PROGRAM INFORMATION:					
Program Title:	Rural Triage- East/West		Provider:	Kings View Behavioral Health Corporation	
Program Description: Rural Mental Health		h Triage Services	MHP Work Plan:	1–Behavioral Health Integrated Access	
				Choose an item.	
				Choose an item.	
Age Group Served 1:	ADULT		Dates Of Operation:	SunSat. 6am to 12am	
Age Group Served 2:	CHILDREN		Reporting Period:	July 1, 2018 – June 30, 2019	
Funding Source 1:	Realignment		Funding Source 3:	Prevention (MHSA)	
Funding Source 2:	Medical FFP		Other Funding:	Early Intervention (MHSA)	
FISCAL INFORMATION:					
Program Budget Amount:	\$1,375,952.00 East	; \$1,165,286.00 West	Program Actual Amo	ount: \$1,154,750 East; \$1,120,541 West	
Number of Unique Clients Se	erved During Time P	eriod: 988 East; 31	0 West		
Number of Services Rendere	ed During Time Perio	d: 1714 East; 4	69 West		
Actual Cost Per Client:	\$1,168.77 East; \$3	,614.64 West			
CONTRACT INFORMATION:					
•			Type of Program:		
Operated					
Operated	5 years		Type of Program: For Other: Renewal Date:	Crisis Intervention- Outpatient June 30, 2020	
Program Type: Contract- Operated Contract Term: Level of Care Information Ag	,	Choose an item.	For Other:	Crisis Intervention- Outpatient June 30, 2020	

#### **TARGET POPULATION INFORMATION:**

Target Population:Rural Triage Services may include, but is not limited to: crisis assessment, crisis intervention, community referrals<br/>and linkages, and short-term/brief case management. In addition, time permitting, services shall also include<br/>community outreach, engagement, education, and prevention to those potentially in need of services for mental<br/>illness and/or co-occurring substance use disorders, the general public, emergency first responders and other<br/>community agencies. Rural Triage Services shall be provided in collaboration with first responders primarily in the<br/>field where client interaction with law enforcement and emergency services personnel (first responders) typically<br/>occurs, and where triage services are most beneficial.

#### **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)

Community collaboration

Integrated service experiences

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

Access to underserved communities

Please describe how the selected concept (s) embedded :

**Community Collaboration:** Once a community member has been assessed and it's determined that they would benefit from linkage to a local resource, we will work with the client/family (for adults with their prior permission) and community agencies. By collaborating with other agencies such as Turning Point, West Care, Valley Health Team, United Health Centers, Exodus, Housing Authority, Room and Boards, Board and Care, Social Security, local law enforcement, etc. we can work together to provide the best support and services needed for our client/families' wellness and recovery.

Integrated Services Experience: We provide wellness and recovery based co-occurring disordered integrated clinical/case management services to the community members and families of rural Fresno County. We are committed to using appropriate evidence-based approaches to meet their needs. We do not exclude anyone based on race, religion, culture, gender, their belief system or ability to pay for services. Every effort is made to engage in the community member/family's wellness and recovery at their pace, assisting them to manage the challenges that they identify, and to lead healthy, productive lives in their community.

Individual/Family-Driven, Welness/Recovery/Resiliency-Focused Services: From the beginning of the client/family experience we meet them where they are at. Knowing that resiliency is innate and cross cultural, we assist the client/family in identifying, nurturing and building on their own resiliency. The focus is on supporting them to

manage their behavioral health challenges which affect their daily living in their community. We use evidence-based models and approaches in our resiliency/recovery focused services.

Access to underserved communities: By traveling to and co-locating in the rural cities of Fresno County, we are able to provide immediate crisis assessment, use descalation skills and techniques, safty planning, provide linkages and follow-up in efforts to reduce the number of 5150's and arrests.

#### **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

## Click here to enter text.

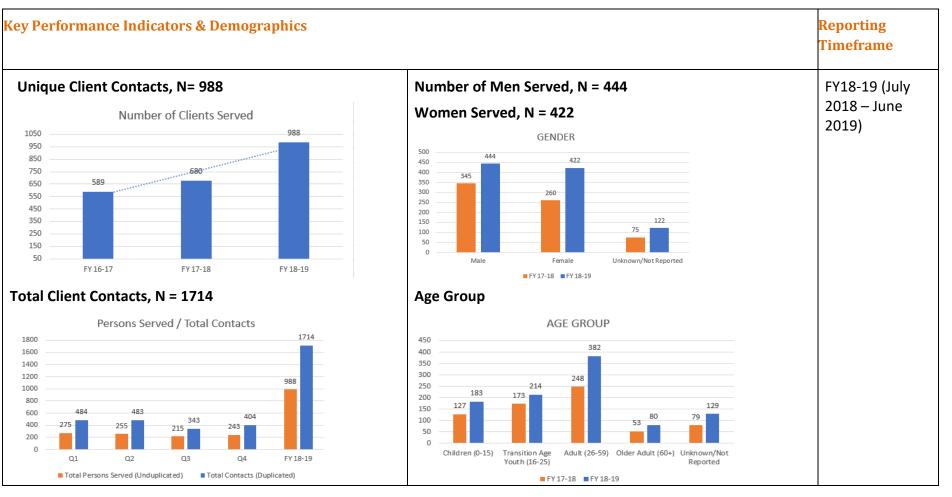
The goal of this project is to provide rural crisis triage staff consultation services to the rural Eastern Fresno County Cities of Kingsburg, Selma, Fowler, Parlier, Sanger, Reedley and Orange Cove and Western Fresno County Cities of Coalinga, Huron, Firebaugh, Kerman, Mendota, and San Joaquin in a means that has never been provided. 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 QWP Below.

# **RURAL TRIAGE - East**

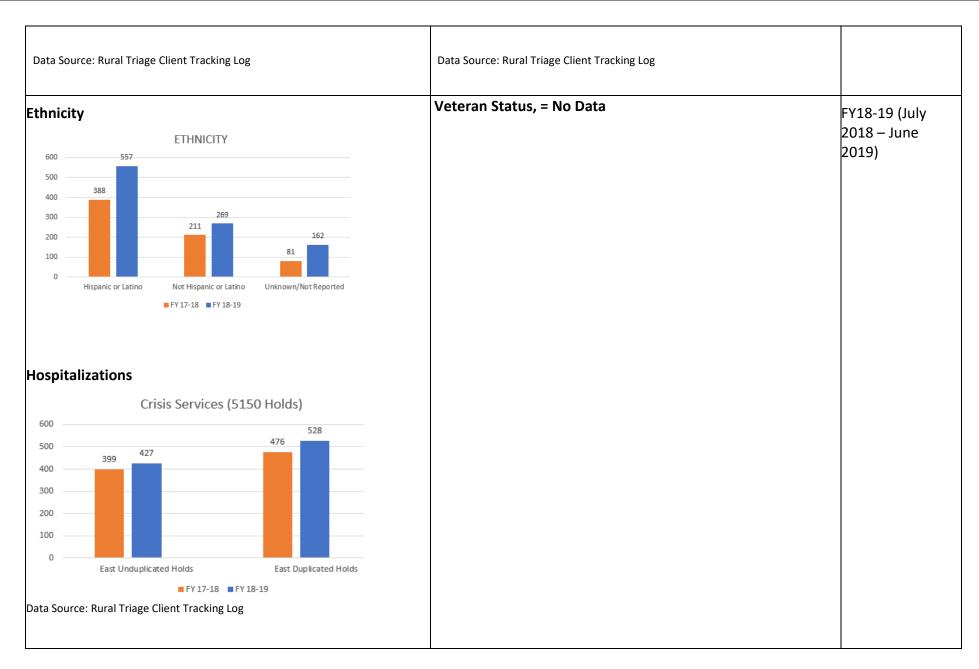
### Quality Improvement (QI) Workplan Summary

## FY 18-19

## I. Key Performance Indicators



# FRESNO COUNTY MENTAL HEALTH PLAN



## II. Program Outcome Measures & Goals

Indicators	Goals	Domain	Activities	Performance Measures	Reporting Timeframe
Service Access- Increase in Services Provided	25% Increase in Total number of Services Provided to Rural Clients	Access	Collaboration and Co- locating with additional police departments to include Sanger PD, Providing additional training to staff on Linkages and Case Management.	Percentage Increase in access to services for Rural Clients; FY 18-19, n= 988, 45% Increase. Target Goal Met Number of Clients Served	FY 18-19 (July 1 <sup>st</sup> – June 30 <sup>th</sup> )
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 intervene and deescalate in order	Percentage of Crisis Assessments that resulted in a safety plan/ Non-Hospitalization; FY 18-19, n= 409, 44%. Target Goal Met.	FY 18-19 (July 1 <sup>st</sup> – June 30 <sup>th</sup> )

# FRESNO COUNTY MENTAL HEALTH PLAN

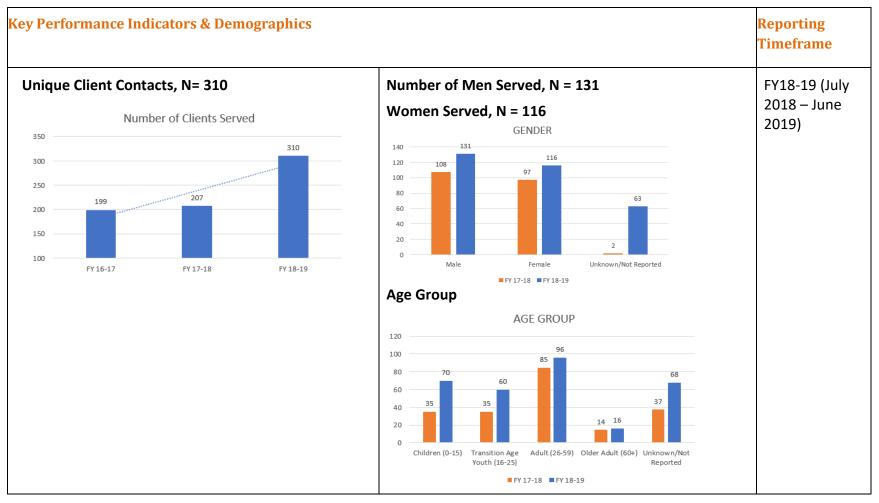
t t	to safety plan with the clients.	Ci	risis Assessments	
t	the clients.	450	409	
		50		
			Non-Hospitalized Clients	

# **RURAL TRIAGE - West**

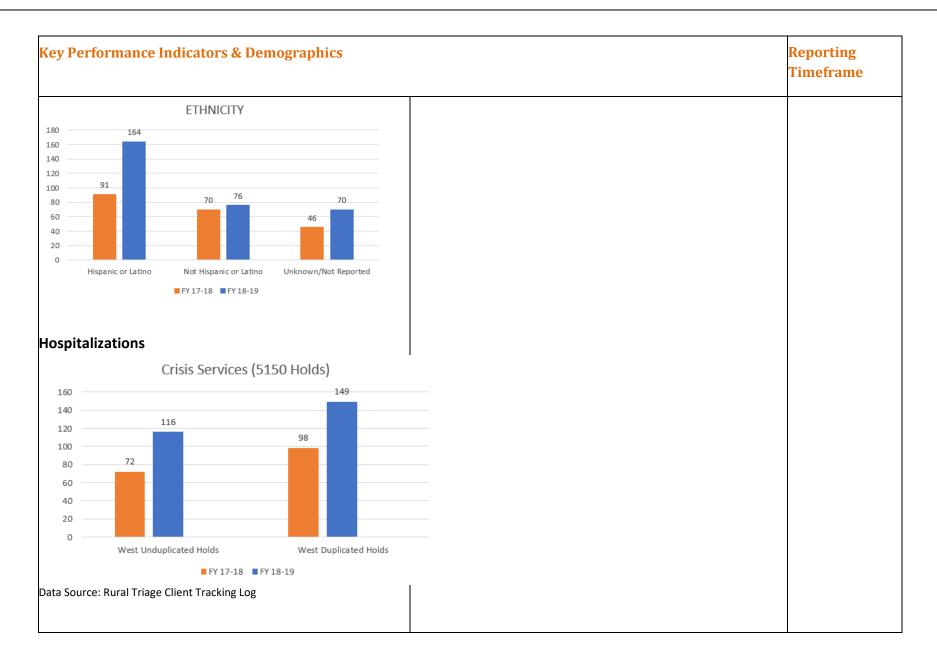
### Quality Improvement (QI) Workplan Summary

### FY 18-19

### I. Key Performance Indicators



Xey Performance Indicators & Demographics		Reporting Timeframe
Fotal Client Contacts, N = 469	Data Source: Rural Triage Client Tracking Log	
Persons Served / Total Contacts		
500 469 450 469 469 469 469 469 469 400 350 310 50 0 0 0 0 0 0 0 0 0 0 0 0 0		
Data Source: Rural Triage Client Tracking Log		
thnicity	Veteran Status, = No Data	FY18-19 (July 2018 – June 2019)



Indicators	Goals	Domain	Activities	Performance Measures	Reporting Timeframe
Service Access- Increase in Services Provided	25% Increase in Total number of Services Provided to Rural Clients	Access	Collaboration and Co- locating with additional police departments to include Kerman PD, Providing additional training to staff on Linkages and Case Management.	Percentage Increase in access to services for Rural Clients; FY 18-19, n= 310, 49% Increase. Target Goal Number of Clients Served	FY 18-19 (July 1 <sup>st</sup> – June 30 <sup>th</sup> )
Psychiatric Holds (5150) – Reduction in Hospitalization s	40% of Crisis Assessments will result in a Safety Plan/ Non- Hospitalizatio n	Effectivenes s	Crisis Co Responders received training in Safety Planning and Self Harm Reduction. Crisis Co Responders will intervene and deescalate in order to safety plan with the clients.	Percentage of Crisis Assessments that resulted in a safety plan/ Non-Hospitalization; FY 18-19, n= 120, 45%. Target Goal Met. Crisis Assessments	FY 18-19 (July 1 <sup>st</sup> – June 30 <sup>th</sup> )

# II. Program Outcome Measures & Goals