FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: Living Well Program (LWP) **PROVIDER:** Fresno Center for New Americans (FCNA)

PROGRAM DESCRIPTION:

FCNA provides two distinct services under this Agreement and the Living Well Program: Outpatient Mental Health Services and Clinical Training Services.

Outpatient Mental Health Services: The goals of the Outpatient component are primarily to provide culturally and linguistically competent outpatient mental health services to 75 adult (minimum) Southeast Asian (SEA) community members in Fresno County.

Clinical Training Services: The Clinical Training component of this program serves as a training/practicum site for SEA graduate and post-graduate SEA students (post Master's or post-Doctorate Degrees) to work toward completing all of the requirements necessary to take the licensure exams to become licensed mental health clinicians. The services are provided in traditional SEA languages and therapeutic methods are adapted appropriately to respond to the diverse mental health needs of SEA consumers. This serves to achieve diversification in the mental health workforce, and to provide cross-cultural training for health care professionals.

AGES SERVED:

- ☐ **Children**
- ☒ **Adult**
- ☐ **TAY**
- ☒ **Older Adult**

DATES OF OPERATION: September 1, 2008 to present

DATES OF DATA REPORTING PERIOD: Jan – Dec 2011

OUTCOME GOAL	**OUTCOME DATA**
Outpatient Services	
To increase access to culturally/linguistically services to SEA consumers	Compared to the contract goal of 75, an average of 102 consumers have received psychotherapy (individual and group) and/or other mental health services by bilingual and bicultural clinicians.
90% of those engaged in services will not access higher levels of care.	100% of consumers served have not required a higher level of care.

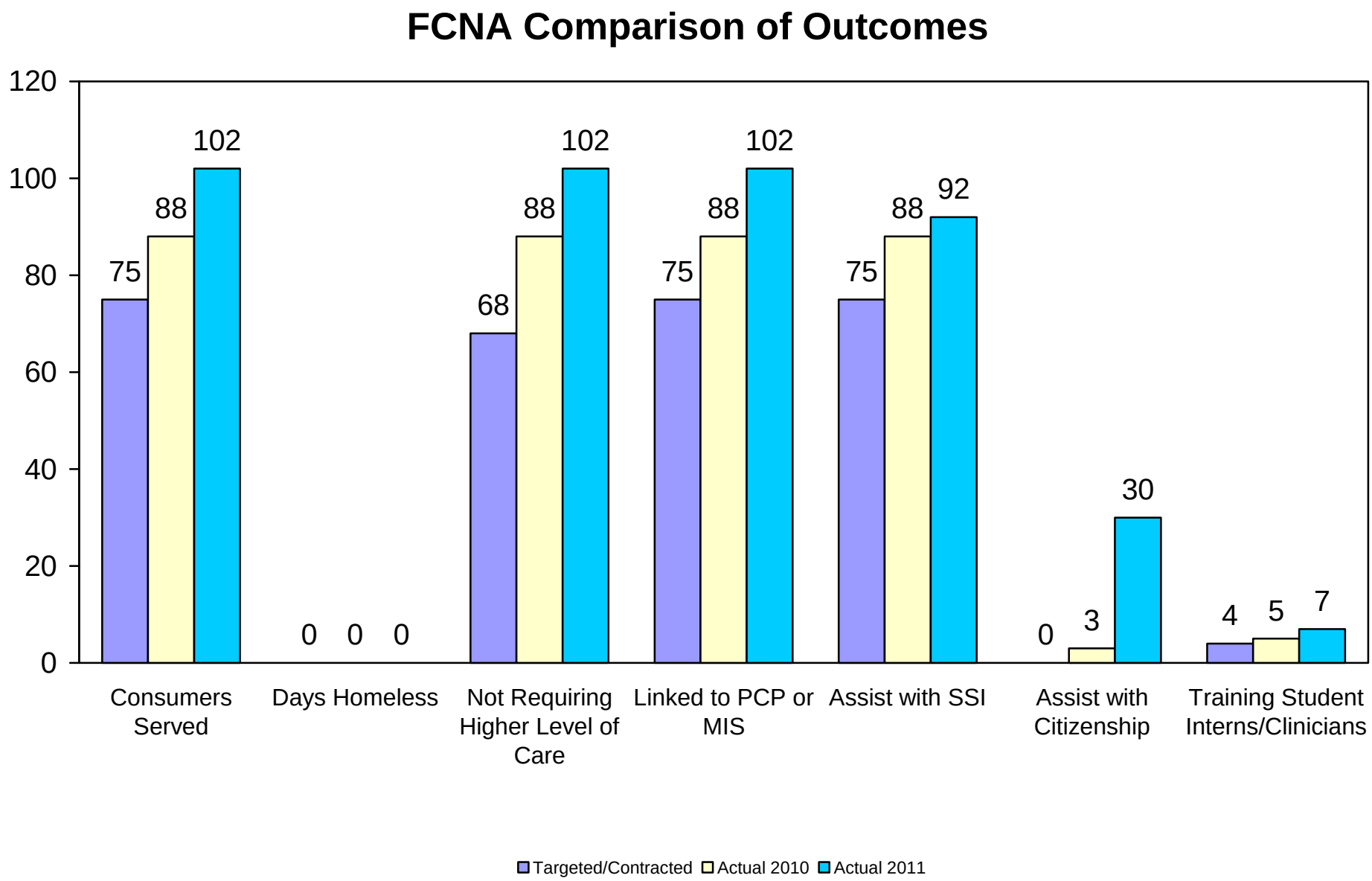
FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

Those engaged in services will have zero (0) days of homelessness.	No (0) consumers served were homeless at intake, during or after engaging in services; No consumers served have declined housing assistance.
Evidenced of improved access to services for all engaged in the program	100% of consumers with Medi-Cal insurance have been linked to PCP. 100% of those who have no Medi-Cal or any other form of medical insurance have been linked or attempted to be linked to the Medically Indigent Service Program (MISP). ▪ 92/102 (90%) consumers have been assisted with application for SSI benefits; ▪ 57/102 (56%) of consumers served receive SSI benefits. ▪ 19/102 (19%) their benefits are in progress/pending ▪ 26/102 (25%) of consumers have been denied/decline benefits. 100% of consumers are aware of services available to assist in becoming naturalized citizens. Approximately 30 Consumers have been helped with citizenship applications. Of the 30 consumers, 20 (including their family members) obtained US citizenship.
<u>Clinical Training Services</u>	
To increase the number of bicultural and bilingual mental health clinicians (contract goal was 4 clinicians)	1 Clinician (currently the Clinical Director) passed the LCSW exam in 2009; 2 unlicensed clinicians have successfully completed their required field training and they have completed all of their required clinical hours in preparation to take their licensure exams; 2 unlicensed clinicians have 50% of their required clinical hours in preparation to take their licensure exams; 3 graduated interns completing 50% their required practicum hours.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

DEPARTMENT RECOMMENDATION(S): Based on outcome and contract measurements reported, the Department recommends continuing MHSA funding for this program for FY 2012-13.

See pages 4 and 5 for tables


FCNA Comparison of Outcomes
120
100
80
60
40
20
0
75
88
102
0
0
0
68
88
102
75
88
102
75
88
92
0
3
30
4
5
7
Consumers Served
Days Homeless
Not Requiring Higher Level of Care
Linked to PCP or MIS
Assist with SSI
Assist with Citizenship
Training Student Interns/Clinicians
Targeted/Contracted
Actual 2010
Actual 2011

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

	Consumers Served	Days Homeless	Not Requiring Higher Level of Care	Improved Access to Services	Training Student Intern/Clinicians
Targeted/Contracted	75	0	68	75	4
Actual Count	102	0	102	102	7 (175%)
Linked to PCP				100% of those with Medi-Cal	
Linked to MIS				100% of those non-Medi-Cal	
Receives SSI	57			57/102 (56%)	
Assisted with SSI App	92			92/102 (90%)	
Denied SSI Benefits	26			26/102 (25%)	
Assisted Client and their family members with Citizenship	30			30/102 (29%)	

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: OPTIONS **PROVIDER:** WESTCARE

PROGRAM DESCRIPTION:

The Options Daily Access Program serves consumers with a serious mental illness who are at risk of psychiatric hospitalization or recently hospitalized with the goal of optimizing community living skills, improving symptom management and interpersonal effectiveness and offering support toward wellness and recovery. Persons with co-occurring substance abuse disorders also receive specialized services to address the role that substance abuse plays in the management of their psychiatric illness. The focus is on those consumers most at risk of psychiatric hospitalization who are not otherwise linked to mental health resources and are frequent visitors to area emergency departments and inpatient psychiatric units. Days and times of operation are Monday-Friday 8am-5pm, 1st and 3rd Saturday/Holidays 8am-5pm.

AGES SERVED:

☐ **Children** ☐ **TAY**
☒ **Adult** ☒ **Older Adult**

DATES OF OPERATION: June 15, 2009 – Current **DATES OF DATA REPORTING PERIOD:** Jan-Dec 2011

OUTCOME GOAL

1. **Immediate contact post crisis to determine level of need and interventions to alleviate repeated ED access; as indicated by those referred to OPTIONS with viable contact information will be engaged and not have recidivism to ED for 72 hours.**

OUTCOME DATA

295 persons were referred to OPTIONS from January 2011 through December 2011; of these 89 persons (30%) were admitted to service.

Of those admitted 45% (40 persons) were admitted within 1 day of referral, 16% (14 persons) were admitted within 2 days, 30%

(27 persons) were admitted within 1 week and the remaining 9% (8 persons) were admitted 2 weeks or greater after referral after multiple contact attempts.

OPTIONS staff made initial contact attempt the same day of referral for 45% (132 persons), within 24 hours for 27% (81 person) and greater than 48 hours for 12% (34 persons). Forty seven persons referred (16%) could not be contacted due to inadequate contact information.

OPTIONS served a total of 142 consumers, with 89 consumers (63%) being new to the program in 2011. 53 consumers (37%) were existing consumers from the previous year One hundred twenty-two (86%) had no mental health inpatient hospitalizations during participation in OPTIONS program, 9 persons (6%) had one mental health inpatient hospitalization and 11 (8%) had two or more mental health inpatient hospitalization during enrollment. The twenty persons hospitalized accounted for a total of 38 hospitalizations.

2. Consumers achieve goals of adequate health care, independent living and self-sufficiency; indicated by number of OPTIONS participants who achieve stable health, housing, etc; are referred to other ongoing systems of care

113 clients were discharged between January 1, 2011 through December 31, 2011; of these 33 (29%) were linked to ongoing care. The remaining 80 clients (71%) self discharged or refused further services.

8 successfully linked to FSP
1 successfully linked to UCWC
13 successfully linked to Metro
5 successfully linked to Blue Sky
3 successfully linked to SEES
2 successfully linked to First Onset
1 successfully linked to a private psychiatrist

Additional linkage included:

6 successfully linked to SSI
6 successfully linked to GR
2 successfully linked to a Payee
1 successfully linked to a Specialty clinic
1 successfully linked to the Californian
2 successfully linked to Trinity Housing
7 referred to AOD treatment

3. Consumers with psychological disorders achieve wellness and recovery, improved quality of life from the patient's perspective for those with depressive disorder. Decrease in symptoms; indicated by scores on PANSS (for psychotic disorders) MADRAS (for mood disorders), LOCUS score and GAF as compared at Admission and Discharge and CGI (positive and negative symptoms).

113 clients were discharged during reporting period January 2011 to December 2011; of these 14 clients (12%) were assessed but did not engage in subsequent treatment; 32 clients (28%) did not have a complete data set (incomplete data – clients self discharged or refused further services) leaving 67 clients (59%) that had a complete data set (admission and discharge scores). Information presented for this outcome measure is based on those 67 clients.

LOCUS:

Mean score at admission was 23.2 with a range of 18-31;

Mean score at discharge was 20.1 with a range of 14-31

Three point average decrease in LOCUS score indicates significant improvement in overall functioning with reduction in level of care assessment.

DSM IV GAF Rating

Average increase in GAF score from Admission to Discharge was

15.7 points indicating substantially reduced symptoms at time of discharge.

PANSS (Psychotic Rating)

Average PANSS score at admission was 147 indicating seriously disabling psychotic symptoms; range of 89-272

Average PANSS score at discharge was 114, a decrease of 33 points; a decrease of 10-12 points is considered significant when medications are evaluated for efficacy.

MADRAS (Mood Disorder Rating)

Average MADRAS score at admission was 37 indicating significant and disabling depressive symptoms.

Average MADRAS score at discharge was 20. Threshold for diagnosis of depression on MADRAS scale is 12.

CGI (Positive and Negative Symptoms)

Average intake score was 4 indicating a moderately ill person with a range of 4 (moderately ill) to 7 (among the most extremely ill persons)

Average discharge score was 2 indicating the person was much improved. A range of 1 (very much improved) to 4 (no change in symptoms)

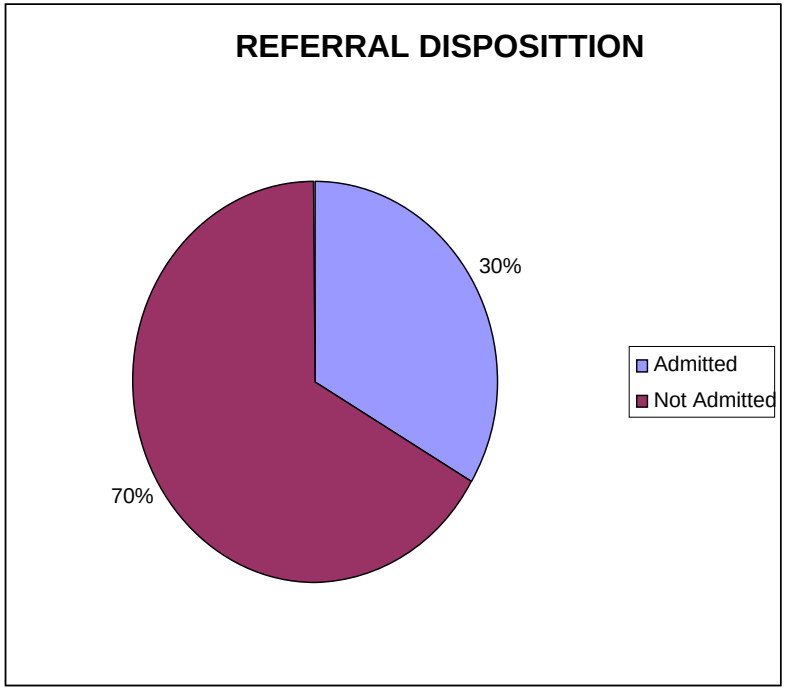
SIGNIFICANT IMPROVEMENT WAS DEMONSTRATED IN ALL METRICS

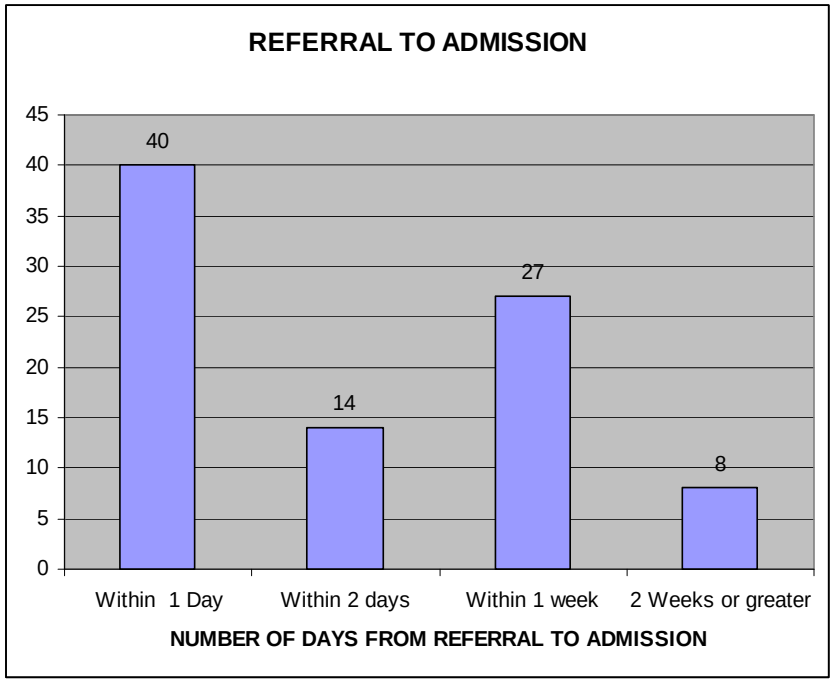
DEPARTMENT RECOMMENDATION(S): Based on outcome and contract measurements reported, the Department recommends continuing MHSA funding for this program for FY 2012-13.

See Table and Charts on pages 7-10

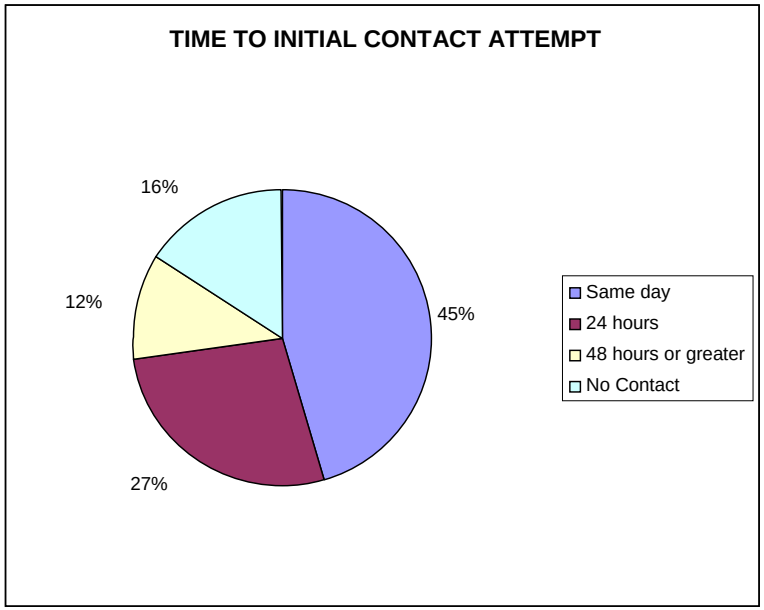
FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

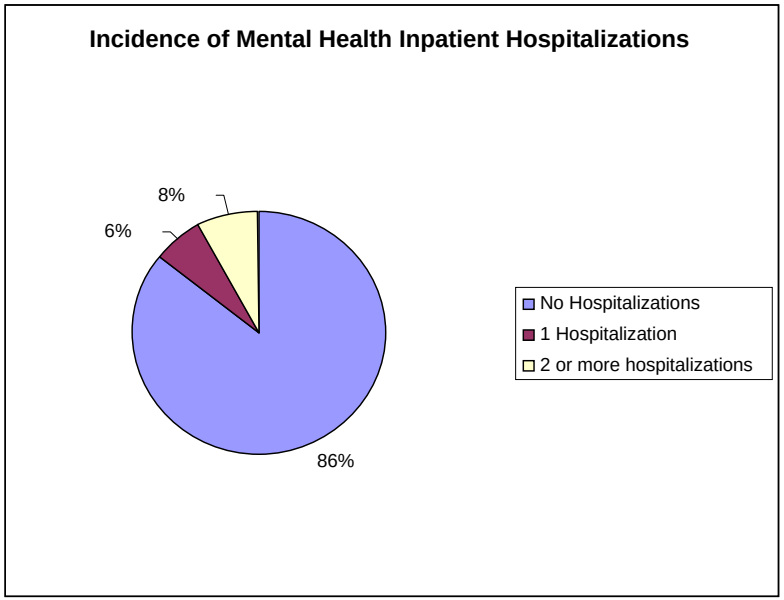
OUTCOME ONE



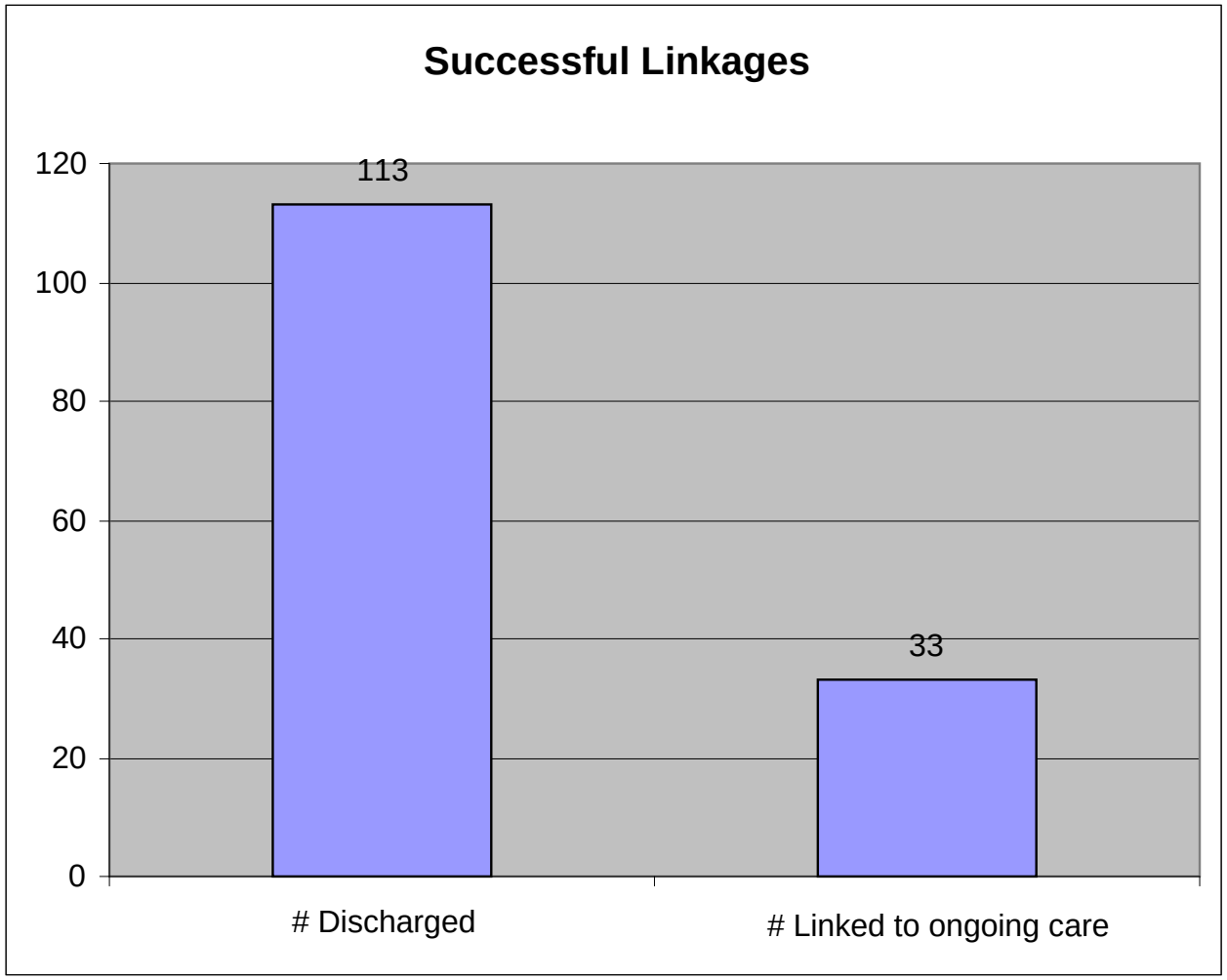


FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

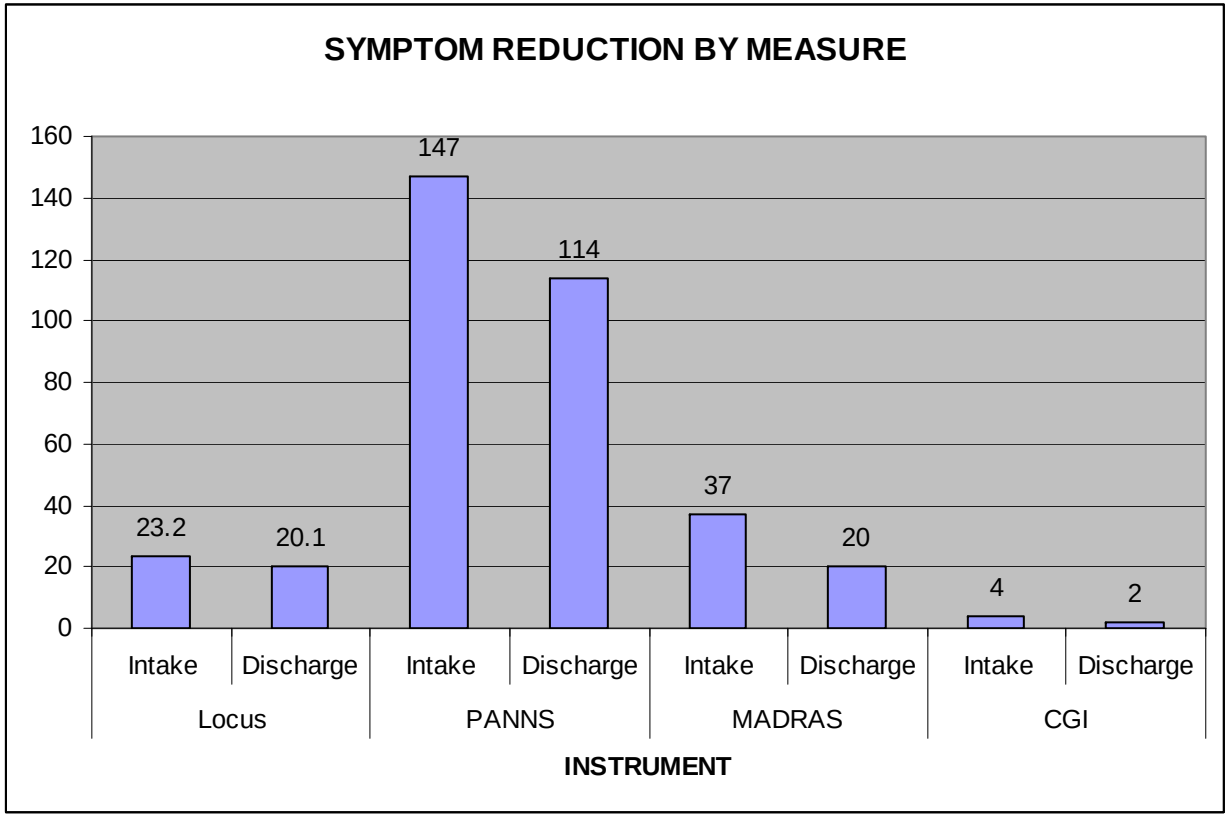




OUTCOME TWO


Successful Linkages
120
100
80
60
40
20
0
113
33
Discharged
Linked to ongoing care

OUTCOME THREE



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: PATH Program **PROVIDERS:** Kings View Corp

PROGRAM DESCRIPTION: The Projects for Assistance in Transition from Homelessness (PATH) Program was authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. PATH funds community-based outreach, mental health and substance abuse services, case management, and limited housing services for people experiencing serious mental illnesses, including those with co-occurring substance use disorders, who are experiencing homelessness or are at risk of becoming homeless. The Fresno County PATH program is designed to provide outreach to 442 clients that may include services from basic necessities (clothing, tents, food etc.) and referral to community agencies. At any given time up to 30 of those clients, under combined PATH and MHSA funding, are provided with intensive case management, mental health assessment, medication evaluation and administration and housing services.

Note:

AGES SERVED:

- ☐ **Children**
- ☒ **TAY**
- ☒ **Adult**
- ☒ **Older Adult**

DATES OF OPERATION: August 26, 2008- Current **DATES OF DATA REPORTING PERIOD:** Jan-Dec 2011

OUTCOME GOALS:	**OUTCOME DATA:**
1. Reduce incidents of incarcerations for consumers on probation. The number of arrests, citations, and probation violations experienced - prior to program entry is compared to the number experienced during the calendar year 2011.	100% of consumers decreased or maintained (at zero) their number of arrests, citations or probation violations. Based on the PATH data for said reporting period active participants showed a 95% reduction in Jail incarcerations when comparing baseline data to current experience (from 81 to 4 incarcerations. (Number of days is difficult to ascertain as some incarcerations led to prison time, sometimes for years.) Current incarcerations were for no more than 2 days once and one day 3 times.
2. Reduce incidents of inpatient hospitalizations for	98% of consumers decreased or maintained (at zero) their

consumers enrolled in the program. The number of hospitalizations experienced prior to program entry is compared to the number experienced during the calendar year 2011.	number of hospitalizations. Based on the PATH data for said reporting period active participants showed a 79% reduction in hospitalization incidents when comparing baseline data to current experience (from 193 to 41 incidents).
3. Reduce incidents of homelessness for consumers enrolled in the program. The number of homeless experienced during the twelve month period prior to program entry is compared to the number experienced during the six month period prior to discharge	100% of consumers decreased or maintained (at zero) their number of homeless days. Based on the PATH data for said reporting period active participants showed a 100% reduction in homeless days when comparing baseline data to current experience (from almost all consumers being homeless for the year prior to intake and 0 consumers homeless prior to discharge).
4. Consumers will exhibit emotional and behavioral improvement, increase pro-social behavior, and improve adult/youth relationships. Level of Care Utilization System (LOCUS) scale to measure improvement in this area.	As of January 2012, Kings View, PATH staff has completed LOCUS training and will retroactively implement the LOCUS evaluation tool back to January 2011; base line data is currently being gathered at this time.
5. Consumer and Caregivers will report an improvement in youth's social and emotional well being.	Consumer satisfaction data was collected during the one-week Fresno County Satisfaction Survey collection period (December 5-9, 2011). The raw data was submitted directly to the county and in turn to the State for data analysis. Detailed data has not been received from the State at this time.

DEPARTMENT RECOMMENDATION(S): Based on outcome and contract measurements reported, the Department recommends continuing matching MHSA funding for this program for FY 2012-13.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: PEI First Onset Team (FOT) **PROVIDER:** Department of Behavioral Health

PROGRAM DESCRIPTION: The First Onset Team (FOT) provides mental health services to adult severely mentally ill populations who have been identified as experiencing a first onset of mental illness with psychosis within the last 365 days. The program consists of a team of a psychiatrist, a nurse, clinicians, case managers, office assistants and a peer support specialist who collaboratively provide a "whatever it takes" approach to engaging the consumer in appropriate and expedited mental health services. Referrals are generated through and received from various agencies, programs, hospitals and individuals. Outreach efforts involve educating the public in the availability of First Onset Program services, reducing stigma via education and presentations, program explanation to potential referring sources and consumer contact. The program continues to review existing practices according to community responses/needs and requests as well as staffing reporting issues.

AGES SERVED:

☐ **Children** ☐ **TAY**
☒ **Adult** ☐ **Older Adult**

DATES OF OPERATION: Mar 2010 – Current **DATES OF DATA REPORTING PERIOD:** Jan 1, 2011 – Dec 31, 2011

OUTCOME GOAL

1. Clients will maintain or have improved functioning over time as measured by LOCUS tool (Level of Care Utility System for Psychiatric and Addiction Services)

OUTCOME DATA

Level of Functioning	%
Stable or Improved	60.5
Declined	39.5

2. Overall positive customer satisfaction rating (Agree or Strongly Agree)

Rating	%
Agree or Strongly Agree	91.3
Disagree or Strongly Disagree	0
Neutral or NA	8.7

DEPARTMENT RECOMMENDATION(S): Based on the outcome measurements reported, the Department recommends continuing MHSA funding for this program for Fiscal Year 2012-13.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: Juvenile Behavioral Health Court (JBHC) **PROVIDER:** Department of Behavioral Health

PROGRAM DESCRIPTION: Mental health clinicians and case manager serve on a multi-agency treatment team to serve incarcerated youth at the Juvenile Justice Campus.

Note: there are more outcome goals and data included in this report than those identified by the Department's Outcomes Committee to provide more information on the performance of this program.

AGES SERVED:

☒ **Children** ☒ **TAY**
☐ **Adult** ☐ **Older Adult**

DATES OF OPERATION: Jan 2010 – current **DATES OF DATA REPORTING PERIOD:** Jan-Dec 2011

OUTCOME GOAL	OUTCOME DATA
• 80% of youth advancing to stage 2 of the Behavioral Health Court will successfully graduate from the program. Minors must comply with the following for three (3) months to progress to stage 2 of the JBHC: 1) Compliance with the direction of parent/guardian in the home; 2) positive school attendance; 3) participate in monthly school assessments; 4)active involvement in the treatment plan; 5) attend all court dates as scheduled; 6) compliance with terms and conditions of the court; and 7) improvement is school grades.	• 23 of the 28 (82%) clients that have separated from the program after advancing to stage 2 of the Behavioral Health Court have successfully graduated from the program.
• Reduce recidivism of program participants who have in the past been repeat juvenile offenders due to oversight of Behavioral Health Issues.	• Only two of the 23 graduates that have successfully completed the program have re-offended and appeard in the justice system.

• Improvement in coping skills, education, discipline and behavior.	• 100% of the participants that successfully graduated showed improved grades, attended required therapy, and showed consistent improvement in behavior skills.

Success Stories: (No names are associated with these stories as the clients are juveniles)

1. Individual with major depression and suicidal tendencies joined the Family JBHC through a court referral. The individual successfully completed the program and graduated and is currently reunited with family, has not had any 5150 relapses and will reach out using a safety plan when needed to cope with depression and/or suicidal thoughts. The individual and family counseling offered by the MHSA ACT Team in cooperation with the Family JBHC program has given the individual the necessary skills required to cope with symptoms and avoid being hospitalized or 5150'd.

2. Individual with mental health diagnosis was referred to the program due to violent outbreaks. This individual enrolled into the program and was connected with an MHSA ACT therapist, family therapy and parenting classes. Upon graduation the individual had learned the skills necessary to deal with outbreaks in a non-violent manner. The parents of the individual expressed their gratitude because for the first time in over five years they finally found a program that gave their child the attention and help he needed.

DEPARTMENT RECOMMENDATION(S): Based on outcome and contract measurements reported, the Department recommends continuing MHSA funding for this program for FY 2012-13.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: Older Adult Mental Health MHSA **PROVIDER:** Department of Behavioral Health

PROGRAM DESCRIPTION: The Department of Mental Health (DBH) 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 older adults, ages 55-60 (transition aged older adults with Depressive Disorders) and 60 and older (all SMI 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 consumers and their families. Another component to the program has been the provision of Adult Protective Services consultation and co –response to mental health consumers 55 years and older or potential mental health consumers 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.

AGES SERVED:

☐ **Children** ☐ **TAY**
☐ **Adult** ☒ **Older Adult**

DATES OF OPERATION: Sep 2007 – Current **DATES OF DATA REPORTING PERIOD:** Jan 1, 2011 – Dec 31, 2011

OUTCOME GOAL

1. Clients will maintain or have improved functioning over time as measured by LOCUS tool (Level of Care Utility System for Psychiatric and Addiction Services)

2. Overall positive customer satisfaction rating (Agree or Strongly Agree)

OUTCOME DATA

Level of Functioning	%
Stable or Improved	55.7
Declined	43.4
Deceased	0.9

Rating	%
Agree or Strongly Agree	84.1
Disagree or Strongly Disagree	4.8
Neutral or NA	11.1

DEPARTMENT RECOMMENDATION(S): Based on the outcome measurements reported, the Department recommends continuing MHSA funding for this program for Fiscal Year 2012-13.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: School Based Team–Non-Rural (Metro): **PROVIDER:** Dept of Behavioral Health

PROGRAM DESCRIPTION: The Non-rural (Metro) School Based Team provides outpatient mental health services including individual, family, group therapy, case management and collateral services at selected school sites within Fresno, Central and Clovis Unified School Districts. The program is designed to improve and expand mental health services and supports for youth, K-12 grade (ages 4-18) with serious emotional disturbance and their families. The program provides expedited mental health treatment to eligible underserved children/youth and their families.

AGES SERVED: 4 – 18 YEARS OF AGE

☒ **Children**
☐ **Adult**
☒ **TAY**
☐ **Older Adult**

DATES OF OPERATION: September 1, 2008 to Current **DATES OF DATA REPORTING PERIOD:** Jan –Dec 2011

OUTCOME GOAL

Reduce need for higher and/or more intensive services – children will show Improvement in the level of functioning - Child and Adolescent Needs and Strengths (CANS) scale to measure improvement in this area.

OUTCOME DATA

Clinical staff began completing the CANS outcome measure after February 2011 but comparative information is unavailable at this time due to data collection discrepancies. This issue has been corrected by ensuring that a CANS is completed at the time of admission to the School Based-Metro program either by a transfer from another mental health program or through the completion of new mental health assessment. Staff will complete a CANS upon discharge or transfer to another mental health program regardless of the duration of services provided. Further, staff will complete a CANS regularly in 6 month intervals until discharge or transfer. In addition, the School Referral and the Discharge- Transfer forms have been revised to more accurately reflect the outcome measures

	required for this program.
Academic Performance will improve - Maintain/Improve Grade Point Average - outcome data will indicate average by either; percent (%) improved, maintained, or did not improve. Improvement is measured by comparing each youth's academic performance prior to enrollment compared to current experience. Data is determined by school, parent/caregiver, and/or child self-reporting.	A total of 398 clients were served during the reported period. 51% (203) of the clients were discharged during this period and this data is included. Of the 203 clients recorded, 48% (98) improved their grades; 32% (65) maintained their grades point average; 8% (16) were non applicable* and 12% (24) were unreported or unknown.
School attendance will improve - Improvement is measured by comparing each youth's academic performance prior to enrollment compared to current experience. School attendance data is determined by school, parent/caregiver, and/or child self-reporting.	A total of 398 clients were served during the reported period. 51% (203) of the clients were discharged during this period and this data is included. Of the 203 clients recorded, 48% (98) improved their Attendance; 29% (59) maintained their school attendance level; 12% (24) were non applicable***** and 11% (22) were unreported.
Youth will stay out of trouble – Decrease in suspension and expulsions from school - Improvement is measured by comparing each youth's academic performance prior to enrollment compared to current experience. School expulsion data is determined by school, parent/caregiver, and/or child self-reporting.	Current data comparing client pre-enrollment to post-enrollment is not currently available. As of March 2012, the program has revised its referral form to ensure that the number of suspensions and expulsions prior to enrollment and at discharge/transfer are tracked better and thereby, reflected more definitively in future reports.

Note: The program was referred an additional 68 clients during the fall semester of 2011 that were not reflected in the overall data. These clients did not receive services due a variety of factors including: lack of parental consent, did not meet medical

* Non applicable clients are in reference to clients that 1) did not meet medical necessity, 2) child and/or parent no longer volunteered or removed

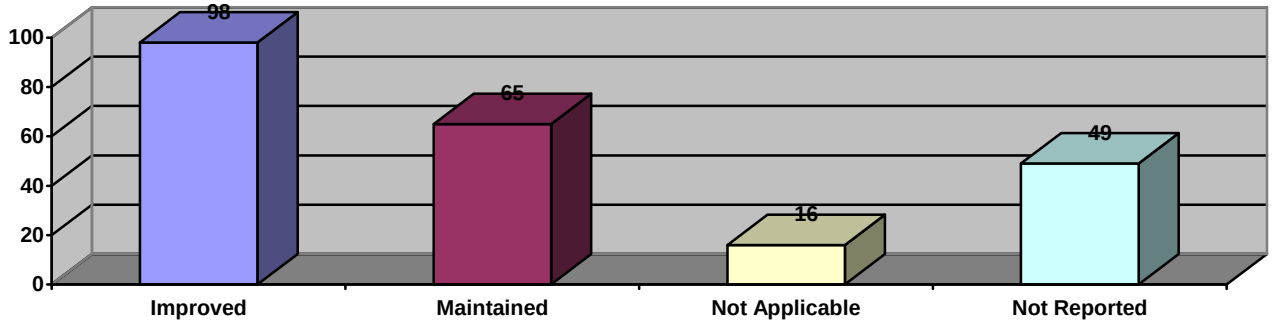
necessity, family refused treatment, non compliance with treatment plan, expelled from district or ineligible because of access to private insurance. This data will be collected henceforth to further enhance program ability to serve clients in school settings.

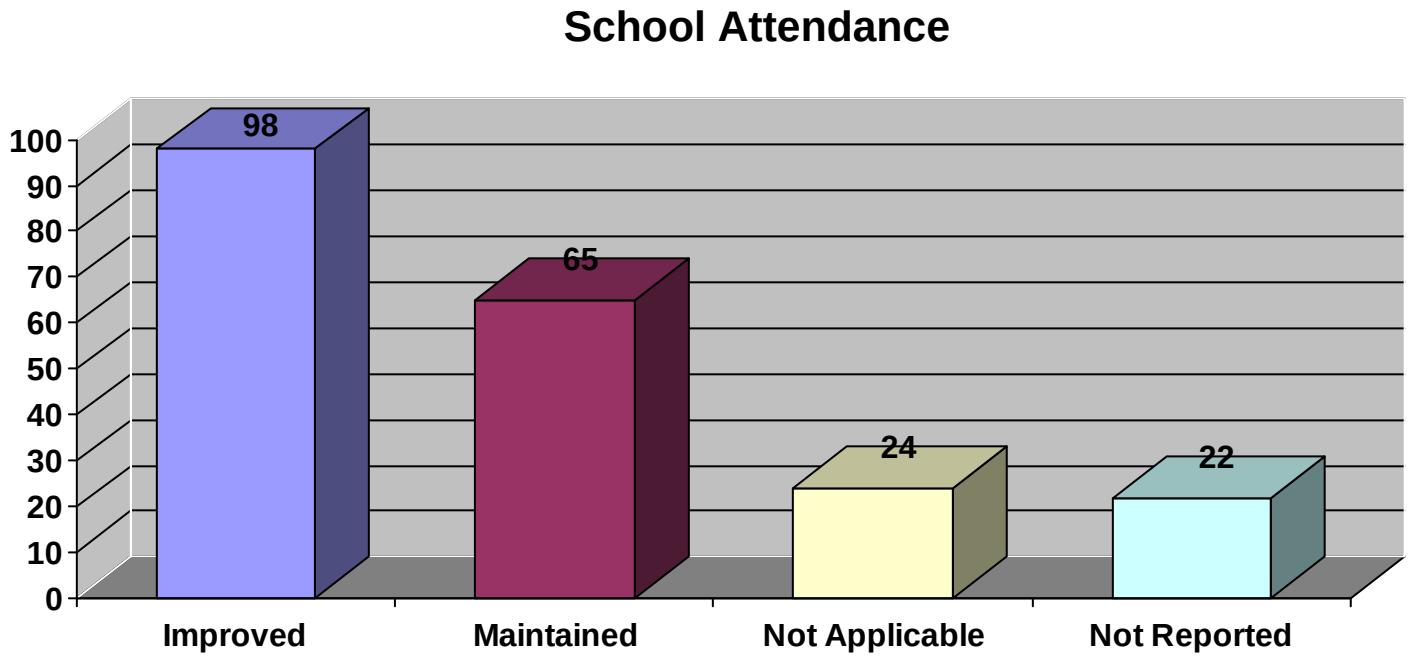
DEPARTMENT RECOMMENDATION(S): Based on outcome measurements reported, the Department recommends continued MHSA Funding for the School Based - Metro program for FY 2012-13

themselves from receiving services, 3) family moved out of school district or area of service.

See Tables on pages 4-5

Academic Performance – Grade Point Average




School Attendance
100
90
80
70
60
50
40
30
20
10
0
98
65
24
22
Improved
Maintained
Not Applicable
Not Reported

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: School Based Team - Rural **PROVIDER:** Department of Behavioral Health

PROGRAM DESCRIPTION: The Rural School Based Team provides mental health services for a diverse and often underserved population in rural Fresno County. Referrals in the rural areas are generated from the schools, the community, Children's Crisis, Probation and Juvenile Dependency Court and CPS. Services are provided at school sites, in homes and clinicians and case managers serve clients from approximately 20 different rural areas. Mental Health services include assessment, individual, family& group therapy, case management, collateral, and medication services. The program is designed for children who exhibit a serious emotional disturbance and the goal is to improve a child's functioning in school, at home and in the community. Children are served from the ages of 4-18 and families are included in treatment process.

PROGRAM DEMOGRAPHICS FOR JAN. – DEC. 2011

- 480 clients served
- 255 English speaking (53%), 170 Spanish speaking (35%) and 55 languages unreported (12%)
- Hispanic 370 (77%), Caucasian 40 (8%), African American, Cambodian, Native American and other combined is 7 (2%), unreported 63 (13%)
- Female 192 (40%), male 212 (44%) and unreported 76 (16%)
- 140 (29%) of clients were discharged during the reporting period

☒ **Children** ☒ **TAY**
☐ **Adult** ☐ **Older Adult**

DATES OF OPERATION: September 1, 2008 to Current **DATES OF DATA REPORTING PERIOD:** Jan –Dec 2011

OUTCOME GOAL	**OUTCOME DATA**
Reduce need for higher and/or more intensive services – children will show Improvement in the level of functioning - Child and Adolescent Needs and Strengths (CANS) scale to measure improvement in this area.	Per clinician and case manager reports - 75% (360) of the 480 clients improved in functioning, 12% (58) maintained functioning, 11% (53) decreased functioning and 2% (9) were unknown.
Academic Performance will improve - Maintain/Improve Grade Point Average - outcome data will indicate average by either; percent (%) improved, maintained, or did not improve.	Of the 480 clients treated 51% (245) showed improvement in academic performance, 27% (130) maintained their performance, 5% (23)

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

Improvement is measured by comparing each youth's academic performance prior to enrollment compared to current experience. Data is determined by school, parent/caregiver, and/or child self-reporting.	decrease in performance and 17% (82) are unknown.
School attendance will improve - Improvement is measured by comparing each youth's academic performance prior to enrollment compared to current experience. School attendance data is determined by school, parent/caregiver, and/or child self-reporting.	Of the 480 clients 52% (250) improved in their attendance, 38% (180) maintained their attendance, 3% (15) decreased in their attendance and 7% (35) are unknown.
Youth will stay out of trouble – Decrease in suspension and expulsions from school - Improvement is measured by comparing each youth's academic performance prior to enrollment compared to current experience. School expulsion data is determined by school, parent/caregiver, and/or child self-reporting.	Of the 480 clients there were 5 clients that had expulsions from school prior to treatment. All 5 clients with previous expulsions experienced a reduction in expulsions during the course of treatment.

DEPARTMENT RECOMMENDATION(S): Based on outcome measurements reported, the Department recommends continued MHSA Funding for the School Based - Rural program for FY 2012-13

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: MHSA Perinatal Program **PROVIDER:** Department of Behavioral Health

PROGRAM DESCRIPTION: The Perinatal program provides for outpatient mental health services to pregnant & postpartum teens, adults and infants. Short term mental health includes outreach, early mental health identification through screening, assessment, and referrals to treatment as well as Public Health Nurse Visitation, assessment, and preventive services.

AGES SERVED: Open to women who experience first onset of mental disorders - perinatal (the period during pregnancy and post partum).

☒ **Children**
☒ **Adult**
☒ **TAY**
☐ **Older Adult**

DATES OF OPERATION: April 5, 2010 to Current **DATES OF DATA REPORTING PERIOD:** Jan –Dec 2011

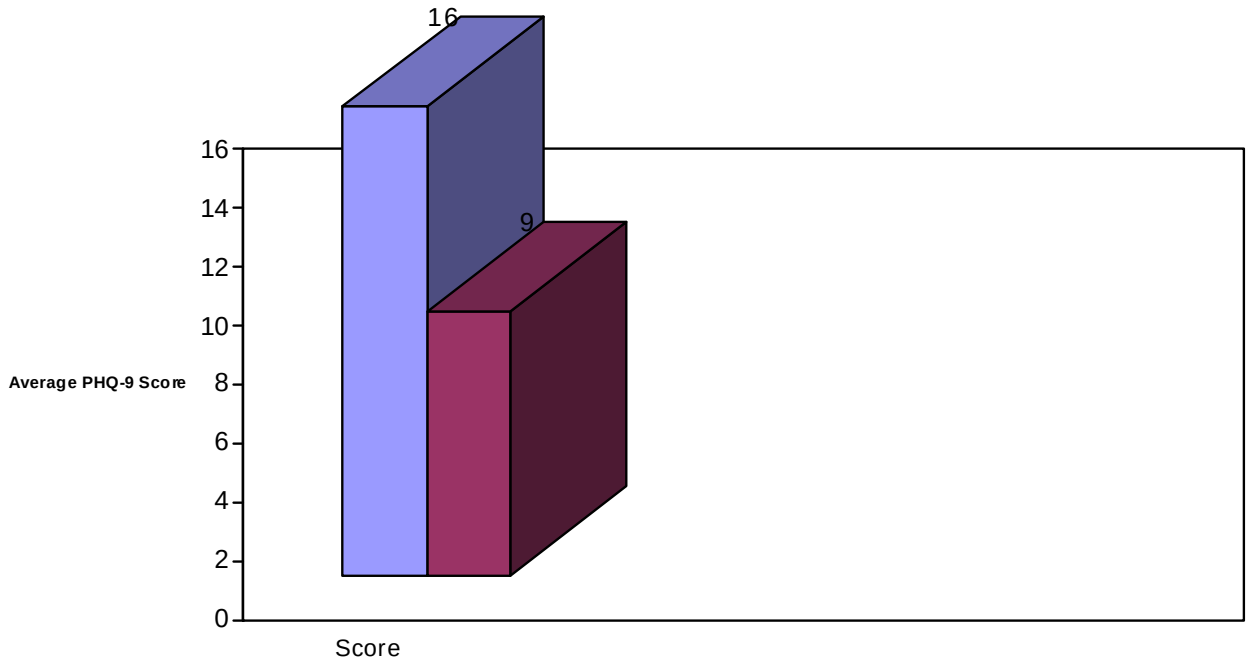
OUTCOME GOAL	**OUTCOME DATA**
Improvement in the level of Functioning – Consumers score on the Level of Care Utilization System (LOCUS) instrument, administered upon intake at six months and upon discharge.	January – December 2011, during this reporting period, 216 clients were open for services; the average initial LOCUS score was 16 (moderate depression). Of those who were discharged (117) from the program, the average score was 11 (less than mild depression); an improvement of the clients functional level. This represents a reduction of 31% in LOCUS scores.
Reduction in risk factors and/or stressors- PHQ9 screening instrument.	PHQ-9 is a screening tool linked to the DSM IV for a more accurate diagnosis. The tool is utilized by the program to determine the acuity of care and accurate triaging of the referrals. The PHQ-9 scoring is from 0-27; clients scoring 10 or more

are referred to treatment, those score less than 10 are monitored for several months; hence clients who have significantly lowered their score have improved. Scoring is taken at initial contact, six (6) months and at time of discharge. The average client score at initial contact was 16. Of the clients discharged from the program; the average score was nine (9) or a 44% reduction; showing a significant improvement of well being.

DEPARTMENT RECOMMENDATION(S): Based on outcome measurements reported, the Department recommends continued MHSA Funding for the MHSA Perinatal program for FY 2012-13

See chart on page 3

Average PHQ-9 Score at Entry vs PHQ-9 at time of Discharge



The PHQ-9 scoring is from 0-27. Clients scoring 10 or more are referred to treatment, those scoring less than 10 are monitored for several months; hence clients have significantly lowered their scores and have greatly improved.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: MHSA Team Decision Making **PROVIDER:** Department of Behavioral Health

PROGRAM DESCRIPTION: Team Decision Making (TDM) is a multi-disciplined/multi-dimensional process, comprised of parents, family, care givers, probation officers, social workers, teachers, and the community representatives, who work together to preserve/stabilize placements, determine the safety and welfare of children by deciding on filing 300 holds, Volunteer Family Maintenance or Volunteer Family Reunification. TDM meetings focused on decisions of placement change, removal of children or volunteer family maintenance for clients interfacing with the child welfare system. Services include but not limited to: Participation in TDM process, Mental Health Assessment, Linkage to other services, Case Management, Medication support, Critical Incident debriefing, Ongoing Therapy, Parent Partner Services, Consultation and Crisis Services via DBH CCAIR Unit.

AGES SERVED: Open to Children, Youth, and Adults with mental health issues.

☒ **Children**
☒ **Adult**
☒ **TAY**
☐ **Older Adult**

DATES OF OPERATION: July 2007 to Current **DATES OF DATA REPORTING PERIOD:** Jan –Dec 2011

OUTCOME GOAL

1) Increase clients mental health services to stabilize home improvement – Program will utilize the AVATAR System to track the clients CANS life functioning score.

OUTCOME DATA

TDM's usually provides mental health information, a majority of mental health services are referred to other County programs. Of those clients seen by the TDM program, which have more than one entry within the AVATAR system, a total of eight (8) clients average CANS score was .961 at initial entry. At the time of Discharge or last entry the average CANS score was .673 (decrease of .288); a lower number indicates an improvement in level of functioning*. This represents a significant

reduction of 30% in CANS scores.

***C.A.N.S. Scoring (0 to 3)**

0 = no evidence of problems

1 = History, mild degree of need, may have emerging need, "watchful waiting"

2 = Moderate, need for action, need has arisen to the level where you have to do something

3 = Severe, immediate or intensive action is needed, safety concerns or priority for intervention.

2) Increase clients mental health services to stabilize home improvement – linkage to mental health services for treatment within 90 days post-referral by TDM staff.

During this reporting period, the TDM program participated in 564 TDM's, in which Dept clinical staff submitted recommendations, handed out resources and completed referrals/linkage as appropriate to clients and their families for mental health services for treatment.

DEPARTMENT RECOMMENDATION(S): Based on outcome measurements reported, the Department recommends continued MHSA Funding for the MHSA Team Decision Making program for FY 2012-13.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: Urgent Care Wellness Center (UCWC) **PROVIDER:** Dept. of Behavioral Health

PROGRAM DESCRIPTION: Urgent Care Wellness Center is the "front door" for adult mental health services within Fresno County. Consumers receive a mental health assessment and are referred to a psychiatrist as needed. Services provided at the UCWC usually are short term, up to 3 months that assist clients in continued steps to wellness. Outpatient services provided include; short term engagement, treatment and referrals to continued care as offered through triage activities, assessment, brief case management, and peer support services. For ongoing services, UCWC refers clients to various resources including primary care physician, Metro Mental Health, and other appropriate community resources.

AGES SERVED:

- ☐ **Children**
- ☒ **Adult**
- ☐ **TAY**
- ☒ **Older Adult**

DATES OF OPERATION: July 2008 - Current **DATES OF DATA REPORTING PERIOD:** Jan - Dec 2011

OUTCOME GOAL	OUTCOME DATA
Complete LOCUS (Level of Care Utility System for Psychiatric and Addiction Services) for 100% of Intake Assessments. **Clients will maintain or have improved functioning over time as measured by LOCUS and move towards less restrictive settings.**	**116 Intake Assessments were completed in January, 2012. 106 LOCUS were completed for a rate of 91% completion**
Increase the number of services provided to Consumers.	**In January, 2011, there were a total of 1267 client services provided and UCWC had 12 Clinicians, 2 Doctors, and 1 LVN. That is an average of 84.5 Consumer Services/Month for each Full Time Clinical Staff.**

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

In January, 2012, there were a total of 1164 Client Services provided and UCWC had 9 Clinicians, 2 Doctors, and 1 LVN. That is an average of 97 Consumer Services/Month for each Full Time Clinical Staff.

UCWC Full Time Clinical Staff provided 12.5 more Client Services per month in January, 2012, than in January, 2011. That is a 15% increase in client services per Full Time Clinical Staff.

UCWC will provide Excellent Consumer Service as evidenced by Client's responses on the Fresno County Consumer Satisfaction Survey.

UCWC received 130 responses to the "Fresno County Consumer Satisfaction Survey" in 2011.
90% of responders marked *"Agree"* or *"Strongly Agree"* to the statement: "This program offers a welcoming place to get services."
86% of responders marked *"Agree"* or *"Strongly Agree"* to the statement: "Staff says things that make me feel hopeful about my recovery."

88% of responders marked *"Agree"* or *"Strongly Agree"* to the statement: "I feel that this program is here to support my wellness and recovery and fulfill the goals I have set for myself".

DEPARTMENT RECOMMENDATION(S): Based on the outcome measurements reported, the Department recommends continuing MHSA funding for this program for Fiscal Year 2012-13.