

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	First Street Center - Outpatient	Provider:	Turning Point of Central California, Inc.
Program Description:	SUD/Mental Health Services	MHP Work Plan:	2-Wellness, recovery, and resiliency support Choose an item. Choose an item.
Age Group Served 1:	ADULT	Dates Of Operation:	May 2012 - Current
Age Group Served 2:	Choose an item.	Reporting Period:	July 1, 2017 - June 30, 2018
Funding Source 1:	Realignment	Funding Source 3:	Choose an item.
Funding Source 2:	Medical FFP	Other Funding:	AB 109 Realignment

FISCAL INFORMATION:

Program Budget Amount:	\$2,724,981.00	Program Actual Amount:	\$1,804,785.80
Number of Unique Clients Served During Time Period:	1053 (MH 298, SUD 818)		
Number of Services Rendered During Time Period:	10,079		
Actual Cost Per Client:	Combined Total \$1,713.95 (MH= \$1,409.60; SUD= \$1,692.82)		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	SUD Outpatient/Mental Health Services
Contract Term:	5 Years	For Other:	Click here to enter text.
		Renewal Date:	July 1, 2017
Level of Care Information Age 18 & Over:	Enhanced Outpatient Treatment (caseload 1:40)		
Level of Care Information Age 0- 17:	Choose an item.		

TARGET POPULATION INFORMATION:

Target Population:	The First Street Center Outpatient program provides outpatient based substance use disorder (SUD) treatment services and treatment for mild to moderate co-occurring mental health needs to adults referred under AB 109 supervision.
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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

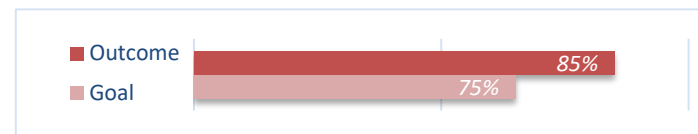
plan. Additionally, program nursing staff provide routine monitoring of vitals, medication side effects, and health education.

PROGRAM OUTCOME & GOALS

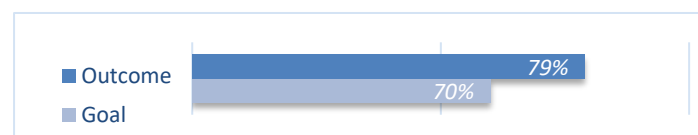
- Must include each of these areas/domains: (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder
- Include the following components for documenting each goal: (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

1. Effectiveness-**a. Treatment Objectives/Achievements**

- i. Objective: Clients who complete treatment will complete a minimum of 75% of treatment plan goals.
- ii. Indicator: Percentage of clients that completed treatment and completed 75% or more of their treatment plan goals.
- iii. Who Applied: AB 109 clients served by the program.
- iv. Time of Measure: FY 17-18
- v. Data Source: Avatar/Accucare EHR
- vi. Target Goal Expectancy: To have participants who complete treatment complete at least 75% of treatment plan goals.
- vii. Outcome: Clients who completed treatment completed 85% of treatment plan goals.

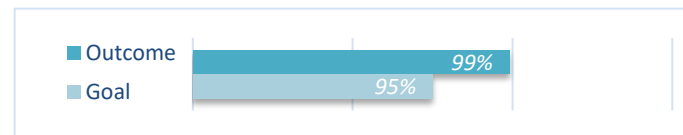
**b. Successful Completion**

- i. Objective: To have the majority of clients successfully complete treatment or leave with satisfactory progress.
- ii. Indicator: Percentage of clients that complete treatment or leave with satisfactory progress.
- iii. Who Applied: AB 109 clients served by the program.
- iv. Time of Measure: FY 17-18
- v. Data Source: Accucare EHR/Discharge Summaries and Post treatment surveys
- vi. Target Goal Expectancy: To have 70% of clients served successfully complete treatment or leave before completion with satisfactory progress.
- vii. Outcome: 79% of clients successfully completed treatment or left before completion with satisfactory progress.



c. Psychiatric Hospitalizations/Incarcerations

- i. Objective: Clients receiving mental health and co-occurring treatment will evidence no psychiatric hospitalizations or incarcerations.
- ii. Indicator: Percentage of clients that experience zero psychiatric hospitalizations or incarcerations.
- iii. Who Applied: AB 109 clients that received mental health and co-occurring treatment.
- iv. Time of Measure: FY 17-18
- v. Data Source: Avatar EHR/Accucare EHR
- vi. Target Goal Expectancy: 95% of clients receiving mental health and co-occurring treatment will experience zero psychiatric hospitalizations or incarcerations.
- vii. Outcome: 99% of clients receiving mental health and co-occurring treatment experienced zero psychiatric hospitalizations or incarcerations.



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

The program implemented the use of Reaching and Recovery tools in October of 2017. 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, the program began to utilize several tools designed to measure recovery clients receiving mental health services: the Recovery Needs Level Marker, Consumer Recovery Measure, and Recovery Marker Inventory.

- 1) Recovery Needs Level (RNL) Marker: Assigns the right level of service intensity to a client at the right time.
- 2) Consumer Recovery Measure (CRM): A quarterly client rating of his/her perception of recovery. CRM is a 16 question tool that explores the client's perception of their recovery across 5 dimensions:
 - a. Hope
 - b. Symptom Management
 - c. Personal Sense of Safety
 - d. Active Growth Orientation
 - e. Satisfaction with Social Networks
- 3) Recovery Marker Inventory (RMI): A quarterly practitioner rating of client's progress in recovery in areas that tend to correlate with an individual's recovery. It provides practitioner's rating of the client's on 8 objective factors associated with recovery:
 - a. Employment
 - b. Education
 - c. Active/Growth
 - d. Level of Symptom Management
 - e. Participation of Services

- f. Housing
- g. Substance Abuse
- h. Stage of Change

Together the tools measure recovery from multiple perspectives. These tools measure changes in recovery across multiple domains and provide a structure for holistic care. The program has begun to gather and analyze preliminary data from the CRM and RMI. The goal is to continue to gather data and establish baseline measurements.

2. Efficiency-

a. Cost per Client

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

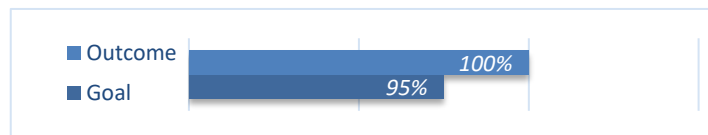
- i. **Objective:** To efficiently use resources and maintain or minimize cost per client.
- ii. **Indicator:** Total program costs compared to number of unique AB 109 clients served.
- iii. **Who Applied:** AB 109 clients served by the program in FY 17-18.
- iv. **Time of Measure:** FY 17-18
- v. **Data 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 16-17 was reduced by 8.3%. The number of unique clients served increased by 4%. The program successfully operated within budgeted costs.

3. Access-

a. Wait/length of time from referral to ASAM Screening

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

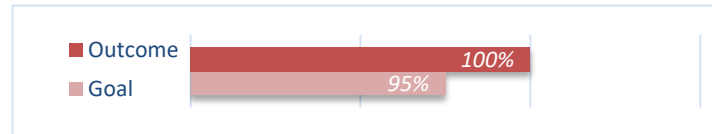
- i. **Objective:** To provide timely service for clients requesting SUD treatment services.
- ii. **Indicator:** Percentage of clients that receive an ASAM screening within 7 days of referral.
- iii. **Who Applied:** AB 109 participants referred to the program.
- iv. **Time of Measure:** FY 17-18
- v. **Data Source:** Avatar/Accucare EHR
- vi. **Target Goal Expectancy:** 95% of referred individuals will receive an ASAM screening within 7 days of referral.
- vii. **Outcome:** 100% of referred individuals completed an ASAM screening within 7 days of referral.



b. Wait/length of time from initial screening to mental health assessment

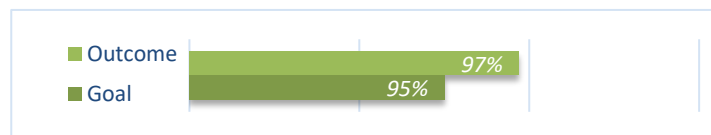
The FSC program receives referrals from the Department of Probation. The goal of the program is to act promptly for each referral.

- i. Objective: To provide timely service for clients requesting mental health care.
- ii. Indicator: Percentage of participants scheduled to complete a comprehensive mental health assessment within 7 days of initial screening.
- iii. Who Applied: AB 109 participants referred to the program.
- iv. Time of Measure: FY 17-18
- v. Data Source: Avatar EHR
- vi. Target Goal Expectancy: 95% of participants referred for mental health treatment will be scheduled to complete a comprehensive mental health assessment within 7 days of initial screening.
- vii. Outcome: 100% of participants referred for mental health treatment were scheduled to complete a comprehensive mental health assessment with 7 days of initial screening.

**c. Wait/length of time from ASAM screening to treatment plan development**

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

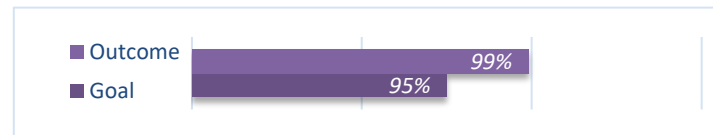
- i. Objective: To provide timely service for participants referred for treatment services.
- ii. Indicator: Percentage of participants that will develop a treatment plan with their SUD counselor within two weeks of their assessment.
- iii. Who Applied: AB 109 participants referred to the program.
- iv. Time of Measure: FY 17-18
- v. Data Source: Accucare EHR
- viii. Target Goal Expectancy: 95% of participants will develop a treatment plan with their SUD counselor within two weeks of their assessment.
- vi. Outcome: 97% of participants developed a treatment plan with their SUD counselor within two weeks of their assessment.

**d. Wait/length of time from mental health assessment to development of treatment plan**

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

- i. Objective: To provide timely service for participants referred for treatment services.

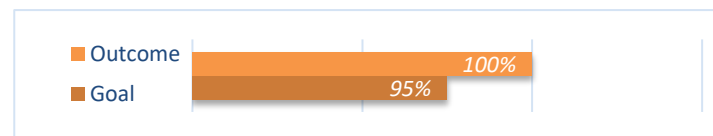
- ii. Indicator: Percentage of participants referred for mental health treatment that will develop a treatment plan with a mental health clinician within 7 days of their assessment.
- iii. Who Applied: AB 109 participants referred to the program.
- iv. Time of Measure: FY 17-18
- v. Data Source: Avatar EHR
- ix. Target Goal Expectancy: 95% of participants will develop a treatment plan with a mental health clinician within 7 days of their assessment.
- vi. Outcome: 99% of participants developed a treatment plan with a mental health clinician within 7 days of their assessment.



e. Wait/length of time from mental health assessment to first scheduled psychiatry appointment

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

- i. Objective: To provide timely service for participants referred for treatment services.
- ii. Indicator: Percentage of participants referred for mental health treatment that will be scheduled to see the program psychiatrist within 7 days of their assessment.
- iii. Who Applied: AB 109 participants referred to the program.
- iv. Time of Measure: FY 17-18
- v. Data Source: Avatar EHR
- x. Target Goal Expectancy: 95% of participants referred for mental health treatment will be scheduled to see the program psychiatrist within 7 days of their assessment.
- vi. Outcome: 100% of participants referred for mental health treatment were scheduled to see the program psychiatrist within 7 days of their assessment.



f. Engagment

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

- i. Objective: To provide timely service for participants referred for treatment services.

- ii. Indicator: Percentage of participants referred for services will be scheduled to participate in two additional services within 30 days after their assessment.
- iii. Who Applied: AB 109 participants referred to the program.
- iv. Time of Measure: FY 17-18
- v. Data Source: Avatar EHR
- xi. Target Goal Expectancy: 75% of participants referred for treatment will be scheduled to participate in two additional services within 30 days of their assessment.
- vi. Outcome: 94% of participants referred for treatment were scheduled to participate in two additional services within 30 days of their assessment.



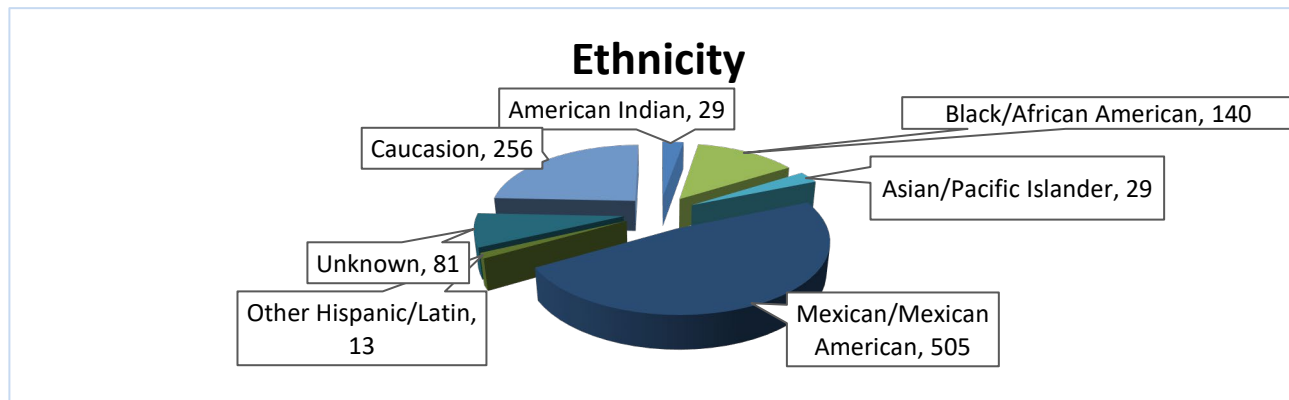
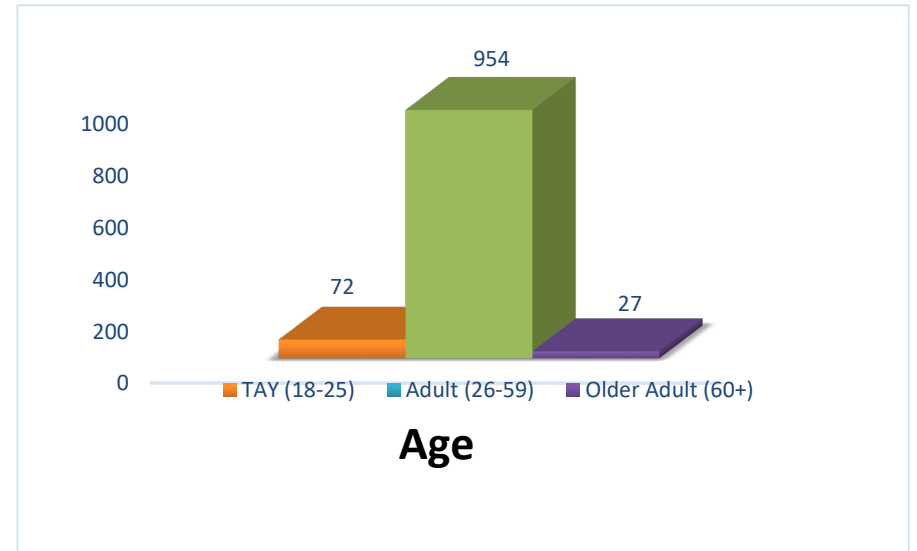
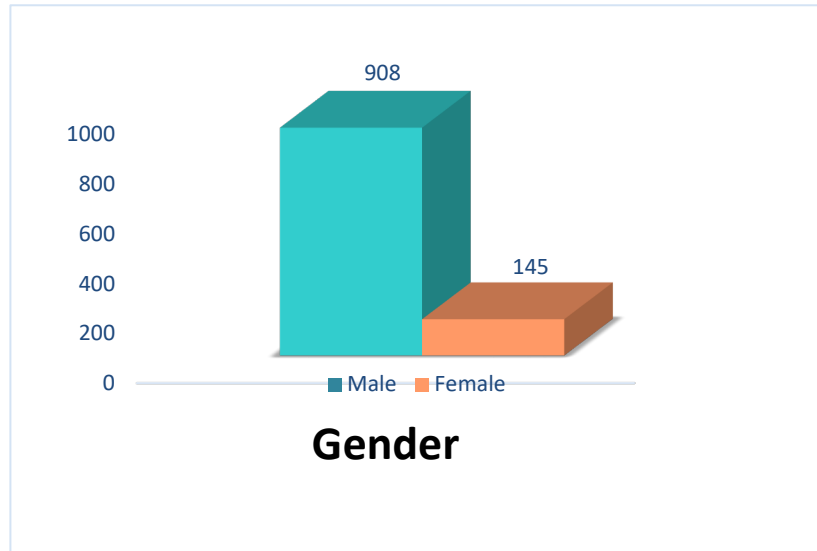
4. Satisfaction & Feedback of Persons Served & Stakeholders-

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: Participants who completed the survey in May and November of 2017.
- iv. Time of Measure: Surveys were completed 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: Majority of participants 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 more than 86% of clients surveyed were satisfied.

Program Demographics



DEPARTMENT RECOMMENDATION(S):

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