PROGRAM INFORMATION:

Program Title:	Metro Crisis Intervention Team [CIT]	**Provider:**	Kings View Behavioral Health Corporation
Program Description:	Mental health crisis intervention services are provided to individuals within the Fresno Metropolitan (Metro) area, in collaboration with Law Enforcement Agencies (which includes City of Fresno Police Department, City of Clovis Police Department, and the County's Sheriff's Office) and other first responders. These services are provided out in the field where client interaction with law enforcement and emergency services personnel typically occurs, and where triage services are most beneficial. Crisis intervention services are community-based and incorporate stigma reduction and prevention as a product of the placement of staff in first responder scenarios.	**MHP Work Plan:**	1–Behavioral Health Integrated Access Choose an item. Choose an item.
Age Group Served 1:	ALL AGES	**Dates Of Operation:**	March 18, 2019 – June 30, 2019
Age Group Served 2:	Choose an item.	**Reporting Period:**	July 1, 2018 – June 30, 2019
Funding Source 1:	Prevention (MHSA)	**Funding Source 3:**	Early Intervention (MHSA)
Funding Source 2:	Medical FFP	**Other Funding:**	

FISCAL INFORMATION:

Program Budget Amount:	$1,379,694	**Program Actual Amount:**	$396,696.66
Number of Unique Clients Served During Time Period:	311		
Number of Services Rendered During Time Period:	379		
Actual Cost Per Client:	$1,275.55		

CONTRACT INFORMATION:

Program Type:	**Contract-Operated**	**Type of Program:**	Other, please specify below

Contract Term: December 11, 2018 – June 30, 2021 + plus two additional 12 month periods

For Other: Crisis Intervention Mental Health Services

Renewal Date: June 30, 2021

Level of Care Information Age 18 & Over: Choose an item.

Level of Care Information Age 0- 17: Choose an item.

The levels of care shown above do not apply. This program provides crisis intervention services along with short-term case management in order to link individuals to appropriate and effective mental health treatment services.

TARGET POPULATION INFORMATION:

Target Population: The target population shall be individuals within the Fresno Metropolitan (Metro) area as served by Law Enforcement Agencies (which includes City of Fresno Police Department, City of Clovis Police Department, and the COUNTY's Sheriff's Office) and other first responders. These services shall be provided out in the field where client interaction with law enforcement and emergency services personnel (first responders) typically occurs, and where triage services are most beneficial.

CORE CONCEPTS: • **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services**: Adult Community member/families and Parent/families of children and youth identify needs and preferences that result in the most effective services and supports. We utilize their social/culturally embedded wellness and recovery plans to address their challenges when ever possible.
• **Cultural competence:** We adopt a cultural humility framework knowing

Community collaboration: individuals, families, agencies, and businesses work together to accomplish a shared vision.
• **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

Please describe how the selected concept (s) embedded :

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

The child, adolescent, TAY or Adult is asked if we can be of any assistance to them to be safe. We are striving to work in collaboration with them to assure their safety at the appropriate level of psychosocial and physical support (i.e. continue living on the street, have the family provide support, voluntary admkisson to a LPS facility for further observation and evaluation, etc.) We intend to assist them in achieving their definition of a happy, meaningful and productive life. If they describe a service or resource that we can provide or provide linkage to, then we advise them that we can assist them if they would like after we assure that they ar safe. If the community member/family invites us to participate in their efforts to achieve their happy, meaningful and productive life, we do so in ways that build on what is already working for them. We are looking for and expecting to find the resiliency/wellness that is innate in everyone. We strive to amplify these characteristics or traits that occur in them during the crisis event and afterwards whenewver possible.

Community collaboration

Community Collaboration Continuing from above, we will either provide these linkage services directly or link them to other persons or agencies that provide the support they are asking for. Community member/families are not turned away during or after a crisis event. Rather we consider ourselves the "right door for them to come to" bringing them to appropriate services that will assist them in achieving their goals. We also work in collaboration with other agencies to identify and find community member/families who may be in crisis and to link them to the proper services to assure their safety.

Cultural Competency

Cultural Competency is translated at KV into a spirit of Cultural Humility. Given the complexity of multiculturalism and its real presence in Fresno County's community member/families, it is beneficial to understand cultural

competency as a process rather than an end-product. Understanding culture as an intellectual and academic construct does not necessarily equip Behavioral Health staff to serve others effectively.
From this perspective, competency involves more than gaining factual knowledge — it also includes our ongoing attitudes toward both the community members/families that we engage with and *as **well as ourselves***.
As noted above… we must be conscious of and **humble about** our knowledge and understanding (or lack of knowledge and understanding) as we enter and perhaps are invited to further participate in their world.
Competency applied is not just knowing about, it is rather knowing and "being with" the community member/families that we serve. Since the 1990's many researchers and behavioral health staff have called this **Cultural Humility.**

Cultural Humility is one construct for understanding and developing a *process-oriented approach* to competency. Many experts conceptualize cultural humility as: The ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to that community member/family.

This interpersonal stance incorporates a lifelong commitment to:

- *self-evaluation and self-critique* (we are never finished — we never arrive at a point where we are done learning),
- *redressing the power imbalances in the community member/family-helper dynamic* (The community member/family is the expert on his or her own life, symptoms and strengths. The helper holds a body of knowledge. One holds power in scientific knowledge, the other holds power in personal history and

preferences. They are equal partners with different knowledge to share),

- *developing mutually beneficial* (All must collaborate and learn from each other for the best outcomes),
- *non-paternalistic/hierarchical clinical and advocacy partnerships* (**develop partnerships of equal partners with those we serve and people and groups who advocate for others)**

Summarizing: It is Self-evaluation and Self-critique, Redressing the power imbalances in the client/helper dynamic, developing mutually beneficial non-paternalistic/hierarchical clinical and advocacy partnerships with all communities, but specifically Community member/families in crisis seeking safety.

Access to underserved communities

Access to Underserved Communities--The socio-economic group made up of those in behavioral health crisis is across all SES categories. They have been historically unserved and underserved with documented low levels of access and/or use of behavioral health services. Most often they are "Put on a Hold" transported to an LPS Facility, then stabilized, and released with a discharge plan of "go on your own to the local behavioral health services". The multipe barriers of getting there, managing their challenges in order to initate going there and then facing barriers to participate in public behavioral health, with no or low rates of insurance coverage for behavioral health care, and/or have not been identified as priorities for mental health services. This has led to service delivery that has been coercive, traumatizing, demanding that these community member/families become asymptomatic of their SUD challenges before they can receive services or housing, removing them from their housing for having symptoms of their SUD and/or COD issues, and being blamed for system deficiencies. Knowing this, Kings View Metro CIT staff work to introduce, engage and to build on-going participation of the community member/families experiencing a behavioral health crisis in Fresno County in their own social/culturally based wellness and recovery process and perspective. This occurs over time, it is episodic-long-term and person

centered. The dignity and respect of the community member/family is valued, upheld and affirmed by Metro CIT staff. We use recovery oriented COD focused crisis services that recognize functioning with symptoms is what everyone does and that is what we expect them to do also. This is separate from whether they are able to remain safe at this level of psychosocial and physical support. The Client will continue to evolve and tell us what they need and want in managing all their challenges.

PROGRAM OUTCOME & GOALS

- Must include each of these areas/domains: (1) Effectiveness, **(2)** Efficiency, **(3)** Access, **(4)** Satisfaction & Feedback Of Persons Served & Stakeholder

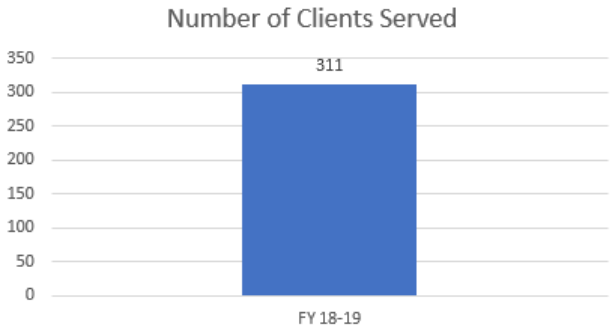
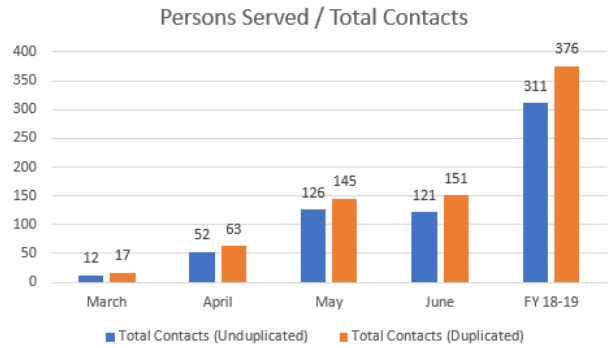
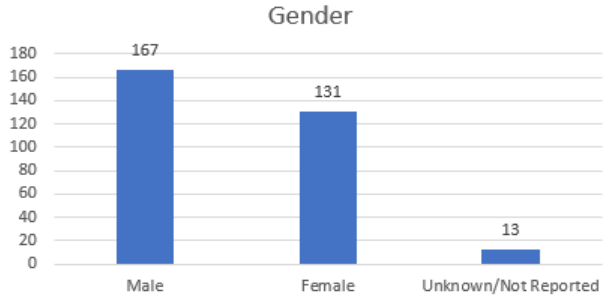
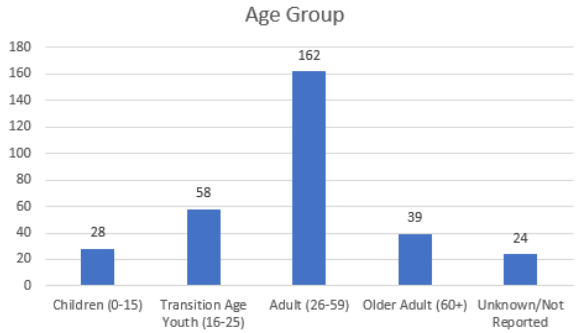
- Include the following components for documenting each goal: (1) Indicator, **(2)** Who Applied, **(3)** Time of Measure, **(4)** Data Source, **(5)** Target Goal Expectancy

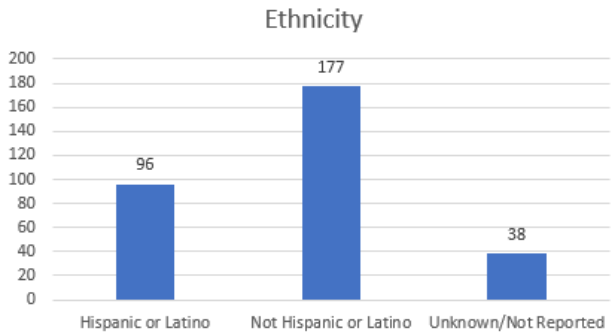
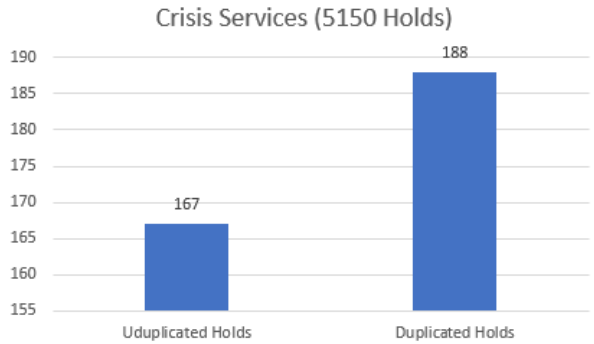
To provide crisis staff evaluaton and consultation services to law enforcement agancies in the Fresno/Clovis Metropolitian areas (Including Fresno County islands). These services shall be provided by interagency coordination between behavioral health and law enforcement to identify, triage, assess, and link or reconnect community members/families to behavioral health direct services and support. By doing this we will mitigate unnecessary expenditures of law enforcement agencies' staff time, resources and funds. The Fiscal Year 18-19 Quality Workplan Summary was developed to track and report progress towards goals met and to assess performance for the identified indicators. Please see attached Quality Improvement Workplan below.

Quality Improvement (QI) Workplan Summary

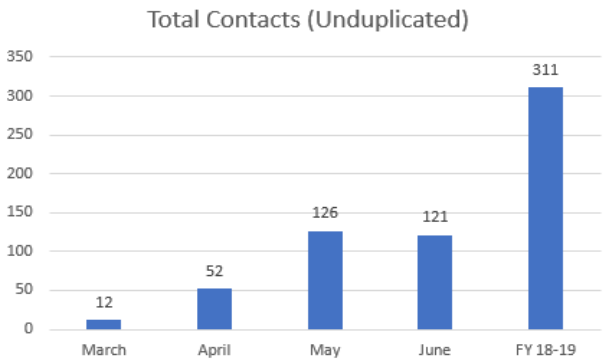
FY 18-19

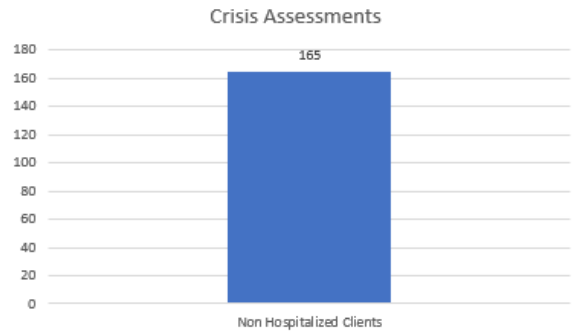
I. Key Performance Indicators

Key Performance Indicators & Demographics		Reporting Timeframe
Unique Client Contacts, N= 311  **Total Client Contacts, N = 376**  Data Source: CIT Metro Client Tracking Log	**Number of Men Served, N = 167** **Women Served, N = 131**  **Age Group**  Data Source: CIT Metro Client Tracking Log	FY18-19 (March 2018 – June 2019)

Key Performance Indicators & Demographics		Reporting Timeframe
Ethnicity  **Hospitalizations**  Data Source: Rural Triage Client Tracking Log	**Veteran Status, = No Data**	FY18-19 (March 2018 – June 2019)

II. Program Outcome Measures & Goals

Indicators	Goals	Domain	Activities	Performance Measures	Reporting Timeframe
2.1 Service Access- Increase in Services Provided	25% Increase in Total number of Services Provided to Clients	Access	Collaboration and Co- locating with additional police departments to include Fresno PD, Clovis PD, Providing additional training to staff on Linkages and Case Management. Additional staff will be hired to support program growth and high call volume.	Increase in access to services for Clients; FY 18-19, N= 311, Increase. Target Goal Met  Note: FY 18-19 will be used as a baseline to compare program growth and demonstrate an increase percentage for FY 19-20.	FY18-19 (March 2018 – June 2019)
2.2 Psychiatric Holds (5150) – Reduction in Hospitalizations	40% of Crisis Assessments will result in a Safety Plan/ Non-Hospitalization	Effectiveness	Crisis Co Responders received training in Safety Planning and Self Harm Reduction. Crisis Co Responders will	Percentage of Crisis Assessments that resulted in a safety plan/ Non-Hospitalization; FY 18-19, N= 165, 47%. Target Goal Met.	FY18-19 (March 2018 – June 2019)

Indicators	Goals	Domain	Activities	Performance Measures	Reporting Timeframe
			intervene and deescalate in order to safety plan with the clients.		
2.3 Consumer Satisfaction – Services Received	80% of Consumers reported a positive score (Strongly Agree + Agree) they are satisfied with the services received from Metro CIT.	Satisfaction and Feedback	Distribute and Collect Consumer Satisfaction Surveys. Analyze data to assess performance and identify areas for program improvement.	Percentage of consumers who responded "Agree" or "Strongly Agree" they are satisfied with services received from Metro CIT. **N= No Data** Note: Metro CIT Program developed a Consumer Satisfaction Survey to include questions that encompass satisfaction with Agency Services, Experience with Staff, and Satisfaction with Life Functioning. Survey distribution will begin in FY 19-20 and results will be included in the Annual Outcomes Report.	FY18-19 (March 2018 – June 2019)

Indicators	Goals	Domain	Activities	Performance Measures	Reporting Timeframe
2.4 Consumer Satisfaction – Better Understanding of Resources Available	80% of Consumers reported a positive score (Strongly Agree + Agree) they are satisfied with having a better understanding of resources available.	Satisfaction and Feedback	Distribute and Collect Consumer Satisfaction Surveys. Analyze data to assess performance and identify areas for program improvement.	Percentage of consumers who responded "Agree" or "Strongly Agree" they are satisfied with having a better understanding of resources available. **N= No Data** Note: Metro CIT Program developed a Consumer Satisfaction Survey to include questions that encompass satisfaction with Agency Services, Experience with Staff, and Satisfaction with Life Functioning. Survey distribution will begin in FY 19-20 and results will be included in the Annual Outcomes Report.	FY18-19 (March 2018 – June 2019)
2.5 Timely Service Delivery and Linkage	Ensure staff provide timely and appropriate interventions	Access and Effectiveness	Track and report number of services provided and successful Linkages	Crisis Triage Services Staff will be on-site for rapid response and behavioral health triage and assessments as subject matter experts providing timely and appropriate interventions and/or linkages with follow-up: Q3: , % No Data Q4: , % No Data Note: Metro CIT Program implemented a modified version of the Engagement and Follow Up Referral Form to include linkages	FY18-19 (March 2018 – June 2019)

Indicators	Goals	Domain	Activities	Performance Measures	Reporting Timeframe
				provided for data collection and reporting. Results will be included in the FY 19-20 Annual Outcomes Submission.	
2.6 Crisis Services are accessible regardless of clients ability to pay	Ensure Crisis Services are available and provided to clients regardless of their ability to pay.	Access	Report Payor Source and number of clients enrolled in Medi-Cal as a results of our service and Linkage.	Appropriate follow up will occur to ensure that healthcare coverage is obtained for future treatment episodes as needed. Number of clients linked/ enrolled in Medi-Cal: Q3: , % No Data Q4: , % No Data Note: Kings View currently tracks client's payor source as part of the Clinical Crisis Assessment. If Client is identified as not having private insurance or Medi-Cal then the Clinicians will refer client for Medi-cal Enrollment and follow up within 30 day to confirm client was enrolled. Data will be collected and reported on the FY 19-20 Annual Outcomes Submission.	

III. Performance Measures

Indicators	Goals	Domain	Activities	Performance Measures	Reporting Timeframe
3.1 Progress Note Timeliness	Monitor Compliance for Progress Notes 3 Day Standard 100% of the time.	Efficiency	Develop and Review Progress Note Timeliness Report to identify trends and report results.	Number of direct services documented in the Electronic Health Record (EHR) within 3 days 100% of the time: Q3: , % No Data Q4: 4, 100% Target Goal Met Note: Metro CIT Progress Note Timeliness reports are currently not available. Fresno County provided Access and training for Avatar Documentation in October 2019. Metro CIT Staff will begin documenting in Avatar begging in January 2020.	FY18-19 (March 2018 – June 2019)
3.2 Productivity Standards	Monitor Compliance for 60% Productivity Standard	Efficiency	Ensure staff provides documentation of productivity at a minimum of 60%. Develop a Productivity Report.	Field Clinician staff shall maintain a 60% direct services and/or productivity rate which includes targeted case management, follow up, and community outreach. Q3: , % No Data Q4: , 31.15 % Compliant, Target Goal Not Met Note: Metro CIT Began delivering Medical Billable services in May 2019. Results for this reporting period include Q4 (May, June 2019). Productivity is expected to	FY18-19 (March 2018 – June 2019)

Indicators	Goals	Domain	Activities	Performance Measures	Reporting Timeframe
				increase in FY 19-20 as program will continue to expand and provide more services.	