

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Vista	Provider:	Turning Point of Central California, Inc.
Program Description:	The Vista Program is a full service partnership (FSP) program serving up to 300 adults ages 18-59 in the community. The Vista Program offers recovery-oriented intensive outpatient mental health services that provide consumers with opportunities to utilize their strengths and abilities to gain independence and self-sufficiency in the community	MHP Work Plan:	2-Wellness, recovery, and resiliency support Choose an item. Choose an item.
Age Group Served 1:	ADULT	Dates Of Operation:	July 1, 2015 - Current
Age Group Served 2:	Choose an item.	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:	\$4,094,147.00	Program Actual Amount:	\$3,797,924.58
Number of Unique Clients Served During Time Period:	386		
Number of Services Rendered During Time Period:	43,071		
Actual Cost Per Client:	\$9,839.18		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	FSP
Contract Term:	5 Years	For Other:	Click here to enter text.
		Renewal Date:	N/A
Level of Care Information Age 18 & Over:	High Intensity Treatment/FSP (caseload 1:12)		
Level of Care Information Age 0- 17:	Choose an item.		

TARGET POPULATION INFORMATION:

Target Population: The target population served includes adults residing in Fresno County who meet requirements for Serious Mental Illness and meet one of more of the following criteria: homelessness; at risk of homelessness; involvement in the criminal justice system; frequent users of hospitals and/or emergency room services.

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

Cultural Competency

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. Vista staff promote the inclusion of 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, 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-

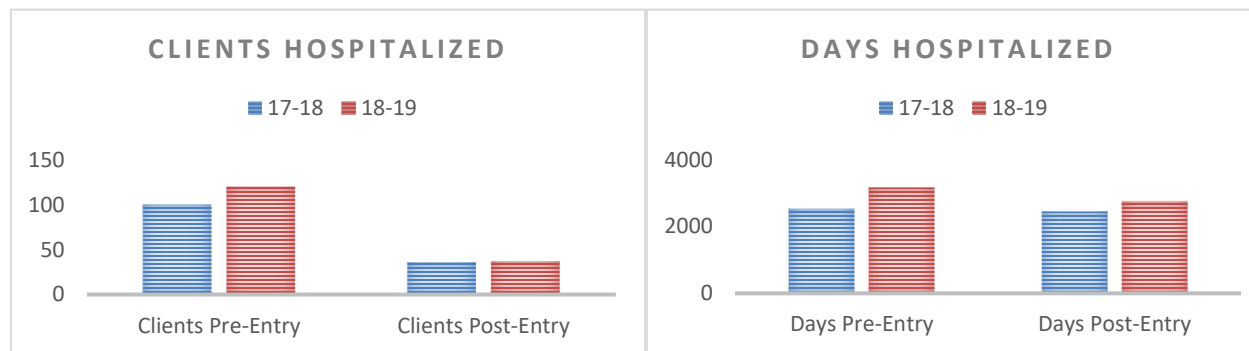
a. Psychiatric Hospitalization

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 total 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: Vista clients served by the program for a minimum of one year.
- Time of Measure: FY 18-19
- Data Source: DCR/ITWS State database.
- 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 clients hospitalized was reduced by 69% and the total number of days was reduced by 13% compared to 12 months prior to program enrollment. 82% 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	100	36	64%	2522	2438	3%	81%
18-19	120	37	69%	3166	2761	13%	82%

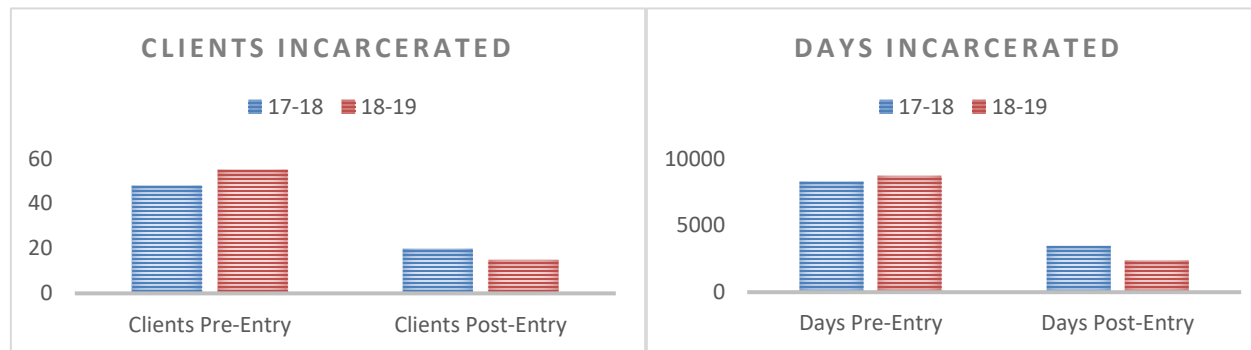


b. Incarcerations

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

- i. Objective: To prevent and reduce the total number of clients and days spent incarcerated compared to the total number of 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: Vista 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 12 months prior to enrollment.
- vii. Outcome: The total number of clients incarcerated was reduced by 73%. The total days spent incarcerated was also reduced by 73%. 93% of clients enrolled in FSP services experienced no episodes of incarceration.

Period	# of clients Pre-Entry	# of clients Post-Entry	% Reduction	Days Pre-Entry	Days Post-Entry	% Reduction	% of Clients with no Incarcerations
17-18	48	20	58%	8297	3457	58%	90%
18-19	55	15	73%	8677	2366	73%	93%

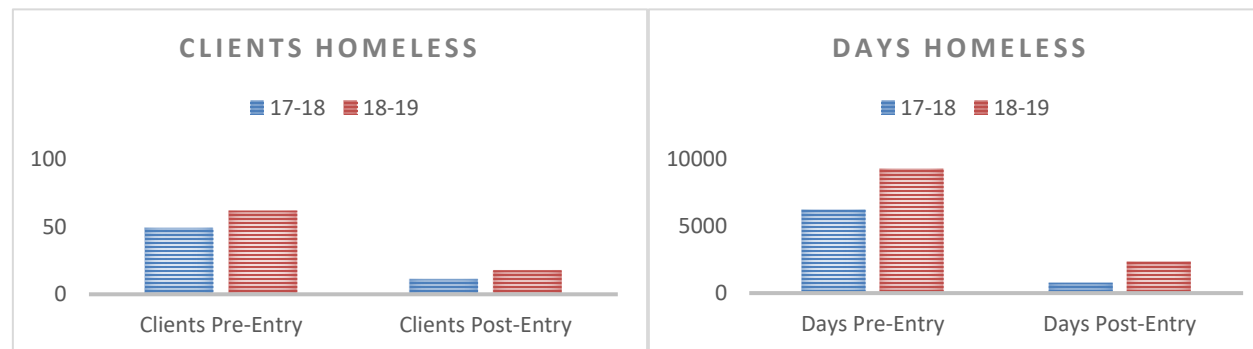


c. Homelessness

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 total 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 pre-enrollment.
- iii. Who Applied: Vista 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 12 months prior to program enrollment.
- vii. Outcome: The total number of clients experiencing homelessness was reduced by 71%. The total number of days spent homeless was reduced by 74%. 91% 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	49	11	78%	6257	790	87%	94%
18-19	62	18	71%	9291	2383	74%	91%



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 total number of clients and days spent in a hospital or emergency department (ED) setting compared to 12 months prior to program enrollment.
- ii. Indicator: Percentage of clients that experienced no episodes of medical hospitalizations 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: Vista clients served by the program for 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 hospitalizations or ED admissions. The total number of clients and days admitted in a medical hospital or ED will be reduced when compared to 12 months prior to program enrollment.
- vii. Outcome: The total number of clients admitted for a medical hospitalization or ED admission was reduced by 69%, and the total number of days was reduced by 47%. 95% of clients enrolled in FSP services experienced no medical hospital or ED admissions.

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	42	10	76%	1214	355	71%	95%
18-19	35	11	69%	1120	597	47%	95%

CLIENTS PRE-ENTRY	CLIENTS POST-ENTRY	DAYS PRE-ENTRY	DAYS POST-ENTRY
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e. 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, and universities.

i. Objective: To increase the annual percentage of Vista participants enrolled in educational settings.

ii. Indicator: Annual percentage of Vista clients enrolled in educational settings.

iii. Who Applied: Vista clients served by the program enrolled in educational settings.

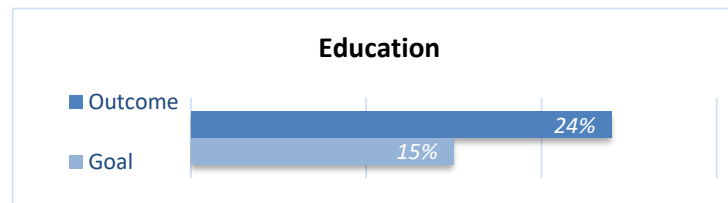
iv. Time of Measure: FY 18-19

v. Data Source: DCR/ITWS State database.

vi. Target Goal Expectancy: 15% of Vista clients will be enrolled in educational settings.

vii. Outcome: 24% of clients were enrolled in an educational setting during the reporting period.

Period	Clients Served	Clients Enrolled Educational Setting	Percentage
17-18	407	73	18%
18-19	378	90	24%



f. 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 Vista clients engaged in employment or volunteer activities.

ii. Indicator: Annual percentage of Vista clients engaged in employment or volunteer activities.

iii. Who Applied: Vista clients served by the program engaged in employment or volunteer activities.

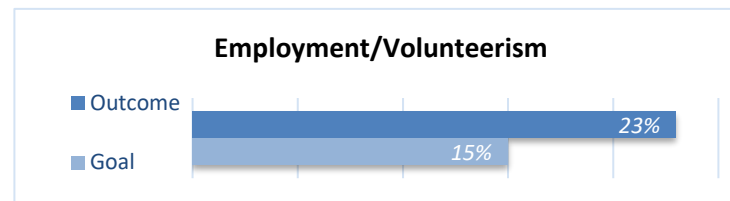
iv. Time of Measure: FY 18-19

v. Data Source: DCR/ITWS State database.

vi. Target Goal Expectancy: To have a minimum of 15% of Vista clients engaged in employment or volunteer activities annually.

vii. Outcome: The annual percentage of Vista participants engaged in employment or volunteer activities was 19%.

Period	Clients Served	Clients Employed/Volunteer	Percentage
17-18	407	77	19%
18-19	378	87	23%

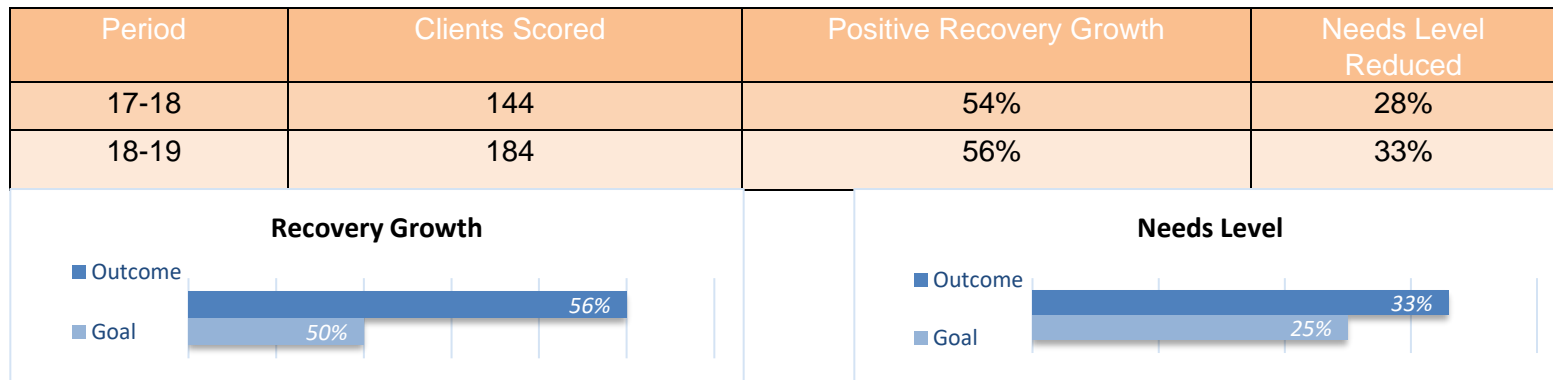


g. Reaching Recovery: Consumer Recovery Measure and Recovery Marker Inventory

The Vista 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, Vista 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)

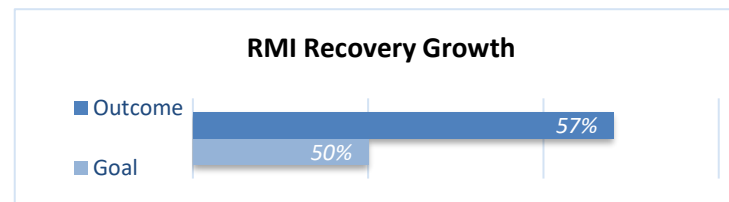
- i. Objective: To ensure the appropriate level of service intensity at a client's stage of recovery; to move client's towards increased levels of functioning; and to transition client's to the least restrictive level of care.
- ii. Indicator: Recovery Needs Level (RNL) records the status of observed 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: Vista 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: 56% of the program population trended towards positive recovery growth and 33% transitioned towards reduced levels of care.



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: Vista 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 RMI recovery growth trends.
- vii. Outcome: 57% of the program population trended towards positive recovery growth.

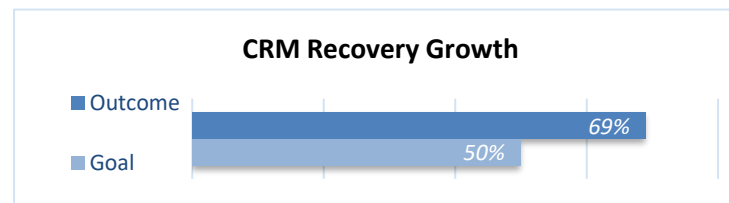
Period	Clients Scored	Positive Recovery Growth
17-18	150	59%
18-19	137	57%



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: Vista 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 perceive positive recovery growth trends.
- vii. Outcome: 69% of participants perceived having positive recovery growth.

Period	Clients Scored	Perceived Recovery Growth
17-18	128	74%
18-19	117	69%



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 clients served.

iii. Who Applied: Vista 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 last year, cost per client for FY 18-19 was increased by 15%. The number of unique clients served decreased by 5%. The slight increase in cost per client is attributed to the decrease in total clients served during this evaluation period. The program successfully operated within budgeted costs.

Period	Clients Served	Average Cost per Client	Total Program Cost
17-18	407	\$8,498.47	\$3,458,877.29
18-19	386	\$9,839.13	\$3,797,924.58

3. Access-**a. Length of time from referral to first contact**

The Vista program receives referrals from multiple community entities. 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: Individuals referred to the program.

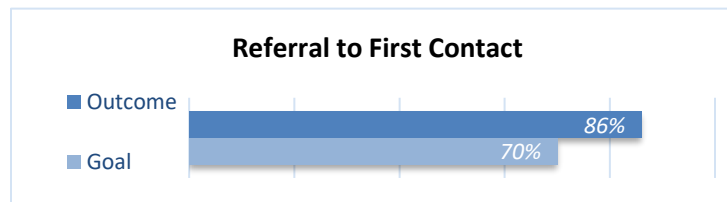
iv. Time of Measure: FY 18-19

v. Data Source: Avatar

vi. Target Goal Expectancy: 70% of 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 4 days. 86% of clients were contacted within seven days of the referral date.

Period	Clients Enrolled	Ave Time to 1 st Contact	Percentage of clients contacted within 7 days
17-18	119	6 days	68%
18-19	88	4 days	86%



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

The Vista program receives referrals from multiple community entities. 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: Individuals referred to the program and offered an assessment appointment.

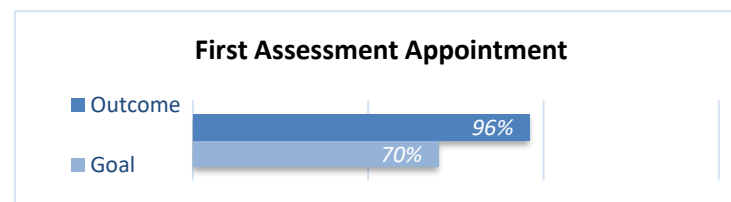
iv. Time of Measure: FY 18-19

v. Data Source: Avatar

vi. Target Goal Expectancy: 70% of 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 5 days. 96% of clients were offered an assessment date within 10 days of the first contact date.

Period	Clients Enrolled	Ave Time to 1 st Offered Assessment Date	Percentage of clients offered assessment appointment within 10 days
17-18	119	5 days	72%
18-19	88	5 days	96%



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

The Vista program receives referrals from multiple community entities. 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 appointment.

iii. Who Applied: Clients assessed and enrolled into program services.

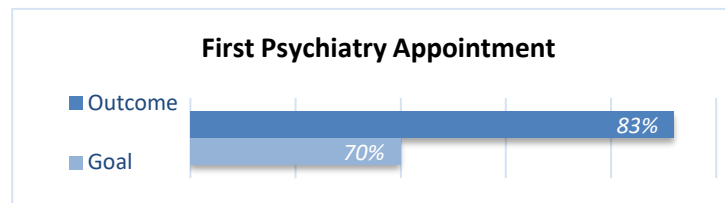
iv. Time of Measure: FY 18-19

v. Data Source: Avatar

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

vii. Outcome: The average wait time from assessment date to the first psychiatry appointment date offered was 10 days. 83% of clients were offered a psychiatry appointment within 15 days of the assessment date.

Period	Clients Enrolled	Ave Time to 1 st Offered Psychiatry Date	Percentage of clients offered 1 st psychiatry appointment within 15 days
17-18	119	9 days	64%
18-19	88	10 days	83%



4. Satisfaction & Feedback of Persons Served & Stakeholders-

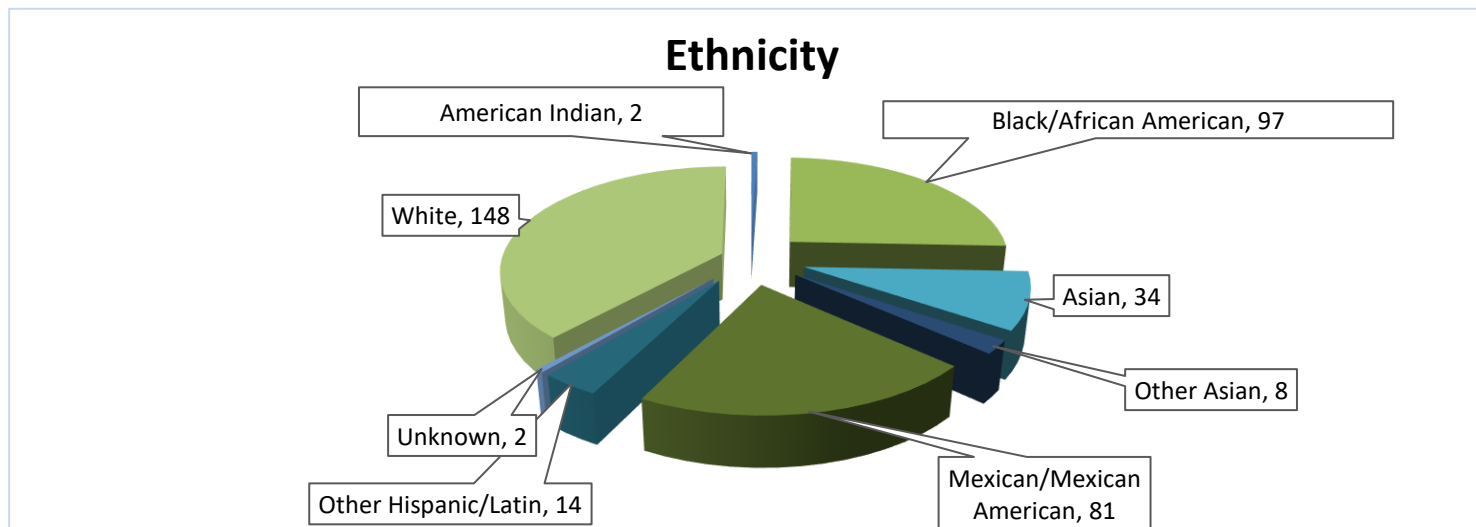
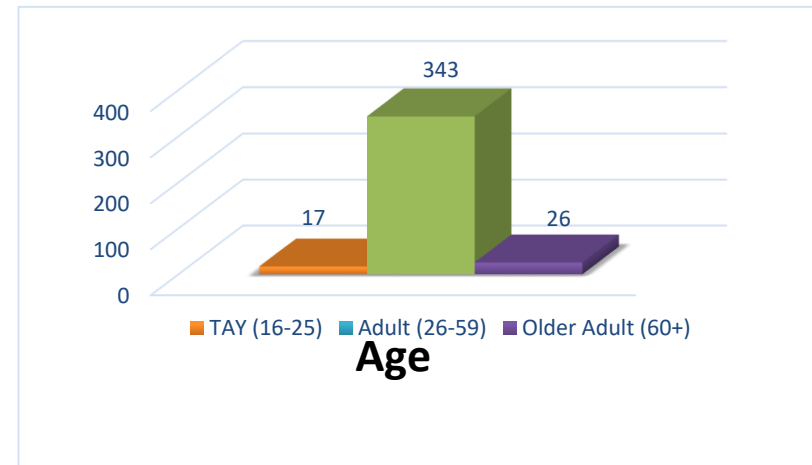
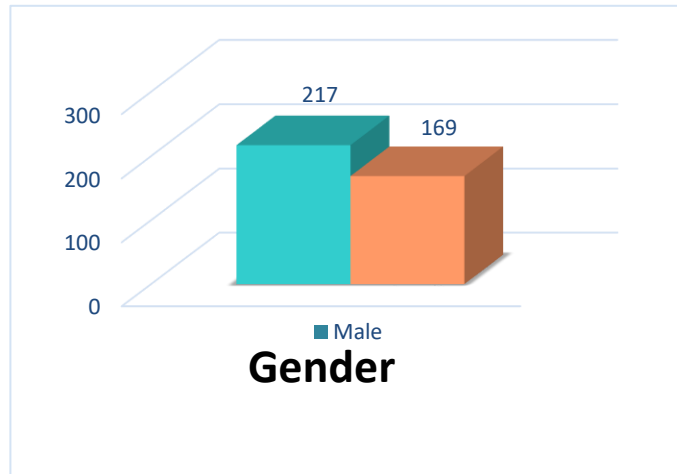
a. Consumer Perception Survey

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 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: A 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%

Program Demographics



DEPARTMENT RECOMMENDATION(S):

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