

PROGRAM INFORMATION:

Program Title:	MHS Fresno IMPACT	Provider:	Mental Health Systems
Program Description:	Fresno IMPACT is a Mental Health Services Act (MHSA) Co-Occurring Disorders Full Service Partnership (FSP). The contract goals are to reduce incidents of inpatient psychiatric hospitalizations and incarcerations by providing a welcoming, recovery orientated, integrated, co-occurring disorder capable service delivery to adults and older adults with serious mental illness and substance abuse disorders.	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:	June 1, 2014-Present
Age Group Served 2:	OLDER ADULT	Reporting Period:	July 1, 2016 - June 30, 2017
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	Other, please specify below
Funding Source 2:	Medical FFP	Other Funding:	N/A

FISCAL INFORMATION:

Program Budget Amount:	\$2,134, 965	Program Actual Amount:	\$2,076,223.31 (Net invoice amount, after rent revenue), Gross costs equal \$2,104, 336.26 (before rent revenue).
Number of Unique Clients Served During Time Period:	149		
Number of Services Rendered During Time Period:			380,069 total minutes of service (billable service), \$1,049,042.01 total reimbursement for service delivery.
Actual Cost Per Client:	\$14,123.06		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	FSP
Contract Term:	June 1, 4014 thru June 30, 2017 with 2/1 year extentions.	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:

TARGET POPULATION INFORMATION:

Target Population: The target population served at MHS Fresno IMPACT is adult and older adult consumers with co-occurring DSM V mental health and substance abuse disorders who are frequent users of crisis services, emergency rooms, detoxification services, jails, or hospitals.

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

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

Access to underserved communities

Integrated service experiences

Please describe how the selected concept (s) embedded :

Community Collaboration: MHS Fresno IMPACT has made targeted efforts to leverage community partnerships such as the Department of Veteran Affairs, Social Services Agencies, Probation, Public Guardian, and HUD-funded housing programs to ensure access to the resources necessary for consumer wellness. During the 2016-2017 Program Year 57% of consumers admitted to services received subsidized housing through MHSA funding to eliminate homelessness as a barrier to engagement and recovery. Subsidized residential treatment beds were provided to 39 clients through MHS Fresno IMPACT MHSA funding in

addition to those consumers who were linked to residential treatment through alternative funding sources by case managers. MHS Fresno IMPACT continues to work with the Behavioral Health Court to leverage clinical mental health services to reduce recidivism for inmates with an SMI diagnosis. During the 2016-2017 year 24 BHC consumers were served through MHS Fresno IMPACT.

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services: MHS Fresno IMPACT provides regular training and staff development in evidenced-based recovery models including Motivational Interviewing, WRAP, and Assertive Community Treatment. MHS Core Values (integrity, dignity, hope, excellence, innovation, and action) also reviewed weekly by the IMPACT Program Manager to reinforce the focus on wellness and recovery with staff. Cross-training and education amongst staff is encouraged with daily consultation and case conceptualization, which allows for interdisciplinary teamwork. Each consumer within MHS Fresno IMPACT is provided an individualized treatment plan that is developed in collaboration with a DBH credentialed Clinician (licensed or unlicensed) that outlines the multidisciplinary services available to that consumer based on the identified goals. Clinical staff are encouraged to obtain collateral information from family members during the assessment process when appropriate. MHS Fresno IMPACT provided Wellness and Recovery Plan (WRAP) Seminar I training to staff and will have at least one certified WRAP facilitator within the next year to facilitate a WRAP rehabilitation group for consumers. Consumers are provided WRAP workbooks to work on individually or with the support of a clinician to develop strategic crisis plans. In an effort to encourage resiliency skills, IMPACT staff work with consumers to develop a Safety/Crisis Management plan that is placed in the client chart including current medications, primary support persons, and an action plan for frequent crises independently. Clinical staff also provide regular assessment and plan of care review with consumers as goals are met or have been identified as ineffective by consumer.

Access to undeserved communities: MHS Fresno IMPACT recognizes the that the consumers with the greatest need frequently go without services due to an inability to perform practical task required for

basic functioning, high acuity for psychiatric hospitalizations and incarceration, and an inability to maintain safe living conditions. MHS Fresno IMPACT has made efforts to promote services within the community who may not traditionally make referrals to FSP services but frequently serve consumers who demonstrate the need for access to mental health services through a variety of outreach methods and partnerships. Staff maintain monthly connections and outreach through Adult Services and Behavioral Health Board Meetings, community housing resources including private vendors and residential programs, and Behavioral Health Court. All consumers accepted to the Fresno IMPACT Program are first assessed by the UCWC access team to ensure that the consumers with the most need, lowest access, and or use of mental health services are given priority access to the Co-Occurring FSP services. MHS Fresno IMPACT has also had a historically low denial rate for referrals to ensure that all consumers are provided access to services regardless of previous history including historically low engagement in services, frequent hospital admissions, substance use, and behavioral barriers. During the 2016-2017 Program Year only one client was denied services due to extensive documentation of a history of violence towards providers. During the 2016-2017 Program year, 68% of referrals admitted to the program came from other mental health agencies and 25.5% of consumers admitted were referred through other County Agencies. In June 2017, IMPACT also implemented an "Engagement Team" including one Clinician, Housing Specialist, and RN/LVN to ensure rapid engagement, access to safe and stable housing, as well as medications within 48 hours of acceptance.

Integrated Service Experiences: MHS Fresno IMPACT continues to provide seamless services to families and consumers by utilizing Assertive Community Treatment principles including a multidisciplinary team of highly trained individuals in areas such as substance use, Peer Support, Psychiatry, Case Management, Dual Recovery, Housing, and Vocational Skill-building. To ensure that consumers have access to staff and individualized treatment the program maintains a consumer to staff ratio of 1:14. The staff works to lessen barriers to access and engagement in services and facilitate social integration by providing primarily field-based services. The program continues to make efforts to

facilitate family engagement and inclusion through the use of collateral psychoeducation and training to families through collateral services. During the 2016-2017 Program year 4,000 billable minutes of collateral services were provided to the primary support persons to encourage strengths-based treatment and an alliance to support the needs and recovery of the consumer's served.

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). Effectiveness & (2) Efficiency:

Target goal Expectancy: 75% reduction in hospitalizations, incarcerations, homelessness, and crisis episodes.

OUTCOME DATA

Indicator:

89% of consumers experienced a reduction in psychiatric hospitalizations.
 98% of consumers experienced a reduction in medical hospitalizations.
 94% of consumers experienced a reduction in arrests.
 38% of consumers experienced a reduction in incarcerations. (variable based on 11% of population referred while incarcerated, and 9% of population remaining active consumers while incarcerated to prevent service gaps).
 73% of consumers experienced a reduction in homelessness.
 80% of consumers experienced a reduction in utilization of emergency shelters.

Who Applied: 113/149 unique consumers who engaged in service 90 days or longer.

Time of Measure: July 1, 2016- June 30, 2017

Data Source: DCR/ITWS State System

(3). Access:

Target goal Expectancy: Program will provide service to 140 unique consumers.

Indicator:

MHS Fresno IMPACT engaged and provided services to 149 unique consumers.
75% of referred consumers remained engaged in services for 6 months or more.
Only 1 consumer was denied service due to not meeting program criteria.

Who Applied: 149 unique consumers.

Time of Measure: July 1, 2016- June 30, 2017

Data Source: AVATAR

Target goal Expectancy: Program access requirements-
Referral to first contact-24 hours
Referral to intake/assessment-14 days
Assessment to 1st psych visit-30 days

Indicator:

Fresno IMPACT (Average time between...)

Referral to first contact ----- 1 day

Referral to intake/assessment ----- 1/13 days

Assessment to 1st psych visit (adult) ----- 21 days

Who Applied: 115 unique consumers with engagement time of 30 days or more.

Time of Measure: July 1, 2016- June 30, 2017

Data Source: AVATAR

(4). Satisfaction & Feedback Of Persons Served & Stake holders:

Reaching Recovery: MHS Fresno IMPACT utilized the Fresno County Reaching Recovery database to create an individual recovery profile and to track consumer improvement and satisfaction of needs at intake and 6 months.

Indicator: 76% of consumers self-reported an increase in functioning.

Who Applied: 89/149 unique consumers who were engaged in service 6 months or longer.

Time of Measure: 6 month periods between July 1, 2016-June 30, 2017.

Data Source: Reaching Recovery

Target goal Expectancy: A significant increase in consumer functioning.

