FRESNO COUNTY MENTAL HEALTH PLAN — OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Rural Mental Health (RMH)	**Provider:**	Turning Point of Central California, Inc.
Program Description:	Outpatient based Mental Health Services	**MHP Work Plan:**	2-Wellness, recovery, and resiliency support
Age Group Served 1:	ADULT	**Dates Of Operation:**	October 1, 2008 - Current
Age Group Served 2:	CHILDREN	**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

FISCAL INFORMATION:

Program Budget Amount: $7,117,358.00

Program Actual Amount: $6,720,588.27 (FSP=$1.1k, ICM=$4.1k, OP=$1.5k)

Number of Unique Clients Served During Time Period: **TOTAL 3388** (FSP=176, ICM=1,839, OP=1,373)

Number of Services Rendered During Time Period: **TOTAL 77,197** (FSP=13,303, ICM=49,309, OP=14,585)

Actual Cost Per Client: **TOTAL $1,983.64** (FSP=$6,411.25, ICM=$2,217.83, OP=$1,102.41)

CONTRACT INFORMATION:

Program Type:	Contract-Operated	**Type of Program:**	FSP
Contract Term:	5 years	**For Other:**	
		Renewal Date:	July 1, 2018

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

Level of Care Information Age 0- 17: Outpatient Treatment

TARGET POPULATION INFORMATION:

Target Population: Adult, children, adolescent, and older adult individuals with severe mental illness or serious emotional disturbance diagnoses in the rural areas of Fresno County areas including: Pinedale, Reedley, Selma, Kerman, Coalinga, and Sanger. RMH provides three levels of care (Full Service Partnership, (FSP); Intensive Case Management, (ICM); and Outpatient, (OP) at each clinic depending on each client's level of need.

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)*	**Please describe how the selected concept (s) embedded** :
Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services	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. RMH 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.
Community collaboration	
Integrated service experiences	
Cultural Competency	

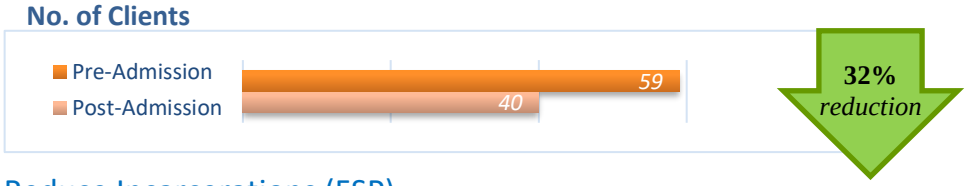
PROGRAM OUTCOME & GOALS

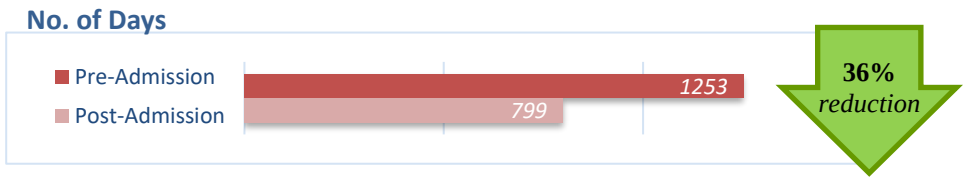
- **Must include each of these areas/domains: (a)** Effectiveness, **(b)** Efficiency, **(c)** Access, **(d)** Satisfaction & Feedback Of Persons Served & Stakeholder
- **Include the following components for documenting each goal: (1)** Indicator, **(2)** Who Applied, **(3)** Time of Measure, **(4)**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

(1) Indicators: see goals in section (a) below; **(2) Who Applied:** Data is based on FSP level clients; **(3) Time of Measure:** FY 16-17; **(4) Data Source:** DCR and Avatar; **(5) Target Goal Expectancy:** Reduction in all Indicator Goals

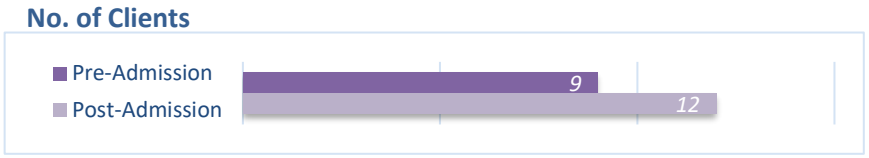
a) EFFECTIVENESS

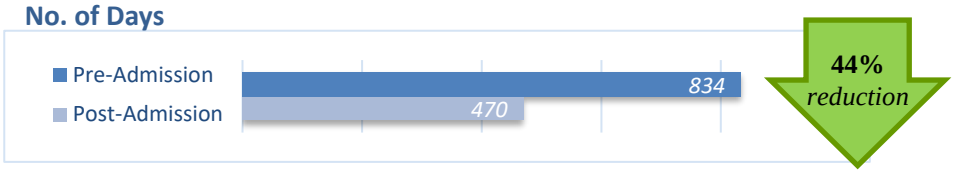
Reduce Psychiatric Hospitalizations (FSP)



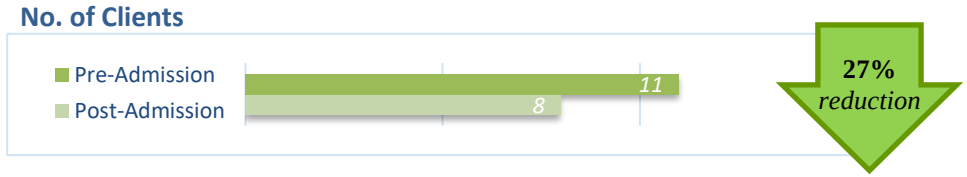


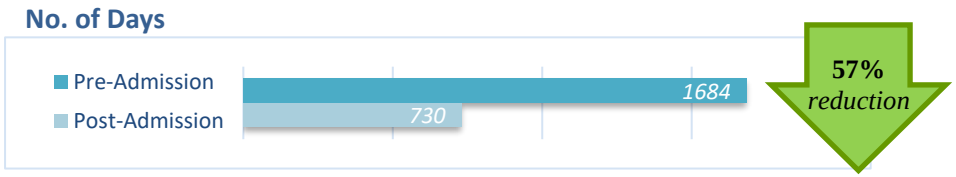
Reduce Incarcerations (FSP)



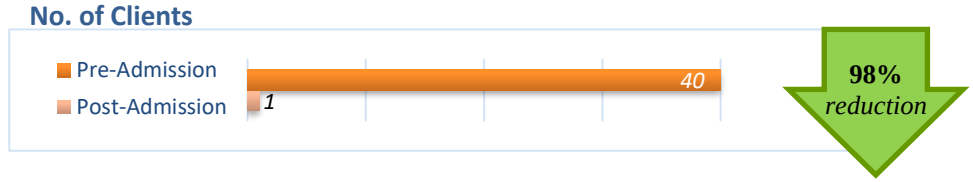


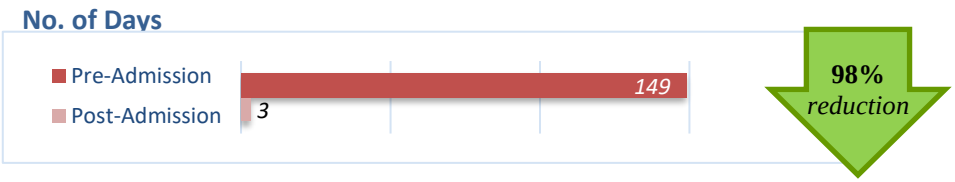
Reduce Homelessness (FSP)





Reduce Medical Hospitalizations (FSP)





PROGRAM OUTCOME & GOALS CONTINUED:

Provide housing placements and supports as needed (FSP)

- 90 clients were assisted with locating and securing housing
- 28 clients received housing subsidy funding according to need
- 8 clients were successfully transitioned into independent permanent housing

Participation in educational and/or employment setting (FSP)

- Average percent of eligible clients in educational setting* 23%
- Average percent of eligible clients in employment setting* 10%

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

B) EFFICIENCY (please see fiscal information)

C) ACCESS

Service Access (All levels of care)

Coalinga (Average time between…)

- Referral to first contact ---------- 1 day
- Referral to intake/assessment ---------- 13 days
- Assessment to 1st psych visit (adult) -------- 7 days
- Assessment to 1st psych visit (children) --- 21 days

Kerman (Average time between…)

- Referral to first contact ---------- 1 day
- Referral to intake/assessment ---------- 7 days
- Assessment to 1st psych visit (adult) ------- 28 days
- Assessment to 1st psych visit (children) --- 7 days

Pinedale (Average time between…)

- Referral to first contact ---------- 1 day
- Referral to intake/assessment ---------- 5 days
- Assessment to 1st psych visit (adult) ------- 28 days
- Assessment to 1st psych visit (children) --- 7 days

Reedley (Average time between…)

- Referral to first contact ---------- 1 day
- Referral to intake/assessment ---------- 7 days
- Assessment to 1st psych visit (adult) ------- 35 days
- Assessment to 1st psych visit (children) --- 28 days

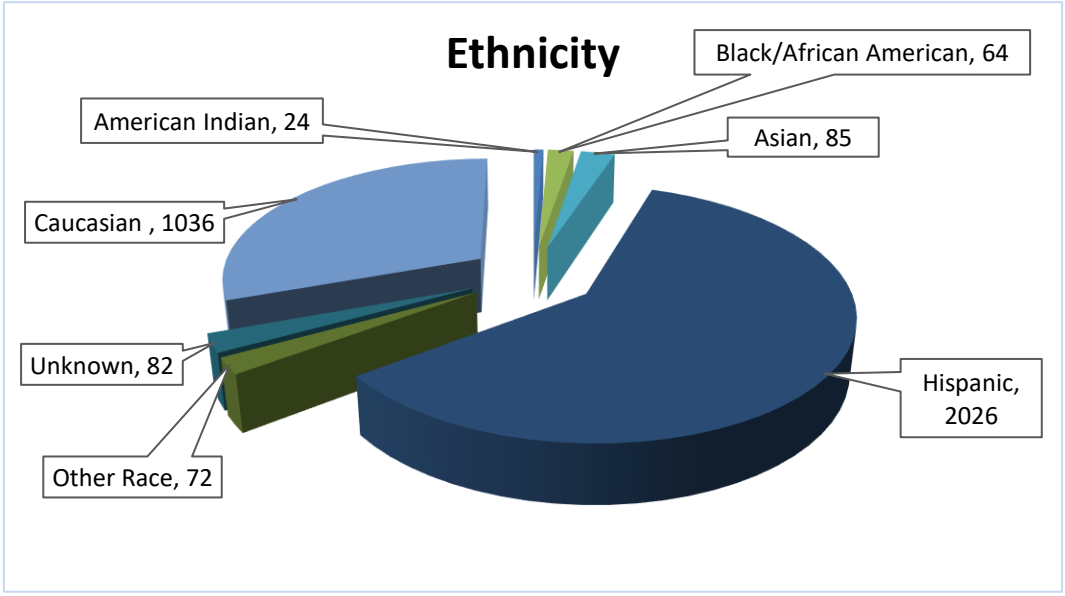
Sanger (Average time between…)

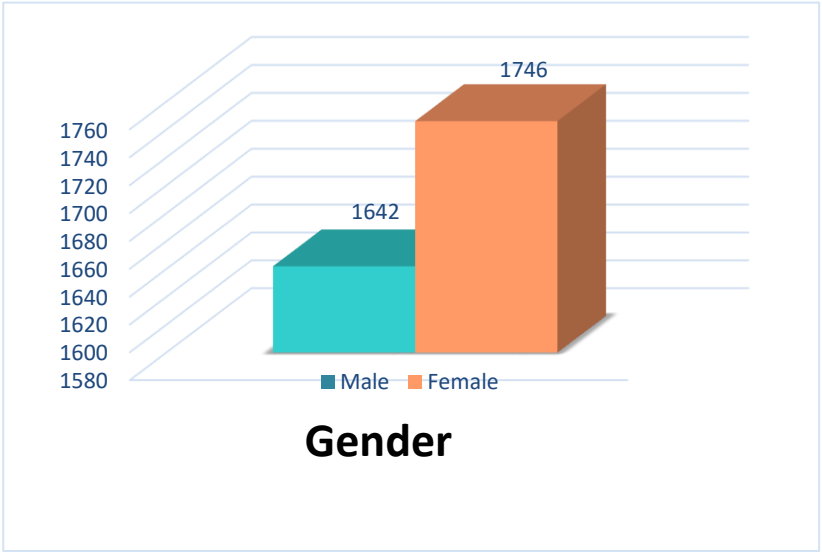
- Referral to first contact ---------- 1 day
- Referral to intake/assessment ---------- 12 days
- Assessment to 1st psych visit (adult) ------- 30 days
- Assessment to 1st psych visit (children) --- 35 days

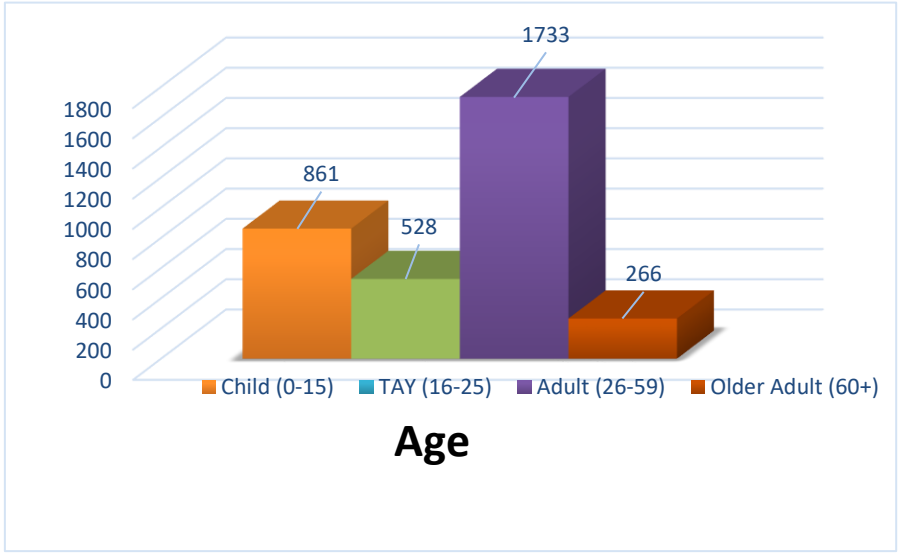
Selma (Average time between…)

- Referral to first contact ---------- 1 day
- Referral to intake/assessment ---------- 6 days
- Assessment to 1st psych visit (adult) ------- 28 days
- Assessment to 1st psych visit (children) --- 28 days

PROGRAM OUTCOME & GOALS CONTINUED:







D) SATISTACTION & FEEDBACK (awaiting client perception survey data from county)