

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Rural Mental Health	Provider:	Turning Point of Central California, Inc.
Program Description:	Outpatient Based Behavioral 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:	October 1, 2008 - current
Age Group Served 2:	CHILDREN	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:	Private Insurance

FISCAL INFORMATION:

Program Budget Amount:	\$8,728,926.00	Program Actual Amount:	\$7,942,451.08
Number of Unique Clients Served During Time Period:	Total=3,776 (FSP=182, ICM=2182, OP=1412)		
Number of Services Rendered During Time Period:	Total=85,594 (FSP=14,591, ICM=55,434, OP=15,569)		
Actual Cost Per Client:	Combined Total \$2,103.40 (FSP=\$6,853.04; ICM=\$2,337.74; OP=\$1,129.07)		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	5 Years	For Other:	FSP
		Renewal Date:	July 1, 2018
Level of Care Information Age 18 & Over:	Enhanced Outpatient Treatment (caseload 1:40); High Intensity Treatment/FSP (caseload 1:12); Traditional Outpatient Treatment (caseload 1:80)		
Level of Care Information Age 0- 17:	Outpatient Treatment		

TARGET POPULATION INFORMATION:

Target Population:	Adult, children, adolescent, and older adult individuals with severe mental illness or serious emotional disturbance diagnoses in the rural areas of Fresno County 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.
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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

Community collaboration

Integrated service experiences

Cultural Competency

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 the participant and includes personal goals in their voice. Participants are given the option to include support persons (family or others) in the development of the treatment plan. RMH staff promote the inclusion of 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 a variety of community agencies, treatment providers, and local government with the goal of continuity of care and optimal client outcomes. Program services focus on meeting the needs of the whole-person to improve physical health and mental health. Any substance abuse is also considered in the treatment plan

with substance abuse services and linkages. Staff encourage and assist with linkage and transportation to primary care settings for preventative and follow-up health care. Program nursing staff provide routine monitoring of vitals, medication side effects, and health education. The program is committed to hiring bicultural, bilingual, and culturally competent staff. All staff members are provided sensitivity training in the area of cultural competence. Clients' culture is considered to be an integral part of their treatment.

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

FSP LEVEL CLIENTS

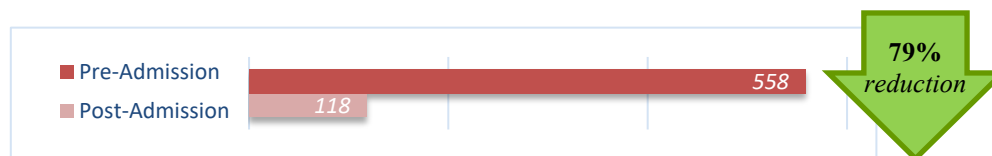
1. Effectiveness-

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 episodes and days spent in a psychiatric hospital setting compared to the total number of episodes and days spent hospitalized 12 months prior to program enrollment.
- Indicator: Percentage of reduced total number of days spent in hospital setting.
- Who Applied: FSP 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 reduced by 79% when compared to total number of days spent hospitalized 12 months prior to program enrollment. The total number of hospital episodes was reduced by 57% after program enrollment. 5% of the program population accounted for the total number of days spent in a psychiatric hospital setting.

No. of Days in Psychiatric Hospital

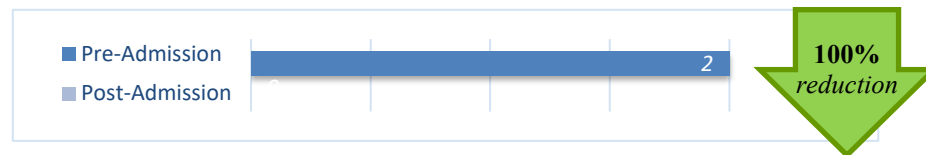


b. Incarcerations

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

- i. Objective: To reduce the total number of arrests compared to the total number of arrests 12 months prior to program enrollment.
- ii. Indicator: Percentage of reduced total number of arrests.
- iii. Who Applied: FSP level clients served by the program that experience arrests.
- iv. Time of Measure: FY 17-18
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: To reduce the frequency of arrests for each client.
- vii. Outcome: The total number of arrests was reduced by 100% when compared to total number of arrests 12 months prior to program enrollment. Less than 1% of the treatment population served experienced an arrest during the reporting period.

No. of Arrests

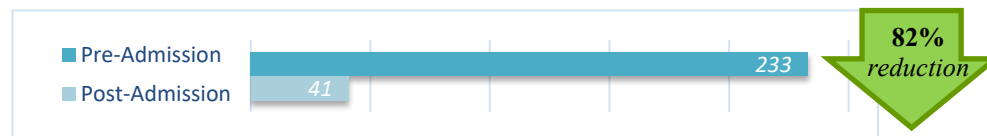


c. Homelessness

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 episodes and days spent homeless compared to the total number of episodes and days spent homeless 12 months prior to program enrollment.
- ii. Indicator: Percentage of reduced total number of days spent homeless.
- iii. Who Applied: FSP level 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 82% when compared to total number of days spent homeless 12 months prior to program enrollment. The total number of homeless episodes was reduced by 75% after enrollment.

No. of Days Homeless

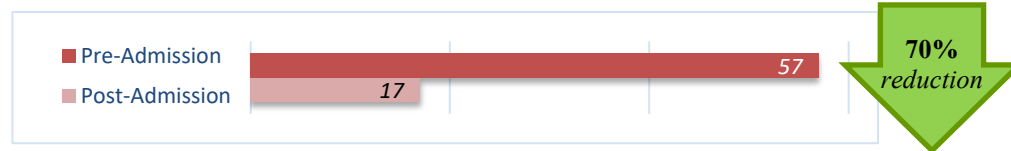


d. Medical Hospitalizations

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 episodes and days spent in a hospital or emergency department (ED) setting compared to the total number of episodes and 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: FSP level 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 70% when compared to the total number of days spent in a hospital or ED setting 12 months prior to program enrollment. The total number of hospital or ED episodes was reduced by 50% after enrollment.

No. of Days in Medical Hospital

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 participants enrolled in educational settings.
- iii. Who Applied: Participants 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 25% of participants enrolled in educational settings annually.
- vii. Outcome: The annual percentage of participants enrolled in an educational setting was 36%.

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: RMH 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 participants engaged in employment or volunteer activities annually.
- vii. Outcome: The annual percentage of participants engaged in employment or volunteer activities was 26%.

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

The RMH 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, RMH 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: FSP 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 50% of the program population realize positive recovery growth and a minimum of 25% transition to lower levels of service.
- vii. Outcome: 54% of the program population trended towards positive recovery growth and 30% 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: FSP 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 50% of the program population realize positive recovery growth trends.
- vii. Outcome: 56% 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: FSP 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 50% of the program population perceive positive recovery growth trends.
- vii. Outcome: 72% 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 FSP level clients served.
- iii. Who Applied: FSP level 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 increased by 6.89%. The volume of unique clients served increased by 3.41%. The program successfully operated within budgeted costs.

3. Access-

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

The RMH program receives several referrals or requests for service from multiple community entities as well as self-referrals and walk-ins for services. 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 client who requested services or who was 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 3 business days.
- vii. Outcome: The average wait time from referral to first contact was 2.4 days.

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

The RMH program receives several referrals or requests for service from multiple community entities as well as self-referrals and walk-ins for services. 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: Any client who requested services and was 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 6 days.

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

The RMH program receives several referrals from multiple community entities as well as self-referrals and walk-ins for services. 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: Any client who requested FSP level of services and was referred to one of the six program clinic sites.
- 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 22 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.
- 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: 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.

ICM/OP LEVEL CLIENTS

1. Effectiveness-

a. Psychiatric Hospitalization

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

- i. Objective: To prevent hospitalizations and re-admissions for clients served. For clients who were hospitalized, the objective is to provide timely follow up services.
- ii. Indicator: Percent of clients who were hospitalized; average days for a follow up service.
- iii. Who Applied: ICM/OP level clients served by the program that experienced a hospitalization due to a mental health condition.
- iv. Time of Measure: FY 17-18
- v. Data Source: Avatar
- vi. Target Goal Expectancy: The goal expectancy for hospitalizations is 10% or less of total ICM/OP clients served. The goal expectancy for timely follow up is within 7-10 business days.
- vii. Outcome: 8% of clients served were hospitalized. Of clients that were hospitalized, 61% received a follow up service in 10 days or less. 39% of clients received a follow up service in 3 days or less.

b. Inpatient Crisis Stabilization Services

Crisis stabilization is defined as an urgent psychiatric service lasting less than 24 hours and is delivered only by providers who meet specific regulations and licensed to provide these services. Currently, Exodus Recovery Inc. is contracted to provide such services for Fresno County MHP.

- i. Objective: To prevent crisis stabilization services and re-occurrence of crisis stabilization services for clients served. For clients who receive crisis services, the objective is to provide timely follow up services.
- ii. Indicator: Percent of clients who received crisis stabilization services; average days for a follow up service.
- iii. Who Applied: ICM/OP level clients served by the program that received a crisis stabilization service due to a mental health condition.
- iv. Time of Measure: FY 17-18
- v. Data Source: Avatar
- vi. Target Goal Expectancy: The goal expectancy for crisis stabilization services is 10% or less of total ICM/OP clients served. The goal expectancy for timely follow up is within 7-10 business days.
- vii. Outcome: 9% of clients served received a service from the crisis stabilization center. Of clients that received a crisis stabilization service, 74% received a follow up service in 10 days or less. 26% of clients received a follow up service in 3 days or less.

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

The RMH 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, RMH began to utilize several tools designed to measure recovery: 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: 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 50% of the program population realize positive recovery growth and a minimum of 25% transition to lower levels of service.
- vii. Outcome: 54% of the program population trended towards positive recovery growth and 30% 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: FSP 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 50% of the program population realize positive recovery growth trends.
- vii. Outcome: 56% of the program population trended towards positive recovery growth.

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- 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: FSP 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 50% of the program population perceive positive recovery growth trends.
- vii. Outcome: 72% 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 ICM/OP level clients served.
- III. Who Applied: ICM/OP level 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 ICM/OP level clients for FY 17-18 was increased by 4.41%. Unique client served increased by 11.89%. The program successfully operated within budgeted costs.

3. Access-

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

The RMH program receives several referrals or requests for service from multiple community entities as well as self-referrals and walk-ins for services. 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.
- iii. Who Applied: Any client who requested ICM/OP level of services and was referred to one of the program's clinic sites.
- 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 3 business days.
- vii. Outcome: The average wait time from referral to first contact was 2.4 days.

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

The RMH program receives several referrals from multiple community entities as well as self-referrals and walk-ins for services. 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: Any client who requested ICM/OP level of services and was referred to one of the program's six clinic sites.
- iv. Time of Measure: FY 17-18
- v. Data Source: Avatar Access Form
- ix. Target Goal Expectancy: The goal wait time from referral date to first intake/assessment appointment is within 10 business days.
- vi. Outcome: The average wait time from referral to first intake/assessment was 9.4 days across all six rural clinic sites.

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

The RMH program receives several referrals from multiple community entities as well as self-referrals and walk-ins for services. 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: Any client who requested ICM/OP level of services and was referred to one of the program's six clinic sites.
- iv. Time of Measure: FY 17-18
- v. Data Source: Avatar Referral Form
- x. Target Goal Expectancy: The goal wait time from referral date to first appointment is within 15 business days.
- vi. Outcome: The average wait time from referral to first appointment was 22 days.

4. Satisfaction & Feedback of Persons Served & Stakeholders-

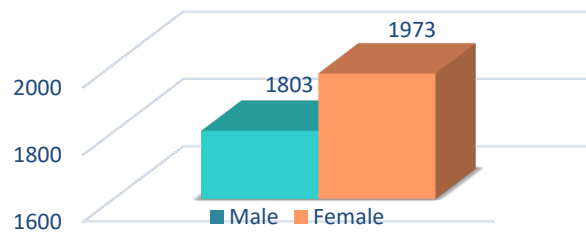
a. Consumer Perception Survey

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.

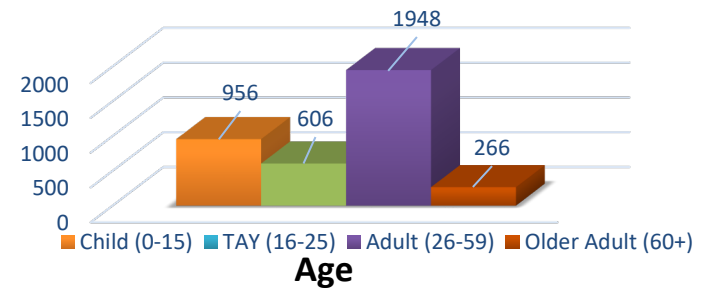
- i. Objective: To gauge satisfaction of clients and collect data for service planning and quality improvement.
- ii. Indicator: Average percent of clients who complete the survey and response was 'Agree' or 'Strongly Agree' for the following domains: General Satisfaction, Perception of Access, Perception 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.
- iv. Time of Measure: The survey was conducted in May and Novmeber of 2017.
- v. Data Source: Consumer Perception Survey data
- vi. Target Goal Expectancy: The Department would like to see a majority of clients satisfied for each domain.

- vii. Outcome: Majority of clients were 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 and Perception indicates that 86% of clients surveyed were satisfied.

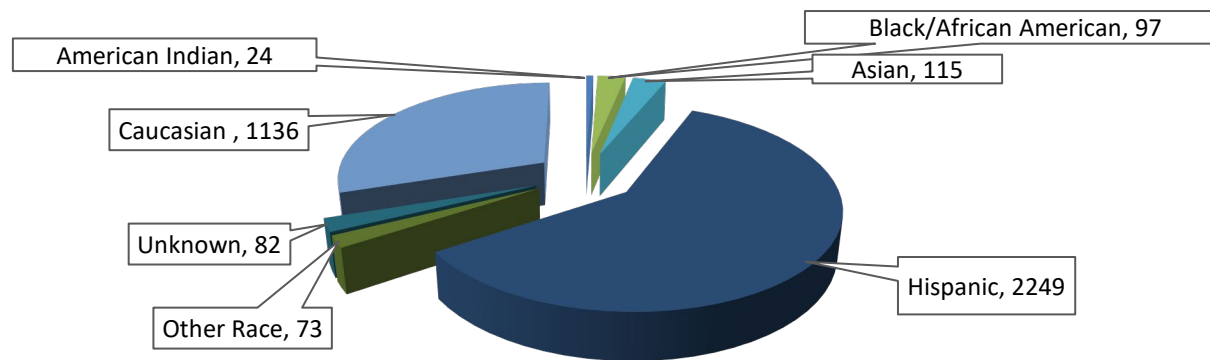
PROGRAM DEMOGRAPHICS



Gender



Age



Ethnicity

DEPARTMENT RECOMMENDATION(S):

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