

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Projects for Assistance in Transition from Homelessness (PATH) Program	Provider:	Kings View Behavioral Health
Program Description:	The PATH Program delivers services to adult consumers with serious mental illness (SMI) and/or co-occurring substance use disorders who are homeless or at imminent risk of becoming homeless. The program serves as a front door for clients into continuum of care services and mainstream mental health, primary health care, permanent supportive housing, social services, and the substance use disorder services system.	MHP Work Plan:	1-Behavioral Health Integrated Access 2-Wellness, recovery, and resiliency support Choose an item.
Age Group Served 1:	ADULT	Dates Of Operation:	July 1, 2015 to Current
Age Group Served 2:	Choose an item.	Reporting Period:	July 1, 2019 - June 30, 2020
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	Other, please specify below
Funding Source 2:	Medical FFP	Other Funding:	SAMHSA PATH Grant, Client Reimbursement

FISCAL INFORMATION:

Program Budget Amount:	\$590,182.00 (\$410,777.00 + \$179,405.00)	Program Actual Amount:	\$502,287.13
Number of Unique Clients Served During Time Period:	322		
Number of Services Rendered During Time Period:	488		
Actual Cost Per Client:	\$1,559.90		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Other, please specify below
Contract Term:	3 Years + 2 Years additional	For Other:	Outreach Component – Outreach, Engagement, Linkage, Case Management and Housing-Related Services; Mental Health Component - Specialty Mental Health Treatment and Supportive Housing

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Renewal Date: July 1, 2020

Level of Care Information Age 18 & Over: Enhanced Outpatient Treatment (caseload 1:40)

Level of Care Information Age 0- 17: Choose an item.

TARGET POPULATION INFORMATION:

Target Population: Adults 18 years and older with a Seriously Mentally Illness or Co-Occuring Disorder who are at imminent risk of homelessness or currently homeless.

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

Community collaboration

Please describe how the selected concept (s) embedded :

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

In the PATH Program, treatment and client care plans are client driven and goals are developed involving collaboration from the person served as desired goals for treatment. Staff incorporate a strength-based approach which allows individuals to build upon their current positive behaviors, strengths and qualities as part of their recovery. In addition, our focus is to broaden their social support networks, which can include family members or peer support as an active part in their mental health treatment. Clients that want to include their family or friends as part of wellness and recovery can

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Integrated service experiences

participate in treatment sessions involving education centered around mental illness and strategic ways the family/friends can act as a support with follow through of the client's mental health needs.

Cultural Competency

Cultural Competency and Diversity is an integral part of the PATH Program as we ensure non-discriminatory and respectful services to persons served. Kings View Cultural Competency and diversity practices include: Events related to culturally diverse populations, providing language line and interpretation services, educating and training staff on various cultural diverse topics, and seek staff members who represent a variety of cultural backgrounds and can communicate in cross-cultural situations.

Access to Underserved Communities

The PATH Program services individuals of the underserved population including those that are at imminent risk of being homeless, are homeless, that suffer from a severe mental illness and/or co-occurring disorder. Those enrolled in our program often have barriers in accessing mental health services, medical services, financial services and housing within the community. The Kings View PATH staff assist clients with linkage to increasing income (applying for SSI, General Relief, assistance food stamps and obtaining employment), supporting clients with enrolling in medical coverage (Medical and other insurance benefits), and housing assistance to connect them to permanent housing programs. On occasion, PATH staff will provide referrals as needed to other resources that offer services not provided by the program to help support, advocate in order to promote independent living for the clients served.

Community Collaboration

The PATH Program has frequent collaboration with both internal Kings View programs and outside agencies when making referrals to the program. In situations where individuals are receiving services from our program and other service providers, the staff maintain frequent coordination of care and consultation to ensure clients are achieving excellent delivery of services. In

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situations when clients are in need of a higher level of care, PATH Program staff will provide linkage to an agency that can deliver appropriate services to address the client's current mental health needs (i.e. Exodus, FSP, Crisis Residential Programs, Residential Substance Abuse Treatment Programs).

Integrated Service Experiences

PATH (OEL) staff work directly with homeless individuals in the Fresno Metropolitan and Fresno County areas offering support for those in need of housing assistance, obtaining documentation, accessing mental health, medical needs and financial support. PATH (OEL) staff provide resources and linkages promptly to ensure services and needs are being followed through in a timely manner. PATH (SMHS) staff offer weekly consultation and collaboration with internal service providers of the program and external service providers that are part of the individual's treatment team. PATH (SMHS) staff assist the target population with their individualized treatment goals and objectives in order achieve a state of self-sufficiency and independence. PATH (SMHS) staff support individuals of the program in managing their mental health, accessing housing needs, attending medical appointments, managing finances and enrollment of health care insurance. In addition, when linking to outside agencies, linkage to other programs is done so with a warm hand-off approach in a timely manner.

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

The Fiscal Year 19-20 Quality Workplan Summary was developed to track and report progress towards goals met and to assess performance for the identified indicators. Please see QWP Below.

1. PATH OEL will provide outreach, linkage, and engagement services to 350 clients per year. (Access)
2. PATH will enroll 200 individuals in the outreach component and enter them into the HMIS System. (Access)
3. 50% reduction in number incarceration occurrence for clients enrolled in the PATH (SMHS) Program. (Effectiveness)
4. 50% tereduction in number of Psychiatric Hospitalization occurrences for clients enrolled in the PATH (SMHS) Program. (Effectiveness)
5. 60% Reduction in number of Homelessness Occurrence for clients enrolled in the PATH (SMHS) Program. (Effectiveness)
6. 60% of clients discharged from the PATH (SMHS) Program will successfully meet their individual care plan goals. (Efficiency)
7. 80% of persons served will report a positive score (Agree + Strongly Agree) with satisfaction with Agency Services. (Satisfaction and Feedback).
8. 80% of persons served will report a positive score (Agree + Strongly Agree) with satisfaction with Accessibility of Services. (Satisfaction and Feedback)
9. 80% of persons served will report a positive score (Agree + Strongly Agree) with satisfaction with life functioning as an indicator of effectiveness. (Satisfaction and Feedback).

The PATH Program served a total of 322 individuals during FY 19-20. Of the 322 individuals, 201 were enrolled into the Outreach Component and entered in to the HMIS System. While Kings View met their target for individuals enrolled, they did not meet the target for provided services. This was attributed to the consequences of COVID-19 on staff retention and safety concerns for outreach workers. While these concerns were alleviated, this inhibited the team's ability to outreach in the same capacity. The program maintained an active caseload in the SMHS Program and reached their goals of reducing incidents of incarceration (85.71% reduction), hospitalization (69.70% reduction), and homelessness (83.33% reduction). During the reporting period, (14 (66.67%) of the 22 individuals enrolled in SMHS successfully exited the program as the individual care plan goals were met by the person served. Goals 7 and 8 were met with 100% of consumers reported a positive score for satisfaction with Agency Services and 85.90% of consumers reported a positive score for satisfaction accessibility of services. With 70.20% of consumers reported satisfaction with life functioning, this goal was not met. Kings View indicated that this may have been due to the timing of surveys distributed to individuals enrolled in SMHS. If an individual receiving the survey began the program, their perspective on the matter may be much different than someone who has received services for 6 months. They also indicated that the state average reported for this measure is typically lower than the averages for general satisfaction and accessibility. In total, 7 Program Goals were met.

DEPARTMENT RECOMMENDATION(S):

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