FRESNO COUNTY MENTAL HEALTH PLAN   **OUTCOMES REPORT- Attachment A**

PROGRAM INFORMATION:			
Program Title:	Sunrise	**Provider:**	Turning Point of Central California, Inc.
Program Description:	The Sunrise Program is a full service partnership (FSP) program serving up to 180 adults ages 18-59 in the community. The Sunrise Program offers recovery-oriented intensive outpatient mental health services that provide consumers with opportunities to utilize their strengths and abilities to gain independence and self–sufficiency in the community.	**MHP Work Plan:**	2-Wellness, recovery, and resiliency support Choose an item. Choose an item.
Age Group Served 1:	ADULT	**Dates Of Operation:**	November 1, 2020 - Current
Age Group Served 2:	Choose an item.	**Reporting Period:**	November 1, 2020 - June 30, 2021
Funding Source 1:	Com Services & Supports (MHSA)	**Funding Source 3:**	Choose an item.
Funding Source 2:	Medical FFP	**Other Funding:**	Private Insurance

FISCAL INFORMATION:			
Program Budget Amount:	$3,887,864.00	**Program Actual Amount:**	$1,448,957.72
Number of Unique Clients Served During Time Period:	166		
Number of Services Rendered During Time Period:	Click here to enter text.		
Actual Cost Per Client:	$8,728.66		

CONTRACT INFORMATION:			
Program Type:	Contract-Operated	**Type of Program:**	FSP
Contract Term:	5 Years	**For Other:**	Click here to enter text.
		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:	Choose an item.		

TARGET POPULATION INFORMATION:

Target Population: The target population served includes adults residing in Fresno County who meet requirements for Serious Mental Illness and meet one of more of the following criteria: homelessness; at risk of homelessness; involvement in the criminal justice system; frequent users of hospitals and/or emergency room services.

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

Community collaboration

Integrated service experiences

Cultural Competency

Please describe how the selected concept (s) embedded :

Each person served is treated individually with a focus on person-centered goals and strengths. A treatment plan is developed in collaboration with the participant and includes personal goals in their voice. Participants are given the option to include support persons (family or others) in the development of the treatment plan. Sunrise staff promote the inclusion of support persons as part of the treatment team to enhance treatment interventions and outcomes. The treatment team attempts to offer a variety of options for treatment, rehabilitation, and support. Services are flexible and are provided with the individual needs of participants in mind. The program provides advocacy and helps develop connections with community partners. Collaborative relationships have been developed and maintained with several community agencies, treatment providers, and local government with

the goal of continuity of care and optimal person served outcomes. Program services focus on meeting the needs of the whole-person to improve physical health and mental health. Any substance abuse is also considered in the treatment plan with substance abuse services and linkages. Staff encourage and assist with linkage and transportation to primary care settings for preventative and follow-up health care. Program nursing staff provide routine monitoring of vitals, medication side effects, and health education. The program is committed to hiring bicultural, bilingual, and culturally competent staff. All staff members are provided sensitivity training in the area of cultural competence. Culture is considered to be an integral part of their treatment.

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. Psychiatric Hospitalization
   Hospitalization refers to any hospital admission captured in Fresno County's electronic health record, Avatar. Data may be entered by any hospital that utilizes Avatar including Exodus PHF, Community Behavioral Health Center (CBHC), and Kaweah Delta Psychiatric Hospital.
   i. Objective: To prevent and reduce the total number of persons and days spent in a psychiatric hospital setting compared to the total number of persons and days spent hospitalized 12 months prior to program enrollment.
   ii. Indicator: Percentage of individuals served that experienced no psychiatric hospitalizations, and total number of individuals and days spent in a hospital setting compared to pre-enrollment.
   iii. Who Applied: Individuals served by the program for a minimum of one year.
   iv. Time of Measure: FY 20-21
   v. Data Source: DCR/ITWS State database.
   vi. Target Goal Expectancy: A minimum of 70% of persons enrolled in FSP services will experience no episodes of psychiatric hospitalization. The number of persons and days spent in a psychiatric hospital setting will be reduced when compared to the number of days hospitalized prior to program enrollment.
   vii. Outcome: The total number of persons hospitalized was reduced by 58% and the total number of days was reduced by 64% compared to 12 months prior to program enrollment. 85% of persons enrolled experienced no psychiatric hospital episodes.

Period	# of Individuals Pre-Entry	# of Individuals Post-Entry	% Reduction	Days Pre-Entry	Days Post-Entry	% Reduction	% of Individuals with no hospitalizations
20-21	60	25	58%	2005	725	64%	85%

**INDIVIDUALS HOSPITALIZED** — 20-21

DAYS HOSPITALIZED — 20-21
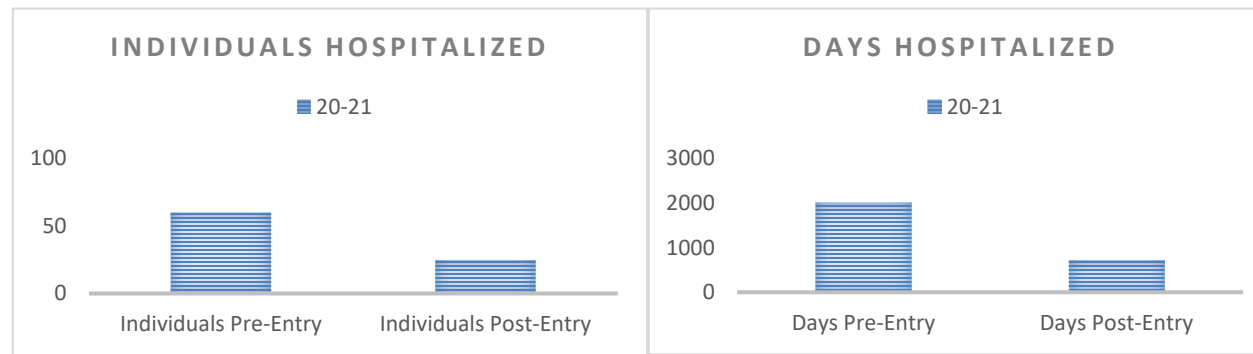
b. Incarcerations

Incarceration refers to individuals confined in a jail or prison setting.

i.   Objective: To prevent and reduce the total number of persons and days spent incarcerated compared to the total number of days spent incarcerated 12 months prior to program enrollment.

ii. Indicator: Percentage of persons that experienced no incarcerations and the total number of persons and days spent incarcerated compared to pre-enrollment.

iii. Who Applied: Individuals served by the program a minimum of one year.

iv. Time of Measure: FY 20-21

v.   Data Source: DCR/ITWS State database.

vi. Target Goal Expectancy: A minimum of 70% of individuals enrolled in FSP services will experience no episodes of incarceration. The total number of individuals and days incarcerated will be reduced when compared to 12 months prior to enrollment.

vii. Outcome: The total number of persons incarcerated was reduced by 64%. The total days spent incarcerated was also reduced by 89%. 95% of individuals enrolled in FSP services experienced no episodes of incarceration.

Period	# of Individuals Pre-Entry	# of Individuals Post-Entry	% Reduction	Days Pre-Entry	Days Post-Entry	% Reduction	% of Individuals with no Incarcerations
20-21	25	9	64%	2,642	280	89%	95%

| INDIVIDUALS INCARCERATED	DAYS INCARCERATED
■ 20-21	■ 20-21
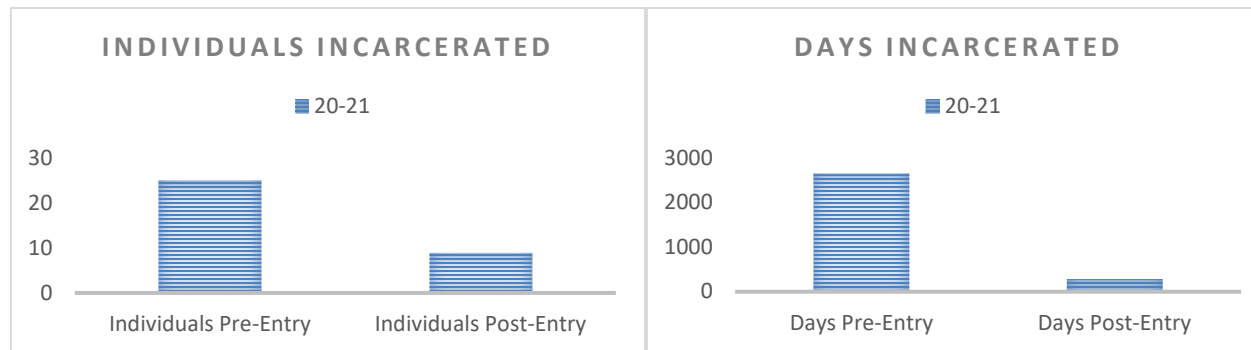
c. **Homelessness**

Homelessness refers to individuals without a place to live, who are living is a place not meant for human habitation, or who are living in an emergency shelter.

i. Objective: To prevent and reduce the total number of persons and days spent homeless compared to the total number of persons and days spent homeless 12 months prior to program enrollment.

ii. Indicator: Percentage of individuals that experienced no episodes of homelessness and the total number of individuals and days spent homeless compared to pre-enrollment.

iii. Who Applied: Individuals served by the program a minimum of one year.

iv. Time of Measure: FY 20-21

v. Data Source: DCR/ITWS State database.

vi. Target Goal Expectancy: A minimum of 70% of individuals enrolled in FSP services will experience no episodes of homelessness. The total number of persons and days spent homeless will be reduced when compared to 12 months prior to program enrollment.

vii. Outcome: The total number of persons experiencing homelessness was reduced by 67%. The total number of days spent homeless was reduced by 80%. 93% of individuals enrolled in FSP services experienced no episodes of homelessness.

| Period	# of Individuals Pre-Entry	# of Individuals Post-Entry	% Reduction	Days Pre-Entry	Days Post-Entry	% Reduction	% Of Individuals with no homeless episodes
20-21	33	11	67%	5,954	1,219	80%	93%

INDIVIDUALS HOMELESS

DAYS HOMELESS
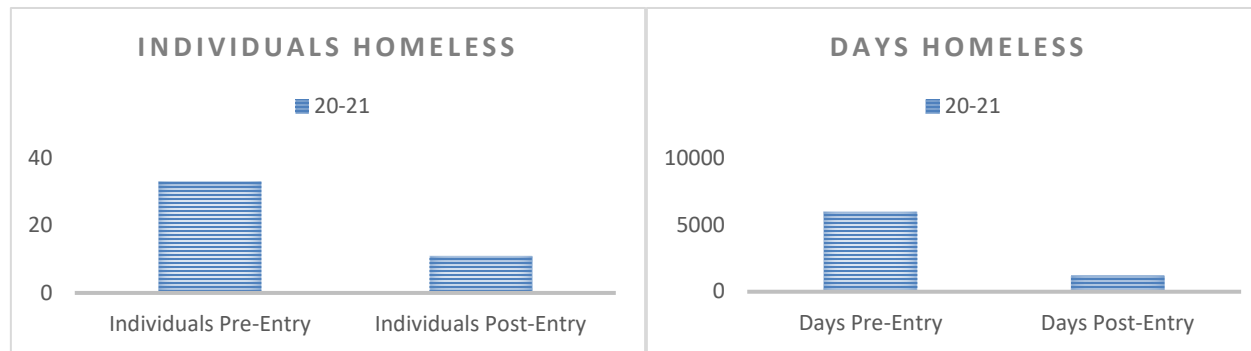
d. Medical Hospitalizations

Medical hospitalization refers to individuals who frequently require hospitalization at a local hospital or emergency department as a result of chronic or untreated physical health related conditions.

  i. Objective: To prevent and reduce the total number of persons and days spent in a hospital or emergency department (ED) setting compared to 12 months prior to program enrollment.

  ii. Indicator: Percentage of individuals that experienced no episodes of medical hospitalizations or ED admissions, and the total number of individuals and days admitted in a medical hospital or ED compared to pre-enrollment.

  iii. Who Applied: Individuals served by the program for a minimum of one year.

  iv. Time of Measure: FY 20-21

  v. Data Source: DCR/ITWS State database.

  vi. Target Goal Expectancy: A minimum of 70% of persons enrolled in FSP services will experience no episodes of medical hospitalizations or ED admissions. The total number of persons and days admitted in a medical hospital or ED will be reduced when compared to 12 months prior to program enrollment.

  vii. Outcome: The total number of persons admitted for a medical hospitalization or ED admission was reduced by 70%, and the total number of days was reduced by 76%. 98% of individuals enrolled in FSP services experienced no medical hospital or ED admissions.

Period	# of Individuals Pre-Entry	# of Individuals Post-Entry	% Reduction	Days Pre-Entry	Days Post-Entry	% Reduction	% of Individuals with no hospital episodes
19-20	10	3	70%	316	76	76%	98%

INDIVIDUALS HOSPITALIZED — 20-21

DAYS HOSPITALIZED — 20-21
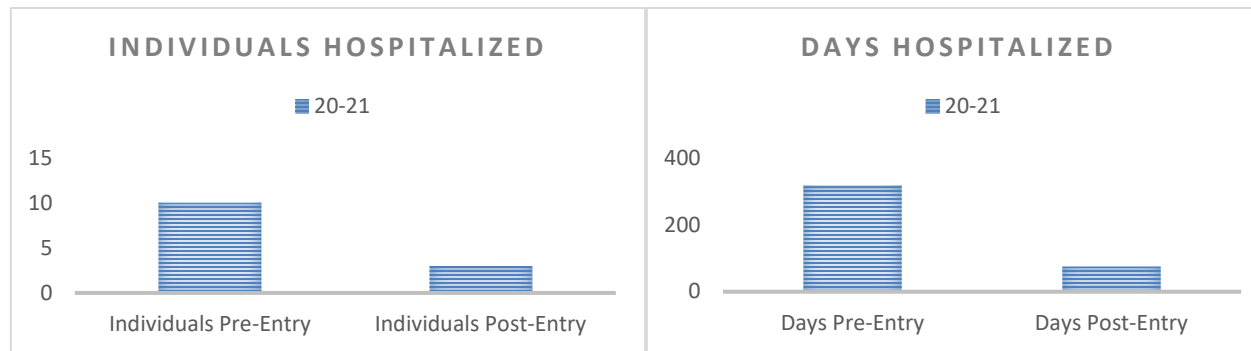
e. **Participation in Educational Settings**

Educational setting refers to any learning environment or institution that offers educational services and curriculum according to specific objectives. Examples may include adult schools, vocational schools, community colleges, and universities.

i. Objective: To increase the annual percentage of individuals served enrolled in educational settings.
ii. Indicator: Annual percentage of served individuals enrolled in educational settings.
iii. Who Applied: Individuals served by the program enrolled in educational settings.
iv. Time of Measure: FY 20-21
v. Data Source: DCR/ITWS State database.
vi. Target Goal Expectancy: 15% of served individuals will be enrolled in educational settings.
vii. Outcome: 17% of served individuals were enrolled in an educational setting during the reporting period.

Period	Individuals Served	Individuals Enrolled Educational Setting	Percentage
20-21	166	10	17%

Education

■ Outcome	17%
■ Goal	15%
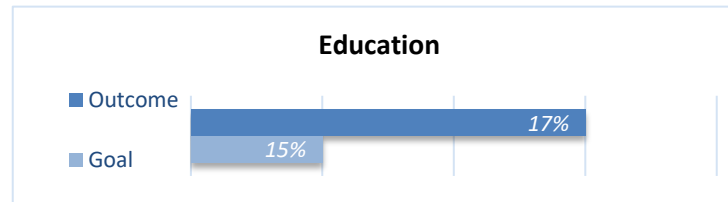
f. Participation in Employment or Volunteerism

Employment refers to work environments where persons served are paid competitive wages in exchange for job related activities performed. Volunteerism refers to environments where persons willingly provide services or complete tasks without any expectation of financial compensation, but may gain work experience and job related skills.

i. Objective: To increase the annual percentage of served individuals engaged in employment or volunteer activities.

ii. Indicator: Annual percentage of persons engaged in employment or volunteer activities.

iii. Who Applied: Individuals served by the program engaged in employment or volunteer activities.

iv. Time of Measure: FY 20-21

v. Data Source: DCR/ITWS State database.

vi. Target Goal Expectancy: To have a minimum of 15% of served individuals engaged in employment or volunteer activities annually.

Period	Individuals Served	Individuals Employed/Volunteer	Percentage
20-21	166	9	15%

vii. Outcome: The annual percentage of served individuals engaged in employment or volunteer activities was 15%.

Employment/Volunteerism

|	
■ Outcome	15%
■ Goal	15%
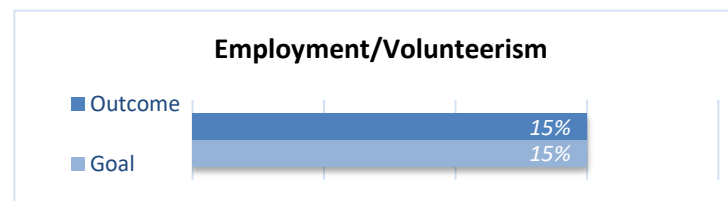
g. Reaching Recovery: Consumer Recovery Measure and Recovery Marker Inventory

The Sunrise program implemented the use of Reaching Recovery tools in October of 2021 when the program opened. Reaching Recovery is a tool that was developed by the Mental Health Center of Denver; its major focus is tracking change across multiple domains of wellness. With Reaching Recovery in place, Sunrise utilizes several tools designed to measure recovery for FSP level individuals: the Recovery Needs Level Marker, Consumer Recovery Measure, and the Recovery Marker Inventory.

Recovery Needs Level (RNL)

i. Objective: To ensure the appropriate level of service intensity at a person served's stage of recovery; to move person served towards increased levels of functioning; and to transition served individuals to the least restrictive level of care.

ii. Indicator: Recovery Needs Level (RNL) records the status of observed needs across 17 domains. RNL scores are compared at 6 month intervals to show trends of recovery through time. Reduced scores indicate positive recovery growth and movement towards reduced levels of service.

iii. Who Applied: Individuals served by the program a minimum of one year.

iv. Time of Measure: FY 20-21

v. Data Source: Avatar Electronic Health Record

vi. Target Goal Expectancy: To have a minimum of 50% of individuals that participated in services realize positive recovery growth and a minimum of 25% transition to lower levels of service.

vii. Outcome: 50% of the program population trended towards positive recovery growth and 10% transitioned towards reduced levels of care. We believe the goal was not reached to due to the COVID-19 pandemic and decrease in frequency of services and/or telehealth services. This program was operational for only 8 months out of this fiscal year and is working on stabilizing persons served during a difficult year.

| Period	Individuals Scored	Positive Recovery Growth	Needs Level Reduced
20-21	71	50%	10%

Recovery Growth

- Outcome
- Goal

Outcome: 50%
Goal: 50%

Needs Level

- Outcome
- Goal

Outcome: 10%
Goal: 25%
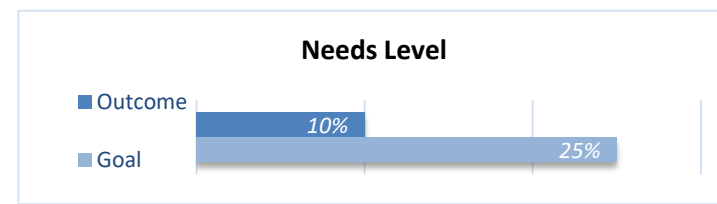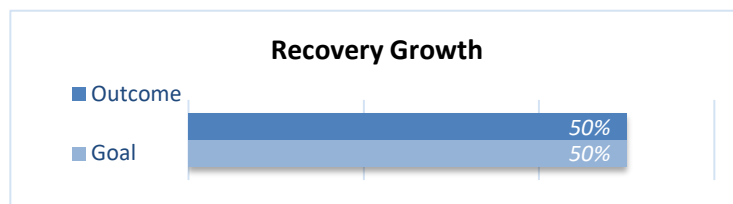
Recovery Marker Inventory (RMI)

i. Objective: To provide a quarterly practitioner rating of a participant's progress in recovery areas that tend to correlate with an individual's recovery.

ii. Indicator: Recovery Marker Inventory (RMI) A practitioner's rating of the participant's recovery on 8 objective factors associated with recovery: employment, education, active growth, level of symptom management, participation in services, housing. RMI scores are compared at quarterly intervals to show trends of recovery through time. Increased scores indicate positive recovery growth.

iii. Who Applied: Individuals served by the program a minimum of one year.

iv. Time of Measure: FY 20-21

v. Data Source: Avatar Electronic Health Record

vi. Target Goal Expectancy: To have a minimum of 50% of individuals that participated in services realize positive RMI recovery growth trends.

viii. Outcome: 29% of the program population trended towards positive recovery growth. We believe the goal was not reached to due to the COVID-19 pandemic and decrease in frequency of services and/or telehealth services. This program was operational for 8 months out of this fiscal year and is working on stabilizing persons served during a difficult year.

Period	Individuals Scored	Positive Recovery Growth
20-21	42	29%

RMI Recovery Growth

- Outcome: 29%
- Goal: 50%
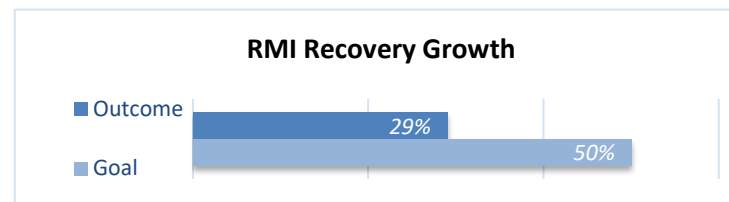
Consumer Recovery Measure (CRM)
  i.   Objective: To measure the person served's perception of their recovery.
  ii. Indicator: Consumer Recovery Measure (CRM) A quarterly rating of a person served's perception of recovery across 5 dimensions: hope, symptom management, personal sense of safety, active growth orientation, satisfaction with social networks. Increased scores indicate positive recovery growth from the person served's perspective.
  iii. Who Applied: Individuals served by the program a minimum of one year.
  iv. Time of Measure: FY 20-21
  v.   Data Source: Avatar Electronic Health Record
  vi. Target Goal Expectancy: To have a minimum of 50% of individuals that participated in services perceive positive recovery growth trends.
  ix. Outcome: 47% of served individuals perceived having positive recovery growth. We believe the goal was not reached to due to the COVID-19 pandemic and decrease in frequency of services and/or telehealth services. This program was operational for 8 months out of this fiscal year and is working on stabilizing persons served during a difficult year.

Period	Individuals Scored	Perceived Recovery Growth
20-21	39	47%

CRM Recovery Growth

- Outcome: 47%
- Goal: 50%
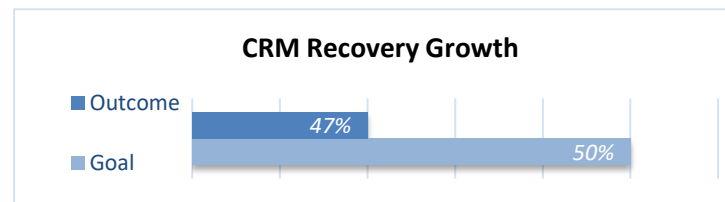
2. Efficiency-
  a. Cost per Individual
  Costs include all staffing and overhead costs associated with operation of the program.
    i.   Objective: To efficiently use resources and maintain or minimize cost per person served.
    ii. Indicator: Total program costs compared to number of unique Individuals served.
    iii. Who Applied: Individuals served by the program.
    iv. Time of Measure: FY 20-21
    v.   Data Source: Avatar and Financial Records

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

vii. Outcome: The average cost per person served was $8,728.66. The program successfully operated within budgeted costs.

Period	Persons Served	Average Cost per Person Served	Total Program Cost
20-21	166	$8,728.66	$4,448,957.72

3. Access-

   a. **Length of time from referral to first contact**

The Vista program receives referrals from multiple community entities. The goal of the program is to act promptly for each referral.

    i. Objective: To provide timely service for persons requesting mental health care.

    ii. Indicator: Percentage of referred individuals that received first contact attempts within 7 business days of the referral date.

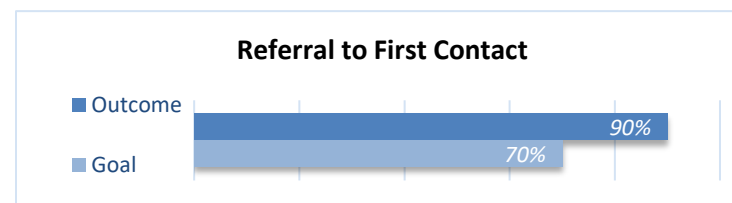   iii. Who Applied: Individuals referred to the program.

    iv. Time of Measure: FY 20-21

    v. Data Source: Avatar

    vi. Target Goal Expectancy: 70% of referred individuals will attempt to be contacted within 7 business days of the referral date.

    vii. Outcome: The average length of time from referral to first contact was 3 days. 90% of referred individuals were contacted within 7 business days of the referral date.

Period	Individuals Enrolled	Ave Time to 1st Contact	Percentage of Persons Served contacted within 7 days
20-21	48	3 days	90%

Referral to First Contact
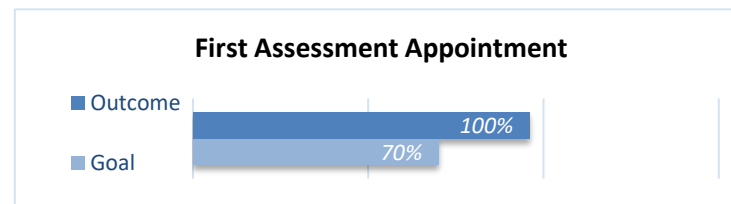
- Outcome: 90%
- Goal: 70%

b. **Length of time from first contact to first assessment appointment offered**
   The Vista program receives referrals from multiple community entities. The goal of the program is to act promptly for each referral.
   i. Objective: To provide timely service for individuals requesting mental health care.
   ii. Indicator: Percentage of individuals offered their first assessment appointment within 10 business days of the first contact date.
   iii. Who Applied: Individuals referred to the program and offered an assessment appointment.
   iv. Time of Measure: FY 20-21
   v. Data Source: Avatar
   vi. Target Goal Expectancy: 70% of referred individuals will be offered their first assessment appointment within 10 business days of the first contact date.
   vii. Outcome: The average wait time from first contact date to the first assessment appointment date offered was 3 days. 100% of individuals were offered an assessment date within 10 days of the first contact date.

Period	Individuals Enrolled	Ave Time to 1st Offered Assessment Date	Percentage offered assessment appointment within 10 days
20-21	48	3 days	100%

First Assessment Appointment

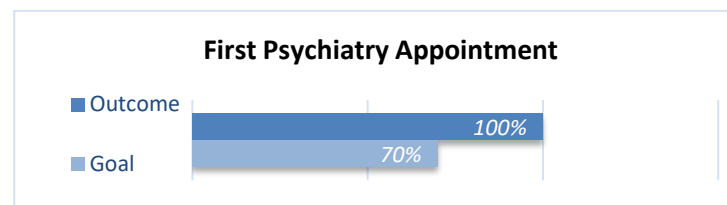|	
■ Outcome	100%
■ Goal	70%

c. **Length of time from assessment to the first psychiatry appointment offered**
   The Vista program receives referrals from multiple community entities. The goal of the program is to act promptly for each referral.
   i. Objective: To provide timely service for individuals requesting psychiatric care and medications.
   ii. Indicator: Percentage of individuals offered their first psychiatry appointment within 15 business days of their assessment appointment.
   iii. Who Applied: Individuals assessed and enrolled into program services.
   iv. Time of Measure: FY 20-21

v. Data Source: Avatar
vi. Target Goal Expectancy: 70% of individuals will be offered their first psychiatry appointment within 15 business days of their assessment date.
vii. Outcome: The average wait time from assessment date to the first psychiatry appointment date offered was 5 days. 100% of individuals were offered a psychiatry appointment within 15 days of the assessment date.

Period	Individuals Enrolled	Ave Time to 1st Offered Psychiatry Date	Percentage offered 1st psychiatry appointment within 15 days
20-21	48	5 days	100%

First Psychiatry Appointment

- Outcome 100%
- Goal 70%

4. Satisfaction & Feedback of Persons Served & Stakeholders-

a. **Consumer Perception Survey**

Consumer Perception Surveys (CPS) are conducted every six 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.

i. Objective: To gauge satisfaction of individuals served and collect data for service planning and quality improvement.
ii. Indicator: Average percent of served individuals 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 2019.
iv. Time of Measure: The survey was conducted in November of 2019.
v. Data Source: Consumer Perception Survey data
vi. Target Goal Expectancy: The program would like to see a majority of served individuals satisfied for each domain.

vii. <u>Outcome:</u> A majority of served individuals rated themselves satisfied in all seven 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 indicates that 86% of served individuals surveyed were satisfied.

4. <u>Satisfaction & Feedback of Persons Served & Stakeholders-</u>
   a. **Consumer Perception Survey**
      Consumer Perception Surveys (CPS) are conducted every six 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.
   i. <u>Objective:</u> To gauge satisfaction of individuals served and collect data for service planning and quality improvement.
      ii. <u>Indicator:</u> Average percent of served individuals 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. <u>Who Applied:</u> Persons served who completed the survey in June 2020.
      iv. <u>Time of Measure:</u> The survey was conducted in June 2020.
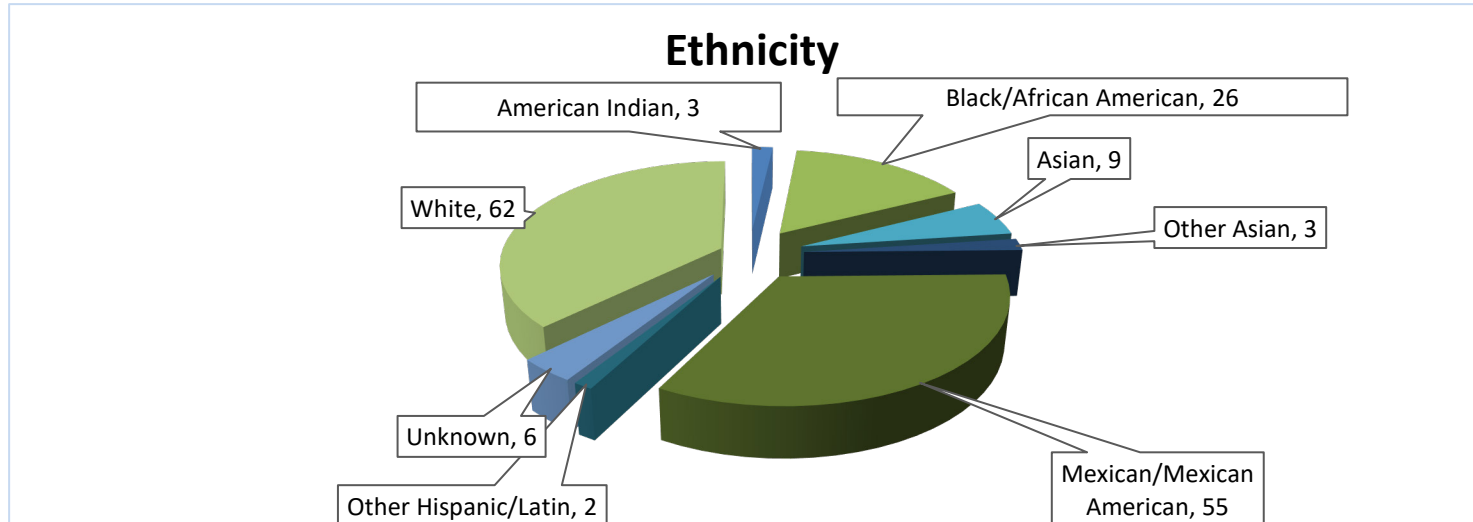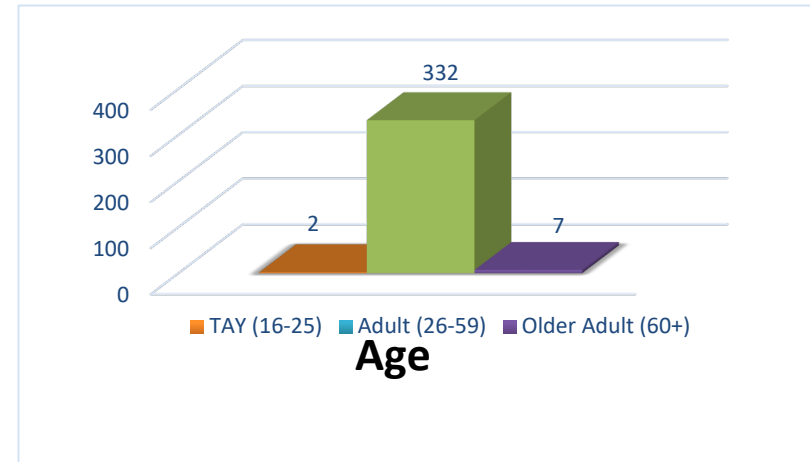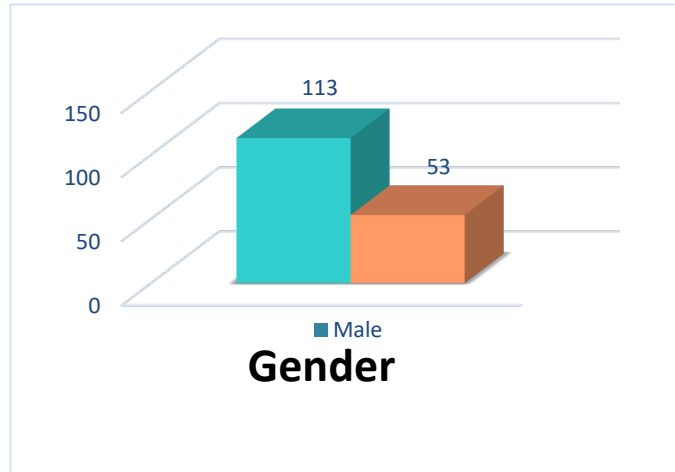   v. <u>Data Source:</u> Consumer Perception Survey data
      vi. <u>Target Goal Expectancy:</u> The program would like to see a majority of served individuals satisfied for each domain.
      vii. <u>Outcome:</u> A majority of served individuals rated themselves satisfied in all seven domains. General 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 indicates that 88% of served individuals surveyed were satisfied.

Domains	June 2020
General Satisfaction	84%
Perception of Access	90%
Perception Quality & Appropriateness	89%
Perception of Participation in Tx Planning	91%
Perception of Outcome of Services	89%
Perception of Functioning	85%
Perception of Social Connectedness	88%

Program Demographics

Gender

- Male: 113
- 53

Age

- TAY (16-25): 2
- Adult (26-59): 332
- Older Adult (60+): 7

Ethnicity

- American Indian, 3
- Black/African American, 26
- Asian, 9
- Other Asian, 3
- White, 62
- Mexican/Mexican American, 55
- Unknown, 6
- Other Hispanic/Latin, 2

DEPARTMENT RECOMMENDATION(S):

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