The Farmhouse is a rehabilitative residential treatment program that offers a group living environment where adults can learn the skills necessary to be successful in a less structured independent living situation.

**Demographics**

**Diagnosis Demographics**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Schizoaffective</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Bipolar</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Major Depressive</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PTSD</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Substance Dependence</td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Personality Disorder</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Drug & Alcohol History**

- Yes: 63%
- No: 37%

**Genders**

- Male: 75%
- Female: 25%
Expansion of Program and Population Served

- The demographics for this reporting period are similar to those of the previous year. The proportion of clients with substance abuse issues has decreased compared to years past (from 83% 2015/16, 67% in 2016/17 to 63% 2017/18). To address dual diagnoses Farmhouse continued to improve and add program elements to aide clients in increasing their awareness of their use and/or sobriety progress (e.g., clients developed individualized sobriety plans 1:1 with Program Director after each relapse, received encouragement to utilize off site resources, and programs such as AA and to reach out for support from their peers and staff).

- Farmhouse was able to maintain a higher average census over the course of this period year due to continued referrals and improved relationships with Solano, Placer and Yolo Counties and with the Mental Health Court program in Yolo County. Both added significantly to the number of referrals received as well as to the support offered to clients to navigate crises and avoid hospitalization.

Effectiveness

The Farmhouse measures effectiveness by the number of clients who are able to transition to a lower level of care. This is quantified by measuring mental health stability and independent living skills.

1. Mental Health Stability
   The effectiveness is measured by the number of clients who continue in the program or are able to transition to a lower level of care. **Goal: 75% continue in the program or transition to a lower level of care.**

   The graph below shows the outcomes for all 16 clients served during this period.

   **Level of Care at Discharge or Active Clients**

   - Note that 88% of clients continue in the program or discharged to a lower level of care, surpassing the goal set for this measure.
2. Client Survey Data
- Data was collected using the MHSIP Consumer Survey, which was administered spring 2017. Completion of the survey was voluntary, but clients were encouraged to fill out the survey to earn participation credits, with the option of staff assistance in reading and understanding the survey questions. Average ratings were similar to those collected during the previous fiscal year, and were overall positive (scale 0 – 5, higher rating = more positive).
- No clear response patterns emerged within this survey sample, nor in comparison to other fiscal years data. However, questions related to accessibility of staff or other services were consistently highly rated, indicating the clients find staff to be responsive to requests for 1:1 time and for coordinating care with other providers.

3. Independent Living Skills
Effectiveness is measured by the number of clients who are able to improve or maintain their Activities of Daily Living (ADL’s), such as medication management, symptom management, money management, shopping, cooking, personal care and accessing community resources. This is also measured by clients moving to higher step levels in the program. **Goal: 75% show an increase in independent living skills.**

![Treatment Goals](image)

- Overall, 74% of treatment goals were completed, with 89 out of 121 treatment goals addressing ADL’s specifically. The graph above shows the most popular areas of treatment addressed (ADL’s referred to any goal that specifically addressed living independently such as keeping bedrooms clean, washing clothes, learning new recipes, etc.)
- Participation in the program also represents the ability to stay on schedule, organize time, and consistency with chores or coming to groups. Overall participation was at 77.62%, meaning that of the 45 activities weekly, each client is engaging in 35 of those activities on average. Additionally, clients are attending 83.45% of treatment groups and vocational skill groups on average per week.
• What this means is that clients are developing ADL’s in a multifaceted way, and clients are developing independent living skills in multiple areas.

4. **Vocational Development**
Effectiveness is measured by the number of clients who obtain a job or have volunteer or school placement while living at Farmhouse. **Goal: 50% will obtain a job or have volunteer or school placement while living at the Farmhouse.**

![Vocation Engagement](image)

• Despite low engagement in vocational participation, Farmhouse continues to offer and suggest a multitude of options for clients to engage in such as:
  o R & R Thrift Store
  o SPCA, Loaves and Fishes, 4th and Hope
  o Wellness Center Garden Project
  o Farm-To-Mouth
  o PRIDE Industries

• Clients tend to not focus on vocational responsibilities due to focusing on personal improvement, ADL’s, completing treatment goals, as well as self-care.

**Feasibility**

Cost of Program (Half Fiscal Year): $323,725

Units of Service (Half Fiscal Year): 1,668

Cost Per Unit of Service (Half Fiscal Year): $194.08

**Program and Professional Development**

1. **Contract development:** Continue utilizing current county contracts and Mental Health Court program for client referrals, with thorough vetting of applicants, including pre-admit safety-planning / special agreements / collecting contract Service Provider information before admitting, and identify and address higher acuity before admitting. We will continue to utilize and improve relations with contract providers and case management teams.
2. **Develop Client Autonomy and Engagement in Treatment:** Continue identifying methods for increasing clients’ sense of control over their lives and treatment (e.g., Bimonthly House Dinner with Staff, 1:1 with Program Director, and vocational / volunteer opportunities). Develop methods for encouraging clients to work toward their treatment goals and to better track progress (e.g., treatment planning incentive, implementation of Farmhouse store incentive program, attendance of community events/ family oriented BBQ's).

3. **Fiscal:** Continue to regularly adjust staff schedules to accommodate fluctuations in census, so that the program can operate within budget guidelines without impacting client care. Adjust and implement new methods in vetting reversals and case management to insure high and continuous bed occupancy. Obtaining and utilizing new vehicle will substantially reduce maintenance/ repair fees. New methods of food and household items are now in place such as utilizing the Yolo Food Bank and online Walmart shopping. Also reducing the cost of food is the client's desire to eat the food they are growing and harvesting.

**Recommendations for Continued Quality Improvement**

Continued improvement of Farmhouse grounds, house, and procedures would encourage client/staff engagement, self esteem, and scene of house/community responsibility.

- Continued updating of staff training materials and additional training opportunities
- Continued development of incentives for client participation
- Improved method of tracking client functional capability
- New flooring