PROGRAM INFORMATION:

Program Title:	Rural Mental Health (RMH)	**Provider:**	Turning Point of Central California, Inc.
Program Description:	RMH clinics provide outpatient based mental health and psychiatric services to the adult, children, adolescents, and older adult populations. Services are provided to individuals living with severe mental health and co-occurring conditions in rural Fresno County areas including: Pinedale, Reedley, Selma, Kerman, Coalinga, Huron, Mendota 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 individual's level of need.	**MHP Work Plan:**	2-Wellness, recovery, and resiliency support Choose an item. Choose an item.
Age Group Served 1:	ADULT	**Dates Of Operation:**	October 1, 2008 - current
Age Group Served 2:	CHILDREN	**Reporting Period:**	July 1, 2022 - June 30, 2023
Funding Source 1:	Medical FFP	**Funding Source 3:**	Choose an item.
Funding Source 2:	Com Services & Supports (MHSA)	**Other Funding:**	Private Insurance

FISCAL INFORMATION:

Program Budget Amount:	$13,637,427	**Program Actual Amount:**	$11,720,541

Number of Unique Persons Served During Time Period: Total=4,752 (FSP=164, ICM=2,115, OP=2,473)

Number of Services Rendered During Time Period: Total = 94,054, FSP = 12,107, ICM = 52,558, OP = 29,389

Actual Cost Per Person Served: (FSP = $11,112.11; ICM/OP = $2,157.40)

CONTRACT INFORMATION:

Program Type:	Contract-Operated	**Type of Program:**	Outpatient
Contract Term:	2 years	**For Other:**	Full Service Partnership
		Renewal Date:	July 1, 2023
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 including: Pinedale, Reedley, Selma, Kerman, Coalinga, Huron, Mendota 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 individual'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 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

Please describe how the selected concept (s) embedded :

Each person is treated individually with a focus on person-centered goals and strengths. A treatment plan is developed in collaboration with the person and includes personal goals in their voice. Individuals served 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

FY 2022-23 Outcomes

Cultural Competency

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 a variety of community agencies, treatment providers, and local government with the goal of continuity of care and optimal individual outcomes. Program services focus on meeting the needs of the whole-person to improve physical health and mental health. Any substance use is also considered in the treatment plan with substance use disorder services and linkages. 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. Culture is considered to be an integral part of their treatment.

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

1. Effectiveness
   a. **Psychiatric Hospitalization**
   Hospitalization refers to any hospital admission captured in Fresno County's electronic health record, Avatar. Data may be entered by any hospital that utilizes Avatar including Exodus PHF, Community Behavioral Health Center (CBHC) and Kaweah Delta Psychiatric Hospital.
      i. Objective: To prevent and reduce the number of adults and days spent is a psychiatric hospital setting compared to the total number of adults and days spent hospitalized 12 months prior to program enrollment.
      ii. Indicator: Percentage of individuals served that experienced no psychiatric hospitalizations and total number of individuals and days spent in a hospital setting compared to pre-enrollment.
      iii. Who Applied: FSP Individuals served by the program a minimum of one year.
      iv. Time of Measure: FY 22-23

Data Source: DCR/ITWS State database

v. Target Goal Expectancy: A minimum of 70% of individuals enrolled in FSP services will experience no episodes of psychiatric hospitalization. The number of adults and days spent in a psychiatric hospital setting will be reduced when compared to the number of days hospitalized prior to program enrollment.

vi. Outcome: The total number of days spent in a psychiatric hospital setting increased when compared to total number of days spent hospitalized 12 months prior to program enrollment. This increase was due to the high severity of symptoms some individuals were experienced which led to us workingwith the hospitals to place them on conservatorship. The total number of persons hospitalized was reduced by 60% after program enrollment. 65% of individuals enrolled experienced no psychiatric hospital episodes.

| Period	# of individuals Pre-Entry	# of Individuals Post-Entry	% Reduction	Days Pre-Entry	Days Post-Entry	% Reduction	% with No Hospitalizations
20-21	65	29	55%	1274	398	69%	58%
21-22	68	29	57%	1269	588	54%	73%
22-23	60	24	60%	954	1142	-20%	65%
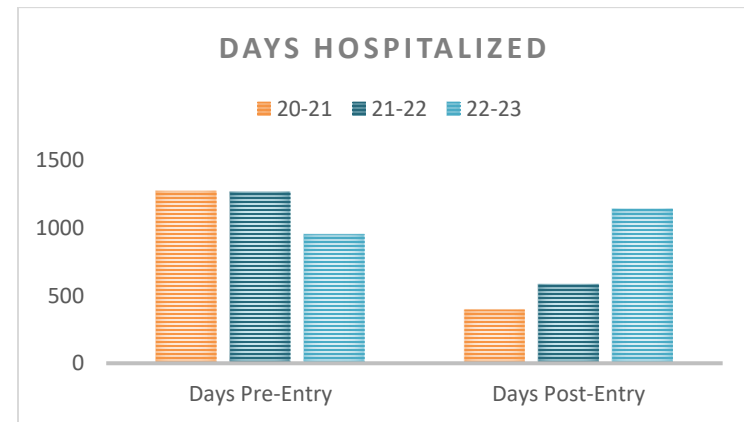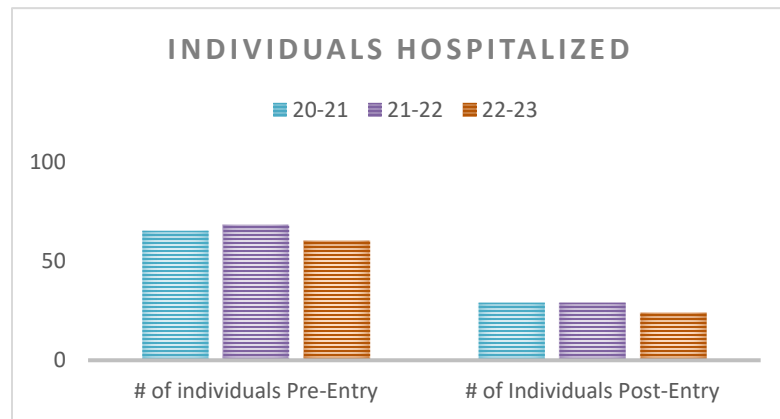
b. Incarcerations

Incarceration refers to individuals confined in a jail or prison setting.

i.   Objective: To prevent and reduce the number of individuals served and days spent incarcerated compared to the number of individuals served and days spent incarcerated 12 months prior to program enrollment.

ii. Indicator: Percentage of individuals that experienced no incarcerations and the total number of adults and days spent incarcerated compared to pre-enrollment.

iii. Who Applied: FSP Individuals served by the program a minimum of one year.

iv. Time of Measure: FY 22-23

v.   Data Source: DCR/ITWS State database.

vi. Target Goal Expectancy: A minimum of 70% of individuals enrolled in FSP services will experience no episodes of incarceration. The total number of persons and days incarcerated will be reduced when compared to total number of persons and days incarcerated pre-enrollment.

vii. Outcome: The total number of individuals incarcerated decreased from 10 individuals pre-enrollment to 3 individuals post-enrollment. The total days incarcerated decreased from 652 days to 0 days compared to pre-entry. The total number of days incarcerated post-entry was reduced by 100% compared to the previous year. The total number and percentage of persons incarcerated remains extremely low. 96% of persons enrolled in FSP services experienced no episodes of incarcerations.

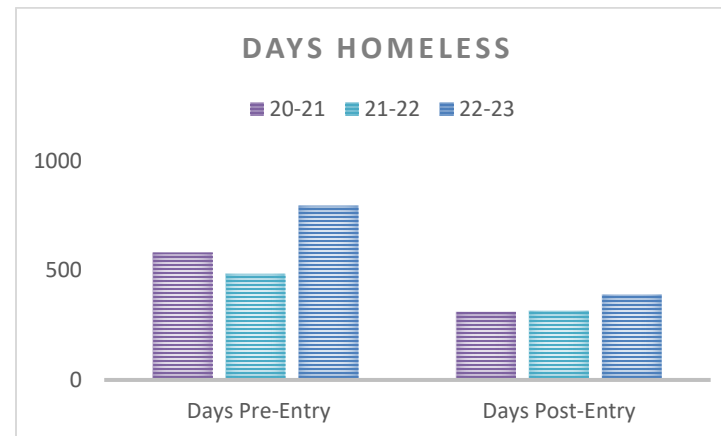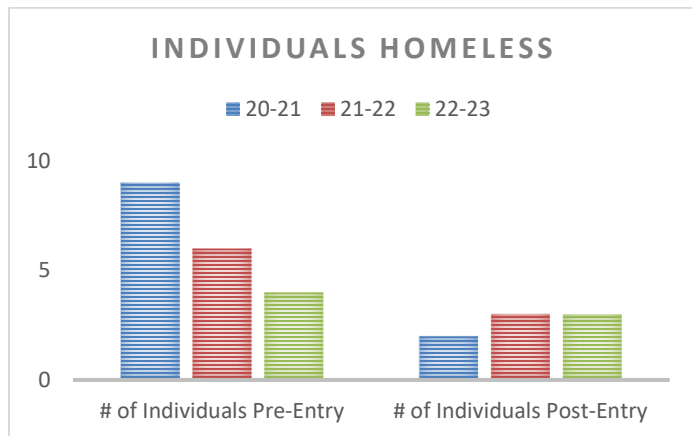| Period	# of Individuals Served	# of Individuals Incarcerated Pre-Entry	# of Individuals Incarcerated Post-Entry	% with No Incarcerations
20-21	70	0	0	100%
21-22	75	13	1	83%
22-23	69	10	3	96%
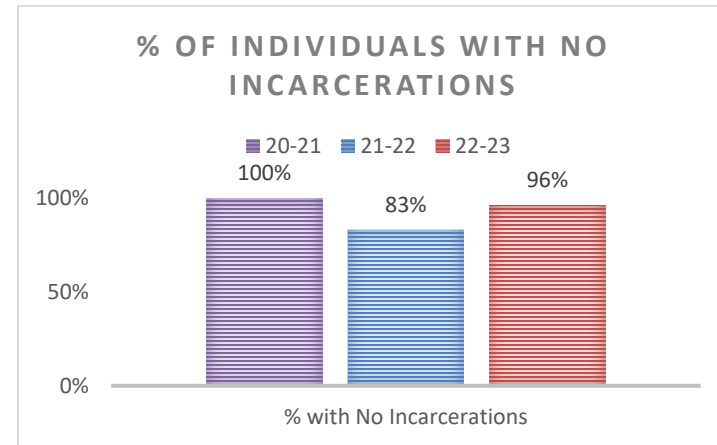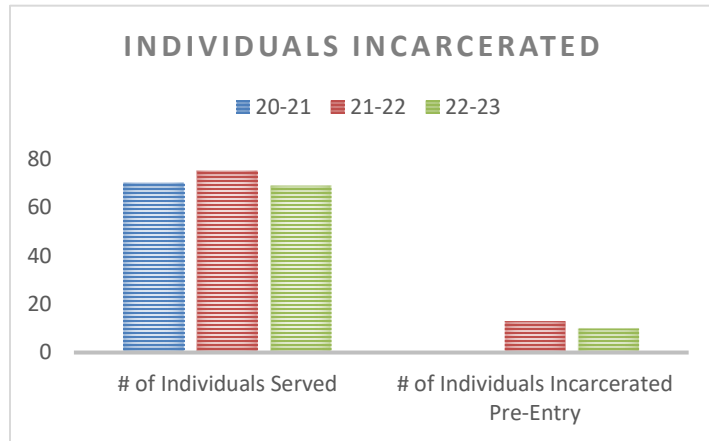
c. Homelessness

Homelessness refers to individuals without a place to live, who are living is a place not meant for human habitation, or who are living in an emergency shelter.

i.   Objective: To prevent and reduce the number of persons and days spent homeless compared to the total number of persons and days spent homeless 12 months prior to program enrollment.

ii. Indicator: Percentage of individuals that experienced no episodes of homelessness and the total number of persons and days spent homeless compared to the total number of persons and days spent homeless prior to program enrollment.

iii. Who Applied: FSP Individuals served by the program a minimum of one year.

iv. Time of Measure: FY 22-23

v.   Data Source: DCR/ITWS State database.

vi. Target Goal Expectancy: A minimum of 70% of persons enrolled in FSP services will experience no episodes of homelessness. The total number of persons and days spent homeless will be reduced when compared to the total number of persons and days spent homeless pre-enrollment.

vii. Outcome: The number of individuals experiencing homelessness was reduced by 25%, and the number of days spent homeless was reduced by 51% post-enrollment. 96% of individuals enrolled in FSP services experienced no episodes of homelessness.

Period	# of Individuals Pre-Entry	# of Individuals Post-Entry	% Reduction	Days Pre-Entry	Days Post-Entry	% Reduction	% of Individuals with No Homeless Episodes

20-21	9	2	78%	583	311	47%	97%
21-22	6	3	50%	483	315	35%	97%
22-23	4	3	25%	797	390	51%	96%

INDIVIDUALS HOMELESS

■ 20-21 ■ 21-22 ■ 22-23

DAYS HOMELESS

■ 20-21 ■ 21-22 ■ 22-23

d. **Medical Hospitalizations**

Medical hospitalization refers to individuals who frequently require hospitalization at a local hospital or emergency department as a result of chronic or untreated physical health related conditions.

   i.   Objective: To prevent and reduce the number of persons and days spent in a medical hospital or emergency department (ED) setting compared to the total number of persons and days spent hospitalized 12 months prior to program enrollment.
   ii. Indicator: Percentage of individuals that experienced no episodes of medical hospitalization or ED admissions, and the total number of individuals and days admitted in a medical hospital or ED compared to pre-enrollment.
   iii. Who Applied: FSP individuals served by the program a minimum of one year.
   iv. Time of Measure: FY 22-23
   v.   Data Source: DCR/ITWS State database.
   vi. Target Goal Expectancy: A minimum of 70% of persons enrolled in FSP services will experience no episodes of medical hospitalization or ED admissions. The total number of persons and days admitted in a medical hospital or ED will be reduced when compared to the total number of persons and days spent pre-enrollment.

vii. Outcome: The total number of individuals admitted in a medical hospital was decreased by 40% post-enrollment. Total days spent in a hospital or ED setting was reduced by 19% when compared to the total number of individuals and days spent in a hospital or ED setting 12 months prior to program enrollment.

Period	# of Individuals Pre-Entry	# of Individuals Post-Entry	% Reduction	Days Pre-Entry	Days Post-Entry	% Reduction	% with No Hospital Episodes
20-21	6	2	67%	328	6	98%	97%
21-22	70	5	93%	294	6	98%	95%
22-23	5	3	40%	54	44	19%	96%
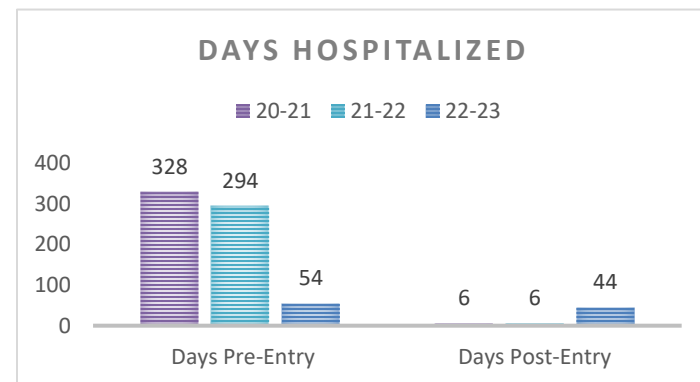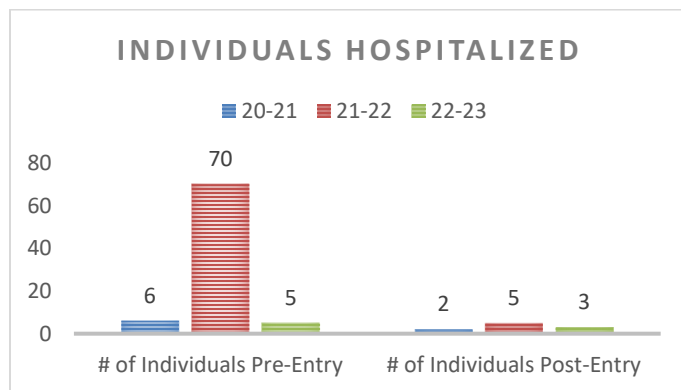
e. **Psychiatric Hospitalization**

Psychiatric Hospitalization refers to any hospital admission captured in the county's Avatar electronic health record. Data may be entered by any hospital that utilizes Avatar including Exodus PHF, Community Behavioral Health Center (CBHC) and Kaweah Delta Psychiatric Hospital.

i. Objective: To prevent hospitalizations and re-admissions for individuals served. For persons served who were hospitalized, the objective is to provide timely follow up services.

ii. Indicator: Percent of individuals who were hospitalized; average days for a follow up service.

iii. Who Applied: ICM/OP level adults served by the program a minimum of one year that experienced a hospitalization due to a mental health condition.
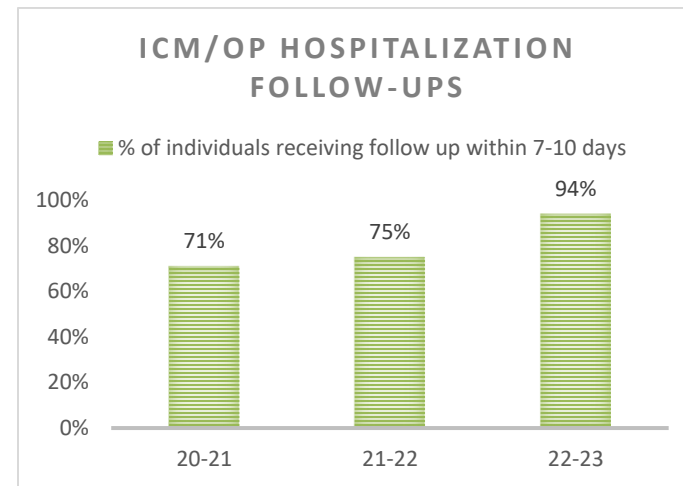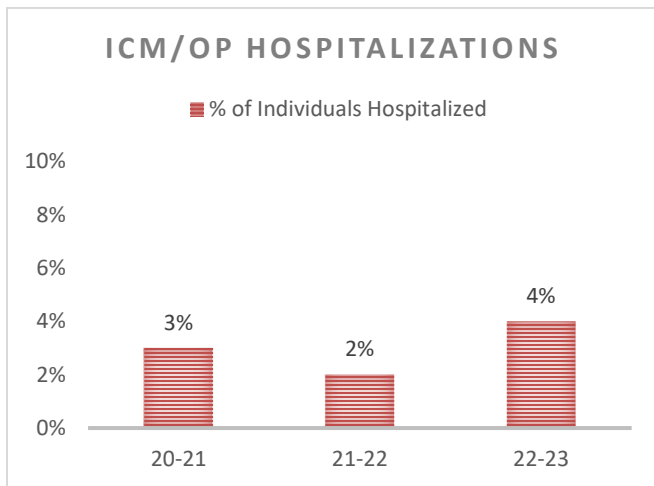
iv. <u>Time of Measure:</u> FY 22-23
v. <u>Data Source:</u> Avatar
vi. <u>Target Goal Expectancy:</u> The goal expectancy for hospitalizations is 10% or less of total ICM/OP individuals served. The goal expectancy for timely follow up is within 7-10 business days.
vii. <u>Outcome:</u> 4% of individuals served were hospitalized. Of individuals that were hospitalized, 94% received a follow up service in 10 days or less.

Period	Individuals Served	% of Individuals Hospitalized	% of individuals receiving follow up within 7-10 days
20-21	3,875	3%	71%
21-22	4,353	2%	75%
22-23	4,588	4%	94%

ICM/OP HOSPITALIZATIONS

■ % of Individuals Hospitalized

	20-21	21-22	22-23
	3%	2%	4%

ICM/OP HOSPITALIZATION FOLLOW-UPS

■ % of individuals receiving follow up within 7-10 days

	20-21	21-22	22-23
	71%	75%	94%

f. Inpatient Crisis Stabilization Services

Crisis stabilization is defined as an urgent psychiatric service lasting less than 24 hours and is delivered only by providers who meet specific regulations and licensed to provide these services. Currently, Exodus Recovery Inc. is contracted to provide such services for Fresno County MHP.

   i.   Objective: To prevent crisis stabilization services and re-occurence of crisis stabilization services for individuals served. For individuals who receive crisis services, the objective is to provide timely follow up services.

   ii.   Indicator: Percent of individuals who received crisis stabilization services; average days for a follow up service.

   iii.   Who Applied: ICM/OP level individuals served by the program a minimum of one year that received a crisis stabilization service due to a mental health condition.

   iv.   Time of Measure: FY 22-23

   v.   Data Source: Avatar

   vi.   Target Goal Expectancy: The goal expectancy for crisis stabilization services is 10% or less of total ICM/OP persons served served. The goal expectancy for timely follow up is within 7-10 business days.

   vii.   Outcome: Only 1% of individuals served received a service from the crisis stabilization center. Of individuals that received a crisis stabilization service, 64% received a follow up service in 10 days or less.

| Period	Individuals Served	% of Individuals	% of Individuals receiving follow up within 7-10 days
20-21	3,875	5%	70%
21-22	4,353	5%	70%
22-23	4,588	1%	64%

g. Participation in Educational Settings

Educational setting refers to any learning environment or institution that offers educational services and curriculum according to specific objectives. Examples may include adult schools, vocational schools, community colleges, universities, and high schools.

   i.   Objective: To increase the annual percentage of individuals enrolled in educational settings.

   ii.   Indicator: Annual percentage of individuals enrolled in educational settings.

   iii.   Who Applied: FSP level individuals served by the program a minimum of one year enrolled in educational settings.

   iv.   Time of Measure: FY 22-23

   v.   Data Source: DCR/ITWS State database.

   vi.   Target Goal Expectancy: To have a minimum of 15% of individuals enrolled in educational settings annually.

vii. <u>Outcome:</u> The annual percentage of individulas enrolled in an educational setting was 43%.

Period	Individuals Served	Individuals Enrolled Educational Setting	Percentage
20-21	70	21	30%
21-22	75	39	52%
22-23	69	30	43%

EDUCATION PARTICIPATION

■ % of Individuals Particpating in Education Setting
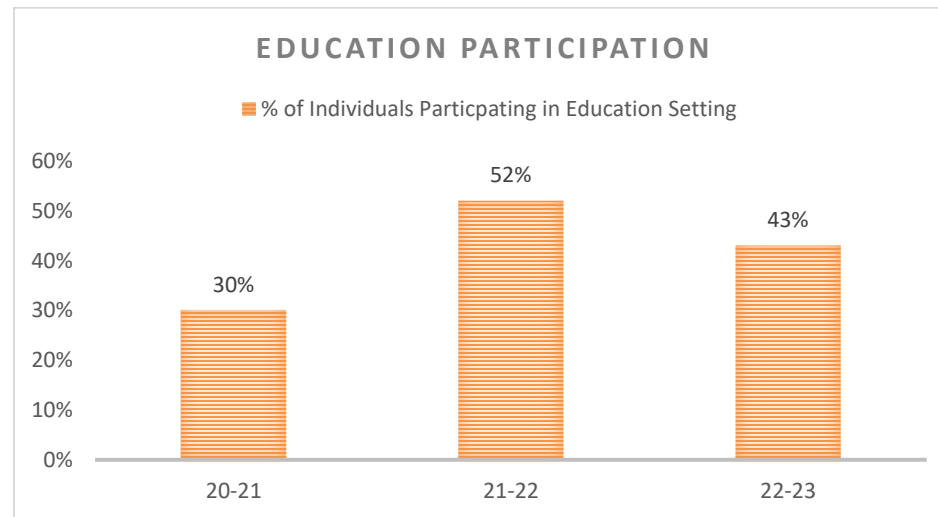
h. Participation in Employment or Volunteerism

Employment refers to work environments where persons are paid competitive wages in exchange for job related activities performed. Volunteerism refers to environments where persons willingly provide services or complete tasks without any expectation of financial compensation, but may gain work experience and job related skills.

i. <u>Objective:</u> To increase the annual percentage of individuals served engaged in employement or volunteer activities.

ii. <u>Indicator:</u> Annual percentage of individuals served engaged in employment or volunteer activities.

iii. <u>Who Applied:</u> FSP individuals served by the program a minimum of one year engaged in employment or volunteer activities.

iv. <u>Time of Measure:</u> FY 22-23

v.   Data Source: DCR/ITWS State database.
vi. Target Goal Expectancy: To have a minimum of 15% of individuals engaged in employment or volunteer activities annually.
vii. Outcome: The annual percentage of individuals served engaged in employment or volunteer activities was 9%.

Period	Individuals Served	Individuals Employed/Volunteer	Percentage
20-21	70	9	13%
21-22	75	7	9%
22-23	68	6	9%

% OF INDIVIDUALS EMPLOYED OR VOLUNTEERED

■ % of Individuals Employed or Volunteered
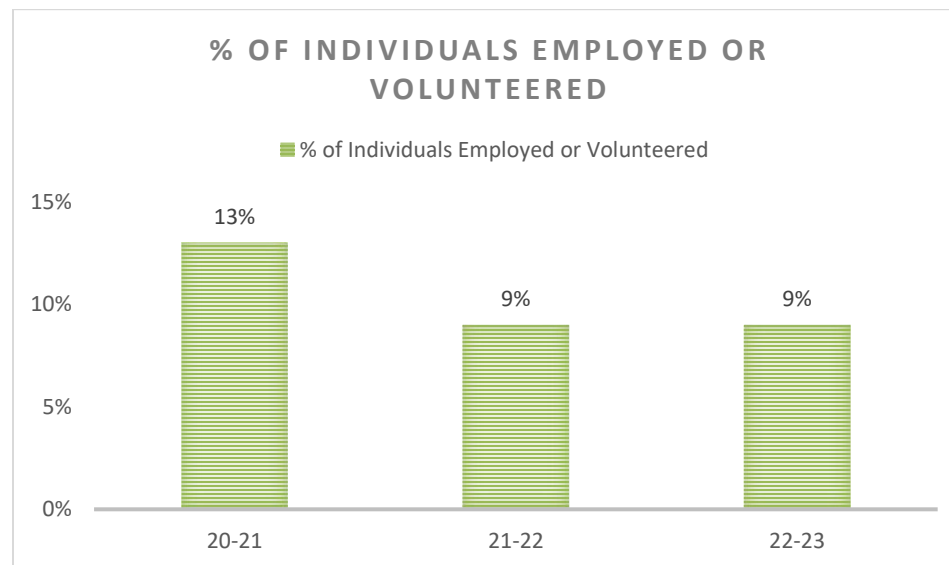
**i. Reaching Recovery: Consumer Recovery Measure and Recovery Marker Inventory**
   The RMH program implemented the use of Reaching Recovery tools in October of 2016. Reaching Recovery is a tool that was developed by the Mental Health Center of Denver; its major focus is tracking change across multiple domains of wellness. Wit h Reaching Recovery in place, RMH began to utilize several tools designed to measure recovery for FSP level individuals: the Recovery Needs Level Marker, Consumer Recovery Measure, and the Recovery Marker Inventory. Fresno County stopped using the Reaching

Recovery tools in early 2022, therefore we have no data for the 2022-2023 year. Fresno County is working on developing a new outcome measure tool. The data below reflects previous years.

Recovery Needs Level (RNL)

i.   Objective: To ensure the appropriate level of service intensity at an individual's stage of recovery; to move individual's towards increased levels of functioning; and to transition individual's to the least restrictive level of care.

ii. Indicator: Recovery Needs Level (RNL) records the status of observed needs across 17 domains. RNL scores are compared at 6 month intervals to show trends of recovery through time. Reduced scores indicate positive recovery growth and movement towards reduced levels of service.

iii. Who Applied: A sample of FSP and ICM level individuals served by the program a minimum of one year.

iv. Time of Measure: FY 21-22

v.   Data Source: Avatar Electronic Health Record

vi. Target Goal Expectancy: To have a minimum of 50% of individuals served that participated in services realize positive recovery growth and a minimum of 25% transition to lower levels of service.

vii. Outcome: 65% of the program population trended towards positive recovery growth and 52% transitioned towards reduced levels of care.

Period	Individuals Scored	Positive Recovery Growth	Needs Level Reduced
19-20	184	54%	41%
20-21	152	61%	28%
21-22	432	65%	52%

Recovery Growth

■ Outcome 65%
■ Goal 50%

Needs Level

■ Outcome 52%
■ Goal 25%
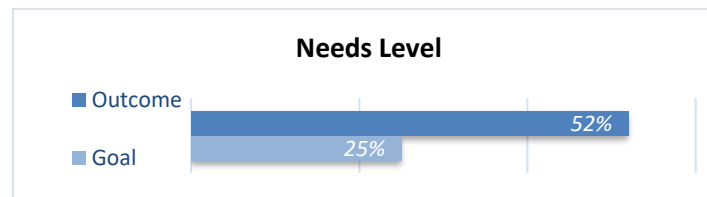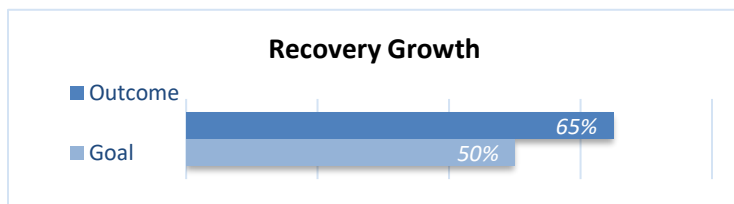
Recovery Marker Inventory (RMI)

i.   Objective: To provide a quarterly practicioner rating of a participant's progress in recovery areas that tend to correlate with an individual's recovery.

ii. <u>Indicator:</u> Recovery Marker Inventory (RMI) A praciticioner's rating of the participant's recovery on 8 objective factors associated with recovery: employment, education, active growth, level of symptom management, participation in services, housing. RMI scores are compared at quarterly intervals to show trends of recovery through time. Increased scores indicate positive recovery growth.

iii. <u>Who Applied:</u> A sample of FSP and ICM level individuals served by the program for a minimum of one year.

iv. <u>Time of Measure:</u> FY 21-22

v. <u>Data Source:</u> Avatar Electronic Health Record

vi. <u>Target Goal Expectancy:</u> To have a minimum of 50% of individuals that participated in servcies realize positive RMI recovery growth trends.

vii. <u>Outcome:</u> 48% of the program population trended towards positive recovery growth.

Period	Persons Served Scored	Positive Recovery Growth
19-20	220	55%
20-21	177	50%
21-22	767	48%

RMI Recovery Growth

- Outcome: 48%
- Goal: 50%
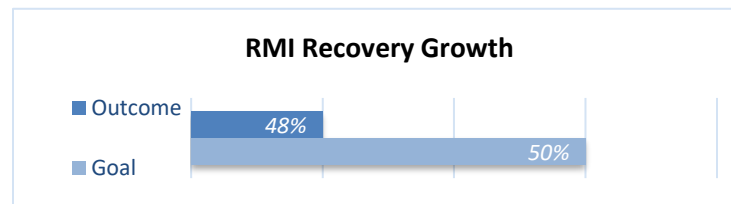
**Consumer Recovery Measure (CRM)**

i. <u>Objective:</u> To measure individual's served perception of their recovery.

ii. <u>Indicator:</u> Consumer Recovery Measure (CRM) A quarterly rating of an individual's perception of recovery across 5 dimensions: hope, symptom management, personal sense of safety, active growth orientation, satisfaction with social networks. Increased scores indicate positive recovery growth from the individuals served perspective.

iii. <u>Who Applied:</u> A sample of FSP and ICM level individuals served by the program for a minimum of one year.

iv. <u>Time of Measure:</u> FY 21-22

v. <u>Data Source:</u> Avatar Electronic Health Record

vi. <u>Target Goal Expectancy:</u> To have a minimum of 50% of individuals that participated in services to perceive positive recovery growth trends.

vii. Outcome: 57% of individuals perceived having positive recovery growth.

Period	Individuals Scored	Perceived Recovery Growth
19-20	154	68%
20-21	107	58%
21-22	501	57%

CRM Recovery Growth

- Outcome: 57%
- Goal: 50%
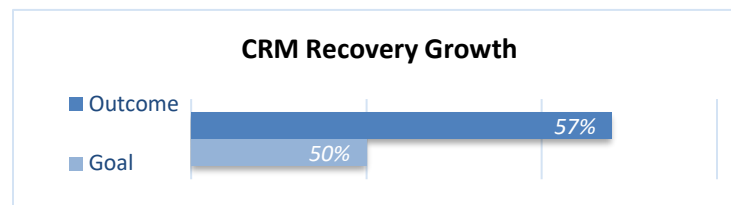
2. Efficiency-

   a. Cost per Individual

Costs include all staffing and overhead costs associated with operation of the program.

     i. Objective: To efficiently use resources and maintain or minimize cost per individual.

     ii. Indicator: Total program costs compared to number of unique FSP level individuals served.

     iii. Who Applied: FSP level individuals served by the program.

     iv. Time of Measure: FY 22-23

     v. Data Source: Avatar and Financial Records

     vi. Target Goal Expectancy: To keep within departmental budgeted costs for the program.

     vii. Outcome: The total volume of individuals served increased compared to the previous year. The program costs for FSP services increased by 15% and the cost per individual served increased by 33%. The total number of FSP persons served compared to the previous year decreased by 18%. The total program costs for ICM and OP services increased by 17% compared to the previous fiscal year and the cost per individual served increased by 12% . The total volume of ICM and OP persons served increased by 5%. The program successfully operated within budgeted costs.

Period	Level	Persons Served	Average Cost per Person Served	Total Program Cost
20-21	FSP	198	$9,578.87	$1,896,616.91
21-22	FSP	196	$7,991.34	$1,566,303.06
22-23	FSP	164	$11,112.11	$1,822,386.22
20-21	ICM/OP	3875	$2,276.77	$8,822,470.90
21-22	ICM/OP	4,353	$1,922.09	$8,366,852.94
22-23	ICM/OP	4,588	$2,157.40	$9,898,154.59

3. Access-
   a. **Length of time from referral to first contact**
   The RMH program receives several referrals or requests for service from multiple community entities as well as self-referrals and walk-ins for services. The goal of the program is to act promptly for each referral.
   i. Objective: To provide timely service for persons served requesting mental health care.
   ii. Indicator: Percentage of individuals that received first contact attempts within 7 business days of the referral date.
   iii. Who Applied: A sample of individuals referred to the program during thie evaluation period.
   iv. Time of Measure: FY 22-23
   v. Data Source: Avatar
   vi. Target Goal Expectancy: A minimum of 70% of referred individuals will attempt to be contacted within 7 business days of the referral date.
   vii. Outcome: The average length of time from referral to first contact was 6 days. 100% of referred individuals were contacted within seven days of the referral date.

Period	# of Individuals	Ave Time to 1st Contact	Percentage of individuals contacted within 7 days
20-21	126	1 day	99%
21-22	130	3 days	100%
22-23	104	6 days	76%

b. **Length of time from first contact to first assessment appointment offered**
   The RMH program receives several referrals or requests for service from multiple community entities as well as self-referrals and walk-ins for services. The goal of the program is to act promptly for each referral.
   i.   Objective: To provide timely service for individual requesting mental health care.
   ii. Indicator: Percentage of individuals offered their first assessment appointment within 10 business days of the first contact date.
   iii. Who Applied: A sample of individuals referred to the program and offered an assessment appointment during this evaluation period.
   iv. Time of Measure: FY 21-22
   v.   Data Source: Avatar
   vi. Target Goal Expectancy: A minimum of 70% of referred individuals will be offered their first assessment appointment within 10 business days of the first contact date.
   vii. Outcome: The average wait time from first contact date to the first assessment appointment date offered was 20 days. 44% of persons served were offered an assessment appointment within 10 business days of the first contact date. A high demand for services, high volumes of referrals, and the impacts of COVID effected the ability to ensure all persons served were offered an assessment date within 10 business days. We expect the wait times for the first assessment appointments to be reduced during the next evaluation period.

Period	# of individuals	Ave Time to 1st Offered Assessment Date	Percentage of individuals offered assessment appointment within 10 days
20-21	126	13 days	55%
21-22	150	12.5 days	17%
22-23	104	20 days	44%

C. **Length of time from assessment to the first psychiatry appointment date offered**
    The RMH program receives several referrals from multiple community entities as well as self-referrals and walk-ins for services. The goal of the program is to act promptly for each referral.
    i.   Objective: To provide timely service for individuals requesting psychiatric care and medications.
    ii. Indicator: Percentage of individuals offered their first psychiatry appointment within 15 business days of their assessment date.
    iii. Who Applied: A sample of individuals assessed and enrolled into program services during this evaluation period.
    iv. Time of Measure: FY 21-22
    v.   Data Source: Avatar
    viii. Target Goal Expectancy: A minimum of 70% of individuals will be offered their first psychiatry appointment within 15 business days of their assessment date.
    vi. Outcome: The average wait time from assessment date to the first psychiatry appointment date offered was 35 days. 30% of persons served were offered a psychiatry appointment within 15 days of the assessment date. High volumes of referrals and the impacts of COVID effected the program's ability to meet the outcome goal.

Period	# of Individuals	Ave Time to 1st Offered Psychiatry Date	Percentage of persons served offered 1st psychiatry appointment within 15 days
20-21	126	33 days	12%
21-22	130	30 days	4%
22-23	104	35 days	30%

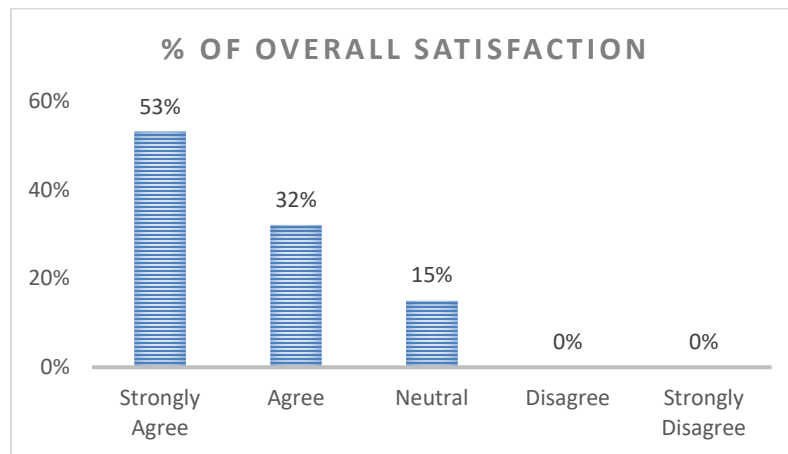4. Satisfaction & Feedback of Persons Served & Stakeholders-

a. **Consumer Perception Survey**
    Consumer Perception Surveys (CPS) are conducted every six months over a one week period. Beneficiaries of the MHP are encouraged to participate in filling out the CPS surveys which are available to consumers and family members at County and contracted provider organizations.
    i.   Objective: To gauge satisfaction of individuals and collect data for service planning and quality improvement.
    ii. Indicator: Percentage of individuals served who complete the survey and response was 'Agree' or 'Strongly Agree' for overall program satisfaction.
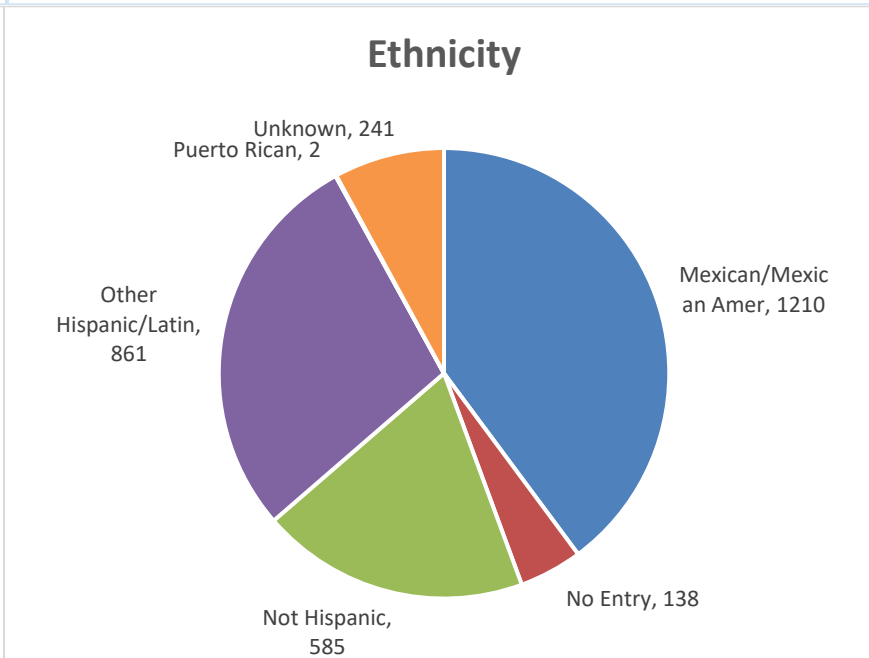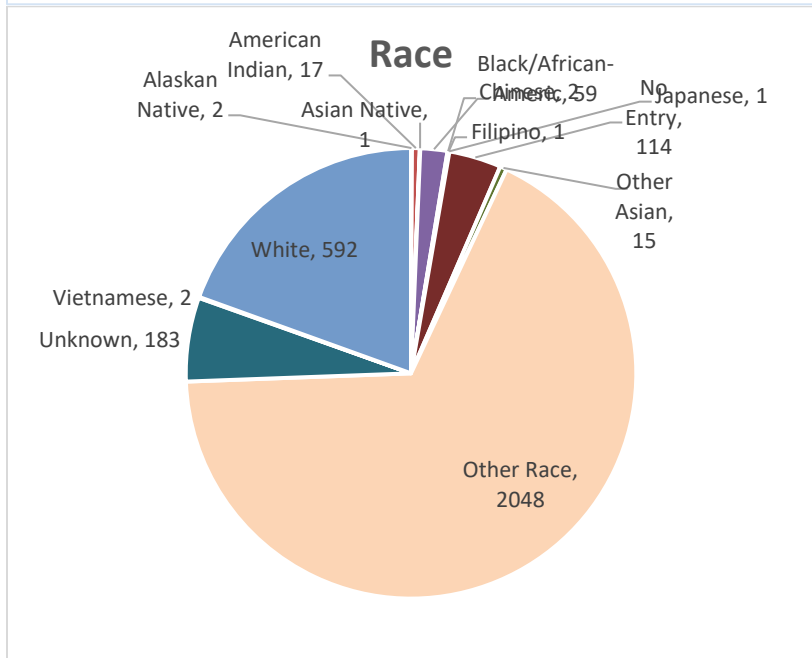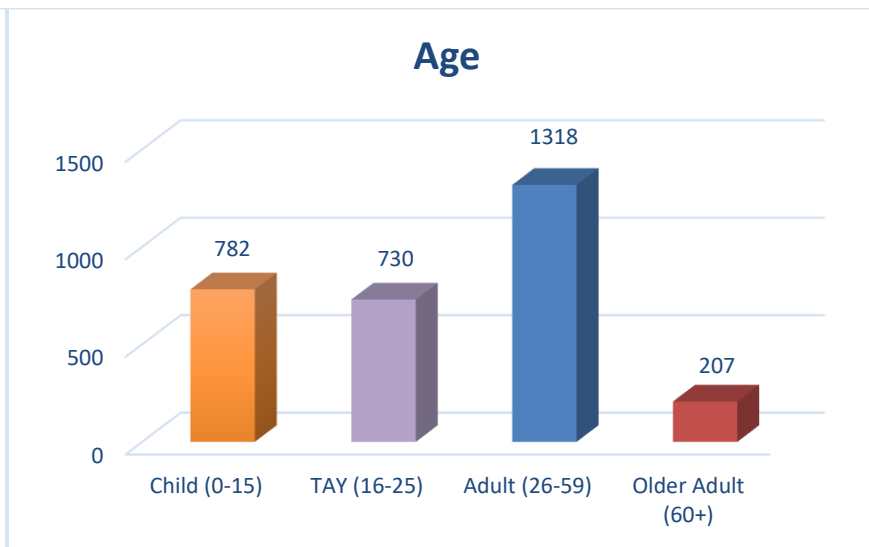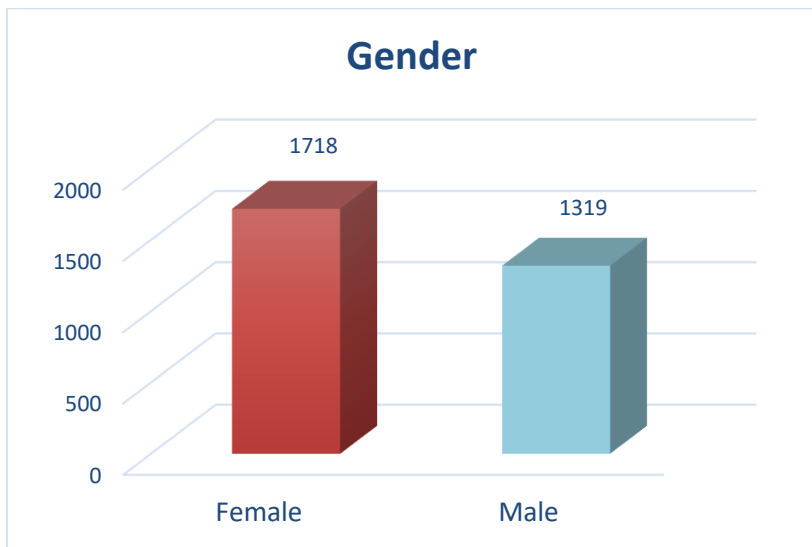
iii. <u>Who Applied:</u> Individuals served who completed the survey in May 2023
iv. <u>Time of Measure:</u> The survey was conducted in May of 2023.
v. <u>Data Source:</u> Consumer Perception Survey data
vi. <u>Target Goal Expectancy:</u> The program aims to have a majority of individuals strongly agree or agree that they are overall satisfied with the program's services.
vii. <u>Outcome:</u> 85% of individuals served rated themselves overall satisfied with the program's services.

Satisfied with program's services	% of Overall Satisfaction
Strongly Agree	53%
Agree	32%
Neutral	15%
Disagree	0%
Strongly Disagree	0%

% OF OVERALL SATISFACTION

*Based on 71 survey responses

Demographics:

Gender

- Female: 1718
- Male: 1319

Age

- Child (0-15): 782
- TAY (16-25): 730
- Adult (26-59): 1318
- Older Adult (60+): 207

Race

- American Indian, 17
- Alaskan Native, 2
- Asian Native, 1
- Black/African-American, 59
- Chinese, 59
- Japanese, 1
- Filipino, 1
- No Entry, 114
- Other Asian, 15
- White, 592
- Vietnamese, 2
- Unknown, 183
- Other Race, 2048

Ethnicity

- Unknown, 241
- Puerto Rican, 2
- Mexican/Mexican Amer, 1210
- Other Hispanic/Latin, 861
- Not Hispanic, 585
- No Entry, 138

FY 2022-23 Outcomes

DEPARTMENT RECOMMENDATION(S):

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