

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: Rural Mental Health (RMH)

PROVIDER: Turning Point of Central Ca., Inc.

PROGRAM DESCRIPTION: The Rural Mental Health (RMH) Program is a Mental Health Services Act (MHSA) funded Full Service Partnership (FSP), Intensive Case Management (ICM), and Outpatient (OP) treatment programs. The target population includes adults and children that live in rural Fresno County. Services are provided at six established rural service sites including Reedley, Pinedale, Sanger, Selma, Kerman, and Coalinga. The level of service provision (FSP, ICM, or OP) is determined after the client has been assessed. The population for the FSP program includes adults with severe mental illness (SMI), children with serious emotional disturbance (SED), and adults/children who have had recent admissions to the County's crisis intervention services (acute inpatient or incarcerated clients). FSP services are available 24 hours per day, seven days per week. ICM services are provided to clients in need of case management and community based crisis intervention services. The ICM population includes adults with severe mental illness and children with serious emotional disturbance who are in need of on-going community based services. In general, the ICM population requires fewer interventions from the RMH staff than FSP level clients in order to sustain a largely independent level of functioning. OP services are provided to those who are Medi-Cal eligible and meet the State Department of Mental Health's medical necessity criteria. In general, the OP population requires fewer interventions from the RMH staff than ICM level clients in order to sustain a largely independent level of functioning. ICM and OP services are available 8 hours per day and five days per week. The FSP program serves 84 clients at any given time. The ICM program serves 889 clients annually. The OP program serves 436 clients annually. **Services Provided:** 24/7 crisis response; mental health services; psychiatric and nursing services; rehabilitation services focusing on life skills and symptom management training; case management services (including attainment of eligible benefits, housing assistance, Medi-cal benefits, transportation assistance, general relief assistance, and other identified community resource needs). Basic psychiatric and associated medical issues are addressed while providing linkages to primary care physician coverage.

AGES SERVED:

Children
 Adult

TAY
 Older Adult

DATES OF OPERATION: 10/2008 – current

DATES OF DATA REPORTING PERIOD: 1/1/2014 – 06/30/2015

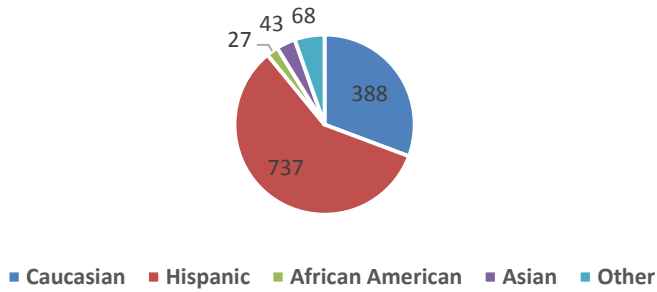
Who We've Served in:	7/1/2013 to 6/30/2014	7/1/2014 to 6/30/2015
Total FSP clients served	120	126
Total ICM clients served	1,431	1,457
Total OP clients served	535	827

- 33% of all FSP clients served in 1/1/2014-6/30/2015 successfully transitioned down to a lower level of care (in RMH clinics).
- The average length of stay for an FSP client is 2 years.
- 4% of FSP clients dropped out of services and/or their whereabouts were unknown.

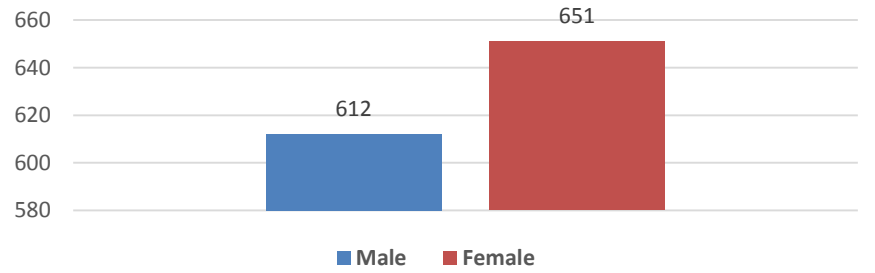
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6/2015 Demographics

Ethnicity

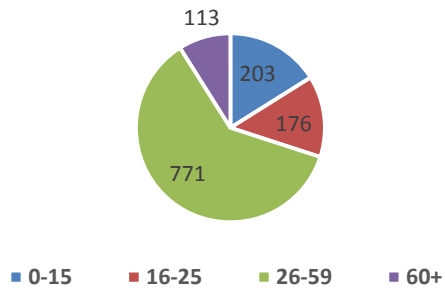


Gender

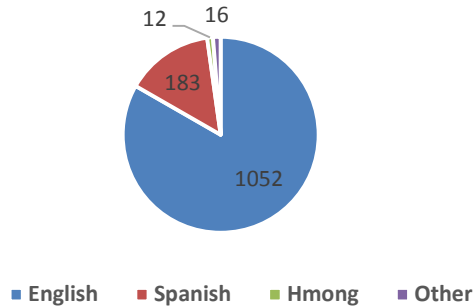


CURRENT RMH DEMOGRAPHICS	FSP	%	ICM	%	OP	%
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Age



Language



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Outcome Goal

CENSUS	Total 1,263	83	7%	587	46%	593	47%
GENDER	Male	38	3%	305	24%	308	24%
	Female	45	4%	282	22%	285	23%
ETHNICITY	Caucasian	18	1%	172	14%	198	16%
	Hispanic	50	4%	348	26%	339	27%
	African American	4	0%	10	1%	13	1%
	Asian	3	1%	22	2%	18	1%
	Other	8	1%	35	3%	25	2%
AGE	Child/Youth (0-15)	17	1%	83	7%	103	8%
	TAY (16-25)	10	1%	87	7%	79	6%
	Adult (26-59)	49	4%	364	28%	358	28%
	Older Adult (60+)	7	1%	53	4%	53	5%
Language	English	68	6%	478	37%	506	40%
	Spanish	13	1%	96	7%	74	6%
	Hmong	2	0%	4	1%	6	0%
	Other	0	0%	9	1%	7	1%

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Outcome Data (FSP Clients Only)

Reduce incidents of inpatient psychiatric hospitalizations

*4 clients had inpatient stays of 40+ days

Yr 1 54% reduction
Yr 2 94% reduction
Yr 3 90% reduction
Yr 4 84% reduction
Yr 5 77% reduction
Yr 6 (1/1/14-6/30/15) 86%* reduction

Reduce incidents of homelessness

Yr 1 100% reduction
Yr 2 91% reduction
Yr 3 99% reduction
Yr 4 99% reduction
Yr 5 99% reduction
Yr 6 (1/1/14-6/30/15) 99% reduction

Reduce incidents of incarcerations

*5 clients had incarceration stays of 40+ days

Yr 1 43% reduction
Yr 2 100% reduction
Yr 3 97% reduction
Yr 4 97% reduction
Yr 5 40% reduction
Yr 6 (1/1/14-6/30/15) 70%* reduction

Increase in days spent in Educational Settings

Yr 6 (1/1/14-6/30/15) 275% increase

Increase in days spent Employed

Yr 6 (1/1/14-6/30/15) 165% increase

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Reduction of LOCUS (Level of Care Utilization System) Scores:

Total PAF (new enrollment) LOCUS Score* =	2,568	Average PAF LOCUS Score =	22.7
Total 6 Month (post admission) LOCUS Score =	<u>2,500</u>	Average 6 Month LOCUS Score =	22.1
Total LOCUS Reduction=	68		

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

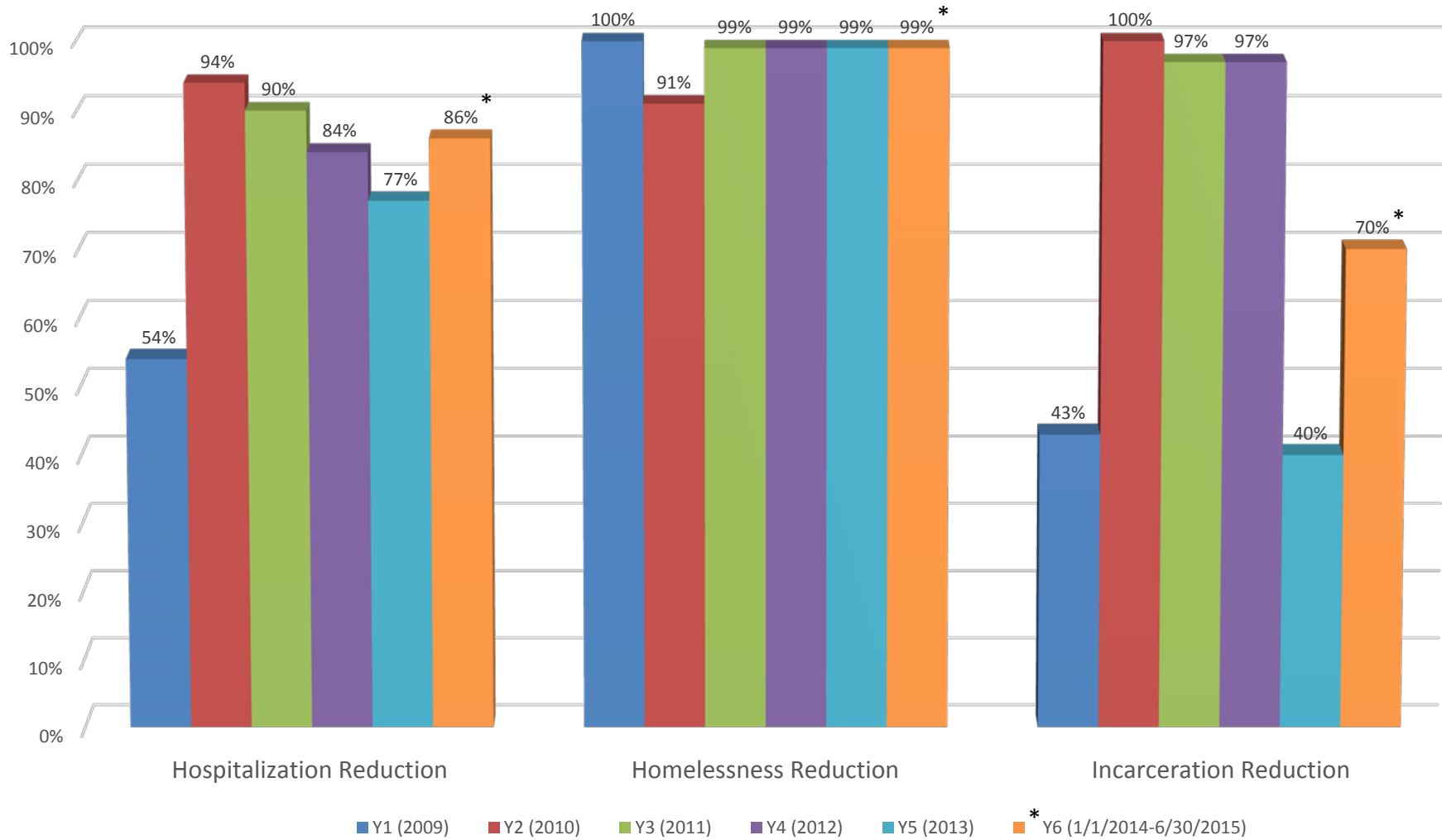
Supportive Housing:

- 69 clients were assisted with locating and securing housing.
- 40 clients received housing subsidy funding.*
- 25 clients were successfully transitioned to independent permanent housing.

*Not all clients require housing services. Clients with sufficient income are assisted with locating affordable housing.

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RMH (FSP Clients Only)



*5 clients had incarceration stays of 40+ days,
4 clients had inpatient hospitalization stays of 40+ days

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Y6 reporting period contains additional 6 months compared to previous reporting years

LOCUS

Clients will maintain or have improved functioning over time as measured by LOCUS tool (Level of Care Utility System for Psychiatric and Addiction Services). Clients who had two or more completed scales were included.

ICM & OP Clients only

Improved	35 %
Stable	24 %
Decreased	41 %

CANS

Clients will maintain or have improved functioning over time as measured by CANS tool (Child and Adolescents Needs and Strengths). Clients who had two or more completed scales were included.

ICM & OP Clients only

Improved	37 %
Stable	24 %
Decreased	40 %

DEPARTMENT RECOMMENDATION(S):

Based on outcome and contract measurements reported, the Department recommends continuing MHSA funding for this program for FY 2015-16.