

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Integrated Mental Health Services at Primary Care Clinics	Provider:	Clinica Sierra Vista (CSV)
Program Description:	The PEI service components aims to fully integrate medical primary care with mild to moderate mental health concerns and illnesses, above and beyond the primary care clinic's regulatory responsibilities for mental health. Individuals experiencing early manifestations of a mental health concern or illness shall receive early intervention services to prevent the illness or concern from worsening. The SMI/SED service component aims to provide services to clients with SMI/SED diagnoses, utilizing recognized evidence-based practices and outcome-informed therapy targeted to address and treat mental health concerns and diagnoses on a case by case basis, in accordance to individualized treatment plans.	MHP Work Plan:	1-Behavioral Health Integrated Access 2-Wellness, recovery, and resiliency support 3-Culturally and community defined practices
Age Group Served 1:	ADULT	Dates Of Operation:	07/01/2018-present
Age Group Served 2:	CHILDREN	Reporting Period:	July 1, 2019 - June 30, 2020
Funding Source 1:	Medical FFP	Funding Source 3:	Early Intervention (MHSA)
Funding Source 2:	Prevention (MHSA)	Other Funding:	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	TOTAL: \$4,224,941 PEI: \$315,731 SMI: \$1,964,447 SED: \$1,944,763	Program Actual Amount:	TOTAL: \$2,653,986.39 PEI: \$39,354.33 SMI: \$1,524,805.18 SED: \$1,089,826.88
Number of Unique Clients Served During Time Period:	PEI: 350; SMI: 660; SED: 405		
Number of Services Rendered During Time Period:	PEI: 1,590; SMI: 11,808; SED: 9,070		
Actual Cost Per Client:	PEI: \$112.44; SMI: \$2,310.31; SED: \$2,690.93		

CONTRACT INFORMATION:

Program Type: [Contract-Operated](#)
Contract Term: [07/01/2019-06/30/2020](#)

Type of Program: [Outpatient](#)
For Other: [Click here to enter text.](#)
Renewal Date: [Click here to enter text.](#)

Level of Care Information Age 18 & Over: [Traditional Outpatient Treatment \(caseload 1:80\)](#)

Level of Care Information Age 0- 17: [Outpatient Treatment](#)

TARGET POPULATION INFORMATION:

Target Population: [The target population includes residents of Fresno County including children, youth, adolescents, adults, perinatal women, and older adults. Additionally, target populations include indigent, uninsured, underserved, special needs, culturally diverse, migrant and seasonal farmworkers, and other person of limited access. Specific target areas include eastern foothills, south central, other rural regions and metropolitan areas of Fresno County, as well as underserved cultural, ethnic, racial, and linguistic populations. Integrated behavioral health services will be provided to individuals with at least one mental health condition: prevention and early intervention \(PEI\), severely and mentally ill \(SMI\), and severely emotionally disturbed \(SED\); and/or a substance use disorder.](#)

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

Cultural Competency

Access to underserved communities

Please describe how the selected concept(s) embedded:

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

CSV provides each client with a Joint Commission accredited assessment and individualized plan of care to meet the client's needs. The plan outlines the client's present mental health concerns as well as coordinates resources to meet client's needs. Changes to the plan of care may be developed throughout the year based on the family and client's needs, achievement of goals, and treatment teams' coordinated approach.

Cultural Competency:

Cultural Competency is addressed at each site by ensuring each staff member completes the required cultural competency training (7.5 hours). Families' cultural expectations and inclusiveness is supported by ensuring families receive services in their language of preference. Staff is trained to partner with the appropriate community based organizations that support the families' needs. Focus populations include Latino, Southeast Asian, African American, and Native American, as well as families that have a limited means for payment. CSV goals are to support the needs for any individual/family regardless of race, color, or cultural background.

Access to underserved communities:

Each site has been strategically incorporated within the communities CSV serve, and provides a full range of services to families that may have reservations of beginning services due to limited means. CSV also strives to offer care and support to individuals/families living in metropolitan, rural, isolated regions, and those of low, moderate or

fixed incomes, who come from an array of cultural backgrounds who speak several languages. CSV strives to serve underserved and uninsured clients who typically experience disproportionately higher rates of untreated mental health concerns and illnesses due to a number of factors, including stigma, cultural and linguistic barriers to services, poverty, distrust, geographic isolation, and transportation.

Integrated service experiences

Integrated Service Experience:

Treatment teams collaborate to develop an individualized plan of care for every client that requests services. Families are encouraged to participate and partnerships within the community assist to develop supportive networks for each client. The goal for every client is to develop their supportive network within the community as well develop their own personal skills based on their beliefs, languages, and values with the ultimate goal of safety, stabilization, and overall recovery.

PROGRAM OUTCOME & GOALS

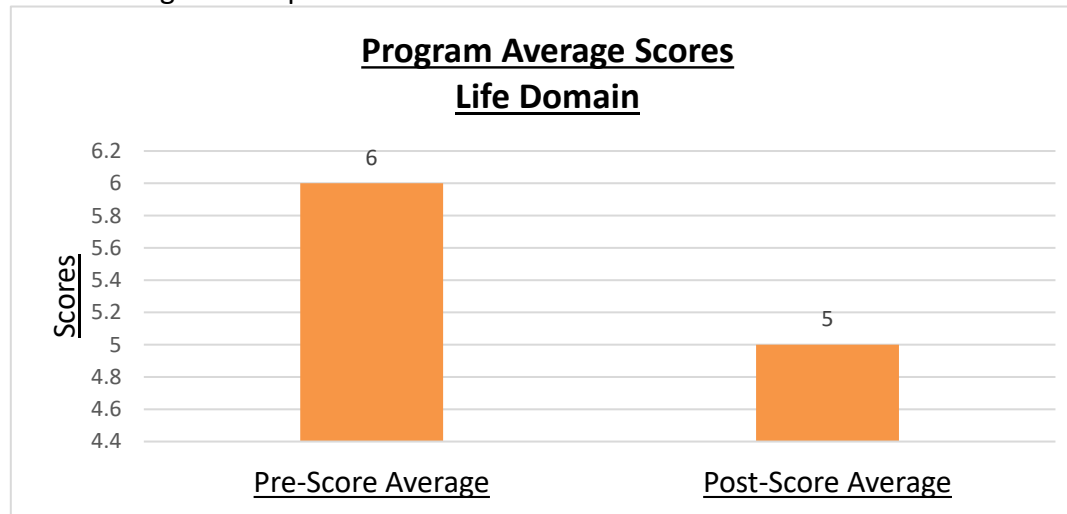
- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder
- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

1. Effectiveness: Our program has utilized the CANS (children) and PHQ-9 (adults) to track the outcomes of our clients. We utilized our Quality Improvement staff to assist in tracking the accountability of our program and provided consistent reporting to our staff. Consistent reporting supported the staff in monitoring the results of the clients and addressing where needed. This has also provided a clear representation of the effectiveness of the program. For our children's program, we served 405 SED clients (51% female, 49% male).

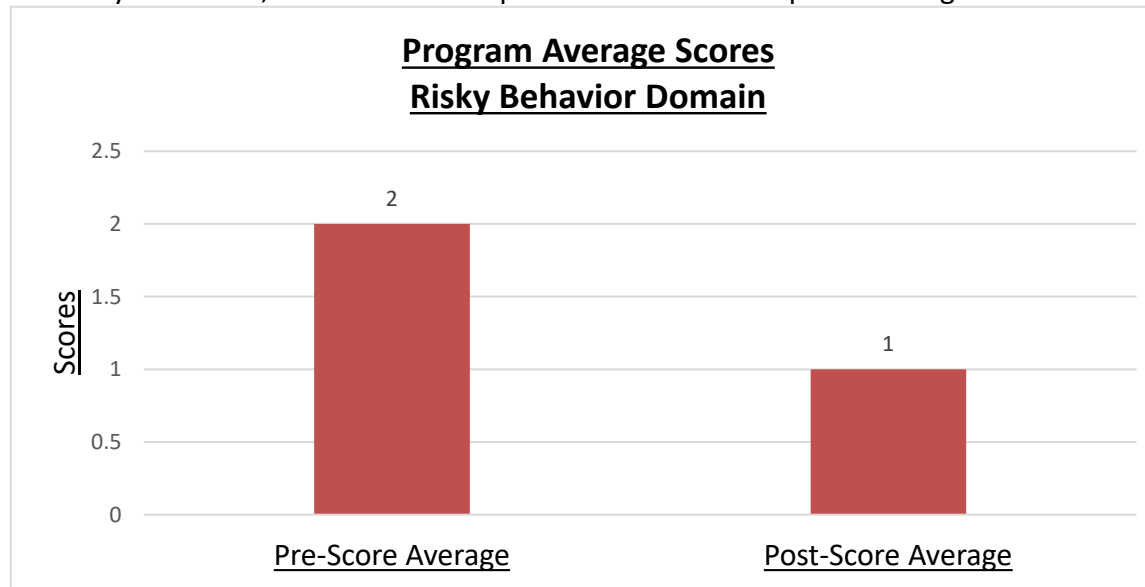
Age		
Category	N	%
0-5	26	6.4%
6-12	186	45.9%
13-17	193	47.7%

Total	405	100%
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In the below charts, for the client seen in the SED program, the average pre-score for CANS Life Domains was 6 and upon discharge the score averaged an improvement of 16%.



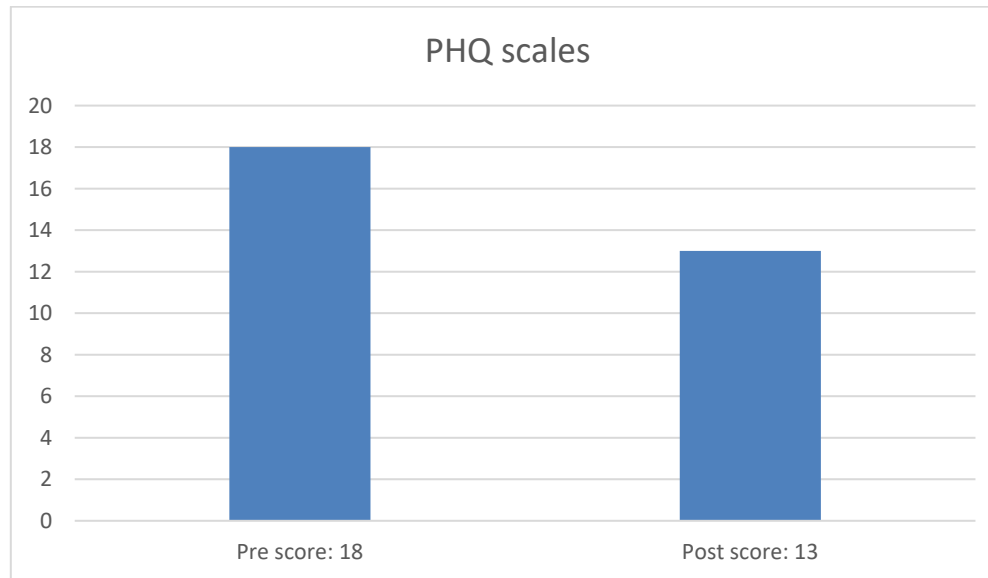
For Risky behaviors, there is a 50% improvement in scores upon discharge.



For our Adults program, we served 660 clients (65.5% female, 34.4% Male).

Age		
Category	N	%
18-24	102	15.6%
25-64	540	81.8%
65+	17	2.6%
Total	660	100%

The program utilized PHQ-9 as an outcome measurement tool and were able to track progress for adult clients. As shown in the graph below, clients averaged a 72% reduction in their symptoms upon discharge.



2. Efficiency: CSV voluntarily participates in The Joint Commission on Accreditation of Healthcare Organizations. The Joint Commission performs a formal assessment of service utilization, quality of services delivered, and client outcomes on a tri-annual basis. This accreditation has had a significant impact on quality improvement processes within CSV. Specific areas of impact include utilizing an active corporate-wide quality improvement committee; a focus on safety of the work environment; an internal carefully monitored, incident reporting process, leadership/management training for supervisors, and measures for quantifying increases in staff core area of competency. The CSV senior leadership team selects important components of the total program (e.g., clinical, managerial, administrative, facility, and process related) that have the potential to impact the client outcomes, directly or indirectly. For each of these components, specific indicators are developed or selected, measured and monitored on a continuing basis. The QI/QA program tracks these activities, as well as all resulting improvement activities. Data gathered from checklists by QI/QA staff are used to identify trends annually. Data trends are then used to identify system issues for proactive adjustments. In addition, the QI/QA system allows Clinica to operate on a "flat" authority structure in which anyone, no matter their rank or status within the organization, can suggest improvements, call out problems, and innovate on the go. Senior leadership will be involved in the rapid cycles of change, but the quality improvement process will not be imposed from the top down; instead, quality improvements will take place throughout the effort. Any person will be able to identify an obstruction, constraint, or roadblock, theorize a solution, and get that solution implemented. This has been key to keeping costs down and quality up. Peer reviews have been implemented to ensure the competency and effectiveness of clinicians' treatment. Within the past year, the clinical team has shown a 10% increase in their performance. Specific data is also obtained during the intake process such as pain scales, health history and nutrition/body image assessments. By obtaining such data, we are able improve

the process of facilitation between PCP and mental health teams as we are able to assess client's potential need for additional medical care and coordinate the linkage within our integrated program.

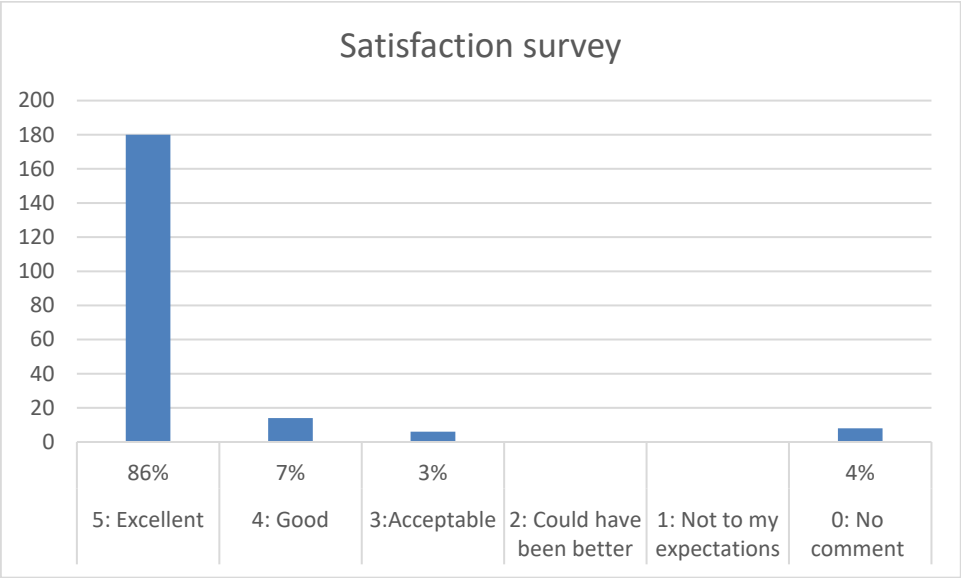
Within the past year, the direct service staff has also been able to improve their productivity as much as 32% with an increased focus on the patient care and needs. This has resulted in an increase in revenue and an increase in patient satisfaction as stated within Satisfaction & Feedback section.

3. Access: Within the past year, clients' access to care has improved significantly. We have assessed 1,065 clients for the year and 60% were able to begin services within 10 business days. For this upcoming year, a focus for improvement is to standardize the access to care by providing a consistent number of assessments per week, while also scheduling back up clinicians for overflow. Per the schedule below, the number of slots allocated would provide up to 15 assessments per week by assigning an assessment clinician each day. This would support the need for improved times to access to care.

Mon	Tues	Wed	Thur	Fri
9a-11a	9a-11a	9a-11a	9a-11a	9a-11a
12p-2p	12p-2p	12p-2p	12p-2p	12p-2
2p-4p	2p-4p	2p-4p	2p-4p	2p-4p

Additionally, we have created a referral team to manage the flow of referrals and provide the consistent follow up needed for the integrated care teams. By implementing these processes, we are confident that 90% or more of referrals will receive access to care within 10 business days of the service request date.

4. Satisfaction & Feedback of persons served: Within this past year, CSV has been faced with many challenges and changes, the most significant challenge has been the swift implementation of a pandemic plan to support the nationwide orders. CSV transitioned staff to begin working from home and clients had to learn how to manage their treatment in a new way, virtually. As a result of the changes, CSV implemented a customer feedback survey, in which we assigned a QI/QA staff member to reach out to the clients and ask about their treatment, their concerns, and their ability to transition to virtual treatment. During the interviews, there were 208 surveys collected from clients that received services virtually. Approximately 95% of the surveys collected had a score of 4 or better on a scale of 1-5, with 5 being Excellent services. The scores and feedback received were utilized to help coach and train our staff to ensure client's needs were always placed as a priority.



DEPARTMENT RECOMMENDATION(S):

[Click here to enter text.](#)