PROGRAM INFORMATION:			
Program Title:	First Onset Team (FOT) and Transitional Age Youth (TAY) Team	**Provider:**	Department of Behavioral Health
Program Description:	The Department of Behavioral Health (DBH) FOT and TAY programs were merged in FY 17-18 to create a comprehensive program and are co-located. Both provide psychiatry, therapy, case management, and crisis intervention services to their target populations and utilizes the Transition to Independence Process (TIP) model. FOT focuses on providing mental health services to adults, including those in the transitional age group, with severe mental illness (SMI) populations who have been identified as experiencing a first onset of mental illness with psychosis within the last 365 days. TAY serves Medi-Cal beneficiaries in the transitional age group who live within Fresno County and require specialty mental health treatment services. With TIP, persons served are encouraged to develop supportive social support systems and linkage is provided to other community resources for appropriate services such as employment, education and medical services. The services provided from both programs are person-centered and strive to help each person served be self sufficient and reach their personal goals.

The allocated positions for the program consists of 6 Mental Health Clinicians, 5 Community Mental Health Specialists and 1 Peer Support Specialist. The program | **MHP Work Plan:** | 4-Behavioral health clinical care |

operated at an average vacancy rate of 27% throughout FY 17-18.

Age Group Served 1:	ADULT	**Dates Of Operation:**	March 2010-Current
Age Group Served 2:	TAY	**Reporting Period:**	July 1, 2017-June 30, 2018
Funding Source 1:	Early Intervention (MHSA)	**Funding Source 3:**	Prevention (MHSA)
Funding Source 2:	Medical FFP	**Other Funding:**	Realignment

FISCAL INFORMATION:

Program Actual Amount:	$1,236,211
Number of Unique Persons Served During Time Period:	824
Number of Services Rendered During Time Period:	6,638
Actual Cost Per Person:	$1,500

TARGET POPULATION INFORMATION:

Target Population: Both programs service adults and young adults (17-28 years of age) with SMI, with FOT focusing on those who have been diagnosed with psychosis within the last year.

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: **Please describe how the selected concept (s) embedded** :

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

A recovery/resiliency orientation is embedded in all aspects of program delivery. This is reinforced in the evidence supported and evidenced based treatment models that are utilized in all aspects of service delivery.

Embedded in service delivery to all persons served are initial and ongoing collateral and family sessions with persons served. Also included is a once a month collateral group for family members/caregivers that provides both education and support.

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 person served at the right time.

Consumer Recovery Measure (CRM): A quarterly person served rating of his/her perception of recovery. It is a 16-question tool that explores the person's served 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 person's served progress in recovery in areas that tend to correlate with an individual's recovery. It provides practitioner's rating of the person's served 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 Person Served**

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

         i. Objective: To maximize the use of resources allocated to the program.

        ii. Indicator: Total program costs compared to number of unique persons served.

       iii. Who Applied: Persons served by the program. Persons served represents persons who received any specialty mental health service in FY 17-18.

       iv. Time of Measure: FY 17-18

        v. Data Source: Avatar and Financial Records

       vi. Target Goal Expectancy: To keep within departmental budgeted costs for the program.

      vii. Outcome: Compared to prior year, the cost per person served for FY 17-18 decreased by about 3%. The number of unique persons served increased by about 3%. Program costs remained relatively stable.

Cost per Person Served

	FY 16-17	FY 17-18
Unique Persons Served	804	824
Program Actual Amount	$1,236,789	$1,236,211
Cost per Person Served	$1,538	$1,500

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, which 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 2017.

a. **Consumer Perception Survey**

    i. Objective: To gauge the satisfaction of persons served and collect data for service planning and quality improvement.

    ii. Indicator: Average percent of persons served 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: Persons served who completed the survey in November 2017 for the program.

    iv. Time of Measure: November 2017

    v. Data Source: Consumer Perception Survey data

    vi. Target Goal Expectancy: The Department would like to see a majority of persons served satisfied for each domain. The Department will continue to develop target goals for the Consumer Perception Survey.

    vii. Outcome: Majority of persons served were satisfied in seven of 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 persons served surveyed were satisfied.

Consumer Perception Survey: Nov 2017

General Satisfaction: 85%
Perception of Access: 80%
Perception Quality and Appropriateness: 81%
Perception of Partcipaton in Treatment Planning: 82%
Perception of Outcome pf Services: 61%
Perception of Functioning: 59%
Perception of Social Connectedness: 71%