

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Mental Health Systems, Inc. D.A.R.T. West Adult FSP	Provider:	Turn Behavioral Health Services (TurnBHS) dba Mental Health Systems, Inc. (MHS)
Program Description:	The D.A.R.T. West Program is a Full-Service Partnership (FSP) program serving up to 180 adults ages 18-59 in the community. The D.A.R.T. West program offers recovery-oriented intensive 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	MHP Work Plan:	2-Wellness, recovery, and resiliency support
Age Group Served 1:	ADULT	Dates Of Operation:	October 13, 2020 - Current
Age Group Served 2:	Older Adult	Reporting Period:	July 1, 2022 - June 30, 2023
Funding Source 1:	Medical FFP	Funding Source 3:	
Funding Source 2:	MHSA Com Services & supports	Other Funding:	Private Insurance

FISCAL INFORMATION:

Program Budget Amount:	\$ 4,571,112.00	Program Actual Amount:	\$3,215,571.42
Number of Unique Persons Served During Time Period:	230		
Number of Services Rendered During Time Period:	11,522 – Total of 565,841 minutes		
Actual Cost Per Person Served:	\$7,433.45		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Full-Service Partnership (FSP)
Contract Term:	September 1, 2020 – June 30, 2023	For Other:	N/A
		Renewal Date:	N/A
Level of Care Information Age 18 & Over:	High Intensity Treatment/FSP (caseload 1:12)		
Level of Care Information Age 0- 17:	N/A		

TARGET POPULATION INFORMATION:

Target Population: The target population to be served at D.A.R.T West includes individuals 18 years of age and older from Fresno County who meet the requirements for an SMI diagnosis, are not currently receiving services, and meet one (1) or more of the following criteria: Homelessness; at risk of homelessness - such as youth aging out of foster care or persons coming out of jail; involved in the criminal justice system (including adults with child protection issues); and/or Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment. Individuals referred may also be underserved and at risk of Homelessness - such as persons living in institutions or nursing homes; criminal justice involvement; and/or institutionalization.

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 persons served 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 persons served and families are seamless. Persons served 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)

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

Community collaboration

Integrated service experiences

Community collaboration

Please describe how the selected concept(s) embedded:

D.A.R.T West has participated in numerous community presentation with law enforcement including Fresno PD, Crisis Intervention Team and California Department of Corrections/Parole to encourage collaboration and communication for individuals served by both partners. D.A.R.T West is also an active participant with Behavioral Health Court and provided services to seven BHC consumers who were referred during the reporting period. D.A.R.T West also took an active role in engaging domestic violence and sex trafficking support for vulnerable persons by seeking partnerships with Marjaree Mason Center and the Victims Assistance Program.
Cultural Competence: MHS has taken an active stance to promote

cultural competence at all levels of engagement. The core values of MHS/TURNBHS include diversity and inclusion. These core values are regularly included in staff training and performance reviews. D.A.R.T West not only adheres to the minimum 4 hours of cultural competency training, but also actively seeks to ensure that those trainings include a range of cultural factors through the Relias platform, such as older adults, CLAS standards, LGBTQ, and cultural factors in underserved communities. To ensure access to underserved communities, MHS/TURNBHS D.A.R.T West not only ensured access to contracted interpretation services, but also made targeted efforts to include 40% of staff hired in bilingual positions that included Spanish, Hmong, and Tagalog.

Individual/Family Driven, Wellness/Recovery/Resiliency-Focused Services: MHS/TURNBHS actively includes regular staff training in evidence-based and evidenced-informed treatment modality to ensure persons served received high-quality services that are targeted to meet their unique needs. Trainings provided during the reporting period included: Motivational Interviewing; “Housing First” Model and linkage to permanent supportive housing; Harm Reduction Model; Integrated Dual Diagnosis Treatment; Cognitive Behavioral Therapy (CBT); Cognitive Behavioral Therapy for Psychosis (CBTP); Dialectical Behavior Therapy (DBT); Trauma Focused CBT; Cognitive Behavioral Social Skills Training (CBSST); ASAM; Living Skills Practical Guidance; ‘Living in Balance: Moving from a Life of Addiction to a Life of Recovery’; Criminal and Addictive Thinking; Medication Management and Medication Assisted Treatment; Supported Employment; and SSI/SSDI Outreach, and Access, and Recovery (SOAR). Upon Intake D.A.R.T West staff also initiates an individualized safety plan that includes self-report of specific strategies targeted to address high-risk situations for each individual as well as persons served strengths for resiliency. Columbia Suicide Severity Rating Scales are also utilized to identify level of risk for suicidality. Reaching Recovery scales are utilized to facilitate collaborative discussions regarding the individualized service plan. D.A.R.T West maintains active participation in the Wellness and Recovery Champions meetings. Quarterly reviews are completed with consumers utilizing the Reaching Recovery tools to review persons served progress, goals, and identify stepdown to a lower level of care as appropriate.

Integrated Service Experiences: The D.A.R.T West program is structured utilizing the Assertive Community Treatment model to facilitate a streamlined approach to care with 24/7 availability to consumers and families. The program consists of three multidisciplinary treatment teams for each level of care (intensive FSP, heightened FSP, and FSP) to support persons served needs. Treatment Teams include a Team Lead who serves as the liaison for the team, clinical case managers (BBS license-eligible), Dual Recovery Case Manager (SUD registered), Vocational Specialist, Housing Specialist, LVN/LPT/RN, and Peer Support Specialist. Upon intake each persons served is assigned a personal service coordinator (PSC) who is the primary contact for the individual and helps to facilitate linkage to other staff as well as community partner. Staff also take an active road to engage families in collateral supports that include psychoeducation regarding consumer strengths and barriers, self-care, safety and crisis planning, and overall illness management. D.A.R.T West maintains a low consumer to staff ratio of 1:12 to ensure frequent access to high quality services and resources.

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

*Please note that the Data Source referenced below as **DCR/ITWS State System** refers to Data Collection and Reporting (DCR) system for the Full-Service Partnership (FSP) programs throughout the State of California.

More information can be found here at link below;
http://archive.mhsoac.ca.gov/Evaluations/docs/UEI_Deliv_12_FSP_DCR_Statewide_Data_QualityCorrection_Plan.pdf

(1) Effectiveness & (2) Efficiency:

Target goal Expectancy: 70% reduction in hospitalization after one year of receiving services or upon discharge. 80% reduction in days spent homeless after one year of receiving services or upon discharge.

Each individual will obtain and maintain stable housing after one year of receiving services or upon discharge.
 Each individual will show an 80% reduction in days spent incarcerated after one year of receiving services.

Indicator:

- 91% reduction in the number of consumers experiencing psychiatric hospitalization or crisis visits, 25.47% of consumers experienced a reduction in psychiatric hospitalization days.
- 88% of consumers experienced a reduction in arrests.
- 50% of consumers experienced a reduction in incarcerations.
- 9% of consumers experienced a reduction in homelessness. Out of the 55 consumers reported to be homeless in the year prior to FSP about 91% of them experienced homelessness at some point during the reporting year.

Who Applied: unique consumers who engaged in for any period during reporting period.

Time of Measure: July 1, 2022 through June 30, 2023

Data Source: DCR/ITWS State System, MHS AppFolio Database

3) Access:

Target goal Expectancy: Program will provide service to 180 unique consumers.

Indicator(s):

- MHS D.A.R.T West engaged and provided services to 230 unique consumers during the program year
- MHS D.A.R.T West engaged and provided medication support services to 141 unique consumers
- MHS D.A.R.T West engaged and provided subsidized housing support Services to 52.3% of the individuals referred to D.A.R.T West
- 121 individuals were provided placement assistance through community vendors
- 11 individuals were provided master lease placement at D.A.R.T West with enhanced supports.
- 4 were provided support with placement at sober living environments following residential SUD treatment completion.

4) Satisfaction & Feedback of Persons Served & Stake holders:

Indicator(s):

- 69% of consumers self-reported a rating of 'very good', quality of services.
- 22% self-reported a rating of 'good' with regards to service quality.
- 95% of consumers self -reported an increase in functioning on the Consumer Recovery Measure.
- D.A.R.T West received two grievances during the reporting period that was successfully resolved and addressed.

Who Applied: unique consumers who were engaged in service 1 month or longer.

Time of Measure: July 1, 2022 through June 30, 2023

Data Source: MHS Person Served Experience Survey, Fresno County Grievances and Complaints Report, Reaching Recovery Consumer Recovery Measure (CRM) and Recovery Needs Level (RNL).

DEPARTMENT RECOMMENDATION(S):

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