

| Results Based Accountability | |
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| 1. Program Purpose | Decrease incidences of substance abuse, reduce incarcerations, and improve the quality of life for beneficiaries. |
| 2. Program Description | Residential Treatment, Case Management, Physician Consultation, and Transitional Living for any eligible Yolo County resident who has been referred to treatment through an authorized Yolo County Substance Use Access Point, or through the Sheriff Department for Electronic Monitoring beneficiaries. Services can include individual and group counseling, drug testing, care coordination for level of care placement, linkage to other necessary services, oversight of complicated co-morbid or co-occurring beneficiary cases, and a safe and secure place to live while receiving other services when appropriate. |
| 3. PM1: How much did we do? | |
| 1.1 | <i>Bi-Annually Reported</i> <ul style="list-style-type: none"> • Number of Beneficiaries • Demographics: <ol style="list-style-type: none"> 1. Age 2. Gender 3. Race/Ethnicity 4. Disability 5. Culture |
| 1.2 | <i>Bi-Annually Reported</i> Number of referrals/ coordination for other services and referral dispositions |
| 1.3 | <i>Bi-Annually Reported</i> Number of referrals/ coordination to/with other substance use disorder providers for continued care |
| 1.4 | <i>Bi-Annually Reported</i> Number of referrals/ coordination to/with other substance use disorder providers for continued care |
| 1.5 | <i>Bi-Annually Reported</i> Number of total beneficiaries who completed their treatment episode |
| 4. PM2: How well did we do it? | |
| 2.1 | <i>Bi-Annually Reported</i> <ul style="list-style-type: none"> • Number of Beneficiaries satisfied with services provided • Percentage of beneficiaries satisfied with services provided (As collected by question #1-3 on the Consumer Perception Survey) <ol style="list-style-type: none"> 1. I like the services that I received here 2. If I had other choices, I would still get services from this agency 3. I would recommend this agency to a friend or family member |
| 2.2 | <i>Annually Reported</i> <ul style="list-style-type: none"> • Number of beneficiaries satisfied with access and services provided based on Drug Medi-Cal Organized Delivery System (DMC-ODS) Treatment Perception Survey (TPS). |

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| | <ul style="list-style-type: none"> Percentage of beneficiaries satisfied with access and services provided based on Drug Medi-Cal Organized Delivery System (DMC-ODS) Treatment Perception Survey (TPS). (As collected by TPS Survey – HHSA Reportable Data) |
| 2.3 | <p><i>Bi-Annually Reported</i></p> <ul style="list-style-type: none"> Initiation Rate <ol style="list-style-type: none"> Number of beneficiaries who receive at least one (1) service (individual, group, collateral, or case management) within fourteen (14) days of a diagnosis being established by your facility. Percentage of beneficiaries who receive at least one (1) or more services (individual, group, collateral, or case management) within fourteen (14) days of a diagnosis being established by your facility. |
| 2.4 | <p><i>Bi-Annually Reported</i></p> <ul style="list-style-type: none"> Engagement Rate <ol style="list-style-type: none"> Number of beneficiaries who receive at least two (2) or more services (individual, group, collateral, or case management) within thirty (30) days of a diagnosis being established by your facility. Percentage of beneficiaries who receive at least two (2) or more services (individual, group, collateral, or case management) within thirty (30) days of a diagnosis being established by your facility. |
| 2.5 | <p><i>Bi-Annually Reported</i></p> <ul style="list-style-type: none"> Retention Rate: <ol style="list-style-type: none"> Number of beneficiaries who stayed for a minimum of two weeks that completed their entire treatment episode Percentage of beneficiaries who stayed for a minimum of two weeks that completed their entire treatment episode. |
| 2.6 | <p><i>Bi-Annually Reported</i></p> <ul style="list-style-type: none"> Number of beneficiaries who were satisfied with access to services. Percentage of beneficiaries who were satisfied with access to services (As collected by question #4-8 on the Consumer Perception Survey) <ol style="list-style-type: none"> The location of service was convenient (parking, public transportation, distance, etc.) Staff were willing to see me as often as I felt it was necessary Staff returned my calls within 24 hours Services were available at times that were good for me I was able to get all the services I thought I needed. |
| 5. PM3: Is anyone better off? | |
| 3.1 | <p><i>Bi-Annually Reported</i></p> <ul style="list-style-type: none"> Number of beneficiaries reporting a reduction in substance use at completion of the program, and Percentage of beneficiaries reporting a reduction in substance use at completion of the program |
| 3.2 | <p><i>Bi-Annually Reported</i></p> <ul style="list-style-type: none"> Number of beneficiaries reporting a reduction in days incarcerated while in treatment, compared to the previous 6 months |

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| | <ul style="list-style-type: none"> • % of beneficiaries reporting a reduction in days incarcerated while in treatment, compared to the previous 6 months. |
| 3.3 | <p><i>Bi-Annually Reported</i></p> <ul style="list-style-type: none"> • Percentage reduction of days incarcerated during treatment (1- days incarcerated in treatment/days incarcerated 6 months prior to treatment) |
| 3.4 | <p><i>Bi-Annually Reported</i></p> <ul style="list-style-type: none"> • Percentage of clients reporting an improvement in outcomes as a result of receiving these services (<i>as collected by questions 21-28 on the Consumer Perception Survey</i>): <ol style="list-style-type: none"> 1. I deal more effectively with daily problems 2. I am better able to control my life 3. I am better able to deal with crisis 4. I am getting along better with my family 5. I do better in social situations 6. I do better in school and/or work 7. My housing situation has improved 8. My symptoms are not bothering me as much |