PROGRAM INFORMATION:

Program Title:	Vista	**Provider:**	Turning Point of Central California, Inc.
Program Description:	Full Service Partnership program operated by Turning Point of Central California that provides comprehensive mental health services, including housing and community supports, to approximately 300 adult Fresno County clients with a serious mental illness. This program falls under DBH's Work Plan of Behavioral Health Clinical Care (BHCC).	**MHP Work Plan:**	2-Wellness, recovery, and resiliency support
Age Group Served 1:	ADULT	**Dates Of Operation:**	July 1, 2015 - Current
Age Group Served 2:	TAY	**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:**	Private Health Insurance, Client rents

FISCAL INFORMATION:

Program Budget Amount:	$4,113,121.00	**Program Actual Amount:**	$3,412,427.54
Number of Unique Clients Served During Time Period:	386		
Number of Services Rendered During Time Period:	37,632		
Actual Cost Per Client:	$8,840.49		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	**Type of Program:**	FSP
Contract Term:	July 1, 2015 to June 30, 2018 (with the option for 2 additional 12-month periods) to June 30, 2020.	**For Other:**	
		Renewal Date:	July 1, 2020

Level of Care Information Age 18 & Over: High Intensity Treatment/FSP (caseload 1:12)

Level of Care Information Age 0- 17:

TARGET POPULATION INFORMATION:

Target Population: The target population served includes adults residing in Fresno County who meet requirements for Serious Mental Illness and meet one of more of the following criteria: homelessness; at risk of homelessness; involvement in the criminal justice system; frequent users of hospitals and/or emergency room services.

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/families are seamless. Clients/families do not have to negotiate w/ multiple agencies/funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

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

Community collaboration

Integrated service experiences

Cultural Competency

Please describe how the selected concept (s) embedded :

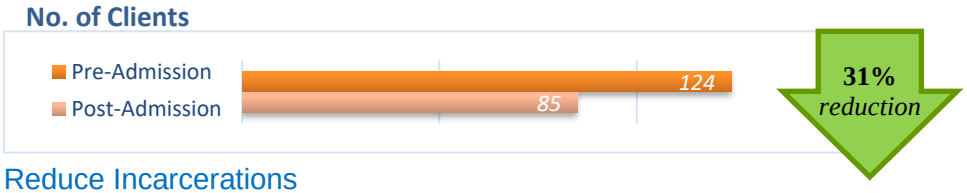
Each participant is treated individually with a focus on person-centered goals and strengths. A treatment plan is developed in collaboration with the participant and includes personal goals in their voice. Participants are given the option to include support persons (family or others) in the development of the treatment plan. Vista staff promote the inclusion of support persons as part of the treatment team to enhance treatment interventions and outcomes. The treatment team attempts to offer a variety of options for treatment, rehabilitation, and support. Services are flexible and are provided with the individual needs of participants in mind. The program provides advocacy and helps develop connections with community partners. Collaborative relationships have been developed and maintained with several community agencies, treatment providers, and local government with the goal of continuity of care and optimal client outcomes. Program services focus on meeting the needs of the whole-person and ensure physical health, mental health, and substance abuse is considered in the treatment plan. Staff encourage and assist with linkage and transportation to primary care settings for preventative and follow-up health care. Program nursing staff provide routine monitoring of vitals, medication side effects, and health education. The program is committed to hiring bicultural, bilingual, and culturally competent staff. All staff members are provided sensitivity training in the area of cultural competence.

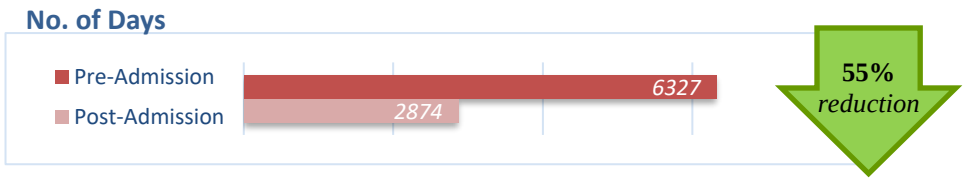
PROGRAM OUTCOME & GOALS

- 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

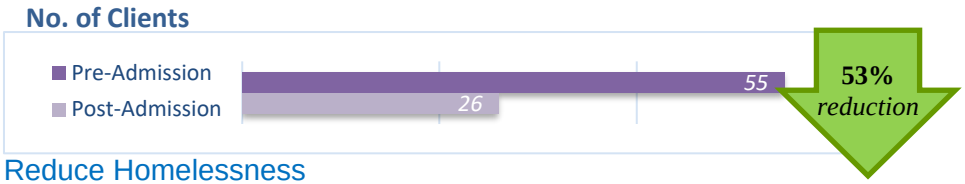
***Overall, the following data representation illustrates the CARF standards listed above. In the years to follow, the annual fiscal outcomes report data will be adjusted to directly represent each specific CARF domain.**

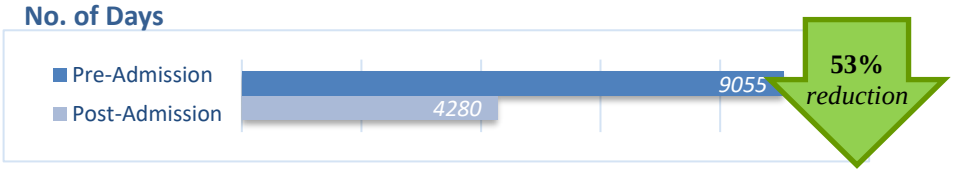
Reduce Psychiatric Hospitalizations



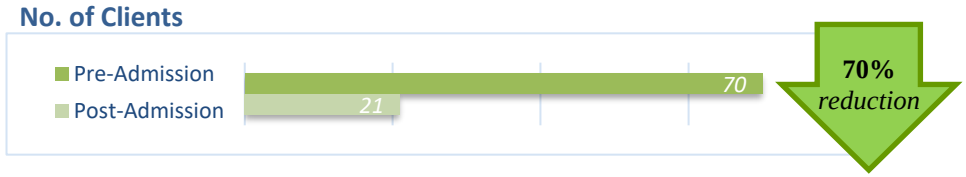


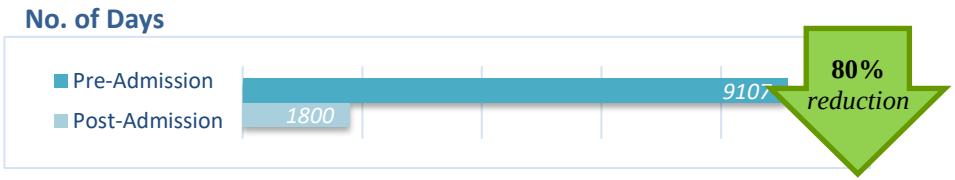
Reduce Incarcerations



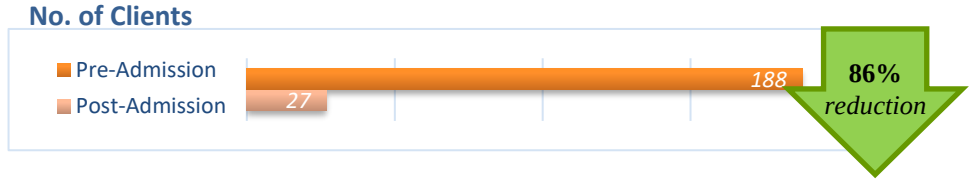


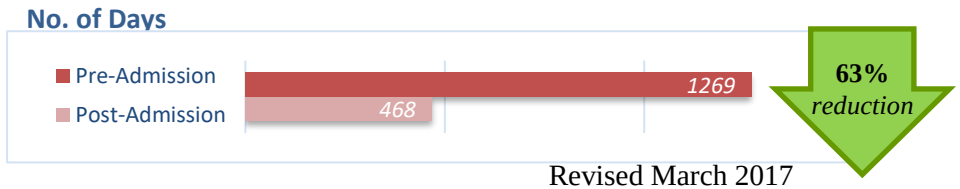
Reduce Homelessness





Reduce Medical Hospitalizations





PROGRAM OUTCOME & GOALS CONTINUED:

Provide housing placements and supports as needed

- 174 clients were assisted with locating and securing housing
- 164 clients received housing subsidy funding according to need
- 55 clients were successfully transitioned into independent permanent housing

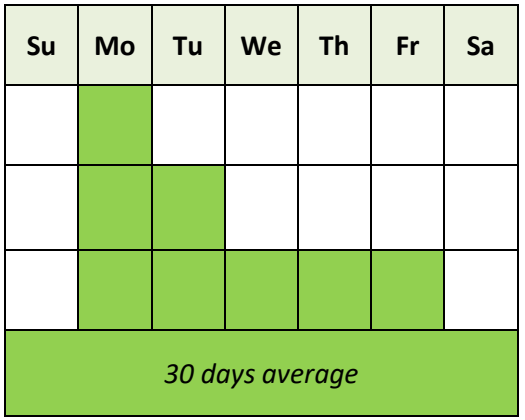
Participation in educational and/or employment setting

» Average percent of eligible clients in educational setting*	11%
» Average percent of eligible clients in employment setting*	18%

** percent based on enrolled clients not receiving SSDI benefits*

Service Access

- Average time from referral to first contact attempt ----------1 day
- Average time from referral contact to intake session ---------- 2 days
- Average time from intake to initial assessment ---------- 5 days
- Average time from intake to first psychiatry appointment ---------- 30 days



PROGRAM OUTCOME & GOALS CONTINUED: