

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Dare to Achieve Recovery Together (DART) West	Provider:	Mental Health Systems, Inc.
Program Description:	DART West is a Mental Health Services ACT (MHSA), Full Services Partnership (FSP). Through DART West, adults ages 18 and older with Severe Mental Illness (SMI) who have multiple factors complicating their ability to engage in treatment and to live satisfying, healthy lives will receive individualized services to promote wellness. The DART West program will be a recovery oriented, co-occurring disorder capable FSP programs consisting of three levels of care: FSP, heightened FSP, and Intensive FSP so that individuals have the support they require to remain engaged in services with the flexibility of moving from one level to another seamlessly.	MHP Work Plan:	1- Behavioral Health Integrated Access 2-Wellness, recovery, and resiliency support 4-Behavioral health clinical care
Age Group Served 1:	ADULT	Dates Of Operation:	October 13, 2020- June 30, 2021
Age Group Served 2:	Older Adult	Reporting Period:	July 1, 2020 - June 30, 2021
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	N/A
Funding Source 2:	Medical FFP	Other Funding:	N/A

FISCAL INFORMATION:

Program Budget Amount:	\$3,666,331.00	Program Actual Amount:	\$1,632,476.91
Number of Unique Clients Served During Time Period:	99		
Number of Services Rendered During Time Period:	5,916 services rendered resulting in 296,780 minutes of billable services, and \$724,655.63 in reimbursement for service delivery.		
Actual Cost Per Client:	\$16,489.66		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	FSP
Contract Term:	September 1, 2020- June 30, 2023	For Other:	N/A
		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:	N/A		

TARGET POPULATION INFORMATION:

Target Population:	The target population to be served at DART West includes individuals 18 years of age and older from Fresno County who meet the requirements for an SMI diagnosis, are not currently receiving services, and meet one (1) or more of the following criteria: homelessness; at risk of homelessness - such as youth aging out of foster care or persons coming out of jail; involved in the criminal justice system (including adults with child protection issues); and/or frequent users of hospital and/or emergency room services as the primary resource for mental health treatment. Individuals referred may also be underserved and at risk of homelessness - such as persons living in institutions or nursing homes; criminal justice involvement; and/or institutionalization.
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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.

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Please select core concepts embedded in services/ program:

(May select more than one)

Community collaboration

Cultural Competence

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

Integrated Services Experiences

Please describe how the selected concept (s) embedded:

Community Collaboration: DART West was able to collaborate with Quality Family Services-ISMIP Program to successfully transition 9 individuals to the FSP program upon Quality's program closure. This occurred with several targeted warm handoffs between the providers as well as continued follow-up communication until successful linkage was confirmed. DART West also participated in community presentation with law enforcement including Fresno Police Crisis Intervention Team and California Department of Corrections/Parole to encourage collaboration and communication for individuals served by both partners. DART West was also an active participant with Behavioral Health Court (BHC) and provided services to two BHC individuals who were referred during the reporting period. DART West also took an active role in engaging domestic violence and sex trafficking support for vulnerable persons by seeking partnerships with Marjaree Mason Center and the Victims Assistance Program.

Cultural Competence: MHS has taken an active stance to promote cultural competence at all levels of engagement. The core values of MHS include diversity and inclusion. These core values are regularly included in staff training and performance reviews. DART West not only adheres to the minimum four hours of cultural competency training, but also actively seeks to ensure that those trainings include a range of cultural factors through the Relias platform, such as older adults, CLAS standards, LGBTQ, and cultural factors in underserved communities. To ensure access to underserved communities, MHS DART West ensured access to contracted interpretation services and made targeted efforts to include 40% of staff hired in bilingual positions that included Spanish, Hmong, and Tagalog.

Individual/Family Driven, Wellness/Recovery/Resiliency-Focused Services: MHS actively includes regular staff training in evidence-based and evidenced-informed treatment modality to ensure persons served receive high-quality services that are targeted to meet their unique

needs. Trainings provided during the reporting period included: Motivational Interviewing; “Housing First” Model and linkage to permanent supportive housing; Harm Reduction Model; Integrated Dual Diagnosis Treatment; Common Ground and Deegan’s Intentional Care Performance Standards; Cognitive Behavioral Therapy (CBT); Cognitive Behavioral Therapy for Psychosis (CBTP); Dialectical Behavior Therapy (DBT); Trauma Focused CBT; Cognitive Behavioral Social Skills Training (CBSST); ASAM; Living Skills Practical Guidance; ‘Living in Balance: Moving from a Life of Addiction to a Life of Recovery’; Criminal and Addictive Thinking; Medication Management and Medication Assisted Treatment; Supported Employment; and SSI/SSDI Outreach, and Access, and Recovery (SOAR). Upon intake, DART West staff also initiates an individualized safety plan that includes self-report of specific strategies targeted to address high-risk situations for each individual as well as person served strengths for resiliency. Columbia Suicide Severity Rating Scales are also utilized to identify level of risk for suicidality. Reaching Recovery scales are utilized to facilitate collaborative discussions regarding the individualized service plan. DART West maintains active participation in the Wellness and Recovery Champions meetings. Quarterly reviews are completed with persons served utilizing the Reaching Recovery tools to review person served progress, goals, and identify stepdown to a lower level of care as appropriate. Integrated Service Experiences: The DART West program is structured utilizing the Assertive Community Treatment model to facilitate a streamlined approach to care with 24/7 availability to individuals and families. The program consists of three multidisciplinary treatment teams for each level of care (intensive FSP, heightened FSP, and FSP) to support person served needs. Treatment Teams include a Team Lead who serves as the liaison for the team, clinical case managers (BBS license-eligible), Dual Recovery Case Manager (SUD registered), Vocational Specialist, Housing Specialist, LVN/LPT/RN, and Peer Support Specialist. Upon intake, each person

served is assigned a personal service coordinator (PSC) who is the primary contact for the individual and helps to facilitate linkage to other staff as well as community partner. Staff also take an active road to engage families in collateral supports that include psychoeducation regarding the individual's individual strengths and barriers, self-care, safety and crisis planning, and overall illness management. DART West maintains a low person served to staff ratio of 1:12 to ensure frequent access to high quality services and resources.

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

Outcome Goal:

1. (1) Effectiveness & (2) Efficiency:

Target Goal Expectancy: 70% reduction in hospitalization after one year of receiving services or upon discharge. 80% reduction in days spent homeless after one year of receiving services or upon discharge.

Each individual will obtain and maintain stable housing after one year of receiving services or upon discharge.

Each individual will show an 80% reduction in days spent incarcerated after one year of receiving services.

(3) Access:

Target Goal Expectancy: Program will provide service to 180 unique persons served.

Outcome Data:

Indicator:

76% reduction in the number of individuals experiencing psychiatric hospitalization or crisis visits.

95% of individuals experienced a reduction in psychiatric hospitalization days.

98% of individuals experienced a reduction in medical hospitalizations.

93% of individuals experienced a reduction in arrests.

77% of individuals experienced a reduction in incarcerations.

82% of individuals experienced a reduction in homelessness.

Who Applied: 99 unique individuals who engaged in for any period during reporting period.

Time of Measure: October 13, 2020- June 30, 2021

Data Source: DCR/ITWS State System, MHS AppFolio Database

Indicator:

MHS DART West engaged and provided services to 99 unique individuals during the initial 9-month program year.

MHS DART West engaged and provided medication support services to 77 unique individuals.

MHS DART West engaged and provided subsidized housing support Services to 82% individuals referred to DART West.

62 individuals were provided placement assistance through community vendors.

42 individuals were provided master lease placement at DART West with enhanced supports.

6 were provided support with placement at sober living environments following residential SUD treatment completion.

Who Applied: 99 unique individuals provided services at any point during the reporting period.

Time of Measure: October 13, 2020- June 30, 2021

Data Source: AVATAR, DCR/ITWS State System, MHS AppFolio Database

(4). Satisfaction & Feedback of Persons Served & Stakeholders:

Indicator:

75% of individuals self-reported a rating of 'very good', quality of services.

25% of individuals self-reported a rating of 'good' with regard to service quality.

90% of individuals self-reported an increase in functioning on the Individual Recovery Measure.

9 individuals were successfully transitioned from Intensive FSP services to Heightened FSP services due improvements in wellness and treatment goals being met.

DART West received one grievance during the reporting period that was successfully resolved and addressed.

Who Applied: 59/99 unique individuals who were engaged in service 6 months or longer.

Time of Measure: October 13, 2020- March 9, 2021.

Data Source: MHS Person Served Experience Survey, Fresno County Grievances and Complaints Report. Reaching Recovery CRM, RNL.

DEPARTMENT RECOMMENDATION(S):

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