

**COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL**

(1) DEPARTMENT Behavioral Health	(2) MEETING DATE 8/12/2014	(3) CONTACT/PHONE Anne Robin, Behavioral Health Administrator 781-4719 Raven Lopez, Accountant III 781-4783	
(4) SUBJECT Receive and file a report on performance measures for Transitions Mental Health Association. All Districts.			
(5) RECOMMENDED ACTION It is recommended that the Board receive and file a report on performance measures for Transitions Mental Health Association.			
(6) FUNDING SOURCE(S)	(7) CURRENT YEAR FINANCIAL IMPACT \$0.00	(8) ANNUAL FINANCIAL IMPACT \$0.00	(9) BUDGETED? No
(10) AGENDA PLACEMENT { } Consent { } Presentation { } Hearing (Time Est. ___) { x } Board Business (Time Est. <u>30 min</u>)			
(11) EXECUTED DOCUMENTS { } Resolutions { } Contracts { } Ordinances { x } N/A			
(12) OUTLINE AGREEMENT REQUISITION NUMBER (OAR) N/A		(13) BUDGET ADJUSTMENT REQUIRED? BAR ID Number: N/A { } 4/5 Vote Required { x } N/A	
(14) LOCATION MAP N/A	(15) BUSINESS IMPACT STATEMENT? No	(16) AGENDA ITEM HISTORY { } N/A Date: <u>July 22, 2014</u>	
(17) ADMINISTRATIVE OFFICE REVIEW Leslie Brown			
(18) SUPERVISOR DISTRICT(S) All Districts			

County of San Luis Obispo



TO: Board of Supervisors

FROM: Jeff Hamm, Health Agency Director
Anne Robin, Behavioral Health Director

DATE: 8/12/2014

SUBJECT: Receive and file a report on performance measures for Transitions Mental Health Association. All Districts.

RECOMMENDATION

It is recommended that the Board receive and file a report on performance measures for Transitions Mental Health Association.

DISCUSSION

On July 22, 2014, the Board approved a FY 2014-15 renewal contract with Transitions Mental Health Association (TMHA) with the expectation that additional information regarding performance measures and outcomes would be presented at the next Board meeting. This report provides further information on TMHA programs and how the Behavioral Health Department monitors and evaluates those programs.

Service levels and performance measures are tracked against budgeted targets for each program. Behavioral Health operational and administrative staff meet quarterly with contractor staff to review results against budgeted targets. Program targets are set at a minimum acceptable level, as negotiated with the contractor, with the overall purpose of providing the best possible service to our clients. In all cases, the objective is to strive for outcomes which promote the County's goal of a safe, healthy and livable community.

Each program is assigned objectives, outcome goals and key indicators in collaboration with the contractor, Behavioral Health staff and, often, stakeholder input. Measures are put in place according to target populations, chosen strategies, and resources necessary to collect and analyze the data. TMHA provides the County with quarterly data reports which give results of surveys, output counts, and anecdotal evidence. Surveys include consumer self-reports, pre/post testing, and tools designed for specific engagements. Behavioral Health operations and administrative staff often triangulate various data points to assess whether indicators are leading to the desired outcomes. Quarterly meetings with the contractor include review of data instruments and collection methods to ensure continual improvements in performance and quality.

The traditional mental health programs, along with program output and outcomes provided by TMHA are as follows:

1. Adult Transitional Program - TMHA provides a 24-hour staffed State licensed 12-bed Transitional Residential Treatment Program located in San Luis Obispo County serving adults with mental illness. The facility has 24-hour care and supervision in a residential setting to assist clients in stabilizing symptoms of mental illness outside of the hospital setting. TMHA provides a therapeutic environment in which clients are supported in their efforts to acquire and apply interpersonal and independent living skills. The program shall also assist the client in developing a personal community support system to substitute for the program's supportive environment and to minimize the risk of hospitalization and enhance the capability for independent living upon discharge from the program. Any rent collected will reduce the cost to the County. TMHA staffing for the program consists of 1.0 FTE Program Manager, 1.0 FTE, Assistant Program Manager and 4.0 FTE Adult Residential Counselors.

The program measures vacancy rates to assess cost effectiveness as well as compliance with program goals. The vacancy rate for the year is expected to be no more than 15%. Additionally, the program measures those discharged to lower levels of care in order to promote wellness and recovery, as well as reduce the high costs of institutional, restrictive care. The number of clients who were successfully stabilized and discharged to a less restrictive environment is indicated next to the percent in the table below. "Number of residential units", also known as a bed/day, is defined as the number of days someone occupied a bed at the facility.

Adult Transitional Program			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 376,572	\$ 406,572	\$ 406,572
Number of residential units (bed/day)	3,444	3,812	3,723
Percent of clients that were successfully stabilized and discharged to a less restrictive/structured environment in the community within 12 months	96% (24/25)	78% (14/18)	85%
Average occupancy rate	79%	87%	85%

2. Community Housing – TMHA provides 40 beds of semi-independent living environments in community residences within the county for adults with mental illness. The program provides stable and affordable housing with supports to assist clients in managing chronic symptoms of illness, decreasing psychiatric hospitalizations, providing crisis services, and developing problem solving skills related to daily living, housing, and employment. This program also encourages development of community support systems to decrease reliance on institutional alternatives. Intensive mental health support services are also provided through the residential case management services program described below. Any rent collected will reduce the cost to the County. TMHA staffing for the program consists of .50 FTE Program Manager, .50 FTE Housing Assistant, and a .20 Supply Delivery Worker/Driver.

Diversion from higher level placements is an important measure as it demonstrates how the contractor is moving consumers towards wellness and recovery, while reducing costs and impact on limited resources for long-term care. The percent of clients diverted to lower levels of care may vary year to year based on individual acuity. The vacancy rate for the year is expected to be no more than 8%. The number of clients surveyed is indicated next to the percent in the table below. "Number of bed/days" is defined as the number of days someone occupied a bed at the facility.

Community Housing Program			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 258,493	\$ 236,577	\$ 236,577
Number of bed/days	19,954	14,531	13,432
Percent of clients that were diverted from higher level placements while enrolled in the program	96% (45/47)	94% (46/49)	90%
Average occupancy rate	99%	99.50%	92%

3. Residential Case Management Services – These services are provided in conjunction with the 40 bed Community Housing Program referenced above, in addition to three clients who live independently (43 total). The services consist of interventions designed to provide stabilization of mental illness, decrease in psychiatric hospitalizations, and restoration/maintenance of functioning consistent with the requirements for learning, independent living and enhanced self-sufficiency. TMHA staffing for the program consists of .50 FTE Program Manager and 2.0 FTE Residential Case Managers.

The number of clients surveyed is indicated next to the percent in the table below. Additionally, some performance measures were changed in FY 2013-14 in an effort to collect more meaningful data. For instance, consumers are given self-assessment surveys to identify whether services are having a positive impact on their symptomology, their level of functioning, and other key health indicators. "Service Minutes" is defined as the number of Medi-Cal billable services entered in to the County's Behavioral Health Electronic Health Record. A client's housing situation can improve by a combination of long-term housing and treatment. Research indicates that stable housing reduces substance use and psychiatric symptoms, and improves vocational, educational and other community integration outcomes.

Residential Case Management			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 138,022	\$ 159,938	\$ 159,938
Service Minutes	137,094	112,414	100,000
Clients Served	50	52	50
Percent of clients that were deferred from higher level placements	96% (48/50)	94% (49/52)	90%
Percent of clients surveyed that reported improved functioning with their daily problems	90% (40/44)	97% (36/37)	90%
Percent of clients surveyed that reported their housing situation improved (deleted in FY 13-14)	95% (42/44)	N/A	N/A
Percent of clients surveyed that reported they can better deal with a crisis (added in FY 13-14)	N/A	91% (34/37)	90%

4. Vocational Rehabilitation Services – Paid employment is considered one of the most important goals to many behavioral health clients. Vocational training has long been shown to build self-esteem, increase treatment compliance and reduce symptoms. This service is designed to provide vocational training, support and experience at a wholesale farm and nursery to County Behavioral Health clients. The services include entry level gardening groups that serve as engagement points and preliminary vocational skill building for mental health consumers. The goal for all participants is to develop the skills necessary to move to a more independent work setting within the community. Vocational Rehabilitation Services begin with volunteer employment at the Growing Grounds Farm. Clients may be offered paid employment based on their program performance as a volunteer. Clients are encouraged to utilize community employment activities, including the Supported Employment Program and SLO Wellness Center services. TMHA staffing for the program consists of a 1.0 FTE Program Manager, 1.0 FTE Assistant Manager, 1.0 FTE Nursery Assistant/Driver, 1.0 FTE Nursery Coordinator, .75 FTE Rehabilitation Supervisor, and a .25 FTE Salesperson.

The number of clients surveyed is indicated next to the percent in the table below. Additionally, some performance measures were changed in FY 2013-14 in an effort to collect more meaningful data, as previously mentioned above. This includes surveying consumers to identify whether the program has had a positive effect on job skills, independence, and quality of life. "Attendance Units" is defined as any portion of one day attended by a client.

Vocational Rehabilitation Services			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 205,233	\$ 214,804	\$ 214,804
Number of individuals served during contract year	64	76	60
Attendance Units	2,025	2,538	2,639
Percent of consumers surveyed that agreed they learned work skills that helped them towards further employment	81% (15/18)	89% (20/22)	90%
Percent of consumers that agreed the overall quality of their life has improved (deleted in FY 13-14)	94% (17/18)	N/A	N/A
Percent of consumers that moved into a more independent work setting within the community (added in FY 13-14)	N/A	16% (12/76)	20%

5. Social Rehabilitation Services – TMHA operates three Wellness Centers designed to provide life enrichment and social skill development for individuals who would otherwise remain withdrawn and isolated. The services are person-centered, recovery based services designed for life enrichment, personal development, peer support, community resources, recovery education, social skill development, and social rehabilitation workshops, for adults with mental illness who would otherwise remain withdrawn and isolated. Services provided by the San Luis Obispo and Arroyo Grande Wellness Center are gauged for multiple age groups, and various cultures with focus upon recovery, independence, wellness and empowerment. These services are available to individuals who currently receive Behavioral Health Department services, as well as other members of the community who want to participate in the programs. TMHA staffing for the program consists of a .50 FTE Program Manager, 2.0 FTE Supervisor, 1.75 FTE Assistant Supervisor, and .50 FTE Center support Aide.

The number of clients surveyed is indicated next to the percent in the table below. Additionally, some performance measures were changed in FY 2013-14 and an output was added for FY 2014-15 in an effort to collect more meaningful data, as previously mentioned above. This includes measuring client self-reports of improved social functioning, symptom management, and crisis reduction. Measures like these help County staff evaluate broad program offerings, like that of the Wellness Center, to ensure quality, cost effectiveness, and community access. Additionally, many of the activities and programs are provided by persons with lived experience of mental illness (consumer-run). It has been shown that “peer” or “consumer” run programs provide encouragement, support, empathy and real life experience to participants, increasing the participants’ ability to learn new coping skills. “Service Minutes” is defined as the number of Medi-Cal billable services entered in to the County’s Behavioral Health Electronic Health Record, as previously noted above.

Social Rehabilitation Services			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 509,994	\$ 479,994	\$ 479,994
Service Minutes	63,479	80,528	80,000
Number of unduplicated Behavioral Health Clients Served	129	131	115
Number of unduplicated non-County Behavioral Health Clients Served	115	193	45
Number of recovery-oriented activities at the Wellness Center (added in FY 14-15)	N/A	N/A	1,500
Percent of consumers surveyed that agreed they were encouraged to use consumer programs (deleted in FY 13-14)	96% (59/61)	N/A	N/A
Percent of consumers surveyed agreed they do better in social situations (deleted in 13-14)	85% (57/61)	N/A	N/A
Percent of consumers surveyed that agreed the services helped them to better deal with crisis situations (added in FY 13-14)	N/A	97% (58/60)	85%
Percent of consumers surveyed that agreed the services helped them to deal more effectively with their daily problems (added in FY 13-14)	N/A	98% (59/60)	85%
Percent of consumers surveyed that agreed the services helped them to manage their mental health symptoms better (added in FY 13-14)	N/A	84% (50/60)	85%
Percent of consumers surveyed that agreed the overall quality of their life has improved due to the services they received (added in FY 13-14)	N/A	100% (60/60)	85%

6. Youth Treatment Program – TMHA provides a nine-bed, 24-hour staffed, State licensed residential facility serving youth ages 11-18 in San Luis Obispo County. The facility provides family, individual and group therapy, training in independent living skills, ongoing assessment, recreational and cultural activities, coordination of medical care, and educational planning and support. The focus is on moving clients to a less restrictive environment and/or family reunification and amelioration of mental and behavioral symptoms which interfere with the client’s functioning at home and in the school. TMHA staffing for the program consists of a 1.0 FTE Program Manager, 2.0 FTE Assistant Manager, 1.50 FTE Therapist, and 7.0 FTE Residential Youth Counselor.

Youth residential care is often intense, and expensive. Reunification with family or other stable living situations is a key objective, as is the maintenance of, or reduction in, level of care. The number of clients surveyed is indicated next to the percent in the table below. “Residential Day”, also known as a bed/day, is defined as the number of days someone occupied a bed at the facility.

Youth Treatment Program			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 120,259	\$ 90,259	\$ 90,259
Clients Served	12	19	9
Residential Day (bed/day)	2,781	2,563	2,957
Percent of clients maintained at or below the Youth Treatment Program Residential Care Level	83% (10/12)	74% (14/19)	80%
Percent of clients that reunited with their family member, permanent adult guardian or independent living setting after a consecutive 60 day program orientation	33% (2/6)	27% (3/11)	80%
Average occupancy rate	85%	78%	90%

7. Medi-Cal Outreach & Enrollment (Grant Funded) – Behavioral Health was awarded a one-year grant (July 1, 2014 – June 30, 2015) to increase Medi-Cal outreach and enrollment in San Luis Obispo County focusing on high-risk, mental health and substance use disorder effected populations. Medi-Cal enrollment will allow access to behavioral health care for potentially thousands of local citizens in need. TMHA will provide Certified Enrollment Counselors in various parts of the county to perform outreach and assist clients in Medi-Cal enrollment during the grant period. TMHA staffing for the program consist of a 1.0 FTE Peer Specialist.

The number of unduplicated clients that TMHA will assist in enrolling in Medi-Cal will fall into one of three categories: those served at the Wellness Centers, those who are homeless, and those who are part of the justice system.

Medi-Cal Outreach & Enrollment Services	
Year	2014-15 Budgeted
Cost	\$ 38,175
Number of unduplicated clients enrolled in Medi-Cal at the Wellness Centers	188
Number of unduplicated clients enrolled in Medi-Cal who are homeless	225
Number of unduplicated clients enrolled in Medi-Cal who are part of the justice system	225
Number of presentations	60
Percent of clients that will enroll in Medi-Cal	75%
<i>Grant funds awarded for FY 2014-15 only</i>	

The MHSA programs geared to reach the underserved and/or unserved are as follows:

Community Support and Services Component (CSS):

8. Client and Family Partners – TMHA provides navigation for various systems, advocacy and support for clients and family members, and provide links to resources. Often, consumers new to the system, or those having difficulty managing the requirements of treatment, will benefit from assistance in navigating the complex array of services for consumers and their loved ones. The Client and Family Partners provide support, education, information and referral, and community outreach for clients and families. The goal is to increase client and family knowledge of the services available and how they can access them. Clients and family members who are aware of services are more likely to utilize them, thereby increasing treatment and recovery outcomes. TMHA staffing for the program consists of a 1.0 FTE Bilingual Program Manager, .50 FTE Bilingual Advocate, .50 FTE Family Advocate, and a 1.50 FTE Family Partner.

The number of clients surveyed is indicated next to the percent in the table below. Additionally, Behavioral Health will be working with TMHA during the year for alternative classes to replace the Parenting Class that had been previously offered. The class is no longer being offered due to staffing changes. “Unique family members served” is defined as one or more persons within a Family Unit acting in significant support role to adult with mental illness. “Clients contacted” is defined as a telephone or face-to-face conversation or meeting.

Client and Family Partners			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 293,826	\$ 273,826	\$ 304,826
Number of clients contacted	4,031	2,966	4,000
Unique family members served	845	670	900
Parenting Classes*	8	6	N/A
Parenting Class Attendees*	55	60	N/A
Percent of family members surveyed who agreed that the services provided improved their family's access to available services	100% (116/116)	99% (98/99)	90%
Percent of family members surveyed who agreed that the Client and Family Partner was supportive and informative	100% (121/121)	100% (103/103)	90%
Percent of family members surveyed who agreed that the quality of life for their family has improved as a direct result of the services received from the Client and Family Partner	99% (110/111)	95% (89/94)	90%
Percent of family members who reported a prompt response from the Client and Family Partner	100% (119/119)	99% (102/103)	90%
Percent of family members surveyed who agreed that the information and referrals provided by the Client and Family Partner were effective and helpful	99% (115/116)	92% (88/96)	90%
<i>Vacancies in program during the year caused a decrease in outcomes</i>			
<i>*Parenting Classes no longer being offered. Alternative classes will be developed during the year.</i>			

9. Family Education Program – TMHA provides family support and mental health education programs for family members of individuals with mental illnesses. Trained family members who are unpaid volunteers will provide education and support utilizing the 12 week NAMI *Family to Family* formatted lecture and interactive class or two 6-hour TMHA Family Orientation Class. All instruction and course materials are charged to the program and are free for class participants. Stigma reduction is a key community outcome which leads to increased access and improved care. This course measures whether family members gain a better understanding, and thereby reduce stigma, in supporting their loved one with a mental illness. Attendance during FY 2013-14 was lower than the previous year due to staff vacancies and saturation of client population receiving this training. The number of clients surveyed is indicated next to the percent in the table below.

Family Education Program			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 15,700	\$ 15,700	\$ 15,700
Total number of unduplicated attendees for all sessions	154	82	130
Number of sessions held	10	8	8
Percent of participants surveyed who agreed that the course content met or exceeded their expectations	100% (132/132)	100% (76/76)	90%
Percent of participants surveyed who reported feeling more comfortable and confident in dealing with their family member who has a mental illness as a result of taking the class	99% (131/132)	100% (76/76)	90%
<i>Vacancies in program during the year caused a decrease in outcomes</i>			

10. Peer Support and Education Program – TMHA provides peer support and mental health education programs that provides mental health consumers with opportunities to develop and maintain wellness, leadership, and self-advocacy skills. Mental health consumers educate and mentor peers utilizing the 10 week NAMI formatted lecture and interactive class, *Peer to Peer*, or an 8 week Wellness and Recovery Action Plan (WRAP) class. Consumers and community members also receive training to provide Mental Health First Aid, a public education program that helps people identify, understand, and respond to signs of mental illnesses, and substance use disorders, and suicidal ideation. TMHA staffing for the program consists of a .50 FTE Education Coordinator.

Behavioral Health worked with TMHA staff during FY 2012-13 to develop new measurable outcomes administered through a pre/post retrospective survey. The number of clients surveyed is indicated next to the percent in the table below.

Peer Support and Education Program			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 30,000	\$ 30,000	\$ 30,000
Total number of unduplicated attendees for all sessions	99	90	85
Number of session held	8	9	8
NAMI Peer to Peer or WRAP participants surveyed will report a XX%* increase in their knowledge of the tools and resources available for improving their mental health	25%	34% (58)	30%
NAMI Peer to Peer or WRAP participants surveyed will report a XX%* report an increase in their involvement with their mental health recovery	22%	41% (58)	40%
Mental Health First Aid participants will report a XX%* increase in understanding of suicide assessment	60%	72% (32)	65%

*XX% - The minimum required percent can change from year to year based program evaluation at the end of the contract year

11. Vocational Training and Supported Employment – TMHA assists clients in gaining competitive employment within the community by providing them with vocational counseling and assessment, work adjustment, job preparation and interview skills training, job development and coaching, transitional employment opportunities and basic job skills training. TMHA staffing for the program consists of a 1.0 FTE Program Manager, 1.0 FTE Vocational Specialist, 1.0 FTE Job Developer, and a 1.0 FTE Job Coach.

The number of clients surveyed is indicated next to the percent in the table below. Additionally, some performance measures were changed in FY 2013-14 and FY 2014-15 in an effort to collect more meaningful data, as previously mentioned.

Vocational Training and Supported Employment Program			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 197,683	\$ 197,703	\$ 197,703
Number of employment placements	52	52	50
Number of unique clients served	176	167	210
Client Class Days	240	236	175
Percent of mental health clients surveyed who agreed they are learning skills that will help towards gaining and/or maintaining employment	90% (41/45)	96% (21/22)	90%
Percent of mental health clients surveyed who agreed the overall quality of their life has improved (deleted in FY 13-14)	82% (37/45)	N/A	N/A
Percent of mental health clients who gained employment as a result of their participation in the program (added in FY 13-14)	N/A	31% (52/167)	24%
Percent of clients who gained employment and maintained employment for at least 90 days (added during FY 13-14)	N/A	23% (38/167)	40%

12. Growing Grounds Retail Vocational Program – This is a vocational training site that offers job coaching, assessment, vocational support and work experience in a retail outlet in San Luis Obispo. Revenues received from the sales of store products shall be used to partially offset the salary costs and the operating expense of the program. Vocational training services will work in conjunction with the Growing Grounds Farm and Supported Employment Programs. TMHA staffing for the program consists of a .50 FTE Coordinator and 1.0 FTE Retail Clerk.

The number of clients surveyed is indicated next to the percent in the table below. Additionally, some performance measures were changed in FY 2013-14 and FY 2014-15 in an effort to collect more meaningful data, as previously noted. “Attendance units” is defined as the number of days a client attended the program.

Growing Grounds Retail Vocational Training			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 55,000	\$ 55,000	\$ 55,000
Number of individuals served during contract year.	15	18	20
Attendance Units	174	255	200
Percent of mental health consumers surveyed who agreed they are learning skills that help towards gaining and/or maintaining employment	100% (6/6)	100% (4/4)	90%
Percent of mental health consumers surveyed who agreed the overall quality of their life has improved (deleted in FY 13-14)	83% (5/6)	N/A	N/A
Percent of mental health consumers served who went into job development (e.g., identification of potential job opportunities, contact of potential employers, completing job applications and participating in job interviews) (added in FY 14-15)	N/A	N/A	50%
Percent of mental health consumers who went into job development and gained employment after going through the program (added in FY 13-14)	N/A	11% (1/9)	20%

13. Adult Full Service Partnership (AFSP) – TMHA provides two Personal Services Specialists (PSS) to serve two AFSP teams serving 30-35 adult clients with serious mental illness who are at risk of institutional care. Services are defined as “whatever it takes” and are available “24/7”. The PSS is involved in day to day client skills-building and resource support such as assisting the client with family/social interactions, managing the illness and stress, crisis care, dress/grooming/hygiene, budgeting, as well as providing other supports. TMHA staffing for the program consists of 2.0 FTE Personal Services Specialists, 1.0 FTE Driver, .50 FTE Program Manager, and 1.0 FTE Assistant Manager.

This is an integrated program that includes TMHA and Behavioral Health staff working as a team to assist the target population. Additional outputs and outcomes for the overall program are reported in the MHSA Annual Update. The number of clients surveyed is indicated next to the percent in the table below. “Service Minutes” is defined as the number of Medi-Cal billable services entered in to the County’s Behavioral Health Electronic Health Record, as previously noted above. “Unduplicated clients served” is defined as the number of clients enrolled in the program. “Unduplicated client contacts” is defined as the number of times a client receives peer support and/or driver services.

Adult Full Service Partnership (FSP)			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 250,094	\$ 324,444	\$ 344,444
Number of unduplicated clients served	32	27	35
Service Minutes	88,907	74,407	70,000
Unduplicated Client contacts	2,275	2,531	2,000
Percent of FSP clients surveyed who agreed that the overall quality of their life has improved due to their involvement in the program	100% (15/15)	95% (23/24)	90%
Percent of FSP clients surveyed who reported that their involvement with the FSP program has helped them in dealing more effectively with daily problems	93% (14/15)	95% (23/24)	90%

14. Behavioral Health Treatment Court (BHTC) – TMHA provides one Personal Services Specialist (PSS) to serve the BHTC team serving 30 adult offenders who suffer from severe mental illness and co-occurring substance abuse disorders. The PSS provides intensive case management services and will assist the client with family/social interactions, managing the illness and stress, crisis care, dress/grooming/hygiene, budgeting, as well as providing housing and vocational services and other supports. TMHA staffing for the program consists of 1.0 FTE Personal Services Specialist.

This is an integrated program that includes TMHA and Behavioral Health staff working as a team to assist the target population. Additional outputs and outcomes for the overall program are reported in the MHSA Annual Update. The number of clients surveyed is indicated next to the percent in the table below. “Service Minutes” is defined as the number of Medi-Cal billable services entered in to the County’s Behavioral Health Electronic Health Record, as previously noted above.

Behavioral Health Treatment Court Team (BHTC)			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 75,592	\$ 78,092	\$ 81,092
Number of clients served	21	18	30
Service Minutes	21,128	21,112	35,000
Percent of clients surveyed who agreed that the overall quality of their life has improved due to their involvement in the program	100% (23/23)	100% (19/19)	95%
Percent of clients surveyed who reported that their involvement with the program has helped them in dealing more effectively with daily problems	100% (23/23)	100% (19/19)	95%

15. Forensic Re-entry Service (FRS) – TMHA provides one Personal Services Specialist (PSS) to serve the FRS team for 65 adult offenders who suffer from mental illness and co-occurring substance abuse disorders. The PSS is responsible for providing a ‘bridge’ for individuals leaving the jail in the form of assessment and referral to all appropriate health and community services and supports in addition to client engagement and short-term case management during this transition. TMHA staffing for the program consists of 1.0 FTE Personal Services Specialist.

This is an integrated program that includes TMHA and Behavioral Health staff working as a team to assist the target population. Additional outputs and outcomes for the overall program are reported in the MHSA Annual Update. To improve program outcomes and respond to emerging needs within this target population, Behavioral Health is reconfiguring the program in the coming months and will work with TMHA during FY 2014-15 to develop new measurements for this program.

Forensic Re-entry Service			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 73,487	\$ 80,487	\$ 81,487
Number of clients served	66	55	65
Percent of clients surveyed who agreed that the overall quality of their life has improved due to their involvement in the program	100% (1/1)	No clients surveyed	85%
Percent of clients surveyed who reported that their involvement with the program has helped them in dealing more effectively with daily problems	100% (1/1)	No clients surveyed	85%

FY 13-14 Only one client partially completed the survey. The Department will work with contractor on this during FY 14-15.

16. Older Adult Full Service Partnership (OAFSP) –TMHA provides one Personal Services Specialists (PSS) to serve the OAFSP teams serving 15 older adult clients (age 60 years and older) with serious mental illness who are at risk of institutional care. Services are defined as “whatever it takes” and are available “24/7”. The PSS is involved in day to day client skills-building and resource support such as assisting the client with family/social interactions, managing the illness and stress, crisis care, dress/grooming/hygiene, budgeting, as well as providing other supports. TMHA staffing for the program consists of 1.0 FTE Personal Services Specialist.

This is an integrated program that includes TMHA and Behavioral Health staff working as a team to assist the target population. Additional outputs and outcomes for the overall program are reported in the MHSA Annual Update. The number of clients surveyed is indicated next to the percent in the table below. “Service Minutes” is defined as the number of Medi-Cal billable services entered in to the County’s Behavioral Health Electronic Health Record, as previously noted above.

Older Adult Full Service Partnership (FSP)			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 74,401	\$ 70,401	\$ 78,401
Number of clients served	15	13	15
Services Minutes	32,645	21,600	36,000
Percent of FSP clients surveyed who agreed that the overall quality of their life has improved due to their involvement in the program	100% (2/2)	100% (6/6)	95%
Percent of FSP clients surveyed who reported that their involvement with the FSP program has helped them in dealing more effectively with daily problems	100% (2/2)	100% (6/6)	95%

17. North County Wellness Center – MHA funds will be used to fund the Atascadero Wellness Center, “Life House”. The Wellness Centers provide person-centered, recovery based services designed for life enrichment, personal development, peer support, community resources, recovery education, social skill development, and social rehabilitation workshops for individuals with mental illness who would otherwise remain withdrawn and isolated. Services provided by the Wellness Centers are gauged for multiple age groups, and various cultures with focus upon recovery, independence, wellness and empowerment. TMHA staffing for the program consists of a .50 FTE Program Manager, 1.0 FTE Supervisor, .75 FTE Assistant Supervisor, and .50 FTE Center Support Aide.

The number of clients surveyed is indicated next to the percent in the table below. Additionally, the number of recovery-oriented activities held at the Wellness Center will now be tracked in FY 2014-15. “Service Minutes” is defined as the number of Medi-Cal billable services entered in to the County’s Behavioral Health Electronic Health Record, as previously noted above. “Contacts” is defined as telephone or face-to-face conversations or meetings with clients.

Wellness Center			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 108,929	\$ 171,450	\$ 108,929
Service Minutes	3,930	14,710	13,500
Contacts	1,267	1,583	1,200
Unduplicated clients served	157	207	175
Number of recovery-oriented activities at the Wellness Center*	N/A	N/A	750
Percent of consumers surveyed that agreed the services helped them to better deal with crisis situations	89% (19/21)	95% (19/20)	85%
Percent of consumers surveyed that agreed the services helped them to deal more effectively with their daily problems	94% (20/21)	95% (19/20)	85%
Percent of consumers surveyed that agreed the services helped them to do better in social situations	95% (20/21)	85% (17/20)	85%
Percent of consumers surveyed that agreed the services helped them to manage their mental health symptoms better	78% (16/21)	95% (19/20)	85%
Percent of consumers surveyed that agreed the overall quality of their life has improved due to the services they received	89% (19/21)	85% (17/20)	85%
<i>*New measurement added for FY 2014-15</i>			

18. Adult Full Services Partnership (AFSP) Intensive Residential Housing – TMHA provides supported housing with Intensive Residential Case Management services for adults with mental illness and operates in conjunction with Adult Full Service Partnership Team services (16 beds in Atascadero/17 beds in San Luis Obispo).The program goal is to maintain consumers in current level of housing and/or to move them into more independent living. Intensive Residential Services is independent living with external supports and includes evening and weekend (40 hours/week) case management coverage. TMHA will also provide overall property management duties and conduct all daily business operations of the FSP program’s residential facilities and coordinate facility repairs and maintenance, referrals to housing, program paperwork, rent and Security deposit collections, and client intake meetings. Any rent collected will reduce the cost to the County. TMHA staffing for the program consists of 1.50 FTE Independent Living Skills Specialist, .10 FTE Program Manager, and 1.0 FTE Property Manager.

The vacancy rate for the year is expected to be no more than 20%. The number of clients surveyed is indicated next to the percent in the table below. “Number of bed/days” is defined as the number of days someone occupied a bed at the facility.

Adult FSP Intensive Residential Housing			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 478,577	\$ 334,689	\$ 334,689
Number of bed/days*	3,978	11,711	9,636
Percent of clients that retained community residential housing	89% (31/35)	93% (38/41)	90%
Average occupancy rate	98%	97%	80%

**In FY 12-13 some of the bed/days were tracked under Community Residential Housing. Those bed/days are now tracked under this program, as it was deemed more appropriate.*

19. Adult Full Services Partnership (AFSP) Intensive Residential Case Management Services –

TMHA provides intensive case management services to the clients housed in the eight unit Nipomo Street Studios, as well as the clients in the AFSP Intensive Residential Housing, described above. TMHA staff assists clients in developing problem solving skills related to daily living, housing, managing chronic symptoms of illness, and decreasing psychiatric hospitalizations. Case management activities will also include assisting residents with cooking, cleaning, conflict resolution, budgeting, socialization and community integration. Staff encourages development of community support systems to decrease reliance on institutional alternatives. TMHA staffing for the program consists of 1.50 FTE Independent Living Skills Specialist, .10 FTE Program Manager, and 1.0 FTE Property Manager.

Prior to FY 2013-14, this program was included with the Adult FSP Intensive Residential Housing program. The case management piece was put into its own program for better Medi-Cal reimbursement tracking. New measurements were also added during FY 2013-14. The number of clients surveyed is indicated next to the percent in the table below. “Service Minutes” is defined as the number of Medi-Cal billable services entered in to the County’s Behavioral Health Electronic Health Record, as previously noted above.

Adult FSP Intensive Residential Case Management			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 478,577	\$ 153,538	\$ 177,538
Service minutes	43,685	107,205	100,000
Percent of consumers surveyed that reported improved functioning with their daily problems	N/A	94% (17/18)	90%
Percent of consumers surveyed that reported they can better deal with a crisis	N/A	87% (16/18)	90%

20. Homeless Full-Service Partnership – TMHA will provide outreach, housing assistance and case management to the most underserved, difficult-to-reach population of homeless adults and engage clients in health care, mental health treatment, and housing. The focus of TMHA’s participation in the program is on outreach, engagement, and case management services with stability and housing being amongst improved client outcomes. TMHA staffing for the program consists of 1.50 FTE Outreach Worker, .50 FTE Peer Support/Driver, 1.0 FTE Residential Case Manager and a .30 FTE Program Manager.

This is an integrated program that includes TMHA and Behavioral Health staff working as a team to assist the target population. Additional outputs and outcomes for the overall program are reported in the MHSA Annual Update. TMHA’s outreach and engagement objective is to move clients identified with behavioral health needs to appropriate levels of care. A key outcome for the team is the percentage of engaged contacts that become open to Behavioral Health services. Additionally, the program tracks its housing placement rate, which further benefits the clients as well as meeting community objectives. The number of clients engaged is indicated next to the percent in the table below. These “Unduplicated Contacts” are defined as unique one-to-one interface with underserved and difficult-to-reach homeless adults.

Homeless Full Service Partnership			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 201,515	\$ 269,515	\$ 269,515
Unduplicated Contacted/Engaged	157	157	150
Number of contacted/engaged clients that were referred to Behavioral Health for an assessment	35	42	30
Percent of homeless persons engaged who accessed support services, such as substance abuse treatment, vocational training, emotional support, and benefits eligibility	100% (157/157)	100% (157/157)	90%

Additional data gathered during FY 2012-13 and FY 2013-14 includes:

Percent of clients contacted/engaged that received housing placement during the contract year	24% (38/157)	25% (39/157)
Number of clients who were screened and opened to FSP intensive services	45% (16/35)	47% (20/42)

21. San Luis Obispo Hotline Services – TMHA will provide a 24-hour, free and confidential call center serving the entire County of San Luis Obispo. Contractor will recruit, train, and supervise community volunteers to provide mental health referral, information, support, stigma reduction, and crisis and/or suicide intervention. Contractor will also utilize the 24/7 hotline phone number to direct general messaging to the County for the SLOtheStigma media campaign, as well as providing support to callers who reach the County's inpatient unit after-business-hours phone line including Adult Protective Services calls. TMHA staffing for the program consists of a .50 FTE Program Coordinator and 1.0 FTE Call Center Assistant.

The number of clients surveyed is indicated next to the percent in the table below. A survey is mailed to consumers who provided an address within two weeks of the service. "Number of calls received" is defined as one received and documented telephone call from SLO County residents requesting support, information, referral or crisis intervention.

SLO Hotline - Suicide Prevention and Crisis Intervention			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 75,000	\$ 105,000	\$ 111,000
Number of calls received	3,923	5,725	6,000
Number of suicide prevention trainings	9	4	4
Percent of callers surveyed that agreed that support and early intervention that they received from SLO Hotline contributed to improved mental wellness	92% (33/36)	94% (31/33)	90%
Percent of callers surveyed that agreed that they would use SLO Hotline again in the future, if needed, or refer someone else to Hotline	100% (37/37)	100% (33/33)	90%
Percent of callers surveyed that agreed the overall service they received was satisfactory	97% (36/37)	100% (33/33)	90%
Percent of callers surveyed agreed that they received an increased knowledge of local mental health resources	89% (33/37)	97% (32/33)	90%

Workforce Education and Training (WET) Component:

22. Peer Advisory and Advocacy Team – A consumer advisory council of mental health stakeholders supports an integrated system that reflects the principles of hope and choice, promotes a recovery environment, encourages education, honors each individual's spiritual pathway, and embraces self-awareness and compassion for others. TMHA staffing for the program consists of a .40 FTE Coordinator.

The number of clients surveyed is indicated next to the percent in the table below. Measurements were changed during FY 2013-14 in an effort to collect more meaningful data.

Peer Advisory and Advocacy Team			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 25,000	\$ 25,000	\$ 25,000
Number of attendees for outreach	679	1,000	685
Number of meetings held during the year	23	24	24
Number of new PAAT members (added in FY 13-14)	N/A	24	20
Percent of participants surveyed agreed the PAAT team has made a significant positive impact on the mental health system	100% (9/9)	100% (14/14)	90%
Percent of participants surveyed reported that they are more aware of mental health stigma and the tools necessary to eliminate it	97% (116/119)	97% (86/89)	90%
Percent of participants served agreed they are more aware of the resources available to help those with mental illness (deleted in FY 13-14)	100% (23/23)	N/A	N/A
Percent of members that worked within the Behavioral Health system (paid employment, peer presentation stipends, peer education stipends, etc.) (added in FY 13-14)	N/A	66% (19/29)	60%

Prevention and Early Intervention (PEI) Component:

The Mental Health Services Oversight and Accountability Commission requires counties to conduct a local evaluation of one PEI program every three years. Behavioral Health elected to conduct evaluation activities for all PEI programs, including those run by TMHA. This evaluation was published in July of 2013 and covers the Fiscal Years 2009-2010 through 2011-2012. Program evaluation is fluid and ongoing, allowing Behavioral Health to build upon successes, and adapt quickly to ever-changing community need. To read the full evaluation, go to the link below:

<http://www.slocounty.ca.gov/Assets/MHS/pdfs/PEI+Evaluation+2009-2012.pdf>

23. Social Marketing Strategy for Community Outreach and Engagement – This effort is to provide interpersonal outreach regarding mental health awareness, education and stigma reduction for underserved and at-risk populations including, when appropriate, one-to-one personal contact that includes information dissemination, referrals, and screening and support resources. Mental health education training will be provided to target group support systems, and events open to the general public within the County will be organized to help increase mental health awareness while reducing stigma. Stigma reduction is a key community outcome which leads to increased access and improved care. TMHA staffing for the program consists of .40 FTE Community Outreach Worker (Consumer Staff), .75 FTE Outreach Coordinator, and .18 FTE Education Coordinator.

During FY 2013-14, Behavioral Health and TMHA determined that two similar Community Outreach and Engagement programs would be more effective if they were combined into one. New measurements were added at that time and are administered through pre/post survey. Also, in order to streamline demographic and output collection, Behavioral Health developed an electronic quarterly output reporting tool in FY 2013-14 for PEI contractors. Behavioral Health worked in collaboration with all contractors in beta-testing and refining this tool, with the hope of providing more detail about individuals served that will have the potential to be tracked over time.

Social Marketing Strategy - Community Outreach & Engagement (program changed in FY 13-14)			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 85,613	\$ 102,744	\$ 102,744
Number of <i>In Our Own Voice</i> or Stamp Out Stigma	38	N/A	N/A
Number of Collaborative Education Forums	3	N/A	N/A
Number of attendees for <i>In Our Own Voice</i> presentation	N/A	182	200
Number of presentations	N/A	16	20
Number of professional education trainings	N/A	12	5
Percent of <i>In Our Own Voice</i> or Stamp Out Stigma attendees found the information regarding recovery and mental illness encouraging and hopeful	99% (293/295)	N/A	N/A
Percent of <i>In Our Own Voice</i> or Stamp Out Stigma attendees who were satisfied with the depth and scope of the information	99% (294/298)	N/A	N/A
Percent of participating consumer presenters that attested to an increased level of life satisfaction	100% (58/58)	N/A	N/A
Percent of Collaborative Education Forum participants surveyed agreed they have an increase awareness of the risks facing their target population, including suicide, drug and alcohol abuse and homelessness	86% (54/63)	N/A	N/A
Participants will demonstrate a XX% increase in their understanding of challenges those who live with mental illness face	N/A	18%	30%
Participants will demonstrate a XX% increase in their understanding of the concepts of wellness and recovery	N/A	20%	30%
Participants will demonstrate a XX% increase in empathy and decreased stigma and discrimination toward individuals living with mental health challenges	N/A	12%	30%
Professional education training participants will demonstrate a XX% increase in their knowledge of stigmatizing and discriminating attitudes and beliefs	N/A	13%	30%

XX% - The minimum required percent can change from year to year based program evaluation at the end of the contract year

24. Integrated Community Wellness Advocates – TMHA provides Advocates to deliver early intervention system navigation services for individuals referred by other PEI programs. These services will include, but are not limited to: providing assistance and referral towards securing basic needs such as food, clothing, housing, health care, and transportation; accessing mental health treatment, substance use treatment, and other social services; employment assistance, navigating the legal system and courts, aid and relief, and educational services such as parenting training. The Advocates will help minimize stress, support wellness and resilience, and increase an individual's ability to follow through on referrals and care. Meeting basic daily life needs removes barriers to work and life success, and reduces stressors linked to behavioral problems, violence, substance abuse, and suicide. TMHA staffing for the program consists of 1.0 FTE Family Advocate, .75 FTE Consumer Advocate, and 1.0 FTE Family Partner.

During PEI Evaluation activities, the County worked with TMHA to develop tools to measure change in individuals, rather than satisfaction surveys. Baseline data was collected in FY 2013-14 and will be monitored and measured over time. All measurements were changed during FY 2013-14 and are administered through a pre/post retrospective survey. Also, in order to streamline demographic and output collection, Behavioral Health developed an electronic quarterly output reporting tool in FY 2013-14 for PEI contractors. Behavioral Health worked in collaboration with all contractors in beta-testing and refining this tool, with the hope of providing more detail about individuals served that will have the potential to be tracked over time. The number of clients surveyed is indicated next to the percent in the table below.

Integrated Comm Wellness Advocates			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 172,000	\$ 180,000	\$ 180,000
Number of participants per year	713	953	700
Number of contacts per year	2,553	2,905	2,000
Percent of family members and consumers surveyed agreed the services provided by the advocates improved access to available services (deleted in FY 13-14)	97% (30/31)	N/A	N/A
Percent of family members and consumers surveyed agreed the advocates were supportive and informative (deleted in FY 13-14)	100% (35/35)	N/A	N/A
Percent of family members and consumers surveyed agreed the quality of life has improved as a direct result of the services received from the advocates (deleted in FY 13-14)	100% (30/30)	N/A	N/A
Percent of family members and consumers surveyed reported a prompt response from the advocates (deleted in FY 13-14)	100% (35/35)	N/A	N/A
Percent of family members and consumers surveyed agreed the information/referrals provided were effective/helpful (deleted in FY 13-14)	97% (32/33)	N/A	N/A
Clients will demonstrate a XX% increase in knowledge of and ability to access community based resources based upon self-report surveys (added in FY 13-14)	N/A	37% (38)	30%
Clients receiving intensive services will show a XX% increase in progress measured in the are of individual client focus (i.e., housing, support, employment, etc.) (added in FY 13-14)	N/A	54% (26)	30%
Mental Health Advocate Clients will demonstrate a XX% increase in improved self-efficacy and improved life skills based upon self-report surveys (added in FY 13-14)	N/A	56% (9)	30%
Advocate assessment tools and self-report surveys will indicate clients who receive Advocacy support have a XX% increase in improved mood and reduced anxiety (added in FY 13-14)	N/A	64% (33)	30%

XX% - The minimum required percent can change from year to year based program evaluation at the end of the contract year

Innovation Component:

Innovation funding was created for the purposes of developing a new mental health practice, testing the model, evaluating the model, and sharing the results with the statewide mental health system. Innovation projects are similar to pilot or demonstration projects and are subject to time limitations to assess and evaluate their efficacy.

As required by statute, an external evaluator was selected in FY 2013-14 via the County procurement process, and the evaluation of all Innovation projects is now underway. Behavioral Health staff is responsible for collecting data and outcomes regarding this Innovation project and reporting many data points to the external evaluator. All Innovation projects will be completed by the end of FY 2014-15. Results from the evaluation will be for the overall team rather than focusing on outcome solely from TMHA staff or Behavioral Health staff. The tables shown below for the following two programs represent only a few of several outputs and outcomes that are currently being collected for this project. The complete evaluation report for Innovation projects will be distributed to the Board upon completion.

25. Service Enhancement Program – TMHA will employ a .50 FTE Support Staff person to work alongside a Behavioral Health employee. Behavioral Health staff will help clients, their families and caregivers navigate through the first steps of receiving services, help assess needs and engage services for basic necessities within the North County Mental Health clinic setting. This is an integrated project that includes TMHA and Behavioral Health staff working as a team to assist the target population noted above. Often, consumers new to the system, or those having difficulty managing the requirements of treatment, will benefit from assistance in navigating the complex array of services for consumers and their loved ones. The support position will be an individual (consumer or family member) who has experience with mental health services, providing empathy and understanding of the circumstances facing clients. Clients and family members who are aware of services are more likely to utilize them, thereby increasing treatment and recovery outcomes. Support staff are co-located with County staff and work as a team, providing feedback regarding accessibility of services, engagement tactics, and specific client issues.

Service Enhancement Program			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 34,000	\$ 36,000	\$ 35,000
Number of participants served	271	125	100
Percent of family members and consumers surveyed agreed that they received increased connection to wellness and recovery based services outside of the clinic	100%	100%	90%
Percent of family members and consumers surveyed reported increased self-advocacy and empowerment as a result of services provided and engagement in other programs	100%	100%	90%
Percent of family members and consumers surveyed agreed that the program staff helped create a Wellness and Recovery based environment	100%	100%	90%

26. System Empowerment for Consumers, Families, and Providers – This multi-phase project included a trust building retreat, held in August of 2013, for consumers, providers, and family members. This is an integrated project that includes TMHA and Behavioral Health staff working as a team to assist the target population noted above. TMHA participated in a multi-agency stakeholder and planning committee in preparation, and curricula development based upon what was learned at the retreat is currently underway. Under direction from the Behavioral Health project lead, TMHA will develop a panel presentation to add to their menu of educational presentations, as well as support training for the general public regarding privacy laws and patient's rights. TMHA will employ a .02 FTE System Empowerment Coordinator through the end of December to arrange the trainings and panel presentations.

System Empowerment for Consumers, Families, and Providers			
Year	2012-13 Actual	2013-14 Actual	2014-15 Budgeted
Cost	\$ 8,392	\$ 40,000	\$ 2,500
Number of participants served	N/A	200	80
Number of trainings/presentations	N/A	10	6
Training tool developed for clients	N/A	N/A	1

OTHER AGENCY INVOLVEMENT/IMPACT

N/A

FINANCIAL CONSIDERATIONS

On July 22, 2014, the Board approved the renewal contract with TMHA in the amount of \$4,161,887. This report does not have direct financial impact for consideration.

RESULTS

See Discussion section for information on performance measures.