clients surveyed were satisfied.

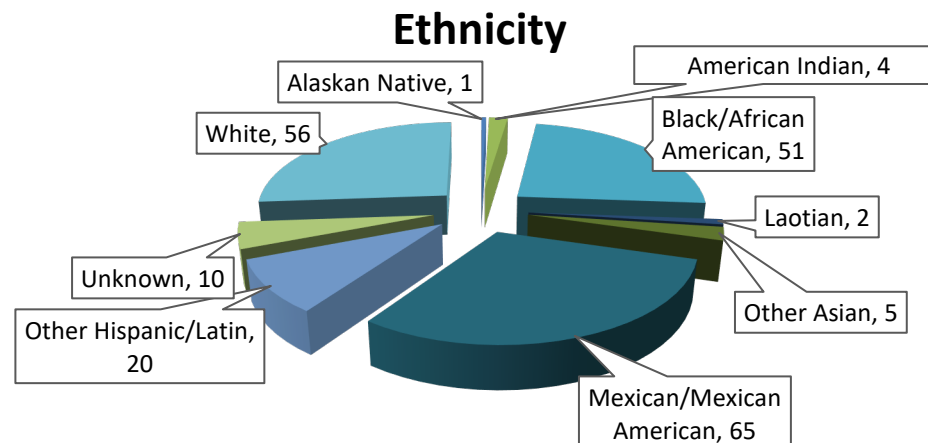
Program Demographics



Gender



Age



DEPARTMENT RECOMMENDATION(S):

[Click here to enter text.](#)