

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Exodus 24/7 Access Line	Provider:	Exodus Recovery, Inc.
Program Description:	In addition to the CSC for adults and youth, Exodus Recovery operates a toll-free 24/7 Access Line for DBH in accordance with state and federal regulations and utilizes the County's Access Line Database to maintain a log of all requests for mental health services.	MHP Work Plan:	1-Behavioral Health Integrated Access Choose an item. Choose an item.
Age Group Served 1:	ALL AGES	Dates Of Operation:	July 1, 2016 to Present
Age Group Served 2:	Choose an item.	Reporting Period:	July 1, 2019 - June 30, 2020
Funding Source 1:	Medical FFP	Funding Source 3:	Choose an item.
Funding Source 2:	Realignment	Other Funding:	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	\$318,384	Program Actual Amount:	\$234,578.23
Number of Unique Clients Served During Time Period:			
Number of Services Rendered During Time Period:	2,343		
Actual Cost Per Client:	\$100.12		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Other, please specify below
Contract Term:		For Other:	Access Line
		Renewal Date:	06/30/2021
Level of Care Information Age 18 & Over:	N/A	Choose an item.	
Level of Care Information Age 0- 17:	N/A	Choose an item.	

The levels of care shown above do not apply.

TARGET POPULATION INFORMATION:

Target Population: No particular target population. The toll-free Access Line is open and accessible to all populations.

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)

Community collaboration

Access to underserved communities

Integrated service experiences

Choose an item.

Please describe how the selected concept (s) embedded :

We have provided a welcoming environment where a person in crisis or with urgent mental health needs will immediately be seen and evaluated by a professional and receive the services he/she needs. Treatment has been client-centered by incorporating the client's input in determining the services and supports that are most effective and helpful for our clients. We have provided ongoing services until the client is successfully connected to community services. A key component of our treatment services is the development of a comprehensive discharge plan designed to transition the client to a less restrictive but supportive level of care, reestablish linkage to their previous service provider, and link clients and their families to a system of relevant community resources. These have included outpatient treatment, crisis residential beds, shelter beds, board and cares, sober living houses, and other programs.

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

Exodus has designed a continuous quality assurance and quality improvement (QI) process with strategies to measure variations in the structure, method and program outcomes for the through presentation to all stakeholders. The work of the Decision Support Department drives and supports key business decisions that yield positive outcomes at the Exodus CSC. Altogether

With the assistance of Decision Support, Quality Improvement Department and program management, Exodus collects, manages and submits data for internal tracking purposes as well as the "Admission Log") is used to collect and maintain data related to all Access Line calls received by Exodus.

*****All data from this point forward is originated directly from the Access Line Annual Test Call Report**

EFFECTIVENESS

Outcomes performance for FY 2019-20 is based on the overall average result for the test calls completed for that fiscal year, for each individual performance indicator.

Performance Indicator 1: Information on how to access services

Numerator: Number of callers informed on how to access services

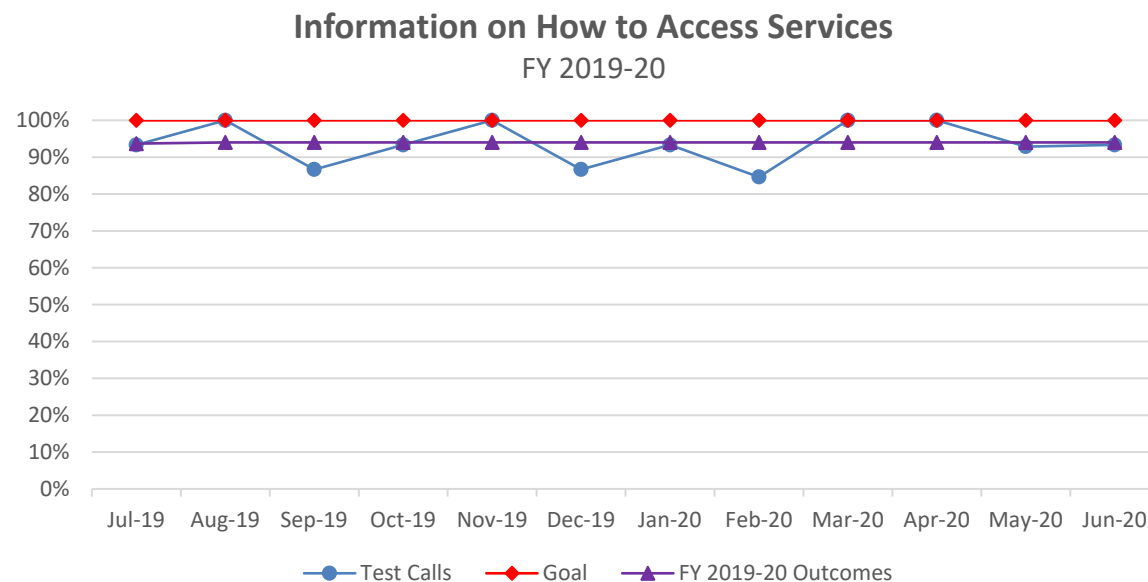
Denominator: Total number of test calls completed

Goal: 100%

Outcomes for FY 2019-20: 94%

Graph:

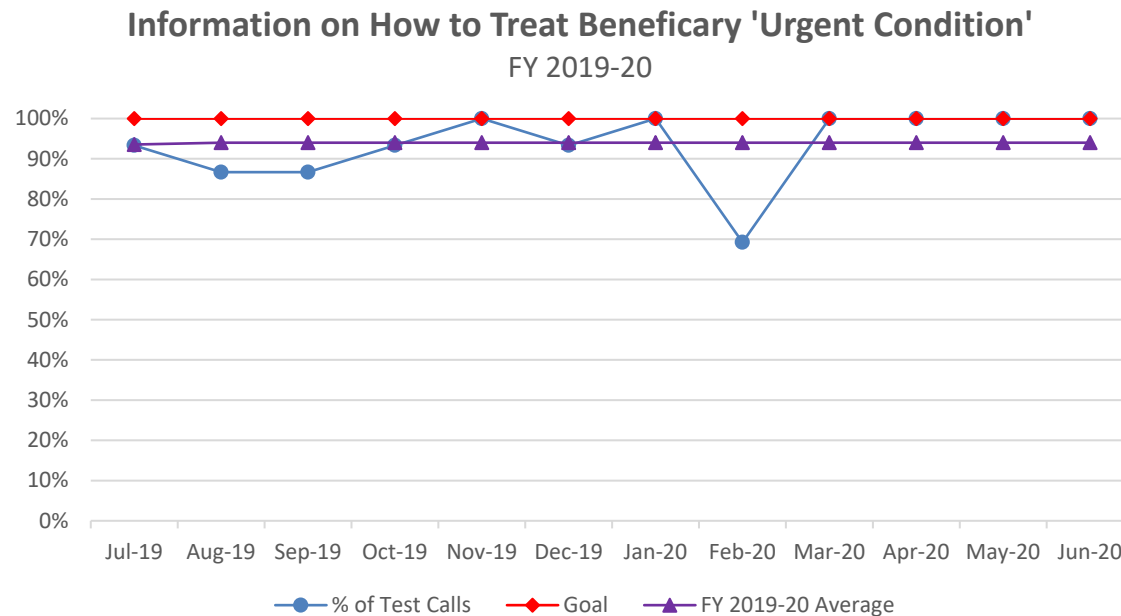
The 'Test Calls' line indicates the overall percentage of calls made in that month which was provided appropriate information on how to access specialty mental health services (SMHS), file a grievance and/or appeal, how to receive a provider's list, etc. On average, the number of test calls completed for each month is about fifteen (15). The individual monthly Test Call Summary report is available upon request if needed.



Performance Indicator 2:	Information on how to treat beneficiary 'Urgent Condition'
Numerator:	Number of test callers assessed for crisis
Denominator:	Total number of test calls completed
Goal:	100%
Outcomes for FY 2019-20:	94%

Graph:

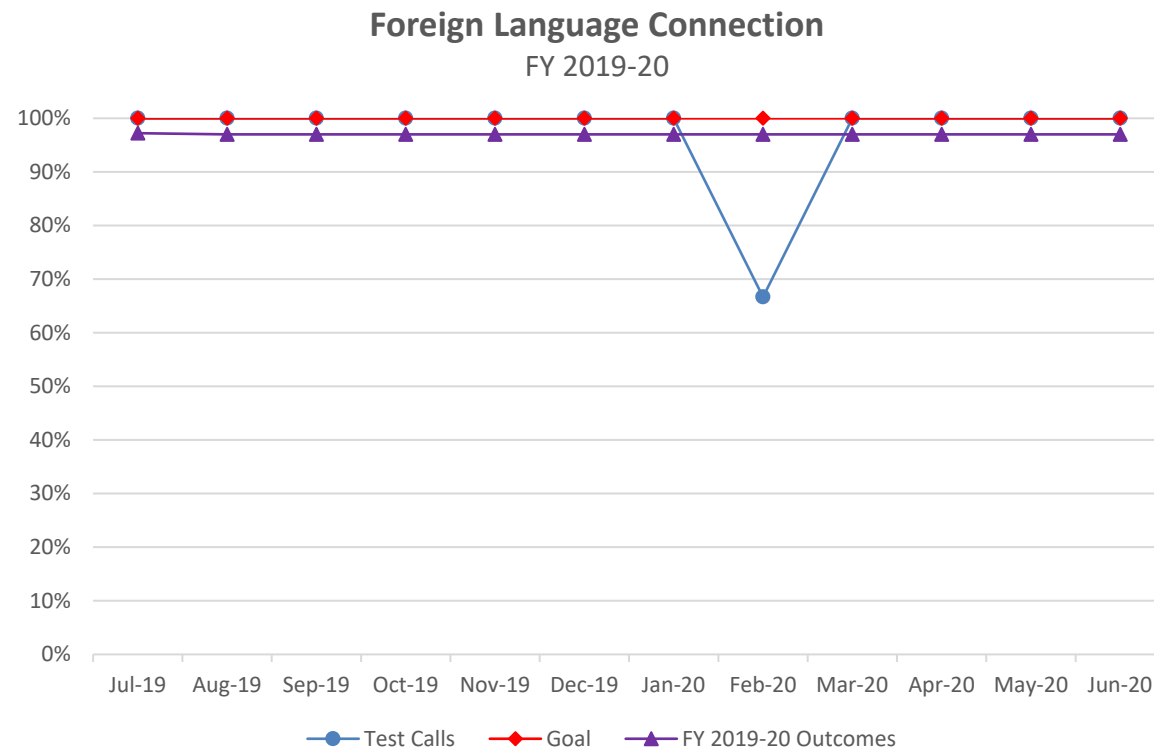
The 'Test Calls' line indicates the overall percentage of test calls made in that month assessed for crisis. On average, the number of test calls completed for each month is about fifteen (15). The individual monthly Test Call Summary report is available upon request if needed.



Performance Indicator 3:	Foreign Language Connection
Numerator:	Number of test calls, successfully connected to the language line and/or bilingual operator
Denominator:	Total number of test calls completed in a foreign language
Goal:	100%
Outcomes for FY 2019-20:	97%

Graph:

The 'Test Calls' line indicates the overall percentage of test calls made in a foreign language connected to the language line and/or an Access Line operator who spoke the language. Of the **177** test calls made in this reporting period, **30** calls were made in a foreign language. Although the month of February shows a steep drop, please be aware that only 1 of the 3 foreign language test calls made in that month did not meet standard. On average, of the 15 test calls usually completed per month, the number of foreign language test calls is usually only three (3).



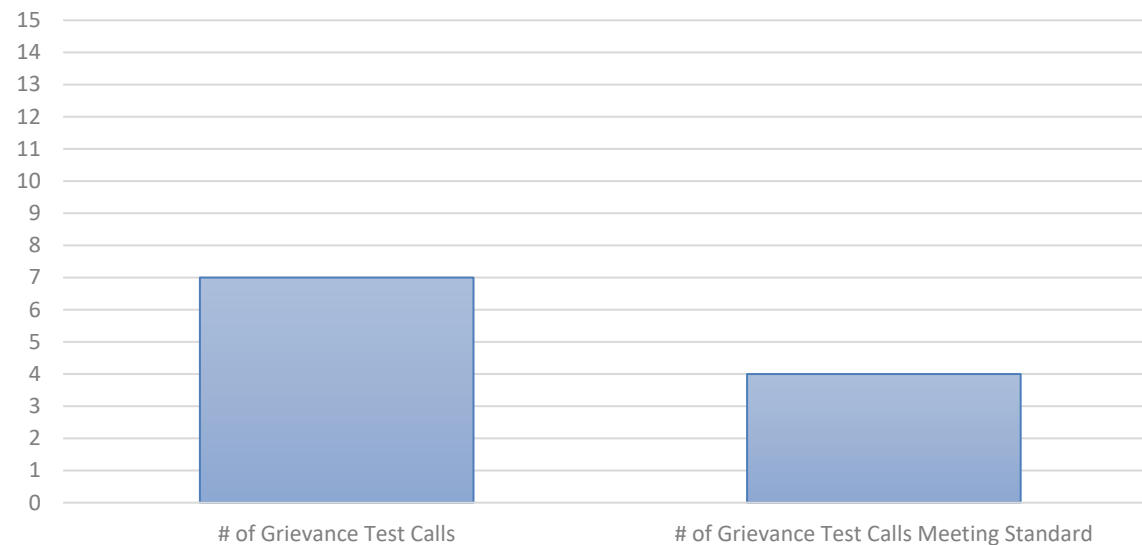
Performance Indicator 4:	Information on how to use the beneficiary problem resolution & fair hearing process
Numerator:	Number of test callers informed on how to file a complaint and/or fair hearing
Denominator:	Total number of grievance test calls
Goal:	100%
Outcomes for FY 2019-20:	57%

Graph:

For FY 2019-20, a total of 7 grievance test calls were completed, with 4 of those calls identified as acceptable with appropriate information provided on how to file a grievance and who to contact.

Information on How to Use the Beneficiary Problem Resolution & Fair Hearing Process

FY 2019-20



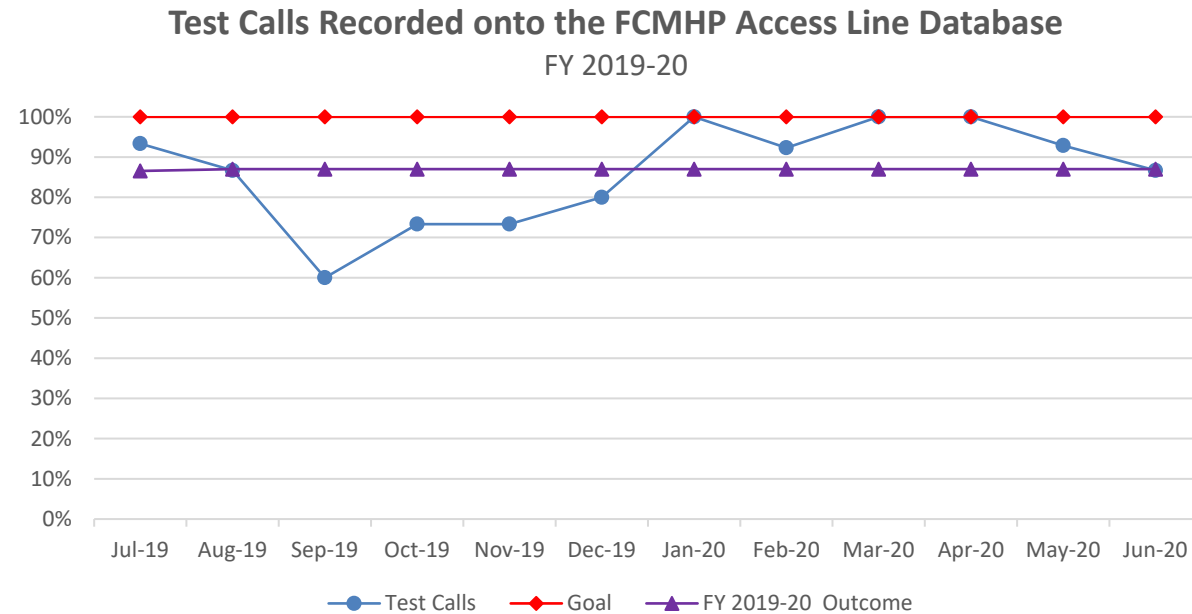
EFFICIENCY

Outcomes performance for FY 2019-20 is based on the overall average result for the test calls completed for that fiscal year, for each individual performance indicator.

Performance Indicator 1:	Test calls recorded onto the FCMHP Access Line Database
Numerator:	Number of test calls recorded onto the FCMHP Access Line Database
Denominator:	Total number of test calls completed
Goal:	100%
Outcomes for FY 2019-20:	87%

Graph:

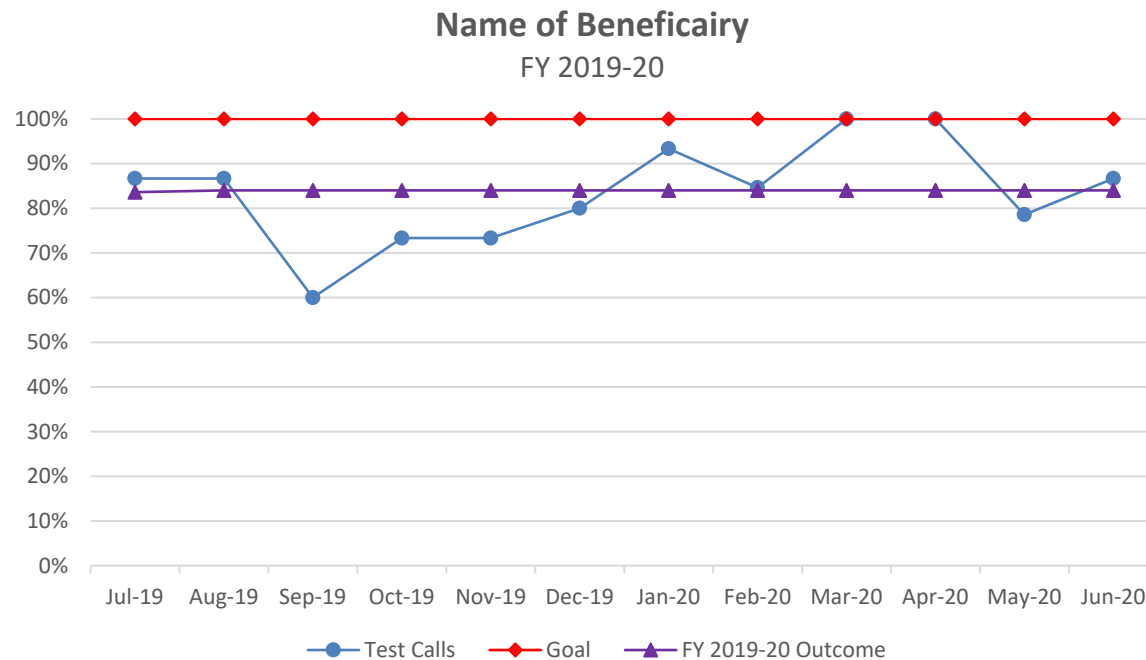
The 'Test Calls' line indicates the overall percentage of calls made in that month logged onto the FCMHP Access Line Database. On average, the number of test calls completed for each month is about fifteen (15). The individual monthly Test Call Summary report is available upon request if needed.



Performance Indicator 2:	Name of beneficiary
Numerator:	Number of accurate names recorded
Denominator:	Total number of test calls completed
Goal:	100%
Outcomes for FY 2019-20:	84%

Graph:

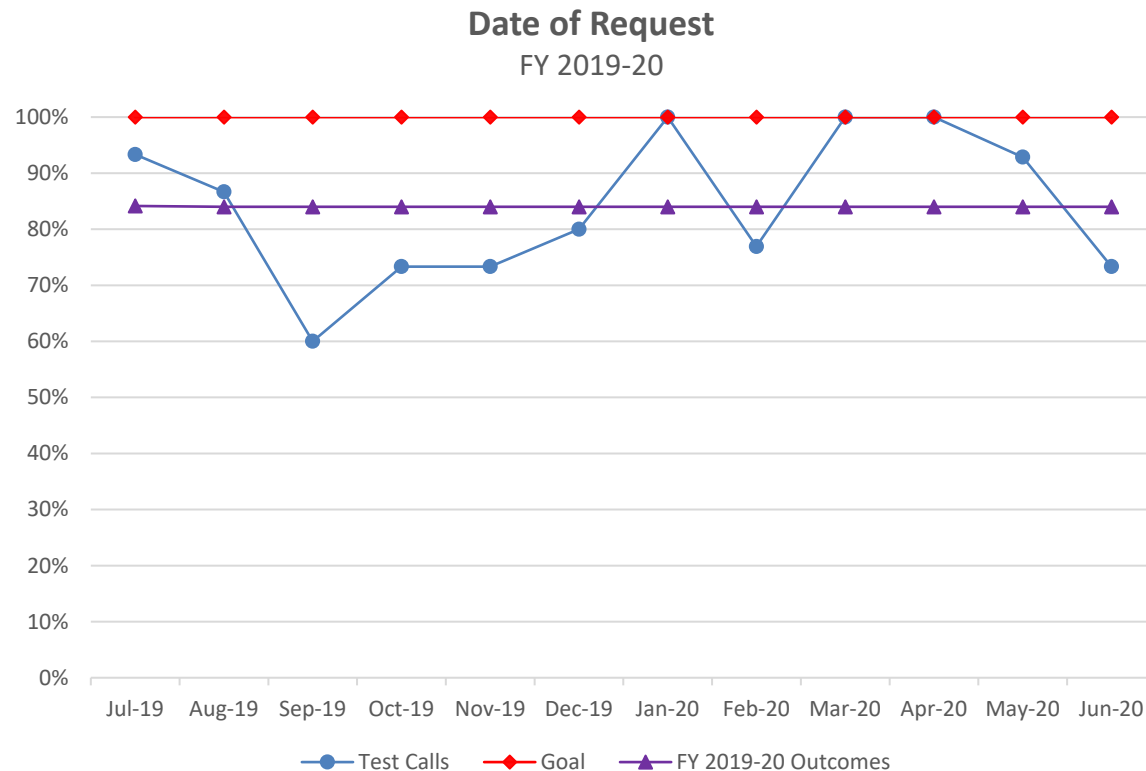
The 'Test Calls' line indicates the overall percentage of calls made in that month that had the names correctly logged on the FCMHP Access Line Database. Please note, if a test call was not logged onto the Database, the name the test caller used cannot be verified. On average, the number of test calls completed for each month is about fifteen (15). The individual monthly Test Call Summary report is available upon request if needed.



Performance Indicator 3:	Date of Request
Numerator:	Number of accurate Dates recorded
Denominator:	Total number of test calls completed
Goal:	100%
Outcomes for FY 2019-20:	84%

Graph:

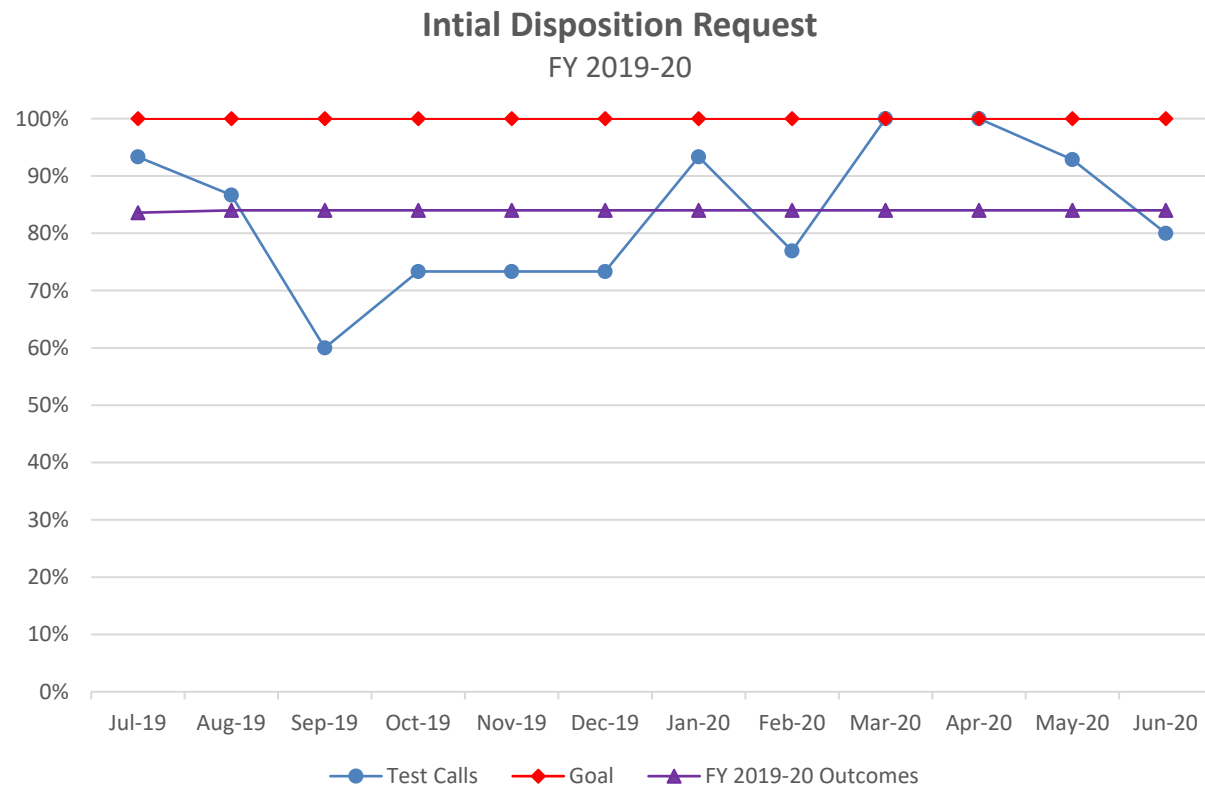
The 'Test Calls' line indicates the overall percentage of calls made in that month logged correctly with the date the call was made or within a timely manner (at least within 24 hrs from the time the test call was made) onto the FCMHP Access Line Database. Please note, unable to verify date if call was not logged onto the Database. On average, the number of test calls completed for each month is about fifteen (15). The individual monthly Test Call Summary report is available upon request if needed.



Performance Indicator 4:	Initial Disposition Request
Numerator:	Number of accurate disposition recorded
Denominator:	Total number of test calls completed
Goal:	100%
Outcomes for FY 2019-20:	84%

Graph:

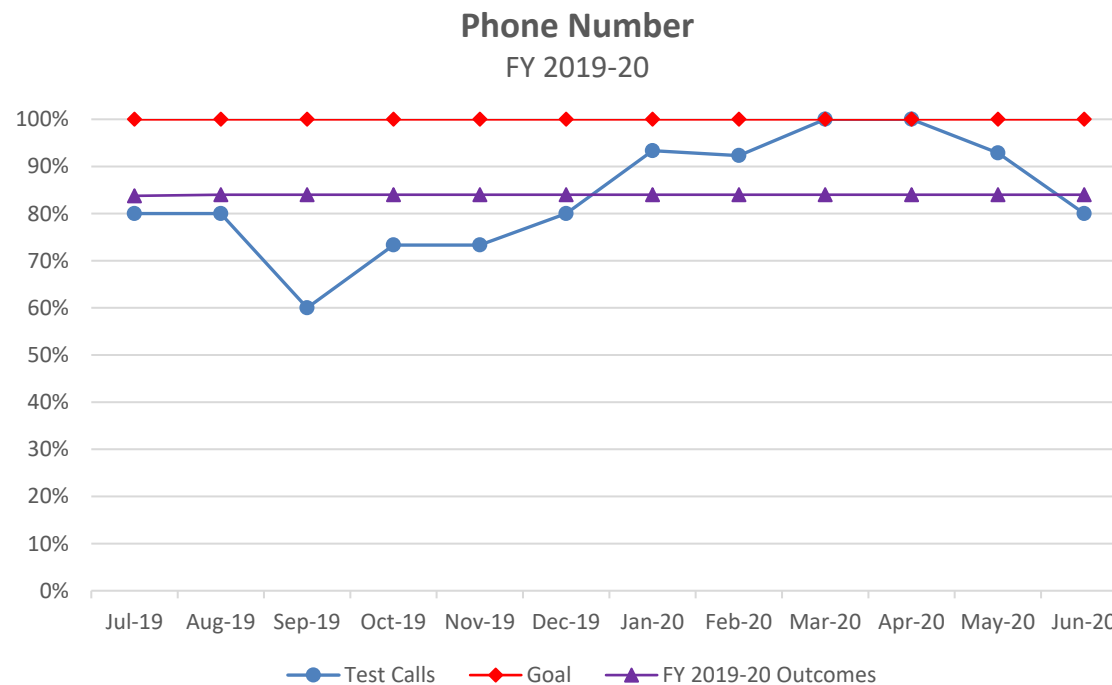
The 'Test Calls' line indicates the overall percentage of calls made in that month with the correct disposition/request in the FCMHP Access Line Database. Please note, unable to verify the disposition if the call was not logged onto the Database. On average, the number of test calls completed for each month is about fifteen (15). The individual monthly Test Call Summary report is available upon request if needed.



Performance Indicator 5:	Phone Number
Numerator:	Number of accurate phone number recorded
Denominator:	Total number of test calls completed
Goal:	100%
Outcomes for FY 2019-20:	84%

Graph:

The 'Test Calls' line indicates the overall percentage of calls made in that month with the correct phone number logged onto the FCMHP Access Line Database. Please note, if a test call is not logged onto the Database, phone number cannot be verified. On average, the number of test calls completed for each month is about fifteen (15). The individual monthly Test Call Summary report is available upon request if needed.



ACCESS

Performance Indicator 1: [Linked to Services](#)**Numerator:** Number of callers linked to services**Denominator:** Total number of callers requesting speciality mental health services via MH Access Line**Goal:** 70%**Outcomes for FY 2019-20:** Information was not available during this reporting period.**Performance Indicator 2:** [Referred to Services](#)**Numerator:** Number of callers referred to services**Denominator:** Total number of callers requesting speciality mental health services via MH Access Line**Goal:** 70%**Outcomes for FY 2019-20:** Information was not available during this reporting period.**Performance Indicator 3:** [Request to First Service](#)**Numerator:** Total number of days to first services**Denominator:** Total number of callers via Access Line who received a first service (billable service)**Goal:** 10 Business Days (non-urgent) and 48 hours (urgent)**Outcomes for FY 2019-20:** Information was not available during this reporting period.

SATISFACTION

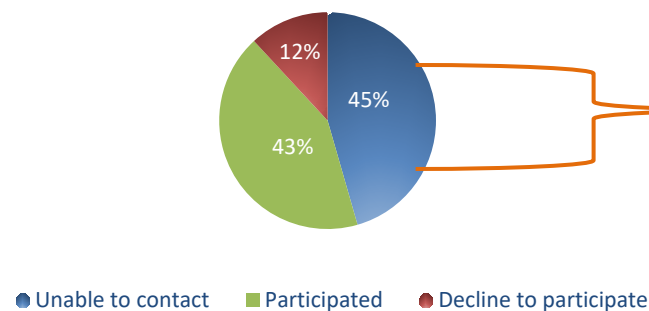
Outcome results are from the Caller Satisfaction Survey for FY 2017-18 and FY 2018-19. Survey is composed of three (3) questions, 2 of which is included on Performance Indicator 1: "How well do you think the 24/7 Fresno County Mental Health Plan Access Line is performing?" Survey results are based on the sample size of **160** callers who called the 24/7 Fresno County Mental Health Plan Access Line during the survey period. (1) calls with a name and/or phone #, (2) calls without a name and/or phone #, (3) calls, which upon reviewed of the call narrative was deemed not appropriate to call back, and (4) test calls; were excluded.

Performance Indicator 1:	Survey call respondent
Numerator:	Total # of callers who participated with the Caller Satisfaction Survey
Denominator:	Total number of survey calls completed
Goal:	40%
Outcomes for FY 2019-20:	43%

Graph:

The goal is to have at minimum of 40% participation, in order to have a valid survey.

**Caller Satisfaction Survey
Participation Rate
FY 2019-20**



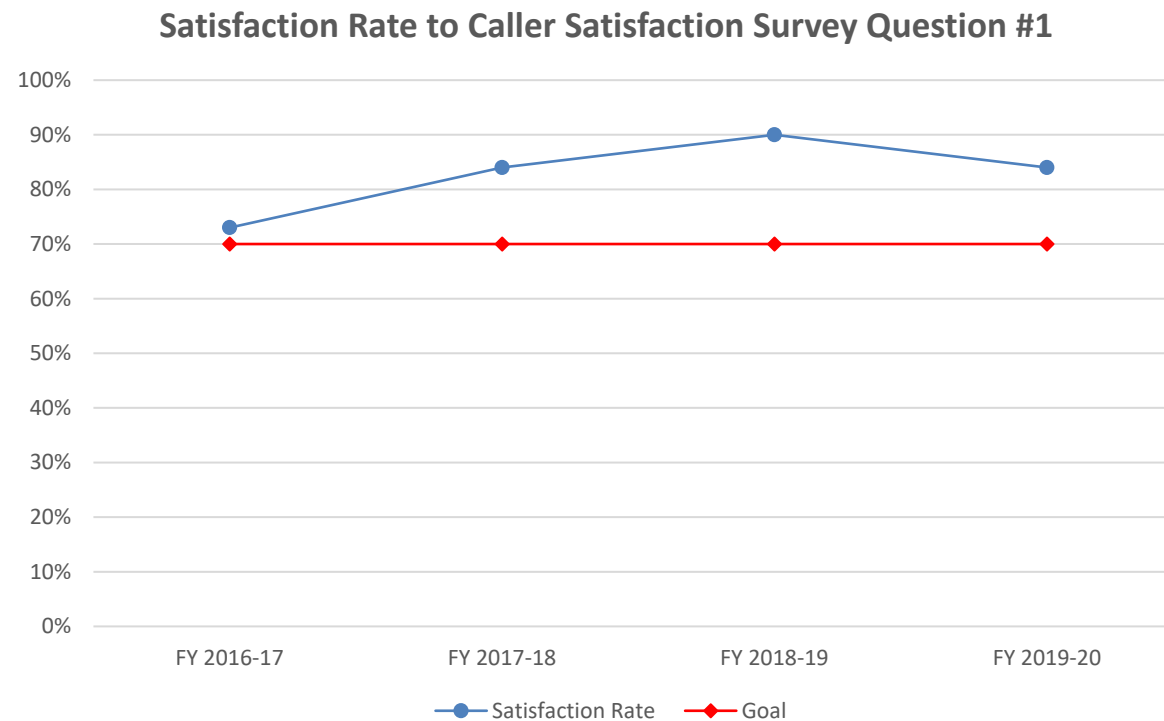
Reasons Why	
No answer*	78%
Error/restricted/busy signal	12%
Disconnected	3%
Wrong number	7%

*A minimum of 3 contact attempts were completed.

Performance Indicator 2:	Resources provided to caller- Caller Satisfaction Survey, Question 1: "Operator understood me and gave me the information and direction on what to do."
Numerator:	Total # of respondents who Strongly Agreed or Agreed to the question
Denominator:	Total number respondents who completed the survey
Goal:	70%
Outcomes for FY 2019-20:	88%

Graph:

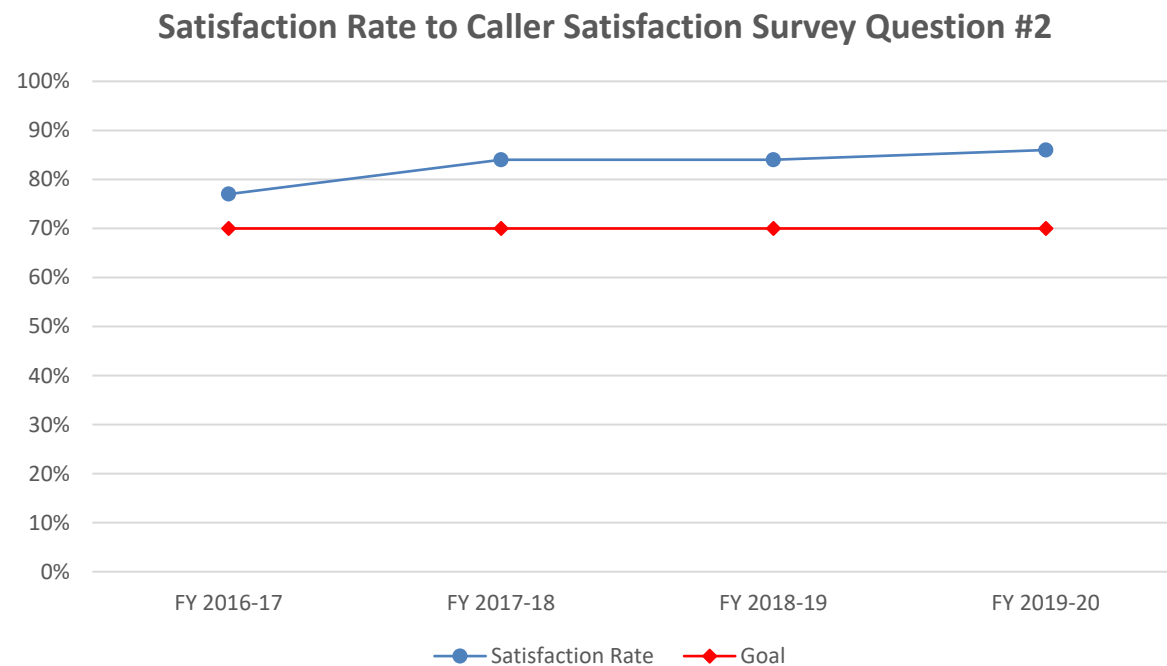
The Caller Satisfaction Survey first started in FY 2016-17. Results from all the years the Caller Satisfaction Survey was conducted are included on the graph to show the overall trend for Question 1.



Performance Indicator 3:	Consumer Satisfaction- Caller Satisfaction Survey, Question 2: "Overall I am statisfied with my experience with the Access Line."
Numerator:	Total # of respondents who Strongly Agreed or Agreed to the question
Denominator:	Total number respondents who completed the survey
Goal:	70%
Outcomes for FY 2019-20:	86%

Graph:

The Caller Satisfaction Survey first started in FY 2016-17. Results from all the years the Caller Satisfaction Survey was conducted are included on the graph to show the overall trend for Question 2.



DEPARTMENT RECOMMENDATION(S):

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