

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: TAY Mental Health Services and Supports (FSP)

PROVIDER: Turning Point

PROGRAM DESCRIPTION: The TAY (Transitional Age Youth) Program is an Assertive Community Treatment (ACT) model outpatient mental health program serving consumers that are between the ages of 16-24. We provide services to a minimum of 99 consumers that have a serious mental illness or serious emotional disturbance and require ongoing services. Many of these consumers are aging out of Children’s Mental Health, Foster Care, out of the Juveniles Justice System, and are at risk of being hospitalized, homeless and or incarcerated, as well as consumers referred by Fresno County Behavioral Health Court. The TAY Program provides an opportunity for consumers to receive mental health services, case management, group/individual/family counseling, medication and psychiatrist services, secure affordable housing, and recognize their strengths and abilities to successfully gain independence and self-sufficiency in the community. This is a program that assists consumers with life transitions and empowers consumers to achieve a variety of goals. Consumers also obtain the skills they need to learn to live independently in the community as adults.

AGES SERVED:

- Children
- Adult

- TAY
- Older Adult

DATES OF OPERATION: 8/11/09 - current

DATES OF DATA REPORTING PERIOD: Jan – Dec 2011

Who We’ve Served:

Total FSP referrals received	140
Total FSP clients served	139
Total FSP currently receiving services	98 <i>(The TAY program’s usual sustained capacity is 99. On the last day of this report period, the count was 98 due to natural fluctuations with discharges and admits.)</i>

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

Current Demographics:

Caucasian= 33
Latino= 40
African American 15
Asian= 9
Other 1

OUTCOME GOAL

Reduce incidents of inpatient psychiatric hospitalizations.

OUTCOME DATA

Y1 65% reduction
Y2 87% reduction
Y3 90% reduction

Reduce incidents of homelessness.

Y1 75% reduction
Y2 97% reduction
Y3 84% reduction (*3 clients account for 190 days of homelessness, for case specific reasons. Apart from these 3 clients, the homeless reduction rate stands at 84 %.*)

Reduce incidents of incarcerations.

Y1 72% reduction
Y2 91% reduction
Y3 92% reduction

Consumers will be able work towards moving to a lower level of care within the county/community based system.

Jan 2011 – Dec 2011
6% reduction in LOCUS scores

The 6% reduction in LOCUS scores continues to represent overall progress in the TAY client population in relation to mental health, housing, and at risk areas. The TAY program continually

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

works toward program and client specific goals in relation to providing independent skills necessary to reflect LOCUS reduction scores.)

Reduction of LOCUS Scores:

Total *PAF LOCUS Score= 715

Total 6 month LOCUS Score= 672

Total *LOCUS Reduction= 43 (6% reduction)

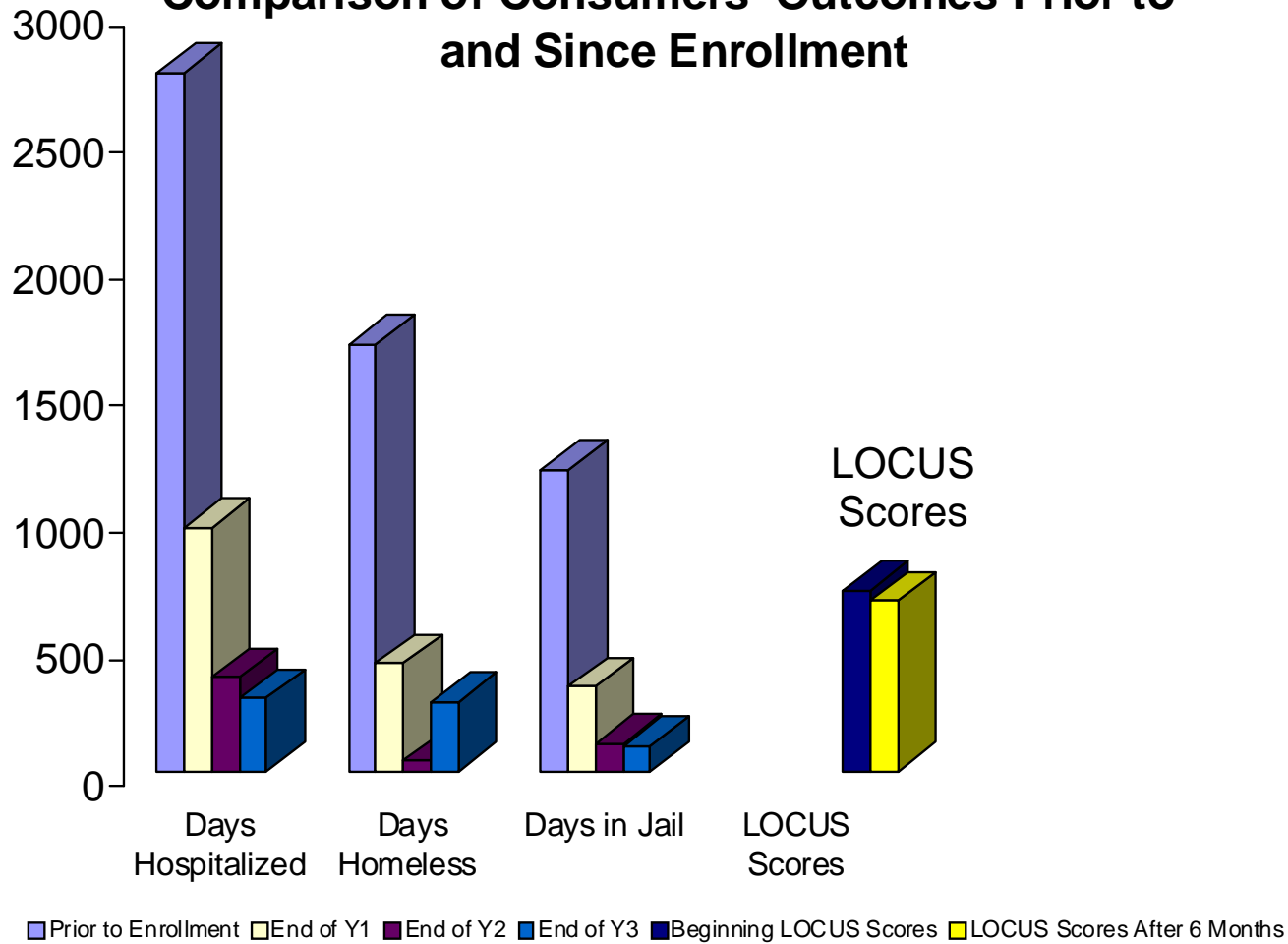
* PAF is the Partnership Assessment Form given to FSP clients when they are first admitted into the program. The LOCUS provides an objective measure to help determine consumer service needs. It also provides a way to measure consumer progress and treatment outcomes. A higher score indicates a higher level of service need.

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

See page 4 for tables

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

TAY Mental Health Services and Supports Comparison of Consumers' Outcomes Prior to and Since Enrollment



The LOCUS provides an objective measure to help determine consumer service needs. It also provides a way to measure consumer progress and treatment outcomes.

A higher score indicates a higher level of service need.

Approximately 99 clients are seen at any given time

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: Co-Occurring FSP

PROVIDER: Turning Point

PROGRAM DESCRIPTION: Provides Co-Occurring Full Service Partnership services to a minimum of 60 adults and older adults with serious mental illness and substance abuse disorders who are homeless or at risk of homelessness, frequent users of crisis services, and/or incarcerated. Provides a welcoming, recovery-oriented, integrated, co-occurring disorder capable service delivery model that uses innovative intervention to reduce crisis services, admissions into inpatient facilities, or jails.

AGES SERVED:

Children
 Adult

TAY
 Older Adult

DATES OF OPERATION: July 21, 2009 - current

DATES OF DATA REPORTING PERIOD: Jan-Dec 2011

OUTCOME GOAL

OUTCOME DATA

Reduce incidents of inpatient psychiatric hospitalizations

Y1 63% reduction
Y2 100% reduction
Y3 44% reduction

Reduce incidents of homelessness.

Y1 23% reduction
Y2 100% reduction
Y3 62% reduction

Reduce incidents of incarcerations.

Y1 15% reduction
Y2 100% reduction
Y3 86% reduction

Consumers will be able work towards moving to a lower level of care within the county/community based system

January 2011 – Dec 2011
25% reduction in LOCUS scores
The LOCUS provides an objective

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

measure to help determine consumer service needs. It also provides a way to measure consumer progress and treatment outcomes. A higher score indicates a higher level of service need.

Linkage to Primary Care Physician (PCP):

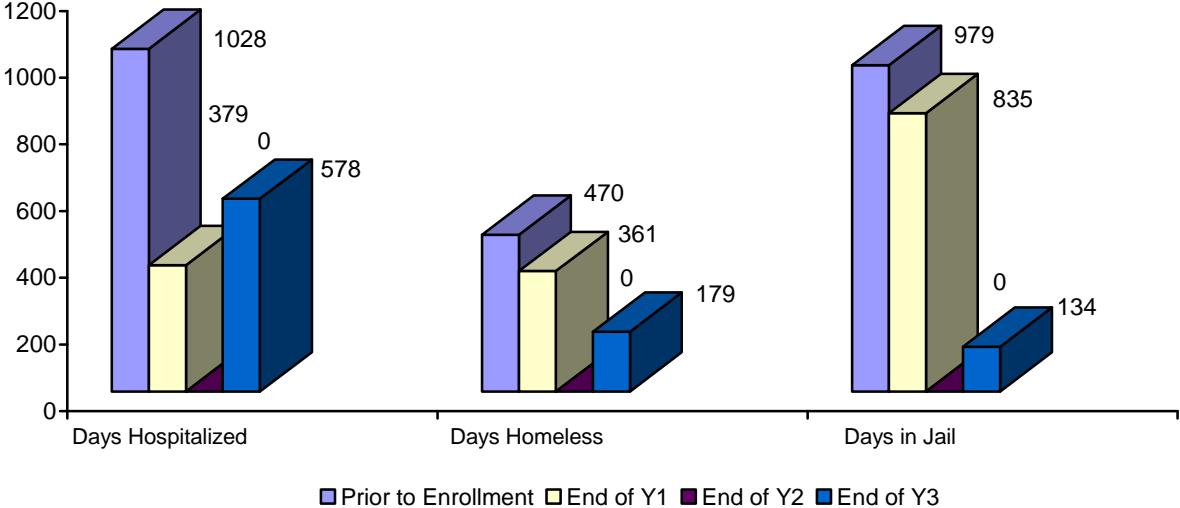
Consumers linked to a PCP prior to FSP engagement=	35
Consumers linked to a PCP post FSP engagement=	137
Represents greater than 100% increase in PCP linkage	

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

See pages 3 and 4 for tables

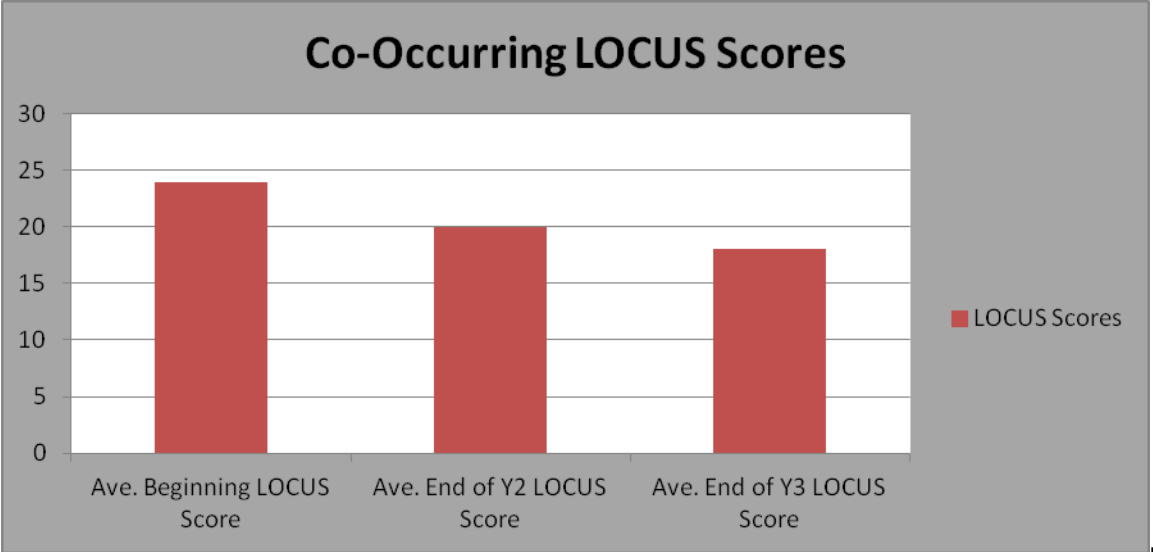
FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

Co-Occurring FSP Comparison of Consumers' Outcomes Prior to and Since Enrollment



Approximately 60 clients are seen at any given time

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES



The LOCUS provides an objective measure to help determine consumer service needs. It also provides a way to measure consumer progress and treatment outcomes.

A higher score indicates a higher level of service need.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: Intensive Community Services and Support Team (ICSST)-FSP **PROVIDER:** Turning Point

PROGRAM DESCRIPTION: The Intensive Community Services and Support Team (ICSST) provide outpatient and FSP services to 90 adults at any given time who have high utilization rates of inpatient hospitalizations. Services at ICSST include case management, psychiatric, therapy, supportive housing, linkage and negotiation of General Relief, Social Security Disability Insurance and other supportive services. Additionally the majority of the services are provided in the field and ICSST is committed to the “whatever it takes” philosophy of wellness.

AGES SERVED:

Children
 Adult

TAY
 Older Adult

DATES OF OPERATION: Jan '07 – Current

DATES OF DATA REPORTING PERIOD: Jan – Dec 2011

DEMOGRAPHICS as of Jan 2012:

Caucasian=	58.8%
African American=	12.9%
Native American=	2.4%
Latino=	21.2%
Asian=	3.6%
Other=	2.4%

OUTCOME GOAL

OUTCOME DATA

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

- Y1- 66%**
Y2- 87%
Y3- 93%

- Y1- 97%**
Y2- 100%
Y3- 93%

- Y1- 72%**
Y2- 100%
Y3- 84%

Linkage to Primary Care Physicians:

Consumers linked to PCP prior to FSP engagement = **28**

Consumer linked to PCP post FSP engagement= **50**

Represent an increase in PCP linkage = **79%**

<u>Consumer Satisfaction Survey</u>	
Reporting period Y3 F 10-11, via ICSST Daily Report Cards	
ICSST consumers felt Welcome by staff and program	100%
ICSST consumers felt treated staff and program was Courtesy	100%
ICSST consumers felt Listened to by staff and program	95%
ICSST consumers felt at help was easily Accessible	90%
ICSST consumers felt Appointments were kept by staff and program	86%

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

Key Comments from the Satisfaction Surveys

Very nice Adult Class
Very nice staff
I'm glad to be here today
Staff God Bless you
Very nice day meeting was great and wonderful today

- Consumers will be able work towards moving to a lower level of care within the county/community based system. Jan 2011 – Dec 2011 - 20% reduction in LOCUS scores (significant reduction)

Reduction of LOCUS Scores Current Year:

Total *PAF LOCUS Score= **573**
Total 1st year *LOCUS Score= **460**
Total LOCUS Reduction= **113 or 20%**

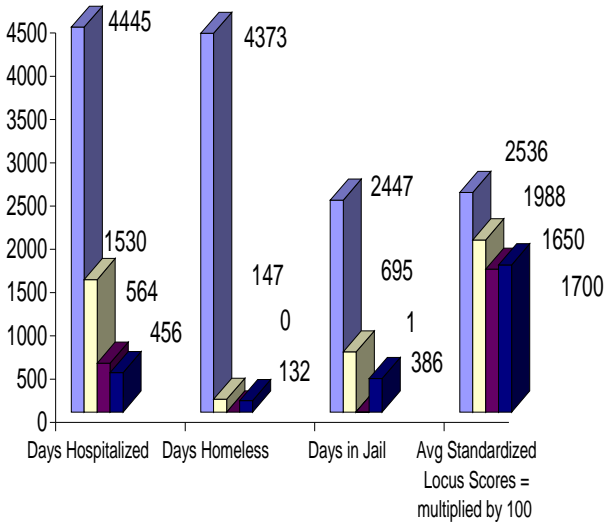
PAF is the Partnership Assessment Form given to FSP clients when they are first admitted into the program. The LOCUS provides an objective measure to help determine consumer service needs. It also provides a way to measure consumer progress and treatment outcomes. A higher score indicates a higher level of service need.

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

See page 4 for tables

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

ICSST Comparison of Consumers' Outcomes Prior to and Since Enrollment



January 2008 - December 2011

■ Prior to Enrollment
 ■ End of Y1
 ■ End of Y2
 ■ End of Y3

The LOCUS provides an objective measure to help determine consumer service needs. It also provides a way to measure consumer progress and treatment outcomes.

A higher score indicates a higher level of service need

Approximately 90 clients are seen at any given time

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: Integrated Mental Health (IMH) Program - FSP

PROVIDER: Turning Point

PROGRAM DESCRIPTION: The Integrated Mental Health Program is an MHSA funded Full Service Partnership serving approximately 127 individuals at any given time, referred by the County of Fresno (Department of Behavioral Health). The IMH program provides an opportunity for its consumers to receive comprehensive mental health services, to secure and maintain affordable housing, and to recognize their strengths and abilities to successfully regain and achieve independence and self-sufficiency in the community. Services include, crisis response 24/7, daily program rehabilitation and support, intensive case management, social and recreational activities, educational and peer support groups, psychopharmacological treatment, AA meetings, housing support, consultation with landlords, hospitalization support, and behavioral health court engagement.

AGES SERVED:

Children
 Adult

TAY
 Older Adult

DATES OF OPERATION: June 14, 2010 to Current

DATES OF DATA REPORTING PERIOD: Jan-Dec 2011

Who We've Served:

Total FSP referrals received	149
Total FSP clients served	172 *
Total FSP currently receiving services	127**

Demographics:

Caucasian=	52%	Latino=	30%
African American=	17%	Asian=	.05%
Pacific Islander=	.05%		
Male=	65%	Female=	35%

* 23 clients were from previous contracted program

**45 clients were discharged to lower levels of care and/or independent living

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

Outcome Goal

Outcome Data

Reduce incidents of inpatient psychiatric hospitalizations

**Y1-42% reduction
Y2-82% reduction**

Reduce incidents of homelessness.

**Y1-100% reduction
Y2-99% reduction**

Reduce incidents of incarcerations.

**Y1-92% reduction
Y2-85% reduction**

Increase in days spent in Educational Settings.

Y2-88% Increase

Increase in days spent employed.

Y2- 37% Increase

- Consumers will be able work towards moving to a lower level of care within the county/community based system.

Reduction of LOCUS Scores:

Total PAF LOCUS Score= 2347

Average PAF LOCUS Score= 20

Total 1st year LOCUS Score= 1353

Average 1st year LOCUS Score= 18

Total LOCUS Reduction= 993 (58% reduction)

* PAF is the Partnership Assessment Form given to FSP clients when they are first admitted into the program. The LOCUS provides an objective measure to help determine consumer service needs. It also provides a way to measure consumer progress and treatment outcomes. A higher score indicates a higher level of service need.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

Supportive Housing:

- 139 consumers were assisted with locating and securing housing
- 90 consumers received housing subsidies from MHPA housing funds *
- 23 consumers were successfully transitioned to independent permanent housing
- 7 consumers were successfully approved for Shelter Plus Care housing vouchers
- 3 consumers transitioned to Trinity Housing, a permanent supportive housing development

*Not all consumers require housing services. Consumers with sufficient income are assisted with locating affordable housing.

Linkage to Primary Care Physician (PCP):

Consumers linked to a PCP prior to FSP engagement= 25

Consumers linked to a PCP post FSP engagement= 77

Represents greater than 100% increase in PCP linkage

Consumer Satisfaction Surveys:

<u>Consumer Satisfaction Survey</u>	
Program performance and service contentment was documented through the IMH Report Card survey for 2011.	
IMH consumers are Satisfied with our services.	95%
IMH consumers find our services easily Accessible .	88%
IMH consumers feel Welcomed at our program.	93%
The services I receive are Appropriate to my needs.	93%
I Participate in IMH services offered.	91%

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

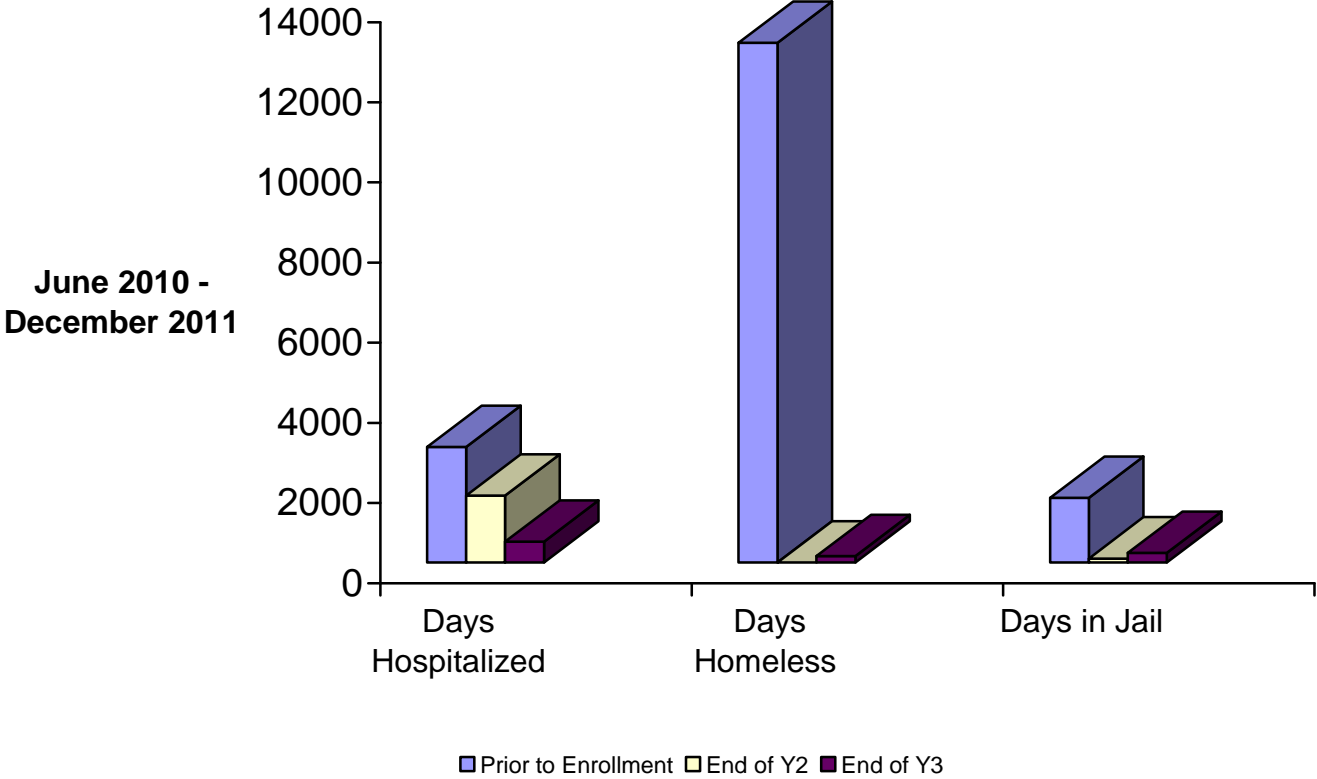
The services I receive have produced Positive Outcomes in my daily life.	93%
I am Functioning better through IMH services.	82%
I am Socializing better through IMH services.	86%

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

See page 5 for tables

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

FSP-Integrated Mental Health Program



On average approximately 127 clients are seen at any given time

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: Rural FSP

PROVIDER: Turning Point

PROGRAM DESCRIPTION: Rural Mental Health (RMH) is an MHSA funded Full Service Partnership (FSP), Intensive Case Management (ICM), and Outpatient (OP) treatment program serving individuals who are 18 years or older with a Serious Mental Illness (SMI) diagnosis and who are referred by The County of Fresno (Department of Behavioral Health) from the Pinedale, Sanger, and Reedley communities. The RMH Program provides an opportunity for its consumers to receive comprehensive wrap around mental health treatment services, to secure and maintain; affordable housing, financial resources, and social support systems. RMH is dedicated to empowering its consumers to recognize their strengths and abilities to successfully regain and achieve independence and self-sufficiency in the community. The FSP program serves a minimum of 54 adults, the ICM program serves 371 adults, and the OP program serves 173 adults at any given time.

Services Provided: RMH provides intensive case management services to help consumers access SSI benefits, housing assistance, Medi-cal benefits, transportation assistance, appropriate medical care, general relief assistance and other identified community resource needs. RMH provides individual life skills training and symptom management training for individuals and groups; Individual and group therapy; Psychiatric and nursing services and 24 hour Emergency Hotline assistance.

AGES SERVED:

Children
 Adult

TAY
 Older Adult

DATES OF OPERATION: October, 2008 to Current

DATES OF DATA REPORTING PERIOD: Jan-Dec 2011

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

Total RMH FSP Service Population (since 2008):		Current Demographics:	
FSP Referral received	133	Male	27 = 52%
FSP Clients Served	130	Female	25 = 48%
Current FSP Consumers	52	Total	52
FSP Transitioned to ICM	45	Caucasian	22 = 42%
FSP Transferred Services	16	Hispanic	25 = 48%
FSP T-Con Discharges	10	Pacific Islander	4 = 8%
FSP Incarcerated Discharges	5	African American	1 = 2%
FSP Deceased Discharges	2	Asian	0 = 0%
FSP Unable to make contact	3		

47% of all FSP consumer's served have successfully transitioned down to lower level of care (ICM) Services.

- Consumers are transitioned to a lower level of care either within the RMH clinics or into services within the community; (ICM) services after sustaining the transition criteria of appropriate stable housing, food, clothing resources, stable medication management, and self-sustaining income for a minimum of 6 months.
- The average length of stay (to date) for an FSP is 1 year.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

Outcome Goals

- Reduce incidents of inpatient psychiatric hospitalizations

Yr 1 – 30% reduction
 Yr 2 – 45% reduction
 Yr 3 - 73% reduction

- Reduce incidents of homelessness

Yr 1 – 100% reduction
 Yr 2 – 100% reduction
 Yr 3 - 98% reduction

*Clients are offered placement upon entry to the program

- Reduce incidents of incarcerations

Yr 1 – 90% reduction
 Yr 2 – 92% reduction
 Yr 3 - 81% reduction

- Increase engagement in Educational Settings.

Yr 1 – unavailable
 Yr 2 - unavailable
 Yr 3 - 21% increase

- Increase engagement in Employment Setting.

Yr 1 – - unavailable
 Yr 2 - unavailable
 Yr 3 - 19% increase

*Education and Employment were an increased focus in year 3 with the creation of the ENGAGE supportive employment project.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

- Consumers will be able work towards moving to a lower level of care within the county/community based system

Reduction of LOCUS Scores:

Total *PAF LOCUS Score=	1048	Average PAF LOCUS Score=	20
Total Current *LOCUS Score=	<u>894</u>	Average Current LOCUS Score=	<u>18</u>
Total LOCUS Reduction=	154/15%	Average LOCUS Score reduction=	-2.0/10%

* PAF is the Partnership Assessment Form given to FSP clients when they are first admitted into the program. The LOCUS provides an objective measure to help determine consumer service needs. It also provides a way to measure consumer progress and treatment outcomes. A higher score indicates a higher level of service need

The LOCUS scoring system starts with an initial entry at time of assessment for the program (the “Partner Assessment of Functioning” or PAF). That score is then updated quarterly. The higher the number, the lower the functioning. Therefore, a “reduction” in over-all LOCUS scores, translates to an “improvement” in over-all functioning.

Supportive Housing Assistance:

Current Housing Demographics:	
Room & Board	8
Board & Care	7
Cluster Site (Assisted Living)	3
Supportive Living (Family or Friend)	23
Independent Living	11
Residential Treatment	0
Hospital	0

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

Jail	0
Homeless	0
TOTAL	52

- 114 consumers were assisted with locating and securing housing
- 25 consumers received RMH housing subsidies and assistance from MHSA housing funding
- 29 consumers were successfully transitioned to independent or supportive permanent housing

Linkage to Primary Care Physician (PCP):

Consumers linked to a PCP prior to FSP engagement= 34
 Consumers linked to a PCP post FSP engagement= 72

*Represents an increase of over 100% in PCP linkage after consumers are engaged in services.

Linkage to Financial Assistance Benefits:

Medical:	Social Security:
92% -have been linked to Medi-cal benefits	90% -have been linked to SSI benefits
71%- are receiving active Medi-cal benefits	58%- are receiving active SSI benefits
21% -have Medi-cal cases pending approval	32% -have SSI cases pending approval
6%-are undocumented or ineligible for benefits	8%-are undocumented or ineligible for benefits
2%- have other benefits	2%- have other benefits

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

Consumer Satisfaction Surveys:

<u>Fresno County Consumer Satisfaction Surveys 2010-2011</u>			
Did you feel Welcome?	86%	Yes	14% No
Were you treated with courtesy?	92%	Yes	8% No
Did the provider listen to you?	92%	Yes	8% No
Was it easy to get the help you need?	79%	Yes	21% No
Were you seen at your appointment time?	75%	Yes	25% No

RMH Consumer Case Management Satisfaction Surveys Outcomes for 2010-2011; 98% of all FSP consumers reported that their assigned Case Manager actively listened, and tried to build a relationship with them.

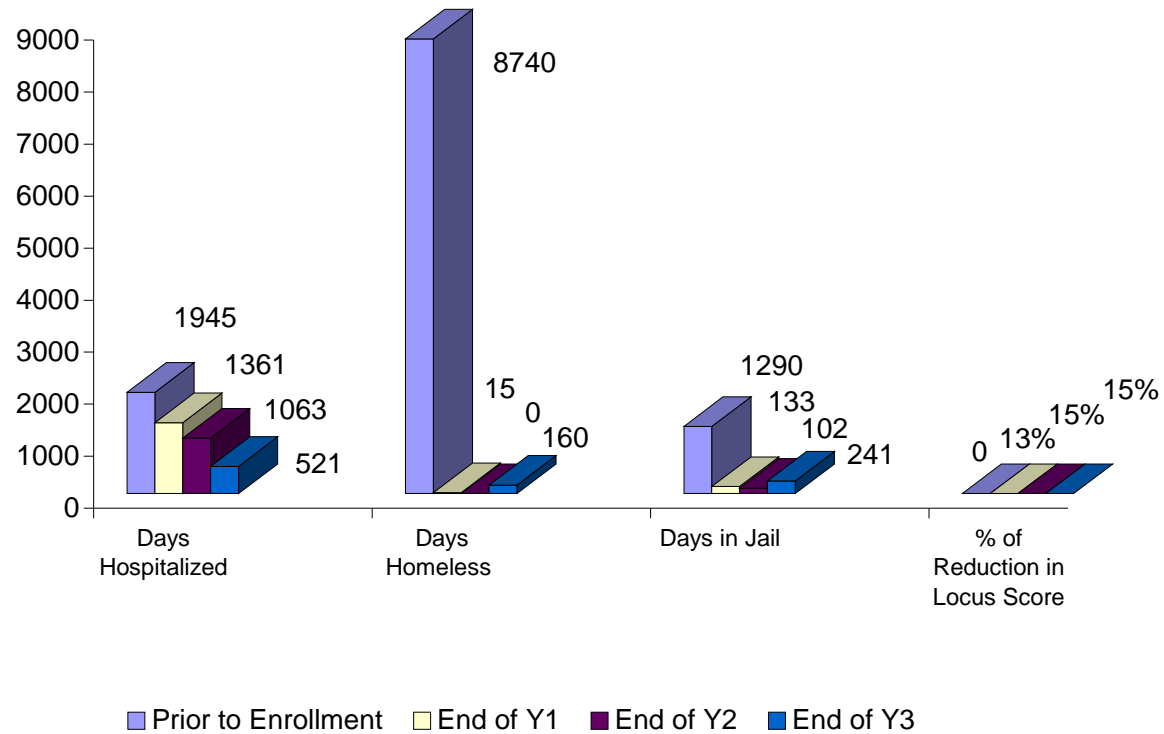
DEPARTMENT RECOMMENDATION(S): Based on outcome and contract measurements reported, the Department recommends to continue MHSA funding for this program for FY 2012-13.

See page 7 for Tables

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

FSP-Rural Mental Health Program

October 2008 -
December 2011



The LOCUS provides an objective measure to help determine consumer service needs. It also provides a way to measure consumer progress and treatment outcomes.

A higher score indicates a higher level of service need.

Approximately 54 FSP clients seen at any given time

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: Assertive Community Treatment (ACT) **PROVIDERS:** EMQ FamiliesFirst

PROGRAM DESCRIPTION: The ACT team, a Full Service Partnership, provides a wide range of mental health and rehabilitation services to SED youth, who are at risk of involvement with the juvenile justice system who have been through traditional service delivery, aged 10-18 and their families. Services include individual and family therapy, case management, substance abuse, educational and vocational support, and psychiatric services. Program goal capacity is 100 youth at any given time. EMQ FamiliesFirst has served 167 youth from January to December 2011. Seventy-eight youth were admitted and 74 youth were discharged during this period. As a Full Service Partnership (FSP) program under the Community Services and Supports component (CSS) of the Mental Health Services Act (MHSA), the program is required to submit Key Event Tracking into the State Data Collection Report (DCR). DCR data gathered for this report are based solely on clients who were active participants during the calendar year 2011. These results are identified under the outcome data section for incarcerations and hospitalizations.

Note: There are more outcome goals and outcome 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
 Adult

TAY
 Older Adult

DATES OF OPERATION: August 25, 2009- Current

DATES OF DATA REPORTING PERIOD: Jan-Dec 2011

OUTCOME GOALS:

1. Reduce incidents of incarcerations for consumers on probation. The number of arrests, citations, and probation violations experienced during the twelve month period prior to program entry is compared to the number experienced during the six month period prior to discharge.

2. Youth and Caregivers will report an improvement in youth's social and emotional well being.

OUTCOME DATA:

80% of youth decreased or maintained (at zero) their number of arrests, citations or probation violations. Based on the DCR data for said reporting period active participants showed a 99% reduction in Juvenile Hall/Jail days when comparing baseline data to current experience (from 1,161 to 8 days).

Consumer satisfaction data was collected during the one-week Fresno County Satisfaction Survey collection period

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

3. Reduce incidents of inpatient hospitalizations for consumers enrolled in the program. The number of hospitalizations experienced during the twelve month period prior to program entry is compared to the number experienced during the six month period prior to discharge.

(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, though positive feedback has been received from clients and families in the program.

93% of youth decreased or maintained (at zero) their number of hospitalizations. Based on the DCR data for said reporting period active participants showed a 100% reduction in hospitalization days when comparing baseline data to current experience (from 108 to 0 days).

4. Youth will exhibit emotional and behavioral improvement, increase pro-social behavior, and improve adult/youth relationships. Child and Adolescent Needs and Strengths (CANS) scale to measure improvement in this area.

Of the 74 discharged from the program during the reporting period only five (5) were matched at intake and discharge, thus a statistical significant data size is not available. Going forward, a summary of average intake and discharge CANS scores will be provided, as well as outcome data on the percentage of youth who improve on their total CANS scores between intake and discharge.

5. Youth will be able to live in a stable home setting (includes the home of birth or adoptive parents, a foster home, a relative's home, or living independently)

A majority of youth (80%) were discharged to a stable home setting.

6. Academic Performance Will Improve Improvement is measured by comparing each youth's academic performance during the 12 month period prior to ACT program enrollment, to the youth's academic performance during the 6 month period prior to discharge. Academic performance is determined by reviewing youth report cards as well as parent reports.

A majority of youth (80%) improved or maintained their school performance.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

7. School Attendance Will Improve

School attendance is assessed for the twelve month period prior to program entry and for the six month period prior to discharge. School attendance is determined by parent/caregiver reports as well as staff observation.

86% of youth improved their school attendance or maintained regular attendance.

8. Youth Will Stay Out of Trouble - Decrease Suspensions and Expulsions from School

The number of suspensions and expulsions experienced during the twelve month period prior to program entry is compared to the number experienced during the last 6 months of program participation.

100% of youth decreased or maintained (at zero) their number of suspensions/expulsions.

9. Improve Functional Stability and Reduce Need for Crisis Care - Decrease Children's Crisis Assessment and Intervention and Resolution (CCAIR) Visits

The number of CCAIR visits experienced during the twelve month period prior to program entry is compared to the number experienced during the six month period prior to discharge.

90% of youth decreased or maintained (at zero) their number of CCAIR visits.

DEPARTMENT RECOMMENDATION(S): This Agreement is subject to going out to Bid for the FY 2012-13 period

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: MHSA SMART Model of Care (a.k.a., Fresno Bright Beginnings)

PROVIDERS: EMQ FamiliesFirst, Exceptional Parents Unlimited, and Comprehensive Youth Services

PROGRAM DESCRIPTION: EMQ FamiliesFirst provides mental health and community support services including intensive case management, crisis intervention, parenting treatment, and in home therapeutic services to children ages 0 – 5 and their families. Comprehensive Youth Services and Exceptional Parents Unlimited provide Parent-Child Interaction Therapy (PCIT), which is an evidenced based treatment model for children between the ages of 2 – 7. Exceptional Parents Unlimited also provides mental health evidence based Incredible Years (IY) group therapy through the age of 8, and related support services to children and their parents. The SMART program sees approximately 152 clients at any given time.

Note: there are more outcome goals and outcome 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
 Adult

TAY
 Older Adult

DATES OF OPERATION: 9/1/07 – Current

DATES OF DATA REPORTING PERIOD: Jan-Dec 2011

OUTCOME GOALS:

- Child improves on parent-selected targeted behaviors. 85% of children will exhibit improvement in targeted behaviors as evidenced by a decrease in the Eyberg Intensity score. *The Eyberg Child Behavior Inventory (ECBI), designed to assess parental report of conduct behavioral problems in children and adolescents ages 2 – 16, measures the number of difficult behavior problems and the frequency with which they occur. The instrument takes five minutes to complete and five minutes to score.*

OUTCOME DATA:

- Since the inception of the program, matched pair intake/discharge Eyberg data has been received for eleven children and their families who participated in PCIT. Nine out of eleven (82%) did show improvement on their parent-identified, targeted behaviors. (See Table 1).

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

- 85% of the clients that complete treatment will report improved CBCL (Child Behavior Check List) scores between start of treatment and end of treatment. *The CBCL is a device by which parents or other individuals who know the child well rate a child's problem behaviors and competencies. This instrument can either be self-administered or administered through an interview. The CBCL can also be used to measure a child's change in behavior over time or following a treatment.*
- 100% of the client caregivers that complete treatment will report improved PSI (Parenting Stress Index) scores between start of treatment and end of treatment. *The PSI is a 120-item self-report questionnaire that assesses child and parent behaviors on a number of domains. It typically takes a respondent 20 – 30 minutes to complete the questionnaire.*
- Since the inception of the program, 64% of the children improved or maintained to borderline or normal at discharge on the Total Externalizing scale; 72% did so on the Total Internalizing scale; and 67% improved on the Total Problems scale. During 2011, 36% improved to borderline or normal score at discharge on the Total Externalizing scale; 35% improved to a borderline or normal score at discharge on the Total Internalizing scale; and 32% improved to a borderline or normal score at discharge on the Total Problem scale (See Table 2 and 3).
- During 2011, 54% of caregivers reported a decrease in their stress level between intake and discharge from the program. The results since inception were higher with 68% reporting a decrease in their stress level during program participation. (See Table 4).

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

See page 3 – 4 for tables.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

Table 1 – Child Improved Behaviors

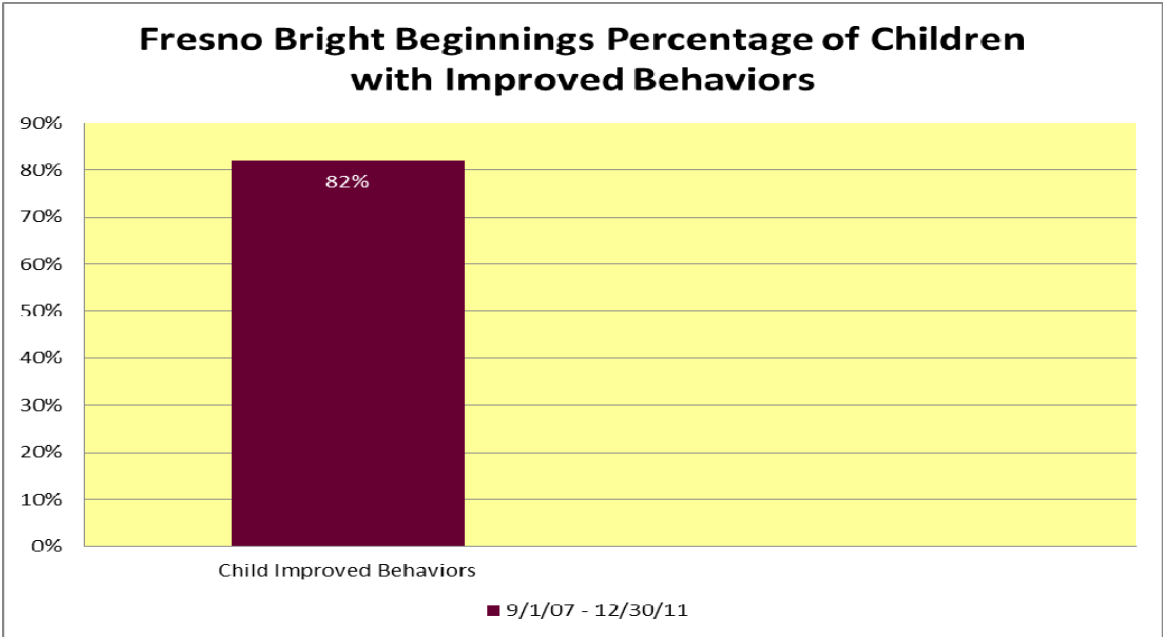


Table 2 – Child Improved Functioning

Bright Beginnings Child Behavior Checklist (CBCL) Scores						
1/1/2011 - 12/31/2011						
	Total Externalizing		Total Internalizing		Total Problems	
	Intake	Discharge	Intake	Discharge	Intake	Discharge
Normal < 60	31%	43%	37%	51%	28%	46%
Borderline 60 - 63	6%	11%	14%	14%	9%	11%
Clinical > 63	63%	46%	48%	34%	62%	42%

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

Table 3 – Child Improved Functioning

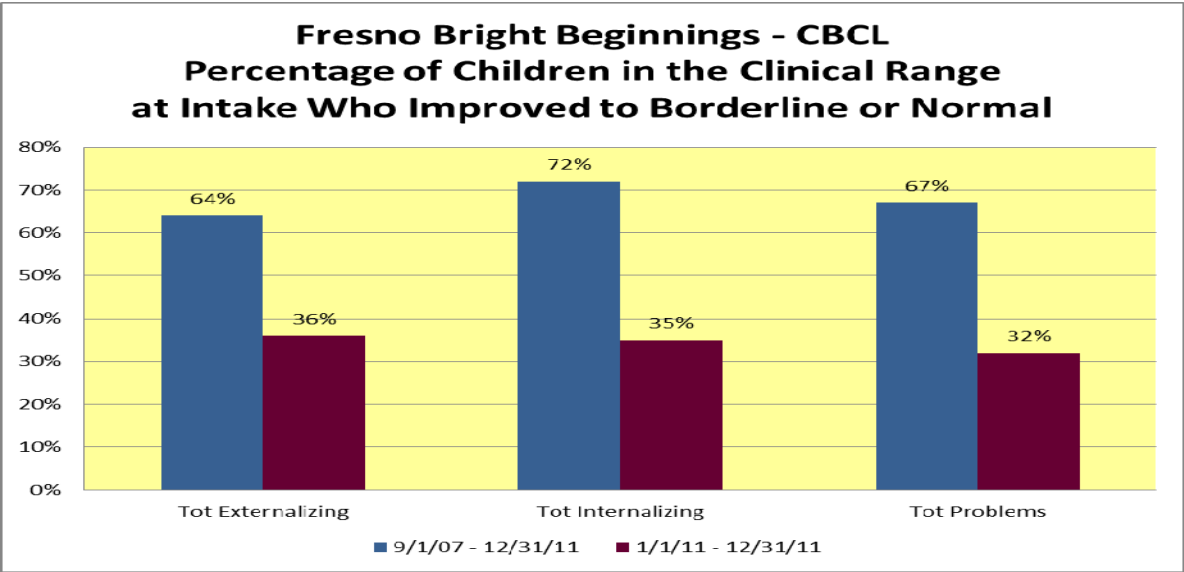
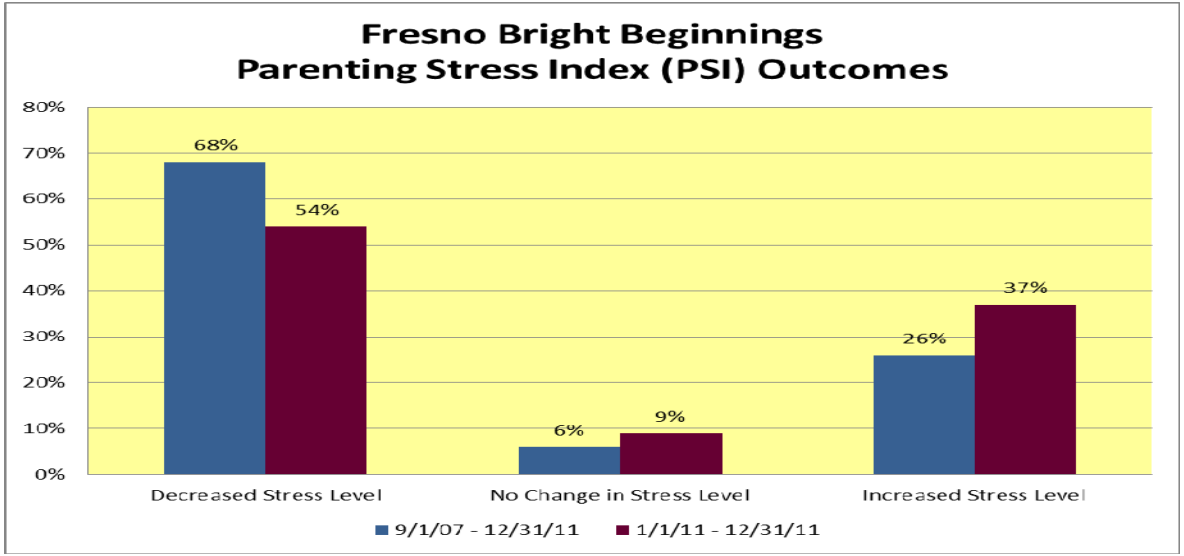


Table 4 – Reduced Caregiver Stress



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: Crisis Psychiatric Response Services (CPRS)

PROVIDER: WestCare

PROGRAM DESCRIPTION: WestCare assumed after-hours, weekend and holiday operation of Crisis Psychiatric Response Services (CPRS) in July 2009. Services are provided on call from 3:00pm to 7:30am Monday through Friday, and 24 hour on weekends and county designated holidays. CPRS program provides mobile emergency department response services to all designated Fresno County Hospitals, both metropolitan and rural, for crisis intervention and assessment of adults age 18 and over when they present in the emergency department for evaluation of need for involuntary hospitalization pursuant to California Welfare and Institutions Code Section 5150. Recently, WestCare also adjusted it's service delivery to better serve clients by having staff be physically located at CRMC Emergency Department.

For CY 2011 a total of 505 clients were evaluated by CPRS Clinicians. Outcomes Data described below are from January 1, 2011 through December 31, 2011.

AGES SERVED:

Children
 Adult

TAY
 Older Adult

DATES OF OPERATION: July 2009-Current

DATES OF DATA REPORTING PERIOD: Jan-Dec 31, 2011

OUTCOME GOAL

OUTCOME DATA

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

1. Decreased length of Stay in Emergency Department (ED), increased consumer satisfaction, evidence of crisis interventions.

The average Length of stay between response time and time of discharge to Metro Hospitals (Clovis, CRMC, SAMC) was 134 minutes based on 273 contacts.

The Average Length of stay between response time and time of discharge to Rural Hospital (Selma, Sierra Kings) was 88 minutes based on 223 contacts.

Average Length of stay between response time and time of discharge in Coalinga, was 71 minutes based on 9 contacts.

The reasons for longer time needed in metro hospitals as indicated above compared to rural hospitals are due to three primary factors: 1) CPRS staff is expected to stay with the client until the time at which an approval is actually received from an inpatient facility, or until a disposition has been procured through other means; 2) Because CRMC, St. Agnes, and Clovis Community Hospitals are tertiary care level facilities, the assessment, diagnostic formulation, and conduct of the examination is expected to be at a

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

higher level of care. This means that there must be a greater depth of collateral contact, medical clearance, and case discussion with the attending physician; 3) due to being situated in the actual CRMC ED, greater contact and time is spent with law enforcement.

2. Prior to discharge, all consumers will be educated for continued care, who they can contact and how they may obtain specifically recommended services.

82% of clients (415 clients) had referral recommendations at discharge. For 18% (90 clients) there were no recommendations recorded; the reason for no recommendations for some was due to client unwillingness to receive further services or ineligibility for services.

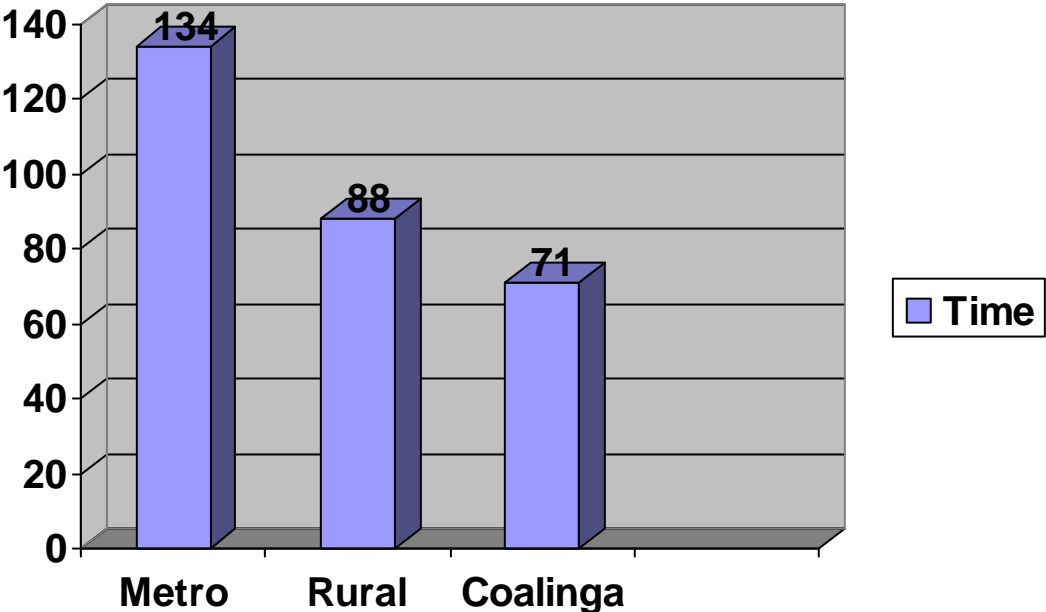
Of 505 Clients receiving assessment between January 1, 2011 and December 31, 2011; 8% (40 clients) had repeat contact with CPRS staff; 92% (465 clients) have not been seen by staff again.

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

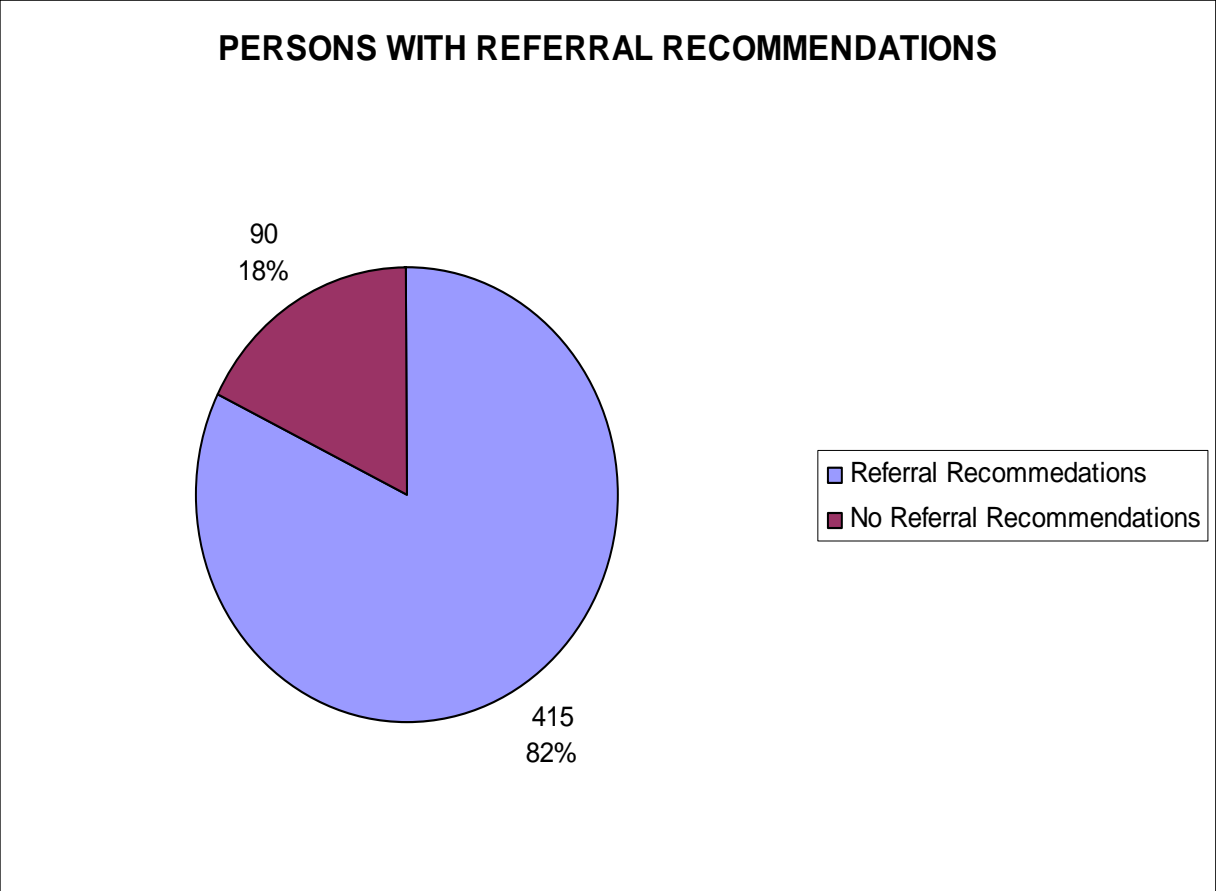
OUTCOME 1

Average Length of Stay in Minutes



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

OUTCOME 2



FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: Functional Family Therapy

PROVIDER: Comprehensive Youth Services

PROGRAM DESCRIPTION: Evidence-based Family Therapy. Services are provided throughout Fresno County in the homes, schools, community centers and at the main office of CYS to the identified clients and their families. Participants may include parents, siblings, grandparents, and/or other relatives living in the home. Identified clients are age 11-17 and are either in the Juvenile Justice System or at-risk of involvement. Approximately 210 clients are seen at any given time.

AGES SERVED:

Children
 Adult

TAY
 Older Adult

DATES OF OPERATION: April 2007 through current

DATES OF DATA REPORTING PERIOD: Jan-Dec 2011

OUTCOME GOALS:

- Consumers will develop increased involvement in the therapeutic process and increased alliance with service provider.

OUTCOME DATA:

- The Family Self Report (FSR) Questionnaire was given to consumer and family members at the onset of treatment, during the middle phase of treatment and at graduation/termination. Based on consumer and family members' reports, confidence and hope that the FFT therapist can help the family with their problems and trust of the therapist were reported to be high. Both confidence and trust increased as the counseling process progressed. As evidenced by the charts below, the FFT therapists are able to build rapport, trust and confidence with the consumers, parents/guardians, siblings and family members quickly using the FFT model.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

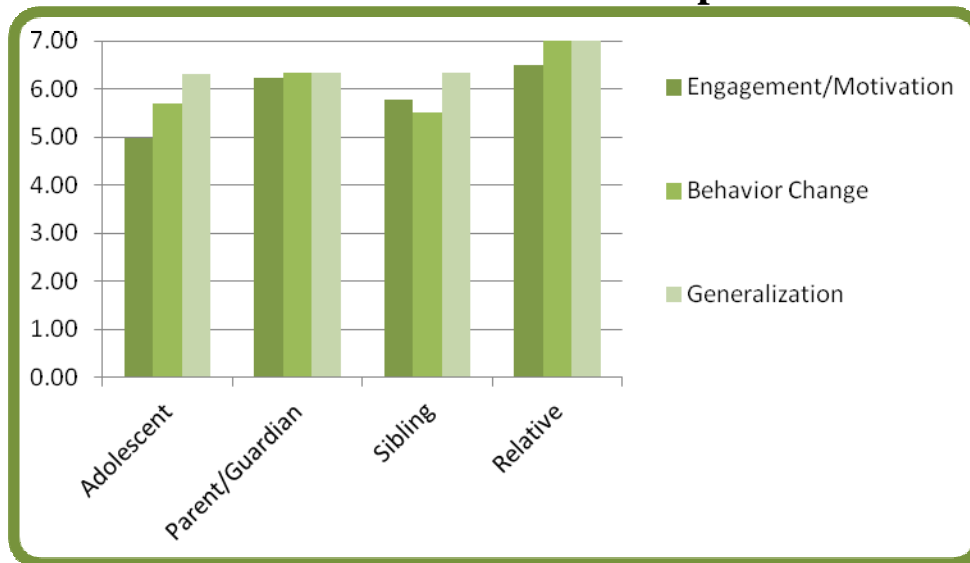
- Consumers that have been incarcerated in the past year or are currently on probation will have a 50% reduction in the average number of days incarcerated.
- A total of 8 consumers receiving FFT services were incarcerated either before, during or after treatment. Previous to treatment the consumers spent a total of 523 days incarcerated. While participating in the FFT services, consumers spent 64 days incarcerated and post treatment they spent a total of 126 days incarcerated. This equals a 397 day reduction in incarceration days, equaling a 76% reduction. It should be noted that only two FFT consumers were incarcerated post treatment indicating that 86% of consumers participating in FFT have not been reincarcerated after completing the program. (See Chart Below). In addition, both consumers and parents/guardians reported a decrease in school suspensions and expulsions post FFT. Consumers and parents/guardians reported that the family problems were “Some Better” to “Very Much Better” in all cases.

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

Overall, how confident or hopeful are you that your family will get better?				
SCALE:				
1 (Not Confident)	2 (I'm Doubtful)	3 (I'm Unsure)	4 (I'm Hopeful)	5 (I'm Very Confident)
6 (I'm Hopeful)	7 (I'm Very Confident)			
	Adolescent	Parent/Guardian	Sibling	Relative
Engagement/Motivation Phase I (Pre Treatment)	4.97	6.22	5.79	6.50
Behavior Change Phase II (Middle Phase of Treatment)	5.70	6.33	5.55	7.00
Generalization Phase III (Graduation/Termination)	6.30	6.34	6.33	7.00

Confidence in FFT Therapist

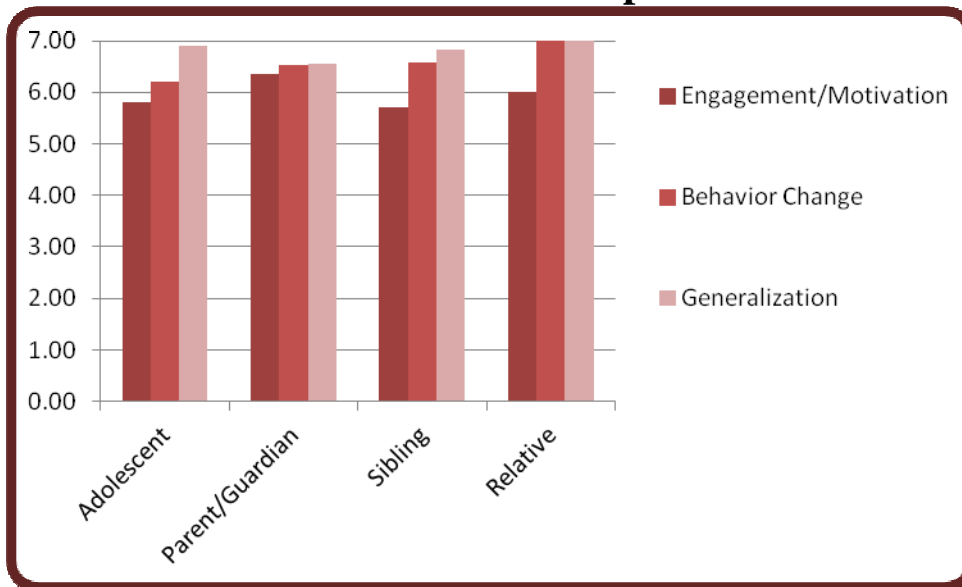


Based on the Family Self Report Questionnaire (FSR) this chart demonstrates the consumer and family member's confidence that the FFT process can help them improve their family relationships and the consumer and family's problems. As noted in the chart both consumers and family members' confidence and hope increases as service progresses.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

How much do you trust your therapist?				
SCALE:				
1 (Not at All)	2 (Not Much)	3 (I Have Mixed Feelings)	4 (I Trust a Lot)	5 (I Have Total Trust)
6 (I Trust a Lot)	7 (I Have Total Trust)			
	Adolescent	Parent/Guardian	Sibling	Relative
Engagement/Motivation Phase I (Pre Treatment)	5.29	5.66	5.36	5.83
Behavior Change Phase II (Middle Phase of Treatment)	5.88	6.33	5.86	5.73
Generalization Phase III (Graduation/Termination)	6.25	6.71	6.58	n/a

Trust in FFT Therapist

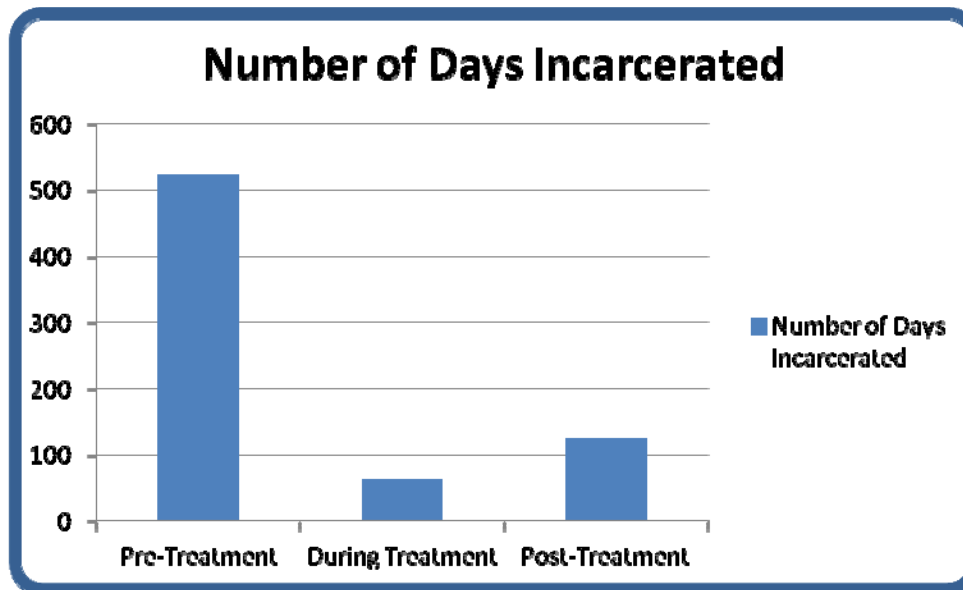


Based on the Family Self Report (FSR) Questionnaire, consumer and family members have a lot of trust in their FFT therapists. As noted in the table, the consumer and family member's trust in their therapist increases as service progress. This table demonstrates the FFT therapists' ability to build alliances with consumers and their families.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

Comprehensive Youth Services – Functional Family Therapy (FFT) Program Incarceration Rates for Consumers

	Pre Treatment	During Treatment	Post Treatment	Number of Days Decreased Pre to Post
Number of Days Incarcerated	523	64	126	397



Of the consumers that have been incarcerated prior to participating in FFT treatment, 86% have not been reincarcerated and there has been a 76% reduction in the number of days of incarceration.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: MHSA Consumer/Family Advocacy Services

PROVIDER: Centro La Familia Advocacy Services /Fresno Interdenominational Refuge Ministries

PROGRAM DESCRIPTION: Culturally appropriate consumer/family advocacy services to unserved and underserved populations. Services include support groups, advocacy services, presentations, outreach to target populations, education, and training to increase awareness of the impact of mental illness.

AGES SERVED:

Children
 Adult

TAY
 Older Adult

DATES OF OPERATION: July 2011-current

DATES OF DATA REPORTING PERIOD: July 2011 - Dec 2011

OUTCOME GOAL

1) Increase family support and awareness; increase awareness of relapse prevention.

OUTCOME DATA

31 support group meetings held in Mendota, Huron, Sanger and Kerman.

Participated in 5 multi-language health fair events with 1,340 individuals in attendance including events sponsored by CLFA. Various community educational information material focusing on mental health awareness was provided. As part of the presentations, the advocate provides referrals and information to participants. The advocate and peer support staff has worked with other

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

partners to develop a resource binder that all staff including peer support use with consumers and family members. We work to update community resources as needed to give consumer referrals to appropriate services.

2.) Receive, log and provide advocacy services as initiated by calls to office.

The total number of calls received were one hundred and thirty-three (133) for information and referral; we were able to refer and link one hundred thirteen (113) individuals to services with the County of Fresno, Fresno Family Counseling services, Four Winds Counseling services, Comprehensive Youth services, NAMI, Youth Link, Central Calif. Legal Services; and to various clinics for health care and for paralegal services. FIRM provided fourteen (14) referrals for services to Fresno Center for New Americans, Department of Behavioral Health, and Central California legal Services

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

3.) Increase consumer and family members confidence and functioning

13 Community outreach events in various communities throughout Fresno County conducted to reduce stigma and to increase consumer and family member trust and confidence. Support group meetings held in various areas of the community. Three consumer/family complaints submitted to DBH.

Speaker's Bureau developed. Currently 3 consumer / family members recruited for Speakers Bureau. Two Spanish and one English speaker. We have obtained speakers such as one who serves as a trained promotora in the communities of Mendota and Huron, and one is an HIV/AIDS Health Educator who also serves as a Mental Health Board member. We met with staff at West Care Options program to explore ways to recruit former consumers to participate. Recruitment to the speaker's bureau is an ongoing effort and will continue to seek members of the community.

Mental Health First Aid (MHFA) trainings conducted and 22 individuals received 3 year MHFA certification.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

4.) Educate and increase awareness of impact of mental illness on Family members/consumers.

CLFA produces a quarterly newsletter which includes an article on mental health in each issue.

Fresno Interdenominational Refugee Ministries (FIRM) also produces an E-Newsletter which includes information on mental health to the southeast Asian population (Hmong, Cambodian and Laotian).

11 media outreach activities conducted (reaching over 7,100 viewers, 18-49 yr olds) on Univision television and radio KBIF radio on various mental health topics. CLFA has established a relationship with Univision Television to give monthly presentations on the morning talk show "Arriba Valle Central" on mental health issues. FIRM also makes monthly presentations on mental health issues on Hmong radio. The most recent was on depression and the effects on the family. Both programs are number one in ratings.

In July 2011, CLFA in partnership with Univision television and other community partners held a live telecom call center activity during

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

prime time, 6:00 PM to 10:00 PM. Viewers were able to call in and talk with a “live” person to ask questions on various family needs with its focus to encourage people to sign up for health insurance and other public benefits. During this event we handled over 1,000 calls for information on various issues (public benefits, legal and health issues as well as mental health stigma and mental health education information). The consumer and family advocates also assisted consumers and families on how to navigate through government systems and how to seek benefits.

5.) Increase public awareness and demystify the myths surrounding mental health issues (particularly in rural areas and non-English speaking)

14 mental health presentations and trainings for community residents were held in Firebaugh, Mendota, Huron, Pinedale and east and west Fresno. Some of the topics covered were mental health signs, depression, the effects of stress and the symptoms of mental health issues, and the “5150 Guide” ...What to do in a Mental Health Crisis”.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

6.) Increase awareness of mental health issues to the Latino Spanish-speaking community and the general public to minimize stigma regarding mental health disorders.

During the course of this reporting period, CLFA mental health advocate staff held thirty-one (31) meetings (Platicas) in the rural community for Spanish-Speaking individuals and families participating and support groups provided with the aim to make an effort to help demystify long held myths on mental health issues. One of the goals is to raise the awareness that mental health disorders are an illness that requires treatment. During these gatherings, the advocate was successful in providing educational information to community members on various mental health illnesses such as depression, stress, how to access mental health services and provided Promotora training. The advocate has linked them to other services such as: public benefits which include food stamps, Medi-Cal, domestic violence information.

FIRM has provided consumer and family referrals to their community gardens program which provides opportunities for those who need a way to help to reduce isolation, anxiety and depression, foster intergenerational sharing and promotes physical activity. It also

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

serves as “a consistently available de-stigmatizing and welcoming site” that can help to, “reduce cultural, linguistic and trust barriers” to more traditional mental health services and supports.

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: Blue Sky Wellness Center and Youth Empowerment Centers (YEC)

PROVIDER: Kings View Corporation

PROGRAM DESCRIPTION: Blue Sky Wellness Center is a peer supported and operated wellness and recovery center focused on empowering consumers on their road to recovery through daily support groups and activities. In 2011 Blue Sky had 27,071 visits with a daily average of 91 consumers and 1,318 unique individuals. Blue Sky is open 6 days a week. Blue Sky provides a wide variety of support and educational groups for consumers as well as family members in not only understanding mental illness better but in developing new skills along the road to recovery.

YEC - beginning in October 2010, Kingsview started to provide services to children and youth and TAY populations through youth empowerment centers in various communities in the County. The youth empowerment centers aim is to empower children and youth in combating the early signs of mental illness and establishing healthy approaches to decision making, leadership and life choices

AGES SERVED: BLUE SKY WELLNESS CENTER

Children
X Adult

TAY
X Older Adult

DATES OF OPERATION: November 1, 2007 – Present

DATES OF DATA REPORTING PERIOD: Jan-Dec. 2011

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

OUTCOME GOALS:

1. Decrease in psychiatric admissions from previous year. For those with a frequency of hospitalizations, encourage attendance of 3 support groups a week.

OUTCOME DATA:

We tracked 3 different consumers with a previous history of inpatient admissions. These clients are identified as T, D, and C. We tracked how many support groups they attended during the year which were T: 85, D: 462 and C: 8. The only reported admissions for this past year was T with 6 admits. D last year had several admits, had no reported admits this year and the highest group attendance.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

2. There will be a 75% increase in family member attendance over the previous year.

Family attendance was only at 34% over the previous year with 57 visits to groups. Staff tried several different times and days to achieve better attendance but attendance remained low. Will continue to explore reason for lack of participation.

3. Decrease staff turn over and sick time.

In 2010 there were 5 incidents of staff turn over/relapse. This year (2011)there was only 1 incident. Staff sick hours totaled 483, an increase over last year. We believe that this is due to a more accurate calculation of sick time.

AGES SERVED: YOUTH EMPOWERMENT CENTERS

Children
 Adult

TAY
 Older Adult

OUTCOME GOALS:

1. Grades will have improved from the prior school year for 50% of those attending weekly groups.

OUTCOME DATA:

Of the 27 students that turned in comparative report cards, 16 showed same grades or better GPA for an average of a 59% improvement. Of the 11 who showed poorer grades, two turned in cards just for an incentive, one had serious family issues and several others were making the difficult transition from elementary school to junior high.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

- | | |
|--|--|
| 2. Consumer participation will improve by 50% | 369 satisfaction surveys were completed for this year with a comparison of the satisfaction level taken for the first 3 months and the last 3 months. First 3 months showed a 98.2% satisfaction with the groups and a 98.5% satisfaction for the last 3 months. |
| 3. 2,400 enrolled youth and families to be served | 3,270 youth and family contacts occurred with 403 groups held at 8 sites around the county. 440 different individuals came to groups |
| 4. Participation in wellness and recovery activities | This outcome was covered by the surveys in #2 identified above as evidenced by the youths' satisfaction with the groups and the activities on the survey. |

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

See Page 5 and 6 for tables

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

Yearly 2011 Statistical Charts for Blue Sky and Youth Empowerment Centers

Blue Sky Wellness Center

CALENDAR YEAR	2010	Jan-Dec 2011	Increase/Decrease
TOTAL ATTENDANCE	25,668	27,071	5.46% Increase over 2010
DAILY AV. ATT.	87	91	4.6% Increase over 2010
TOTAL UNIQUE	1,063	1,318	23.99% Increase over 2010
SUPPORT GROUPS	16	20	25% Increase over 2010
SUPPORT GRP. ATT.	4,493	10,894	142.47% Increase over 2010
LITERACY TUTORING	NOT COUNTED	183 HRS.	N/A
# OF LEARNERS ASSESSED	NOT COUNTED	24	N/A
ACTIVE LEARNERS	NOT COUNTED	6	N/A

Youth Empowerment Centers

# of Youth Ages 10-17:		Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total:
Tollhouse	duplicated	0	28	62	40	43	29	48	54	57	56	71	65	553
	unduplicated	0	10	3	5	3	5	7	4	5	5	5	6	58
FIRM	duplicated	0	17	111	149	126	83	40	43	54	61	91	77	852
	unduplicated	0	29	21	7	2	3	7	8	6	9	5	5	102
Firebaugh	duplicated	0	0	0	0	0	18	16	26	58	55	63	77	313
	unduplicated	0	0	0	0	8	12	4	6	1	4	4	1	40

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

West Fresno Boys/Girls Club	duplicated	0	0	42	57	63	57	47	53	48	93	78	48	586
	unduplicated	0	0	10	8	5	22	28	12	6	13	32	11	147
Raisin City Elementary School	duplicated	0	0	0	0	0	0	11	15	6	83	56	24	195
	unduplicated	0	0	0	0	0	0	11	0	13	2	2	1	29
Indian Clubhouse	duplicated	0	0	31	41	43	41	20	Site Ended: 07/19/11					176
	unduplicated	0	0	6	5	2	1	3						17
Sanger	duplicated	17	0	23	52	33	14	Site Ended: 06/29/11					139	
	unduplicated	4	0	7	9	4	14						38	
Mendota	duplicated	16	Site Ended: 01/27/11										16	
	unduplicated	9											9	
# of Unduplicated Youth		13	39	47	34	24	57	60	30	31	33	48	24	440
Total Youth		46	84	316	373	332	299	242	221	254	381	407	315	3270
Total # of Groups		7	10	39	36	42	38	38	38	34	42	42	37	403
# of Youth referred to MH		3	0	0	0	0	2	0	2	0	2	1	11	21

The first Youth Empowerment Centers were opened in Sanger and Mendota in January 2011, however the Mendota Center closed the same month and the Sanger Center closed in June 2011. Tollhouse, and FIRM centers opened doors during February 2011. West Fresno Boys/Girls Club and Indian Clubhouse centers opened in March 2011, Indian Clubhouse closed in July 2011. Firebaugh center was opened in May 2011. A center was opened in Raisin City in July 2011.