

# FRESNO COUNTY MENTAL HEALTH PLAN

# OUTCOMES REPORT- Attachment A

## PROGRAM INFORMATION:

<b>Program Title:</b>	AB109 Full Service Partnership (First Street Center FSP)	<b>Provider:</b>	Turning Point of Central California, Inc.
<b>Program Description:</b>	First Street Center-FSP is a full service partnership (FSP) program serving up to 105 adults ages 18-59. The FSC-FSP Program offers recovery-oriented intensive outpatient mental health services to individuals on AB 109 Post Release Community Supervision.	<b>MHP Work Plan:</b>	4-Behavioral health clinical care
<b>Age Group Served 1:</b>	ADULT	<b>Dates Of Operation:</b>	April 1, 2012 - Current
<b>Age Group Served 2:</b>		<b>Reporting Period:</b>	July 1, 2019 - June 30, 2020
<b>Funding Source 1:</b>	Com Services & Supports (MHSA)	<b>Funding Source 3:</b>	
<b>Funding Source 2:</b>	Medical FFP	<b>Other Funding:</b>	AB 109 Realignment

## FISCAL INFORMATION:

<b>Program Budget Amount:</b>	\$1,555,903.00	<b>Program Actual Amount:</b>	\$1,341,852.54
<b>Number of Unique Clients Served During Time Period:</b>	213		
<b>Number of Services Rendered During Time Period:</b>	12,375		
<b>Actual Cost Per Client:</b>	\$6,284.68		

## CONTRACT INFORMATION:

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	FSP
<b>Contract Term:</b>	7/1/2017 – 6/30/20, plus 2 optional 12-month extensions	<b>For Other:</b>	
		<b>Renewal Date:</b>	June 30, 2022

**Level of Care Information Age 18 & Over:** High Intensity Treatment/FSP (caseload 1:12)

**Level of Care Information Age 0- 17:**

## TARGET POPULATION INFORMATION:

**Target Population:** Adults residing in Fresno County that are diagnosed with severe and persistent mental health and co-occurring issues, and that are involved in the legal system under AB 109 Public Safety Realignment.

## 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

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

Access to underserved communities

Integrated service experiences

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

Each individual served 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. Served individuals are 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. Program staff highly encourage and assist with linkage and transportation to primary care settings for preventative and follow-up health care. Additionally, program nursing staff provide routine monitoring of vitals, medication side effects, and health education.

**PROGRAM OUTCOME & GOALS**

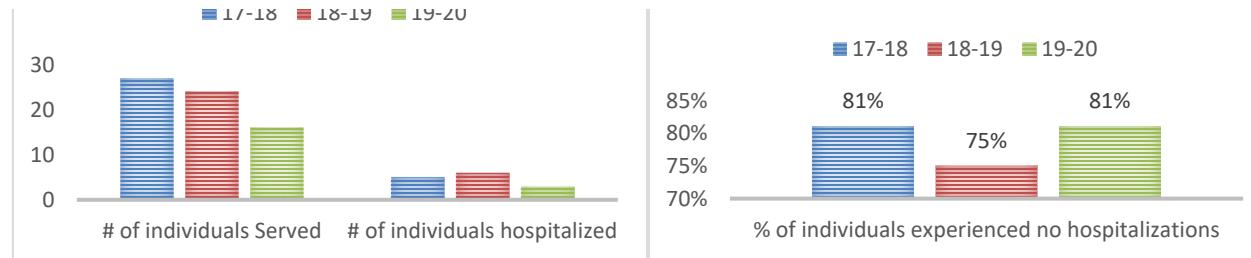
- Must include each of these areas/domains: (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder
- Include the following components for documenting each goal: (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

**1. Effectiveness-****a. 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.

- i. **Objective:** To prevent and minimize the total number of individuals and days spent in a psychiatric hospital post incarceration.
- ii. **Indicator:** Percentage of individuals enrolled in FSP services that experienced no psychiatric hospitalizations post incarceration, and the total number of individuals and days hospitalized post incarceration.
- iii. **Who Applied:** FSC-FSP adults served by the program for a minimum of one year.
- iv. **Time of Measure:** FY 19-20
- v. **Data Source:** DCR/ITWS State database.
- vi. **Target Goal Expectancy:** A minimum of 70% of individuals enrolled in FSP services will experience no episodes of psychiatric hospitalization post enrollment.
- vii. **Outcome:** 81% of adults enrolled in FSP services experienced no episodes of psychiatric hospitalizations. A total of 3 adults experienced a psychiatric hospital episode during this evaluation period.

Period	# of individuals served	# of individuals hospitalized Post-Entry	# of Days hospitalized Post-Entry	% of individuals with no hospitalizations
17-18	27	5	100	81%
18-19	24	6	191	75%
19-20	16	3	118	81%

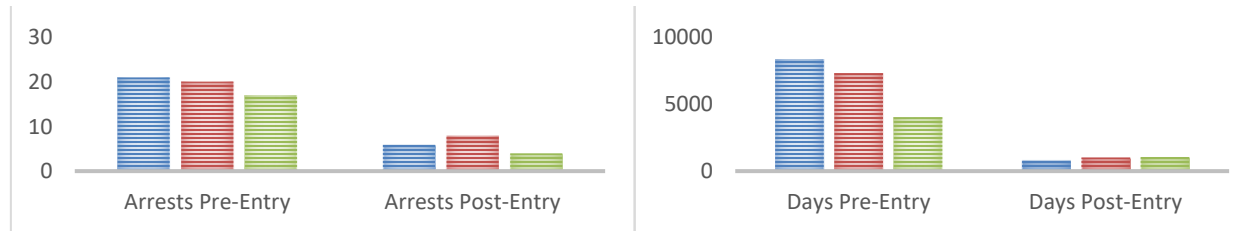


**b. Incarcerations**

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

- i. Objective: To prevent and reduce the total number of arrests and days spent incarcerated compared to the total number arrests and days spent incarcerated 12 months prior to program enrollment.
- ii. Indicator: A reduction of the number of adults experiencing arrests, the frequency of arrests, and the numbers of days spent incarcerated compared to pre-enrollment.
- iii. Who Applied: FSC-FSP adults served by the program a minimum of one year.
- iv. Time of Measure: FY 19-20
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: To reduce the total number of adults arrested, the frequency of arrests, and the total number of days incarcerated.
- vii. Outcome: The number of adults arrested was reduced by 88% and the number of arrests was reduced by 76% compared to pre-enrollment. The total number of days incarcerated was reduced by 74%.

Period	# of adults arrested Pre-Entry	# of adults arrested Post-Entry	% Reduction	# of arrests Pre-Entry	# of arrests Post-Entry	% Reduction	# of Days Pre-Entry	# of Days Post-Entry	% Reduction
17-18	11	5	55%	21	6	71%	8367	837	90%
18-19	9	4	56%	20	8	60%	7338	1024	86%
19-20	8	1	88%	17	4	76%	4042	1056	74%

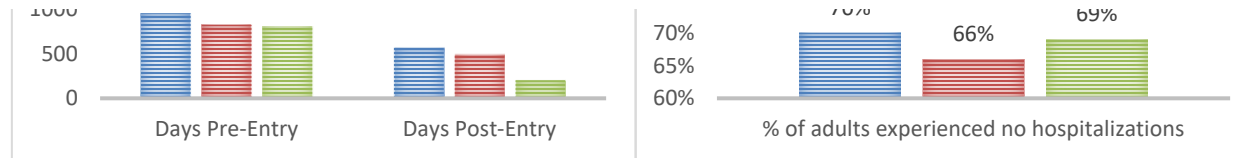


### c. Homelessness

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 days spent homeless compared to the total number of days spent homeless 12 months prior to program enrollment.
- ii. Indicator: Percentage of adults that experienced no episodes of homelessness and the total number of days spent homeless compared to pre-enrollment.
- iii. Who Applied: FSC-FSP adults served by the program a minimum of one year.
- iv. Time of Measure: FY 19-20
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: A minimum of 70% of adults enrolled in FSP services will experience no episodes of homelessness. The total number of days spent homeless will be reduced when compared to 12 months prior to program enrollment.
- vii. Outcome: The total number of days spent homeless was reduced by 75% when compared to total number of days spent homeless 12 months prior to program enrollment. 69% of adults enrolled in FSP services experienced no episodes of homelessness.

Period	Days Pre-Entry	Days Post-Entry	% Reduction	% with no homeless episodes
17-18	955	572	40%	70%
18-19	823	489	40%	66%
19-20	805	204	75%	69%

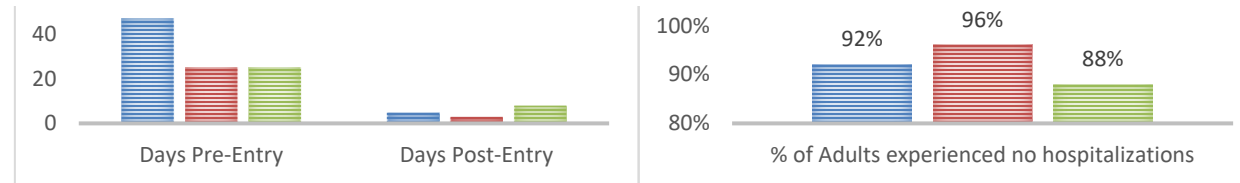


#### d. Medical Hospitalizations

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 reduce the total number of days spent in a hospital or emergency department (ED) setting compared to the total number of days spent hospitalized 12 months prior to program enrollment.
- ii. Indicator: Percentage of adults that experienced no episodes of medical hospitalizations or ED admissions, and total number of days spent in a hospital or ED setting compared to pre-enrollment.
- iii. Who Applied: FSC-FSP adults served by the program a minimum of one year.
- iv. Time of Measure: FY 19-20
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: A minimum of 70% of adults enrolled in FSP services will experience no episodes of medical hospitalizations or ED admissions. The total number of 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 days spent in a hospital or ED setting was reduced by 68% compared to pre-enrollment. 88% of adults enrolled in FSP services experienced no medical hospital or ED admissions.

Period	Days Pre-Entry	Days Post-Entry	% Reduction	% with no hospital episodes
17-18	47	5	89%	92%
18-19	25	3	88%	96%
19-20	25	8	68%	88%

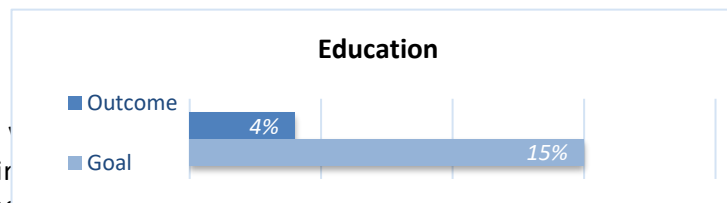


#### e. Participation in Educational Settings

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, universities, and high schools.

- i. Objective: To increase the annual percentage of Adults enrolled in educational settings.
- ii. Indicator: Annual percentage of program adults enrolled in educational settings.
- iii. Who Applied: FSC-FSP adults served by the program enrolled in educational settings.
- iv. Time of Measure: FY 19-20
- v. Data Source: DCR/ITWS State database.
- vi. Target Goal Expectancy: To have a minimum of 15% of FSC-FSP adults enrolled in educational settings annually.
- vii. Outcome: The annual percentage of FSC-FSP adults enrolled in an educational setting during this evaluation period was 4%. The decrease in the percentage of adults enrolled during this evaluation period compared to the previous year can be attributed to serving higher needs levels resulting in lengthier stabilization and recovery periods as well as the impacts of Covid on the educational systems.

Period	Clients Served	Clients Enrolled Educational Setting	Percentage
17-18	214	36	17%
18-19	219	26	12%
19-20	213	8	4%



#### f. Participation in Employment or Volunteerism

Employment refers to work environment where individuals are paid for their services in exchange for job related activities performed. Volunteerism refers to environments where individuals in the program 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 adults engaged in employment or volunteer activities.

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

iii. Who Applied: FSC-FSP adults served by the program and that participated in employment or volunteer activities.

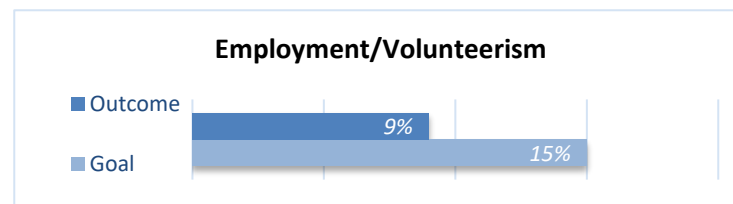
iv. Time of Measure: FY 19-20

v. Data Source: DCR/ITWS State database.

vi. Target Goal Expectancy: To have a minimum of 15% of FSC-FSP adults participate in employment or volunteer activities annually.

vii. Outcome: The annual percentage of FSC-FSP adults engaged in employment or volunteer activities was 9%. The decrease in the percentage of adults enrolled during this evaluation period compared to the previous year can be attributed to serving higher acuity levels resulting in lengthier stabilization and recovery periods as well as the impacts of Covid on the economy and loss of job opportunities.

Period	Adults Served	Adults Employed/Volunteer	Percentage
17-18	214	55	26%
18-19	219	48	22%
19-20	213	20	9%



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

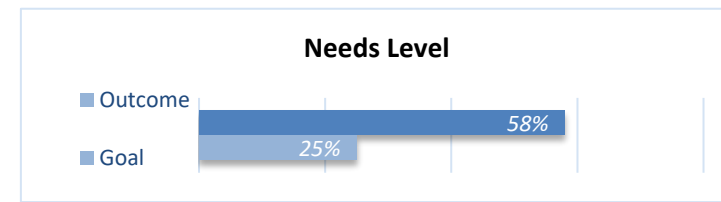
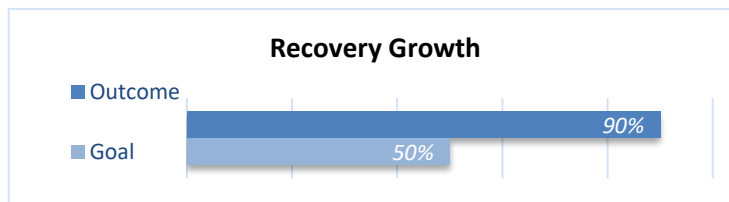
The First Street Center-FSP program implemented the use of Reaching Recovery tools in October of 2016. Reaching Recovery is a tool that was developed by the Mental Health Center of Denver; its major focus is tracking change across multiple domains of wellness. With Reaching Recovery in place, FSC-FSP 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 individual's stage of recovery; to move individual's towards increased levels of functioning; and to transition individual'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:** FSC-FSP adults served by the program a minimum of one year.
- iv. **Time of Measure:** FY 19-20
- v. **Data Source:** Avatar Electronic Health Record
- vi. **Target Goal Expectancy:** To have a minimum of 50% of adults that participated in services realize positive recovery growth and a minimum of 25% transition to lower levels of service.
- vii. **Outcome:** 90% of adults that participated in treatment a minimum of one year trended towards positive recovery growth and 58% transitioned towards reduced levels of care.

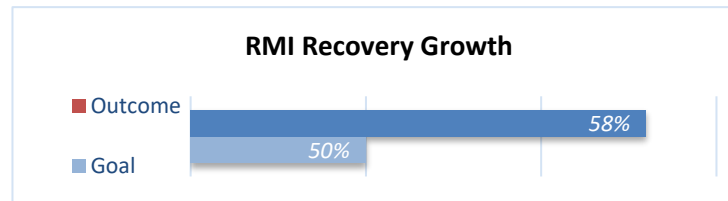
Period	Adults Scored	Positive Recovery Growth	Needs Level Reduced
17-18	53	58%	38%
18-19	67	56%	34%
19-20	33	90%	58%

**Recovery Marker Inventory (RMI)**

- i. **Objective:** To provide a quarterly practitioner rating of an individual'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 individual'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: FSC-FSP adults served by the program a minimum of one year.
- iv. Time of Measure: FY 19-20
- v. Data Source: Avatar Electronic Health Record
- vi. Target Goal Expectancy: To have a minimum of 50% of adults that participated in services realize positive RMI recovery growth trends.
- vii. Outcome: 58% of the program population that participated in treatment a minimum of one year trended towards positive recovery growth.

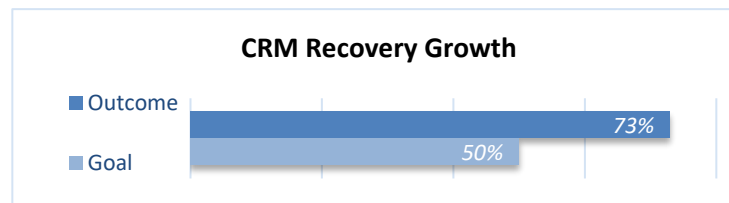
Period	Adults Scored	Positive Recovery Growth
17-18	75	45%
18-19	68	48%
19-20	33	58%



### Consumer Recovery Measure (CRM)

- i. Objective: To measure the individual's perception of their recovery.
- ii. Indicator: Consumer Recovery Measure (CRM) A quarterly rating of a individual'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 individual's perspective.
- iii. Who Applied: FSC-FSP adults served by the program a minimum of one year.
- iv. Time of Measure: FY 19-20
- v. Data Source: Avatar Electronic Health Record
- vi. Target Goal Expectancy: To have a minimum of 50% of adults that participated in services perceive positive recovery growth trends.
- vii. Outcome: 73% of adults that participated in treatment services a minimum of one year perceived having positive recovery growth.

Period	Adults Scored	Perceived Recovery Growth
17-18	54	63%
18-19	47	66%
19-20	33	73%



## 2. Efficiency-

### a. Cost per Adult

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 adult.
- ii. Indicator: Total program costs compared to number of unique AB 109 adults served.
- iii. Who Applied: FSC-FSP adults served by the program in FY 19-20.
- iv. Time of Measure: FY 19-20
- 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 adult for FY 19-20 was increased by 12%. The number of unique adults served decreased by 11%. The increase in cost per adult is a result of serving fewer adults compared to the pervious year. The program successfully operated within budgeted costs.

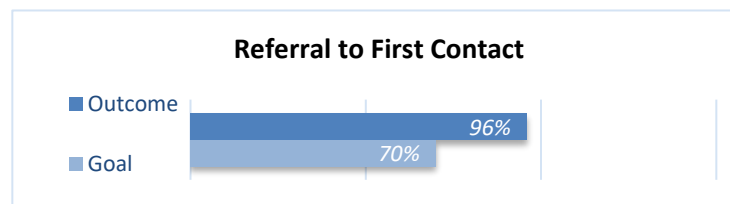
Period	Adults Served	Average Cost per Adult	Total Program Cost
17-18	214	\$6,115.05	\$1,308,621.43
18-19	240	\$5,569.74	\$1,336,738.02
19-20	213	\$6,284.68	\$1,341,852.54

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

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

- i. Objective: To provide timely service for adults requesting mental health care.
- ii. Indicator: Percentage of adults 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 19-20
- v. Data Source: Avatar
- vi. Target Goal Expectancy: 70% of adults will attempt to be contacted within 7 business days of the referral date.
- vii. Outcome: The average wait time from referral to first contact was 1 day. 96% of adults were contacted within 7 days of the referral date.

Period	Clients Enrolled	Ave Time to 1 <sup>st</sup> Contact	Percentage of adults contacted within 7 days
17-18	119	2 days	74%
18-19	156	1 day	92%
19-20	71	1 day	96%

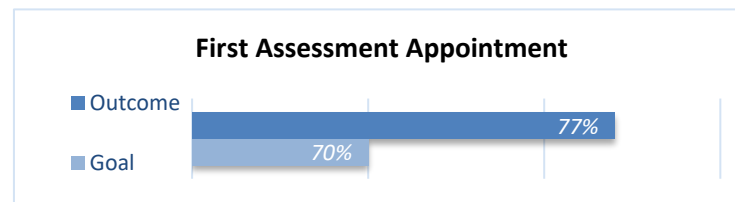
**b. Length of time from first contact to first assessment appointment offered**

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

- i. Objective: To provide timely service for individuals requesting mental health care.
- ii. Indicator: Percentage of adults 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 19-20
- v. Data Source: Avatar Access Form

- vi. Target Goal Expectancy: 70% of adults 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 was 6 days. 77% of adults were offered an assessment date within 10 days of the first contact date.

Period	Clients Enrolled	Ave Time to 1 <sup>st</sup> Offered Assessment Date	% of adults offered assessment date within 10 days
17-18	119	6 days	76%
18-19	156	5 days	84%
19-20	71	6 days	77%

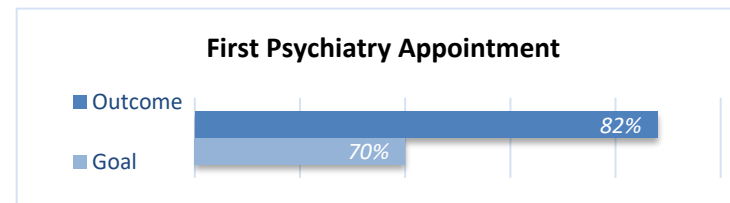


### C. Length of time from assessment to first psychiatry appointment offered

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

- i. Objective: To provide timely service for adults requesting psychiatric care and medications.
- ii. Indicator: Percentage of adults offered their first psychiatry appointment within 15 business days of their assessment date.
- iii. Who Applied: Adults assessed and enrolled into program services
- iv. Time of Measure: FY 19-20
- v. Data Source: Avatar Referral Form
- vi. Target Goal Expectancy: 70% of adults will be offered their first psychiatry appointment date 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 11 days. 82% of adults were offered a psychiatry appointment within 15 days of the assessment date.

Period	Adults Enrolled	Ave Time to 1 <sup>st</sup> Offered Psychiatry Date	Percentage of Adults offered 1 <sup>st</sup> psychiatry appointment within 15 days
17-18	119	11 days	71%
18-19	156	12 days	76%
19-20	69	11 days	82%



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

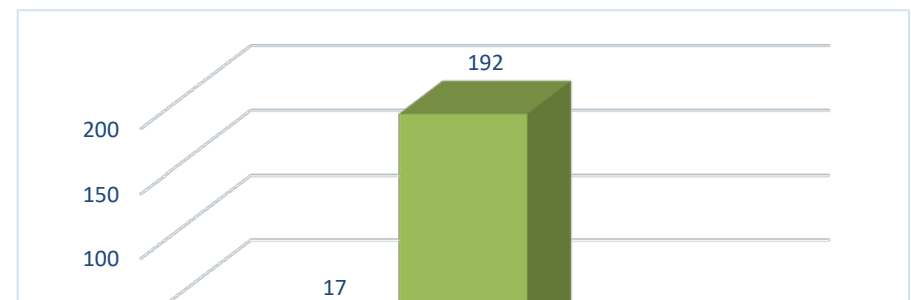
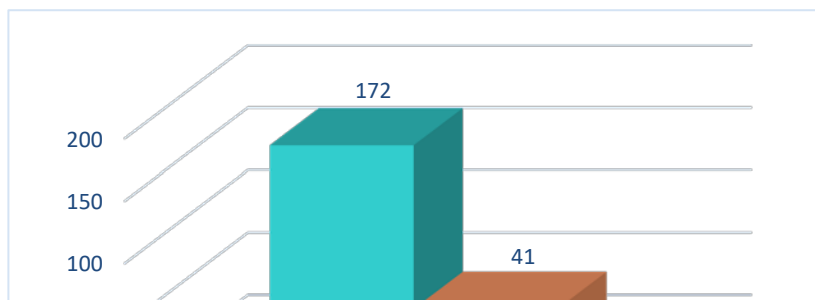
##### **a. Consumer Perception Survey**

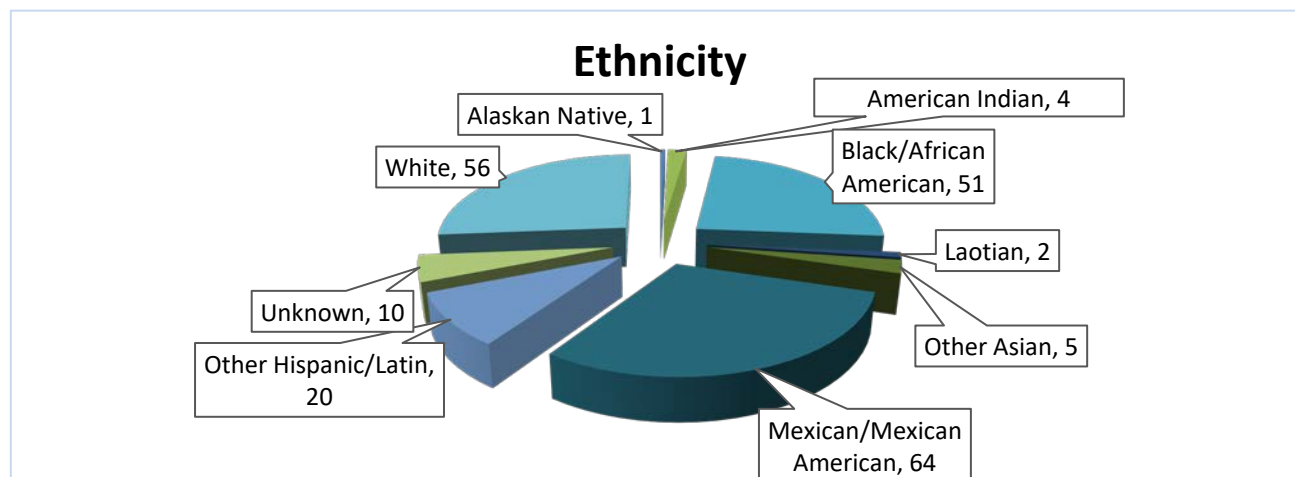
Consumer Perception Surveys (CPS) are conducted every six months over a one week period. Beneficiaries of the MHP are encouraged to participate in filling out the CPS surveys which are available to consumers and family members at County and contracted provider organizations.

- i. **Objective:** To gauge satisfaction of individuals and collect data for service planning and quality improvement.
- ii. **Indicator:** Average percent of adults 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:** Individuals who completed the survey in May of 2018 for the program.
- 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 individuals satisfied for each domain.
- vii. **Outcome:** A majority of individuals 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 adults 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):



