



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Full Service Partnership Data Collection Report
Three-Year Reporting Period FY2015-16 through FY2017-18

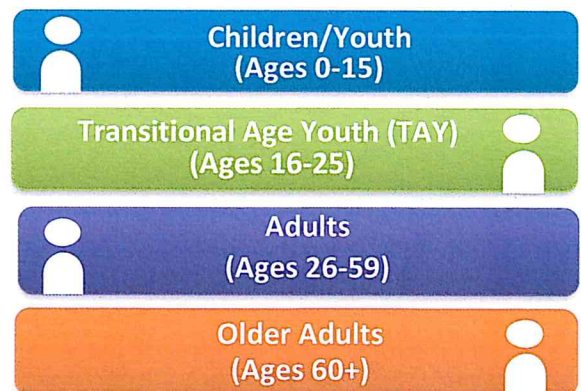
November 7, 2018

Introduction

The passing of Assembly Bill (AB) 2034 in 1999 established funding for a period of one year to three counties to demonstrate that they can provide comprehensive services for severely mentally ill individual who are at risk of being or homeless, incarcerated, or recently released from jail or prison. The State Budget for Fiscal Year 1999-2000 appropriated \$10,000,000 to fund these pilot programs in the following counties: Los Angeles, Sacramento, and Stanislaus. Counties were to provide extended community mental health services and outreach to mentally ill individuals. The Department of Health Care Services (DHCS) was responsible for evaluating the effectiveness of these programs in reducing the risk of continued homelessness, incarceration, or hospitalization. The Mental Health Services Act (MHSA) was pass in November 2004 due to the success of AB 2034.

MHSA provides funding to support mental health programs in California. Funding is provided by imposing a one percent income tax on annual personal income in excess of one million dollars. Funding is utilized to address a continuum of prevention and early intervention programs and services needs to promote recovery for individuals with serious mental illness. In accordance with State requirements, counties are able to develop their own plans for mental health while incorporating input/feedback and involvement from stakeholders.

A component, Community Services and Supports provides MHSA funds for Full Service Partnership (FSP) programs. FSP provide a wide array of mental health services to children/youth, transitional age youth (TAY), adults, and older adults who have a serious mental health disorder. Services provided includes assistance with housing, employment, medical, psychiatric, co-occurring substance use disorder, and social rehabilitation.



FSP are intensive and comprehensive case management programs that provide treatment and supportive services with a client/family-centered approach of doing *“Whatever it takes”* for an individual with serious mental illness and/or serious emotional disorders to become more independent, meaningful and productive lives. FSP program allows individual to be the center of his or her own goals while working alongside clinicians, social workers, and /or family members. FSP focus on facilitating recovery, thus allowing individuals to achieve their own highest level of functioning possible.

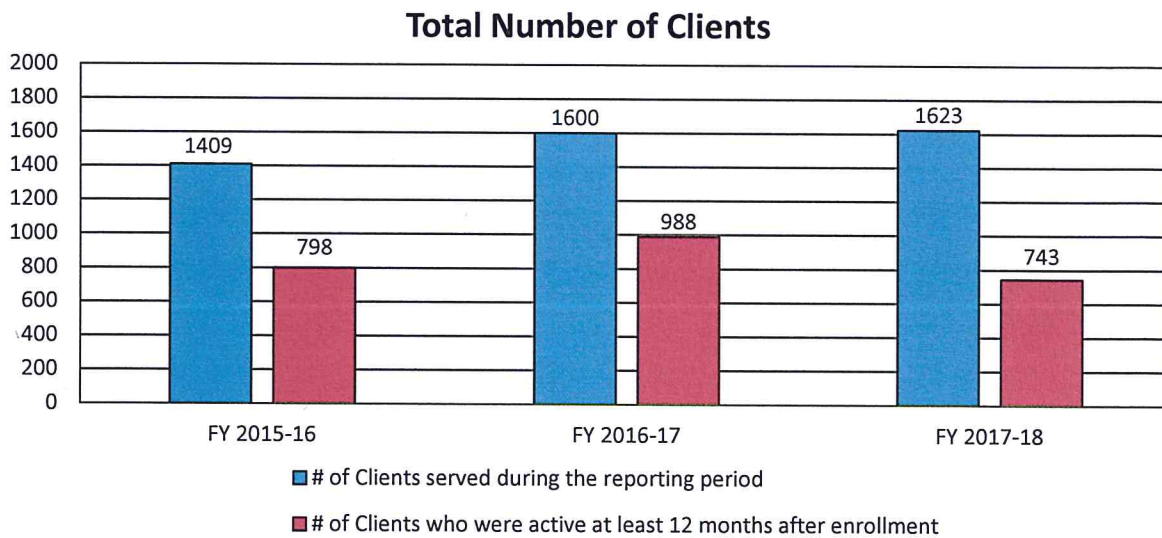
The Fresno County, Department of Behavioral Health (DBH) strives to evaluate Contract Providers and In-House programs on an ongoing basis to measure cost effectiveness, need for service, program success, and program improvement. This particular data report seeks to measure the

Department's MHSa funded FSP programs, for the reporting period of Fiscal Year (FY) 2015-16, FY 2016-17, and FY 2017-18.

DBH encompasses seven (7) FSP programs, all of which are contracted out for services. Various community organizational providers operate the Department's FSP programs for services.

During the last three fiscal years a total of 4,632 unique clients were served, of which 2,529 clients were identified as being active during reporting period and received FSP services at least 12 months after enrollment.

Below, identifies the number of clients served during each individual reporting period and the number of those who remain active twelve (12) months after enrolling in the FSP programs.



Full Service Partnership Programs

Fresno IMPACT		
PROVIDER:	Mental Health Systems, Inc.	
INCEPTION:	July 21, 2009- Present	
PROGRAM DESCRIPTION:	Serving adult (26-59) and older adult (60+) clients with co-occurring diagnosis, who access the following more than average: crisis services, emergency rooms, hospitals, detoxification services, and/or jails. Services provided include but are not limited to medication management and monitoring, individual and group rehabilitation counseling, drug and alcohol counseling, case management, vocational rehabilitation, peer counseling and support, and housing services for seriously and persistently mentally ill adults and older adults.	
CAPACITY:	FY 2015-16	143
	FY 2016-17	143
	FY 2017-18	143
COST PER CLIENT*:	\$14,600.43	
CONTACT INFORMATION		
ADDRESS:	2550 W. Clinton Ave. Bldg. A Suite B Fresno, CA 93705	
PHONE NUMBER:	(559) 264-7521	
WEBSITE:	https://www.mhsinc.org/listing/fresno-impact-2/	

Rural FSP		
PROVIDER:	Turning Point of Central California, Inc.	
INCEPTION:	October 1, 2008- Present	
PROGRAM DESCRIPTION:	Serving children/youth (6-12), adolescents (13-17), adults (18-59), and older adults (60+) living with severe mental health diagnosis (Schizophrenia, Major Depression, or Bipolar Disorder) and may be experiencing homelessness, drug and alcohol addictions, frequent hospitalizations, incarcerations, legal troubles, family issues, or job loss. Services include but is not limited to medication management, health education, education/support groups, supportive housing placement, and linkage to community resources.	
CAPACITY:	FY 2015-16	84
	FY 2016-17	84
	FY 2017-18	84
COST PER CLIENT*:	\$7,490.05	
CONTACT INFORMATION		
ADDRESS:	Various site locations within the County of Fresno rural areas, please refer to the Turning Point of Central California, Inc. Website for a list of all Rural FSP locations.	
PHONE NUMBER:	Please refer to the Website for a list of all Turning Point Rural FSP contact phone number for each location.	
WEBSITE:	http://www.tpocc.org/programs/mhsa/rural-mental-health-services-rmh/	

VISTA		
PROVIDER:	Turning Point of Central California, Inc.	
INCEPTION:	July 1, 2015- Present	
PROGRAM DESCRIPTION:	Serving adults (18+) diagnosed with severe mental health disabilities (Schizophrenia, Major Depression, or Bipolar Disorder) and may be experiencing homelessness, drug and alcohol addictions, frequent hospitalizations, incarcerations, legal troubles, family issues, or job loss. Services include but are not limited to outpatient individual and group therapy, co-occurring disorders, medications, case management, rehabilitation, crisis services, housing, client support, and services as needed to support client and family.	
CAPACITY:	FY 2015-16	300
	FY 2016-17	300
	FY 2017-18	300
COST PER CLIENT*:	\$8,819.83	
CONTACT INFORMATION		
ADDRESS:	258 N Blackstone Ave Fresno, CA 93701	
PHONE NUMBER:	(559) 274-0299	
WEBSITE:	http://www.tpocc.org/programs/mhsa/vista/	

FSP First Street Center AB109		
PROVIDER:	Turning Point of Central California, Inc.	
INCEPTION:	April 1, 2012- Present	
PROGRAM DESCRIPTION:	Serving transitioned aged youth (18-25), adult (26-59), and older adult (60+) diagnosed with severe and persistent mental health and co-occurring issues, referred by the County of Fresno, Probation Department who are involved in the legal system under AB 109 Public Safety Realignment. Programs focuses on client strengths/abilities to successfully gain independence and self-sufficiency in the community. Services include but are not limited to mental health and linkage to appropriate services and family support services via Peer Support Specialists and Case Managers.	
CAPACITY:	FY 2015-16	184
	FY 2016-17	214
	FY 2017-18	214
COST PER CLIENT*:	\$8,819.83	
CONTACT INFORMATION		
ADDRESS:	3636 N. First St. Suite 162 Fresno, CA 93726	
PHONE NUMBER:	(559) 476-2166	
WEBSITE:	http://www.tpocc.org/programs/mhsa/first-street-center-fsc-fsp/	

Bright Beginnings		
PROVIDER:	This program is a collaborate effort between three agencies: Uplift Family Services, Exceptional Parents Unlimited, Inc. (EPU), and Children Youth Services (CYS).	
INCEPTION:	July 1, 2013- Present	
PROGRAM DESCRIPTION:	Serving youth (birth-10) with complex behavioral health needs with issues of attachment and bonding, serious emotional disturbance (SED), learning, development, disruptive behaviors, or poor socialization. Services aim to build stronger families include behavioral management and positive parenting strategies, referrals and connections to community services and 24/7 crisis support. Services includes Mental health and community support services including intensive case management, individual and group therapy, crisis intervention, and evidence based treatment, and in home therapeutic services.	
CAPACITY:	FY 2015-16	200
	FY 2016-17	200
	FY 2017-18	250 *Contract amended to expand mental health services to siblings and caregivers of the identified youth.
COST PER CLIENT*:	\$8,257.65	
CONTACT INFORMATION		
Uplift	Address	1630 E. Shaw Ave Suite 150 Fresno, CA 93710
	Phone Number	(559) 248-8850
	Website	https://upliftfs.org/service/bright-beginnings/
EPU	Address	4440 N. First St. Fresno, CA 93726
	Phone Number	(559) 225-1102
	Website	https://www.epuchildren.org/
CYS	Address	4545 N. West Ave. Fresno, CA 93705
	Phone Number	(559) 229-3561
	Website	http://cysfresno.org/services/smart-model-of-care-parent-child-interaction-therapy/

Assertive Community Treatment (ACT)		
PROVIDER:	UPLIFT	
INCEPTION:	August 25, 2009- Present	
PROGRAM DESCRIPTION:	Serving youth (10-18) involved in the criminal justice system with severe mental health and substance abuse issues. Individuals may have significant functional impairments, high use of acute psychiatric hospitals or psychiatric emergency services, and high risk or recent history of juvenile justice involvement. Services include outpatient individual and group therapy, medications, case management, rehabilitation, crisis services, and housing, and supports and services as needed to support client and family.	
CAPACITY:	FY 2015-16	120
	FY 2016-17	120
	FY 2017-18	160
COST PER CLIENT*:	\$12,662.33	
CONTACT INFORMATION		
ADDRESS:	1630 E. Shaw Ave. #150 Fresno, CA 93710	
PHONE NUMBER:	(559) 248-8550	
WEBSITE:	https://upliftfs.org/service/act/	

Transitional Aged Youth (TAY)		
PROVIDER:	Turning Point of Central California, Inc.	
INCEPTION:	August 11, 2009 – Present	
PROGRAM DESCRIPTION:	Transitional Aged Youth (TAY, 16-25) diagnosed with severe mental illness or serious emotional disturbance who are at risk of or are experiencing homelessness, frequent hospitalizations, incarcerations, legal troubles, drug and alcohol addictions, and family issues. Services are transitional in nature, with the goal for the clients to achieve self-sufficiency. Services include but are not limited to outpatient individual and group therapy, co-occurring disorders, medications, case management, rehabilitation, crisis services, and housing. Program specifically focus on transitioned aged youth.	
CAPACITY:	FY 2015-16	149
	FY 2016-17	149
	FY 2017-18	149
COST PER CLIENT*:	\$11,987.12	
CONTACT INFORMATION		
ADDRESS:	83 E. Shaw Ave Suite 102, Fresno, CA 93711	
PHONE NUMBER:	(559) 226-0167	
WEBSITE:	http://www.tpocc.org/programs/mhsa/tay/	

**Cost per client* is the overall total average cost for FY 2015-16, FY 2016-17, and FY 2017-18. Cost per client may differ per fiscal year and is inclusive of the number of clients served by fiscal year and the total number of services received. Note, some clients may be enrolled more than 12 months and may have rolled over from the previous fiscal year(s). The *cost per client* amount does not include ancillary items such as episodic ambulatory cost.

Data Collection

FSP programs are mandated to report and track client FSP domains such as housing, incarceration, hospitalization and entered via the Data Collection Reporting (DCR) System. The data gathered and entered into the DCR system is self-reported by client and entered by designated program staff. Programs are required to complete the Partnership Assessment Form (PAF), Key Event Tracking (KET), and Quarterly Assessment (3M) which collects data from clients prior to enrollment, during enrollment and post enrollment.

The PAF is completed at the time a partnership is established to gather baseline information for all domains. The KET Form is completed every time there is a change in one of the KET domains with the date of the change. KET domains include the following: administrative information, residential, education, employment, legal issues/designations, emergency interventions. The 3M Form is completed every 3 months to assess changes for the 3M domains. 3M domains includes the following: education, financial support, legal issues/designations, health status, substance use, and Activities of Daily Living (ADL)/Instrumental Activities of Daily Living (IADL).

Fresno County is provided access to the DCR system for county reporting purposes. The data in this report measures the aggregate totals for the 7 FSP programs over the last three fiscal years under the three (3) following domains; Housing, Legal Issues/Designations, and Hospital. The data identifies the number of Clients and Key Event Days for each of the three domains. In addition the data identifies clients' 12 months *Prior* enrollment versus 12 months *Post* enrollment. The data captured utilizes only those clients who were active for at least 12 months period during FY 2015-16, FY 2016-17, and FY 2017-18.

Data from the three FSP domains will be analyzed according to *Effectiveness*. Effectiveness is defined by how well a program performs and the results achieved. Effectiveness assesses the degree to which an intervention or service have achieved the desired outcomes/results/quality of care through measuring change over time. Examples of the effective outcomes indicators would be the number of clients getting jobs, increase functioning, increase participation, and attainment of client's individual goal.

Full Service Partnership Domains

Housing

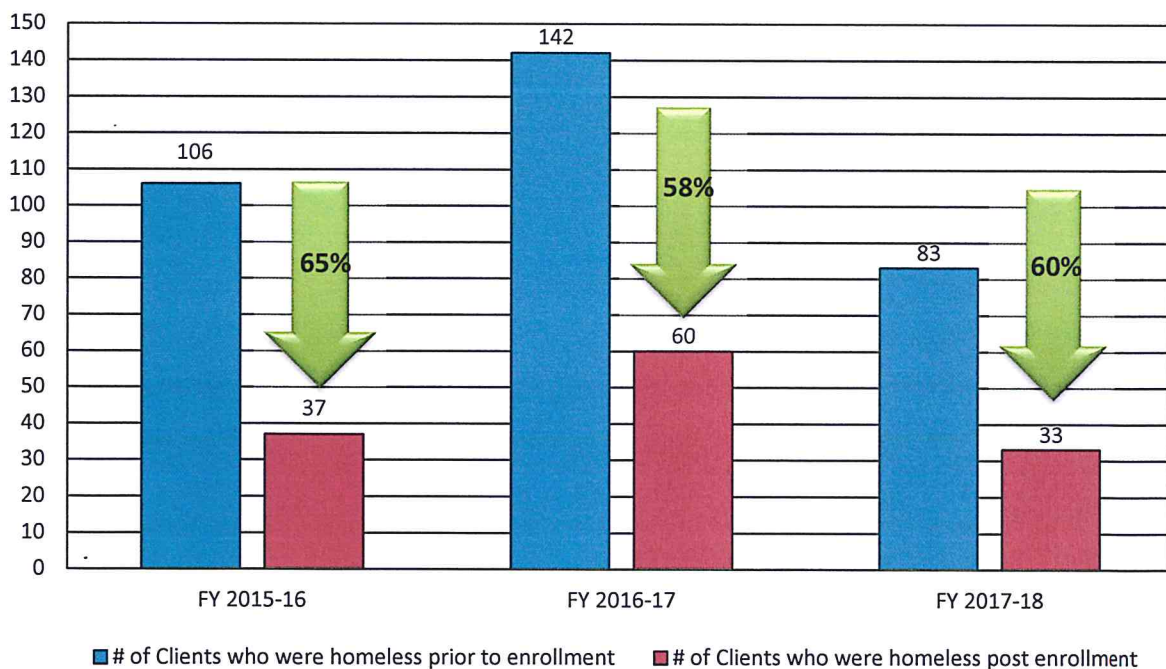
The housing domain identifies clients experience in *Homelessness*, *Emergency Shelters*, and *Group Homes*.

Homelessness

Homelessness is when as an individual who is homeless, lives in a place not meant for human habitation, a safe haven, or in an emergency shelter. The individual lacks a fixed, regular, and adequate nighttime residence.

During the reporting period, the number of homeless clients experiencing homelessness averaged 110 clients prior to enrollment. Overall, that number dropped to an average of 43 clients experiencing homelessness post enrollment.

Homelessness: Number of Clients

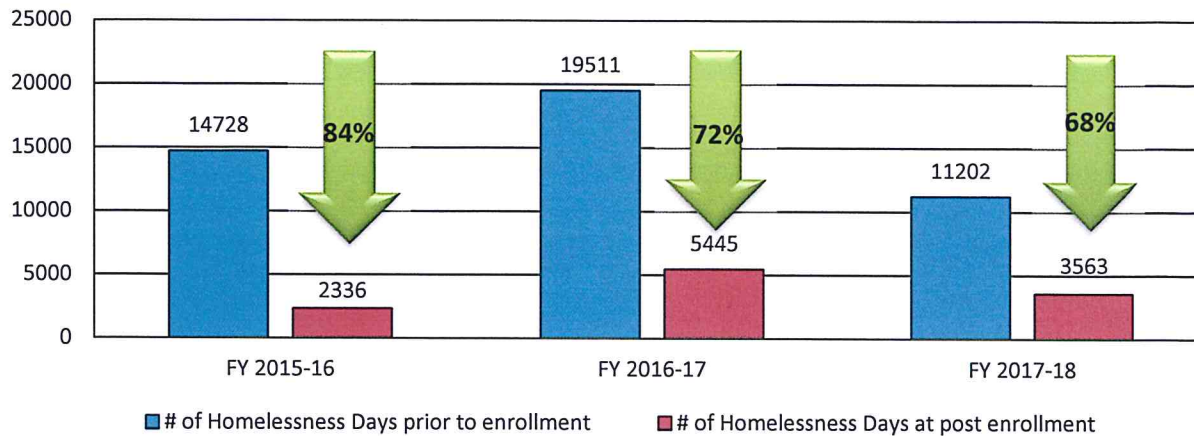


FY 2015-16 had a reduction of homeless clients by 65%, FY 2016-17 had a reduction by 58%, and FY 2017-18 had a reduction of 60% post enrollment. Overall average in the last three fiscal years was a reduction of 61% in clients experiencing homelessness.

Along with the reduction of homeless clients, the number of days spent being homeless also reduced post enrollment in FSP programs. In FY 2015-16 there was a reduction of 84% in

homeless days, FY 2016-17 identified a 72% reduction in homeless days, and FY 2017-18 experienced a reduction of 68% homeless days. Overall, during reporting period (FY 2015-16 through FY 2017-18), the number of homelessness days experienced by clients decreased by 75%.

Homelessness: Number of Days

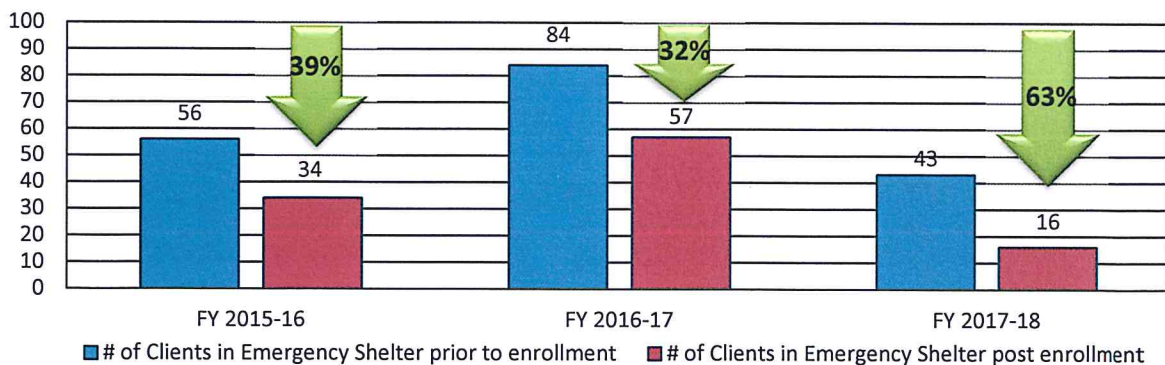


Emergency Shelter

Emergency Shelter is any facility whose main purpose is to provide temporary or transitional housing for the homeless or a specific population of the homeless.

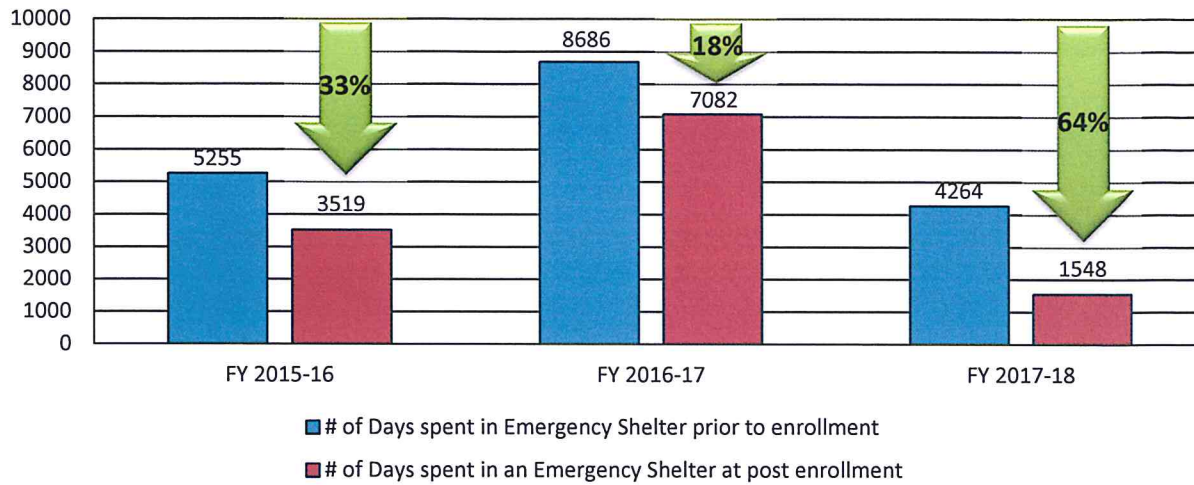
Within the last three fiscal years, the number of clients living in emergency shelters dropped from 183 to 107 clients, resulting in a reduction rate of 42%. FY 2015-16 had a reduction in the number of partners living in emergency shelters by 39%, FY 2016-17 by 32%, and FY 2017-18 by 63% post enrollment.

Emergency Shelter: Number of Clients



The number of days spent in an emergency shelter reduced from 18,205 to 12,149 days, a reduction rate of 33% in the last three years. Per fiscal year, FY 2015-16 had a reduction of 33%, FY 2016-17 by 18%, and FY 2017-18 by 64% post enrollment.

Emergency Shelter: Number of Days

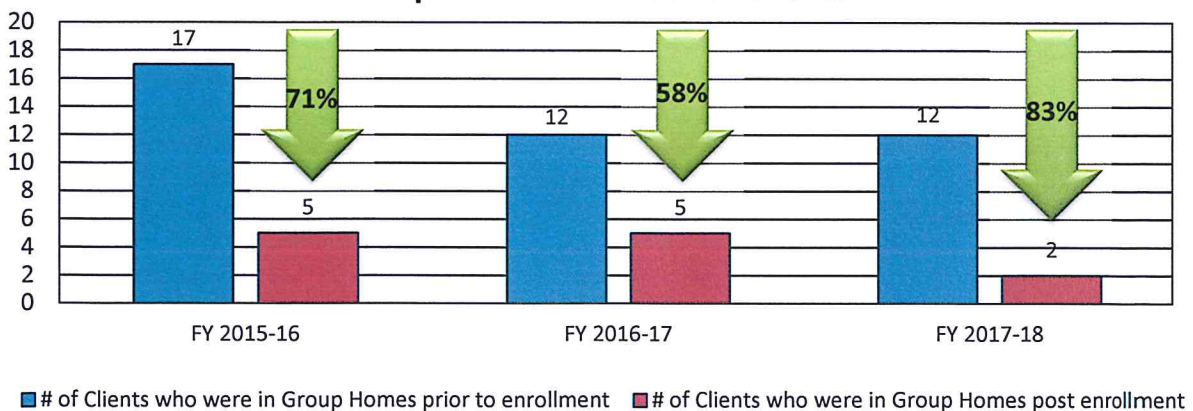


Group Homes

Group homes are small individual facilities such as a standard, single-family home serving as a temporary placement, designed and adapted to meet the needs of severe mentally ill children and adults.

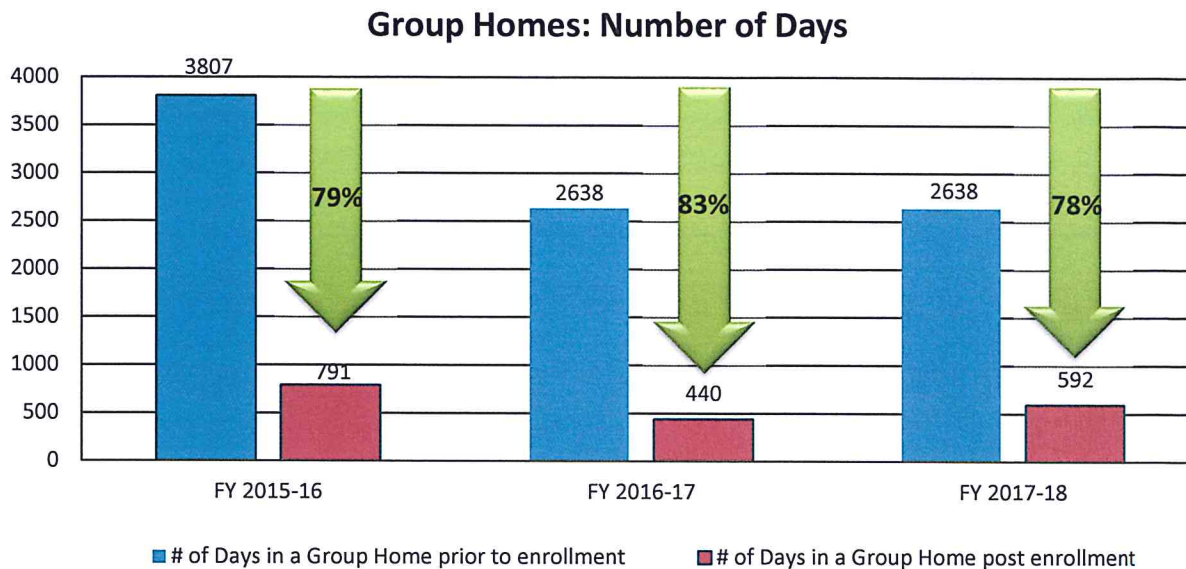
As it relates to *Housing*, Group Homes has the lowest amount in comparison to those experiencing homelessness or living in emergency shelters. In total over the last three fiscal years, a total of 41 partners experienced living in a group home prior to entering the FSP programs. After entering into the program, the number decreased from 41 to 12 partners, a reduction of 71%.

Group Homes: Number of Clients



Post FSP enrollment, the number of clients living in a group home per fiscal year dropped by 71% for FY 2015-16, 58% for FY 2016-17, and 83% for FY 2017-18.

As the number of partners in group homes decreased, the number of days spent in one also decreased. In FY 2015-16, the days spent in a group home dropped from 3,807 to 791, a reduction of 79%. FY 2016-17, went from 2,638 days prior to entering the FSP programs to 440 days, a decrease of 83%. FY 2017-18 declined by 78%, from 2,638 to 592 days. Overall, days spent in group homes reduced by 80% in the last three fiscal years.



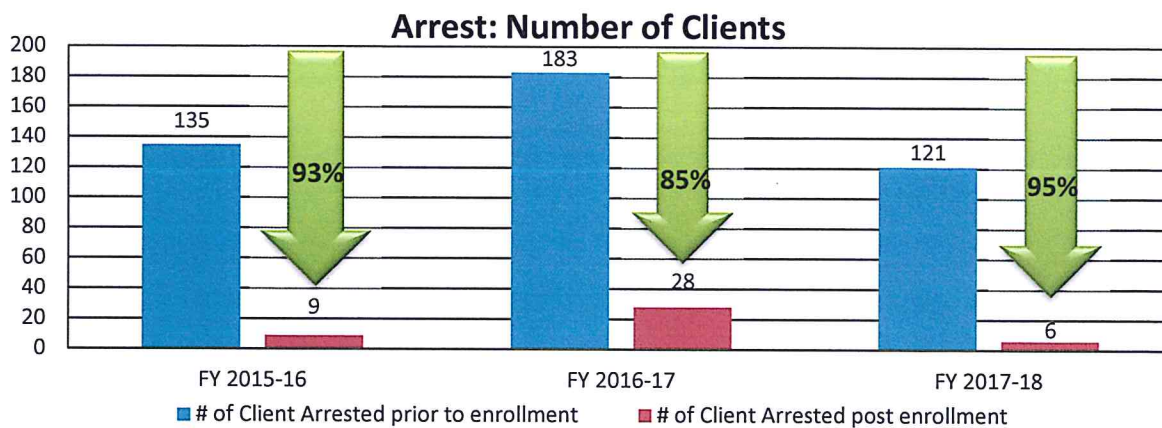
Legal Issues/Designations

The Legal Issues/Designation domain in this report is divided into two categories: arrest and incarceration.

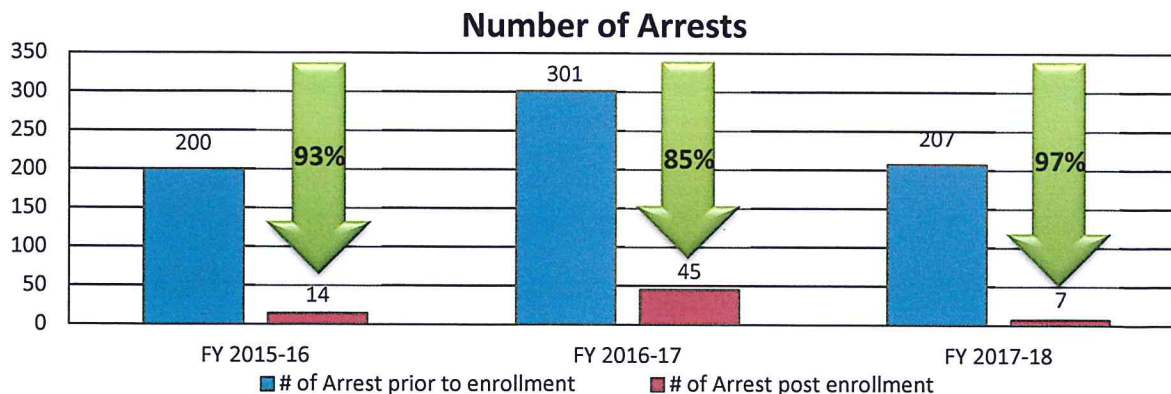
Arrest

Arrest is to seize or forcibly restrain, deprive an individual of his or her liberty by taking or keeping the individual in custody by legal authority.

The overall number of clients entering into the FSP programs who were arrested was 439. Post enrollment in the FSP programs the number of individuals arrested dropped by 90% to 43 arrests during three year reporting period. For FY 2015-16, the number of clients arrested declined from 135 to 9 partners, a 93% reduction. FY 2016-17, declined from 183 to 28 partners, a reduction of 85%. FY 2017-18 had a reduction rate of 95%, from 121 client arrests to 6 client arrest post enrollment.



Different from the other domains, arrest is the only one in this report that does not account for the number of days. Instead, the chart below accounts for each individual arrest. One individual may have up to two or three arrests. The number of arrest in FY 2015-16 dropped by 93%, FY 2016-17 by 85%, and FY 2017-18 by 97%.

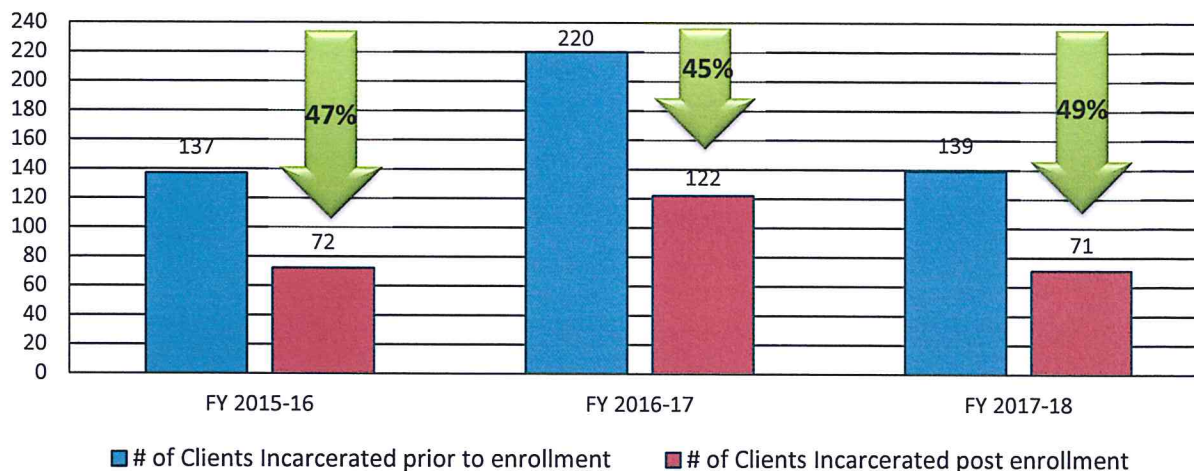


Incarceration

Incarceration is the state of being confined in a jail or prison; imprisonment. In this report, clients accounted for incarceration served at minimum one day in jail.

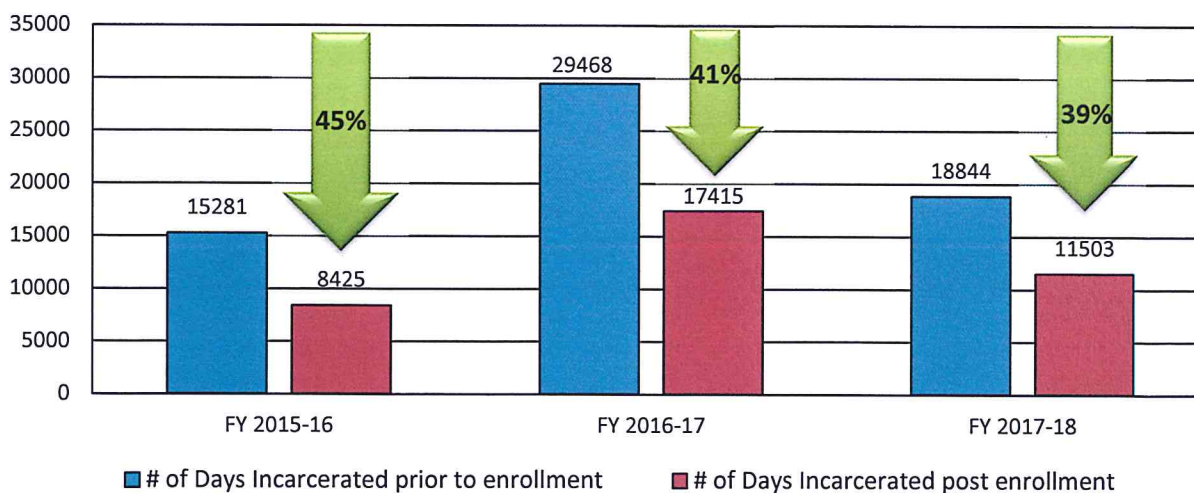
The overall total of clients incarcerated in the last three fiscal years is 496 clients. After entering into a FSP program, the number reduced by 47% to 265 clients. FY 2015-16 had a reduction of incarcerated clients by 47%, FY 2016-17 reduced by 45%, and FY 2017-18 decreased by 49%.

Incarceration: Number of Clients



The number of incarceration days, during the three-year reporting period experienced a 41% decreased (from 63,593 to 31,343 days). The number of days reduced by 45% in FY 2015-16, 41% in FY 2016-17; and 39% in FY 2017-18 incarceration days.

Incarceration: Number of Days



Hospitalization

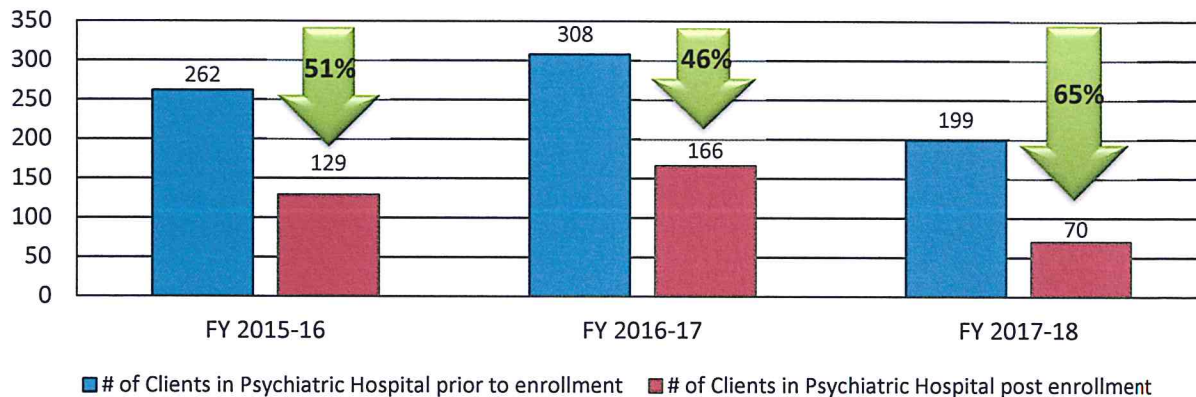
The Hospital domain in the report is divided into two categories: Psychiatric and Medical (physical).

Psychiatric Hospital

Psychiatric Hospital is a healthcare facility, either public or private that provides diagnosis and therapeutic treatments for individuals with behavioral or emotional disorders.

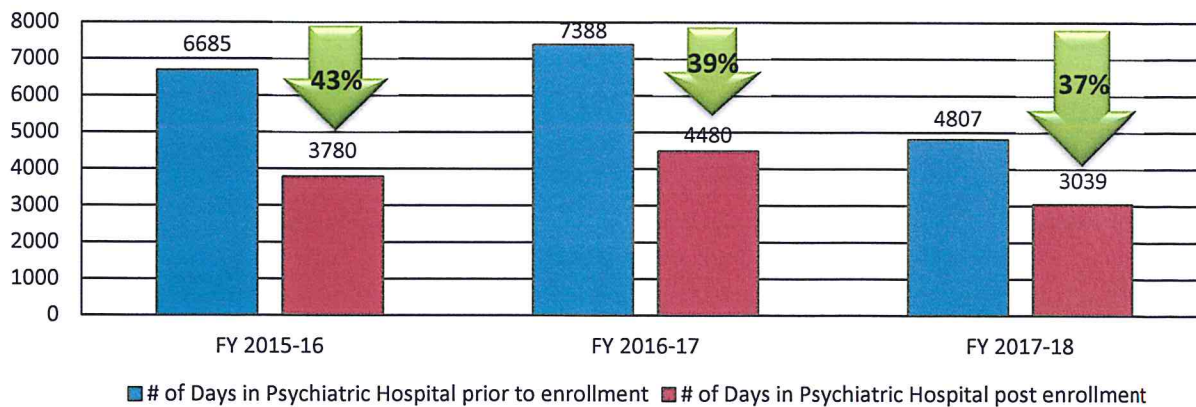
During the three-year reporting period, the rate of FSP clients entering psychiatric hospital dropped by 53% (from 769 pre enrollment to 365 post enrollment. FY 2015-16 experienced a reduction of 51%; FY 2016-17 reduced by 46%, and FY 2017-18 experienced a reduction of 65%.

Psychiatric Hospital: Number of Clients



The number of days spent in a psychiatric hospital also declined. FY 2015-16 experienced a reduction of 43%, FY 2016-17 by 39%, and FY 2017-18 by 37% psychiatric hospital days.

Psychiatric Hospital: Number of Days

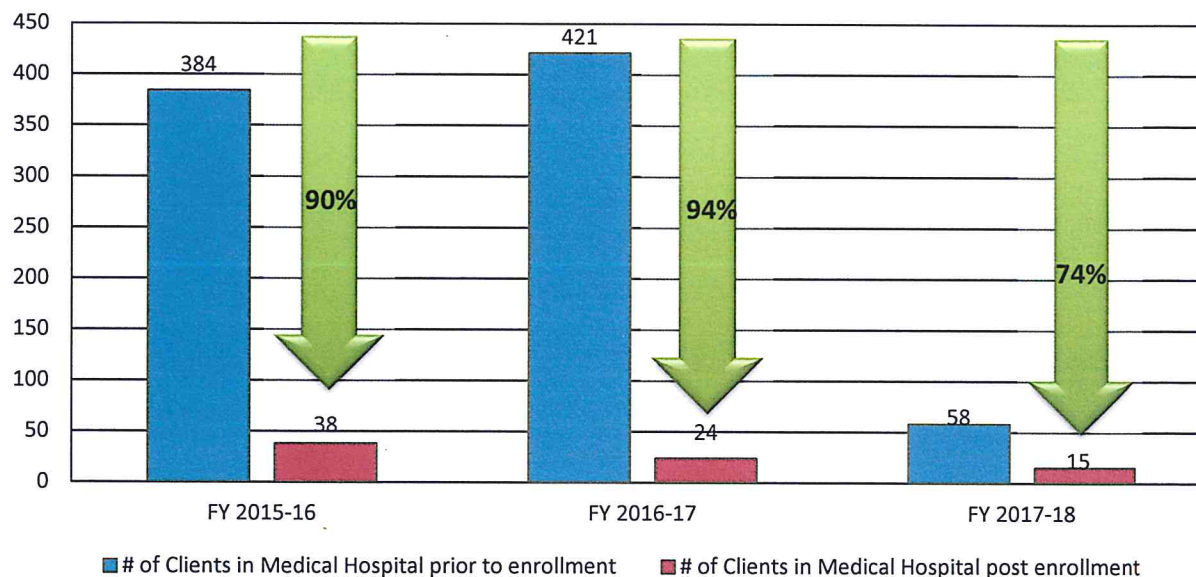


Medical Hospital

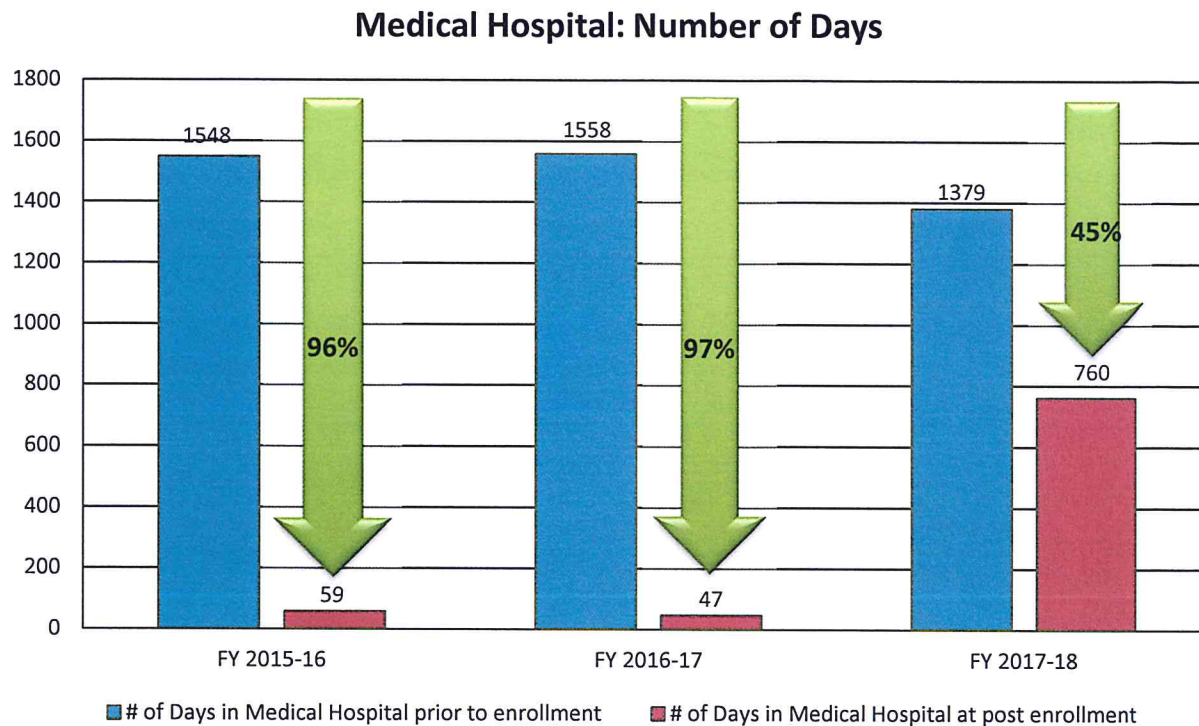
Medical hospital is an institution/facility providing nursing care and surgical treatment for the acutely sick or injured. This report captures FSP clients who received medical services from a hospital and/or clinic.

During three-year period, the number of clients entering into hospital and/or medical clinic for medical services decreased significantly in FY 2017-18 in comparison to FY 2015-16 and FY 2016-17 (only 58 clients were hospitalized prior to enrollment). Clients enrolling into FSP programs experienced a decrease in each FY during reporting period. FY 2015-16 decreased by 90% (from 384 to 38 clients), FY 2016-17 decreased by 94% (from 421 to 24 clients), and FY 2017-18 experienced a 74% reduction (from 58 to 15 clients).

Medical Hospital: Number of Clients



For FY 2015-16, the days spent in the hospitals decreased from 1,548 to 59 days (96%). FY 2016-17 experienced a reduction from 1,158 to 47 days (97%). FY 2017-18 experienced 1,379 days prior enrollment to 760 days post enrollment, a decrease of 45%.



Key Events data collected in the DCR is dependent on the accuracy of the start and end dates, entered by designated program staff. The Department will seek further investigation from individual FSP providers to validate the post enrollment data for FY 2017-18 hospital days. FSP programs have access to Data Collection Report system to confirm the validity of data entry derived from the KET forms. The KET forms capture client hospital days, from time of hospital entry to discharge.

Estimated Community Cost Benefits

In order to maintain consistency the estimated community cost benefits domains measured in this report was calculated using the same methodology utilized in determining the estimated community cost benefits for FY 2015-16, 2016-17 and FY 2017-18.

The chart below identifies the overall data for each domain previously listed during the reporting period of FY 2015-16, FY 2016-17, and FY 2017-18 for the seven FSP programs in Fresno County. The cost benefit analysis measures the FSP client's 12-months prior to enrollment versus 12 months post enrollment. Based on Cost analysis reduction in days for the following domains: *Homelessness, Emergency shelter, Incarceration, Hospitalization (physical and psychiatric)* are as follows:

FULL SERVICE PARTNERSHIP COST BENEFIT OVERALL TOTAL FOR REPORTING PERIOD FY 2015-16, FY 2016-17, & FY 2017-18

Days			Percent Reduction	Estimated Cost Benefits
Pre - Enrollment	Post Enrollment	Reduction (Days)		

HOUSING

Homelessness	45,441	11,344	34,097	75%	\$3,273,312.00
Emergency Shelter	18,205	12,149	6,056	33%	\$442,088.00
Subtotal					\$3,715,400.00

LEGAL ISSUES/DESIGNATIONS

Incarceration	63,593	37,343	26,250	41%	\$1,863,750.00
Subtotal					\$1,863,750.00

HOSPITALS

Psychiatric Hospital	18,880	11,299	7,581	40%	\$5,420,415.00
Medical Hospital	4,485	866	3,619	81%	\$3,865,092.00
Subtotal					\$9,285,507.00

TOTAL					\$14,864,657.00
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The *homeless cost benefit rate* is based on the 2009 study, "Where we sleep: The Cost of Housing and Homelessness in Los Angeles". The study's findings concluded that the cost of homelessness is \$96 per day, while Emergency Shelters are estimated at a cost rate of \$73 per day. In the last three fiscal years, the homelessness rate after entering the FSP programs

reduced by 75%, or a total of 34,097 days, an estimated cost benefit of \$3,273,312. There was also a reduction of 33% (6,056 days) in the utilization of Emergency shelter days, an estimated cost benefit of \$442,088. Overall estimated benefits for homelessness and emergency shelter days in the last three fiscal years is \$3,715,400.

The *incarceration cost benefit rate* is based on the Fresno County, *Community Corrections Partnership Meeting* report (May 14, 2012). According to this report, it cost \$71 per day to house an inmate. During the three-year reporting period, there was a decrease of 41% or a reduction of 26,250 incarceration days. The estimated cost benefit for incarceration is \$1,863,750.

The *hospital cost benefit (medical psychiatric) rate* is based on an average cost per day for Fresno County, adult and youth Psychiatric Health Facilities (\$715/day) and Fresno County cost per day for Community Hospitals (\$1,068). During the three-year reporting period, clients experienced a 40% reduction in Psychiatric hospitalization days (7,581 psychiatric days) for an estimated cost benefit of \$5,420,415. In addition, FSP clients experienced an 81% reduction in hospital stays (3,619 days) for an estimated cost benefit of \$3,865,092 (based on average hospital rate of \$1,068). An overall estimated cost benefit for psychiatric days and physical hospital visits for three-year reporting period is \$9,285,507.

Estimated community cost benefit for homelessness, emergency shelter, incarceration, hospitals (psychiatric and medical) totaled \$14,864,657.

Conclusion

During the three-year reporting period (FY 2015-16; FY 2016-17; and FY 2017-18) the MHSA, FSP programs illustrate the effectiveness of reducing homelessness, incarceration, and hospitalization. Review of the performance indicators demonstrate improvement in each of the domains due to the reduction of clients experience and the number of days *prior* to enrollment versus *post* enrollment. The estimated community cost benefits, based on the number of days and cost per day for each domain identifies the cost and benefits for County and Community resources due to client participation and existing FSP programs.

The rates of Housing (homelessness/ emergency shelter), Incarceration (Jail Days) and Hospitalization (medical/psychiatric) indicates an overall reduction within these categories over the three-year reporting period in a Pre/Post data analysis. Review of the FSP programs yield positive outcomes for those clients enrolled for a minimum of a 12-month activity.

Average Number of Days Reduction During Three-Year Reporting Period

	Percent Reduction (Days)
Housing (Homelessness Emergency Shelter)	63% (from 63,646 to 23,493)
Jail Days	41% (from 63,593 to 37,343)
Hospitalization (Medical/Psychiatric)	48% (from 23,365 to 12,165)

On an annual basis (by Fiscal Year), DBH In-House and contracted provider programs are required to submit an Annual Outcomes Report to the Department for review and approval. Outcomes reports are posted within the official Fresno County, Department of Behavioral website. Annual Outcome Reports are program specific and provide for more detailed outcomes based on the Commission on Accreditation of Rehabilitation Facilities (CARF) model. The Annual Outcome Reports indicate Effectiveness, Efficiency, Access, and Satisfaction. Access to existing reports are located via the web at [DBH Annual Outcomes Reports](#).