PROGRAM INFORMATION:	

Program Title: Older Adult Team

Provider: Department of Behavioral Health

Program Description: The Department of Behavioral Health (DBH) Mental Health Service Act (MHSA) Older Adult Team's mission is to provide - through the utilization of a culturally competent, strength-based, and solution-focused approach to treatment – outpatient mental health services to adults 60 years and older (all severe mental illness disorders). The goal of the program is to increase outreach and engagement of services to seniors, which will lead to a reduction in incarcerations, homelessness, and hospitalizations, as well as make access to mental health services convenient to clients and their families. Another component to the program has been the provision of Adult Protective Services consultation and co–response to Mental Health clients with outreach engagement in mind. The team is dedicated to supporting and inspiring older adults and their families of all ethnic backgrounds in Fresno County who are challenged by serious mental illness (which may also include substance abuse issues) to achieve the highest quality of life possible.

MHP Work Plan: 4-Behavioral health clinical care

Staffing for the program consists of 7 Mental Health Clinicians, 4 Community Mental Health Specialists, 2 Peer Support Specialists, 1 Mental Health Worker and 1 Driver.

Age Group Served 1: OLDER ADULT

Dates Of Operation: September 2007-Current

Age Group Served 2:

Reporting Period: July 1, 2016-June 30, 2017

Revised March 2017   1

Funding Source 1:	Com Services & Supports (MHSA)	**Funding Source 3:**	Other, please specify below
Funding Source 2:	Medical FFP	**Other Funding:**	Federal and private pay

FISCAL INFORMATION:

Program Actual Amount:	$1,480,085	
Number of Unique Clients Served During Time Period:		492
Number of Services Rendered During Time Period:		7,113
Actual Cost Per Client:	$3,008	

TARGET POPULATION INFORMATION:

Target Population:　　　The Older Adult Team Program serves all seniors with mental disorders that significantly impair functioning.

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:

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

Please describe how the selected concept (s) embedded :

A recovery/resiliency orientation is achieved and maintained through the implementation and consistent application of the following evidence based practices, Cognitive Behavioral Therapy for psychosis (CBTp), Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization & Reprocessing (EMDR), Wellness Recovery Action Planning (WRAP), Seeking Safety, Shared Decision Making and the mobilization of clients' strengths in the service of their recovery goals. Implementation and consistent application of these practices is monitored and encouraged by means of individual and team consultations and trainings in the office, on-site (in the field) monitored

practice and coaching, and the pairing of clinicians with case management staff to provide on-going consultation and training.

Community collaboration

Close collaboration with physical health care providers is achieved through the full-time licensed vocational nurse to assist our nurse practitioners and doctors in communicating with primary care providers, medical clinics, hospitals, emergency rooms, rehab facilities, lab facilities and pharmacies. As a result, clinicians, case managers and other staff are able to communicate more often with community resources such as social services, centers for the elderly and mental health recovery, cultural centers, private mental health providers, employment, educational and recreational facilities, housing assistance and facilities, charity organizations, and support groups.

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. **Hospitalizations**
   Hospitalization data for all adult programs is reported in aggregate in the report titled, Outcomes Report-Adult System of Care.

   b. **Inpatient Crisis Stabilization Services**
   Data on inpatient crisis stabilization services is reported in aggregate in the report titled, Outcomes Report-Adult System of Care.

   c. **Hospitalizations and Crisis Services by Follow-Up Status**
   Data on follow up for hospitalizations and crisis services is reported in aggregate in the report titled, Outcomes Report-Adult System of Care.

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

The Department implemented Reaching Recovery in July 2016 for county operated programs. Reaching Recovery is a tool that was developed by Mental Health Center of Denver; its major focus is tracking change across multiple domains of wellness. With Reaching Recovery in place, the Department began to utilize several tools designed to measure recovery for individuals: the Recovery Needs Level Marker, Consumer Recovery Measure and Recovery Marker Inventory.

Recovery Needs Level (RNL): Assigns the right level of service intensity to a client at the right time.

Consumer Recovery Measure (CRM): A quarterly client rating of his/her perception of recovery. It is a 16-question tool explores the client's perception of their recovery across 5 dimensions:
1. *Hope*
2. *Symptom Management*
3. *Personal Sense of Safety*
4. *Active Growth Orientation*
5. *Satisfaction with Social Networks*

Recovery Marker Inventory (RMI): A quarterly practitioner rating of client's progress in recovery in areas that tend to correlate with an individual's recovery. It provides practitioner's rating of the client's on 8 objective factors associate with recovery:
1. *Employment*
2. *Education*
3. *Active/Growth*
4. *Level of Symptom Management*
5. *Participation of Services*
6. *Housing*
7. *Substance Abuse*
8. *Stage of Change*

Together the tools measure recovery from multiple perspectives. These tools measure changes in recovery across multiple domains and provide a structure for holistic care. The Department has begun to gather and analyze preliminary data from the CRM and RMI. The goal is to continue to gather data, establish baseline measurements and standards of measure.

2. *Efficiency*

    a. **Cost per Client**

    Costs include all staffing and overhead costs associated with operation of the program.

      i. <u>Objective:</u> To maximize resources allocated to the program.

      ii. <u>Indicator:</u> Total program costs compared to number of unique clients served.

      iii. <u>Who Applied:</u> Clients served by the program. Clients served for this data was defined as a client who received any specialty mental health services in FY 16-17.

      iv. <u>Time of Measure:</u> FY 16-17

      v. <u>Data Source:</u> Avatar and Financial Records

      vi. <u>Target Goal Expectancy:</u> To keep within departmental budgeted costs for the program.

      vii. <u>Outcome:</u> Compared to prior year, the cost per client for FY 16-17 decreased by 11%. The number of unique clients served increased by 7%. The team lost program staff but maintained client flow, which resulted in a nominal decrease in cost per client.

Cost per Client

	FY 15-16	FY 16-17
Unique Clients	458	492
Program Actual Amount	$1,540,415	$1,480,085
Cost per Client	$3,363	$3,008

3. *Access:*

    a. **Urgent and Non-Urgent Timeliness**

    Data for timeliness of access was collected and combined for all programs within the Adult System of Care and can be found on the Outcomes Report-Adult System of Care.

4. *Satisfaction & Feedback of Persons Served & Stakeholders*

Consumer Perception Surveys (CPS) are conducted every six (6) months over a one-week period. Beneficiaries of the MHP are encouraged to participate in filling out the CPS surveys that are available to consumers and family members at County and contracted provider organizations. The data is provided in arrears and the most current data available is from November 2016.

a. **Consumer Perception Survey**
    i. Objective: To gauge satisfaction of clients and collect data for service planning and quality improvement.
    ii. Indicator: Average percent of clients 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: Clients who completed the survey in November 2016 for the program.
    iv. Time of Measure: November 2016
    v. Data Source: Consumer Perception Survey data
    vi. Target Goal Expectancy: The Department would like to see a majority of clients satisfied for each domain. The Department will continue to develop target goals for the Consumer Perception Survey.
    vii. Outcome: Majority of clients were satisfied in all seven domains. General Satisfaction, Perception of Access, Perception of Quality and Appropriateness and Perception of Participation in Treatment Planning indicates that more than 80% of clients surveyed were satisfied.

Consumer Perception Survey: Nov 2016

Domain	Percent
General Satisfaction	91%
Perception of Access	86%
Perception Quality and Appropriateness	90%
Perception of Participation in Treatment Planning	85%
Perception of Outcome of Services	65%
Perception of Functioning	65%
Perception of Social Connectedness	65%