

PROGRAM INFORMATION:

Program Title:	Older Adult Team	Provider:	Department of Behavioral Health
Program Description:	<p>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.</p>	MHP Work Plan:	4-Behavioral health clinical care
Age Group Served 1:	OLDER ADULT	Dates Of Operation:	September 2007-Current
Age Group Served 2:		Reporting Period:	July 1, 2015 - June 30, 2016
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	Com Services & Supports (MHSA)
Funding Source 2:	Medical FFP	Other Funding:	Federal and private pay

FISCAL INFORMATION:

Program Actual Amount: \$1,540,415.00
Number of Unique Clients Served During Time Period: 458
Number of Services Rendered During Time Period: 7,398
Actual Cost Per Client: \$3,363

TARGET POPULATION INFORMATION:

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

MHSA CORE CONCEPTS:

Please select MHSA core concepts embedded in services/ program:

(May select more than one)

Recovery/Resiliency Orientation

Community Collaboration

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), 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.

Close collaboration with physical health care providers is achieved through the addition of a full-time 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. This has freed up our clinicians, case managers and other staff to communicate more often with other 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:

To increase quality of life of clients served and improve client’s functioning.

PROGRAM OUTCOME DATA/INDICATORS:

1. Crisis Services- Compared to prior year’s outcomes, decreased percentage of clients with crisis services by 6% and decreased percentage of clients with reoccurrence of crisis services by 3%.
 - a. The number of clients this fiscal year (2015/2016) with crisis services and recurrent crisis services was significantly reduced from last fiscal year (July 2014 to June 2015). This is due at least in part to the following: Community Mental Health Specialist (CMHS) who most often address homelessness and lack of resources and support in an expeditious and client-centered way; clinicians and Peer Support Specialists (PSS) who have been building additional client skill and therapeutic supports into our program such as Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy for psychosis (CBTp), Seeking Safety, Wellness Recovery Action Plan (WRAP), individual and group rehab/therapy and the closer collaboration among the team, including clinicians with CMHS staff and PSS staff and non-medical staff with Medical Doctors (MDs), Nurse Practitioners (NPs) and Licensed Vocational Nurses (LVNs).

Crisis Services

Older Adult Team	FY 15-16 (07/15-06/16)	Monthly Average	Percent of Clients	14-15 (01/14-06/15)	Monthly Average	Percent of Clients
# of Clients w/crisis services	26	2	6%	60	3	12%
# of Clients with recurrence of crisis services	6	1	1%	21	1	4%
# of Unique clients served by program	458			512		

Hospitalization

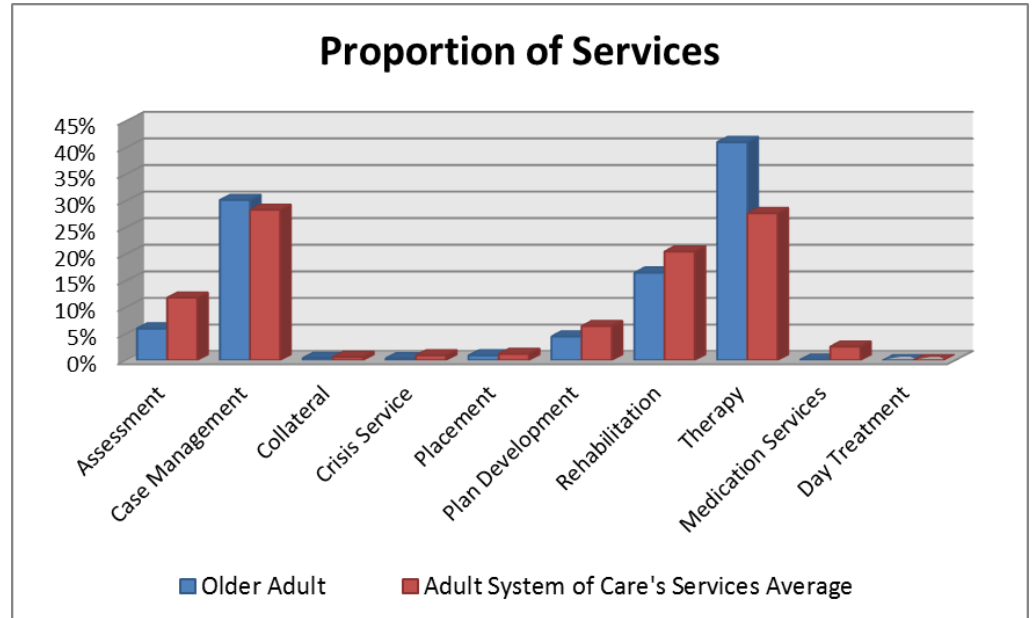
Older Adult Team	FY 15-16 (07/15-06/16)	Monthly Average	Percent of Clients	14-15 (01/14-06/15)	Monthly Average	Percent of Clients
# of Clients hospitalized	20	2	4%	31	2	6%
# of Days of hospitalization	387	32		344	19	
# of Clients with more than one consecutive period of hospitalization	13	1	3%	12	1	2%
# of Unique clients served by program	458			512		

Crisis services were pulled from Exodus cost center in Avatar from July 2015 through June 2016. This data was pulled on July 27, 2016 and reflects real time data. Crisis reoccurrence is defined as more than one 23 hour period visit at those locations. Hospitalization data was pulled on July 27, 2016 and reflects real time data. Client counts may have changed due to Avatar corrections. Data was pulled from Crestwood PHF, Exodus PHF and hospitals in Avatar.

2. Hospitalization- Compared to prior year’s outcomes, decreased percentage of clients hospitalized by 2%

and increased percentage of clients with more than one consecutive period of hospitalization by 1%.

- 3. All clients served primarily received therapy and case management services.



DEPARTMENT RECOMMENDATION(S):

The Department recommends continuing funding for the Older Adult program for FY 2016-2017.