

## FRESNO COUNTY MENTAL HEALTH PLAN

## OUTCOMES REPORT- Attachment A

### PROGRAM INFORMATION:

<b>Program Title:</b>	First Street Center - Outpatient	<b>Provider:</b>	Turning Point of Central California, Inc.
<b>Program Description:</b>	The First Street Center Outpatient program provides outpatient based substance use disorder (SUD) treatment services and treatment for mild to moderate co-occurring mental health needs. These services are provided in collaboration with the Fresno County Probation Department. Services attempt to focus on client strengths and abilities to successfully re-enter and gain healthy independence in the community. The programs goals are to reduce recidivism, to reduce substance abuse, to reduce psychiatric hospitalizations, to reduce homelessness, to increase level of community functioning, and to increase education and employment participation.	<b>MHP Work Plan:</b>	2-Wellness, recovery, and resiliency support Choose an item. Choose an item.
<b>Age Group Served 1:</b>	ADULT	<b>Dates Of Operation:</b>	May 2012 - Current
<b>Age Group Served 2:</b>	Choose an item.	<b>Reporting Period:</b>	July 1, 2018 - June 30, 2019
<b>Funding Source 1:</b>	Realignment	<b>Funding Source 3:</b>	Choose an item.
<b>Funding Source 2:</b>	Medical FFP	<b>Other Funding:</b>	AB 109 Realignment

### FISCAL INFORMATION:

<b>Program Budget Amount:</b>	\$2,427,204.00	<b>Program Actual Amount:</b>	\$1,727,627.60
<b>Number of Unique Clients Served During Time Period:</b>	Total=969 (SUD= 654, MH= 315)		
<b>Number of Services Rendered During Time Period:</b>	Total= 20,858 (SUD=17, 580, MH=3,278 MH)		
<b>Actual Cost Per Client:</b>	SUD=\$1,864.84, MH=\$1,612.76		

### CONTRACT INFORMATION:

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	SUD Outpatient/Mental Health Services
<b>Contract Term:</b>	5 Years	<b>For Other:</b>	Click here to enter text.

Renewal Date: July 1, 2017

Level of Care Information Age 18 &amp; Over: Enhanced Outpatient Treatment (caseload 1:40)

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

**TARGET POPULATION INFORMATION:**

**Target Population:** The First Street Center Outpatient program provides substance use and mental health treatment services to adults on Post Release Community Probation Supervision (AB 109). The program serves adults living with substance use disorders and/or mild to moderate mental health symptoms referred by the Probation Department.

**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)*

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

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

Each participant is treated individually with a focus on person- centered goals and strengths. A treatment plan is developed in collaboration with each participant and always includes personal goals in their voice. Participants are

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

Access to underserved communities

Integrated service experiences

given the option to include support persons or family members in the development of the treatment plan. First Street Center staff encourage and promote the inclusion of family and support persons as part of the treatment team to enhance treatment interventions and outcomes. The treatment team attempts to offer a variety of options for treatment, rehabilitation, and support. Services are flexible and are provided with the individual needs of participants in mind. The program provides advocacy and helps develop connections with community partners. Collaborative relationships have been developed and maintained with several community agencies, treatment providers, law enforcement, probation, and local governments with the goal of continuity of care and optimal client outcomes. Program services focus on meeting the needs of the whole-person and ensure physical health, mental health, and substance abuse is considered and integrated into the treatment plan. Additionally, program nursing staff provide routine monitoring of vitals, medication side effects, and health education.

## 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. Treatment Objectives/Achievements**

i. Objective: Clients who complete substance use disorder treatment will complete a minimum of 75% of treatment plan goals.

ii. Indicator: Percentage of clients that completed treatment and completed 75% or more of their treatment plan goals.

iii. Who Applied: A sample of FSC-OP clients served by the program.

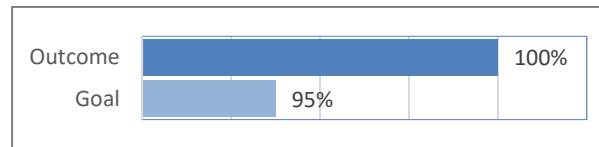
iv. Time of Measure: FY 18-19

v. Data Source: Avatar/Accucare EHR

vi. Target Goal Expectancy: A minimum of 95% of clients who complete treatment will complete at least 75% of treatment plan goals.

vii. Outcome: Clients who completed treatment completed an average of 87% of treatment plan goals. 100% of clients that completed treatment, completed at least 75% of their treatment plan goals.

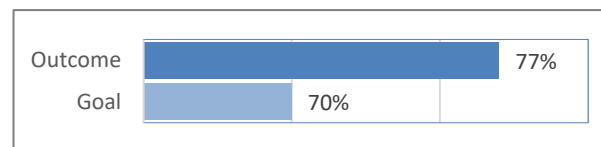
Period	# of Clients	Average % of Tx plan goals completed	% of clients that completed 75% of Tx plan goals
17-18	25	85%	99%
18-19	25	87%	100%



#### b. Successful Completion

- i. Objective: To have the majority of clients successfully complete treatment or leave with satisfactory progress.
- ii. Indicator: Percentage of clients that complete treatment or leave with satisfactory progress.
- iii. Who Applied: A sample of FSC-OP clients served by the program.
- iv. Time of Measure: FY 18-19
- v. Data Source: Accucare EHR/Discharge Summaries and Post treatment surveys
- vi. Target Goal Expectancy: A minimum of 70% of clients served will successfully complete treatment or leave before completion with satisfactory progress.
- vii. Outcome: 77% of clients served successfully completed treatment or left before completion with satisfactory progress.

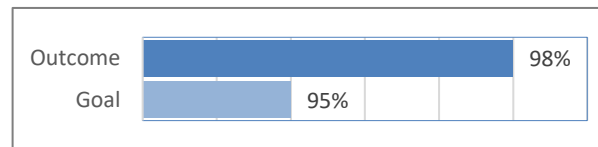
Period	# of Clients	% of Satisfactory Progress	% Successful Completion	Combined Percentage
17-18	568	31%	48%	79%
18-19	638	18%	59%	77%



**c. Psychiatric Hospitalizations/Incarcerations**

- i. Objective: Clients receiving mental health treatment will evidence no psychiatric hospitalizations or incarcerations.
- ii. Indicator: Percentage of clients that experience zero psychiatric hospitalizations or incarcerations.
- iii. Who Applied: A sample of FSC-OP clients that received mental health treatment services.
- iv. Time of Measure: FY 18-19
- v. Data Source: Avatar EHR/Accucare EHR
- vi. Target Goal Expectancy: 95% of clients receiving mental health and co-occurring treatment will experience zero psychiatric hospitalizations or incarcerations.
- vii. Outcome: 98% of clients receiving mental health treatment experienced no episodes of psychiatric hospitalizations or incarcerations during this evaluation period.

Period	Client Sample	Episodes of Hospitalizations or Incarcerations	Percentage
17-18	244	3	99%
18-19	262	6	98%

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

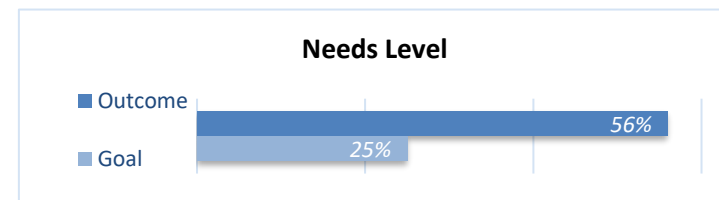
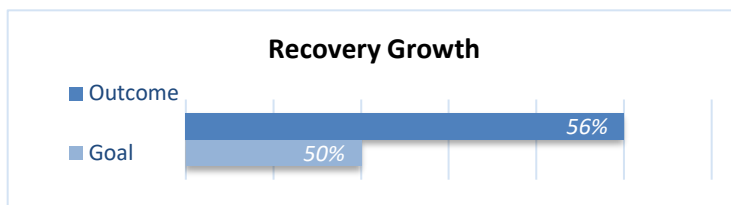
The program implemented the use of Reaching and Recovery tools in October of 2017. Reaching Recovery is a tool that was developed by the Mental Health Center of Denver; its major focus is tracking change across multiple domains of wellness. With Reaching Recovery in place, the program began to utilize several tools designed to measure recovery clients receiving mental health services: the Recovery Needs Level Marker, Consumer Recovery Measure, and Recovery Marker Inventory.

**Recovery Needs Level (RNL)**

- i. Objective: To ensure the appropriate level of service intensity at a client's stage of recovery; to move client's towards increased levels of functioning; and to transition client's to the least restrictive level of care.

- ii. Indicator:** Recovery Needs Level (RNL) records the status of observed needs across 17 domains. RNL scores are compared at 6 month intervals to show trends of recovery through time. Reduced scores indicate positive recovery growth and movement towards reduced levels of service.
- iii. Who Applied:** A sample of FSC-OP clients that received mental health services for a minimum of one year.
- iv. Time of Measure:** FY 18-19
- v. Data Source:** Avatar Electronic Health Record
- vi. Target Goal Expectancy:** To have a minimum of 50% of clients that participated in services achieve positive recovery growth and a minimum of 25% transition to lower levels of service.
- vii. Outcome:** 56% of the program population trended towards positive recovery growth and 56% transitioned towards reduced levels of care.

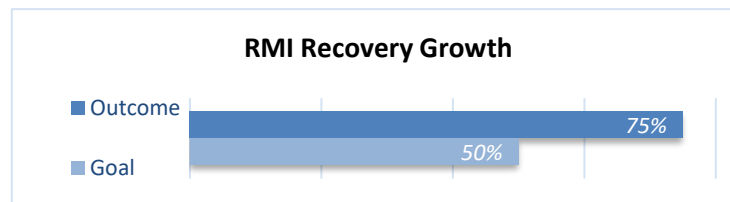
Period	Clients Scored	Positive Recovery Growth	Needs Level Reduced
18-19	16	56%	56%



### Recovery Marker Inventory (RMI)

- i. Objective:** To provide a quarterly practitioner rating of a clients progress in recovery areas that tend to correlate with an individual's recovery.
- ii. Indicator:** Recovery Marker Inventory (RMI) A practitioner's rating of the clients's recovery on 8 objective factors associated with recovery: employment, education, active growth, level of symptom management, participation in services, housing. RMI scores are compared at quarterly intervals to show trends of recovery through time. Increased scores indicate positive recovery growth.
- iii. Who Applied:** A sample of FSC-OP clients that received mental health services for a minimum of one year.
- iv. Time of Measure:** FY 18-19
- v. Data Source:** Avatar Electronic Health Record
- vi. Target Goal Expectancy:** To have a minimum of 50% of clients that participated in services achieve positive RMI recovery growth trends.
- vii. Outcome:** 75% of the program population trended towards positive recovery growth.

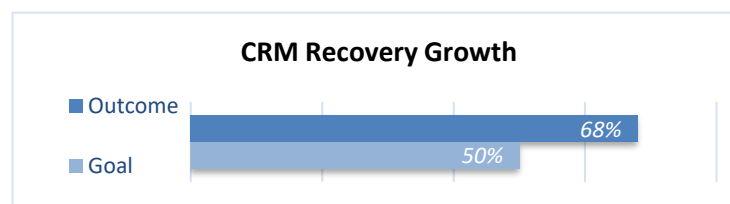
Period	Clients Scored	Positive Recovery Growth
18-19	16	75%



**Consumer Recovery Measure (CRM)**

- i. Objective: To measure the client's perception of their recovery.
- ii. Indicator: Consumer Recovery Measure (CRM) A quarterly rating of a client's perception of recovery across 5 dimensions: hope, symptom management, personal sense of safety, active growth orientation, satisfaction with social networks. Increased scores indicate positive recovery growth from the client's perspective.
- iii. Who Applied: A sample of FSC-OP clients that received mental health services for a minimum of one year.
- iv. Time of Measure: FY 18-19
- v. Data Source: Avatar Electronic Health Record
- vi. Target Goal Expectancy: To have a minimum of 50% of the clients participating in services perceive positive recovery growth trends.
- vii. Outcome: 68% of clients perceived having positive recovery growth.

Period	Clients Scored	Perceived Recovery Growth
18-19	16	68%



2. Efficiency-**a. Cost per Client**

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

- i. **Objective:** To efficiently use resources and maintain or minimize cost per client.
- ii. **Indicator:** Total program costs compared to the number of unique FSC-FSP clients served.
- iii. **Who Applied:** FSC-OP clients served by the program.
- iv. **Time of Measure:** FY 18-19
- v. **Data Source:** Avatar and Financial Records
- vi. **Target Goal Expectancy:** To keep within departmental budgeted costs for the program.
- vii. **Outcome:** Compared to the previous fiscal year, cost per client for FY 18-19 was slightly increased for SUD services, however total program costs for SUD services was reduced by 12.0%. The average cost per client for mental health services was increased by 14% and the total costs for mental health services was increased by 20%, compared to the previous fiscal year. The increase in costs is attributed to the increase in the number of clients served and the addition of a mental health clinician during the fiscal year. The program successfully operated within budgeted costs during the evaluation period.

Period	Level	Clients Served	Average Cost per Client	Total Program Cost
17-18	SUD	818	\$1,692.82	\$1,384,725.98
18-19	SUD	654	\$1,864.84	\$1,219,609.37
17-18	MH	298	\$1,409.60	\$420,059.99
18-19	MH	315	\$1,612.76	\$508,018.34

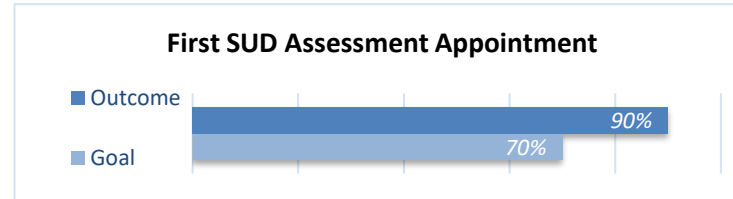
3. Access-**a. Length of time from SUD Screening to First Assessment Appointment Offered**

The FSC program receives referrals from the Department of Probation. The goal of the program is to act promptly for each referral.

- i. **Objective:** To provide timely service for clients requesting SUD treatment services.
- ii. **Indicator:** Percentage of clients offered an SUD assessment appointment within 10 business days of their SUD screening.
- iii. **Who Applied:** A sample of clients referred to the program.
- iv. **Time of Measure:** FY 18-19

- v. Data Source: Avatar/Accucare EHR
- vi. Target Goal Expectancy: 70% of referred clients will be offered their first SUD assessment appointment within 10 business days of their SUD screening.
- vii. Outcome: The average wait time from SUD screening to the first SUD assessment appointment offered was 7 business days. 90% of clients were offered an SUD assessment appointment within 10 days.

Period	Wait Length Average	% of clients offered SUD assessment date within 10 days
18-19	7 days	90%

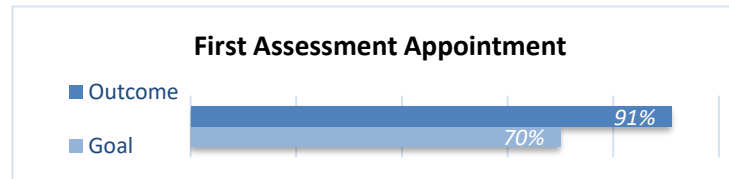


**b. Length of time from mental health screening to the first offered mental health assessment appointment**

The FSC program receives referrals from the Department of Probation. The goal of the program is to act promptly for each referral.

- i. Objective: To provide timely service for clients requesting mental health care.
- ii. Indicator: Percentage of clients offered their first mental health assessment appointment within 10 business days of initial screening.
- iii. Who Applied: A sample of clients referred to the program.
- iv. Time of Measure: FY 18-19
- v. Data Source: Avatar EHR
- vi. Target Goal Expectancy: 70% of clients will be offered an appointment for their first mental health assessment within 10 business days of initial screening.
- vii. Outcome: The average wait time from initial screening to the first mental health assessment appointment offered was 6 days. 91% of clients were offered a mental health assessment appointment within 10 days of the initial screening appointment.

Period	Wait Length Average	Percentage
18-19	6 days	91%

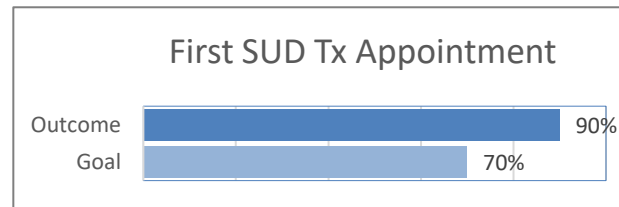


**c. Length of time from SUD Assessment to first treatment appointment offered**

The FSC program receives referrals from the Department of Probation. The goal of the program is to act promptly for each referral.

- i. Objective: To provide timely service for participants referred for treatment services.
- ii. Indicator: Percentage of clients offered their first SUD treatment appointment within 10 business days of their assessment date.
- iii. Who Applied: A sample of clients referred to the program.
- iv. Time of Measure: FY 18-19
- v. Data Source: Accucare EHR
- viii. Target Goal Expectancy: A minimum of 70% of clients will be offered their first SUD treatment appointment within 10 business days of their assessment date.
- vi. Outcome: The average wait time from assessment to first treatment appointment offered was 7 days. 90% of clients were offered a treatment appointment within 10 days of their assessment date.

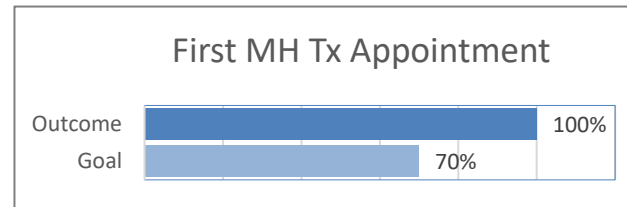
Period	Average Wait Time	% of clients offered 1 <sup>st</sup> treatment appoint. within 10 days
18-19	7 days	90%

**d. Length of time from mental health assessment to first treatment appointment offered**

The FSC program receives referrals from the Department of Probation. The goal of the program is to act promptly for each referral.

- i. Objective: To provide timely service for participants referred for treatment services.
- ii. Indicator: Percentage of clients offered their first mental health treatment appointment within 10 business days of their assessment date.
- iii. Who Applied: A sample of clients referred to the program.
- iv. Time of Measure: FY 18-19
- v. Data Source: Avatar EHR
- ix. Target Goal Expectancy: A minimum of 70% of clients will be offered their first treatment appointment within 10 business days of their assessment.
- vi. Outcome: The average wait time from assessment date to the first treatment appointment offered was 5 days. 100% of clients were offered a treatment appointment within 10 days of their assessment date.

Period	Average Wait Time	% of clients offered 1 <sup>st</sup> treatment appoint. within 10 days
18-19	5 days	100%



**e. Length of time from mental health assessment to the first psychiatry appointment date offered**

The FSC program receives referrals from the Department of Probation. The goal of the program is to act promptly for each referral.

i. Objective: To provide timely service for participants referred for treatment services.

ii. Indicator: Percentage of clients offered their first psychiatry appointment within 15 business days of their assessment date.

iii. Who Applied: A sample of clients referred to the program.

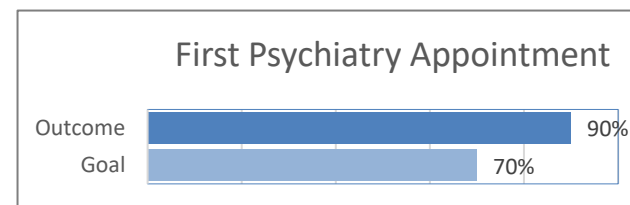
iv. Time of Measure: FY 18-19

v. Data Source: Avatar EHR

x. Target Goal Expectancy: A minimum of 70% of clients will be offered their first psychiatry appointment within 15 business days of their assessment date.

vi. Outcome: The average wait time from assessment to the first psychiatry appointment date offered was 7 days. 90% of clients were offered their first psychiatry appointment within 15 days of the assessment date.

Period	Average Wait Time	% of clients offered 1 <sup>st</sup> treatment appoint. within 10 days
18-19	7 days	90%



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

##### a. Consumer Perception Survey

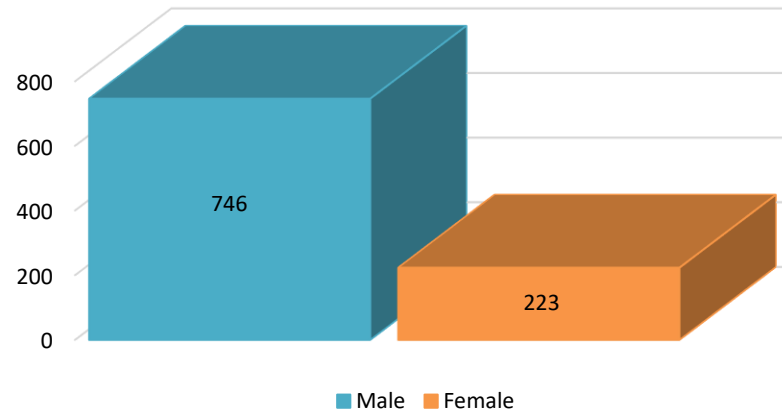
Consumer Perception Surveys (CPS) are conducted every six months over a one week period. Beneficiaries of the MHP are encouraged to participate in filling out the CPS surveys which are available to consumers and family members at County and contracted provider organizations.

- i. Objective: To gauge satisfaction of clients and collect data for service planning and quality improvement.
- ii. Indicator: Average percent of clients 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: Clients who completed the survey in May of 2018.
- iv. Time of Measure: Surveys were completed in May of 2018.
- v. Data Source: Consumer Perception Survey data
- vi. Target Goal Expectancy: The program would like to see a majority of clients satisfied for each domain.
- vii. Outcome: Majority of participants rated themselves satisfied in all seven 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 indicates that more than 80% of clients surveyed were satisfied.

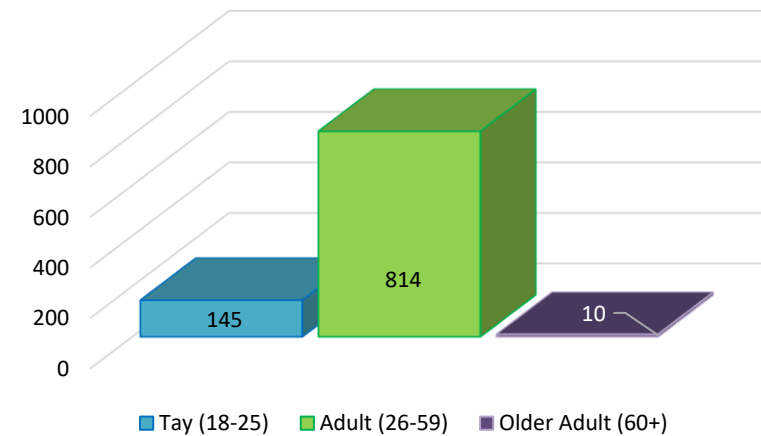
Domains	Nov 2017	May 2018
General Satisfaction	90%	91%
Perception of Access	86%	86%
Perception Quality & Appropriateness	88%	87%
Perception of Participation in Tx Planning	87%	87%
Perception of Outcome of Services	67%	69%
Perception of Functioning	67%	69%
Perception of Social Connectedness	71%	73%

Program Demographics

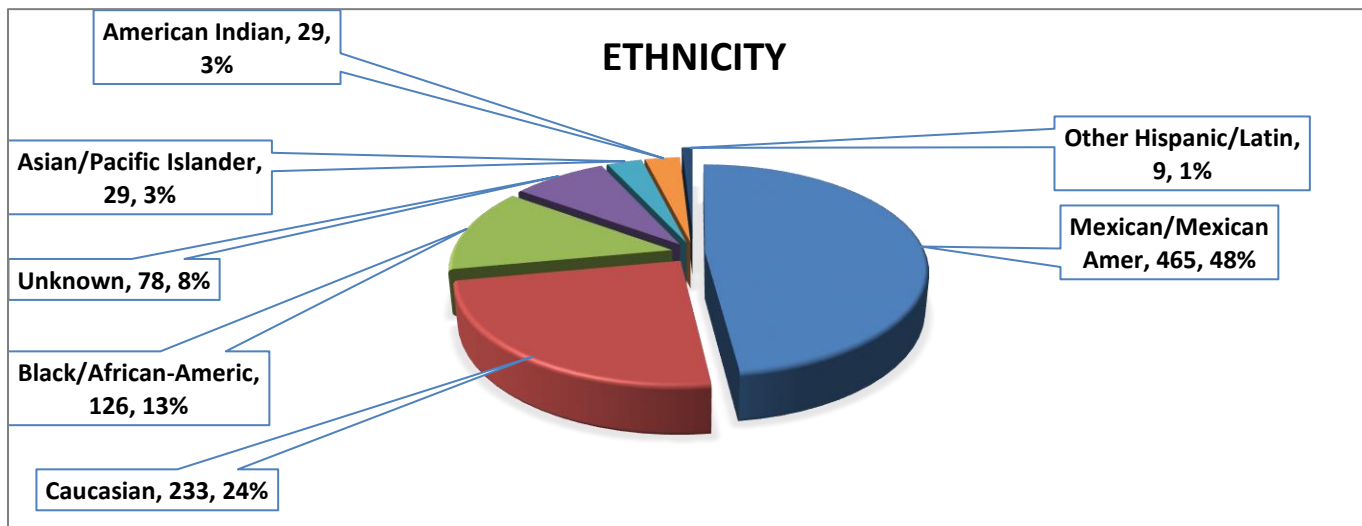
Gender



Age



ETHNICITY



**DEPARTMENT RECOMMENDATION(S):**

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