

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Projects for Assistance in Transition from Homelessness (PATH) Program Click here to enter text.	Provider:	Kings View Behavioral Health
Program Description:	The PATH Program delivers services to adult consumers with serious mental illness (SMI) and/or co-occurring substance use disorders who are homeless or at imminent risk of becoming homeless. The program serves as a front door for clients into continuum of care services and mainstream mental health, primary health care and the substance use disorder services system.	MHP Work Plan:	2-Wellness, recovery, and resiliency support Choose an item.
Age Group Served 1:	ADULT	Dates Of Operation:	August 26, 2008 - Current
Age Group Served 2:	OLDER ADULT	Reporting Period:	July 1, 2016 - June 30, 2017
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	Other, please specify below
Funding Source 2:	Medical FFP	Other Funding:	SAMHSA PATH Grant Client Reimbursement

FISCAL INFORMATION:

Program Budget Amount:	590,182.00	Program Actual Amount:	508,018.04
Number of Unique Clients Served During Time Period:	357		
Number of Services Rendered During Time Period:	3,528		
Actual Cost Per Client:	1,423		

CONTRACT INFORMATION:

Program Type:		Type of Program:	
Contract Term:	July 1, 2015 – June 30, 2020	For Other:	Outreach Component – Outreach, Engagement, Linkage, Case Management and Housing-Related Services; Mental Health Component - Specialty Mental Health Treatment and Supportive Housing Service
	(three year base contract and two optional one year extensions)	Renewal Date:	July 1, 2020

Level of Care Information Age 18 & Over: Medium Intensity Treatment (caseload 1:22)

Level of Care Information Age 0- 17: Choose an item.

Mental Health Component provides outpatient mental health treatment for up to 30 consumers. PATH has the flexibility to increase service intensity in response to consumer need and provide as many contacts as needed to consumers experiencing significant problems in daily living.

TARGET POPULATION INFORMATION:

Target Population: Participation in the PATH Program is on a consumer voluntary basis. The target population is adult consumers with SMI and/or co-occurring substance use disorders who are homeless or at imminent risk of becoming homeless.

CORE CONCEPTS:

- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:
(May select more than one)

Choose an item.

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

Please describe how the selected concept (s) embedded :

The PATH team is willing and able to “whatever it takes” to help consumers and family members cope with mental illness and substance abuse by eliminating barriers to treatment by truly “meeting them where they are.” Outreach, engagement, linkage and case management is provided to individuals receiving services with the

Community collaboration

Access to underserved communities

intention of assisting them access services, decrease stigma, improve knowledge and by providing necessary advocacy. Our staff is knowledgeable and respectful of the individuals struggling with mental illness, homelessness, and substance abuse and other. Staff collaborates with other agencies in the delivery or services to clients. Linkage, referrals and advocacy with these agencies help individuals attain housing, health services, income assistance, etc. Staff utilize a soft approach to increase engagement and trust. Our program also offers mental health treatment to a portion of the consumers served (psychiatry, individual and group counseling, individual rehabilitation, and case management). PATH collaborates with other agencies throughout Fresno County in order to assist individuals find housing, medical treatment, social and spiritual support, re-connect with family and other natural supports.

PROGRAM OUTCOME & GOALS

- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder
- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

Click here to enter text.

1. Reduce incidents of incarceration for consumers on probation.
Effectiveness and Efficiency: We kept track of this goal with the 34 clients in the SMHS Component. All our consumers remained free from incarceration, arrests, citations and probation violations for the past twelve months. Staff have been able to manage crisis and assist clients in developing better ways to handle their circumstances without resorting to crime or other societal violations.
Access: N/A.
Satisfaction and Feedback: Consumers involved with the criminal system often request assistance from case managers to meet Probation and other court terms. Probation accepts the services offered from this program as they do not question or reject PATH letters and reports.
Indicator: Consumers' consistent uninterrupted freedom for the past 12 months.
Time of Measure: July 2016-June 2017.
Data Source: HMIS and PATH clinical/outreach records.
Target Goal Expectancy: A minimum of 80% of consumers to remain free from incarceration during the fiscal year. Goal was achieved.
2. Reduce incidents of inpatient hospitalizations for consumers enrolled in the program.
Effectiveness and Efficiency: In the SMHS component, 31 out of 32 consumers remained free from psychiatric hospitalization this year.

Access: PATH consumers are quickly connected to psychiatric services to address safety and stability. Access to an initial psychiatric evaluation happens within the same week. Ongoing monitoring, rehabilitation services, group counseling, medication support, housing and proper referrals and support seem to be an effective formula to promote safety, better coping in the consumers' wellness and recovery.

Data source/Indicator: Consumers' self-reports. PATH treatment records and Avatar records.

Time of Measure: July 2016-June 2017.

Target Goal Expectancy: less than 20% of consumer case load to experience psychiatric hospitalizations. Goal was met and surpassed this year.

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

Effectiveness, Efficiency: 29 out of 32 SMHS consumers have been successfully housed. 3 out of 32 consumers receiving SMHS have had more than one episode of homelessness this past year. One of them has chosen to remain homeless despite efforts and opportunities available to him. The other two did experience periods of homelessness due to ongoing personal choices. PATH team continues to work on engaging and promoting safety as well as better adapting behaviors.

Access: Consumers reached in the SMHS component of program had access to housing within 6 months. Some did not attain housing due to personal preferences despite the program finding adequate housing for them.

Data Source: HMIS/PATH records.

Time of Measure: July 2016-June 2017.

Target Goal Expectancy: Achieve and maintain 100% of SMHS consumers in permanent housing. 29/90.6% were successfully housed with 24/82.8% of those into permanent housing.

Indicator: 29/90.6% of Consumers achieved and maintained their housing successfully. 24/82.8% out of 29 in housing are now into *permanent* housing.

4. Consumer and caregivers will report an improvement in social and emotional well-being.

Satisfaction: Consumer satisfaction data was collected during the months of November 2016 and May 2017.

Effectiveness: Raw data was directly submitted to Fresno County and in turn to the State for data analysis. Room and board operators and supportive housing programs report consistently on the consumers improving functioning.

Access and Effectiveness: Consumers identified as "declining in their functioning" are given the necessary individualized attention from case managers, psychiatrist and clinician within the same day and week to strengthen quick recovery and goal achievement.

Time of Measure: July 2016-June 2017.

Data Source: CPS-POQI questionnaires twice per year. PATH Clinical records. Reports from room and boards and other service providers.

Indicators: Maintenance of secured housing, minimal hospitalizations or crisis interventions, self-reports of better social interactions. Attendance to groups and treatment appointments.

5. PATH will outreach to 500 homeless mentally ill consumers.
Target Goal Expectancy: Outreach to 500 homeless, mentally ill consumers. Enroll/engage 400/80% of the 500 into ongoing outreach and engagement services.
Access and Effectiveness: Path outreached this year to 357 (71.4% of target goal of 500) homeless mentally ill individuals. Our target was to engage these individuals into services by having more contact and follow up. 279/78.2% of those 357 individuals received Outreach, Engagement and Linkage services through our outreach program. 32/11.5% of the 279 individuals received outreach, engagement and Linkage as well as Specialty Mental Health Services. 78/21.8% of the 357 individuals contacted would not engage into services.
Time of Measure: July 2016-June 2017.
Data Source: HMIS/PATH records.
Indicator: 357 individuals contacted equal 71.4% of outreach goal.
Satisfaction: N/A.
6. PATH will enroll 400 consumers in the Outreach Component and enter them into the HMIS system. The Mental Health Component will be provided up to 30 consumers at a given time.
Effectiveness, Efficiency: 279 consumers were enrolled. HMIS continues to present challenges in the inputting and retrieving of information. 32 of the 279 consumers were part of the SMHS component.
Access: Ongoing contact with homeless individuals is difficult due to their mobility and not having reliable means to stay in touch with them. Based on our experience with outreach, homeless consumers.
Time of Measure: July 2016-June 2017.
Data Source/Indicator: HMIS/PATH records. 69.8% of the enrollment goal (400) was met. 32 consumers received ongoing services through the year.
7. Increase retention by 20% through the use of incentives.
Effectiveness, Efficiency:
Incentives have been a successful strategy to maintain a high level of retention of consumers receiving OEL and SMHS. 30 of 32 consumers remained successfully and *actively* involved in services through the year. The two other consumers moved to another county during this period. However, they reported to have connected to services in those other counties immediately after their move.
Access: 279/78.2% out 357 consumers were enrolled in our services and 32/11.5% of the 279 were enrolled in mental health services. On the SMHS component, retention through bus passes, food.
Time of Measure: July 2016-June 2017.
Data Source/Indicator: HMIS, PATH clinical records, MHS attendance.
8. Consumer satisfaction during the three phases of the 18 month treatment will increase by 15% with each level of attainment.
Effectiveness/Efficiency: PATH staff conducted an annual satisfaction survey with our consumers from the SMHS component. Most members reported an overall strong satisfaction with PATH services. They reported most satisfaction with the rehabilitation, case management and psychiatric services. Consumers stated they speak positive to others about the

PATH program. Another challenge for obtaining this information is the different times consumers come and leave the program.

Access: N/A

Time of Measure: July 2016 – June 2017.

Data Source and indicator: Internal Consumer Satisfaction Survey. CPS-POQI questionnaires twice per year. PATH consumers' clinical and outreach records. Unfortunately, we did not have an instrument to measure the increase in satisfaction to gauge in satisfaction has increased by 15%.

9. Successful program completion at 65% in compliance with the state average.

Effectiveness/Efficiency: 100% success with consumers who exited the program. 3 consumers, out of 32 SMHS consumers, were successfully discharged from our program during this year. Up to 30 consumers referred to PATH have access to all our full services. The rest of the consumers receive ongoing Outreach, Engagement and Linkage Services to other private and public services agencies.

Access: The nature of the PATH program and its guidelines allow for consumers to access and participate in services when they meet specific criteria (Homelessness or at risk of homelessness, to have a SMI diagnosis and/or Substance abuse disorder, and to be 18 and older). Criteria are simple. Many county, private and contract provider agencies refer to the PATH program.

Time of Measure: July 2016-June 2017.

Data Source and Indicator: HMIS, PATH clinical and outreach records.