

## PROGRAM INFORMATION:

<b>Program Title:</b>	Adult System of Care	<b>Provider:</b>	Department of Behavioral Health
<b>Program Description:</b>	The Adult System of Care (ASOC) Division serves the seriously mentally ill adult population of Fresno County. ASOC provides assessments, clinical and rehabilitative services, case management, peer support and medication services within a wellness and recovery model. The ASOC is comprised of the following programs: Conservatorship, Supported Employment and Education Services (SEES), Law Enforcement Field Clinician (LEFC), Urgent Care Wellness Center (UCWC), Asian Pacific Islander (API), Clinical, Latino, First On-set, Transitional Age Youth (TAY), Older Adult, Recovery with Inspiration, Support and Empowerment (RISE), Self-Healing and Improvement thru Nurturing and Engagement (SHINE), Intensive Outpatient Team and Pathways Team.	<b>MHP Work Plan:</b>	4-Behavioral health clinical care
<b>Age Group Served 1:</b>	ADULT	<b>Dates Of Operation:</b>	Current
<b>Age Group Served 2:</b>	OLDER ADULT, TAY	<b>Reporting Period:</b>	July 1, 2017 - June 30, 2018
<b>Funding Source 1:</b>	Realignment	<b>Funding Source 3:</b>	Other, please specify below
<b>Funding Source 2:</b>	Medical FFP	<b>Other Funding:</b>	Mental Health Services Act

## FISCAL INFORMATION:

<b>Program Actual Amount:</b>	\$38,448,478
<b>Number of Unique Persons Served During Time Period:</b>	7,733
<b>Number of Services Rendered During Time Period:</b>	49,617
<b>Actual Cost Client:</b>	\$4,972

## TARGET POPULATION INFORMATION:

<b>Target Population:</b>	Transitional age youth, adults and older adult population with a serious mental illness.
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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:**

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

**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

The outcome measures the percent of persons that were hospitalized and received services from a program within the ASOC.

Hospitalization refers to any hospital admission captured in the Department's electronic health record, Avatar. Hospitalization data includes Crestwood Psychiatric Health Facility (PHF), Exodus PHF and hospital admissions entered by DBH staff.

Admissions and discharges to/from the Mental Health Plan (MHP) are not currently tracked by program, therefore the Department is unable to reliably report hospitalization data at the program level. The Department is developing a process to track admissions and discharges from the MHP as well as transitions between levels of care within the plan, which will allow for future reporting of hospitalization data by program.

- i. Objective: To prevent hospitalizations and re-admissions for persons served.
- ii. Indicator: Percent of persons who were hospitalized.
- iii. Who Applied: Persons who were hospitalized and received three or more specialty mental health services by an ASOC program during the time of measure.
- iv. Time of Measure: FY 17-18
- v. Data Source: Avatar
- vi. Target Goal Expectancy: The Department is developing target goals for decreased hospitalizations for persons following enrollment into the program.
- vii. Outcome: 19% of persons served by ASOC programs were also hospitalized within the fiscal year.

### Hospitalizations

	Count	Percentage
Persons Served	3,955	
Persons Hospitalized	745	19%
Hospitalizations	1,523	

**b. Inpatient Crisis Stabilization Services**

The outcome measures the percent of persons that received crisis stabilization services and received services from a program with the ASOC.

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

Admissions and discharges to/from the MHP are not currently tracked by program, therefore the Department is unable to reliably report crisis stabilization service data at the program level. The Department is developing a process to track admissions and discharges from the MHP as well as transitions between levels of care within the plan, which will allow for future reporting of crisis stabilization service data by program.

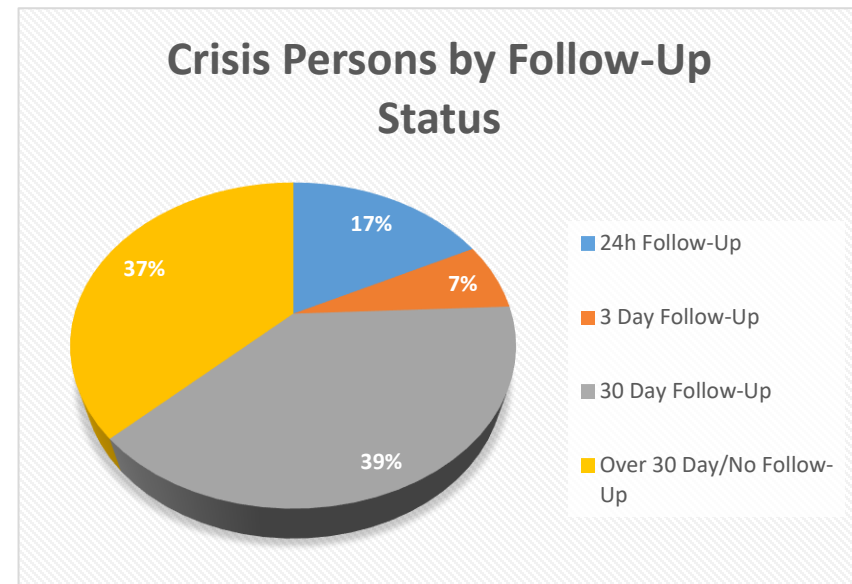
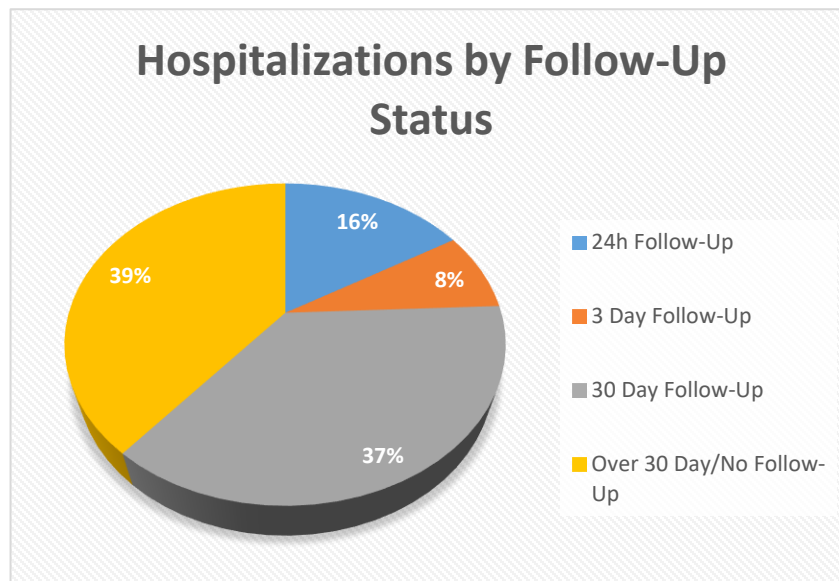
- i. Objective: To prevent crisis stabilization services and re-occurrence of crisis stabilization services for persons served.
- ii. Indicator: Percent of persons who received crisis stabilization services.
- iii. Who Applied: Person who received crisis stabilization services and received three or more specialty mental health services by an ASOC program during the time of measure.
- iv. Time of Measure: FY 17-18
- v. Data Source: Avatar, Crisis Episodes within Avatar
- vi. Target Goal Expectancy: The Department is developing target goals for decreased crisis stabilization services for persons following enrollment into the program.
- vii. Outcome: 25% of persons served received a service from a crisis stabilization center.

**Inpatient Crisis Stabilization**

	Count	Percentage
Persons Served	3,955	
Persons with Crisis Stabilization Services	1,004	25%
Crisis Episodes	2,962	

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

For persons who were hospitalized or received inpatient crisis stabilization services, the objective is for the ASOC to provide timely follow-up services. The Department will continue to improve tracking to show follow-up status for active persons serviced by the program.



*\*Hospitalization and crisis stabilization follow-ups represented in graph may have occurred outside of program enrollment, which affects timeliness of follow-up.*

**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 at the right time.

***Consumer Recovery Measure (CRM):*** A quarterly person rating of his/her perception of recovery. It is a 16-question tool that explores the person's 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 progress in recovery in areas that tend to correlate with an individual's recovery. It provides practitioner's rating of the person's 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. Access:

### a. Urgent and Non-Urgent Timeliness

The data shows number of days from the date of request to first assessment for all new persons requesting services from Adult System of Care. The assessment could have occurred in any adult program. The Department will continue to develop tracking to show timeliness data by program.

