



Fresno County Department of Behavioral Health  
Full Service Partnership Data Collection Report  
FY 2018-19

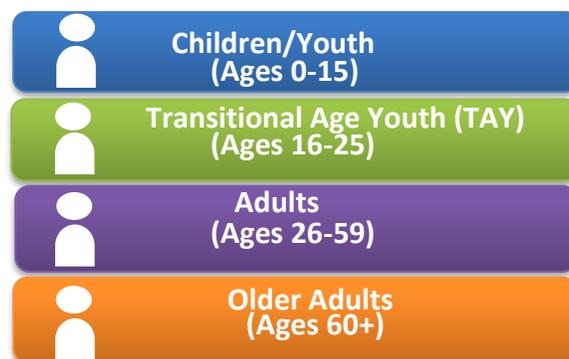
---

## **Introduction**

Untreated mental illness can worsen, leading individuals to homelessness, hospitalization, and jail. In addition, the lack of adequate mental health treatment imposes high costs on state and local government. However, counties within the state of California have developed best practice models that combine prevention services and integrated mental health services to reduce the risk of continued homelessness, incarceration, or hospitalization for individuals with serious mental illness or serious emotional disturbance.

The Mental Health Services Act (MHSA), passed in 2004, provides funding to support mental health programs in California by imposing a one percent (1%) tax on annual personal incomes in excess of one million (\$1,000,000) dollars. These funds are used to implement the various components of MHSA programs that promote recovery for individuals with serious mental illness or serious emotional disturbance. In accordance with State requirements, counties are able to develop their own plans for mental health while incorporating input from stakeholders.

One of the five MHSA components is Community Services and Supports (CSS). In CSS there are three levels of services, with the Full Service Partnership (FSP) being the highest level of care. The majority of the CSS funding is allocated towards FSP programs, which provide a wide array of mental health services to children/youth, transitional age youth (TAY), adults, and older adults who have a serious emotional disturbance or serious mental illness. These services include assistance with housing, employment, medical, psychiatric, co-occurring substance use disorder, and social rehabilitation. Of the seven (7) programs in this report, all are identified as an FSP. Within FSP, some programs use the Assertive Community Treatment (ACT) model, known as ACT. The ACT model is the highest intensity service level for outpatient services. FSP ACT model programs are team structured and provide coordinated comprehensive services that support and promote recovery. The adoption of ACT model elements allows for FSP programs to implement a team structure referenced in MHSA regulations.



FSP programs are intensive and comprehensive case management programs that provide treatment and supportive services with an individual/family-centered approach of doing

*“Whatever it takes”* and *“Meeting the client where they are”* so that an individual with serious emotional disturbance and/or serious mental illness can become more independent. FSP participants, after engaging in this Partnership, should be able to lead a meaningful and productive life. Additionally, FSP participants are not limited to the services identified in this report as in accordance with the approach of *“Whatever it takes.”* FSP programs allow the individual to be the center of their own goals while working alongside clinicians, social workers, and/or family members. FSP programs focus on facilitating recovery, allowing individuals to achieve their own highest level of functioning possible.

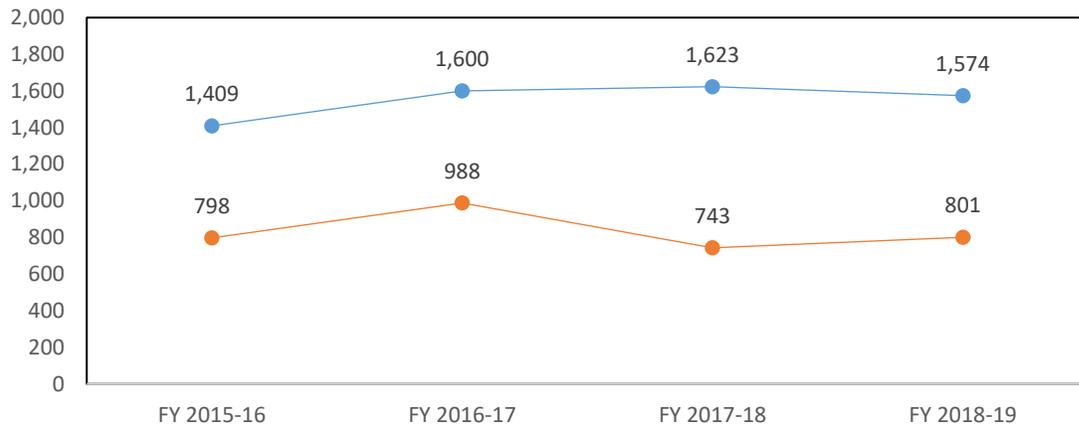
## **Full Service Partnership Data Collection Report**

The Fresno County Department of Behavioral Health (DBH) renders seven (7) FSP programs, all of which are contracted out for services. Fresno County’s FSP are operated by contracted community based providers.

DBH seeks to evaluate these providers on an ongoing basis to measure cost effectiveness, need for services, program success, and program improvement. This data report measures the aggregate totals for FSP contracted programs under the County’s MHSA Three Year Plan for the reporting period: Fiscal Year (FY) 2015-16, FY 2016-17, FY 2017-18, and FY 2018-2019. FSP data is divided into 3 domains: Housing, Justice System, and Hospital. The data identifies the number of individuals served and key event days for each of the three domains 12 months Prior to enrollment in an FSP versus 12 months Post enrollment, to measure change over time.

During the reporting period a total of 6,206 unique individuals were served, of which 3,330 individuals received FSP services at least 12 months after enrollment. The graph below identifies the number of FSP participants served during each individual reporting period and the number of those who remained active twelve (12) months after enrolling in the FSP programs.

### Total Number of FSP Participants by Fiscal Year



- # of Individuals served during the reporting period
- # of Individuals who were active at least 12 months after enrollment

## Full Service Partnership Programs

Fresno IMPACT		
<b>PROVIDER:</b>	Mental Health Systems, Inc.	
<b>INCEPTION:</b>	July 21, 2009- Present	
<b>PROGRAM DESCRIPTION:</b>	<p>Serving adult (26-59) and older adult (60+) individuals with co-occurring diagnosis, who access the following more than average: crisis services, emergency rooms, hospitals, detoxification services, and/or jails.</p> <p>Services provided include but are not limited to behavioral health services, therapy, medication management and monitoring, individual and group rehabilitation counseling, drug and alcohol counseling, case management, vocational rehabilitation, peer counseling and support, and housing services for seriously and persistently mentally ill adults and older adults.</p>	
<b>CAPACITY:</b>	<b>FY 2015-16</b>	143
	<b>FY 2016-17</b>	143
	<b>FY 2017-18</b>	143
	<b>FY 2018-19</b>	158
CONTACT INFORMATION		
<b>ADDRESS:</b>	2550 W. Clinton Ave. Bldg. A Suite B Fresno, CA 93705	
<b>PHONE NUMBER:</b>	(559) 264-7521	
<b>WEBSITE:</b>	<a href="https://www.mhsinc.org/listing/fresno-impact-2/">https://www.mhsinc.org/listing/fresno-impact-2/</a>	

## Rural FSP

<b>PROVIDER:</b>	Turning Point of Central California, Inc.		
<b>INCEPTION:</b>	October 1, 2008 - Present		
<b>PROGRAM DESCRIPTION:</b>	Serving children/youth (6-12), adolescents (13-17), adults (18-59), and older adults (60+) living with severe mental health diagnosis (Schizophrenia, Major Depression, or Bipolar Disorder) and who may be experiencing homelessness, Substance Use Disorders (SUD), frequent hospitalizations, incarcerations, legal troubles, family issues, or job loss. Additional services include but are not limited to intensive case management, therapy, low caseloads, medication management, health education, education/support groups, supportive housing placement, and linkage to community resources.		
<b>CAPACITY:</b>	<b>FY 2015-16</b>	84	
	<b>FY 2016-17</b>	84	
	<b>FY 2017-18</b>	84	
	<b>FY 2018-19</b>	84	
<b>CONTACT INFORMATION</b>			
	40 East Minarets Ave Pinedale, CA 93650 (855) 343-1057	275 S Madera St Ste 404 Kerman, CA 93630 (858) 225-7604	3800 McCall Ave #104 Selma, CA 93662 (855) 343-1057
	1311 11 <sup>th</sup> St. Reedley, CA 93654 (855) 343-1057	225 Academy Ave Sanger, CA 93657 (855) 343-1057	380 Coalinga Plaza Coalinga, CA 93210 (855) 343-1057
<b>WEBSITE:</b>	<a href="http://www.tpocc.org/programs/mhsa/rural-mental-health-services-rmh/">http://www.tpocc.org/programs/mhsa/rural-mental-health-services-rmh/</a>		

<b>VISTA</b>		
<b>PROVIDER:</b>	Turning Point of Central California, Inc.	
<b>INCEPTION:</b>	July 1, 2015- Present	
<b>PROGRAM DESCRIPTION:</b>	Serving adults (18+) diagnosed with severe mental health disabilities (Schizophrenia, Major Depression, or Bipolar Disorder) and who may be experiencing homelessness, drug and alcohol addictions, frequent hospitalizations, incarcerations, legal troubles, family issues, or job loss. Services include but are not limited to outpatient individual and group therapy, co-occurring disorders, medications, case management, rehabilitation, crisis services, housing, client support, and services as needed to support FSP Participants and family.	
<b>CAPACITY:</b>	<b>FY 2015-16</b>	300
	<b>FY 2016-17</b>	300
	<b>FY 2017-18</b>	300
	<b>FY 2018-19</b>	300
<b>CONTACT INFORMATION</b>		
<b>ADDRESS:</b>	258 N Blackstone Ave. Fresno, CA 93701	
<b>PHONE NUMBER:</b>	(559) 274-0299	
<b>WEBSITE:</b>	<a href="http://www.tpocc.org/programs/mhsa/vista/">http://www.tpocc.org/programs/mhsa/vista/</a>	

### FSP First Street Center AB109

<b>PROVIDER:</b>	Turning Point of Central California, Inc.	
<b>INCEPTION:</b>	April 1, 2012- Present	
<b>PROGRAM DESCRIPTION:</b>	Serving transitioned aged youth (18-25), adults (26-59), and older adults (60+) diagnosed with severe and persistent mental health and co-occurring issues, referred by the County of Fresno, Probation Department who are involved in the legal system under AB 109 Public Safety Realignment. Program focuses on client strengths/abilities to successfully gain independence and self-sufficiency in the community. Services include but are not limited to mental health and linkage to appropriate services and family support services via Peer Support Specialists and Case Managers.	
<b>CAPACITY:</b>	<b>FY 2015-16</b>	184
	<b>FY 2016-17</b>	214
	<b>FY 2017-18</b>	214
	<b>FY 2018-19</b>	240
<b>CONTACT INFORMATION</b>		
<b>ADDRESS:</b>	3636 N. First St. Suite 162 Fresno, CA 93726	
<b>PHONE NUMBER:</b>	(559) 476-2166	
<b>WEBSITE:</b>	<a href="http://www.tpocc.org/programs/mhsa/first-street-center-fsc-fsp/">http://www.tpocc.org/programs/mhsa/first-street-center-fsc-fsp/</a>	

## Bright Beginnings

<b>PROVIDER:</b>	This program is a collaborative effort between three agencies: Uplift Family Services, Exceptional Parents Unlimited, Inc. (EPU), and Children Youth Services (CYS).	
<b>INCEPTION:</b>	July 1, 2013- Present	
<b>PROGRAM DESCRIPTION:</b>	Serving youth (0-10) with complex behavioral health needs with issues of attachment and bonding, serious emotional disturbance (SED), learning, development, disruptive behaviors, or poor socialization. Services aim to build stronger families include behavioral management and positive parenting strategies, referrals and connections to community services and 24/7 crisis support. Services includes Mental health and community support services including intensive case management, individual and group therapy, crisis intervention, and evidence based treatment, and in home therapeutic services.	
<b>CAPACITY:</b>	<b>FY 2015-16</b>	200
	<b>FY 2016-17</b>	200
	<b>FY 2017-18</b>	250 *Contract amended to expand mental health services to siblings and caregivers of the identified youth.
	<b>FY 2018-19</b>	400
<b>CONTACT INFORMATION</b>		
<b>Uplift</b>	<b>Address</b>	6051 N. Fresno St. Suite 201 Fresno, CA 93710
	<b>Phone Number</b>	(559) 248-8550
	<b>Website</b>	<a href="https://upliftfs.org/service/bright-beginnings/">https://upliftfs.org/service/bright-beginnings/</a>
<b>EPU</b>	<b>Address</b>	4420 N. First St. Suite 110 Fresno, CA 93726
	<b>Phone Number</b>	(559) 225-1102
	<b>Website</b>	<a href="https://www.epuchildren.org/">https://www.epuchildren.org/</a>
<b>CYS</b>	<b>Address</b>	4545 N. West Ave. Fresno, CA 93705
	<b>Phone Number</b>	(559) 229-3561
	<b>Website</b>	<a href="http://cysfresno.org/services/smart-model-of-care-parent-child-interaction-therapy/">http://cysfresno.org/services/smart-model-of-care-parent-child-interaction-therapy/</a>

<b>Assertive Community Treatment (ACT)</b>		
<b>PROVIDER:</b>	UPLIFT	
<b>INCEPTION:</b>	August 25, 2009- Present	
<b>PROGRAM DESCRIPTION:</b>	Serving youth (10-18) involved in the criminal justice system with severe mental health and substance abuse issues. Individuals may have significant functional impairments, high use of acute psychiatric hospitals or psychiatric emergency services, and high risk or recent history of juvenile justice involvement. Services include intensive outpatient individual and group therapy, medications, intensive case management, rehabilitation, crisis services, and housing, and supports and services as needed to support client and family.	
<b>CAPACITY:</b>	<b>FY 2015-16</b>	120
	<b>FY 2016-17</b>	120
	<b>FY 2017-18</b>	160
	<b>FY 2018-19</b>	160
<b>CONTACT INFORMATION</b>		
<b>ADDRESS:</b>	1630 E. Shaw Ave. #150 Fresno, CA 93710	
<b>PHONE NUMBER:</b>	(559) 248-8550	
<b>WEBSITE:</b>	<a href="https://upliftfs.org/service/act/">https://upliftfs.org/service/act/</a>	

## Transitional Aged Youth (TAY)

<b>PROVIDER:</b>	Central Star Behavioral Health	
<b>INCEPTION:</b>	October 9, 2018	
<b>PROGRAM DESCRIPTION:</b>	The TAY Program is a full service partnership (FSP) program serving up to 149 young adults ages 16-25 in the community. The TAY Program offers recovery-oriented outpatient mental health services that provide individuals served with opportunities to utilize their strengths and abilities to gain independence and self-sufficiency in the community.	
<b>CAPACITY:</b>	<b>FY 2015-16</b>	149
	<b>FY 2016-17</b>	149
	<b>FY 2017-18</b>	149
	<b>FY 2018-19</b>	149
<b>CONTACT INFORMATION</b>		
<b>ADDRESS:</b>	2416 W. Shaw Ave Suite 114, Fresno, CA 93711	
<b>PHONE NUMBER:</b>	(559) 374-3990	
<b>WEBSITE:</b>	<a href="https://www.starsinc.com/fresno-county/">https://www.starsinc.com/fresno-county/</a>	

## Data Collection

FSP programs are mandated to report and track participant's FSP domains such as housing, incarceration, and hospitalization via the State Data Collection Reporting (DCR) System. The data entered into the DCR system is self-reported by individuals served and entered by designated program staff. Within the DCR system, programs are required to complete the Partnership Assessment Form (PAF), Key Event Tracking (KET), and Quarterly Assessment (3M), which collect data from FSP participant's prior enrollment, during enrollment, and post enrollment. (A Partnership refers to a client who enters an FSP program.)

The PAF is completed at the time a partnership is established to gather baseline information about individuals served for all domains. The KET Form is completed every time an FSP participant experiences a change in one of the KET domains and includes the date of the change. KET domains include: administrative information, residential, education, employment, legal issues/designations, and emergency interventions. The 3M Form is completed every 3 months to assess FSP participant changes for the 3M domains: education, financial support, legal issues/designations, health status, substance use, and Activities of Daily Living (ADL)/Instrumental Activities of Daily Living (IADL).

Fresno County is provided access to the DCR system for county reporting purposes. The data in this report measures the aggregate totals for the seven (7) FSP programs over the last four (4) fiscal years under three domains: Housing, Legal Issues, and Hospitalizations. The data identifies the number of individuals served and Key Event Days for each of these domains. The data only captures those FSP participants who were active in the FSP for at least 12 months during each FY for FY 2015-16, FY 2016-17, FY 2017-18, and FY 2018-2019.

Data from the three (3) FSP domains will be analyzed according to *Effectiveness*. Effectiveness is defined by how well a program performs and the results achieved. Effectiveness assesses the degree to which an intervention or service has achieved the desired outcomes/results/quality of care through measuring change over time. Examples of effectiveness outcomes indicators would be the number of FSP participants who obtain jobs, increase functioning, increase participation, or attain individual goals. Effectiveness also measures the reduction in the number of FSP participants who experience housing issues, legal issues, or are hospitalized, and the reduction in the number of days that they experience these issues.

# Full Service Partnership Domains

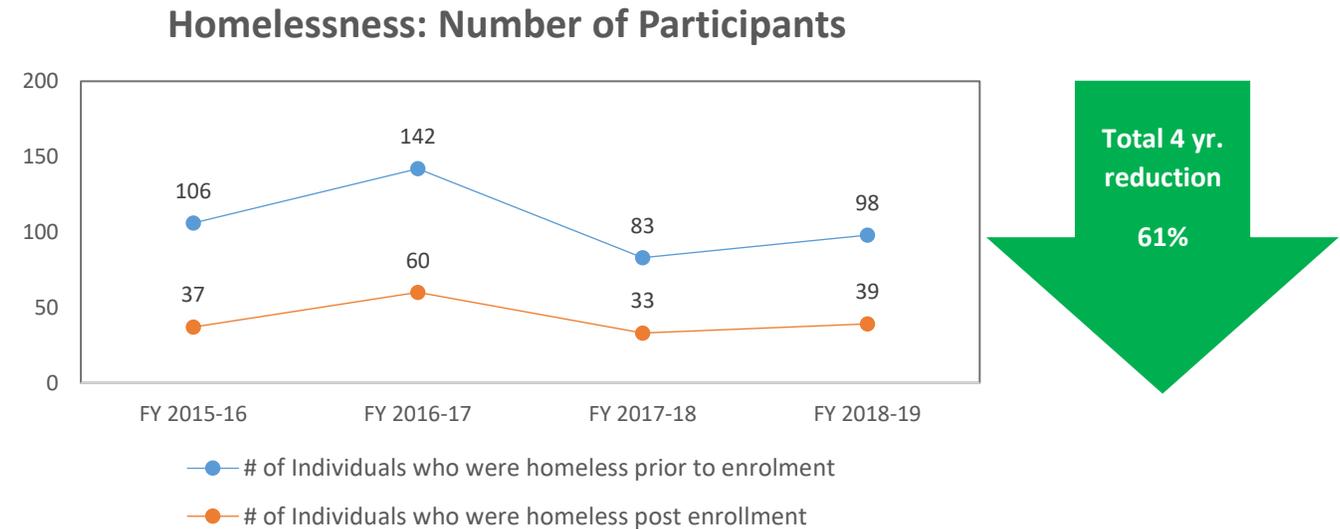
## Housing

The housing domain identifies FSP participants' experience with *Homelessness*, *Emergency Shelters*, and *Group Homes*.

### Homelessness

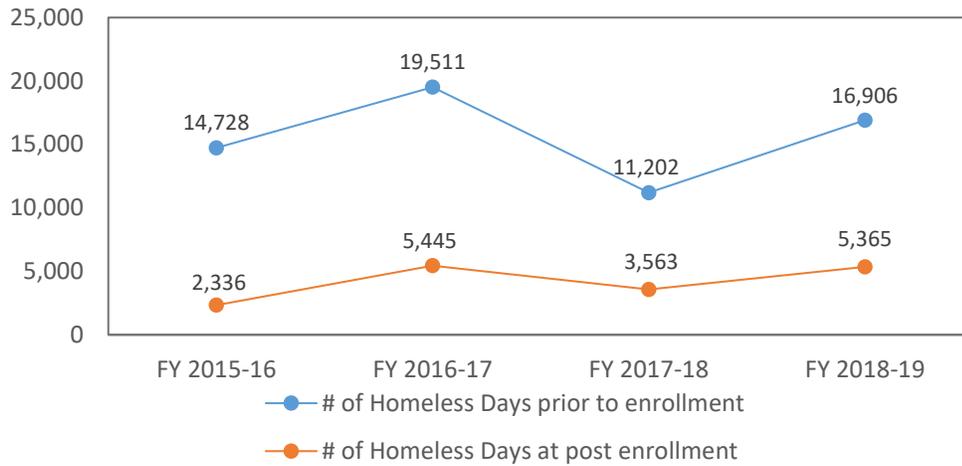
*Homelessness* is when an individual lives in a place not meant for human habitation, a safe haven, or an emergency shelter. The individual lacks a fixed, regular, and adequate nighttime residence.

The overall average in the last four (4) fiscal years was a reduction of 61% in FSP participants experiencing homelessness, from 429 individuals prior to enrollment to 169 individuals post-enrollment. FY 2015-16 had a reduction of 65% from 106 to 37 homeless FSP participants, FY 2016-17 had a reduction of 58% from 142 to 60 homeless FSP participants, FY 2017-18 had a reduction of 60% from 83 to 33 homeless FSP participants, and FY 2018-19 had a reduction of 60% from 98 to 39 homeless FSP participants.



Along with the reduction in homeless individuals, the number of days spent being homeless also decreased for individuals enrolled in FSP programs. The overall average in the last four (4) fiscal years was a reduction of 73% in the number of homelessness days experienced by individuals, from 62,347 days prior to enrollment to 16,709 days post enrollment. FY 2015-16 had a reduction of 84% from 14,728 to 2,336 homelessness days; FY 2016-17 had a reduction of 72% from 19,511 to 5,445 homelessness days; FY 2017-18 had a reduction of 68% from 11,202 to 3,563 homelessness days; and FY 2018-19 had a reduction of 68% from 16,906 to 5,365 homelessness days.

### Homelessness: Number of Days

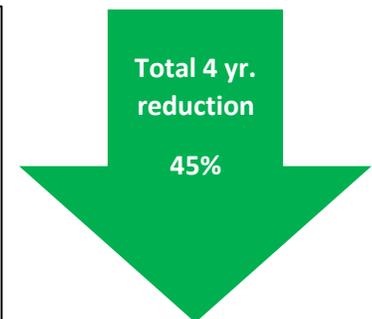
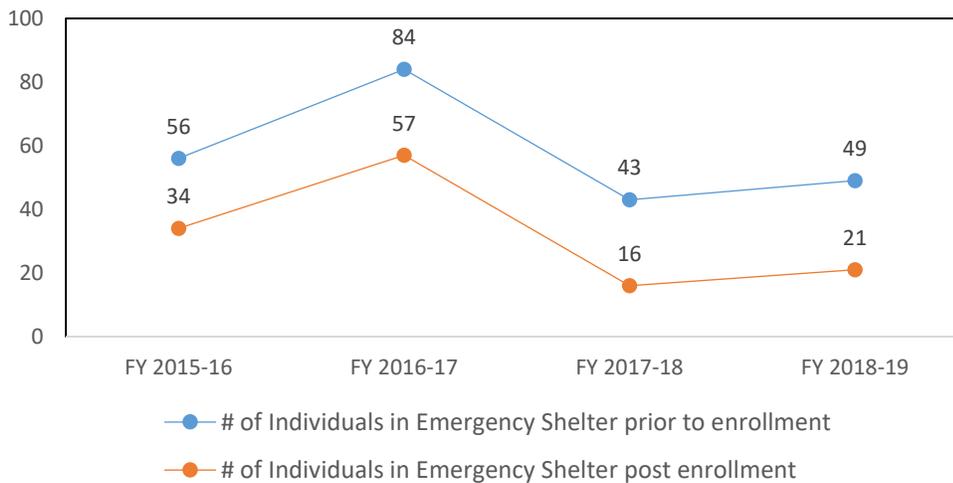


### Emergency Shelter

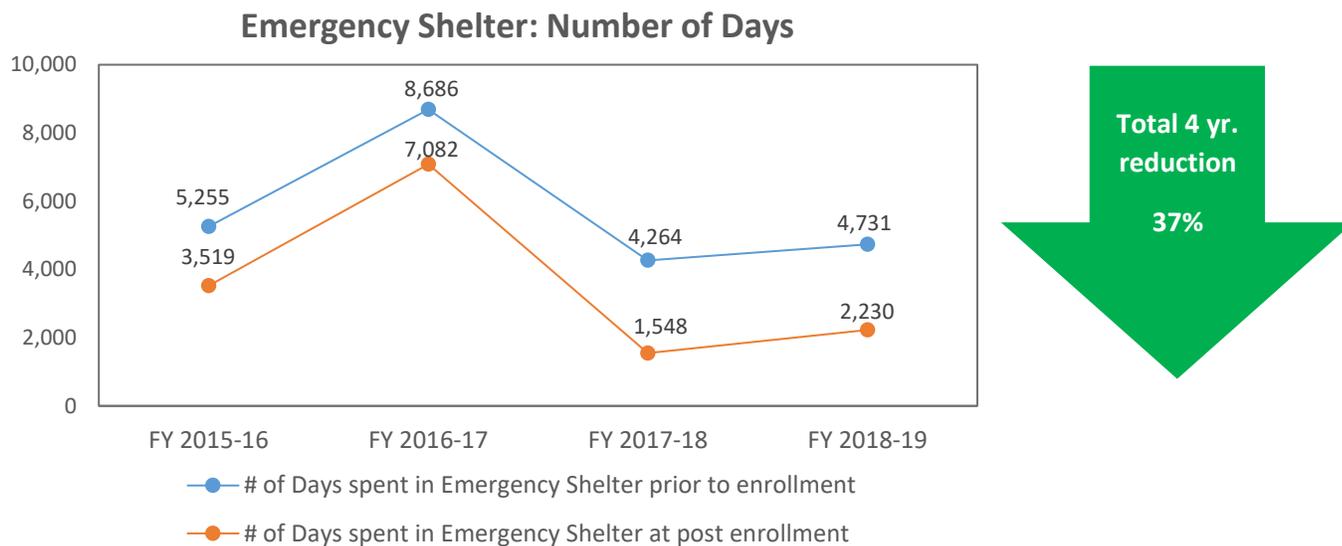
*Emergency Shelter* is any facility whose main purpose is to provide temporary or transitional housing for the homeless or a specific population of the homeless.

The overall average in the last four (4) fiscal years was a reduction of 45% in FSP participants living in emergency shelters from 232 individuals prior to enrollment to 128 individuals post enrollment. FY 2015-16 had a reduction of 39% from 56 to 34 clients in emergency shelters, FY 2016-17 had a reduction of 32% from 84 to 57 individuals in emergency shelters, FY 2017-18 had a reduction of 63% from 43 to 16 individuals in emergency shelters, and FY 2018-19 had a reduction of 57% from 49 to 21 individuals in emergency shelters.

### Emergency Shelter: Number of Individuals



During the four (4) year reporting period, the overall reduction was 37% for the number of days spent in an emergency shelter, from 22,936 to 14,379 days. FY 2015-16 had a reduction of 33% from 5,255 to 3,519 days, FY 2016-17 had a reduction of 18% from 8,686 to 7,082 days, FY 2017-18 had a reduction of 64% from 4,264 to 1,548 days, and FY 2018-19 had a reduction of 53% from 4,731 to 2,230 days.

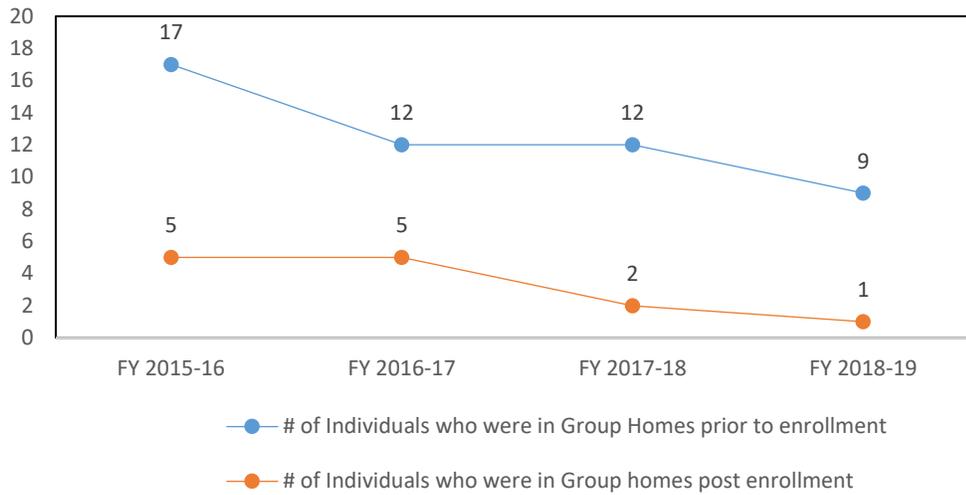


## Group Homes

*Group homes* are small individual facilities such as a standard single-family home serving as a temporary placement, designed and adapted to meet the needs of severe mentally ill children and adults.

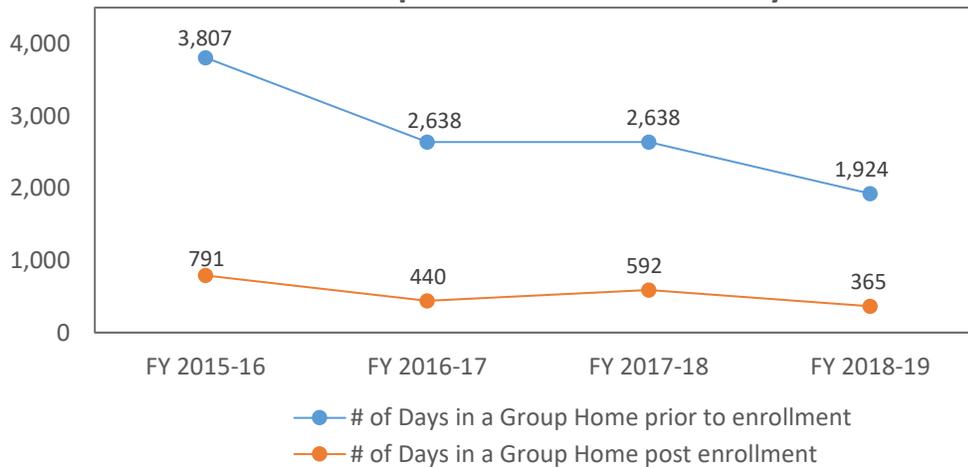
As it relates to *Housing*, the number of individuals in Group Homes is lower than those experiencing homelessness or living in emergency shelters. During the four (4) year reporting period there was a 74% reduction in the number of individuals living in group homes, from 50 FSP participants pre-enrollment to 13 FSP participants post-enrollment. FY 2015-2016 had a reduction of 71% from 17 to 5 participants, FY 2016-2017 had a reduction of 58% from 12 to 5 participants, FY 2017-2018 had a reduction of 83% from 12 to 2 participants, and FY 2018-2019 had a reduction of 89% from 9 to 1 participants.

### Group Homes: Number of Individuals



As the number of participants in group homes decreased, the number of days spent also decreased. During the four (4) year reporting period there was an 80% reduction from 11,007 to 2,188 days in group homes. FY 2015-16 had a reduction of 79% from 3,807 to 791 days, FY 2016-2017 had a reduction of 83% from 2,638 to 440 days, FY 2017-2018 had a reduction of 78% from 2,638 to 592 days, and FY 2018-19 had a reduction of 81% from 1,924 to 365 days.

### Group Homes: Number of Days



## Legal Issues/Designations

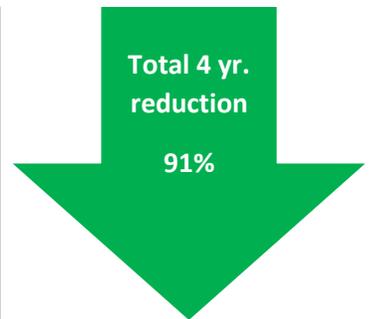
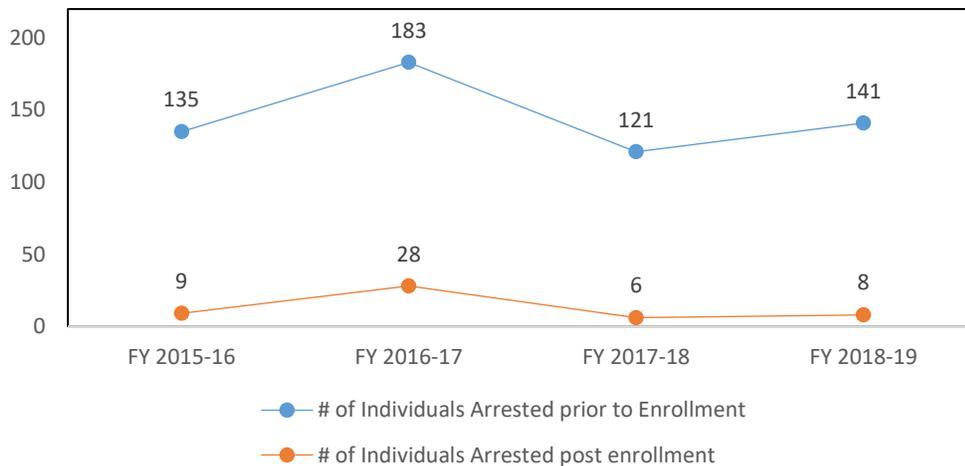
The Legal Issues/Designation domain in this report is divided into two categories: arrests and incarcerations.

### Arrests

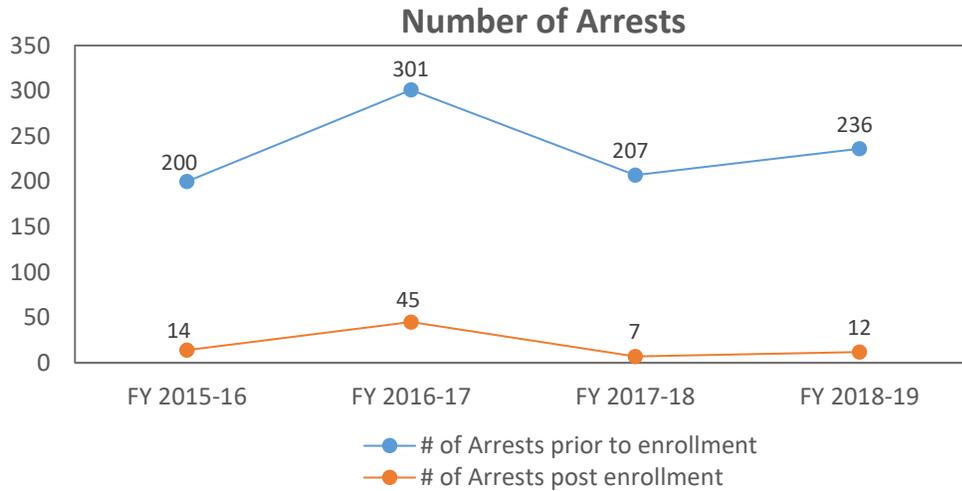
*Arrest* is to seize or forcibly restrain, deprive an individual of his or her liberty by taking or keeping the individual in custody by legal authority.

During the four (4) year reporting period, there was a reduction of 91% from 580 individuals arrested pre-enrollment to 51 individuals arrested post-enrollment. FY 2015-16 had a reduction of 93% from 135 to 9 individuals arrested, FY 2016-2017 had a reduction of 85% from 183 to 28 individuals arrested, FY 2017-2018 had a reduction of 95%, from 121 to 6 individuals arrested, and FY 2018-19 had a 94% reduction from 141 to 8 individuals arrested.

**Arrest: Number of Individuals**



The arrest domain does not account for the number of days. Instead, the chart below accounts for each individual arrest. One individual may have multiple arrests during a 12 month period. During the four (4) year reporting period, there was a reduction of 92% from 944 arrests pre-enrollment to 78 arrests post-enrollment. FY 2015-16 had a 93% reduction from 200 to 14 arrests, FY 2016-17 had a reduction of 85% from 301 to 45 arrests, FY 2017-18 had a reduction of 97% from 207 to 7 arrests, and FY 2018-19 had a reduction of 95% from 236 to 12 arrests.

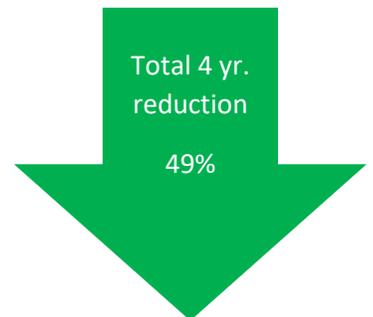
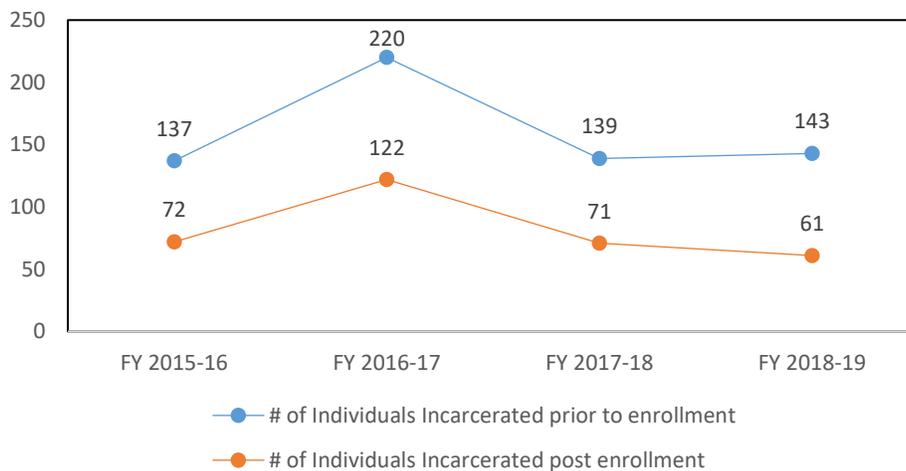


## Incarceration

*Incarceration* is the state of being confined in a jail or prison; imprisonment. In this report, individuals served accounted for incarceration served at minimum of one day in jail.

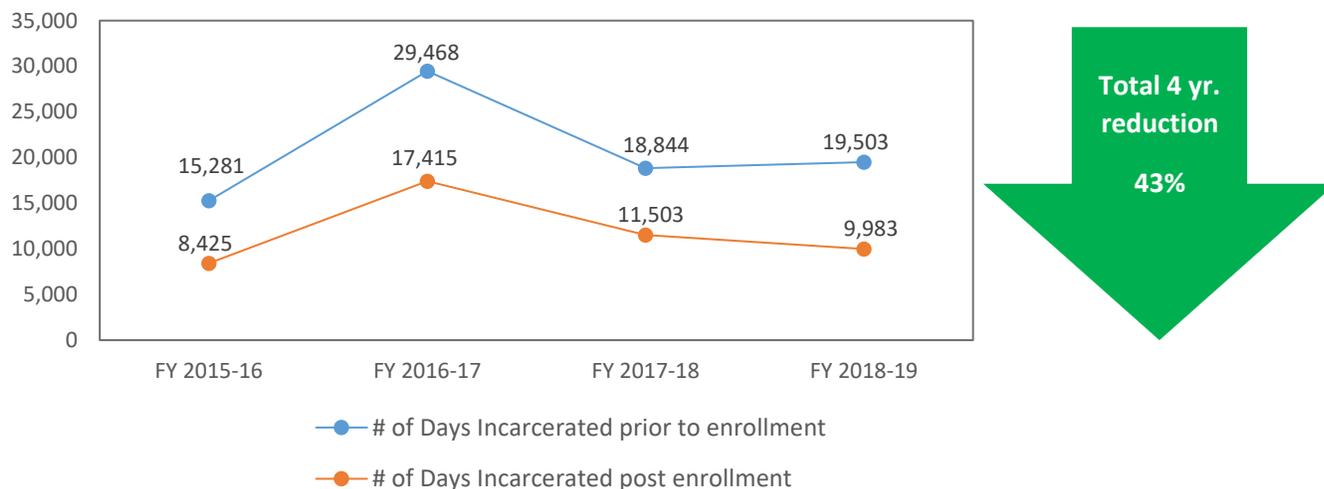
During the four year reporting period, there was a 49% reduction in the total number of individuals incarcerated from 639 pre-enrollment to 326 post-enrollment. FY 2015-16 had a reduction of 47% from 137 to 72 individuals, FY 2016-17 saw a reduction of 45% from 220 to 122 individuals, FY 2017-18 saw a reduction of 49% from 139 to 71 individuals, and FY 2018-19 saw a reduction of 57% from 143 to 61 individuals.

### Incarceration: Number of Individuals



During the four (4) year reporting period there was a reduction of 43% in the number of incarceration days, from 83,096 days pre-enrollment to 47,326 days post-enrollment. FY 2015-2016 had a reduction of 45% from 15,281 to 8,425 days, FY 2016-2017 had a reduction of 41% from 29,468 to 17,415 days, FY 2017-2018 had a reduction of 39% from 18,844 to 11,503 days, and FY 2018-2019 had a reduction of 49% from 19,503 to 9,983 days.

**Incarceration: Number of Days**



## Hospitalization

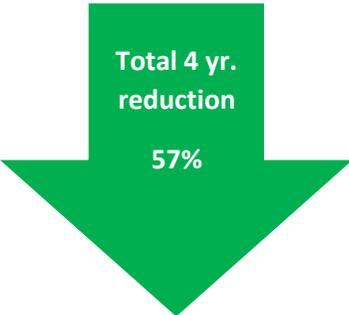
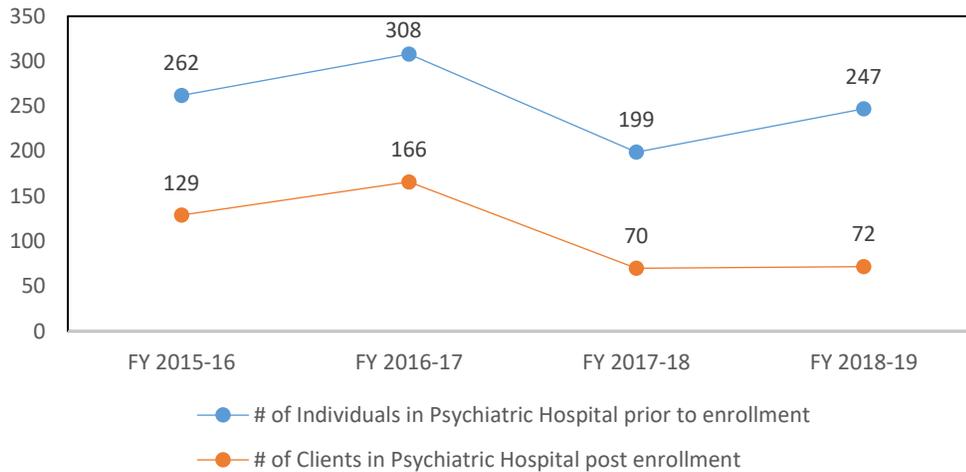
The Hospital domain is divided into two categories: Psychiatric and Medical (physical).

### Psychiatric Hospital

*Psychiatric Hospital* is a healthcare facility, either public or private that provides diagnosis and therapeutic treatments for individuals with behavioral or emotional disorders.

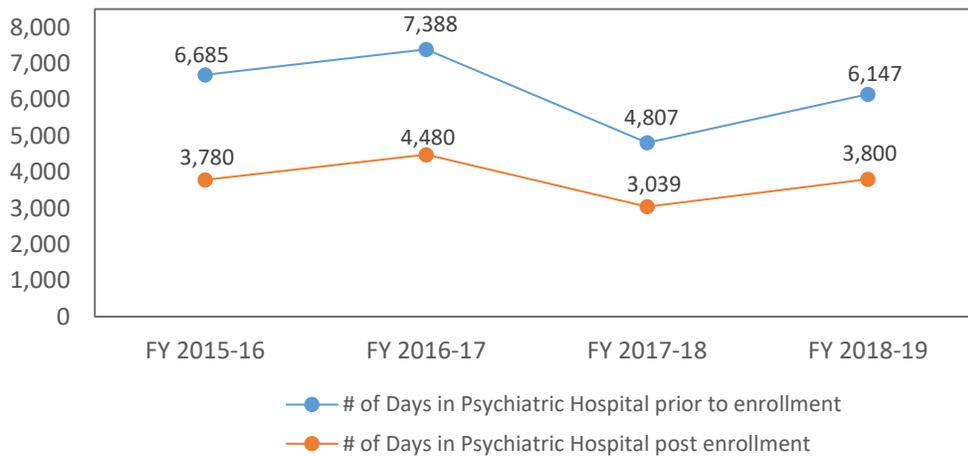
During the four-year reporting period, the rate of FSP participants entering a psychiatric hospital dropped by 57% from 1,016 individuals pre-enrollment to 437 individuals post-enrollment. FY 2015-16 experienced a reduction of 51% from 262 to 129 individuals, FY 2016-17 saw a reduction of 46% from 308 to 166 individuals, FY 2017-18 had a reduction of 65% from 199 to 70 individuals, and FY 2018-19 saw a reduction of 71% from 247 to 72 individuals.

### Psychiatric Hospital: Number of Individuals



The number of days spent in a psychiatric hospital also declined for individuals enrolled in FSP programs pre-enrollment versus post-enrollment. During the 4 year reporting period, the number of days spent in a psychiatric hospital decreased 40% from 25,027 to 15,099. FY 2015-16 experienced a reduction of 43% from 6,685 to 3,780 days, FY 2016-17 had a reduction of 39% from 7,388 to 4,480 days, FY 2017-18 had a reduction of 37% from 4,807 to 3,039 days, and FY 2018-29 had a reduction of 38% from 6,147 to 3,800 days.

### Psychiatric Hospital: Number of Days



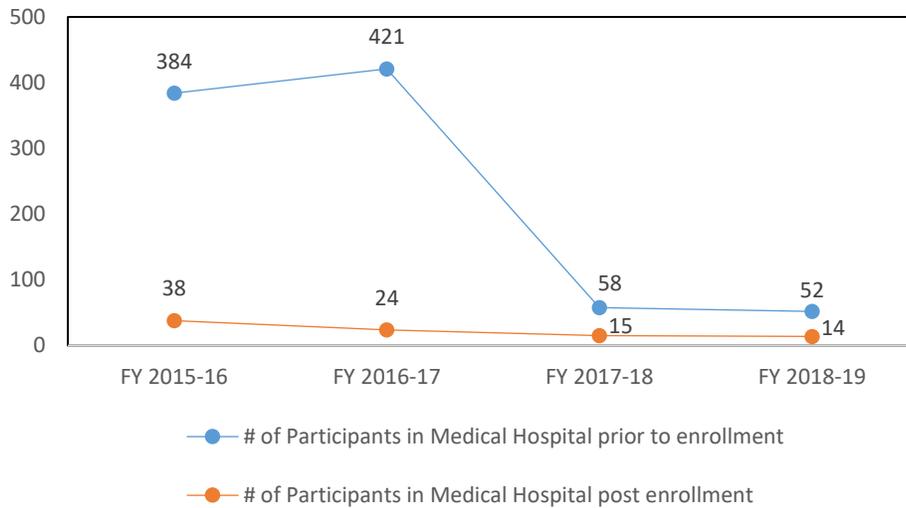
## Medical Hospital

*Medical hospital* is a facility providing nursing care and surgical treatment for the acutely sick or injured.

During the four (4) year reporting period, individuals enrolled in FSP programs experienced an overall reduction of 90% in hospital stays, from 915 to 91 individuals. FY 2015-16 had a 90% reduction from 384 to 38 clients, FY 2016-17 had a 94% reduction from 421 to 24 clients, FY 2017-18 had a 74% reduction from 58 to 15 clients, and FY 2018-19 had a 73% reduction from 52 to 14 clients.

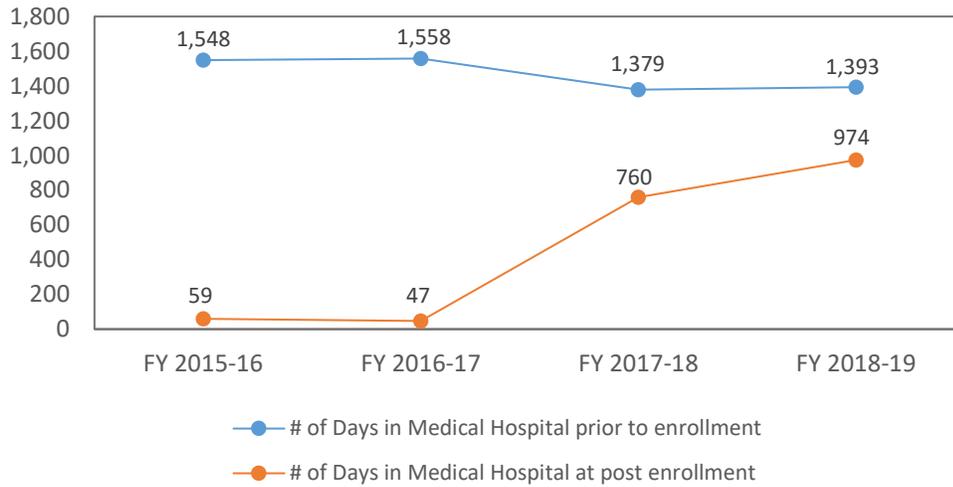
In addition, between FY 2016-2017 and FY 2017-2018, there was an 86% decrease in the number of individuals entering hospitals for medical services, from 421 to 58 individuals. This represents a sharp decrease from one year to the other, prior to enrollment in an FSP program.

**Medical Hospital: Number of Individuals**



During the four (4) year reporting period there was a 69% reduction in hospital days from 5,878 to 1,840 days. FY 2015-16 had a 96% reduction from 1,548 to 59 days, FY 2016-17 had a 97% reduction from 1,558 to 47 days, FY 2017-18 had a 45% reduction, from 1,379 days to 760 days, and FY 2018-2019 had a 30% reduction from 1,393 to 974 days.

### Medical Hospital: Number of Days



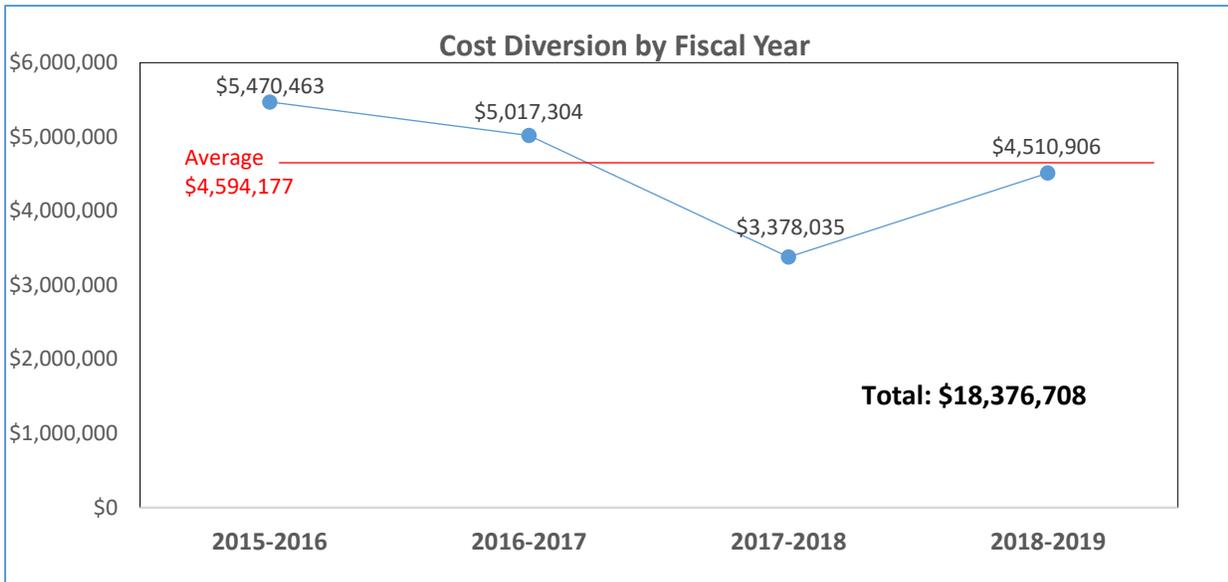
As mentioned above in chart, *Medical Hospital: Number of Individuals*, FY2016-2017 and 2017-2018 there was an 86% decrease in individuals entering hospitals for medical services, from 421 to 58 individuals. However, shown in chart, *Medical Hospital: Number of Days*, FY2016-2017 and 2017-2018, there was a 94% increase in hospital days, from 47 to 760 post-enrollment. This represents less individuals, during FY 2017-18; FY 2018-19, utilizing more hospital days during the reporting period.

Key Event Tracking (KET) forms capture FPS participant hospital days, from time of hospital entry to discharge. However, the KET data collected in the DCR is dependent on the accuracy of the start and end dates entered by designated programs. FSP programs regularly receive DCR data from County DBH, Quality Improvement team to validate data entry derived from KET forms. With regards to the above observation, the Department will seek further investigation from individual FSP providers to validate the post enrollment data for number of individuals and hospital days.

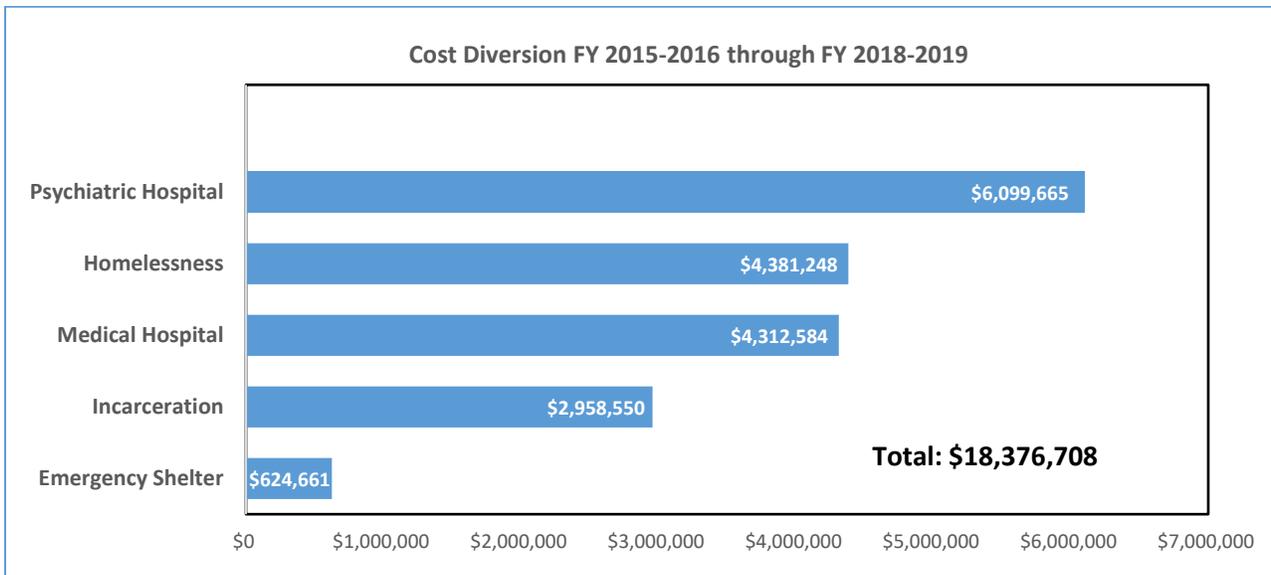
### Estimated Community Cost Diversion

The estimated community cost diversion measures in this report were calculated using the same methodology in determining the estimated community cost benefits for FY 2015-16, 2016-17, and FY 2017-18, with the addition of updated incarceration costs for 2018-2019. In addition to client benefits there is also a community benefit. Based on the DCR data, number of days, the Department is able to calculate the community diversion for housing, legal issues, and hospitals.

The estimated community cost diversion for homelessness, emergency shelter, incarceration, hospitals (psychiatric and medical) for reporting period FY 2015-2016 through 2018-2019 totaled \$18,376,708, with an average of \$4,594,177 per year.



The chart below identifies the overall data for each domain previously listed during the reporting period of FY 2015-16, FY 2016-17, FY 2017-18, and FY 2018-19 for the seven FSP programs in Fresno County. The cost diversion analysis measures the number of days the FSP participant experienced prior to enrollment versus post enrollment, multiplied by the estimated cost per day for each domain.



The Psychiatric and Medical Hospital rates are based on the Department's Avatar billing for FY 2015-2016. The Psychiatric Hospital rate is based on an average cost per day for Fresno County, adult and youth Psychiatric Health Facilities (\$715). The Medical Hospital rate is based on an average cost per day for Fresno Community Hospitals (\$1,068). During the four (4) year reporting period, individuals experienced a 40% reduction in Psychiatric hospitalization days (9,928 days) for an estimated cost diversion of \$6,099,665. In addition, FSP clients experienced a 69%

reduction in medical hospital days (4,038 days) for an estimated cost diversion of \$4,312,584 (based on an average hospital rate of \$1,068). Overall, the estimated cost diversion for psychiatric and medical hospital days is \$10,412,249.

The Homelessness and Emergency Shelter rates are based on the 2009 study, “Where we sleep: The Cost of Housing and Homelessness in Los Angeles.” The cost per day of Homelessness was (\$96) per day. In the last four (4) fiscal years, the homelessness rate was reduced by 73%, or a total of 45,638 days, an estimated cost diversion of \$4,381,248. The cost of Emergency Shelters was calculated at (\$73) per day. There was a reduction of 37% (8,557 days) in the utilization of Emergency Shelters, an estimated cost diversion of \$624,661. Overall, estimated benefits for homelessness and emergency shelter days in the last four fiscal years is \$5,005,909. We cannot confirm a cost per day for Group Homes, and therefore, these figures are not included in the above chart.

The Incarceration rate for FY 2015-2016 through FY 2017-2018 is based on the Fresno County, *Community Corrections Partnership Meeting* report (May 14, 2012), which reported a cost per day of (\$71) to house an inmate. The Incarceration rate for FY 2018-2019 is based on communication with the Fresno County Sheriff’s Office (August 27, 2019), which reported a cost per day of (\$115) per inmate. During the four-year reporting period, there was a decrease of 43% or a reduction of 35,770 incarceration days. This includes 26,250 days from FY 2015-16 through FY 2017-18 at \$71 per day; and 9,520 days during FY 2018-19 at \$115 per day. The overall estimated cost diversion for incarceration was \$2,958,550.

## Recommended Quality Improvement Actions

During the four-year reporting period (FY 2015-16; FY 2016-17; FY 2017-18; FY 2018-19) the MHSA, FSP programs illustrate the effectiveness of reducing homelessness, incarceration, and hospitalization. Review of the performance indicators demonstrate improvement in each of the domains due to the reduction of FSP participants’ experience and the number of days *prior* to enrollment versus *post* enrollment. The estimated community cost diversion, based on the number of days and cost per day for each domain identifies the cost and benefits for County and Community resources due to individual participation and existing FSP programs.

The rates of Housing (homelessness/ emergency shelter), Incarceration (Jail Days) and Hospitalization (medical/psychiatric) indicate an overall reduction within these categories over the four-year reporting period in a Pre/Post data analysis. Review of the FSP programs yield positive outcomes for those individuals enrolled for a minimum of a 12-month activity.

The following are the recommended Quality Improvement Actions:

- FSP programs to review respective program data and validate Data Collection Reporting data and reliability.
- FSP programs to set new standards based on trends, (require DBH approval).

- FSP programs to identify challenges and barriers for data results that are below standard or areas of concern. In addition, FSP programs to introduce new interventions for QI.
- FSP programs to track employment/academic information on DCR.
- FSP programs to collect data to track Satisfaction (focus group, report card) outside of the Client Perception Survey, Program Access to Services (timeliness), and Program Efficiency.
- FSP programs to incorporate Reaching Recovery data and Children and Adolescent Needs Strengths Data (CANS) into FSP Annual Outcomes Reports.

On an annual basis (by Fiscal Year), DBH In-House and contracted provider programs are required to submit an Annual Outcomes Report to the Department for review and approval. Outcomes reports are posted within the official Fresno County, Department of Behavioral website. Annual Outcome Reports are program specific and provide for more detailed outcomes based on the Commission on Accreditation of Rehabilitation Facilities (CARF) model. The Annual Outcome Reports indicate Effectiveness, Efficiency, Access, and Satisfaction. Access to existing reports are located via the web at [DBH Annual Outcomes Reports](#).