

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Rural Mental Health (RMH)	Provider:	Turning Point of Central California, Inc.
Program Description:	RMH clinics provide outpatient based mental health and psychiatric services to the adult, children, adolescents, and older adult populations. Services are provided to individuals living with severe mental health and co-occurring conditions in rural Fresno County areas including: Pinedale, Reedley, Selma, Kerman, Coalinga, and Sanger. RMH provides three levels of care (Full Service Partnership, (FSP); Intensive Case Management, (ICM); and Outpatient, (OP) at each clinic depending on each client's level of need.	MHP Work Plan:	2-Wellness, recovery, and resiliency support Choose an item. Choose an item.
Age Group Served 1:	ADULT	Dates Of Operation:	October 1, 2008 - current
Age Group Served 2:	CHILDREN	Reporting Period:	July 1, 2018 - June 30, 2019
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	Choose an item.
Funding Source 2:	Medical FFP	Other Funding:	Private Insurance

FISCAL INFORMATION:

Program Budget Amount:	\$9,722,940.00	Program Actual Amount:	\$8,817,699.47
Number of Unique Clients Served During Time Period:	Total=3,994 (FSP=169, ICM=1978, OP=1847)		
Number of Services Rendered During Time Period:	Total=85,594 (FSP=12,784, ICM=53,857, OP=22,443)		
Actual Cost Per Client:	Combined Total \$3,578.61 (FSP=\$8,104.64; ICM/OP=\$3,052.47)		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	5 Years	For Other:	Click here to enter text.
		Renewal Date:	July 1, 2018
Level of Care Information Age 18 & Over:	Enhanced Outpatient Treatment (caseload 1:40); High Intensity Treatment/FSP (caseload 1:12); Traditional Outpatient Treatment (caseload 1:80)		

Level of Care Information Age 0- 17:

Outpatient Treatment

TARGET POPULATION INFORMATION:

Target Population: Adult, children, adolescent, and older adult individuals with severe mental illness or serious emotional disturbance diagnoses in the rural areas of Fresno County including: Pinedale, Reedley, Selma, Kerman, Coalinga, and Sanger. RMH provides three levels of care (Full Service Partnership, (FSP); Intensive Case Management, (ICM); and Outpatient, (OP)) at each clinic depending on each client's level of need.

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

Community collaboration

Integrated service experiences

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 the participant and includes personal goals in their voice. Participants are given the option to include support persons (family or others) in the development of the treatment plan. RMH staff promote the inclusion of support persons as part of the treatment team to enhance treatment

Cultural Competency

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 a variety of community agencies, treatment providers, and local government with the goal of continuity of care and optimal client outcomes. Program services focus on meeting the needs of the whole-person to improve physical health and mental health. Any substance abuse is also considered in the treatment plan with substance abuse services and linkages. Staff encourage and assist with linkage and transportation to primary care settings for preventative and follow-up health care. Program nursing staff provide routine monitoring of vitals, medication side effects, and health education. The program is committed to hiring bicultural, bilingual, and culturally competent staff. All staff members are provided sensitivity training in the area of cultural competence. Clients' culture is considered to be an integral part of their treatment.

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. Psychiatric Hospitalization**

Hospitalization refers to any hospital admission captured in Fresno County's electronic health record, Avatar. Data may be entered by any hospital that utilizes Avatar including Exodus PHF, Community Behavioral Health Center (CBHC) and Kaweah Delta Psychiatric Hospital.

- Objective: To prevent and reduce the number of clients and days spent in a psychiatric hospital setting compared to the total number of clients and days spent hospitalized 12 months prior to program enrollment.
- Indicator: Percentage of clients that experienced no psychiatric hospitalizations and total number of clients and days spent in a hospital setting compared to pre-enrollment.
- Who Applied: FSP clients served by the program a minimum of one year.

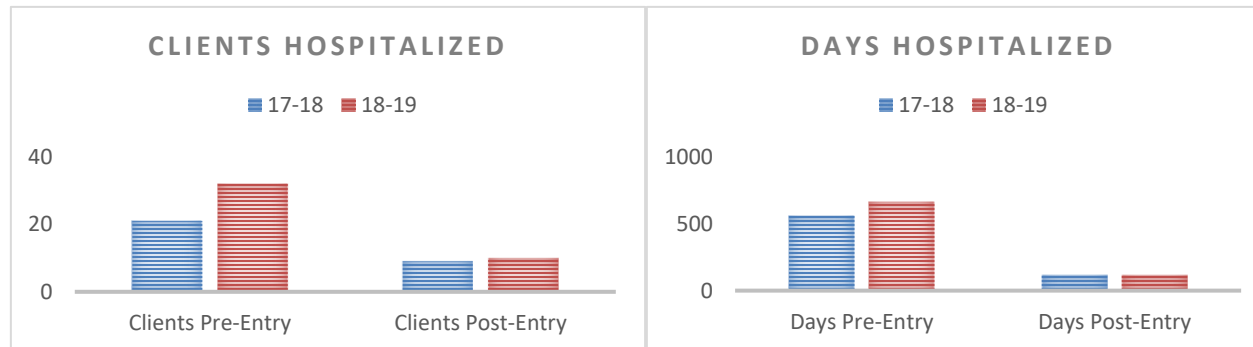
iv. Time of Measure: FY 18-19

v. Data Source: DCR/ITWS State database.

vi. Target Goal Expectancy: A minimum of 70% of clients enrolled in FSP services will experience no episodes of psychiatric hospitalization. The number of clients and days spent in a psychiatric hospital setting will be reduced when compared to the number of days hospitalized prior to program enrollment.

vii. Outcome: The total number of days spent in a psychiatric hospital setting was reduced by 82% when compared to total number of days spent hospitalized 12 months prior to program enrollment. The total number of clients hospitalized was reduced by 69% after program enrollment. 72% of clients enrolled experienced no psychiatric hospital episodes.

Period	# of clients Pre-Entry	# of clients Post-Entry	% Reduction	Days Pre-Entry	Days Post-Entry	% Reduction	% of Clients with no hospitalizations
17-18	21	9	57%	558	118	79%	64%
18-19	32	10	69%	661	118	82%	72%



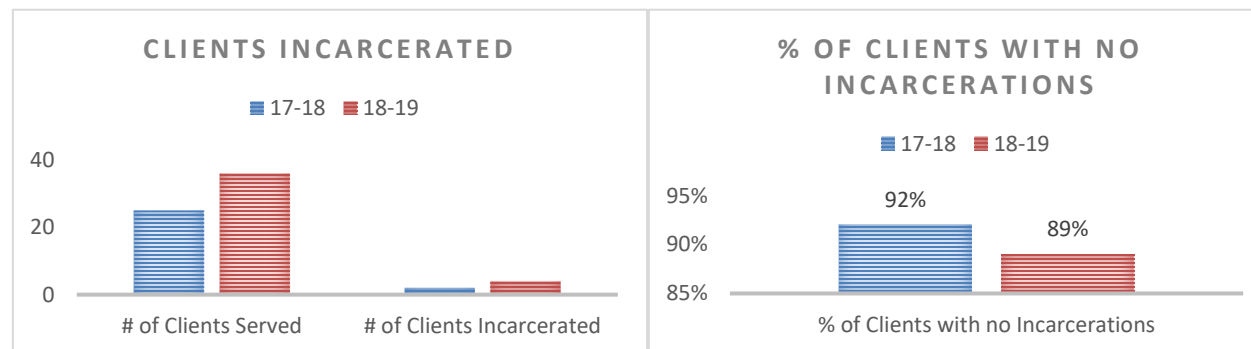
b. Incarcerations

Incarceration refers to individuals confined in a jail or prison setting.

i. Objective: To prevent and reduce the number of clients and days spent incarcerated compared to the number of clients and days spent incarcerated 12 months prior to program enrollment.

- ii. Indicator: Percentage of clients that experienced no incarcerations and the total number of clients and days spent incarcerated compared to pre-enrollment.
- iii. Who Applied: FSP level clients served by the program a minimum of one year.
- iv. Time of Measure: FY 18-19
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: A minimum of 70% of clients enrolled in FSP services will experience no episodes of incarceration. The total number of clients and days incarcerated will be reduced when compared to total number of clients and days incarcerated pre-enrollment.
- vii. Outcome: The total number of clients incarcerated increased from 2 clients pre-enrollment to 4 clients post-enrollment. The total days incarcerated was also increased compared to pre-entry, however the total number and percentage of clients incarcerated remains extremely low. 89% of clients enrolled in FSP services experienced no episodes of incarcerations.

Period	# of clients served	# of clients incarcerated Post-Entry	# of days incarcerated Post-Entry	% of Clients with no Incarcerations
17-18	25	2	164	92%
18-19	36	4	490	89%

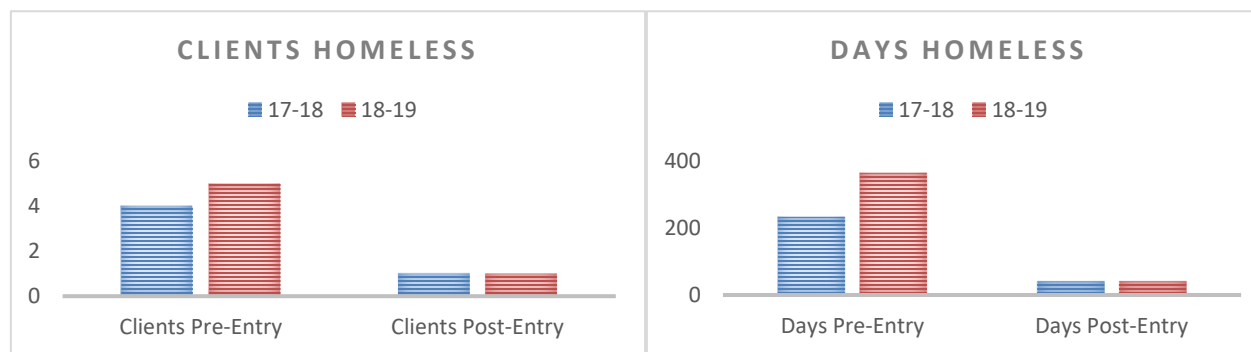


c. Homelessness

Homelessness refers to individuals without a place to live, who are living in a place not meant for human habitation, or who are living in an emergency shelter.

- i. Objective: To prevent and reduce the number of clients and days spent homeless compared to the total number of clients and days spent homeless 12 months prior to program enrollment.
- ii. Indicator: Percentage of clients that experienced no episodes of homelessness and the total number of clients and days spent homeless compared to the total number of clients and days spent homeless prior to program enrollment.
- iii. Who Applied: FSP level clients served by the program a minimum of one year.
- iv. Time of Measure: FY 18-19
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: A minimum of 70% of clients enrolled in FSP services will experience no episodes of homelessness. The total number of clients and days spent homeless will be reduced when compared to the total number of clients and days spent homeless pre-enrollment.
- vii. Outcome: The number of clients experiencing homelessness was reduced by 80%, and the number of days spent homeless was reduced by 89% post-enrollment. 97% of clients enrolled in FSP services experienced no episodes of homelessness.

Period	# of clients Pre-Entry	# of clients Post-Entry	% Reduction	Days Pre-Entry	Days Post-Entry	% Reduction	% of Clients with no homeless episodes
17-18	4	1	75%	233	41	82%	96%
18-19	5	1	80%	364	41	89%	97%

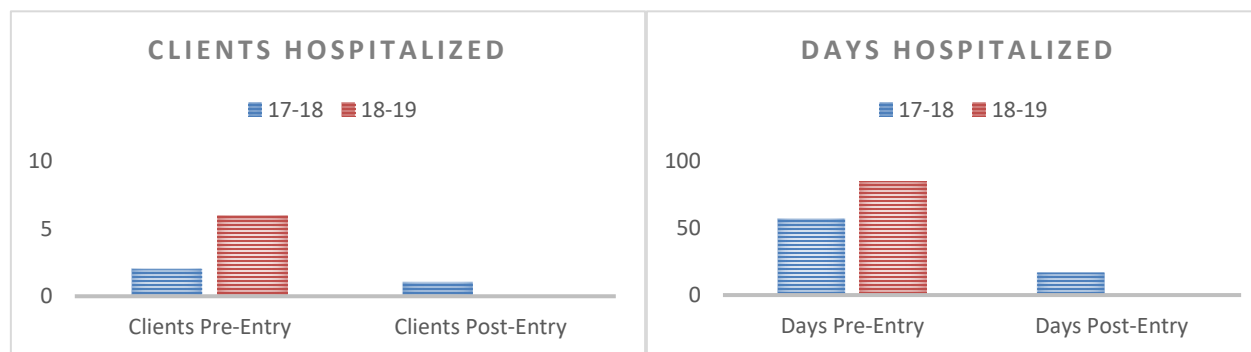


d. Medical Hospitalizations

Medical hospitalization refers to individuals who frequently require hospitalization at a local hospital or emergency department as a result of chronic or untreated physical health related conditions.

- i. Objective: To prevent and reduce the number of clients and days spent in a medical hospital or emergency department (ED) setting compared to the total number of clients and days spent hospitalized 12 months prior to program enrollment.
- ii. Indicator: Percentage of clients that experienced no episodes of medical hospitalization or ED admissions, and the total number of clients and days admitted in a medical hospital or ED compared to pre-enrollment.
- iii. Who Applied: FSP level clients served by the program a minimum of one year.
- iv. Time of Measure: FY 18-19
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: A minimum of 70% of clients enrolled in FSP services will experience no episodes of medical hospitalization or ED admissions. The total number of clients and days admitted in a medical hospital or ED will be reduced when compared to the total number of clients and days spent pre-enrollment.
- vii. Outcome: The total number of clients and days spent in a hospital or ED setting was reduced by 100% when compared to the total number of clients and days spent in a hospital or ED setting 12 months prior to program enrollment. No clients enrolled in FSP services were admitted into a medical hospital or ED setting during this evaluation period.

Period	# of clients Pre-Entry	# of clients Post-Entry	% Reduction	Days Pre-Entry	Days Post-Entry	% Reduction	% of Clients with no hospital episodes
17-18	2	1	50%	57	17	70%	96%
18-19	6	0	100%	85	0	100%	100%

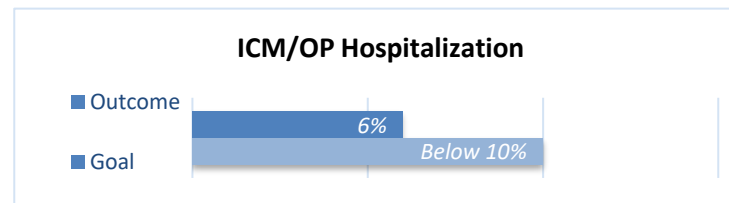


e. Psychiatric Hospitalization

Psychiatric Hospitalization refers to any hospital admission captured in the county's Avatar electronic health record. Data may be entered by any hospital that utilizes Avatar including Exodus PHF, Community Behavioral Health Center (CBHC) and Kaweah Delta Psychiatric Hospital.

- i. Objective: To prevent hospitalizations and re-admissions for clients served. For clients who were hospitalized, the objective is to provide timely follow up services.
- ii. Indicator: Percent of clients who were hospitalized; average days for a follow up service.
- iii. Who Applied: ICM/OP level clients served by the program a minimum of one year that experienced a hospitalization due to a mental health condition.
- iv. Time of Measure: FY 18-19
- v. Data Source: Avatar
- vi. Target Goal Expectancy: The goal expectancy for hospitalizations is 10% or less of total ICM/OP clients served. The goal expectancy for timely follow up is within 7-10 business days.
- vii. Outcome: 6% of clients served were hospitalized. Of clients that were hospitalized, 68% received a follow up service in 10 days or less. 36% of clients received a follow up service in 3 days or less.

Period	Clients Served	% of Clients Hospitalized	% of Clients receiving follow up within 7-10 days
17-18	3,594	8%	61%
18-19	3,825	6%	68%



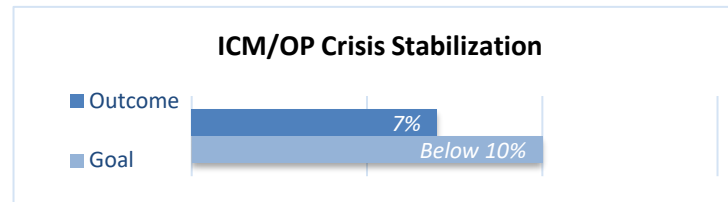
f. Inpatient Crisis Stabilization Services

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

- i. Objective: To prevent crisis stabilization services and re-occurrence of crisis stabilization services for clients served. For clients who receive crisis services, the objective is to provide timely follow up services.
- ii. Indicator: Percent of clients who received crisis stabilization services; average days for a follow up service.
- iii. Who Applied: ICM/OP level clients served by the program a minimum of one year that received a crisis stabilization service due to a mental health condition.
- iv. Time of Measure: FY 18-19
- v. Data Source: Avatar

- vi. Target Goal Expectancy: The goal expectancy for crisis stabilization services is 10% or less of total ICM/OP clients served. The goal expectancy for timely follow up is within 7-10 business days.
- vii. Outcome: Only 7% of clients served received a service from the crisis stabilization center. Of clients that received a crisis stabilization service, 77% received a follow up service in 10 days or less. 28% of clients received a follow up service in 3 days or less.

Period	Clients Served	% of Clients	% of Clients receiving follow up within 7-10 days
17-18	3,594	9%	74%
18-19	3,825	7%	77%

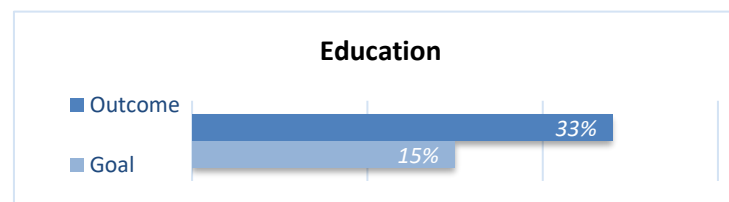


g. Participation in Educational Settings

Educational setting refers to any learning environment or institution that offers educational services and curriculum according to specific objectives. Examples may include adult schools, vocational schools, community colleges, universities, and high schools.

- i. Objective: To increase the annual percentage of clients enrolled in educational settings.
- ii. Indicator: Annual percentage of clients enrolled in educational settings.
- iii. Who Applied: FSP level clients served by the program a minimum of one year enrolled in educational settings.
- iv. Time of Measure: FY 18-19
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: To have a minimum of 15% of clients enrolled in educational settings annually.
- vii. Outcome: The annual percentage of clients enrolled in an educational setting was 33%.

Period	Clients Served	Clients Enrolled Educational Setting	Percentage
17-18	81	29	35%
18-19	98	28	33%



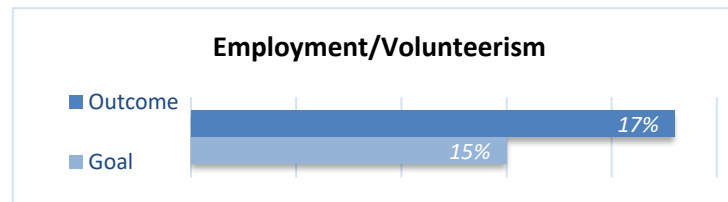
FY 18-19 Outcomes

h. Participation in Employment or Volunteerism

Employment refers to work environments where clients are paid competitive wages in exchange for job related activities performed. Volunteerism refers to environments where clients willingly provide services or complete tasks without any expectation of financial compensation, but may gain work experience and job related skills.

- i. Objective: To increase the annual percentage of clients engaged in employment or volunteer activities.
- ii. Indicator: Annual percentage of clients engaged in employment or volunteer activities.
- iii. Who Applied: RMH clients served by the program a minimum of one year engaged in employment or volunteer activities.
- iv. Time of Measure: FY 18-19
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: To have a minimum of 15% of clients engaged in employment or volunteer activities annually.
- vii. Outcome: The annual percentage of clients engaged in employment or volunteer activities was 17%.

Period	Clients Served	Clients Employed/Volunteer	Percentage
17-18	81	21	26%
18-19	98	16	17%

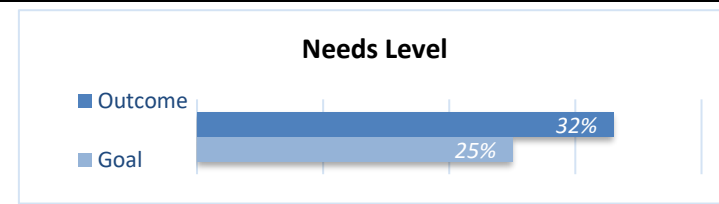
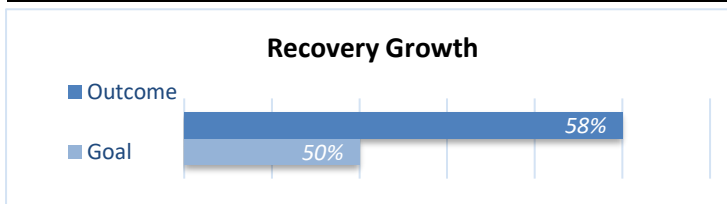
**i. Reaching Recovery: Consumer Recovery Measure and Recovery Marker Inventory**

The RMH program implemented the use of Reaching Recovery tools in October of 2016. 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, RMH began to utilize several tools designed to measure recovery for FSP level individuals: the Recovery Needs Level Marker, Consumer Recovery Measure, and the 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 FSP and ICM level clients served by the program 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 realize positive recovery growth and a minimum of 25% transition to lower levels of service.
- vii. **Outcome:** 58% of the program population trended towards positive recovery growth and 32% transitioned towards reduced levels of care.

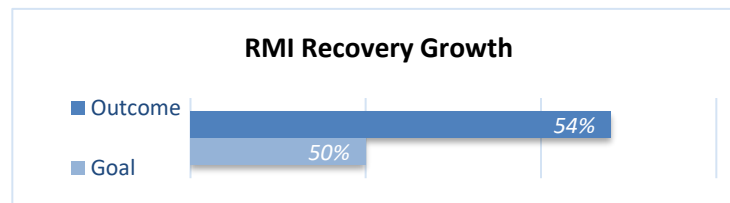
Period	Clients Scored	Positive Recovery Growth	Needs Level Reduced
17-18	79	54%	30%
18-19	120	58%	32%

**Recovery Marker Inventory (RMI)**

- i. **Objective:** To provide a quarterly practitioner rating of a participant's 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 participant'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 FSP and ICM level clients served by the program 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 realize positive RMI recovery growth trends.

vii. Outcome: 54% of the program population trended towards positive recovery growth.

Period	Clients Scored	Positive Recovery Growth
17-18	75	56%
18-19	134	54%



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 FSP and ICM level clients served by the program for a minimum of one year.

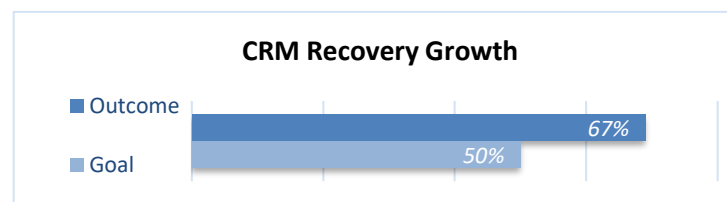
iv. Time of Measure: FY 18-19

v. Data Source: Avatar Electronic Health Record

vi. Target Goal Expectancy: To have a minimum of 50% of clients that participated in services to perceive positive recovery growth trends.

vii. Outcome: 67% of clients perceived having positive recovery growth.

Period	Clients Scored	Perceived Recovery Growth
17-18	39	72%
18-19	59	67%



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 number of unique FSP level clients served.
- iii. **Who Applied:** FSP level 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:** Total program costs and cost per client were slightly increased in FY 18-19 compared to the previous fiscal year. Additional staffing and efforts to increase program capacity accounted for the increased costs. The volume of clients served increased by 5%. The program successfully operated within budgeted costs.

Period	Level	Clients Served	Average Cost per Client	Total Program Cost
17-18	FSP	182	\$6,853.04	\$1,247,253.20
18-19	FSP	165	\$8,301.12	\$1,369,684..56
17-18	ICM/OP	3,594	\$2,337.74	\$6,695,196.40
18-19	ICM/OP	3,813	\$3,774.97	\$7,448,014.91

3. Access-

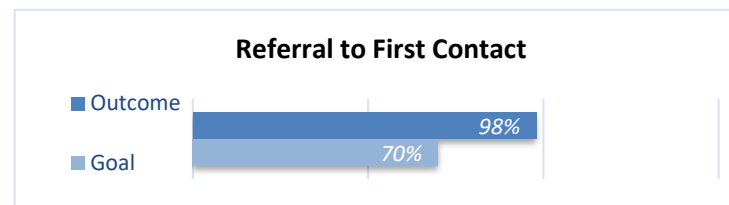
a. Length of time from referral to first contact

The RMH program receives several referrals or requests for service from multiple community entities as well as self-referrals and walk-ins for services. 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 that received first contact attempts within 7 business days of the referral date.

- iii. Who Applied: A sample of clients referred to the program during this evaluation period.
- iv. Time of Measure: FY 18-19
- v. Data Source: Avatar
- vi. Target Goal Expectancy: A minimum of 70% of referred clients will attempt to be contacted within 7 business days of the referral date.
- vii. Outcome: The average length of time from referral to first contact was 2 days. 98% of clients were contacted within seven days of the referral date.

Period	# of Clients	Ave Time to 1 st Contact	Percentage of clients contacted within 7 days
17-18	100	2 days	94%
18-19	112	2 days	98%

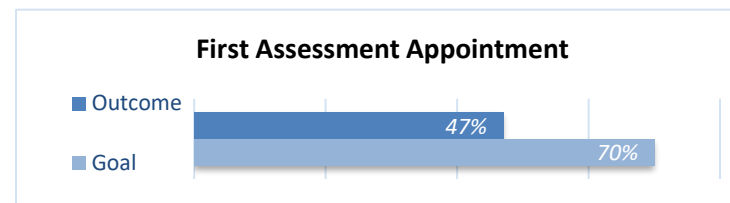


b. Length of time from first contact to first assessment appointment offered

The RMH program receives several referrals or requests for service from multiple community entities as well as self-referrals and walk-ins for services. 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 assessment appointment within 10 business days of the first contact date.
- iii. Who Applied: A sample of clients referred to the program and offered an assessment appointment during this evaluation period.
- iv. Time of Measure: FY 18-19
- v. Data Source: Avatar
- vi. Target Goal Expectancy: A minimum of 70% of referred clients will be offered their first assessment appointment within 10 business days of the first contact date.
- vii. Outcome: The average wait time from first contact date to the first assessment appointment date offered was 13 days. 47% of clients were offered an assessment appointment within 10 business days of the first contact date. Staffing related shortages and difficulties recruiting mental health clinicians to the most rural communities were the primary cause of delayed assessment appointments beyond the 10 day goal. Competitive wages and added incentives have assisted with recruiting and retention efforts. We expect the wait times for the first assessment appointments to be reduced during the next evaluation period.

Period	# of Clients	Ave Time to 1 st Offered Assessment Date	Percentage of clients offered assessment appointment within 10 days
17-18	100	9 days	64%
18-19	112	13 days	47%



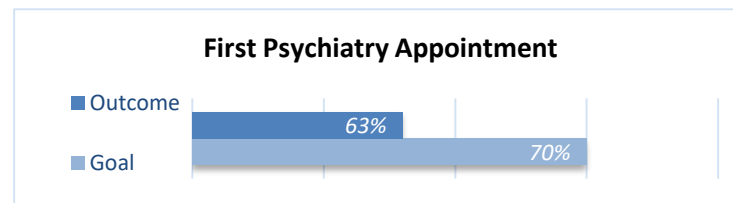
C. Length of time from assessment to the first psychiatry appointment date offered

The RMH program receives several referrals from multiple community entities as well as self-referrals and walk-ins for services. The goal of the program is to act promptly for each referral.

- i. Objective: To provide timely service for clients requesting psychiatric care and medications.
- 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 assessed and enrolled into program services during this evaluation period.
- iv. Time of Measure: FY 18-19
- v. Data Source: Avatar
- viii. 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 date to the first psychiatry appointment date offered was 14 days. 63% of clients were offered a psychiatry appointment within 15 days of the assessment date. Compared to the previous year, the average wait time was significantly reduced by 36% and the percentage of clients offered a psychiatry appointment within 15 days was increased by 31%. On going efforts and strategies to meet the goal of 70% are being pursued.

Period	# of Clients	Ave Time to 1 st Offered Psychiatry Date	Percentage of clients offered 1 st psychiatry appointment within 15 days
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17-18	100	22 days	48%
18-19	112	14 days	63%



4. Satisfaction & Feedback of Persons Served & Stakeholders-

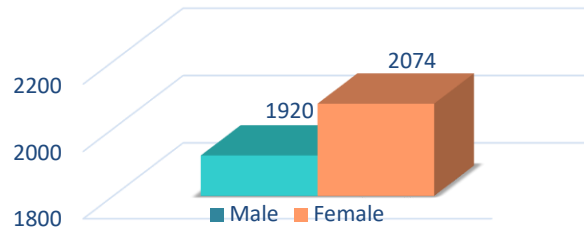
a. Consumer Perception Survey

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.

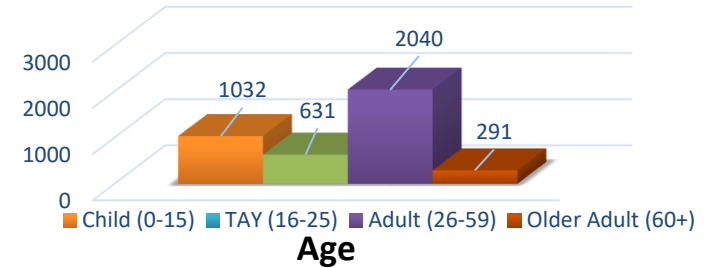
- i. Objective: To gauge satisfaction of clients and collect data for service planning and quality improvement.
- ii. Indicator: Average percent of clients who complete the survey and response was 'Agree' or 'Strongly Agree' for the following domains: General Satisfaction, Perception of Access, Perception 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: The survey was conducted 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 clients 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 80% of clients surveyed were satisfied.

Domains	Nov 2017	May 2018
General Satisfaction	90%	91%

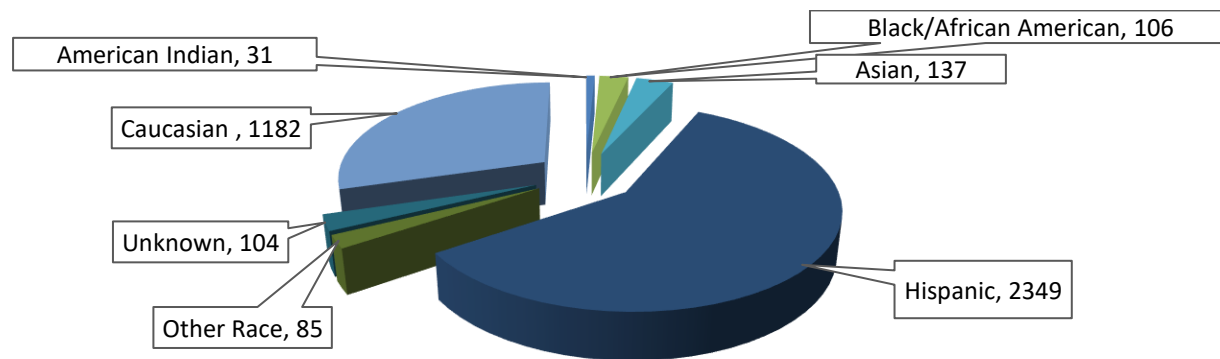
Perception of Access	86%	86%
Perception Quality & Appropriateness	88%	87%
Perception of Participation in Tx Planning	87%	87%
Perception of Outcome of Services	67%	69%
Perception of Functioning	67%	69%
Perception of Social Connectedness	71%	73%



Gender



Age



Ethnicity

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.