

## PROGRAM INFORMATION:

<b>Program Title:</b>	<a href="#">Older Adult Team</a>	<b>Provider:</b>	<a href="#">Department of Behavioral Health</a>
<b>Program Description:</b>	<p>The Department of Behavioral Health (DBH) Mental Health Service Act (MHSA) Older Adult Team’s mission is to provide - through the utilization of a culturally competent, strength-based, and solution-focused approach to treatment – outpatient mental health services to adults 60 years and older (all severe mental illness disorders). The goal of the program is to increase outreach and engagement of services to seniors, which will lead to a reduction in incarcerations, homelessness, and hospitalizations, as well as make access to mental health services convenient to persons served and their families. Another component to the program has been the provision of Adult Protective Services consultation and co–response to Mental Health persons served with outreach engagement in mind. The team is dedicated to supporting and inspiring older adults and their families of all ethnic backgrounds in Fresno County who are challenged by serious mental illness (which may also include substance abuse issues) to achieve the highest quality of life possible.</p> <p>The allocated positions for the program consists of 6 Mental Health Clinicians, 4 Community Mental Health Specialists, 2 Peer Support Specialist and 1 Mental Health Worker. The program operated at an average vacancy rate of 28% throughout FY 17-18.</p>	<b>MHP Work Plan:</b>	<a href="#">4-Behavioral health clinical care</a>

<b>Age Group Served 1:</b>	OLDER ADULT	<b>Dates Of Operation:</b>	September 2007-Current
<b>Age Group Served 2:</b>		<b>Reporting Period:</b>	July 1, 2017-June 30, 2018
<b>Funding Source 1:</b>	Com Services & Supports (MHSA)	<b>Funding Source 3:</b>	Other, please specify below
<b>Funding Source 2:</b>	Medical FFP	<b>Other Funding:</b>	Federal and private pay

**FISCAL INFORMATION:**

**Program Actual Amount:** \$1,429,466

**Number of Unique Persons Served During Time Period:** 370

**Number of Services Rendered During Time Period:** 3,961

**Actual Cost Per Person Served:** \$3,863

**TARGET POPULATION INFORMATION:**

**Target Population:** The Older Adult Team Program serves all seniors with mental disorders that significantly impair functioning.

**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:**

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

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

A recovery/resiliency orientation is achieved and maintained through the implementation and consistent application of the following evidence based practices, Cognitive Behavioral Therapy for psychosis (CBTp), Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization & Reprocessing (EMDR), Wellness Recovery Action Planning (WRAP), Shared Decision Making and the mobilization of person's served strengths in the service of their recovery goals. Implementation and consistent application of these

practices is monitored and encouraged by means of individual and team consultations and trainings in the office, on-site (in the field) monitored practice and coaching, and the pairing of clinicians with case management staff to provide on-going consultation and training.

## Community collaboration

Close collaboration with physical health care providers is achieved through the full-time licensed vocational nurse to assist our nurse practitioners and doctors in communicating with primary care providers, medical clinics, hospitals, emergency rooms, rehab facilities, lab facilities and pharmacies. As a result, clinicians, case managers and other staff are able to communicate more often with community resources such as social services, centers for the elderly and mental health recovery, cultural centers, private mental health providers, employment, educational and recreational facilities, housing assistance and facilities, charity organizations, and support groups.

### 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. Hospitalizations**

Hospitalization data for all adult programs is reported in aggregate in the report titled, Outcomes Report-Adult System of Care.

### **b. Inpatient Crisis Stabilization Services**

Data on inpatient crisis stabilization services is reported in aggregate in the report titled, Outcomes Report-Adult System of Care.

### **c. Hospitalizations and Crisis Services by Follow-Up Status**

Data on follow up for hospitalizations and crisis services is reported in aggregate in the report titled, Outcomes Report-Adult System of Care.

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

The Department implemented Reaching Recovery in July 2016 for county operated programs. Reaching Recovery is a tool that was developed by Mental Health Center of Denver; its major focus is tracking change across multiple domains of wellness. With Reaching Recovery in place, the Department began to utilize several tools designed to measure recovery for individuals: the Recovery Needs Level Marker, Consumer Recovery Measure and Recovery Marker Inventory.

***Recovery Needs Level (RNL):*** Assigns the right level of service intensity to a person served at the right time.

***Consumer Recovery Measure (CRM):*** A quarterly person served rating of his/her perception of recovery. It is a 16-question tool explores the person's served perception of their recovery across 5 dimensions:

1. Hope
2. Symptom Management
3. Personal Sense of Safety
4. Active Growth Orientation
5. Satisfaction with Social Networks

***Recovery Marker Inventory (RMI):*** A quarterly practitioner rating of person's served progress in recovery in areas that tend to correlate with an individual's recovery. It provides practitioner's rating of the person's served on 8 objective factors associate with recovery:

1. Employment
2. Education
3. Active/Growth
4. Level of Symptom Management
5. Participation of Services
6. Housing
7. Substance Abuse
8. 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 Department has begun to gather and analyze preliminary data from the CRM and RMI. The goal is to continue to gather data, establish baseline measurements and standards of measure.

## 2. Efficiency

### a. Cost per Person Served

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

- i. Objective: To maximize resources allocated to the program.
- ii. Indicator: Total program costs compared to number of unique persons served.
- iii. Who Applied: Persons served by the program. Persons served for this data was defined as a person who received any specialty mental health services 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 prior year, the cost per person served for FY 17-18 increased by 28%, due to a decrease in unique persons served. The number of unique persons served decreased by 25% due to limited staffing available to provide services. The average vacancy rate for the program was 28% with some months as high as 38%. Although there were salary savings due to vacancies, the amount was offset by increased salary and benefit costs for the program.

### Cost per Person Served

	FY 16-17	FY 17-18
Unique Persons Served	492	370
Program Actual Amount	\$1,480,085	\$1,429,466
Cost per Person Served	\$3,008	\$3,863

## 3. Access:

### a. Urgent and Non-Urgent Timeliness

Data for timeliness of access was collected and combined for all programs within the Adult System of Care and can be found on the Outcomes Report-Adult System of Care.

#### 4. *Satisfaction & Feedback of Persons Served & Stakeholders*

Consumer Perception Surveys (CPS) are conducted every six (6) months over a one-week period. Beneficiaries of the MHP are encouraged to participate in filling out the CPS surveys that are available to consumers and family members at County and contracted provider organizations. The data is provided in arrears and the most current data available is from November 2017.

##### a. **Consumer Perception Survey**

- i. Objective: To gauge satisfaction of persons served and collect data for service planning and quality improvement.
- ii. Indicator: Average percent of persons served 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: Persons served who completed the survey in November 2017 for the program.
- iv. Time of Measure: November 2017
- v. Data Source: Consumer Perception Survey data
- vi. Target Goal Expectancy: The Department would like to see a majority of persons served satisfied for each domain. The Department will continue to develop target goals for the Consumer Perception Survey.
- vii. Outcome: Majority of persons served were satisfied in all seven domains. General Satisfaction, Perception of Access, and Perception of Quality and Appropriateness indicates that more than 80% of persons served surveyed were satisfied.

